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INTRODUCTION

This manual is designed to serve as a learning aide and central reference point during the officer safety instructor's course. It will also be a useful point of reference if you are successful in becoming a qualified instructor and able to teach students.

The manual has a standardised layout comprising of aims, learning outcomes and techniques. It also provides an awareness of the relevent OST topics officers may encounter in operational and non-operational roles.

The manual and associated training will ensure a standardised approach to the delivery of officer safety training throughout Scotland. It will also ensure that instructors are trained to the high standards expected within the Scottish Police service and the community it serves.

It is vital that instructors are trained to understand all the concepts, theories, principles and the practical elements of the OST programme and are able to teach students. Instructors should also provide appropriate feedback and assess student performance to ensure the required standards are being achieved.

The officer safety instructor programme is designed to be challenging yet rewarding and this manual has been created to assist you during your course and beyond.

CONTENTS

CONTENTS

CONTENTS

CONTENTS

MODULE 1 SECTION 1

MODULE 1: OFFICER SAFETY THEORY

MODULE 1

MODULE CONTENT:

AIMS:

Describe the advanced theories, principles and concepts relating to OST and explicate these theories, principles and concepts to students for use in routine and non routine operational scenarios.

LEARNING OUTCOMES:

Upon completion of this module candidates will be able to provide students with the theoretical knowledge regarding the range of core theories, principles and concepts relating to OST and be able to instruct these core theories, principles and concepts to students. This will be achieved by being able to:

- Convey information to students regarding the ECHR 1998 Act and its relevance to officer safety training.

SECTION 1

- Explain to students the levels of force that may be used when carrying out a threat assessment.
- Convey information to students regarding the signs to look for when confronting subjects and the various human behaviours officers will be presented with.
- Explain to students the medical conditions and considerations to take into account when carrying out officer safety skills.
- Convey information to students on how to deal with edged weapons.
- Explain and demonstrate to students how to search individuals.
- Explain and demonstrate to students the correct use of the ampel probe.
- Evaluate, assess and deliver appropriate feedback to students regarding there knowledge in relation to officer safety training .

INTRODUCTION

This module has been designed to assist you to understand the theories, policies and procedures which form the background to officer safety. Understanding the theory of officer safety is vital. It will give you greater confidence in applying your skills operationally and within the classroom, providing statements of opinion and if required providing evidence in court.

MODULE 1

SECTION 2

HUMAN RIGHTS ACT

The Human Rights Act, 1998, confers a number of rights. The main concerns for police officers, who may require to use some degree of force in the execution of their duty, are Articles 2, 3 and 5.

ARTICLE 2

- Confers a right to life.
- Everyone's right to life shall be protected by law. No one shall be deprived of their life intentionally, save in the execution of a sentence of a court following their conviction of a crime for which this penalty is provided by law.
- Deprivation of life shall not be regarded as inflicted in contravention of this Article when it results from the use of force which is no more than absolutely necessary;
- Of any person from unlawful violence;
- In order to effect a lawful arrest or to prevent the escape of a person lawfully detained;
- In action lawfully taken for the purpose of quelling a riot or insurrection.

The European Court has held that 'in keeping with the importance of this provision (the right to life) in a democratic society the court must, in making its assessment, subject deprivation of life to the most careful scrutiny ... taking into consideration not only the actions of the agents of the State who actually administer the force, but also all the surrounding circumstances including such matters as the planning and control of the actions under examination' (McCann v United Kingdom (1995)) 21 EHRR 97.

ARTICLE 3

Confers an absolute right not to be tortured or subjected to inhumane or degrading treatment.

If action is found to have amounted to torture etc. a breach of this right will have occurred.

Where extreme and excessive force is applied, or where the application of force is maintained for longer than is necessary, to achieve a lawful aim that may amount to torture etc.

In relation to all the above articles, the use of force must be based on an honestly held belief that it is absolutely necessary; which is perceived for good reasons to be valid at the time.

Force must only be used when it is:

- Reasonable in the circumstances
- An absolute necessity
- The minimum amount necessary
- Proportionate to the seriousness of the case

ARTICLE 5

Confers a right to liberty and security of person.

In deciding whether the action was 'necessary in a democratic society' it will be necessary to consider whether the action:

- fulfilled a pressing social need, and
- pursued a legitimate aim, and
- demonstrated a reasonable relationship of proportionality between the means employed and the aim pursued.

This means that the action was designed to:

- impair as little as possible the right or freedom in question
- meet the objectives of the domestic law in question
- not be arbitrary, unfair or based on irrational considerations, and be balanced against the severity of the effect that the action has on the individual or group. The more severe the effect, the more important the objective must be for the action to be considered legitimate.

The approach that should be taken can be summarised in the simple mnemonic PLAN;

PROPORTIONATE

- Action taken must be proportionate in all the circumstances. An option is unlikely to be regarded as proportionate where a less injurious, but equally effective, alternative exists.

LEGALITY

- There must be a legal basis for taking the action. This can derive from either common or statute law.

ACCOUNTABLE

- Officers should record their decision, and must be able to account for why they chose a particular course of action and, in some cases, what other options may have been available and why these were not chosen.

NECESSARY

- The action taken must have been necessary to carry out the lawful duty.
- The ECHR is a living instrument and seeks to take account of changes in society and the prevalent values recognised within it. For example, actions which were considered reasonable 10 years ago may be viewed as unreasonable by the courts today.

USE OF FORCE AND HUMAN RIGHTS

- When making a determination as to whether the level of force used was lawful in any particular instance the courts will take cognisance of the Articles under the ECHR.

MODULE 1

SECTION 3

USE OF FORCE

SCOTTISH POLICE SERVICE POLICY

CRITERIA FOR USE OF FORCE

An officer's use of force must be REASONABLE. It is possible to demonstrate that the force used was REASONABLE by two methods;

- **JUSTIFICATION.** The level of force must be appropriate to the degree of resistance exhibited by the offender.
- **PRECLUSION.** Other force options must have either been attempted and failed, or have been considered and found to be inappropriate under the circumstances.

Force can be described as the use of Strength, Power, and Energy, but includes anything that tends to produce an effect on the mind or will of another.

This is an UNAVOIDABLE aspect of operational policing.

As can be seen from the definition of Force above, officers will utilise some degree of force on a daily basis. The important aspect is the level of force deployed.

An officer requests a member of the public to step from the roadway onto the pavement; this is a deployment of force.

In Scots Law police officers are justified in using force for self-defence. Self-defence extends to the defence of others, effectively the protection of life.

Police officers use force to establish control of people and situations for the following reasons;

- Self defence/defence of others
- To effect a lawful arrest
- To prevent the escape of a prisoner
- To prevent a crime being committed
- To preserve order

Whatever the use of force, the officer will require to answer: "Could the officer have achieved the same lawful objective by using a lower force option?" Two officers confronted with the same set of circumstances may react differently. They may select different force options each of which they perceived to be appropriate and reasonable for them. It is for each of the individual officers to justify their individual course of action.

MODULE 1

TACTICAL COMMUNICATIONS

DEFINITION

By definition, tactical communication means the ability to give out and take in information in a way which gives the officer a tactical advantage.

GIVING OUT

You give out information by a combination of your voice and your body language. To be effective, both need to compliment each other. Try looking in a mirror and say the word "No" while you nod your head in a "Yes" gesture at the same time, and you will see how easily your body language can contradict your words.

In confrontational situations everyone involved gives out and takes in information. The accepted proportions for taking in information are 80% through the eyes and 20% through the ears. So it stands to reason that your body language has more of an impact than what you say.

You can enhance the effect of what you say by understanding the three elements of verbal communication, which are:

- Words, what you say.
- Intonation, how you say it.
- Volume, can be quiet, calming, moderate, controlled, loud, forceful, etc

Add complimentary body language and you enhance the overall effect.

SECTION 4

Your officer presence forms the largest part of the 80% the subject will take in by their eyes and can have a very substantial effect on the subject's behaviour. Do not underestimate the visual impact of your appearance, smart, confident, hat on head, personal protective equipment, stance, reaction gap, all of which are seen by the subject.

Now add the tactical communications, words, intonation and body language and you are giving out a great deal of information which the subject sees and hears.

TAKING IN

Just like the subject, you take in information through your eyes (80%) and your ears (20%). While your tactical communications are improved by training and knowledge, the subject's ability to give out and take in information are more likely to be affected by drink, drugs, mental state and behavioural patterns (some learned and some instinctive).

We classify these elements as:

- Impact Factors
- Warning Signs, and
- Danger Signs

This is the information that you take in, which combines to form Profiled Offender Behaviour and dictates what your Reasonable Officer Response Option will be.

Do not underestimate the importance of these elements; understanding them could save your life.

Consider Force Policy on the use of Incapacitant Spray, what you "perceive as a significant threat of harm or violence" will be the Danger Signs displayed by the subject, compounded by the Impact Factors present.

ACTIVE LISTENING

Active Listening is a system for taking in the subject's spoken words, and is a basic conflict resolution skill.

There are a few steps in Active Listening:

- be open and receptive
- hear all of what is said
- interpret what is said
- act on what is said

Empathy is a powerful tool that can defuse a verbal confrontation then you can progress towards achieving compliance and control. Try to summarise what the subject has said, to show that you understand, then explain and outline your options and intended actions.

Words alone will not control or resolve every encounter with a subject intent on resisting officers.

The following five step system is a professional method of communication when resistance levels persist or increase.

THE FIVE STEP 'POSITIVE STYLE' OF TACTICAL COMMUNICATIONS

STEP 1: ETHICAL APPEAL

Ask, most people will respond to a direct request from the police.

STEP 2: REASONABLE APPEAL AND EXPLAIN

Explain why you have made the request, what law has been contravened, what conduct has caused your request.

STEP 3: PERSONAL APPEAL AND OPTIONS

Tell the person what they can expect to gain or lose. Create and present options for them. Such options may affect them in terms of Time, Money, Reputation or Family

STEP 4: PRACTICAL APPEAL - CONFIRMATION

This is where you confirm the resistance. Tell them what is required. Following refusal a good court defensible phrase is "Is there anything I can reasonably do or say to make you co-operate with me/us".

This easily recognisable phrase also acts as a signal to other officers that this was the last line of dialogue before taking physical action.

STEP 5: ACTION

A physical force option. This is a necessity because of the subject's continued or escalating resistance. The officer will choose his/her force option based on his/her perception of the resistance offered and other impact factors as per the use of force continuum.

The use of the phrase at Step 4 is particularly useful as:

- It warns other officers they can prepare for imminent physical control.
- Contains an element of surprise over the subject who does not hear "If you don't - then I will have to ..... etc."

RECOGNISING 'COMPLIANCE' AND SIGNALS OF SUBMISSION

Lastly, but of equal importance, is the necessary ability to recognise and record compliant behavioural patterns. Compliant behaviour on its own is invariably dealt with your officer presence and tactical communication.

Compliance has both verbal and body language components which are easy enough to imagine. Open hand gestures, with the palms facing you, are the most common physical signs.

'Signals of Submission' are a bit more complex and usually follow active or assaultive resistance as a result of you gaining control.

Again, the verbal components are obvious. The body language signs which will confirm the subject's submission include:

- relaxation of muscles, loss of resistance
- signs of exhaustion, sweating, out of breath
- falling onto knees

While in the training environment, when you play the 'subject', try to use verbal and physical signals of submission to help your training partner to recognise them.

FIVE OCCASIONS WHEN TACTICAL COMMUNICATIONS MAY FAIL

Whilst it is always preferred to deal with an encounter with the lowest level of force this is not always possible. There are five times when communications skills will often fail and other options should be considered.

S A F E R

SECURITY:

when there is imminent danger to any person when property under police control/protection is threatened.

ATTACK:

when the officer or other persons are being attacked, or personal safety is jeopardised.

FLIGHT:

when a suspect/prisoner runs away from an officer.

EXCESSIVE - REPETITION:

when it becomes obvious that no voluntary compliance will be forthcoming.

REVISED PRIORITIES:

when the encounter changes and requires immediate action on a different response option.

MODULE 1

THREAT ASSESSMENT

CONFRONTATIONAL CONSIDERATIONS

There are three factors which will have a direct effect on a police officer's chances of falling victim to a violent assault. They are as follows;

- Mental conditioning (mind set)
- Tactics
- Skills

The training provided by the police service addresses tactics and skills and is closely allied to current thinking and policy relating to officer safety issues. Individual officers must account for any deficiencies identified in these areas and take the appropriate action to rectify them.

Mental conditioning begins with the realisation that any officer can become a victim of violence.

Officer's are able to exercise force at the right level by use of approved equipment e.g. rigid handcuffs, baton. What they now need to turn their attention to is improving their threat evaluation (awareness and assessment). At this stage officers have taken the first steps towards mental conditioning.

Mental conditioning enables an officer to:

- Operate at the proper and appropriate level of awareness.
- Detect or anticipate warning signs (assessment).
- Deal with the threat appropriately.
- Reduce and deal with any trauma suffered during and after an incident.

SECTION 5

PREPARATION FOR POLICING

A police officer's most common threat is "complacency". Officers require to continually conduct Dynamic Assessment of Risk, re-assess the situations and ensure the correct response option is put in place.

The following colour coding system highlights the phases an officer routinely experiences on duty:


Relaxed / unaware of surroundings, low survival prospects, relies on luck


Still relaxed, but aware and confident of dealing with any situation


Ready and ALERT to any person, object or place


Survival mode

In an effort to enhance officer safety, officers should be in the yellow stage as a minimum response when on duty.

THREAT ASSESSMENT

CONFLICT

Police officers are routinely required to respond to conflict situations.

A conflict can be described as **"A trial of strength between opposed parties or principles or be at odds with".**

GENERAL

Police officers should remain alert to the possible risks at all times. Awareness is a method of increasing our chances of recognising a threat at an early stage allowing officers to respond effectively. Part of that awareness involves assessing the threat that confronts us. On the basis of the available information/intelligence, an officer will be able to make an assessment of the threat they face.

Threat Assessment links into the common understanding of Dynamic Assessment of Risk. Officers carry out subjective assessments of hazards during high-risk real-time incidents, and take appropriate and immediate actions to manage the hazards and control the risks.

DEFINITION

Threat assessment means accurately assessing any:

- **P**erson
- **O**bject or
- **P**lace

which could put an officer at risk.

As part of the Information / Intelligence phase we need to:

- **I**dentity of Suspect
- **C**apability of Suspect
- **I**ntent of Suspect

Linking this into our previous understanding of a Threat, do they have the Opportunity, Means, Ability and Intent to do harm to you or themselves. When these elements interact we refer to the combined principle as **Jeopardy.**

All four elements must be present.

RISK CATEGORIES

Every person, object or place falls into one of two categories:-

HIGH RISK Presents an obvious threat

UNKNOWN Presents an undiscovered threat

THERE IS NO SUCH THING AS 'LOW RISK'!

This system has only two categories: high risk and unknown risk. There is no 'low' or 'no risk' because as it is unknown what is in another person's mind the only time that it can be certain that a person presents no risk is when they have been dealt with and he or she has left.

PRIOR KNOWLEDGE

Prior knowledge of someone is only of use if it indicates that they are likely to resort to violence. A person with no history of violence should not be regarded as 'safe' because their current circumstances and state of mind are not always known.

SPECIAL KNOWLEDGE OF AGGRESSOR

Only of assistance if it establishes accurate assessment of:

- Frequency and seriousness of past violence
- Most recent incident of violence
- Threats of violence
- Possible substance abuse
- Potential for violence
- Amount of stress in the present situation

EXAMPLES OF THREAT

The threat posed by:

PERSON

This may be obvious from a person's actions or demeanour or their ability.

OBJECTS

A syringe in a suspect's pocket, a razor blade taped to the door handle of a stolen car.

PLACES

Environmental factors such as a confined dwelling when confronting an aggressive volatile person.

MODULE 1

THE ATTITUDE CYCLE, ASSAULT CYCLE AND CHEMICAL COCKTAIL

THE ATTITUDE CYCLE

A number of conflicts have been escalated purely by an officer's verbal responses to a suspect's verbal dialogue. In fact it has been stated the throw away remark or incorrect verbal response will greatly increase the risk of physical violence.

How you say something to a suspect will dictate their response (positive or negative).

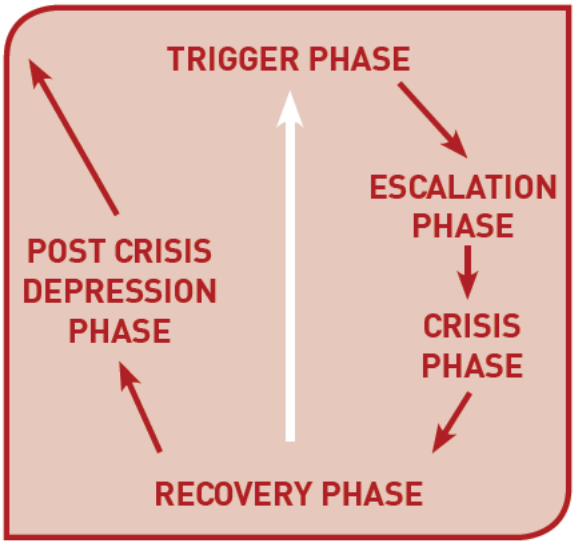
The above cycle is directed towards the officer making the initial contact. However, this can be equally reversed with a suspect making the initial negative statement and the officer responding equally negativety.

An unfortunate transition will move towards the Assault Cycle.

SECTION 6

THE ASSAULT CYCLE

Psychologists researching violent behaviour have formed the opinion that an act of violence takes the form of a cycle of behaviour.



The Trigger Phase

There can be numerous triggers both internal and external.

The Escalation Phase

Behaviour begins to deviate from normal.

The Crisis Phase

Control over aggression lessens –violence becomes likely.

The Recovery Phase

The behaviour begins to return to normal. However it is important to be aware that an individual's high state of physical and psychological arousal can remain for a period of up to one and a half hours after the incident. During this phase the individual is particularly sensitive to the trigger factors. This may explain why many persons become violent in charge bar/cell areas or why domestic disputes are volatile incidents to deal with.

Post crisis depression phase

Mental and physical exhaustion are common. Individuals may become tearful, remorseful, guilty, ashamed, distraught or despairing.

Evidence has shown that the person having to deal with the aggressor (i.e. police officer) experiences a similar set of phases. This means that at the moment the officer requires to be behaving in a rational and effective manner, the heightening of psychological and physical states is likely to hinder the process.

It is during the trigger phase that tactical communications should be employed to try to prevent the person's behaviour escalating.

Tactics to avoid include:

- Direct confrontational questions regarding the cause of aggressiveness
- Direct threats
- Invasion of personal space
- Judgemental or critical statements

If the aggressor(s) behaviour enters the escalating phase, it may still be possible to gain control by using tactical communications, however the officer should be considering other response options.

THE CHEMICAL COCKTAIL

The body during a conflict releases a range of internal chemicals to enhance our survival ability; the following is a breakdown of these chemicals

Adrenalin

Increases heart rate, oxygen supply to the lungs and blood supply to the muscles. This also promotes supply of glucose into the blood for energy. These things assist in coping with fear and stress.

Endorphins

The body's natural painkillers

Dopamine

Formed from an amino acid called Tyrosine, which helps the brain neurotransmitters called Norephrine and Dopamine. Can be classed as natural uppers and bring the brain to full attention

Nor Adrenaline

This is a hormone which causes vasoconstriction (blood moves from extremities to major muscle groups).

Cortisol

Naturally occurring hormone which reduces effect of shock.

Advantages associated with the Chemical Cocktail:

- Additional strength
- Increased pain threshold
- Increased awareness and detailed focus on immediate threat

Disadvantages associated with the Chemical Cocktail:

- General muscle tightening
- Visual slow down (Tachypsychia)
- Tunnel vision
- Auditory exclusion
- Cognitive dissonance
- Post incident fatigue

MODULE 1

SECTION 7

WARNING SIGNS, DANGER SIGNS AND IMPACT FACTORS

WARNING SIGNS

Generally aggressors who are aroused to fight do not launch into an assault for fear of injury. They initially begin by using attack gestures known as "ritualised combat".

By learning to identify these signals officers give themselves a significant advantage.

Warning signs include:

- Direct eye contact
- Facial colour darkens
- Head back
- Subject stands tall to maximize height
- Kicking the ground
- Large movements
- Breathing rate accelerates
- Stop/start behaviour

When these types of signs are shown you should increase your reaction gap and adopt a suitable tactical option.

DANGER SIGNS

Danger signs are more than warning signs. Aggressors begin to lose control physically. When this occurs their physical signals are significant and spontaneous.

It is critical that police officers understand and recognise these signals as they are indicative of an imminent attack.

Neglecting or ignoring these signals will put the officer at a serious disadvantage.

DANGER SIGNS INCLUDE:

- Fists clenching and unclenching.
- Facial colour pales.
- Lips tighten over teeth.
- Head drops forward to protect throat.
- Eyebrows drop to protect eyes.
- Hands raised above waist.
- Shoulders tense.
- Stance changes from square to sideways.
- Aggressor breaks their stare and looks for intended body targets.
- If they are out of breath, the final signal will be a lowering of entire body before moving forward to attack.

IMPACT FACTORS

Impact factors are those human and environmental differences that make each incident unique and every officer's perception different. These factors have a crucial bearing on your decisions and tactics and may provide justification to use a level of force:

- How should I approach the situation?
- What should I say?
- Do I need assistance?
- What equipment is the best option?

Being aware of impact factors will not provide you with answers, but hopefully allow you to ask the right questions.

Impact factors include:

- size, age, strength, sex
- drugs/alcohol
- ability
- numbers
- opportunity and intent to do you harm
- weapons
- skill levels
- injury/fitness
- exhaustion
- willingness to listen
- special knowledge
- nature of crime
- clothing
- proximity of others
- danger to others
- police powers, skill and perception

Environmental impact factors include:

- space
- proximity to furniture
- domestic situation (kitchen=access to weapons)
- escape routes
- weather conditions
- conditions underfoot

These lists are by no means exhaustive.

- Impact Factors make you think
- Warning Signs alert you, and
- Danger Signs immediately precede an attack.

They combine to place you in jeopardy and are classified together as **Profiled Offender Behaviour.**

MODULE 1

SECTION 8

PROFILED OFFENDER BEHAVIOUR

The term Profiled Offender Behaviour encompasses the actions and behaviour of the suspect and comprises the Warning and Danger Signs they exhibit, coupled with the impact factors present. This profiled behaviour will determine your response. Remember police officers react proportionately to the actions of the suspect. Profiled Offender Behaviour is split into six levels which are as follows:

LEVEL 1 - COMPLIANCE

Large percentages of the people we deal with are reasonable and will comply with any lawful instruction we give.

This compliance may be verbal or it may be active compliance such as stopping when told or showing the contents of their hands.

LEVEL 2 - VERBAL RESISTANCE AND/OR GESTURES

Where a person verbally refuses to comply with an officer's requests and/or also exhibits body language which indicates non-compliance.

Humans are very visual and as previously mentioned in this module we rely as much on body language to win confrontations as we do fighting.

LEVEL 3 - PASSIVE RESISTANCE

Conduct such as sitting down on roads is an example Passive Resistance with non-compliance. To deal with such behaviour we may have to resort to a physical response such as lifting them from the road surface.

LEVEL 4 - ACTIVE RESISTANCE

The suspect who you have just arrested or detained who attempts to escape your physical control is demonstrating a level of active resistance. A similar example is the youth who swallows the suspected controlled drugs during a stop/search.

LEVEL 5 - ASSAULTIVE RESISTANCE

This is the situation that you tried to avoid, a direct attack upon you or another.

LEVEL 6 - SERIOUS/AGGRAVATED RESISTANCE

The highest level of resistance displayed by an offender where there is a possibility of serious injury and/or death. This would include the production of a weapon of any kind.

All these factors provide a rising scale of resistance. Good communication skills and the right tactics can prevent lower levels of resistance from rising. You can control the situation with the appropriate response option.

MODULE 1

SECTION 9

REASONABLE OFFICER RESPONSE OPTIONS

Reasonable Officer Response Options, also known as the force continuum, are split into five levels which are as follows:

LEVEL 1 - OFFICER PRESENCE

Officer Presence is a broad term encompassing the physical aspects of your presence, which can have a visual impact in any situation, particularly confrontational situations.

Your appearance, bearing, stance and even the sight of the equipment on your belt, can have an effect on the offender's behaviour.

There will be many situations where you will be quite relaxed when dealing with the public, but at the slightest hint of hostility or confrontation your Officer Safety Training must take over.

Officer Presence forms the largest part of the Non verbal communications.

Do ot Underestimate the Visual Impact of Your Appearance

LEVEL 2 - TACTICAL COMMUNICATION

Components of Communication

Communication is a two-way process in which we interact with others. When we communicate on a face to face basis, this information exchange process has 3 components:

1. **Words** - actual words spoken, phrases and content

   Making up 7% of the total message

2. **Body Movement** - body language, gestures, facial expressions

   Making up 55% of the total message

3. **Vocal** - Tone, volume, intonation, pitch, pace

   Making up 38% of the total message

These figures show that clearly the majority of the message is **NON-VERBAL**. It is, therefore, vitally important that officers learn to use appropriate body language which concurs with what they are saying.

If there is a **conflict** between the spoken word and body language people naturally **believe body language.**

LEVEL 3 - CONTROL SKILLS

The two previous Reasonable Officer Response Options stopped short of any physical contact with the subject. You should, up to this point, be maintaining your safe distance (reaction gap) outside of the subject's personal space (fighting arc). At some point you will need to make the arrest and to do this you will have to sacrifice your reaction gap by making a safe approach towards the subject thus avoiding entering the subject's personal space, on occasion entering the subject's fighting arc.

If you do this on **your terms** then you will be escalating to Control Skills.

If you are in the subject's personal space on **their terms** then the potential of violence escalating is at a higher level.

Control Skills include techniques such as, come along hold, front and rear wristlock and hammer lock and bar. Also most handcuffing techniques fall within this category.

LEVEL 4 - DEFENSIVE TACTICS

Defensive tactics include the use of CS spray, batons, empty hand techniques, handcuffs, taser and baton guns.

LEVEL 5 - DEADLY OR LETHAL FORCE

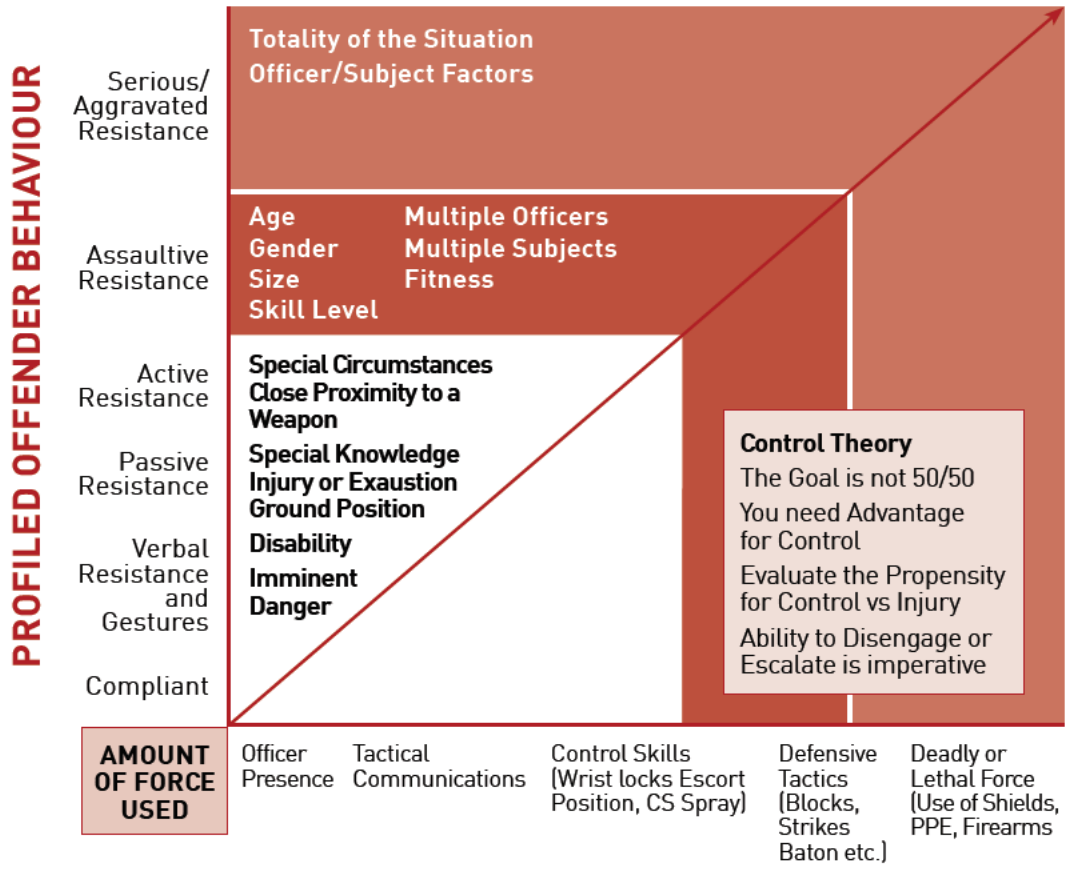
The Officer Safety Training programme has several striking techniques including the empty hands or baton strikes to primary/secondary target areas the use of which represents a level of force with the potential to cause serious injury or even death. It also includes Firearms.

MODULE 1 SECTION 10

THE PARADIGMS OF CONFLICT

The police "**use of force**" and force options are contained within the Confrontational Continuum, Conflict Resolution Model and Conflict Management Model (CMM).

THE CONFRONTATIONAL CONTINUUM



REASONABLE OFFICER RESPONSE OPTIONS

Officers can deploy a higher level of force to achieve compliance. In line with the ECHR protocols only that level of force required to achieve the lawful objective should be considered when absolutely necessary.

Officers are required to have an understanding of IMPACT factors and PRECLUSION. On deciding the appropriate force response option officers require to fully assess the situation and consider the impact of their actions on the subject and the injury potential of the force option deployed. This also links into the potential effectiveness of the force option deployed.

CONFLICT RESOLUTION MODEL

The Conflict Resolution Model is a more simplistic model to understand how Impact factors have a bearing on Offender Behaviour and Officer Response Options.

It also creates a clearer understanding of how these three components are interlinked and have equal effect on the officer's decision making process.

NATIONAL DECISION MAKING MODEL

Stage 1: Identify Situation and Gather Information (and Intelligence if Appropriate)

Ask yourself;

- What is happening (or what has happened?)
- What do I know so far?

Stage 2: Assess Threats and Risks of the Situation

Ask yourself:

- Do I need to take action immediately?
- Do I need to seek more information
- What could go wrong?
- How probable is the risk of harm?
- How serious would it be?
- Is this a situation for the police alone to deal with?
- Am I trained to deal with this?

Determine a working strategy to mitigate threats and risks and maximise opportunities and benefits

Stage 5: Take Action (and Review What Happened)

RESPOND:

- Select and implement the option that appears to have the greatest likelihood of success against the least harm
- Ensure those who need to know the decision (including the public) understand what you have decided and why

RECORD:

- If appropriate, record the selected response and the reasoning behind it

Monitor and Review Decision

Ask yourself:

- What happened as a result of my decision?
- Did it achieve the desired outcome?
- Is there anything more I need to consider?
- What lessons can be taken from how things turned out?

IF THE INCIDENT IS NOT OVER:

Go through the model again as required

IF THE INCIDENT IS OVER:

Review your decision(s), using the same 5 stage model as required.

Stage 4: Identify Options and Consider Possible Contingencies

Ask yourself:

- What options are open to me?
- What am I trying to achieve?

Identify suitable responses, taking into consideration:

- The immediacy of any threat
- Limits of information to hand
- Amount of time available
- Available resources and support

Use **PLANE** to evaluate potential options – i.e. is each one: **PROPORTIONATE, LAWFUL, ATHORISED, NECESSARY, ETHICAL?**

What contingencies should I consider (what will I do if certain things happen?

Stage 3: Consider Powers, Policies and other obligations

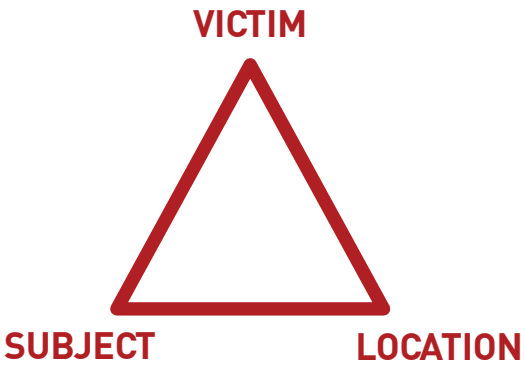
Ask yourself:

- What legal powers do I have or need to make this decision?
- Is there a formal force policy to follow in this instance or can I use my discretion?
- What other obligations might be applicable? (e.g. multi agency protocols)
- ECHR

NATIONAL DECISION MAKING MODEL

STAGE 1: GATHER INFORMATION AND INTELLIGENCE

A correct and defendable decision is more likely to result from consideration of all relevant information and intelligence such as-



Information/Intelligence in relation to the subject such as

- Identity
- Capability
- Intent

Should also be gathered.

This may come from what the individual officer sees, hears or even feels for themselves, or from what they are told by another person. Information from local or force-wide circulations, experience from previous encounters or data gleamed from a use of force reporting system may also be relevant.

STAGE 2: ASSESS THREAT AND RISK AND DEVELOP A WORKING STRATEGY

Threat assessment means accurately assessing any person, object or place which could put an officer at risk. This is explained in more detail within Section 5, which relates specifically to Threat Assessment.

In addition the Identity of the threat such as the aggressor should be assessed, the capability of the aggressor for example armed and the aggressor's intent to cause harm should also be assessed.

Officers should establish an appropriate and prioritised working strategy. It should be a proportionate and focussed policing response. The working strategy should-

- Minimise the risk to the victim
- Minimise risk to public and immediate area
- Maximise the safety of unarmed police/staff
- Maximise safety of any specialist officers
- Minimise the risk to the subject
- Detain/arrest subject
- Recover/preserve evidence

STAGE 3: CONSIDER POWERS AND POLICY

As previously stated, officers must only act within the law. A sound knowledge and understanding of available legal powers is therefore essential. In addition, local or force policies may determine what or how action should be taken. For example, in some forces positive arrest polices have been developed in relation to domestic or racial violence. Other areas such as common law, powers of search to name a few should also be considered.

European convention of Human Rights (ECHR) are an essential point of reference and will impact on any assessment or decision implemented. The ECHR articles are-

Article 2 – Protects the right of every person to their life. (There is a positive duty on the police to act). The second paragraph of article 2 provides that death from defending oneself or others, arresting a suspect or fugitive, or suppressing riots or insurrections, will not contravene the Article when the use of force involved is no more than absolutely necessary

Article 3- Prohibits torture and inhuman or degrading treatment or punishment

Article 4- Prohibits slavery, servitude and forced labour

Article 5- Provides that everyone has the right to liberty and security of person

Article 6- Provides a detailed right to fair trial

Article 7- No person may be punished for an act that was not a criminal offence at the time of its commission

Article 8- Provides a right to respect for one's "private and family life, his home and his correspondence"

Article 9- Provides a right to freedom of thought, conscience and religion

Article 10- Provides the right to freedom of expression, subject to certain restrictions that are "in accordance with law" and "necessary in a democratic society"

Article 11- Protects the right to freedom of assembly and association, including the right to form trade unions.

Article 12- Provides the right for women and men of marriageable age to marry and establish a family

Article 14- Contains a prohibition of discrimination

STAGE 4: IDENTIFY OPTIONS AND CONTINGENCIES

It is not possible to list all the options available to deal with conflict; for example, in certain circumstances to do nothing may actually be an option. However, each of the techniques described in this manual represents a tactical option. It is vital that officers understand the medical implications of each option, as this is likely to be very relevant in making the appropriate choice. An option that carries a high risk of serious injury is less likely to be justified in circumstances where the threat posed carries a limited risk to others. The tactical option chosen must be proportionate to the threat faced in all the circumstances.

In any police/suspect interaction the suspect usually has the advantage, they know exactly who they are and what it is they have done, in other words they have the whole story. The police officer on the other hand only has part of the story.

The subject's behaviour is a factor in identifying options. The subject could be in a state of fight where active or assaultive resistance is being offered. The officer will need to consider perhaps defensive tactics. The subject could be offering flight where they are attempting to escape then control tactics may be considered. The subject could be offering compliance where officer presence or control skills may be required.

The police officer has a mesh of rules and regulations to consider before he/she acts therefore the tactics employed must be designed to minimise the suspect's advantages and maximise those of the officer, so that the officers find themselves in as strong a position as possible and the suspect is placed in as weak a position as possible.

STAGE 5: TAKE ACTION AND REVIEW WHAT HAPPENED

An appropriate response should allow Police to verbally and/or physically control the situation. This will ensure the safety of everyone involved namely, the public, the police and the suspect.

Officers should select and implement the option that will provide the best result for all in any given situation. Officers should go through all the stages by continually assessing the situation with a view of implementing the correct decision. However, officers should be aware that if circumstances change such as new information or intelligence coming to light then such decisions should be re-assessed and the process repeated until the best decision is reached and action taken.

Recording and reviewing the incident is important to assess what went well and what didn't go so well. Also should use of force forms be required to be filled out the NDM will assist when compiling such paperwork.

Note

The NDM has recently replaced the CMM. As such changes are likely to be made in respect to service values and policy relating to the NDM however, the principles and processes of the NDM will remain.

MODULE 1

MEDICAL CONDITIONS AND CONSIDERATIONS

SECTION 11

All police officers when performing their duties have a common law duty of care. Broadly speaking, this means that any police officer involved in a use of force incident has a duty to minimise the injury potential to the subject, provide for the needs of the subject, provide or obtain prompt medical attention and prevent further injury, including self-harm.

The Officer Safety Training programme incorporates input relating to two specific medical considerations, namely, Positional Asphyxia (Restraint Related Asphyxia) and Excited Delirium.

POSITIONAL ASPHYXIA (RESTRAINT RELATED ASPHYXIA)

Positional asphyxia (Restraint Related Asphyxia) can occur when the subject is placed in a position, which interferes with the ability to breathe. Death can occur rapidly, and there have been cases where police officers have been found liable. Standing up, restraint against a wall or vehicle can all cause the symptoms to worsen.

The risk factors, which contribute to the condition, are:

- Subject's body position results in partial or complete airway constriction
- Alcohol or drug intoxication (the major risk factor)
- Inability to escape position
- The subject is prone
- Obesity (particularly large "beer bellies")
- Restraints, particularly where feet are secured to hands
- Stress
- Respiratory muscle fatigue, related to prior violent muscular activity (such as fighting with police officers)

SIGNS AND SYMPTOMS

Officers should pay attention where they recognise the following symptoms, taking immediate action to remedy the symptoms and administer first aid:

- Body position restricted to prone, face-down
- Cyanosis (bluish discolouration of the skin)
- Gurgling / gasping sounds
- An active prisoner suddenly changes to passive, loud/violent to quiet/tranquil
- Panic
- Verbalising he/she cannot breathe

When a subject has been involved in a physical and violent struggle, the exertion involved causes the muscles to use oxygen at an increased rate. The process can cause oxygen debt in the muscles and the physiological response to that is accelerated breathing.

During restraint, where the subject is placed in a prone position, ventilation (the process of getting air into and out of the lungs) can become more difficult, due to the internal organs exerting pressure on the diaphragm. Where the subject's hands are restrained to the rear, this has the effect of isolating the pectoral muscles which further restricts breathing ability.

To breathe while in this prone position, the subject has to lift the upper body.

The process of restraining often requires the upper body to be held down, sometimes by a police officer's own bodyweight. This is precisely the cycle of events, which will trigger the positional asphyxia response.

It is imperative that all police officers are aware of this. In this regard Positional Asphyxia (Restraint Related Asphyxia) is specifically addressed during training for handcuffing procedures, incapacitant spray and in any take-down technique.

Officers are encouraged to remove the subject from the prone position as soon as possible following restraint. An advantage is that the subject can breathe without restriction and the police officer can still carry out search procedures before executing the safe get-up technique.

EXCITED DELIRIUM

What is excited delirium?

In simple terms this is when a person exhibits violent behaviour in a bizarre and manic way rather than just being simply violent.

Excited delirium definition

Excited delirium, or delirious mania, is a rare form of severe mania sometimes part of the spectrum of manic-depressive psychosis and chronic schizophrenia.

It is characterised by constant, purposeless, often violent activity coupled with incoherent or meaningless speech and hallucinations with paranoid delusions.

Such people can be dangerous and may die of acute exhaustive mania. Hyperthermia (overheating)/profuse sweating (even in cold weather) are often part of this syndrome.

Why is a person in an excited delirium state of particular concern?

Persons suffering from excited delirium can die suddenly during, or shortly after, a violent struggle, while at hospital or in custody.

How is it caused?

By drug intoxication, alcohol intoxication or psychiatric illness, or a combination of these. Cocaine is the best known cause of drug induced excited delirium but LSD or Heroin are equally likely to cause it.

How do officers identify a person in an excited delirium state?

- They will be abnormally strong
- They will be abnormally tolerant to pain
- Incapacitant sprays may not work on them
- Their skin may be hot to the touch
- They may be hallucinating, hiding behind objects, running around or pulling their clothes off
- They may suddenly become subdued or even collapse after a bout of extreme violence

How do you control a person like this?

This will always be very difficult. Officers will probably have to place them face down on the ground in order to handcuff them safely. They already know about the dangers of positional asphyxia. The risk of positional asphyxia affecting a person who is in an excited delirium state is far greater than for a normal violent person.

They will be very difficult to control and may continue to fight, even though they are handcuffed. Once they are handcuffed do not hold them face down. Get them onto their sides or into a sitting, kneeling or standing position as soon as it is safe to do so. They may

continue to kick out. However, officers must get them off their stomachs in some way or other as soon as you can.

Once they are controlled what should be done then?

They may continue to be extremely violent in spite of the use of handcuffs, sprays or batons. Such bizarre, exhaustive and persistent violent resistance is a classic indication of an excited delirium case. The officer must monitor them carefully, treating them as a medical emergency as they could collapse and die at any time. The officer should have them examined at hospital, even if they suddenly calm down before the officer arrives at the scene. They can collapse very suddenly and attempts to resuscitate them usually fail.

Actions to Reduce Risk of Death in Restrained Subject Exhibiting Excited Delirium

- Get the subject onto their side, into a kneeling or seated position as soon as possible.
- Never transport in prone position if at all possible.
- Pay close attention to the life signs of the subject and monitor closely, especially if the subject should suddenly become very passive.

Any person exhibiting symptoms of excited delirium should be treated as a MEDICAL EMERGENCY and be medically examined immediately at a hospital.

(Not at a police station as appropriate equipment for heart resuscitation is not available to the level that may be required.)

Neck Injuries

The neck connects the head and body and contains vital structures and as such is classified as a red area on the Escalation of Trauma Chart. Blows to this area may cause serious injury or even death. The most common injuries that can occur to this area are; bruising, cuts, fractures and blood clots. These injuries can cause haemorrhage, strokes and potentially death. This is explained in more detail within the Medical Implication section of Module 2.

MODULE 1

SECTION 12

EDGED WEAPONS

When they hear the term '**edged weapons**', most officers think knives. In fact edged weapons fall into three categories:

1. Knives;
2. All other edged weapons that are not knives but are manufactured or designed to be edged instruments such as axes, swords, scissors, darts, razors etc; and
3. Items not manufactured or intended for use as edged instruments e.g. screwdrivers, pens, pencils, pieces of glass etc.

DEFINITION

An 'edged weapon' is anything which can be used to stab or slash.

THREAT LEVEL

Suspects carry edged weapons especially knives for many reasons, not least of which is that they are:

- Easily obtained.
- Easily concealed.
- Not too difficult to explain away.
- They require no expertise.
- They are devastatingly effective.

The characteristics of the person with the edged weapon (size, sex, age etc) may affect a police officers perception of the threat and their decision as to the type and amount of force to use.

These are bad factors to base a decision on because even a small knife is such a potent weapon that other factors pale into insignificance. Some police officers have difficulty in realising that an 80 year old with a knife can present the same threat as a 20 year old with a knife. This concept is important if officers are to accurately assess the threat they face.

The presence of the edged weapon is the factor of primary importance. It is this factor which should determine the police response. A person producing a knife or edged weapon in a threatening manner is exhibiting serious or aggravated resistance.

TACTICS

It follows that an officer faced with a person armed with any type of edged weapon should:

C - Create distance
U - Use cover
T - Transmit

An officer faced with a suspect with an edged weapon needs as much space as possible (and preferably an object) between them and the aggressor. This slows the suspect down and gives the officer more time to react.

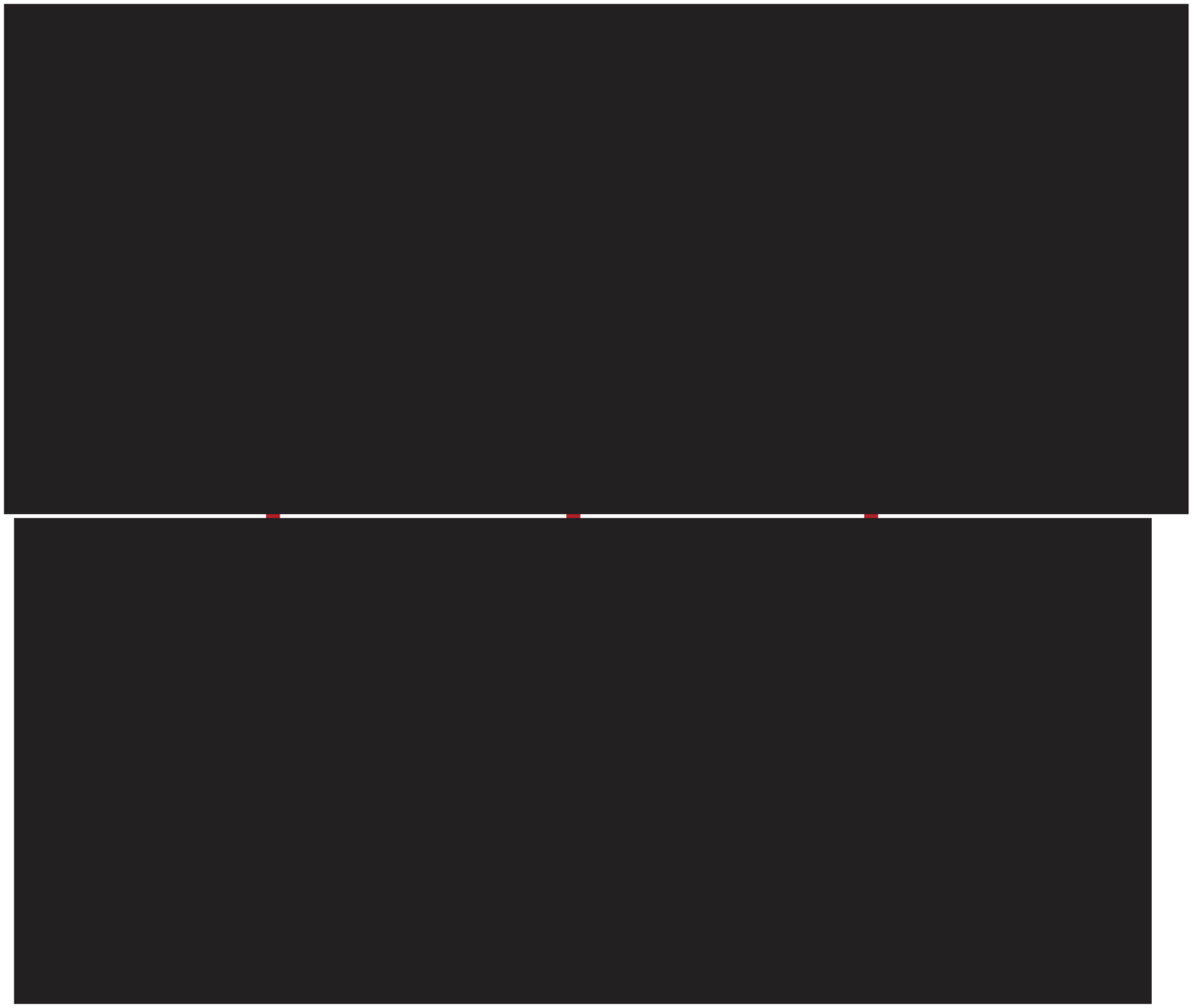
A call for assistance should be made as soon as possible and if other officers are present the word 'knife' should be shouted as loud as possible to alert others to the threat. (The word 'knife' should be used even if another type of edged weapon is being used as it strikes an emotive chord in most police officers. Shouting 'screwdriver' or 'razor' may draw a more bemused response).

If a suspect produced an edged weapon whilst an officer is in close proximity, (searching for example) then the C U T system may not be appropriate.

MODULE 1

SECTION 13

SEARCHING PERSONS



GENERAL GUIDELINES FOR SEARCHES

SAFE SYSTEM OF WORK

1. Be aware of the dangers of standing immediately in front of the subject and whenever possible approach from the side or rear.
2. Be aware of subject's hand movements and body language.
3. Ensure subject is not holding any article which could be used as a weapon.
4. Explain actions to the subject.
5. Apply appropriate control restraint techniques.
6. Use disposable gloves.
7. Ask subject if he/she has any sharp implements in their possession and warn of the consequences of failure to disclose.
8. Remove any sharp implements disclosed with extreme caution and dispose of or store them safely.
9. Search systematically and thoroughly, exercising extreme caution and being aware of undisclosed sharp implements.
10. Turn out pockets progressively to reveal the contents. Avoid placing hands in pockets.
11. Alert other persons involved in the search to the discovery of any dangerous article, e.g. using the word 'knife' on discovery of an edged weapon.
12. Store any article removed from the subject safely.
13. **MAINTAIN CONTROL AT ALL TIMES.**

STRIP SEARCHES

There will be occasion when you may have to carry out a strip search (e.g. if you suspect a prisoner is concealing drugs, sharp objects or other items). This should be done in private and out the view of people of the opposite sex.

A strip search is a search involving the removal of more than outer clothing.

A strip search should not be carried out as a matter of routine and only as necessity demand.

It must be authorised by the custody supervisor who will decide extent and location of the search and the reason for the strip search will be recorded within the duty officer notes.

- The arresting/detaining officers should record the relevant details within their notebook.
- The reason for the strip search should be fully explained to the custody.
- The search will be conducted by two members of staff relative to the gender of the custody.
- The prisoners dignity should be preserved at all times and where possible only one item of clothing should be removed at a time and should be searched before being returned to the custody and prior to the removal of the next item of clothing in order to maintain the dignity of the custody unless needed for evidential purposes.
- A visual examination should only be conducted for area of intimate nature and in no way should any attempt be made to remove items that are concealed internally.
- The search must be conducted in private away from the charge bar area and cells equipped with close circuit television must not be used.
- If it is suspected that a custody has swallowed or packed drugs he/she should be taken to hospital immediately.

A strip search should be conducted in a manner which does not embarrass or humiliate the custody and the privacy of the custody must be respected.

JUVENILES

The searching of juveniles does not vary from the searching procedure previously described.

DIVERSITY

You may have to search transsexuals, transvestites or people whose sexual identity is unknown. The principles of searching should remain the same and the person's dignity should be respected. In law the gender of a person is that which is stated on their birth certificate. Where an individual has changed their sexual identity, their birth certificate will be amended accordingly. You should ask the person whether they would prefer a male or female officer to conduct the search i.e give them a choice

SEARCHING TRANSGENDER PEOPLE

As transgender people may have biological sex characteristics which differ from the gender they live in, there is potential for distress and embarrassment during a search of a transgender person. Sensible application of the following guidance should minimise the risk and protect all involved:-

- If a search is begun without any knowledge that the person being searched is transgender and it only comes to light in the middle of the search then, unless the transgender person requests a different gender of searching officer to take over the search, the search should simply be completed as usual by the original searching officer.
- If a person is thought or known to be transgender prior to a search being carried out, then they should be asked what gender they present and live their lives as. A female-to-male trans man who still has breasts and a vagina may identify strongly as a man but may also request to be searched by a female officer. In such a case, the trans man should still be referred to using male pronouns and treated as a man in all other ways except in terms of the gender of officer who searches him. The converse applies.
- If a person is unwilling to make such an election, the officer should try and determine the predominant gender in which the person lives their life. This is likely to be indicated by the name, title or gender on their main identity documentation such as their driver's license, bank cards, etc. If they appear for example to live predominantly as a woman, they should be treated as such.
- Once it has been established which gender a transgender person is to be treated as during the search, the officers conducting the search should be made aware that they are about to search a transgender person. This is the best way to ensure that the dignity of both the officer and the transgender person is maintained as it reduces the risk of the officer being surprised if the person has some physical characteristics not usually associated with that gender. The person should be informed of the reason for any such disclosure.
- It may also be necessary to share this information with other custody care related organisations and other police staff. Such disclosure should only be made for the purposes of the prevention of crime in relation to the transgender person which is relevant, legal, proportionate and fair.
- A transgender person should not have to share a cell or detention room with anyone else.

MODULE 1

THE AMPEL PROBE

The purpose of this section is to show you the proper uses of the Ampel Probe, bearing in mind your own Force Policy in its use and deployment. The course will familiarise you, the user, with the Ampel Probe, with different uses for the Ampel Probe, proper evidence collection/storage, safety issues/communicable diseases and the correct care and cleanup of the Ampel Probe.

SECTION 14

BRIEF HISTORY

The Ampel Probe was designed by Stuart Ampel, a Florida businessman, who was watching an episode of the TV programme COPS, during which a policeman got stuck with a needle when searching a suspect. The officer was shown speaking with the physician at the hospital and discussing the possibility of him contracting AIDS through the needle stick. Stuart realised that there had to be a way to minimise the risk of contracting an infectious disease during searches, and with input from a number of friends in the medical/police profession, the Ampel Probe resulted.

TECHNICAL DATA

The Ampel Probe is twelve inches in length and just under three inches in width, closed.

NOSE

- Curved to allow easy access to any restricted area.
- Full eight inches in length.
- Can reach objects in deep pockets quickly and thoroughly.
- Needle nose design is also beneficial for the delicate and firm handling of evidence.

FORCEPS OR JAWS

- Capable of opening to four inches wide.
- Precision interlocking teeth ensure a secure hold of the object in question.

HANDLE

- Finger indented handle for easy gripping.
- Probe and handle designed allows the user to grip comfortably with either hand.

SPRING

- Enables the Ampel Probe to be opened freely.
- The spring may be removed if the user does not want it.

JOINT

- Gives the user plenty of leverage.
- Dexterity in grasping and releasing objects of various sizes and weights.

CONSTRUCTED OF VERTRON

- High glass content, which makes the Probe very vibration sensitive.
- Allows the Ampel Probe to 'feel' objects under clothing and other heavy materials.
- Allows for quick and easy cleaning if comes into contact with blood and other infectious materials and liquids.
- Fear of electrocution is eliminated because the Ampel Probe is non-metal and has a melting point of 600°.

INFECTIOUS DISEASES

The rapid increases in transmission of deadly infectious diseases leave police officers and other public safety officers at huge risk in their daily activities. The diseases that are most preventable and of particular danger to police officers are; AIDS, HIV, Hepatitis B and Hepatitis C.

As police officers, you should always handle every suspect with caution and be aware they could be carrying an infectious disease.

MODULE 2 SECTION 1

MODULE 2: PRESENTATION, FEEDBACK AND ASSESSOR SKILLS

MODULE 2

PRESENTATION, FEEDBACK AND ASSESSOR SKILLS

AIMS:

Facilitate and monitor learning using presentation and feedback skills and assess student's progress against the National Behaviour Competency Framework.

LEARNING OUTCOMES:

Upon completion of this module candidates will be able to Facilitate and monitor learning using presentation and feedback skills and assess student's progress against the National Behaviour Competency Framework.

This will be achieved by being able to:

- Identify and apply presentation skills appropriate to the OST training environment.
- Explain the principles and purposes of assessment and distinguish between formative and summative assessment.
- Understand the National Behaviour Competencies Framework and assessment criteria for the course.
- Determine Student performance against the assessment criteria
- Understand the partitioned approach to student feedback and the importance of sufficient, constructive and timely feedback

SECTION 1

INTRODUCTION

This module is designed to provide you with the skills required when facilitating the OST programme for students. You will be taught presentation skills and how to provide feedback to students throughout the OST programme. You will also be taught the skills of assessing which you will require when assessing students whether it is summative or formative assessments. This part of the programme will be delivered in the classroom of which separate learning materials will be provided. These skills will be used by you during the OST programme and beyond as a qualified instructor.

MODULE 3 SECTION 1

MODULE 3: HEALTH AND SAFETY

MODULE 3

HEALTHY AND SAFETY

AIMS

Implement detailed health and safety considerations when facilitating OST and be able to instruct and assess student's safe OST practice.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to implement detailed health and safety considerations when facilitating OST and be able to instruct and assess student's safe OST practice.

This will be achieved by being able to:

- Facilitate a safe learning environment for students.
- Explain and demonstrate to students the safety considerations and procedures required to be adhered to prior to commencement and during any practical facilitation of OST.
- Convey the medical implications that may result from strikes to the body.
- Explain and demonstrate a practical based lesson adhering to health and safety consideration.

SECTION 1

SECTION 1

INTRODUCTION

This module has been designed to provide you with the health and safety information that you may need to deliver the Officer Safety Training Programme.

MODULE 3

SECTION 2

GUIDELINES FOR INSTRUCTION

Instructors should be enthusiastic, but avoid talking too much. As a general guide for teaching Officer Safety Training skills, instructors should follow the **DEPI** acronym.

Demonstrate	Show at full pace
Explain	Breakdown the teaching points
Practice	Give the students adequate practice time
Imitate	For those students struggling to pick up skills, have them imitate the correct movements at 'walking pace'

The following is a broken down

- **PROBLEM/SITUATION:** identify the problem and demonstrate the full technique;
- **SOLUTION:** talk it through and break it down in progressive stages;
- demonstrate it once more;
- let the course **PRACTICE;**
- circulate amongst course members, encouraging and **COACHING;**
- draw their attention to the main faults occurring but take care not to identify individuals - faults are always shared;
- follow this by more practice;
- ensure each student has **demonstrated a competency** linked to learning outcome
- discuss any technical or operational difficulties, drawing on the experience of course members.

Instructors should also:

- speak slowly and distinctly;
- ensure that everyone can clearly see the demonstration;
- encourage and allow time for questions;
- maintain careful observation both of the group and of individuals;
- stop the activity immediately if there is any likelihood of injury;
- be on the look out for signs of boredom or fatigue;
- be prepared to modify any session according to the needs of individuals and of the course; never be reluctant to return to basics.

ALWAYS REMEMBER THE STUDENTS NEEDS ARE MOST IMPORTANT, PRACTICE MAKES PERFECT.

PREPARATION FOR CLASS

Prior to students attending ensure that an adequate risk assessment has been carried out for the venue as well as the training equipment you will use.

The areas you must consider for your risk assessment are:

- Venue suitable for the purpose you are using it for.
- Sufficient space for the numbers and activities planned.
- Suitable for the number of persons that will use these facilities.
- There are no apparent fixed dangers that could affect the delivery of OST or injure any students.

- There are no apparent movable dangers that could affect the delivery of OST or injure any students, which should then be removed.
- Identify where First Aid equipment etc. are located in regards to the facilities you are using.
- That there is the appropriate ratio of trainers to students.
- The training equipment to be used is suitable for that purpose and that wear and tear has not affected its use or safety
- Maintain a log of the points you have considered, what defects you have found and what steps were taken to rectify them and who by.
- Confirm what fire drills are scheduled for the venue during your training, where the fire exits are located and appropriate assembly point is.

OFFICER SAFETY MEDICAL DECLARATION

Obtain written confirmation, in line with protocol, confirming that the student does not have a history of heart disease, high blood pressure, bone, muscle, tendon or ligament problems that might be aggravated by taking part in Officer Safety Training. Confirm also they are not pregnant or suffer any medical condition that should preclude them from taking part in Officer Safety Training.

Any student who can not confirm the declaration will not be allowed to take part in Officer Safety Training.

MODULE 3

SECTION 3

SAFETY BRIEFINGS

In relation to the delivery of Officer Safety Training, instructors need to take every possible precaution to minimise injury. Although no training that is effective, challenging and involves hard physical contact, can expect to be entirely free of the risk of injury. However, Instructors must always bear in mind that the purpose of training is to prepare officers to face the real-life situation and not to try to recreate it exactly. It follows that it is the direct responsibility of instructors to ensure that the degree of realism simulated in training is no more than is necessary to achieve the training objective.

When use of force incidents are simulated, an instructor must act as a safety officer or appoint another competent person to do so. The safety officer's main task is to supervise the simulation closely and to halt the training immediately if a safety problem arises.

Prior to the commencement of any practical training, one of the following safety briefings must be read out the students and a verification of understanding obtained.

SAFETY BRIEFING 1

The training you are about to receive has been designed to reduce the possibility of injuries being sustained whilst participating in the activity. Whilst you are at the Training Venue, your safety is of paramount importance. All the physical aspects of training you need to undertake on the course will carry a degree of risk and there will be the potential for you to become injured. To reduce the risks to a minimum, it is essential that the following instructions are strictly adhered to at all times:

- During the training session you will obey the instructor's commands. When told you will immediately stop what you are doing.
- Listen to all instructions and observe carefully all demonstrations undertaken by the instructor. If you are unsure or unclear or you do not understand what is required of you, you must ask the instructor before you commence the training.
- If you behave in a manner, which is considered by the instructor to be either dangerous or reckless, you will be removed from the training and may be subject to disciplinary action.
- You will remove all rings, watches and other jewellery prior to the commencement of training.
- You will wear all protective equipment as provided and instructed. Failure to do so will result in your removal from the training.
- You are, under the Health and safety at Work etc Act 1974, responsible as individuals for your actions during training. Remember that your partners during training are colleagues; we are not here to injure each other, only to learn and practice essential skills.
- If you are suffering any illness or injury, you must declare this immediately to the instructor.

- Any injury sustained must be reported before leaving the venue. A formal report will be completed and submitted to ensure relevant health and safety rules are complied with.
- If any officer is involved in an incident, which might have resulted in injury, i.e. near miss, this must be reported at an appropriate stage of the training session.
- Respond promptly to any fire drill precautions.
- If whilst practising techniques with your partner, your partner feels excessive pain. He/She will indicate this by either:
  - **Patting Out**
  - **Shouting a predetermined phrase.**

If any of these signs are displayed, the practicing officer will slowly relax the technique.

- Should the training session involve the use of equipment, and that equipment is found to be defective, the instructor must be informed immediately.
- All venue floor areas must be kept clear of any equipment not being used.

Ensure that you pay attention very carefully to the instructor whilst he/she is speaking and/or demonstrating any aspect of the training. Failure to do so may result in you suffering an unnecessary injury.

RULES OF SAFETY

- All techniques will be demonstrated and practiced slowly. Speed is introduced after the mechanics are understood.
- The opponent will be passive and follow the instructor's commands.

SAFETY BRIEFING 2

This must be read out in addition to Safety Briefing 1, prior to the commencement of the following training elements:

- Knee Strikes/Fend Offs/Palm Heel Strikes
- Two or Three Person Team.
- Top Cuff to Prone/Search and Get Up.
- All Baton strikes.

STUDENT BRIEF

These aspects of training have been identified as having the highest potential to cause injuries amongst students. To minimise the potential for injury, it is essential that you strictly adhere to the following at all times during the training session:

Listen carefully to the instruction and directions given to you by the instructor. Also, carefully observe the demonstration, if applicable, given by the instructors. If you do not understand or are unclear about any aspect of what the instructor has said or demonstrated, you must bring this to the attention of the instructor before commencing the training.

A touch drill means 'touch'. Do not become carried away and do not escalate the level of power unless you are given permission to do so by the instructor. The level of 'touch' will be demonstrated. Make sure that you fully understand what this means.

SAFETY BRIEFING 3

Prior to students undertaking simulation training (including padded suit exercises) Instructors will ensure that they are fit and competent to carry out the task.

Simulation Training must be closely supervised. All students will be briefed on the safety system.

STUDENT BRIEF

- Whistle blast stops the scenario.
- If the instructor playing the role of the aggressor calls out a predetermined phrase or 'pats out', the officers should relax the technique. Techniques should be relaxed gradually.
- If students are hurt during the scenario they should call out or pat out to prevent the aggressor from continuing the action.
- Students are responsible for their actions during the role-play and improper behaviour could lead to them being removed from the training and/or face possible disciplinary action.
- All students will be properly dressed and their protective equipment i.e. baton and handcuffs checked for damage.
- All students will be told what equipment will be excluded from the scenario (if applicable).
- All students will be informed of aspects of each scenario, which may offer a level of risk. Students must listen carefully and apply appropriately all instructions.

AGGRESSOR BRIEF

- Aggressor must be protected to the level required (full FIST suit or equivalent).
- Aggressor will be a qualified instructor.
- Aggressor will identify to students, weaknesses in the protective equipment (if applicable).
- Aggressor will not strike students with force to an unprotected head or final target areas.
- Aggressor and students will be fully conversant with the safety protocols.

SAFETY OFFICERS BRIEF

- Only a fully qualified instructor will be in control of the exercise.
- This instructor will be present at the safety briefing.

This instructor will be equipped with a whistle and will be identifiable to role players and students by way of clear markings.

MODULE 3

WARM UPS AND COOL DOWNS

THE PRINCIPLES OF WARM-UPS AND COOL-DOWNS

The use of appropriate warm-up and cool-down sessions are still considered best practice for all athletic or physical activities. The principle goals of any warm-up are for physiological and psychological preparation along with the prevention of injury, with the main goal of cool-downs being physiological recovery and the reduction of post-exercise stiffness.

At its most basic level, a warm-up should gradually raise the core and muscular temperature and prepare the body for physical exertion, both mentally and physically.

EFFECTS OF A DYNAMIC WARM-UP

A good dynamic warm-up should result in:

- The heart rate safely arriving at a workable rate for beginning the session.
- The body temperature remaining elevated (this is preferable to static exercises which can result in a significant lowering of the body's temperature when performed over 10-15 minutes).
- Greater elasticity of muscles and connective tissue, making them less susceptible to injury.
- Enhancement of co-ordination, motor ability and muscle activation.
- Proper mental preparation. It prepares the mind for the physical event ahead which for any sport/physical training is vital.

SECTION 4

WARM-UPS – BEST PRACTICE

Gradually increase the intensity throughout the period of the warm up. This should begin light in intensity, gradually increasing to the point of mild exertion. Generally speaking, the more intense the training event, the longer the warm-up last.

Start with low intensity movements and build it up. By the end of this warm-up the individual should be working at or near the intensity required during the main session.

With the muscles now warm, it is important not to allow them to cool back down again, but allowing the participants a minute or two to perform any other exercises that they feel appropriate for them as an individual may be beneficial.

Note: Static stretching prior to activity is now considered to be contra-indicated. When you perform a static stretch before exercising, your body may think it's at risk of being overstretched. It therefore compensates by contracting and becoming more tense as a protective measure. That can mean you aren't able to move as fast or as freely, making you more likely to under-perform and more susceptible to injury.

COOL-DOWNS

In effect a cool-down is just a warm-up in reverse. Any light exercise such as jogging or walking, which reduces in intensity throughout its duration which will allow the body to gradually reduce the heart rate and blood pressure from an elevated state to a resting or near resting state. Cooling-down helps remove **lactic acid** which can cause **cramps** and **stiffness** and allows the heart rate to return towards its resting rate.

An appropriate cool down will:

- Aid in the dissipation of waste products - including **lactic acid**.
- Allow the heart rate and blood pressure to return towards resting rates, although both of these will be likely to remain slightly higher than normal for up to an hour after exercise.

A cool-down should last for 5-10 minutes, with decreases in intensity.

STRETCHING

Performing static stretches as part of a cool-down is still considered beneficial for recovery and flexibility. They should be performed whilst the muscles are warm as they hold elastic properties. Muscles, tendons and ligaments can be thought of in a similar way to elastic bands: - when cold they won't stretch far but if heated up the flexibility is greatly increased. It should be noted that elasticity in ligaments is not a particularly desirable quality but this is not something that requires concern during recognised stretching routines. Static stretches should be performed as part of the cool-down as they help muscles to relax, re-align muscle fibres and re-establish their normal range of movement.

- Stretches for all the main muscle groups should be performed, paying particular attention to the muscles that have been used during the activity.
- Each stretch should be performed for **15-30 seconds** each.
- Don't bounce (known as ballistic movements, which can cause injury) during the stretch, just hold at the point of tension.

OST SPECIFIC WARM-UP

During the warm-up instructors will assess the student's fitness and capabilities paying particular attention during the drills so that training issues or other incidents can be addressed. The aim is to warm the students up physically whilst also assessing their skill level and capability in defending themselves prior to formal training.

This natural behaviour and movement will then be built upon linking their current capabilities and skills to the formal techniques presented within the programme to allow then to defend themselves.

It is very important instructors are aware that this warm-up is designed to build upon the natural human instincts and primal behaviour of students which is already within them. Allow the students to identify their strengths and weaknesses from the warm up and this will allow you to identify the needs of each student at the same time.

WARM-UP DRILL

Work within matted area and confirm strong/support side (basic OST stance).

1. Begin walking in all directions try not to bump into each other, be aware of surroundings moving forward/back/sideways ensuring students are not crossing legs or have feet touching.
2. The pace should be totally controlled - not more than stepping (Patterns of Movements).
3. Start loosening off whilst continually moving, head up/down and to the sides, shoulder shrugs and swinging arms forwards and backwards. Stretches on the move, stretching the biceps and triceps.

   Always ensure sufficient space and students aware of dangers of accidentally striking colleagues.

4. Start moving again as before, now bringing the hands up to eye level, whilst being aware of surroundings.

   Always remember to demonstrate techniques and ensure each student has physically watched you doing so.

   - Move back only (pivoting to change direction)
   - Move forward only (pivoting to change direction)
   - Move to side only (pivoting change direction)

5. Introduce the Arm Block movement.

   Now have students sparring by attempting to touch other students' heads (back of the head). Students try to defend themselves with arm blocks. This is a touch drill only and the pace needs to be controlled. Safety is paramount – no "slapping".

6. Sparring as above, but students acting as attackers attempt to touch other students' shoulders. Students try to defend themselves with arm blocks. This, again is a touch drill only and the pace needs to be controlled. Safety is paramount.

7. Sparring as above but try and touch other students' hips.

   Students try to defend themselves with arm blocks. Also have students moving backwards only trying to touch.

8. Students face each other. One student acts as aggressor and slowly attempts to touch their partner on the face and this action has to be blocked.

9. Touch drill open hand used with movement in round haymaker fashion. Incorporate realistic movement at this point and include strikes to shoulder/hip area.

10. Zombie attacks. Students are attacked by fellow student with straight arm attacks and have to deflect the attacker and move into a space, (patterns of movement and arm block). This exercise should start off slowly and then increase with speed to replicate an attacker rushing at the officer. Often called Deflection Technique or Railroading.

11. Foot touches. Students work in pairs and have to try and touch one of their partner's foot with their foot. Other student tries to avoid this and respond by doing likewise to their partner.

ADDITIONAL WARM-UP DRILLS

Always emphasise safety and that students have sufficient space.

- Crawl on hands and feet ensuring knees don't touch ground (Spiderman).
- Change position (upside down) still crawling making sure backside doesn't touch ground (Crab).

The above two drills are designed to show students the physical difficulties encountered when knocked to the ground and should be linked to getting quickly back up onto their feet, back into their basic stance and returning to a sufficient reaction gap.

Emphasise danger of clash of heads and keeping heads up.

- Interlocking arms – pull vs push, only 60–70 % resistance.
- Toe tapping/head shoulder and hip touch drill to ensure students focus forward and not down at feet.
- Hand slapping.
- Peripheral from rear, remembering to emphasise stepping away from the threat and NOT in to it. At this stage the voice command "GET BACK" could be introduced and explanation on public perception.

This tests eye to hand co-ordination and also emphasise the need for a reaction gap and what that is.

Instinctive reactions to different threats - for example how will they deal with a haymaker punch or a kick or hands into face (in close).

All should be delivered in a controlled yet dynamic manner.

Finish warm up with re-enforcement of basic stance principles and patterns of movement, linked to tactical options thereafter.

- Static stretches (optional).

HEALTH & SAFETY / TEACHING POINTS

The warm-up also includes the opportunity for students to appreciate the need to be vigilant and sharp at all times. The need for peripheral vision to assess all dangers as an operational police officer. The requirement for balance and controlled movement to ensure an officer is best equipped to repel or deal with an attack or aggressive move upon them.

Instructors should always ensure that this warm-up is delivered in a progressively dynamic but safe manner. The warm-up will set the tone for the remainder of the training.

Instructors must always be conscious of the fact that, by what they say and do, they influence the attitudes and actions of others. Instructors must at all times be mature and balanced in the attitudes and actions which they present to trainees. The presentation of a 'macho' approach is likely to be carried across into the manner in which trainees perform their duties -to the serious detriment of their performance, their inter-personal relationships and ultimately to the reputation of police officers.

The instructors task is to assess, reassure, teach and produce at the end of the course, individuals who are confident and competent to cope with violent situations, on different scales which may arise in the course of their normal duties.

Every training course in whatever discipline, but especially in OST, depends crucially on the instructor's sensitivity, powers of observation, skill and ability to draw together all who take part in a shared objective. The importance of teamwork should be stressed wherever possible so that the less capable are constantly encouraged and supported by colleagues who learn more quickly, or have more operational experience.

OST training very occasionally reveals - usually in the early stages, one or two course members whose physical prowess, or entirely reputable satisfaction from physical contact, lead them either to discount OST techniques altogether or to use them rather heavily. The instructor's task is to enable such a person to use his/her competence in a disciplined and controlled manner for the common good.

It is most important for instructors to constantly bear in mind that all members of a course are trainees and not just people to be 'knocked into shape'. It is, and must always be seen as, a shared and unifying enterprise.

Effective training must be demanding, reproduced so far as is reasonable the operational situation in which the techniques will be used, while being carried through with minimum risk of injury.

Instructors must always bear in mind that the purpose of training is to prepare officers to face the real-life situation and not to try to recreate it exactly.

It follows that it is the direct responsibility of instructors to ensure that the degree of realism simulated in training is no more than is necessary to achieve the training objective.

MODULE 3

SECTION 5

MEDICAL IMPLICATIONS OF STRIKES TO BODY AREAS

I. THE BODY

Some regions of the large territory termed the body are **RED AREAS** (highest level of trauma): the head and neck, the sternum and solar plexus, spine and coccyx (tailbone) and the kidney areas.

The limbs and areas of the upper back (excluding the spine) are **GREEN AREAS** (minimal trauma).

A. COLLARBONE (CLAVICLE)

Collarbone injuries are common, and usually not serious or life threatening. But the possibility of permanent injury or death exists, and so the collarbone is a **RED AREA**

1. Fracture of the Clavicle

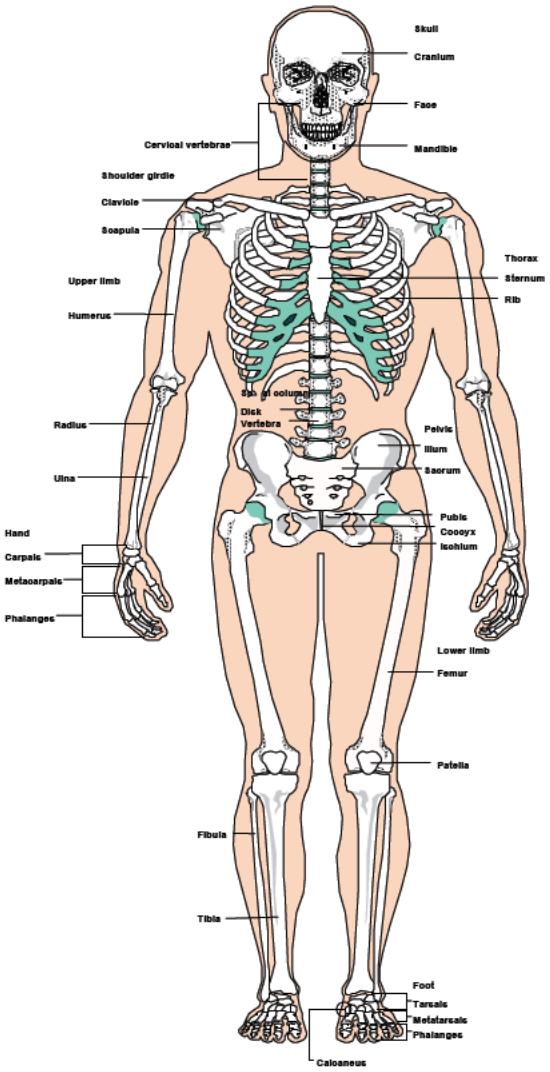
This frequent sports injury temporarily disables the arm on the side of the fracture. Usually there is complete recovery.

2. Injury to the Brachial Plexus

Complications include injury to nerve cords of the underlying brachial plexus, with paralysis of muscles of the arm or chest.

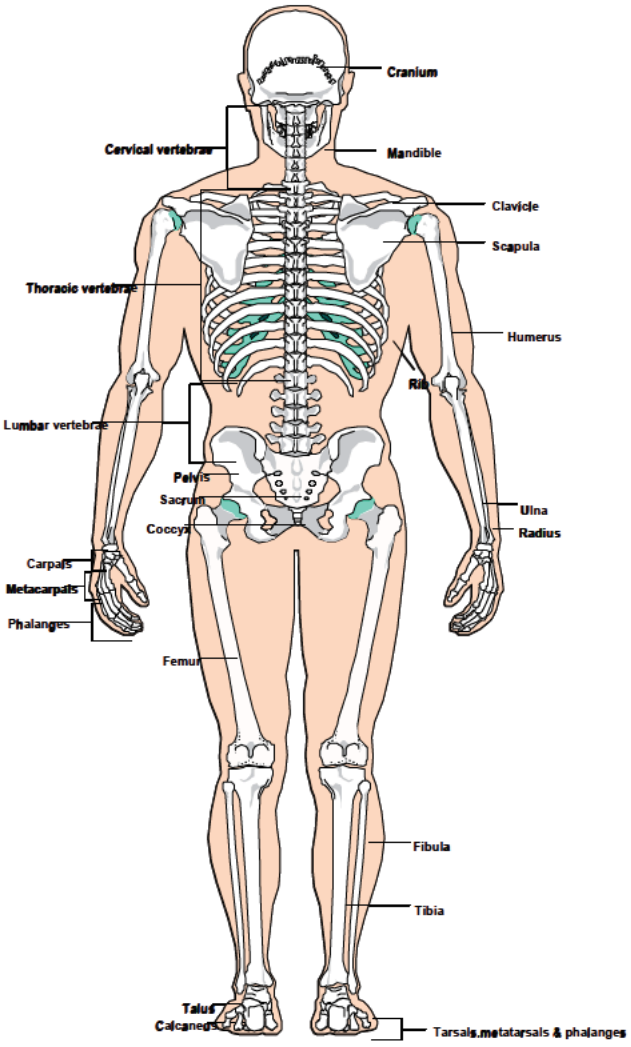
3. Laceration of Blood Vessels

Lacerating an artery or vein causes haemorrhage or haematoma. With injury to the subclavian artery becomes the risk of gangrene if blood supply is restricted. Injury to the axillary vein is dangerous, not only from blood loss, but because air may enter it arid cause an air **embolism** that will be carried by the bloodstream until it lodges somewhere—possibly in the lungs, heart or brain.

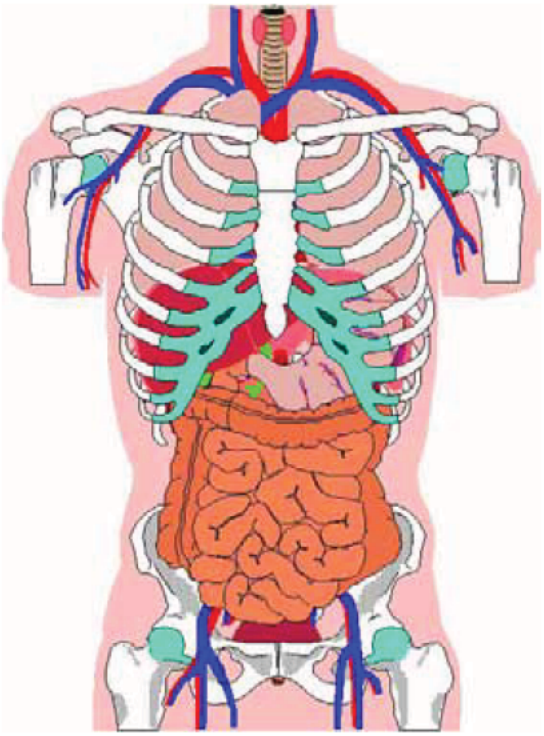


4. Pneumothorax

Clavicular fracture could **puncture the pleur**a (sac-like membrane of the pleural cavity and lung). Its cupola (dome) lies above the apex of the lung, in the root of the neck near the clavicle. It could be penetrated by sharp ends of the broken bone, allowing air to enter the pleural cavity (**pneumothorax**), resulting in partial lung collapse. The cavity and lung may both be puncture (**open pneumothorax**).



Usually such "sucking" chest wounds are easily repaired, although pain may accompany treatment. But if the wound has a tissue flap in it, air enters the pleural cavity on inspiration but cannot escape on expiration (**tension pneumothorax**). Air buildup pushes the mediastinum (mid-partition of the thorax) across the midline to compress the opposite lung. A surgical emergency: Death results in minutes!



B. CHEST

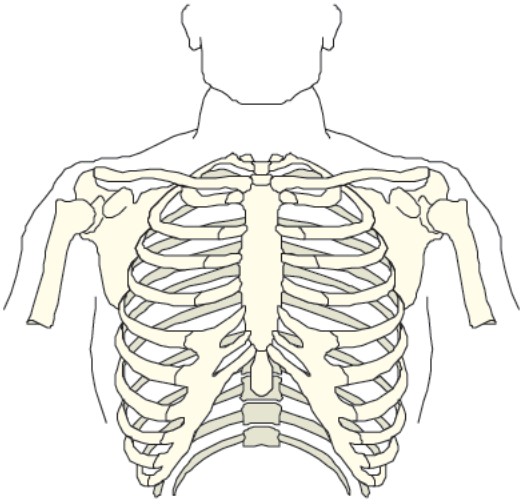
While the chest may be struck with the hand without much danger, the baton concentrates force. A strike could devastate a small area of the chest wall. A forward strike may cut across structures, including the ribs. Potential for serious injury is great.

1. Cardiac Concussion

A blow to the mid-chest can stop the heart and, conversely, defibrillate it. A baseball can do it ("Little League Syndrome"). It is not due to contusion, and with rapid CPR the victim usually recovers. However, this is a potentially lethal use of force.

2. Fracture of the Sternum

Unless force is concentrated, sternal fractures are not common. Impact by the steering wheel in motor vehicle accidents is the kind of injury in which fractures occur. A strike with a baton could do the same; hence it is a **RED AREA**.



Sternal fractures are often comminuted. The body of the bone is broken up, but its ligaments prevent fragments from protruding as a compound fracture. A severe blow can drive the body into the heart or liver and/or rupture the aorta. Fatal tissue damage or hemorrhage may result. If the pericardial cavity fills with blood (**hemopericardium**), the heart may be compressed and unable to fill with venous blood in diastole (**cardiac tamponade**).

3. Fracture of the Ribcage

Ribs are easily broken; a strike with a baton is more than enough. Pneumothorax and hemothorax (presence of blood in the pleural cavity) may result from penetration of the pleural cavity by their jagged ends. It is a **RED AREA**.

4. Rupture of the Diaphragm

The diaphragm may be ruptured or torn as a result of sudden forceful compression of the chest and/or the abdominal cavity.

Herniation of the stomach, intestines and spleen into the chest cavity may occur, with serious and potentially fatal consequences and requiring extensive surgery.

C. SOLAR PLEXUS

The "breadbasket" or stomach region to the layperson; to anatomists, the coeliac plexus, it is where nerves and nerve centres concentrate for the viscera. Grossly, it as a triangular area with the xiphoid process of the sternum as its apex and the 6th and 7th ribs as its sides.

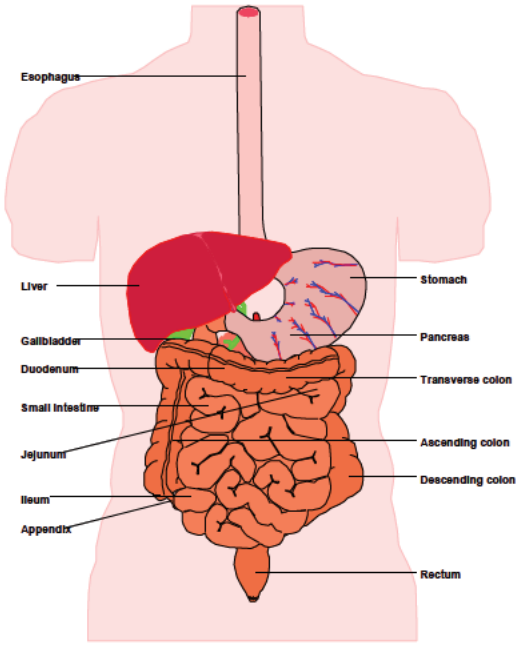
Blows here, or to adjacent regions of the lower chest and upper abdomen, can have serious or fatal results. It is a **RED AREA**.

1. Shock

A blow here "knocks the wind out of" a person, with temporary difficulty in breathing nausea, and inability to function. The cause of collapse involves circulatory factors and neural regulation of blood flow and respiration. These effects may lead to shock, with potentially fatal results.

2. Rupture of the Liver

Huge, soft and friable, the liver is easily ruptured. While protected by the ribcage and diaphragm, its lower border lies behind the solar plexus. A blow may rip the liver with massive bleeding (hepatic veins cannot contract). Peritonitis (inflammation of the membrane lining the abdominal cavity and its organs) from blood and bile in the abdominal cavity or other tears from a broken rib perforating the diaphragm could occur. Hemothorax from blood passing through the hiatus can lead to rapid death.



D. UPPER ABDOMEN

The regions bordering the solar plexus are **RED AREAS**.

Damage to abdominal viscera and blood vessels can occur, directly or from ribcage injury. But by far the most vulnerable organ is the spleen.

1. Rupture of the Spleen

The most easily injured organ: A fall of 9 metres can rupture the aorta or kidneys, 7 metres the liver. A fall of only 5 metres can burst the spleen. It's fragility is famous. It's rupture causes massive and potentially fatal internal bleeding and shock. Thus strikes to the left hypochondrium (below the ribs) are extremely dangerous. In American football, the spleen is often ruptured in tackles from the left side impacting this region.

2. Rupture of the Gall Bladder

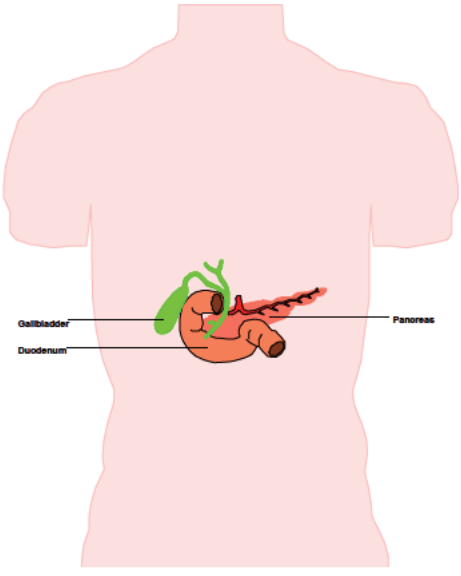
The gall bladder lies tucked up under the Liver near the solar plexus. A rupture with bile peritonitis is a serious additional complication of upper abdominal injuries.

3. Rupture of the Stomach

The upper part of the stomach lies slightly left of the solar plexus. It is vulnerable to compression but is distensible. It seldom ruptures spontaneously. It can be ruptured by trauma, however, and when full results are catastrophic: stomach contents and digestive juices spill into the abdominal cavity. As in acute perforated gastric ulcer, agonizing epigastric pain, nausea, vomiting, shock, toxicity and peritonitis may occur, requiring emergency medical and surgical measures.

4. Rupture of the Pancreas

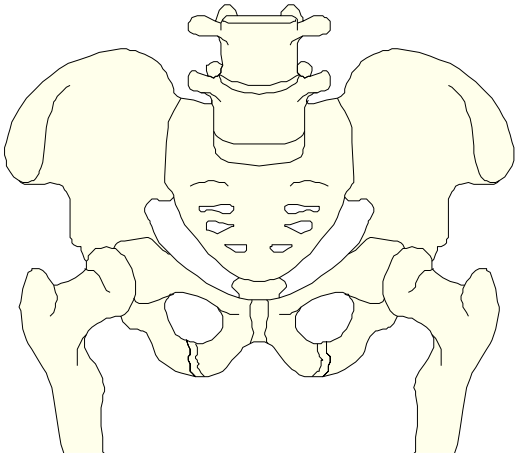
The fragile pancreas runs across the back wall of the upper abdomen, a hands-breadth below the solar plexus. While deep, it can be injured by sudden compression of the abdomen mashing it back against the spine, which acts as an anvil. Rupture injures it's ducts, allowing it's enzymes to escape and digest the pancreas itself along with nearby organs. Violent pain, nausea, vomiting, shock, cyanosis (blueness or lividness of the skin) and constipation are the serious consequences. Hemorrhagic necrosis (death of tissue caused by disease or injury) of the pancreas is frequently fatal.



5. Rupture of the Bowel

Concentrated force, as by a kick, motorcycle handlebar or baton jab, may rupture a transversely oriented loop of the small or large intestine and cause death from peritonitis.

In many severe internal injuries, external evidence of trauma may be slight or absent.



E. LOWER ABDOMEN AND PELVIS

This is a **RED AREA**. Strikes can cause minimal, temporary trauma however, exceptions can occur.

If forceful, blunt trauma here causes the same injuries noted for the upper abdomen: rupture of the bowel or other organs and severe internal bleeding. Such injuries occur in motor vehicle accidents, where tremendous, instant compression of the abdomen takes place.

1. Rupture of the Bladder

The bladder is fairly safe in extra peritoneal fat in the pelvic wall. It has strong muscular walls. It is most vulnerable when full. Then, it is distended, rising out of the pelvic basin to the umbilicus, pressing against the abdominal wall.

Here it may rupture from blows to the lower abdomen or penetrated by broken pelvic bones. Urine escapes into the peritoneal cavity or its wall. Septic peritonitis may follow the former.

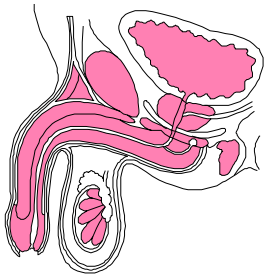
2. Rupture of the Uterus

The uterus has a thick muscular wall and lies deeper than the bladder. It would be difficult to rupture it with a blow, but damage to its blood vessels and haemorrhage could result. A blow to a pregnant uterus could lead to miscarriage, death of the fetus, massive haemorrhage and possible death of the mother.

F. GROIN

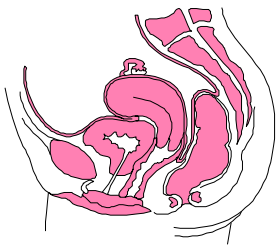
The groin is a **RED AREA**. Injury in both sexes may cause unconsciousness, serious injury, shock or death. The powerful psychic component to groin injuries (e.g. the instinctive protection given the genitals by soldiers in battle) may compound the consequences (e.g., neurogenic shock).

1. Testes



Blows can cause nausea, excruciating pain and temporary total incapacity. Haemorrhage, potentially fatal hypovolemic/neurogenic shock, sterility or reduced fertility due to testicular damage are all possible.

2. Vulvas and Vagina



The external female genital organs and vagina are easily damaged by blunt trauma. Haemorrhage and shock are possible, and a tear in the vaginal wall can lead to peritonitis.

G. BACK

The extensive region over the kidneys is a **RED AREA:** not to be struck without justification for use of deadly physical force. The shoulder blades are **GREEN AREAS**; minimal levels of trauma from a blow would be expected.

1. Concussion of the Spinal Cord

See under the Neck.
Not likely, but potentially serious.

2. Fracture of the Spinal Column

All back and neck injuries have the potential to fracture the spine and injure the spinal cord. Paralysis and morbidity are distinct possibilities.

Neck restraints are not
taught on the officer safety training programme.

The neck is a mobile column within which there are vital structures, highly vulnerable to injury in any attack or use of force. Neck restraints of any type are inherently dangerous.

3. Damage to the Kidneys

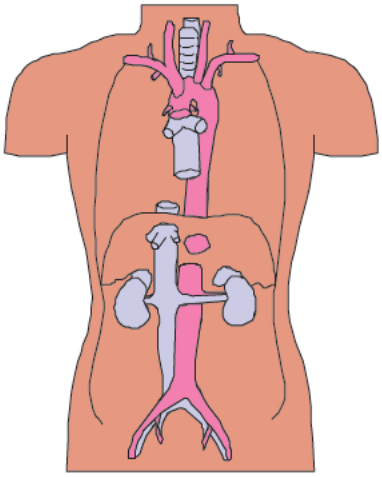
Kidneys are retroperitoneal organs, lying in the back wall of the abdominal cavity, not in the cavity itself. Therefore, they are vulnerable to blows to the small of the back.

If a kidney ruptures, urine and blood escape into the abdominal cavity. Severe hemorrhage, peritonitis and shock may result.

If a kidney tears away from the body wall, the same sequelae (a morbid condition or symptom following a disease) may occur, along with displacement of the ureter, urinary blockage and congestive renal damage.

4. Fracture of the Ribcage and Pneumothorax

See under the Chest. A fractured rib may be driven through the diaphragm or into a visceral organ, with possibly fatal results.



5. Fracture of the Shoulder Blade (Scapula)

Fracture of the scapula, a common sports injury, usually heals without complications. Certain breaks, however, with or without rib fracture, result in pneumothorax (see above).

H. TAIL BONE (COCCYX)

The tailbone is a **RED AREA**. A severe blow here or to the sacrum can be transmitted up the spine to cause spinal concussion. The coccyx itself is of little significance.

1. Fracture of the Coccyx

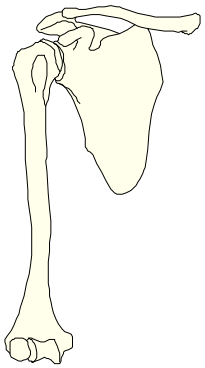
A common result of a fall in which the person lands on the buttocks, usually associated with coccygeal pain (coccydynia), especially when sitting. However, the bone is easy to break, and the resulting pain may be lasting or permanent. With severe trauma, coccygeal or sacral fragments may be driven into the pelvic basin and cause peritonitis and other serious complications.

2. Concussion of the Spinal Cord

See under the Neck and the Back. A blow to the tip of the spine or sacrum can temporarily derange function in the spinal cord or its dangling lower nerve roots (cauda equina), causing shock and serious or fatal complications.

II. THE UPPER EXTREMITY

A. SHOULDER

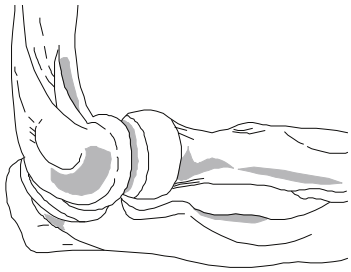


The shoulder is a **GREEN AREA**. Injuries here, albeit painful and disabling, are usually temporary: rupture of the rotator cuff (the muscles holding the head of the humerus to the scapula), biceps tendon tear and shoulder dislocation. A severe blow to the point of the shoulder, however, can separate it from the neck and greatly damage the nerve bundles (rami, trunks, divisions and cords) that make up the brachial plexus. Even with complex surgery, complete recovery of sensorimotor function in the arm would be unlikely.

B. UPPER ARM AND ELBOW JOINT

The upper arm is a **GREEN AREA**. Fracture of the mid-humerus may damage the radial and ulnar nerves and the brachial artery. Contusion from contact with the long portion of a baton is possible in armlock techniques.

Elbow injuries from strikes can be disabling; the ulnar nerve is exposed behind the medial knob of the humerus and easily injured. Such injuries may cause motor and sensory loss in the hand: the person may have difficulty making a fist. Damage to other nerves and blood vessels are possible. The elbow is a **GREEN AREA** for strikes.



C. FOREARM

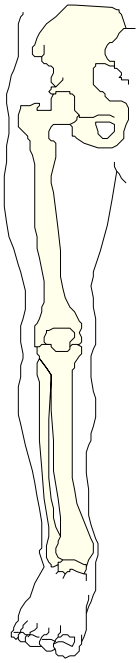
GREEN AREA. Minimal level of trauma is likely.

D. WRIST AND BACK OF HAND

GREEN AREA. If not free to move, damage to the three nerves (ulnar, median and radial) may cause various palsies and sensory losses in the hand. Vascular damage may be serious. Some wrist bones (e.g., the scaphoid near the thumb) are difficult to immobilize after fractures, and hence may not heal properly.

III. THE LOWER EXTREMITY THE LEG IS A GREEN AREA.

A. THIGH



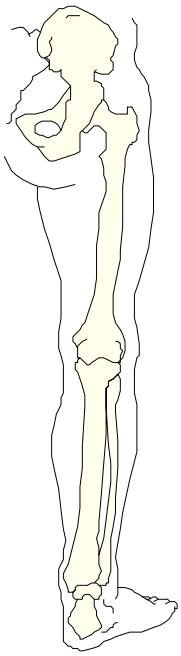
The common peroneal nerve (a brand of the sciatic nerve in the lower part of the thigh) is a preferred target. A strike here, as from a forward strike, has great temporary stunning effect with minimal chance of permanent injury, as long as the blow is at the midpoint of the thigh or near the hip (greater trochanter) rather than on the injury-prone knees. In addition, strikes to the side of the thigh cause structural instability that usually puts a person on the ground. The impact propels the hip and thighbones toward the midline, momentarily undoing their skeletal roles in weight-bearing and maintaining equilibrium.

Strikes to the thigh bruise tissue. Such injuries are common in sports: in football, the "hip pointers" over the iliac crest and "charley horses" in the thigh muscles (usually the quadriceps). They entail pain and stiffness, but usually heal without complications.

More serious is fracture of the femur. The thighbone is strong and protected by muscle and fat, but may be fractured along its shaft or upper projections (trochanters) by a severe blow. Such injury is very disabling and may take months or more to heal. Femoral neck or trochanteric fractures are common in persons over 60 (usually from a fall) and fraught with complications (embolism, bone necrosis) due to a delicate blood supply. Such fractures can be life threatening. Caution should be used if necessary to strike the thigh in an older or very thin person.

B. KNEE JOINT

The knee "never forgets an injury." It is a major weight-bearing but unstable joint in which delicate cartilage covering the ends of the leg bones are held together by ligaments and muscles subject to a variety of disabling injuries. The length of the bones themselves allows great leverage to be placed on the joint, tearing ligaments. Blows and twisting strains are other well-known knee injuries.



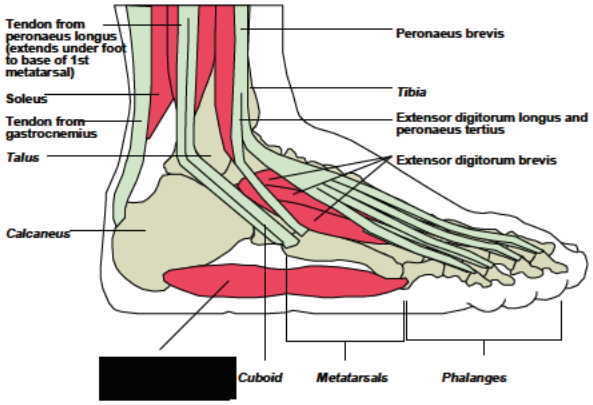
The thigh muscles atrophy (waste away through undernourishment, ageing or lack of use) when the knee is in a cast. Afterwards, residual instability is vexing. In severe knee injuries nerve and vascular damage occurs, with lower leg muscle weakness (foot drop) and other complications.

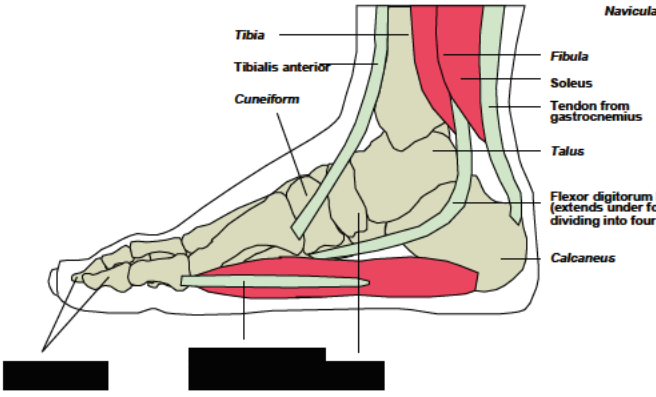
A patellar fracture with separation of the fragments compromises the quadriceps femoris muscle, the extensor of the leg at the knee joint.

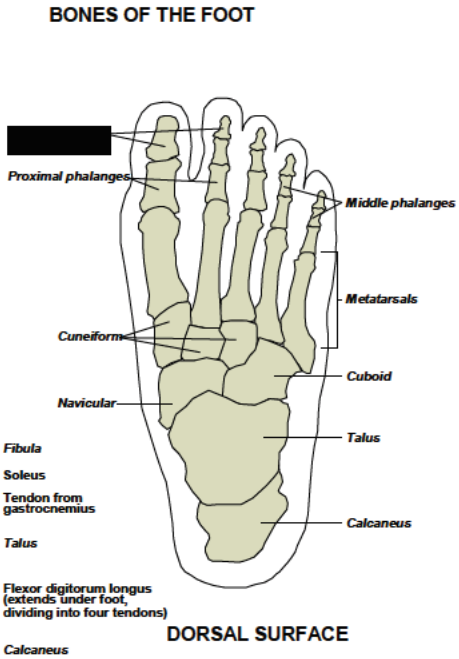
C. SHIN

Fractures of the tibia, second largest bone in the skeleton, are the most common of all long bone fractures. The tibia is almost unprotected by overlying tissue and relatively thin in its lower two-thirds. "Bumper fracture" (automobile bumper) aptly describes the type and location of this injury. A forceful strike on the lower shin could have the same effect.
A complication in healing tibial fractures is non-union due to damage to the nutrient artery of the bone; it enters between the upper and middle thirds of the tibia, slightly below the knee.

The fibula, the long thin bone lateral to the tibia, lies deeper and better protected, but can be broken. It usually breaks near the ankle, often with ankle fracture/dislocation (Pott's fracture). The nutrient canal of the fibula is in its middle third; damage here could impair healing. Upper fibular fractures are destructive, injuring the popliteal artery and common peroneal nerve and causing circulatory problems in the leg and foot drop.







D. ANKLE

The ankle is the most frequently injured joint; stretching and tearing of its ligaments from twisting or inverting movements are common. Fractures often involve the lower ends of the tibia and/or fibula. Like the wrist, its bones can break, which can be disabling due to impaired locomotion and weight-bearing and from damage to nerves and blood vessels.

E. ACHILLES TENDON

Rupture of this tendon is a common sports injury. It usually occurs during great strain: jumping, starting to run or stumbling. Pain is abrupt and excruciating; the person cannot walk. Recovery may be long, with lasting limitation of walking and running. We lack data on its vulnerability to blows, but inflammation is a well-known, painful and often chronic disability in runners.

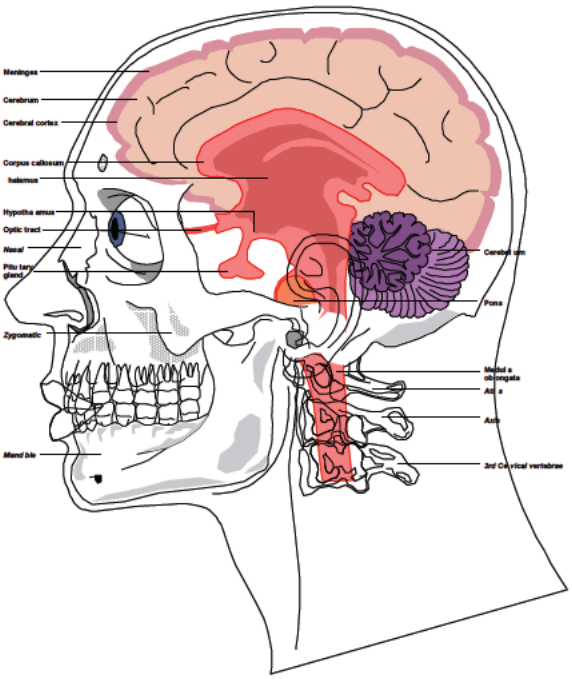
F. INSTEP

The metatarsal bones are easily broken by blows. Fractures usually heal without complication, but are temporarily disabling. Damage to the plantar arterial arch can cause serious bleeding, requiring major surgery. In severe injuries, amputation of part of the foot may be necessary.

IV. THE HEAD

Blows to the head carry the highest risk of trauma, with possibility of death or serious injury and lasting disability. For this reason, the entire head is a **RED AREA**. It may be struck only when use of deadly force is justified.

Examples of injuries from blows to the head are:



A. SKULL

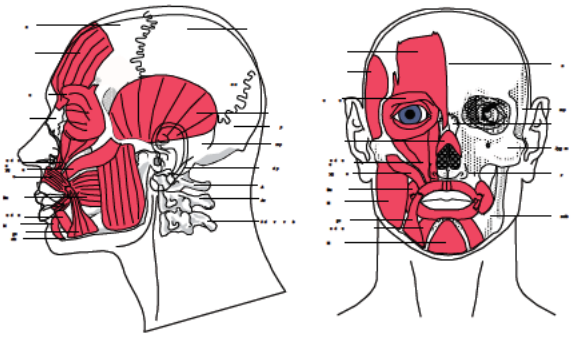
1. Acute Epidural Hemorrhage

The front part of the temporal bone is thin. A blow to the temple can tear the middle meningeal artery in a groove on the inner aspect of the bone. Acute, rapidly expanding epidural haemorrhage (between the skull and dura mater around the brain) results. Without surgery, it almost invariably leads to death (usually within hours) due to brain compression, herniation of the brainstem at the base of the skull and respiratory arrest.

2. Basilar Skull Fracture

With many foramina (openings) and thin areas of bone, the base of the skull is fragile. Blows can create fracture lines through it in various directions. Injury to cranial nerves, such as the auditory, is common.

Loss of hearing is possible, from damage to this nerve, middle ear, eardrum or auditory canal. Blindness or visual defects from optic or oculomotor nerve damage and tearing of the pituitary stalk with endocrine disorders may also occur.

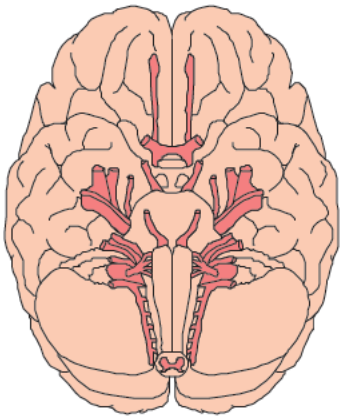


3. Zygomatic Arch Fracture

The zygomatic arches (made up of processes from the temporal and zygomatic bones) are the widest parts of the face and thus easily broken by blows to the side of the head. Depending on the location of the fracture, injury to the lateral wall of the orbit and eye, or to the temporomandibular joint such that jaw movement becomes painful (especially on closing).

4. Scalp Hemorrhage

Heavy bleeding occurs with scalp laceration. The torn vessels cannot retract or contract in its dense tissue.



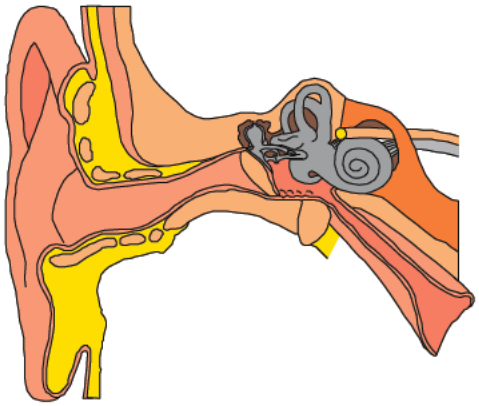
5. Brain Injury

The most important structure in the skull is the brain. Brain injury is 20 times more frequent with skull fracture than without, but severe or fatal injury to the brain can occur with an intact skull. Hard hats do not guarantee protection!

Injury includes concussion (abrupt, temporary loss of neural function) and contusion (bruising or other visible effects).

Complications involve time of onset, degree and duration of unconsciousness (if present); regions of brain involved; coup vs. contrecoup; and mode of injury (blunt trauma, acceleration of the head and its contents, penetrating wounds, etc).

Brain injury has many effects, serious or worse: insensibility, confusion, giddiness, altered sense of balance, coma, headache, nausea, vomiting, altered personality, memory loss, paralysis, slowed thinking, dementia, motor disorders and death - eventual, rapid, and even instantaneous. Blows to the head - at any point and in any direction - carry the highest level of risk.



B. EARS

1. Basilar Skull Fracture

A side blow over the ear may create a basilar skull fracture. Concussion, unconsciousness and death are possible.

Fracture of the petrous part of the temporal bone can tear the eardrum and deform the auditory canal, with severe bleeding and escape of cerebrospinal fluid (CSF) through the torn eardrum.

2. Internal ear hemorrhage

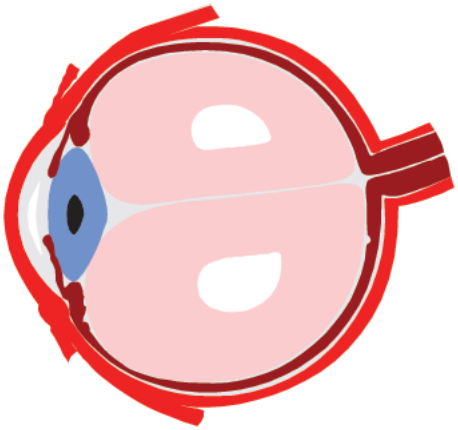
Hemorrhage in the internal ear may cause deafness or vertigo (sense of movement of self or environment). Both are serious.

3. Contusion of the Facial Nerve

This nerve near the middle ear may be damaged in temporal bone fractures. Paralysis of muscles of facial expression on that side may result. Recovery is usual, but may not be full. If bone fragments impale the nerve, complete recovery is unlikely.

4. Cauliflower Ear

The thickening and shape of the auricle in boxers: the end stage, with calcification of repeated soft tissue injury. Even a single blow or torsion can result in a swollen, disfigured ear due to effusion of blood and tissue fluid (hematona and seroma).



C. EYES

1. Rupture of Globe

Rupture of the eyeball with protrusion of its gelatinous and watery contents occurs if the eye cannot withstand pressure on it. Temporary or permanent blindness may result.

2. Blow-out Fracture of Orbit

The bony walls of the eye socket are thin. They blow outward with violent increase in Intraorbital pressure. Much surgery is required to repair damage to nearby bony sinuses.

3. Detachment of the Retina

This condition separates the retina from the choroid (vascular and pigmented) layer behind it, depriving it of much of its blood supply. Surgery must be prompt to prevent blindness.

4. Superciliary Bleeding

The ridges of bone under the eyebrows are sharp. Blows lacerate the skin with profuse bleeding. Bruising causes blood and tissue fluids to seep into the upper eyelid ("black eye").

D. NOSE

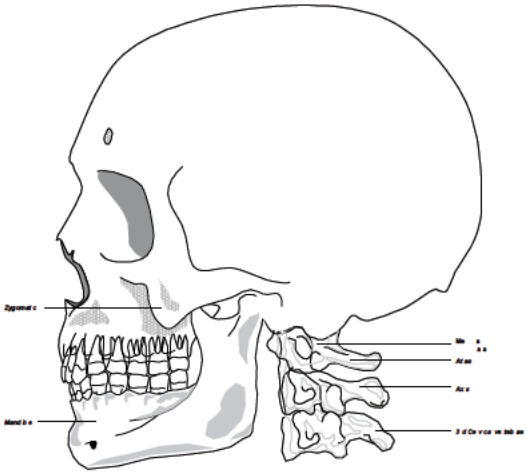
1. Nasal and Paranasal Fractures

Because it's intrinsic bones are thin, fractures of the nose are common (usually transverse). Nosebleed (epistaxis) can be profuse and persistent due to the rich blood supply.

In severe breaks involving the maxillary and zygomatic bones, (facial "smash"), the central bony structure of the face may detach from the rest of the skull. However, far worse can happen. The cribriform plate of the ethmoid bone - between the roof of the nasal cavity and overlying brain may fracture. Massive hemorrhage, shock, intense pain, temporary blindness, concussion, unconsciousness, torn meninges with CSF leaking from the nose, brain damage and anosmia (loss of sense of smell) may occur. Fractures may extend into the orbit. Death could result.

2. Deviation of Nasal Septum

May result from a birth injury or congenital malformation, but more commonly caused by trauma. This can be severe: this thin bony partition may contact the lateral wall of the nasal cavity to obstruct breathing, necessitating surgery.



E. UPPER JAW (MAXILLA)

1. Maxillary Fractures

Breaks occur in three patterns. They may involve the nose with serious results. Fragments of bone may tear the maxillary sinus; blood fills it and flows into the throat or out the nose. Thereafter, eating may be painful.

2. Other Consequences of Maxillary Damage

A split lip, chipped or missing teeth and eye-watering pain are minimal results of upper jaw injury. Worse are broken, detached teeth and blood in or near the larynx. The last can obstruct the airway (or provoke laryngeal spasms) and cause death.

3. Concussion

Unconsciousness seems linked to **angular acceleration in the sagittal plane** (flinging the head back or forward; side blows seem less apt to knock us out). The head must be **free to move** for this to happen; we don't lose consciousness when the head remains stationary, even though cerebral contusion and other types of brain injury may result. A blow to the upper jaw snaps the head back in the very direction causing concussion.

F. LOWER JAW (MANDIBLE)

1. Mandibular Fracture and/or Temporomandibular Dislocation

Like the maxilla, patterns of lower jaw fractures are seen in vehicle accidents and fight victims, usually two fractures on opposite sides: The neck of the bone may break and jaw dislocate on one side, the body near the opposite canine tooth.

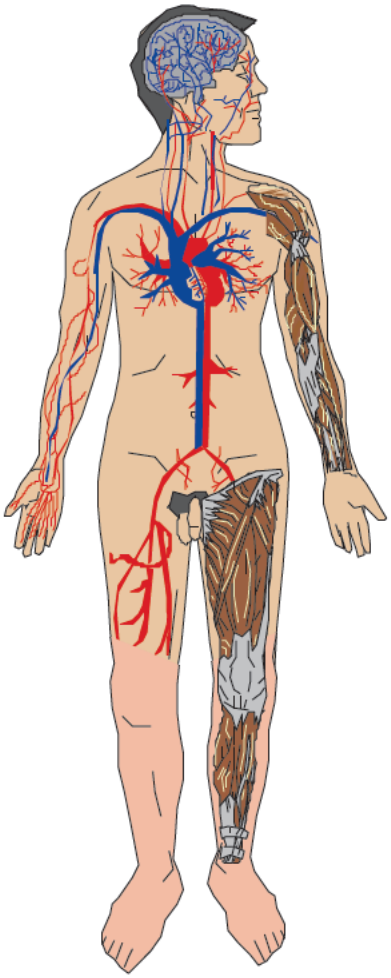
These fractures require extensive surgery, and dislocation is associated with excruciating pain in the joint, inability to close the mouth and risk of facial nerve damage/paralysis.

2. Other Consequences of Mandibular Damage

See Upper Jaw section for these potentially extremely serious effects.

3. Concussion

The risk of concussion here seems even greater than with the upper jaw, judged by how often fighters are knocked out from a blow to the point of the chin.



V. THE NECK

Connecting the head and body, the neck contains vital structures. It (front and back) is a **RED AREA**. Blows may cause serious injury or death.

A. VASCULAR DAMAGE

1. Contusion of the Internal Jugular Vein

Veins have thin walls. A blow to this largest neck vein, which drains blood from the brain, can cause massive hemorrhage that can easily result in death.

2. Contusion of the Carotid Artery

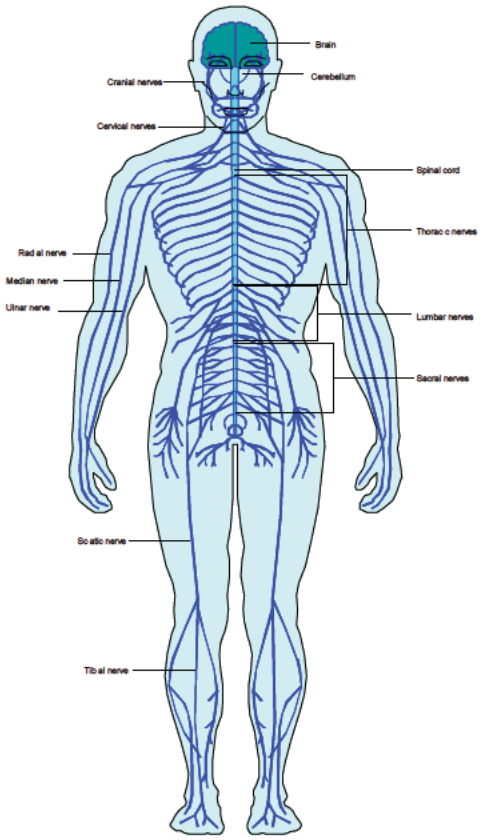
Arteries have thicker walls than veins and are not apt to rupture from blows. What can happen is thrombosis (formation of a blood clot in a vessel), impeding/blocking blood to the brain at the site of the thrombus or, if the clot breaks loose (embolism), farther up the artery at a branch point where caliber diminishes.

Blood may be routed through other vessels. Many patterns of brain infarction (damage due to inadequate blood supply) are seen. But massive stroke, causing death in hours, is possible. The retina and optic nerve may also be affected, with impaired vision on the side of the injury.

3. Laceration or Contusion of a Vertebral Artery

The vertebral arteries supply the brain stem and cerebellum and other structures. Injury to one of these deep-paired vessels can result from a focused blow to the neck that breaks the transverse processes of the vertebrae through which each artery runs.

Like carotid occlusion, a wide range of results - from no apparent neurologic disturbance to death - is seen. However, laceration of this vessel entails life-threatening hemorrhage.



B. NERVE DAMAGE

It is unlikely that nerves, lying deeply, will be severed by blows to the neck. But a stunning effect, like a "brachial stun" but more damaging due to concentration of force, could percuss nerve fibres. Temporary or lasting dysfunction and varied recovery could result, depending on how severe nerve fibre compression was. Hemorrhage in nerves from intrinsic vessels could occur. Results could be serious.

1. Contusion of the Hypoglossal Nerve

This cranial nerve innervates the tongue. Interruption results in paralysis and atrophy of the tongue on that side, with problems in eating and talking. The airway might possibly be compromised.

2. Contusion of the Vagus Nerve

A cranial nerve with many functions: control of pharyngeal and laryngeal muscles, regulation of heart rate, blood pressure, respiration, gastrointestinal activity, etc. Damage to one vagus causes hoarseness and difficulty in swallowing; the other nerve seems adequate to discharge the myriad visceral functions. Loss of both vagi is generally incompatible with life.

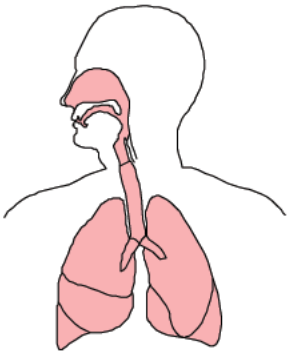
3. Contusion of the Phrenic Nerve

Its fibres, from cervical spinal cord segments C3 - C5, supply the diaphragm. Interruption causes diaphragmatic immobility on that side, often with dyspnea (painful, laboured breathing). Bilateral paralysis impairs breathing severely.

C. OTHER TRAUMATIC CONSEQUENCES OF BLOWS TO THE NECK

1. Hematoma of the Carotid Sheath

This connective tissue sleeve encloses the internal jugular vein, carotid artery and vagus nerve. Bleeding from a torn vessel could compress, stimulate or damage vagal fibres to the larynx, with life-threatening laryngeal spasm or paralysis. The vein and (less likely) artery might also be occluded.



2. Fracture of the Thyroid or Cricoid Cartilages

These cartilages calcify and become even more fragile with age. They are more often broken from manual strangulation than blows. Airway obstruction and death by asphyxiation may occur.

3. Concussion of the Spinal Cord

Heavy blows to the spine (as with a hatchet, blunt side out) can cause serious vertebral and spinal cord injury—even (as World War II Commandos knew) kill quickly and silently.

Usually, spinal injuries are from other types of force: violent acceleration (whiplash from a blow to the head or rear-end collision, deceleration (vertebrae crushed from a fall). Falls flat on the back and blows to the back of the neck ("rabbit punches") may cause a transient (1-2 day) spinal cord paralysis. Possible injury to the cervical spine or spinal cord is reason enough to avoid striking the neck except as a last resort.

SUMMARY: THE ESCALATION OF TRAUMA CHART

Potential for trauma is determined by the nature or degree of physical force impacting a specific location on the human body. We see that some locations are more susceptible to injury than others.

A strategy has evolved to address:

1) The medical and emotional consequences of trauma to specific areas of the human body.

2) An officer's need for guidance in using physical force to control a resisting person. The strategy is the Escalation of Trauma Chart (a result of extensive study of medical literature and legal review) and the Conflict Resolution Model.

From studying the chart, an officer can recall better under stress where the **Green Areas** are than from other target selection schemes. Understanding the medical terms and concepts on which the Chart is based is simplified by its colour code. **Green Areas** are less injury-prone than **Red Areas**.

The chart may also be used in reverse, to assess trauma received by officers from an opponent: "Where did I get struck? In a **Green** or **Red** Area?" Knowledge of the potential for injury from the chart can help you decide how far to justifiably escalate force to preserve your safety and resolve the confrontation.

The Chart is a guide, but only that, to assess risk of trauma in using the police baton. The variability in anatomy, physiology, thinking and emotional liability between individuals and many other factors (age, muscle mass, bone density, amount of fat, physical fitness, fight drive and precise location of target structures) come into play in determining the end result. The chart is useful in assessing the risk of trauma and is the **Instructional Standard** for the Officer Safety Training Programme.

MODULE 4 SECTION 1

MODULE 4: EMPTY HAND TECHNIQUES

MODULE 4

EMPTY HAND TECHNIQUES

AIMS

To explain, instruct and assess students on how to deliver the range of empty hands techniques contained within the OST programme.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to explain, instruct and assess students on how to deliver the empty hands techniques contained within the OST programme.

This will be achieved by being able to:

- Explain and instruct students how to carry out the basic stance technique.
- Explain to students the importance of the reaction gap and demonstrate how this is created.
- Explain and instruct students regarding the patterns of movement.
- Explain and instruct students on how to apply fend offs, strikes, holds and restraints.

SECTION 1

- Explain and instruct students on how to apply the use of blocks, ground defence, breakaways and chokes.
- Evaluate, assess and deliver appropriate feedback to student's regarding there knowledge and application of all techniques and theory contained within the empty hands section of the OST programme.

INTRODUCTION

Most police officers, without adequate training react to being threatened or attacked by fighting back. As a result they can often become the victim and simultaneously lose public sympathy because they are seen as the aggressor. By staying calm and following a system of police holds and restraints the assailant can then be restrained until assistance arrives.

The police, like ordinary citizens, are subject to the law and may only use reasonable force to deal with violent situations.

The police holds and restraints contained within the Officer Safety syllabus are tried and tested in court, where their use when proven to be legal, proportional and justifiable have been held to be 'a reasonable use of force'.

The holds act on tendons and ligaments over the bone joints and although extremely painful when applied they very seldom cause injury.

Remember that physical restraint is the final step and must fit within the criteria for use of force - Justification and Preclusion. There is no such thing as "court defensible" the over riding principle is that an officer must justify the technique used in the circumstances presented.

Tactical communication is of vital importance when dealing with any violent situation and officers must always try to resolve the situation by talking to the people involved.

MODULE 4

SECTION 2

OFFICER POSITIONING AND MOVEMENT

The first component of any self defence discipline is balance. The basic stance should be adopted throughout the officer safety programme and maintained during patterns of movement. The key principles of a good balanced stance are

- Depth
- Width
- Head over centre of gravity—like a pyramid

Just as these are vital components for the officer they also give the subject an advantage. Therefore whilst maintaining an officers own stance the objective should be to remove these components from the subject.

BASIC STANCE & PATTERNS OF MOVEMENT

Action is always quicker than reaction, so the stance police officers adopt when in contact with a subject must allow them to: -

- Keep their balance.
- Defend themself immediately.
- Communicate without appearing aggressive.

STANCE

The officer should:-

- Adopt a relaxed stance with the support leg forward. This can be quickly adopted by stepping backwards with their strong leg.
- The hands should be above the waist protecting the upper body.
- The fingers should be at a outward angle.

The key principles of a good balanced stance are Depth, Width and Head over centre of gravity - like a pyramid.

MOVEMENT

When a reaction gap is reduced and a subject becomes non-compliant, the officer must consider the following elements:

- Time - Is a response required instantly, or can it be postponed until backup arrives?
- Line of Threat - Is the main threat overhead, lateral, in front or behind? Where are the secondary dangers or threats?
- Stance - Adopt a defensive stance i.e. (Tactical Communication), be alert to movement and physical surroundings, considering their limitations and advantages.
- Remain calm you will react more appropriately if calm, than if you are emotional or angry.
- The role of movement is to avoid getting hit. If that is not possible then try to avoid getting hit hard. Get off the line of attack.
- Control your breathing. The ability to control your breathing relates directly to your ability to correctly assess the situation and to maintain a clear mind. If your breathing is fast, slow it down.

CONTACT AND COVER

When there are two officers dealing with a subject they should adopt contact and cover, this enables one officer to take control whilst the other officer takes up observations from a safe distance:

- The contact officer is responsible for the communication between the subject and the officers.
- The cover officer is responsible for ensuring the area around tnhe officers and subject is are safe.
- The contact officer should position themselves in front of and off to the side the subject with at least a 4-6ft reactionary gap.
- The cover officer should position themselves to the side of the subject, again with at least a 4-6 ft reactionary gap, staying out of direct line.
- The positions of the officers in relation to the subject can look like or be described as an L shape.
- If the subject poses a threat both officers should be in their defensive stance and if it increases and they have to draw PPE equipment it would be beneficial for one officer to draw their CS with the other drawing their baton.
- At no point should the cover officer be directly behind the subject.

MODULE 4

SECTION 3

FEND OFFS

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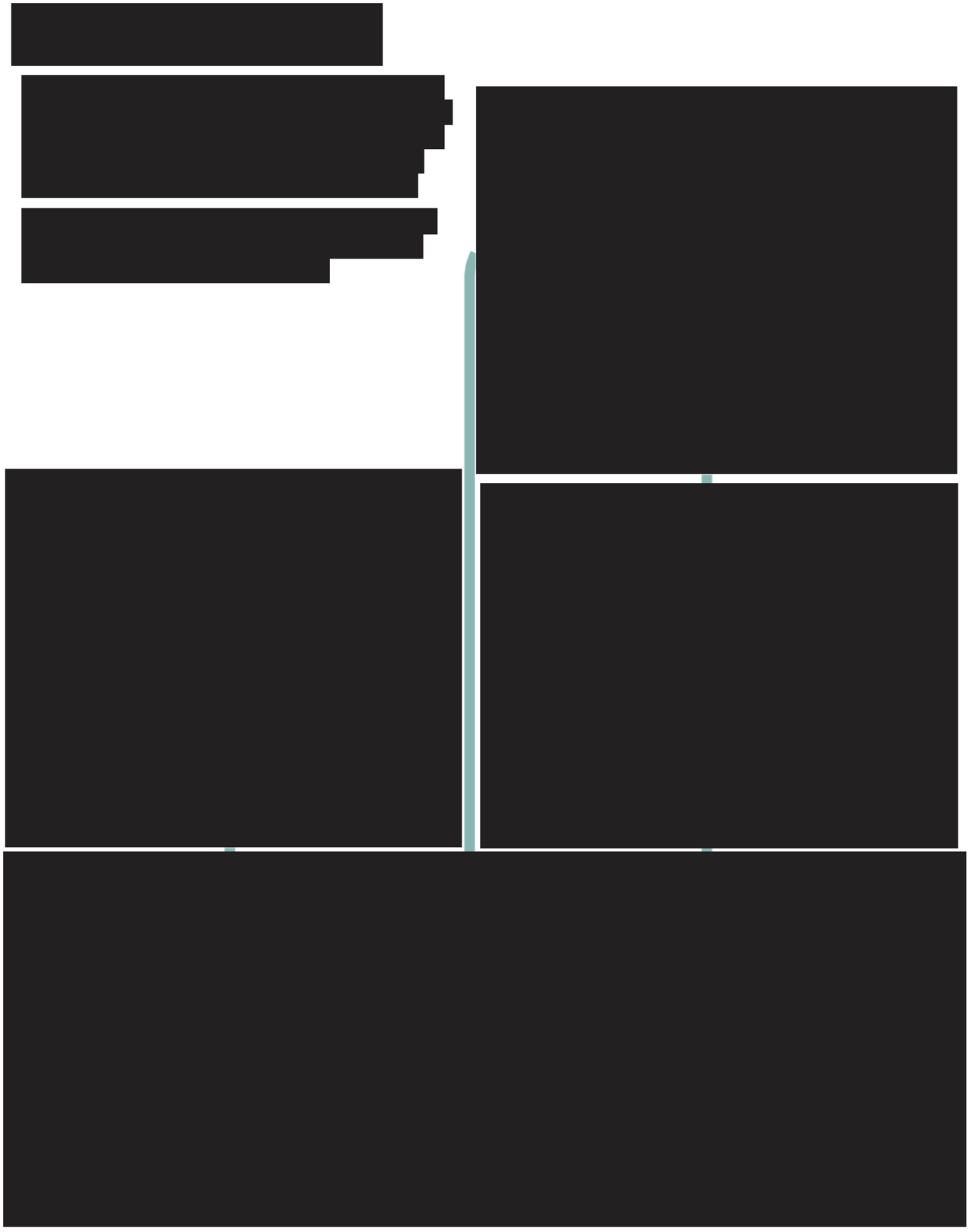
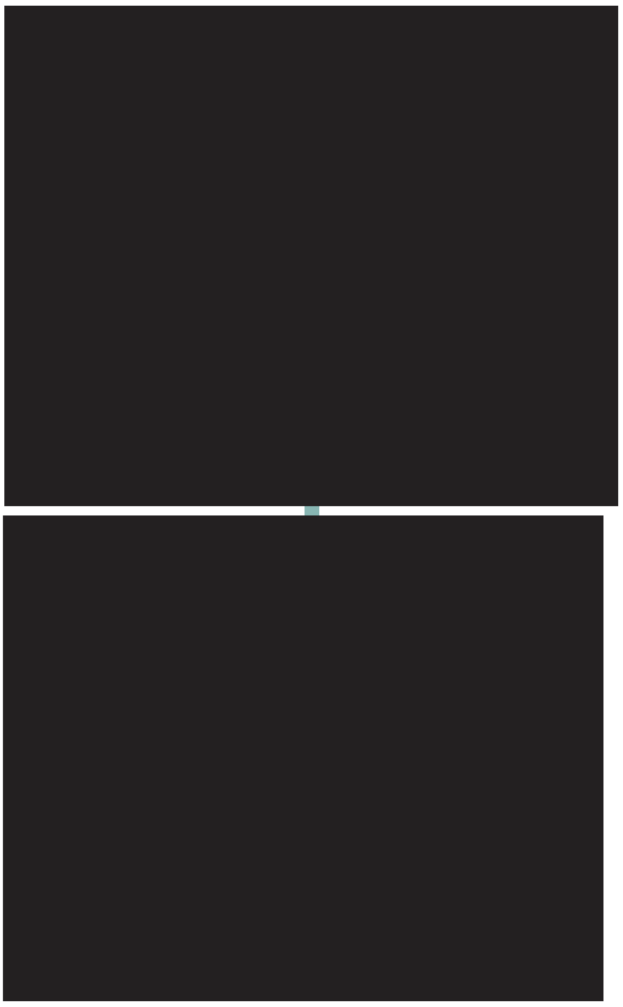


MODULE 4

SECTION 4



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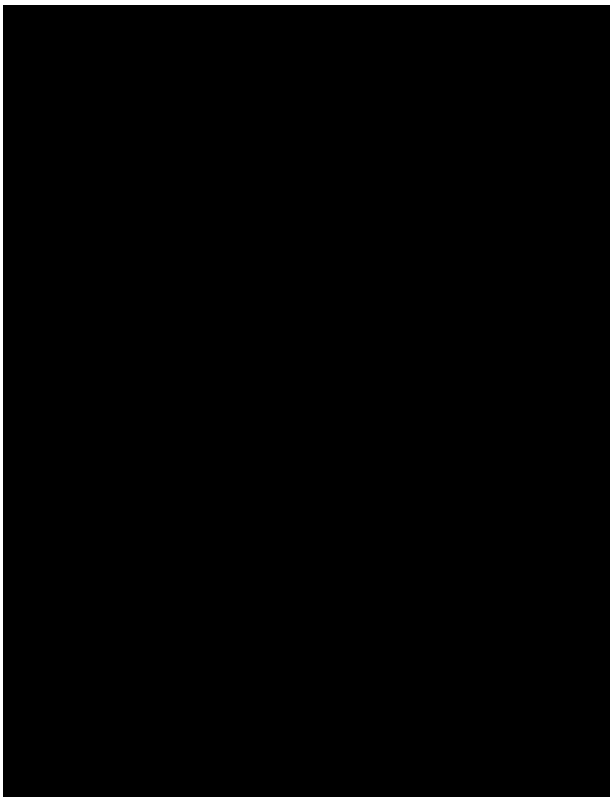
MODULE 4

SECTION 5



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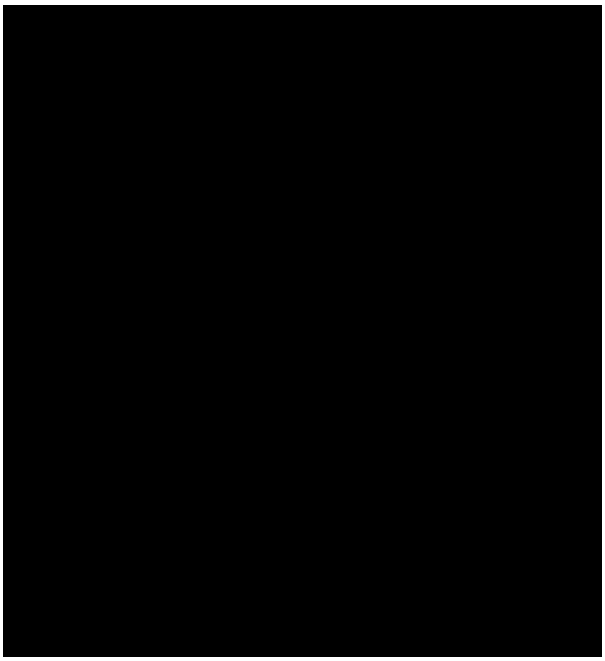

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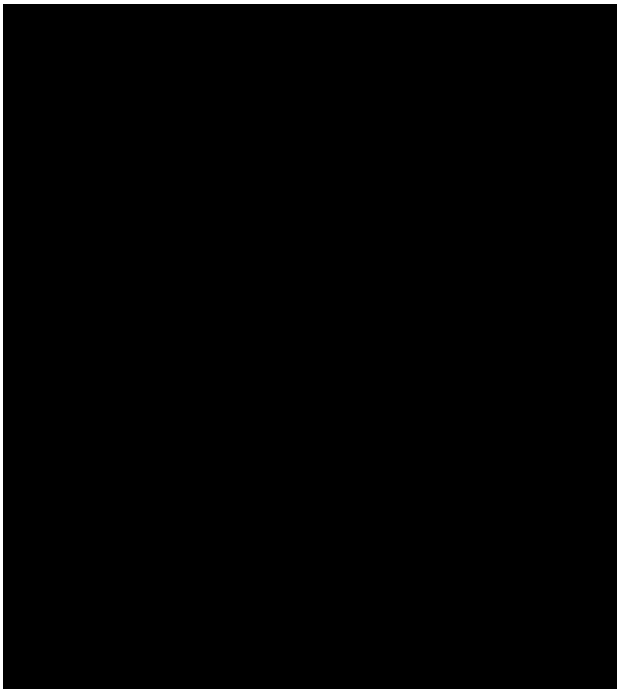


MODULE 4

GROUND DEFENCE

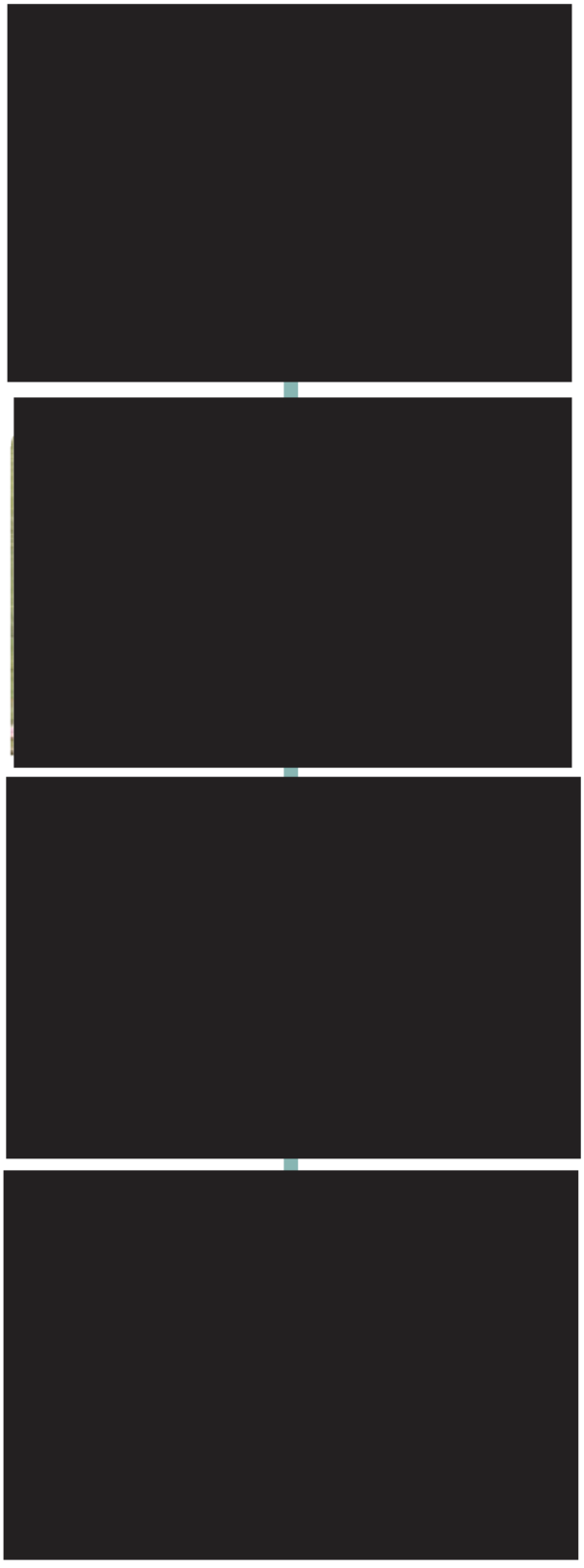
SECTION 6

FRONT & REAR FALLS

One of the greatest risks of injury during training or whilst engaged in a violent conflict on the streets is the risk of falling. Once on the ground the officer is at a disadvantage. It is vital the officer can defend themselves on the ground and return as quickly as possible to their feet.

FALL TO THE REAR:

- If pushed from the front the officer should spread the force of impact across the forearms, buttocks.
- The head should be tucked forward against the chest to avoid the risk of impact with the ground.
- The arms should be held out in front of the officer's head in a cross-position to protect from head kicks and punches.
- Immediately attempt to get to their feet as quickly as possible or adopt the ground defence position if there is no time and space to do so.
- At all times try and avoid using your hands to break the fall. There is a danger of hand/wrist injuries which would leave the officer unable to use the officer safety equipment.



FALL TO THE FRONT:

- If the momentum of the fail is taking the officer to the ground, the officer should put their hands out in front of themselves keeping a bend in their arms.
- Officer should also turn face side on.
- If the officer is able, they get up as quickly and safely as possible.
- If the officer is unable to get up then they would roll onto their back adopting a defence position on the ground.

The officer should swiftly attempt to get to their feet as quickly as possible or take up the ground defence position.

As can be seen from the illustration. The ground defence consists of the officer protecting their head by keeping their arms up to prevent or reduce the impact of any kicks. One foot can be used to keep attackers away whilst pivoting on the other foot.

MODULE 4

BREAKAWAYS

SECTION 7

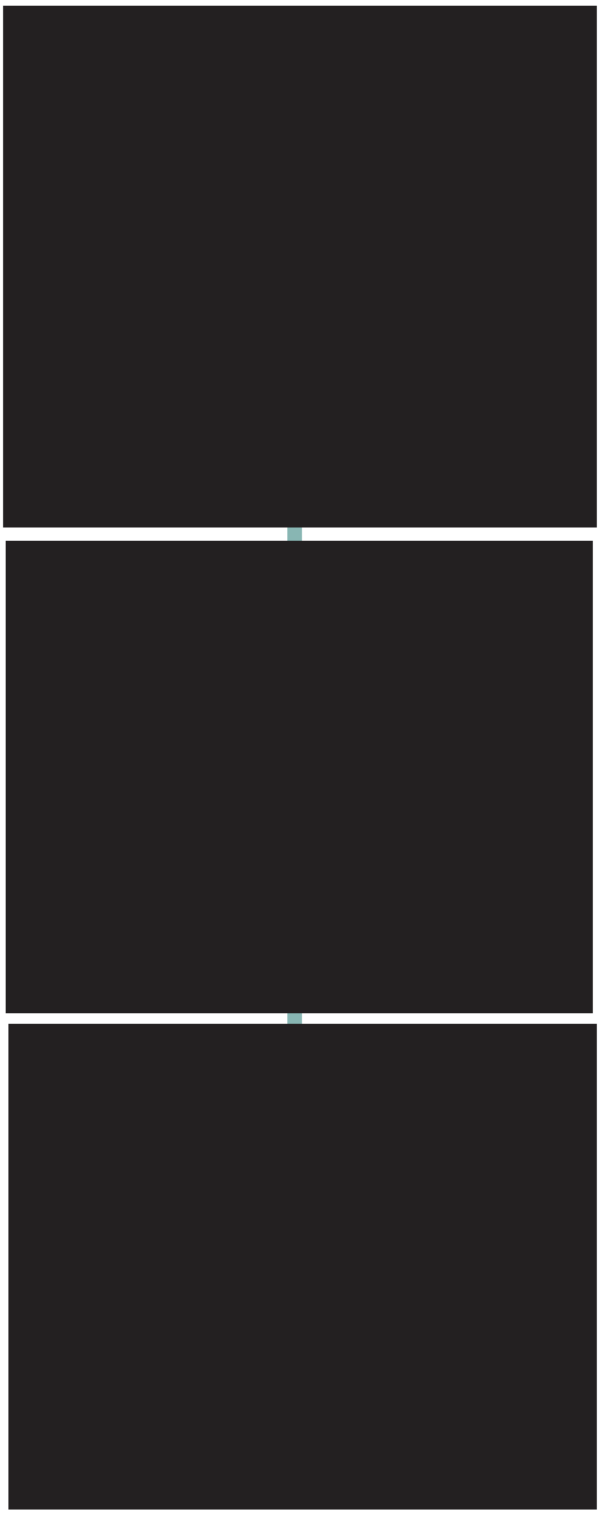
WRIST BREAKAWAYS

If an officer's wrist has been grabbed by the subject the officer should:

- [redacted]

[redacted]

[redacted]



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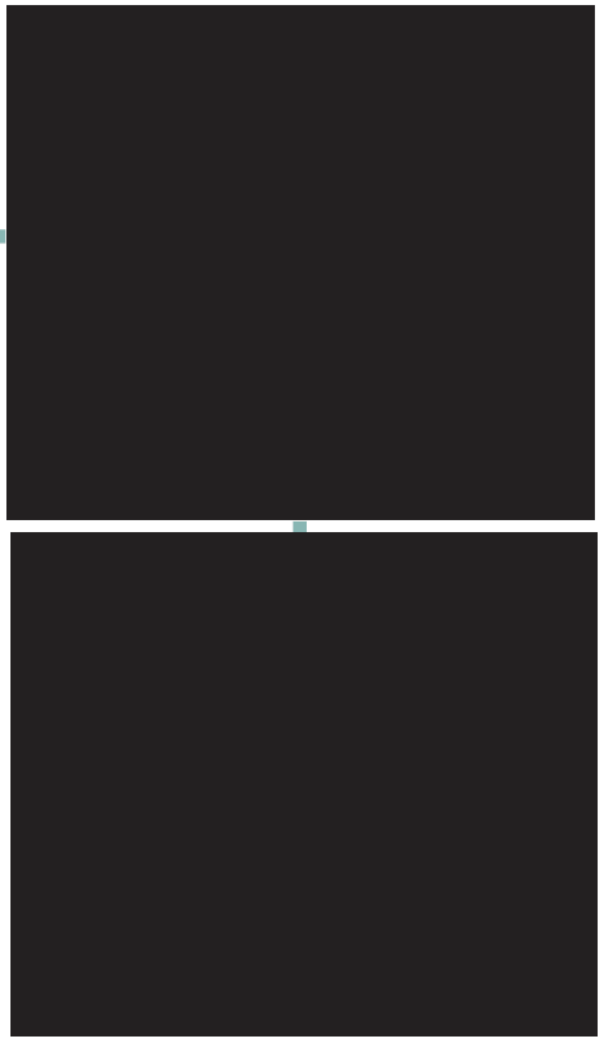
MODULE 4

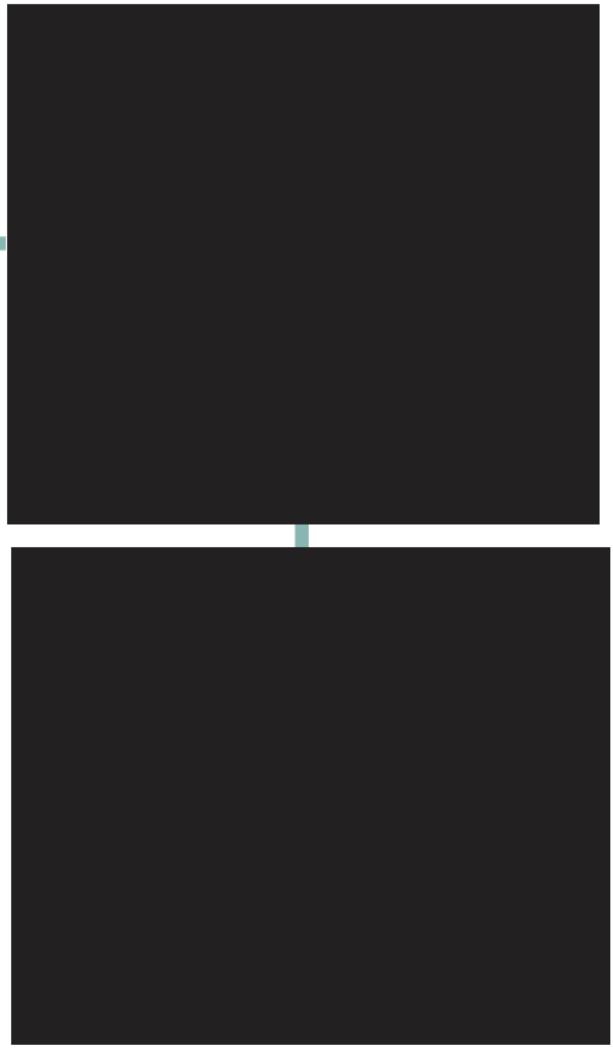
CHOKES

CHOKE FROM THE FRONT (FIG.1)

The officer is grabbed by the throat by a subject in front of them with both hands. If the officer tries to meet force with force, the result will be a stronger chokehold and serious injury to the officer.

SECTION 8





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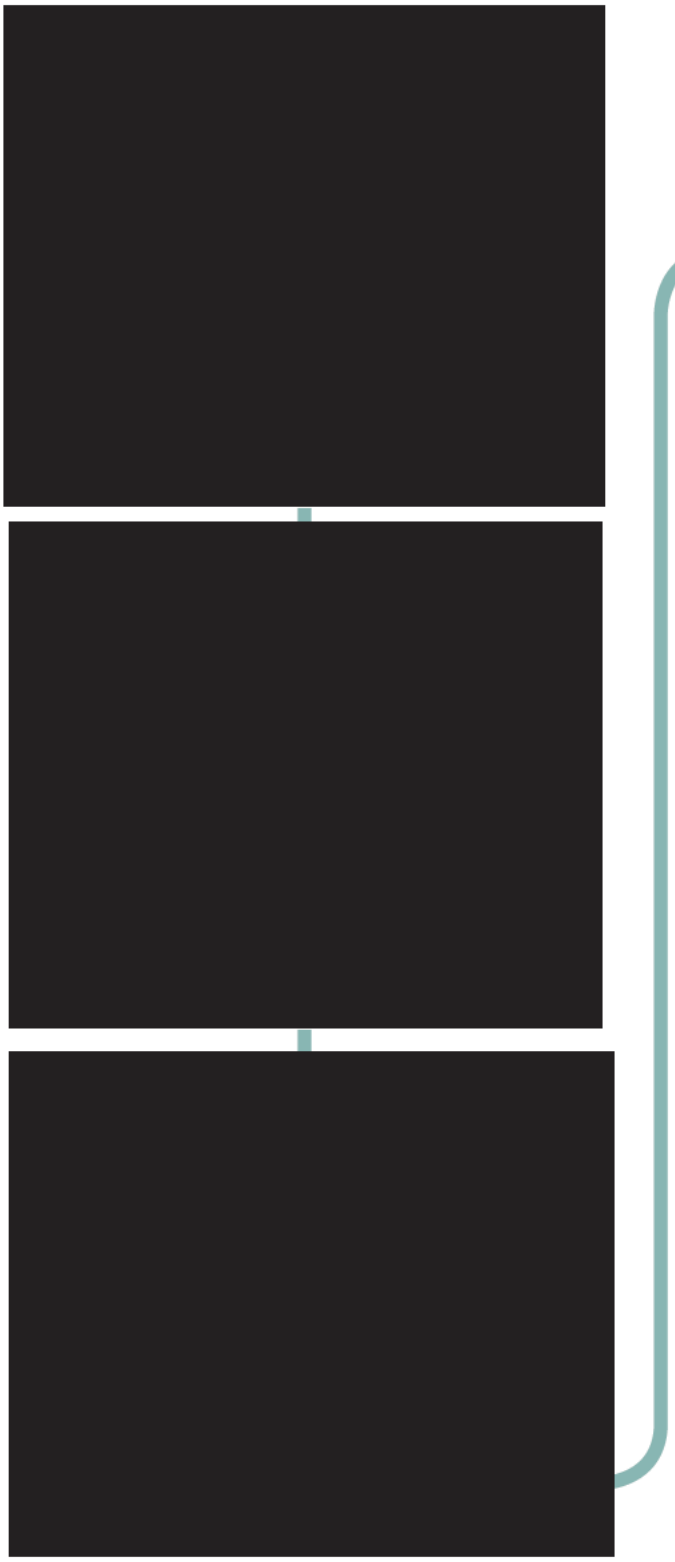
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GROUND DEFENCE (STRANGLE)

[redacted]

- [redacted]

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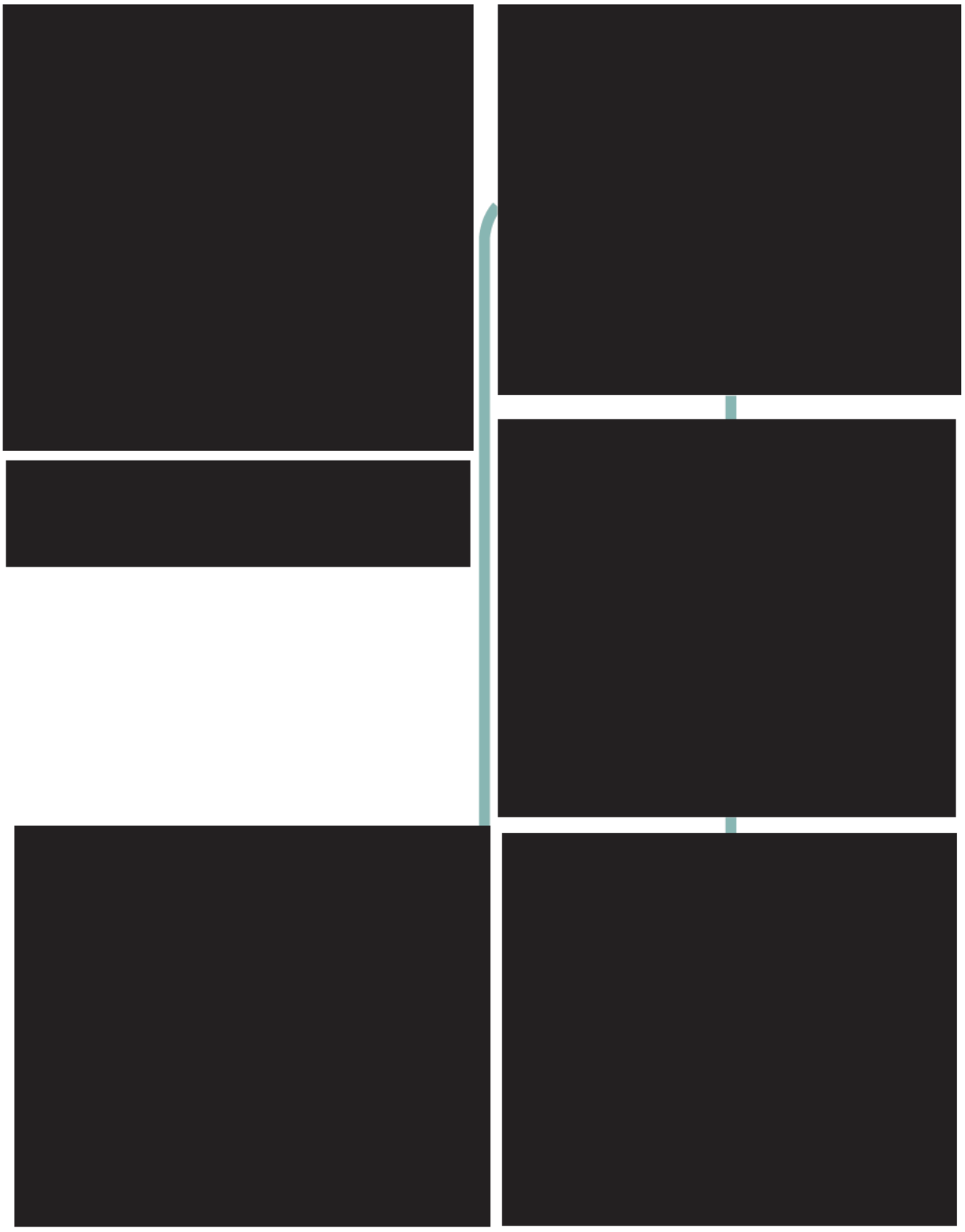
[redacted]



MODULE 4

SECTION 9

HOLDS AND RESTRAINTS

[redacted]

COME ALONG HOLD

When a person is detained or arrested, it is important that they are under the suitable control of an officer. That control should be maintained at all times, until the person is released or held in custody in a secure location.

[redacted]

COME ALONG HOLD – OPTION 1

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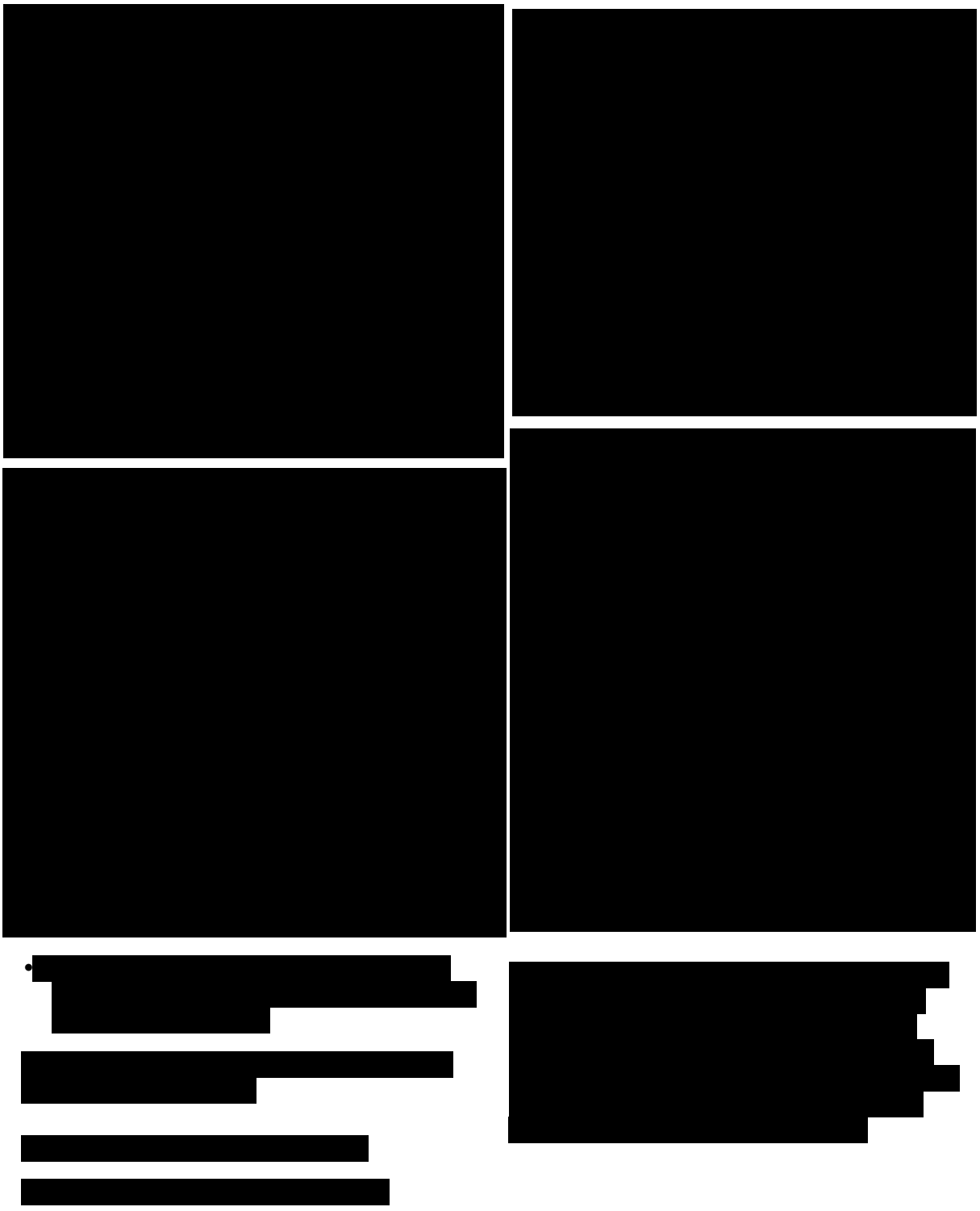
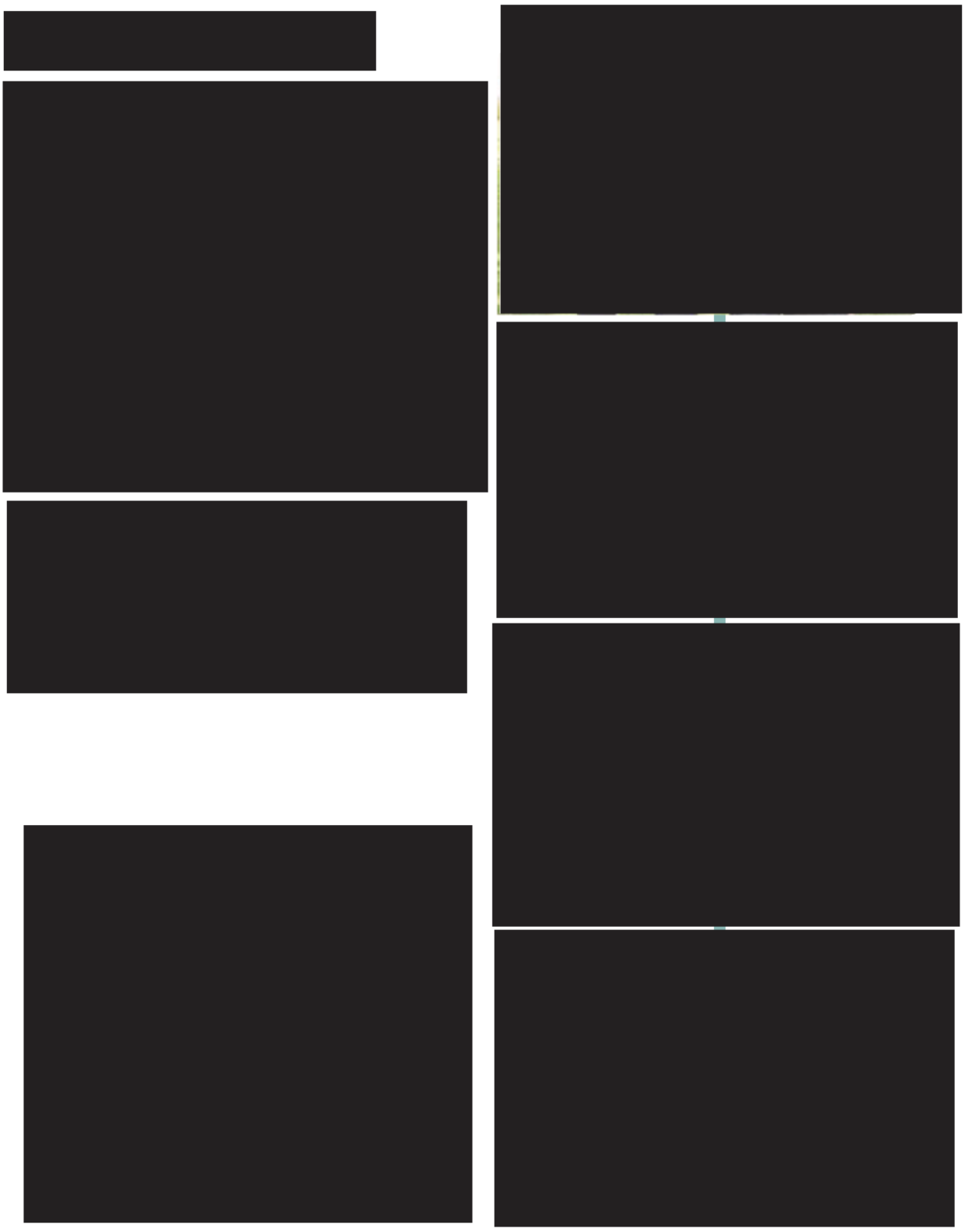
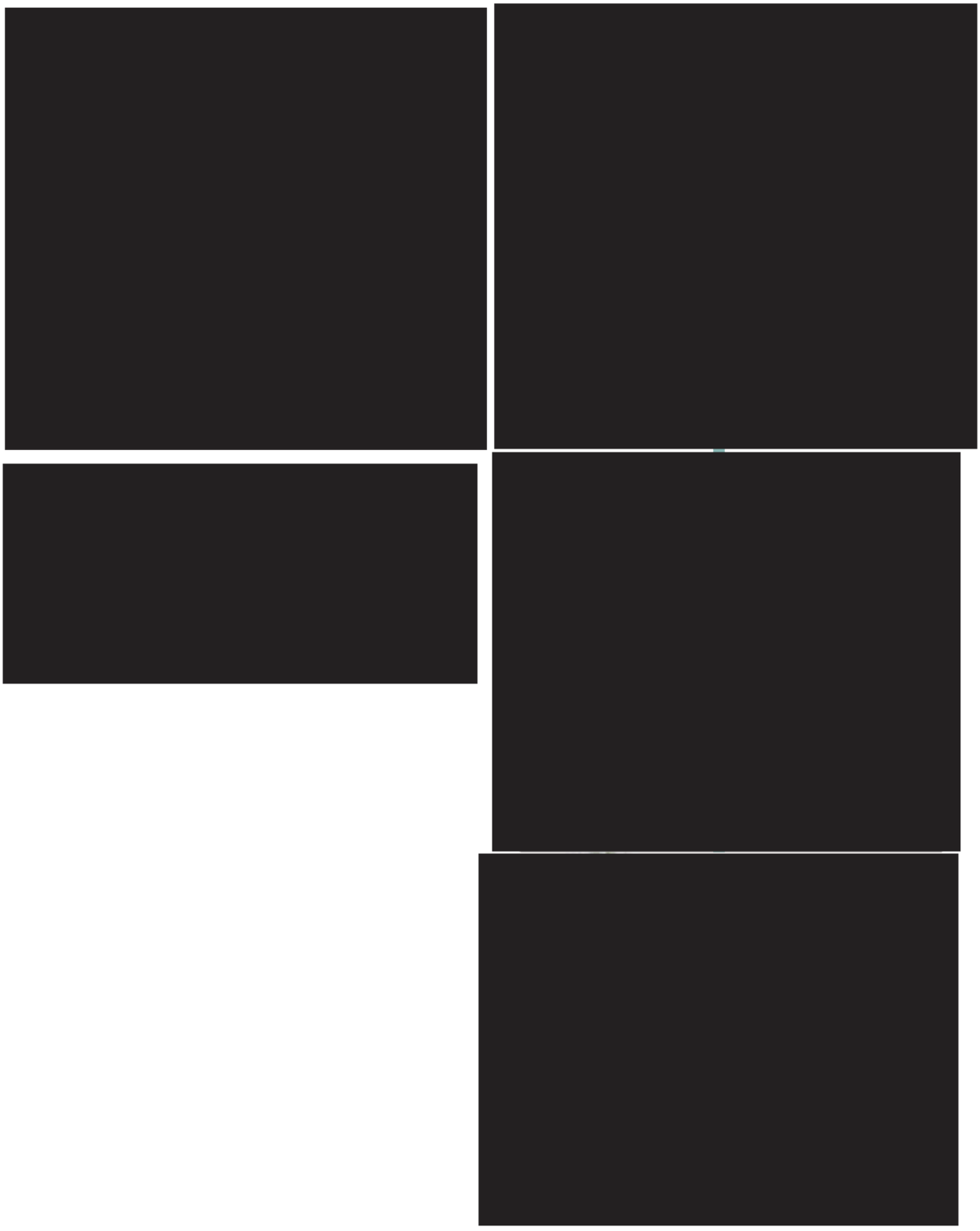
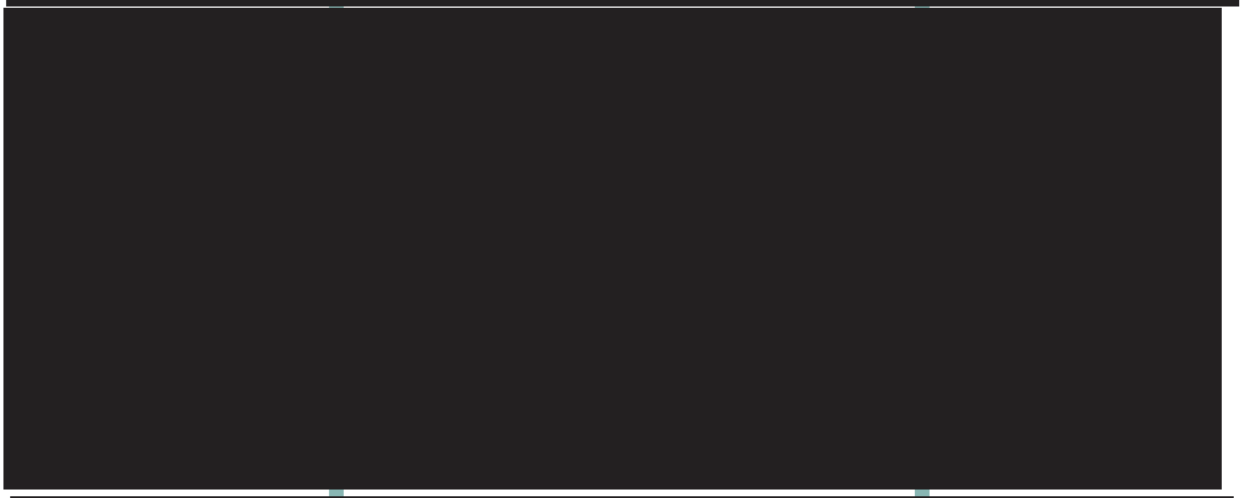
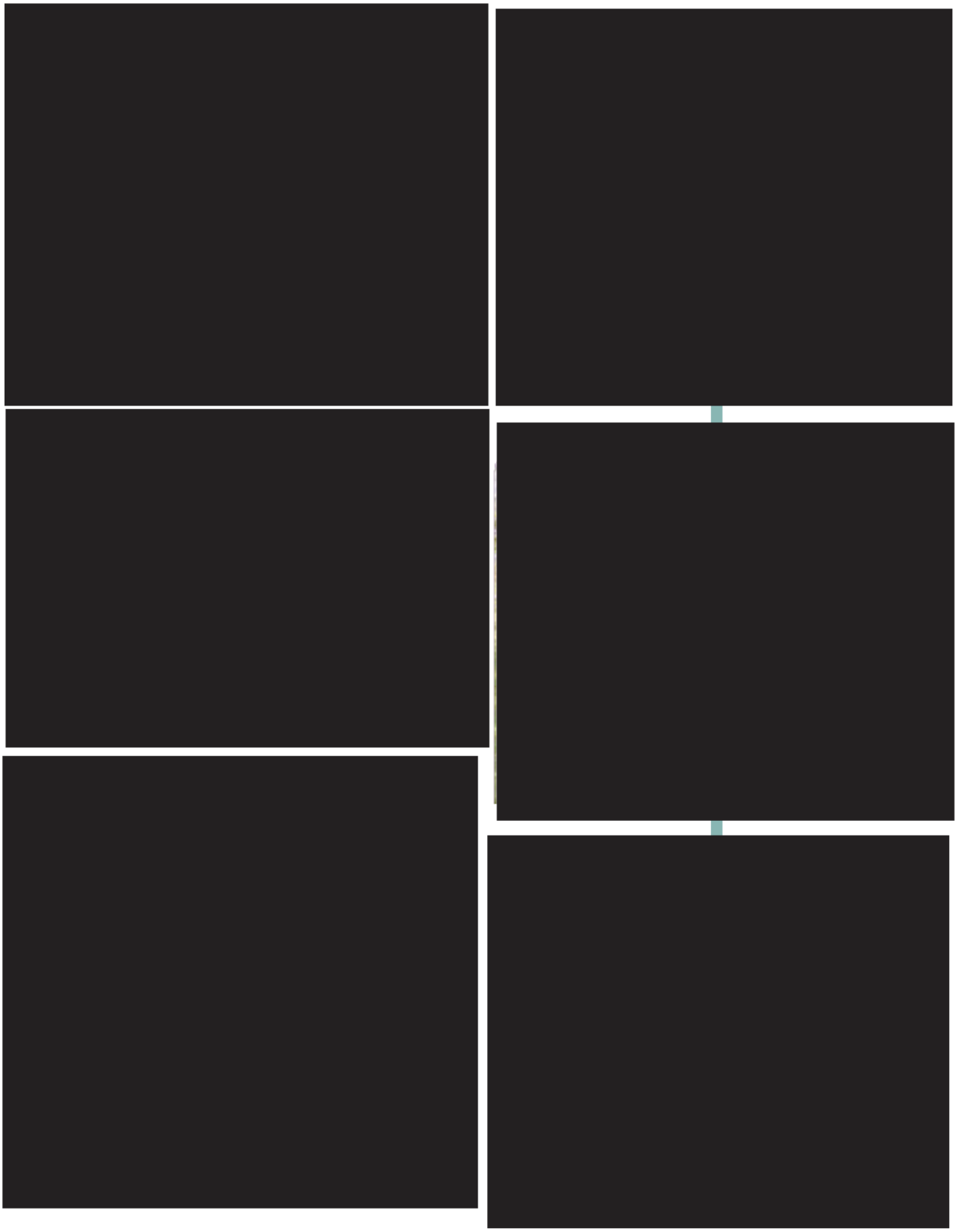
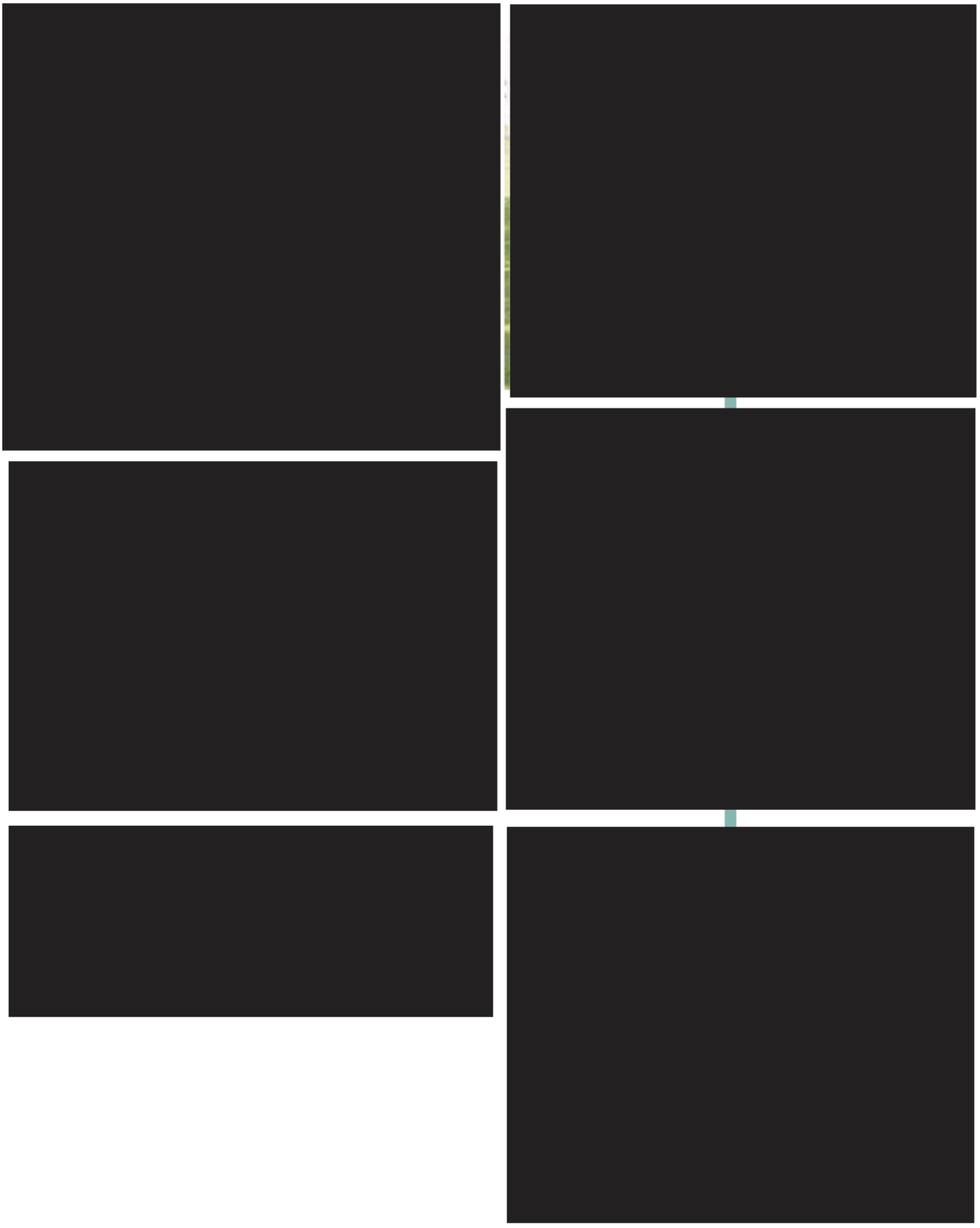


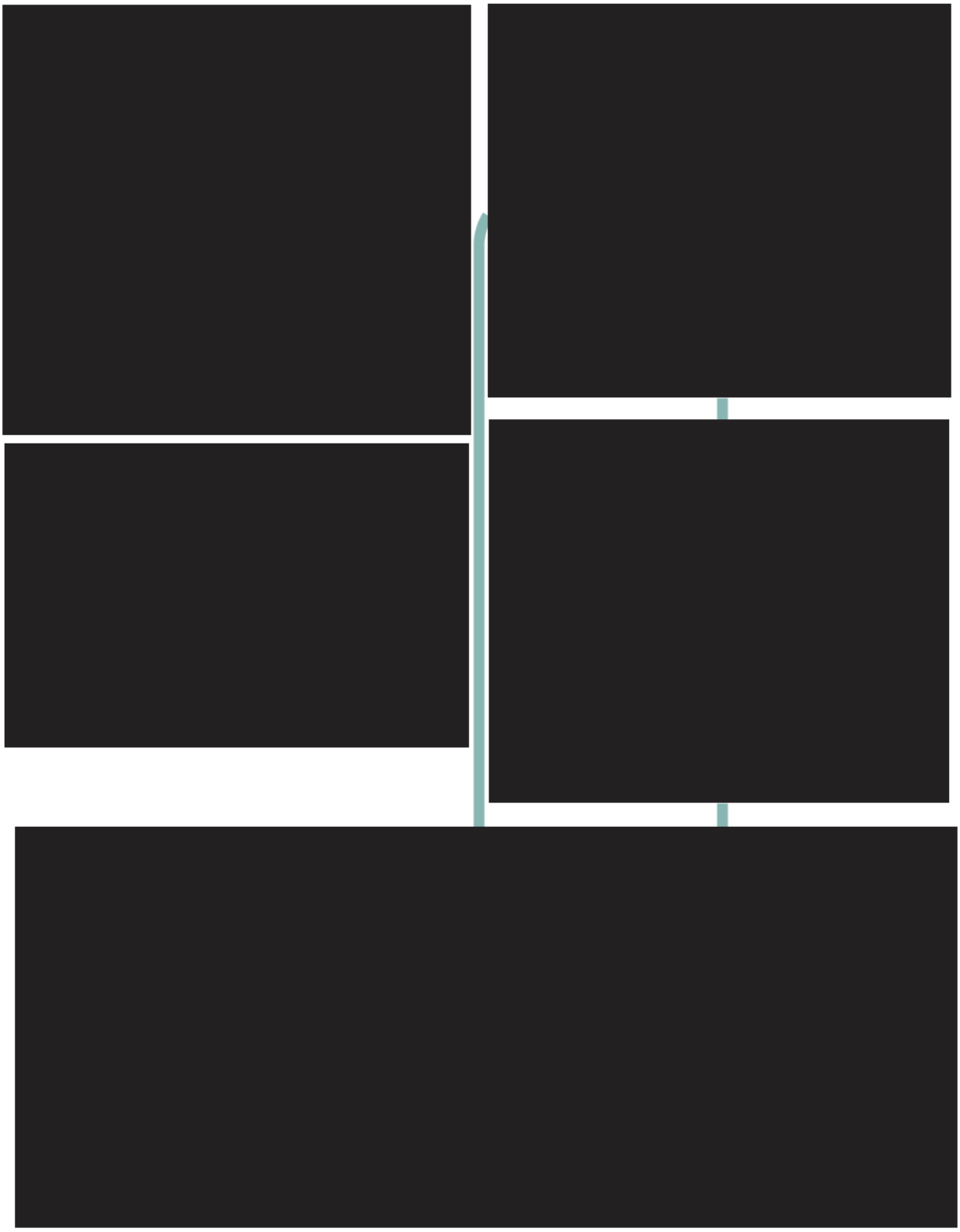


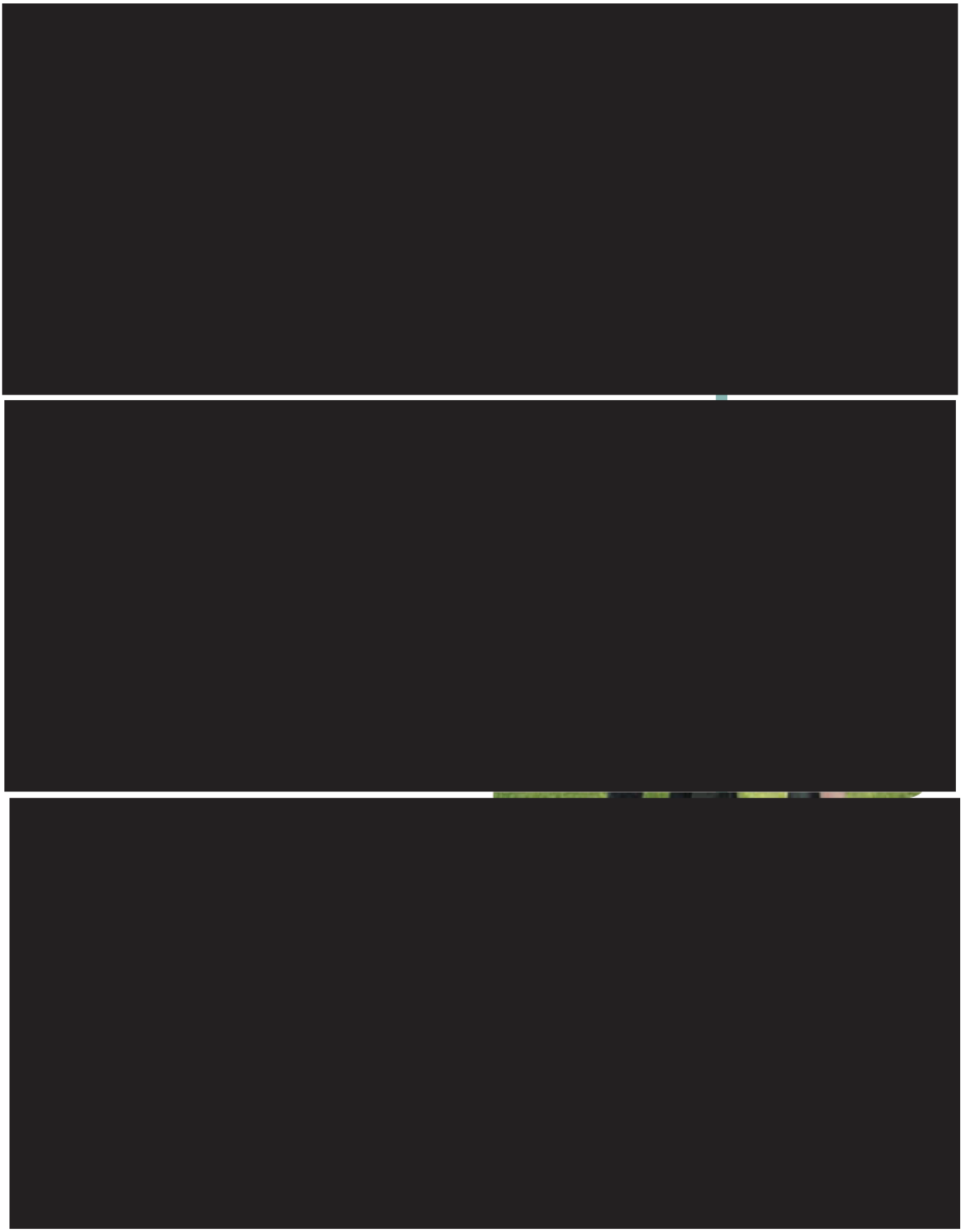








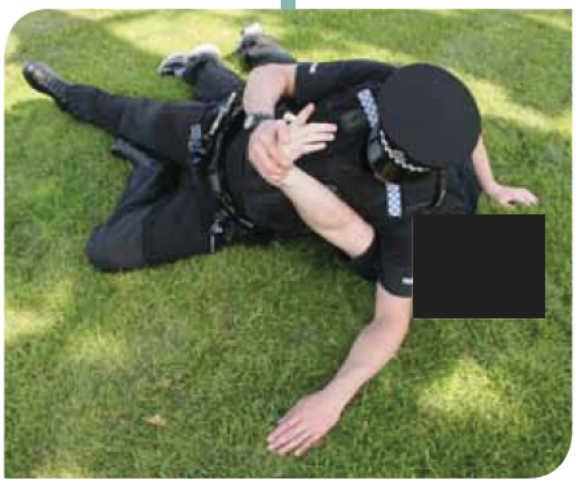




SHOULDER GROUND PIN

The shoulder ground pin is a safe and effective method of controlling a violent or an assaultive subject. It can be applied following a number of techniques, in particular the straight arm bar and the hammerlock and bar.

- During the execution of this technique it is important that the officer's knee nearest the subjects head rests on the shoulder—**not the spine or ribs**. The officer's other knee should be placed on the ground tight under the subjects arm.
- The officer should face down the subjects body with the knee towards the subjects feet.
- Once under control, the subject may be handcuffed, searched and led away.



- The Shoulder Ground Pin allows close control of a subject who is in a prone position whilst remaining safe in terms of **Positional Asphyxia**, however Officers should be aware of such a risk
- During this technique the components of a good balance should be maintained at all times.
- Where possible a subject should always be restrained by at least two officers.
- This technique requires complex motor skills and requires considerable practice to achieve proficiency.
- The Shoulder Ground Pin is not normally applied in isolation and usually follows a counter-strike, other restraint or another tactical option such as CS Spray. It is important to consider these factors when developing exercises to enhance proficiency.
- Following successful application of a shoulder ground pin, officers are in a good position to handcuff the subject.
- These techniques carry a risk of injury, in particular, hyper-extension of the ligaments in the wrist, elbow and shoulder.
- The technique should be performed in a slow and controlled manner. The pat out rule should be employed. Should an officer indicate a possible injury during the technique, the hold should removed slowly to reduce the risk of further injury.

Officers are encouraged to remove the subject from the prone position as soon as possible following restraint, because of the dangers of positional asphyxia.

MODULE 5 SECTION 1

MODULE 5: RIGID HANDCUFFS

MODULE 5

RIGID HANDCUFFS

AIMS

To explain, instruct and assess students on how to apply the range of rigid handcuff techniques and specialised skills contained within the OST programme.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to explain, instruct and assess students on how to apply the rigid handcuff techniques and skills contained within the OST programme.

This will be achieved by being able to:

- Explain to students the theory, principles, policies and concepts when using rigid handcuffs.
- Explain and instruct students the importance of double locking handcuffs and carrying out tightness checks.
- Convey to students how to identify the parts of the rigid handcuffs and the mechanisms for use.
- Explain and thereafter instruct students how to use and apply handcuffs correctly to the application site of a subject.

SECTION 1

- Explain and thereafter instruct students proficiency in all handcuffing techniques contained within the OST programme.
- Evaluate, assess and deliver appropriate feedback to students regarding their performance and knowledge of the rigid handcuff techniques and theory contained in the OST programme.

INTRODUCTION

This module has been designed to develop officers understanding of the basic principles governing the use of force and the rigid handcuffs, enabling them to outline the principles of wrist control and demonstrate proficiency in the handcuffing techniques.

MODULE 5

SECTION 2

RIGID HANDCUFF THEORY

POLICY

No police force in the UK adopts the policy whereby every prisoner will be handcuffed. The application of handcuffs is use of physical force, therefore it must be justified. However, officers are encouraged to apply rigid handcuffs to ensure their own safety, the safety of others or the safety of the prisoner.

Any intentional application of force to another is technically an assault. The use of rigid handcuffs amounts to such an assault and is unlawful unless it can be justified. Justification is achieved through establishing not only a legal right to use handcuffs, but also good objective grounds for doing so in order to show that what the officer did was a reasonable use of force.

Officers should be familiar and comfortable with the circumstances in which handcuffs may be justifiably used. In the same way, officers should be prepared to justify the period of time that the handcuffs were applied for before their eventual removal.

In considering what action is reasonable, an officer should apply the principles of the Use of Force Guidelines, especially impact factors, warning signs and danger signs. There must always be an objective basis for the decision to apply handcuffs.

The primary reason for handcuffing is safety. Nothing in this manual will require officers to relinquish that safety.

Circumstances in which to apply Handcuffs:

- Where the officer judges it necessary to prevent the prisoner from assaulting, injuring or offering violence to a member of the public.
- Where the officer judges it necessary to prevent the prisoner from assaulting, injuring or offering violence to him / herself or other police officers.
- Where the officer judges it necessary to prevent the prisoner from escaping or attempting to escape from custody.
- Consideration should be given when transporting the prisoner in a police vehicle or on other prisoner escort duties.
- When the officer judges it necessary to prevent the prisoner harming themselves.

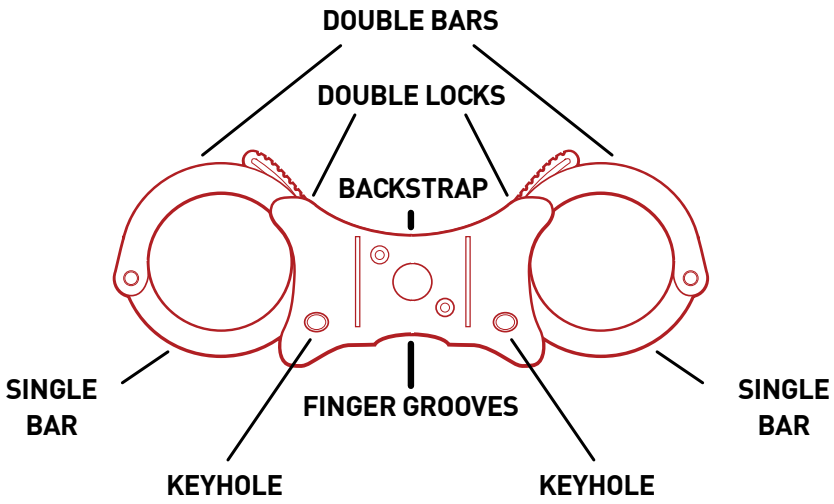
These all apply when at the scene of an incident or at anytime following, including the prisoners appearance at court.

The use of handcuffs will be at the discretion of the individual officer, based on his / her judgement, in often volatile and rapidly evolving circumstances. It is not possible to give instructions to cover every incident; however there must be some objective basis for the decision by the officer.

The physical condition of a prisoner is another consideration in deciding whether or not handcuffs should be applied or continued in use, e.g. a prisoner with an arm or wrist injury might be prone to particular risk of further injury or pain if handcuffed; this might make the use of handcuffs unreasonable. When handcuffs are used, the condition of the prisoner should be monitored to ensure that there is no particular risk of injury or death, e.g. if a handcuffed prisoner became physically distressed it might become unreasonable to continue to use handcuffs.

The following advice and guidance is provided to help clarify these guidelines:

- In establishing an objective basis for believing that a prisoner may escape or attempt to escape, an officer may obviously react to whatever the prisoner says or does, but need not wait for an actual physical act from the prisoner. The officer should take into account the seriousness of the offence for which the prisoner has been arrested, as well as the possible punishment the prisoner may expect to receive. Depending on the circumstances, these can induce a level of desperation so that an attempt to escape could very well be expected. Previous indications of the prisoner's propensity to escape or attempt to escape from police custody can also be considered to establish reasonable grounds on which to handcuff.
- In establishing whether or not violence is likely to be used or attempted against an officer or member of the public, the officer need not wait for an actual physical act in this respect from the prisoner. The officer should take into account the actions of the prisoner immediately before the arrest. If violence had already been displayed, in a physical context or otherwise, in the circumstances that led to the arrest, regardless of whether or not the arrest was for an offence involving violence, this could constitute adequate objective grounds for handcuffing. Verbal and non-verbal indications from a prisoner of a possible likelihood of violence can provide grounds for making an objective decision. When a prisoner is known or believed to be likely to use violence, based on previous experiences (particularly at the point of arrest or while in custody), this will also assist an officer to develop an objective basis for a decision to use handcuffs.
- In every instance when handcuffs are applied they must be double locked, to prevent circulatory inhibition or damage to the wrist / skin by tightening. If, because of the prisoners conduct (violent or struggling), it is not possible to double lock the handcuffs, the prisoner should be checked at regular intervals for any signs of injury and this process carried out at the earliest opportunity.
- If the subject continues to struggle violently resisting arrest, consideration should be given to applying the leg restraints.



NOMENCLATURE

The Rigid Handcuff: Is a rigid control and restraining device made up of eleven parts. This nomenclature will be used throughout Rigid Handcuff training programmes.

THE RIGID HANDCUFF GRIP

Consists of two sections of a high impact resistant plastic that fits between the handcuffs over a solid metal bar attached to the base of the handcuffs. They are held together by bolts located on the palm side and nuts located on the key-hole side.

TOP CUFF

When the cuff is held in the basic grip, the top cuff will be the one nearest the thumb side of the fist.

BOTTOM CUFF

When the cuff is held in the basic grip, the bottom cuff will be the one nearest the little finger side of the fist.

SINGLE BAR

When the single bar is pushed against the inside or outside of the subject's wrist it will pass through the double bar and encircle the subject's wrist.

DOUBLE BAR

The double bar is part of the frame and is separated by the single bar.

KEY HOLES

Located on the side of the grip where the handcuff key is inserted to unlock the handcuff. To unlock the cuff turn the key in the direction of the double bar until it comes to a stop

DOUBLE LOCK PIN

When the cuff has been placed on the subject's wrist and the single bar has been closed, the Double Lock Pin (DLP) should be engaged to prevent the single bar from closing further. To engage the DLP use the pointed tip of the handcuff key or similar object and insert it into the DLP hole until it comes to a stop. To unlock the double lock, insert the handcuff key into the key hole and turn the key a quarter turn in the direction of the single bar.

KEY HOLE SIDE

The side of the Rigid Handcuff where the key holes are and which faces away from the palm when properly gripped.

PALM SIDE

The side of the Rigid Handcuff with the screw bolts, and faces the palm when held in a basic grip.

BACK STRAP

When held in a basic grip, this portion of the Rigid Handcuff will fit into the fleshy webbing, located between the base of the thumb and forefinger and the heel of the hand.

FINGER GROOVES

When held in a basic grip, the fingers of the hand holding the Rigid Handcuff will wrap around the Finger Grooves.

MAINTENANCE

Use any lubricant with a silicone base spray. Lightly lubricate the moving part of the cuffs.

APPLICATION

The physical site of the application of handcuffs is important. Handcuffs applied to the correct site with the correct techniques ensure that:

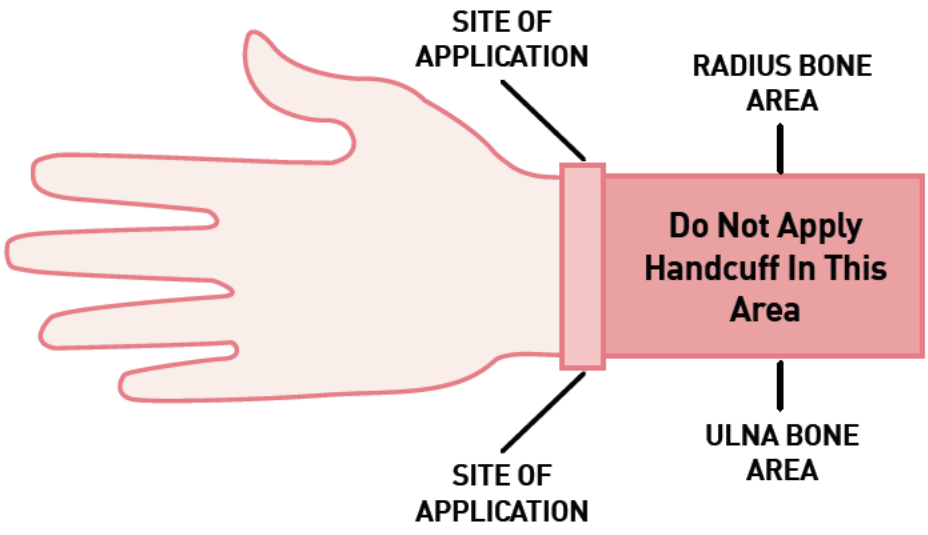
- Speed is maximised.
- Control is maximised.
- Injury potential to the prisoner is minimised.

APPLICATION SITE FOR HANDCUFF

Handcuffs should be applied to the area which forms the hollow between the base of the radius and ulna bones and the hand. The nerves, arteries and their associated veins are deeply placed and well protected at the '**site of handcuff application**'.

Superficial veins will be readily obstructed by any pressure which may lead to mottling, blueness or swelling of the hand. These signs are of a minor nature so long as pressure is applied briefly.

Handcuffs should not be applied on the forearm.



APPLICATION TECHNIQUE

As well as the application site the actual technique is also important. Using the proper technique will again maximise speed and effectiveness whilst minimising injury potential.

- Do not strike the handcuffs against the wrist.
- Rigid handcuffs should always be applied by placing the single bar against the side of the wrist then pressing smartly against the wrist until the single bar swivels through the double bar and engages in the ratchet mechanism on the body of the handcuffs.
- Be careful not to pinch the skin or restrict circulation. Check if the handcuffs are of an appropriate tightness, this can be done by; placing the tip of a finger between the cuff and the wrist; in line with the thumb or little finger. The tip of the finger should be able to partially move between the wrist and handcuff Due to physical make up of certain police officers fingers this is not always a recommended and fool proof method, and should never be used as a guide on its own. Checking for slight movement between the wrist and handcuff. (However the rigid handcuffs should not be able to move over the styloid process towards the elbow). Visually examine the rigid handcuffs and check for tightness. Ask the prisoner how the handcuffs are and give prompt attention to any complaint of the cuffs being too tight.
- Double lock both handcuffs.
- Rigid handcuffs can hurt. Even slight leverage can be enough to effect compliance in a subject. Remember at all times the use of reasonable force.
- Rigid handcuffs should not be twisted from side to side.

RULES FOR HANDCUFFING

1. Do not handcuff yourself or another officer to a prisoner.
2. Do not handcuff a prisoner to a fixed object.
3. Do not apply one handcuff and attempt to lead the prisoner off by holding the free end.
4. Do not have your handcuff key on a ring with numerous other keys or items.
5. Do not handcuff prisoners whilst standing directly in front of them or behind them.
6. Do not attempt to handcuff a resisting subject until he/she is in a position of control.
7. If you decide to handcuff a prisoner always handcuff first and search afterwards.
8. Always remove handcuffs while retaining a high level of awareness, keeping control of the prisoner at all times and move to a come along hold or similar.
9. Following handcuffing, prisoners must be repositioned from the prone position as soon as possible. Sitting, kneeling or standing the prisoner up are acceptable. If a handcuffed suspect is searched while on the ground, consideration should be given to positioning the suspect on their side rather than face down. Be aware of positional asphyxia.

RIGID HANDCUFF INJURY POTENTIAL

If an officer over tightens or fails to double lock rigid handcuffs or leaves them on someone for an extended period of time, that person can be injured. This type of injury is usually referred to as 'Handcuff Neuropathy'.

This type of injury involves damage to the person's Radial Ulna and/or Median nerves caused by compression of the handcuffs. This nerve damage can be temporary or even permanent.

Symptoms are:

- Loss of strength
- Weakness of grip
- Numbness
- Loss of wrist mobility
- Diminished light touch sensation on the fingers
- Pain in the wrist, hand or fingers

This can last, in some cases, up to 6 weeks. The damage in most cases is simply bruising to the nerves.

Bone breakage is very rare from handcuffs except for a minor area known as the 'Styloid Process'. This is a small bone extension at the end of the Radial and Ulna bones on either side of the wrist. The ulna styloid process is the more likely to break. This is often a minor condition which can heal reasonably quickly.

NERVES:

- Radial is inside of wrists, thumb side
- Ulna is outside of wrist, little finger side
- Median runs is down the centre underside of arm entering the hand at the base of the palm.

COMMUNICATION SKILLS

When it comes to handcuffing there are three types of prisoner:

1. **Compliant**
2. **Potentially Non- Compliant**
3. **Non – Compliant**

A **Compliant Person** is one whom the police have reason to believe will comply with their requests and will not resist handcuffing.

The **Potentially Non–Compliant** person is one who indicates or demonstrates that he or she will physically resist an attempt to handcuff. Under these circumstances it is especially important to establish physical control before attempting to handcuff e.g. utilise holds/ restraints.

The section of this document which covers practical techniques will address both the compliant and potentially non-compliant persons.

Tactical communication means the ability to give out and take in information in a way which gives the officer a tactical advantage.

Prior to applying handcuffs ensure the prisoner is aware that he/she is under arrest. Try to use relaxed tones. Explain that the reason for use of the handcuffs is to ensure safety of everyone, including the prisoner. Use simple terms and give simple instructions. In highly charged situations, complicated messages may not be understood. This is particularly important if the

person you are dealing with is suffering from the effects of drink or drugs, or suffers from some learning difficulty. Try to avoid remarks of a threatening or of an intimidating nature, which could serve to escalate a situation and necessitate the use of higher levels of force.

When the officer has applied the handcuffs they carry out the checks on tightness and double lock.

If they indicate that the Cuffs are too tight then check them and, if required, loosen them slightly, then double lock.

When removing handcuffs communicate to the prisoner in relaxed tones and explain what is being done. Give simple commands to allow for safe removal of the handcuffs.

On removal, check the wrists for signs of injury and where necessary inform the duty officer of the circumstances surrounding the use of handcuffs.

SIMPLE RULES:

- If the handcuff comes out of the palm of the hand, hands should be stacked.
- If the handcuff comes out of the back of the hand, hands should be back to back, palms out.
- Always apply leverage in exact line with prisoner's arm, either up or down.
- Never twist the handcuff.

TACTICAL AWARENESS

As discussed the best weapon available to a police officer is the ability to communicate. If a confrontational situation can be peacefully resolved by talking, then the officer has demonstrated professionalism and control.

However, a time will come when talking will not be sufficient and a higher force option will be needed. This will result in the officer having to be close in with a potential aggressor to apply a restraint technique. The initial crossing of the reactionary gap has always had varying degrees of difficulty depending on the level of violence offered and the skill of the officer.

Everybody has a "**fighting arc**": This is the inside position immediately in front of the body. This is the most dangerous approach route as most damage can be inflicted inside this area; it is therefore prudent to approach from outside the fighting arc or the outside position.

With two or more officers it may be possible to approach from the outside position as distraction techniques can be employed, but the lone officer may find an "outside" approach very difficult. If the level of violence offered is such that to approach may create a confrontational situation then it may be more prudent to separate and escalate to a higher level of force to overcome the violence offered.

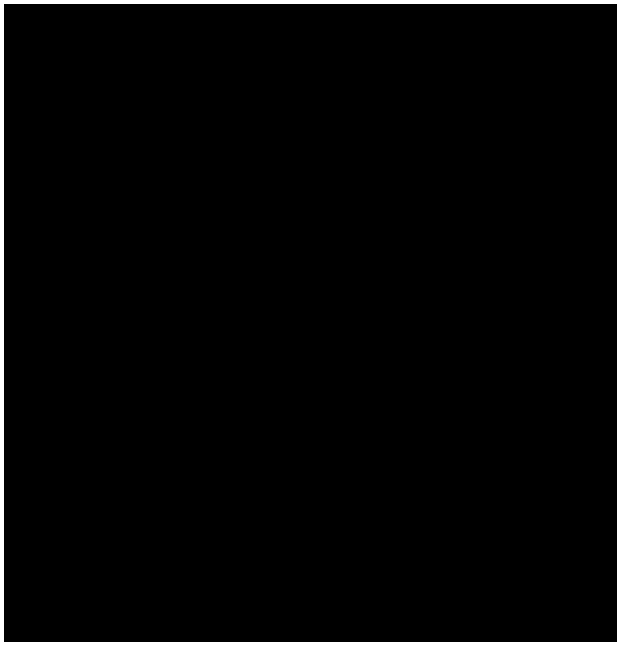
Rigid Handcuffs are a temporary restraining device and **cannot be applied** unless a degree of control has **already** been achieved.

MODULE 5

SECTION 3

MODULE 5

SECTION 4



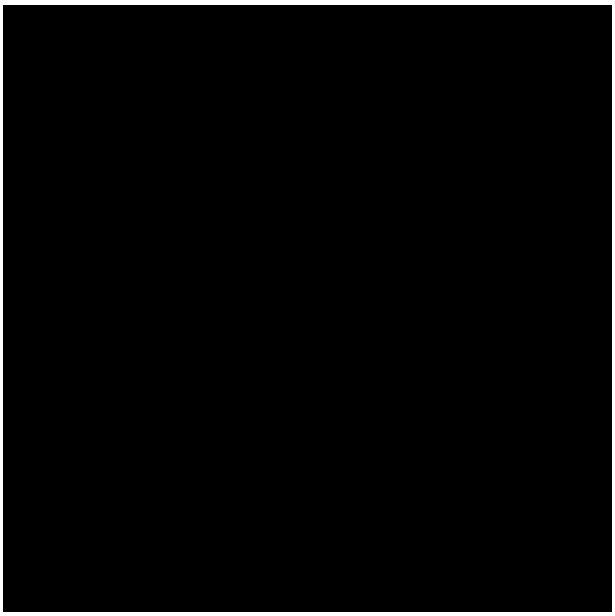
HEALTH & SAFETY / TRAINING POINTS

Discuss general awareness of complaints and issues currently surrounding rigid handcuffs, in particular relating to dangers associated with application.

MODULE 5

SECTION 5

HANDCUFFING TECHNIQUES

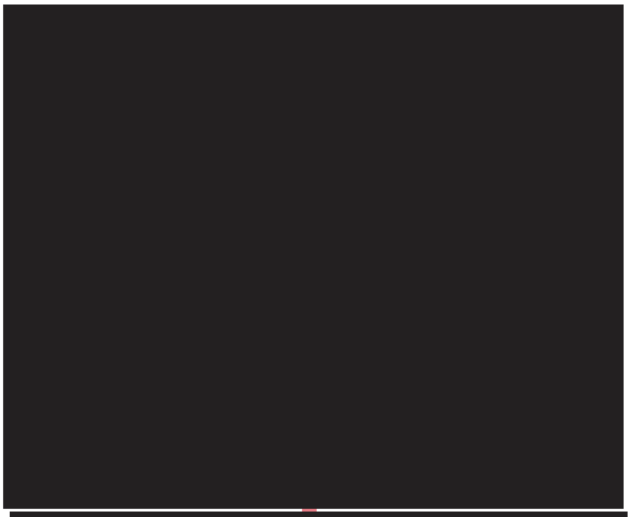


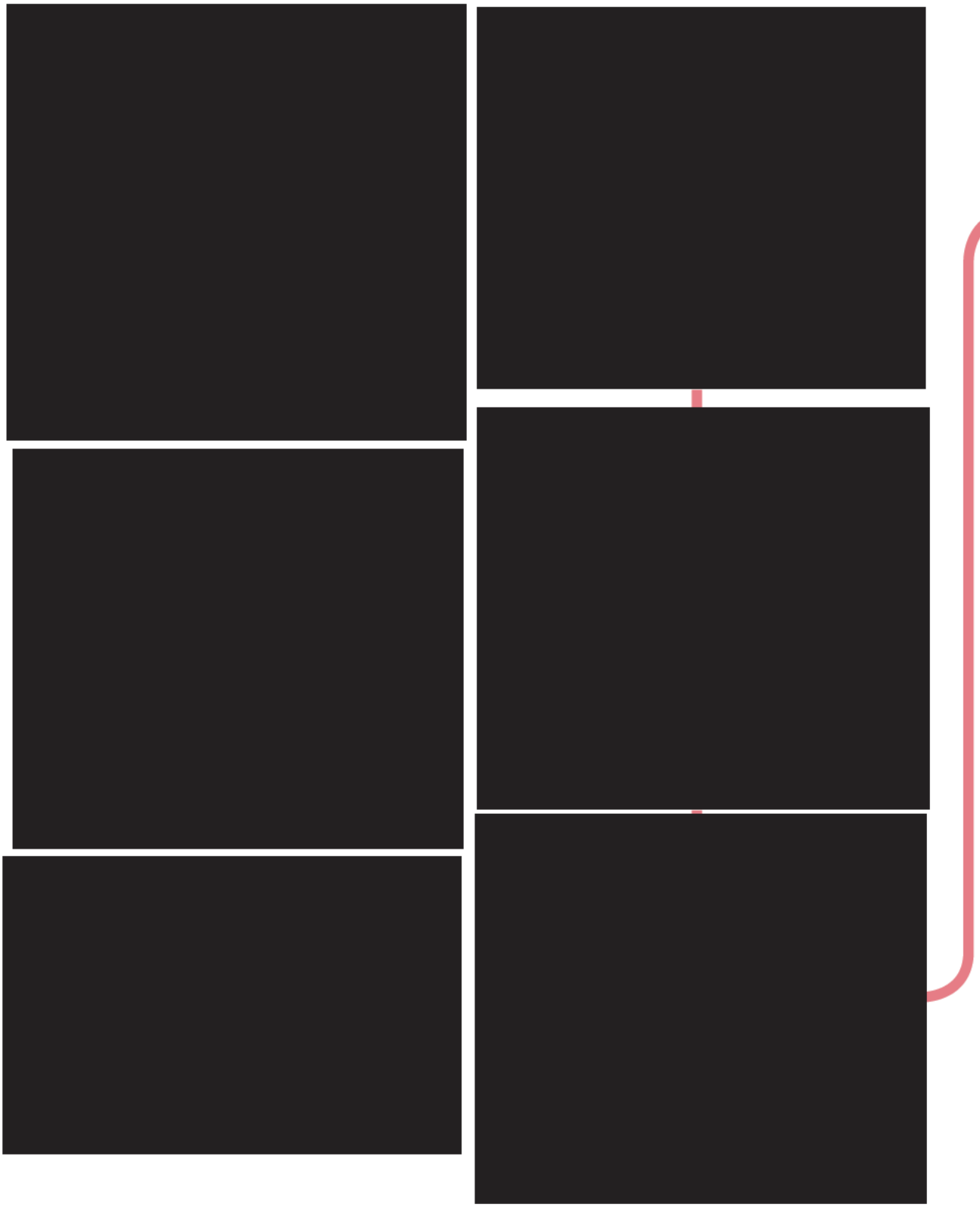
COMMON FAULTS:

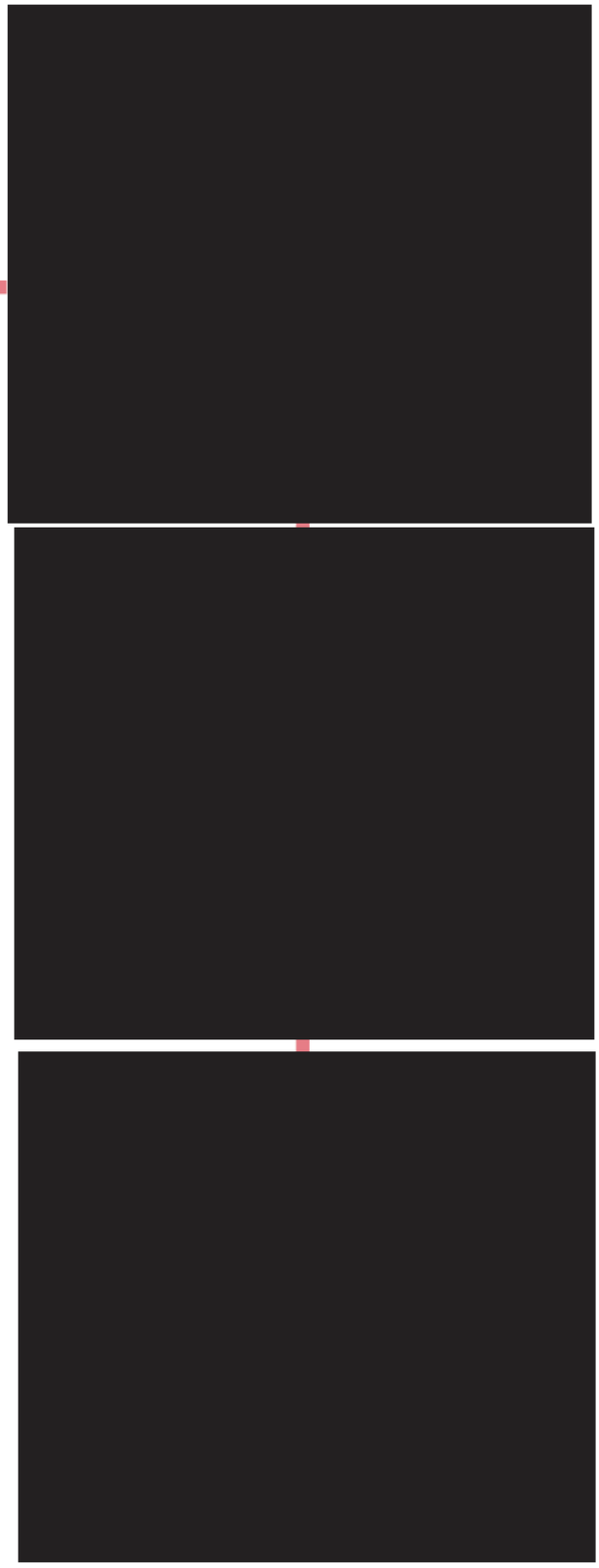
These include:

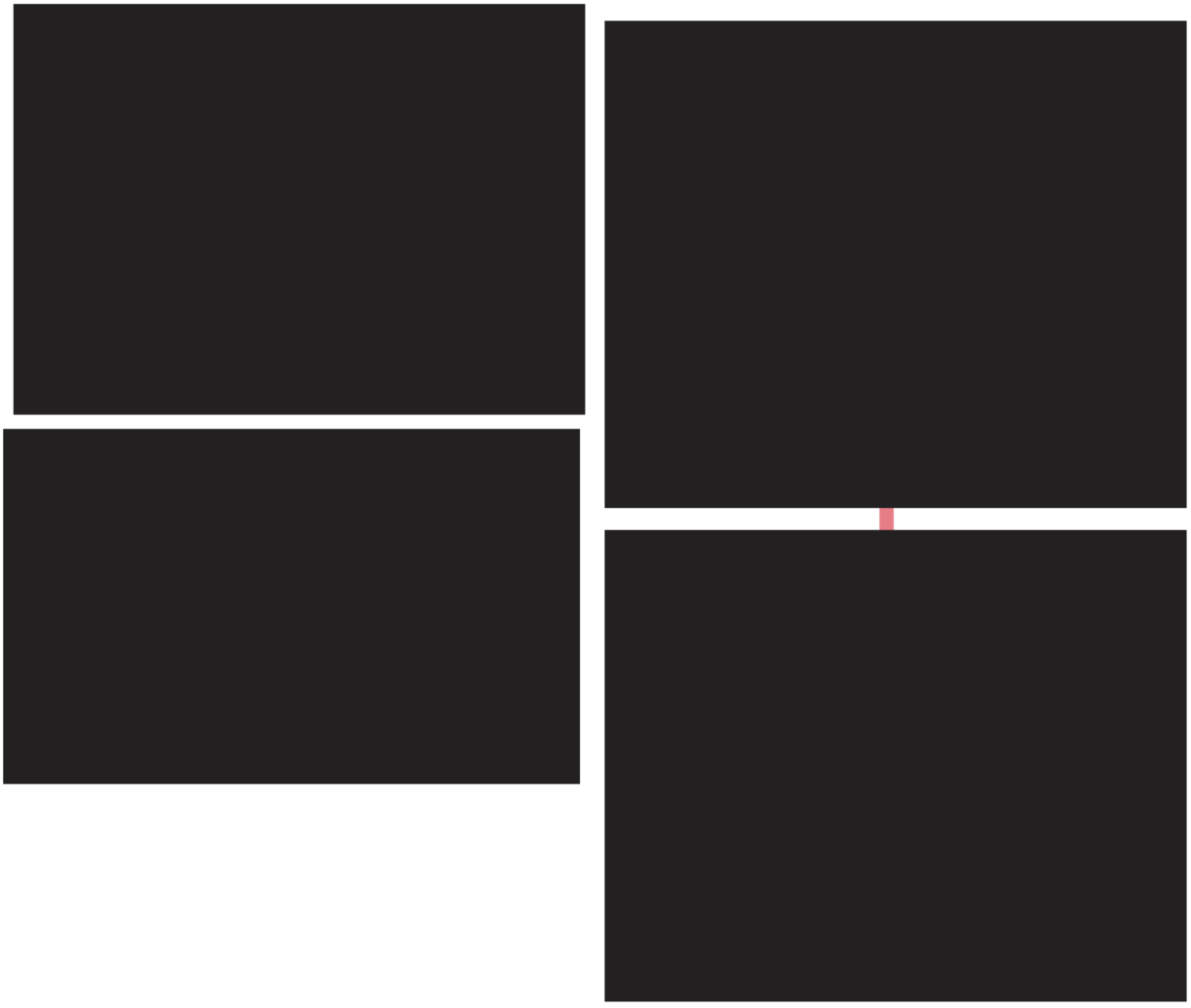
- Removing handcuffs from holder prior to control of suspect / prisoner is achieved.
- Not maintaining a balanced stance.
- Positioning in an unsafe manner to the front or rear of the suspect.
- Applying to the incorrect application site.
- Not handcuffing the wrist through the side of the hand.
- Incorrect orientation of the hands within the handcuffs.
- Inappropriate tightness or failing to check for tightness.
- Failing to double lock the handcuffs.
- Failing to keep control of the handcuffs during removal.
- Failing to quick set the handcuffs after use.

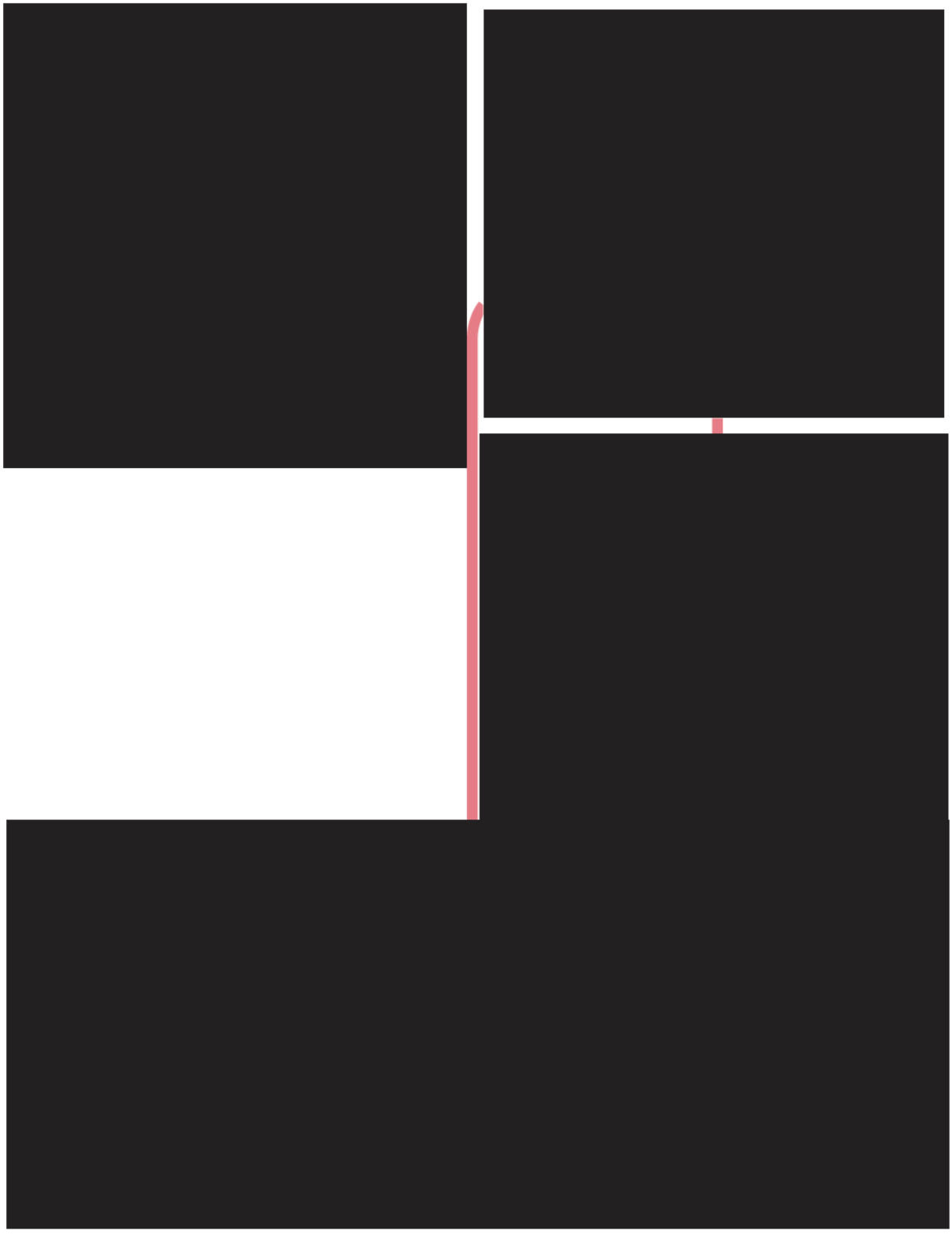
When a person is detained or arrested, it is important that they are under the suitable control of an officer. Where justified, the use of handcuffs offers an effective temporary control method. It is vital that handcuffs are applied quickly and correctly to the proper application site.

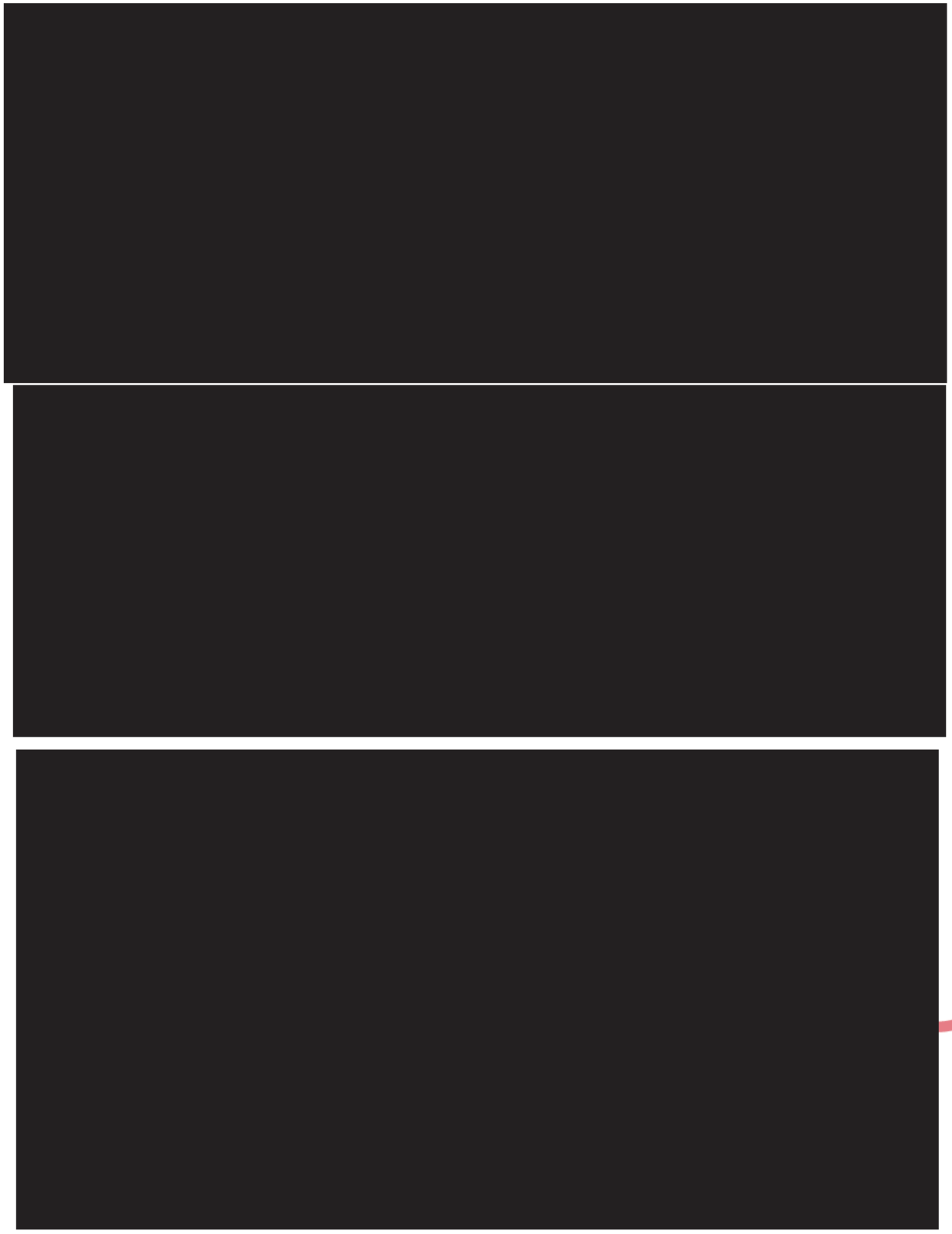


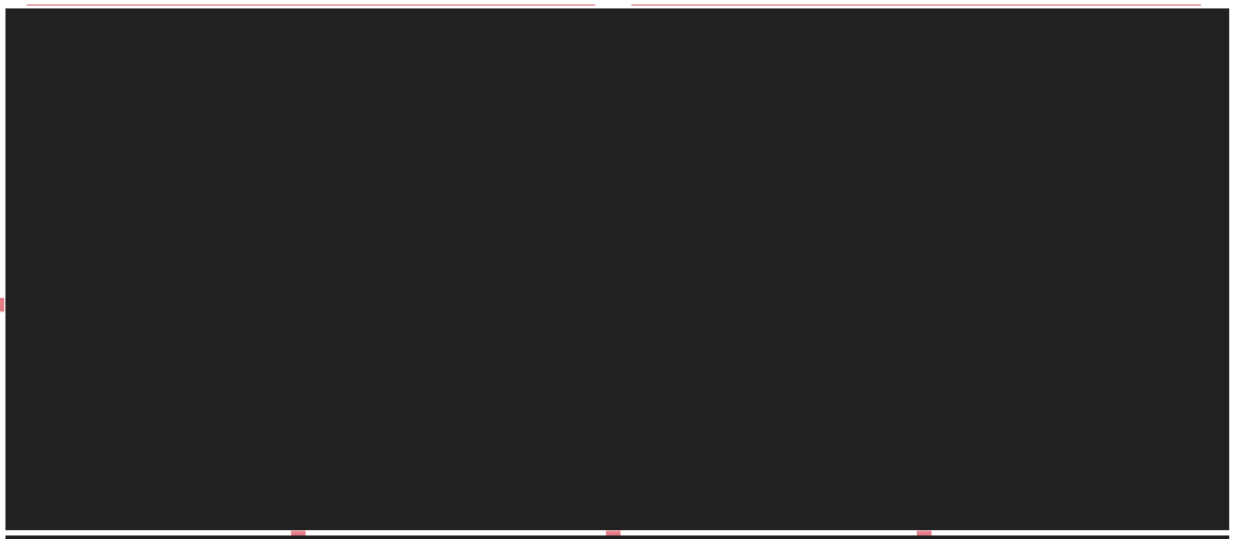


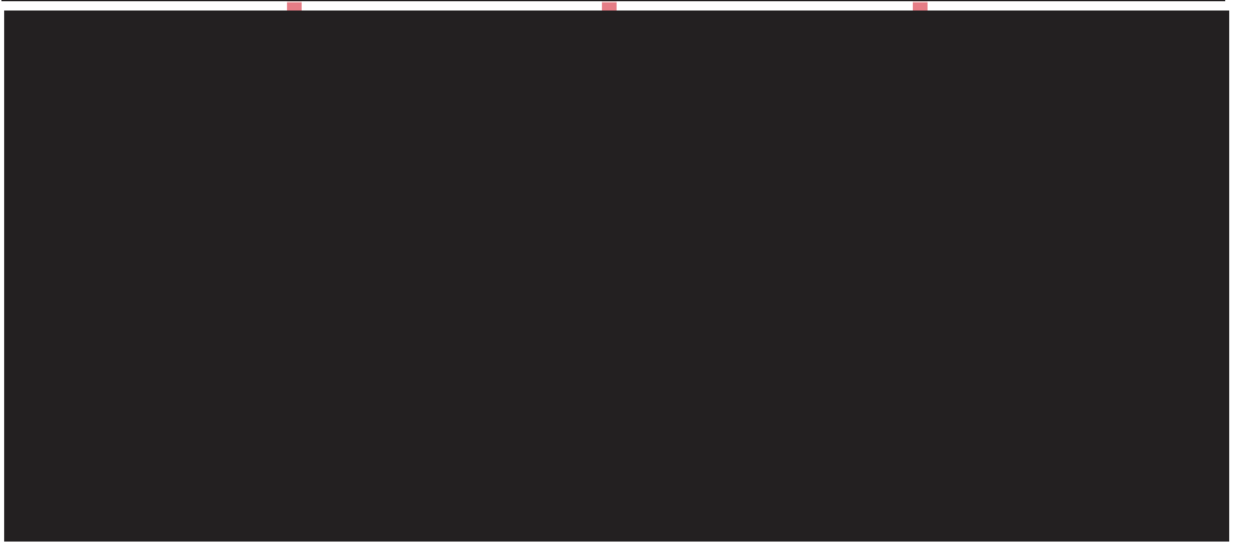


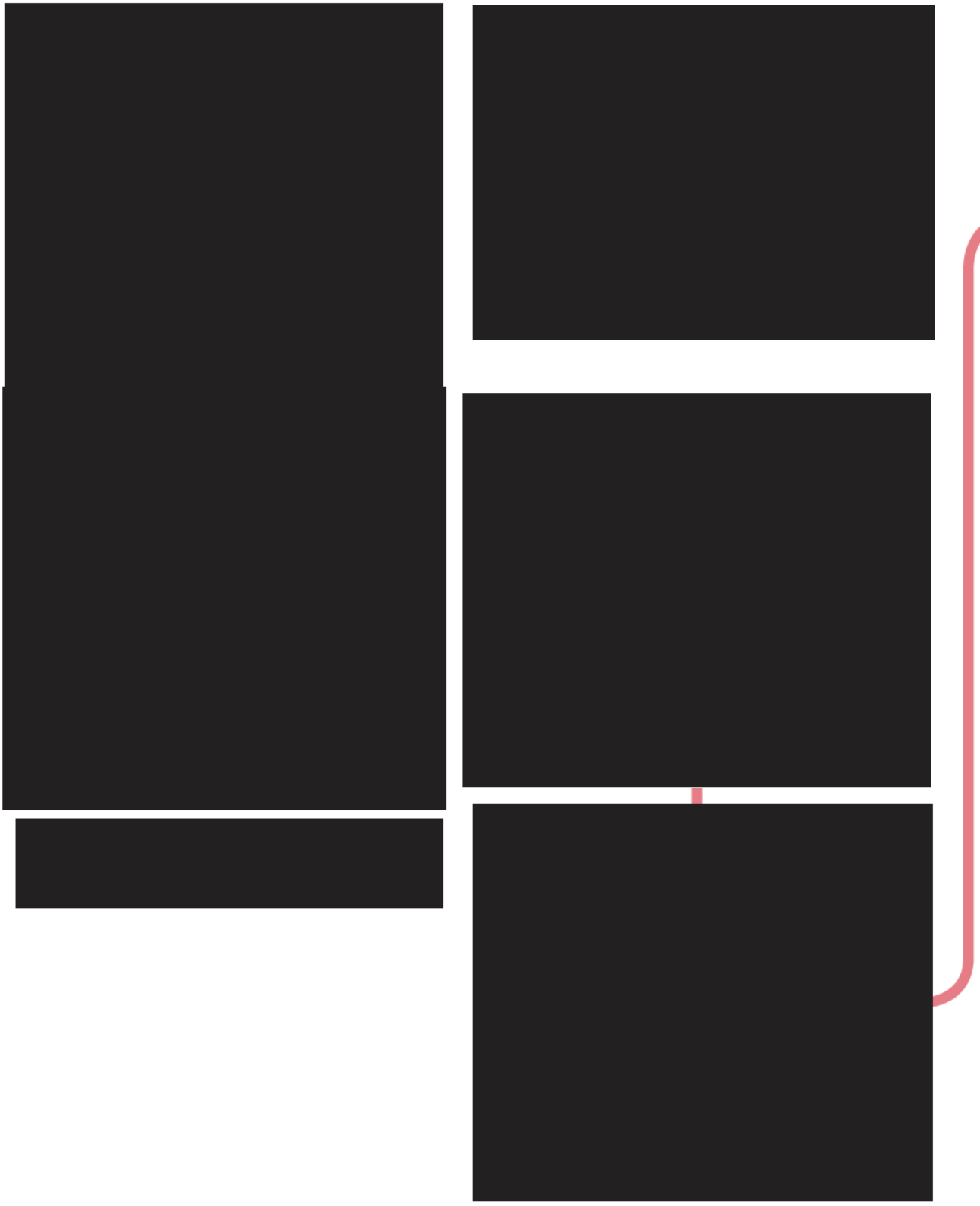


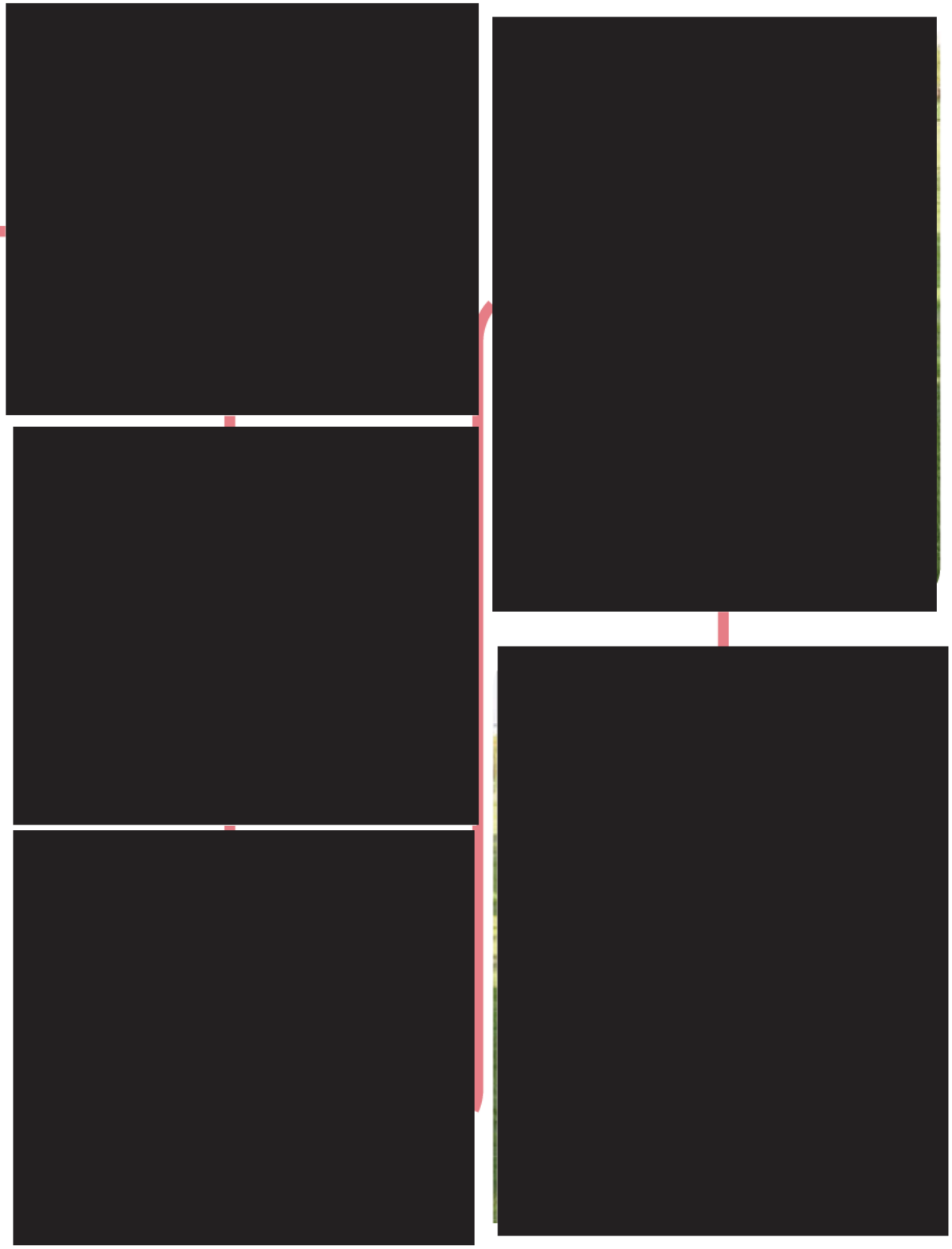


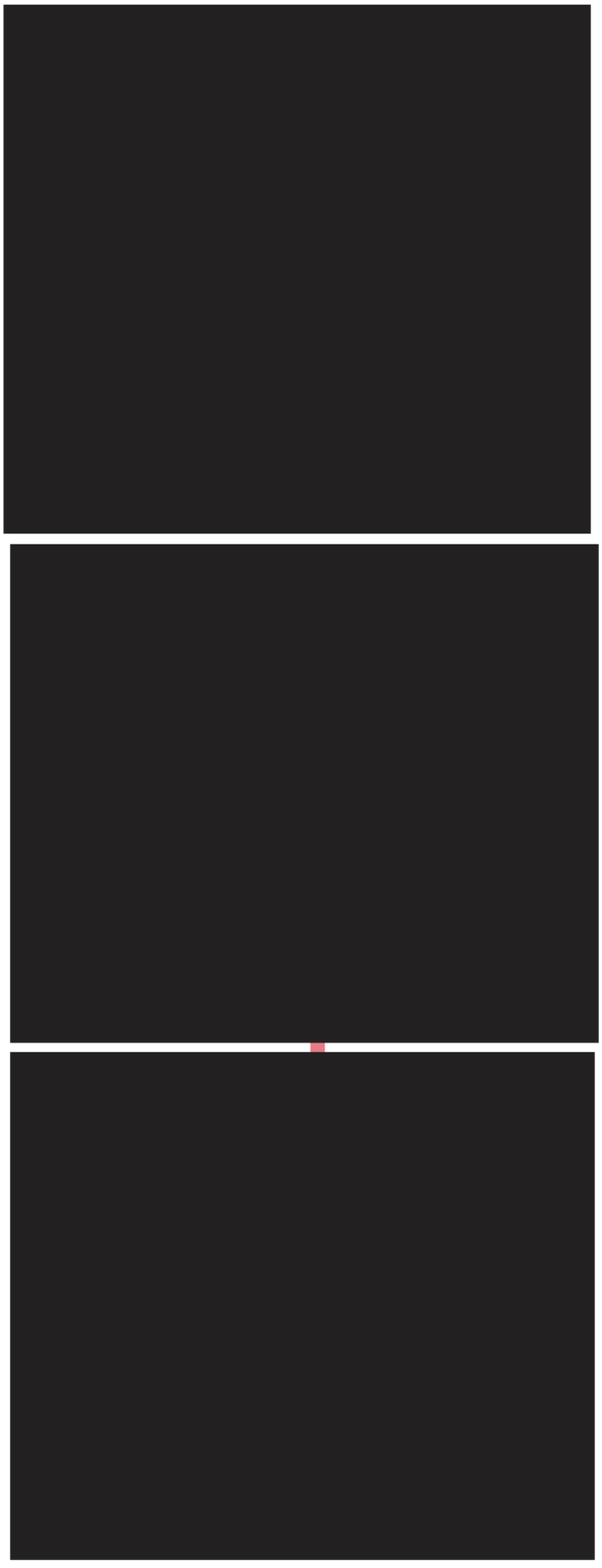












NON-COMPLIANT PERSON

To achieve the objective of handcuffing a non–compliant person, control of the arms must be established prior to utilising one of the techniques. In most cases this will be in the form of an empty hand restraint and may require the assistance of other officers. However, control must be established with the minimum use of force required following a dynamic risk assessment.

Handcuffing techniques are demonstrated and learnt using compliant prisoners - this will not always be the case operationally. Once a degree of CONTROL has been achieved then the same principles apply.

EXTRACTION TECHNIQUES

This handcuff technique utilises the bottom cuff to remove or those displaying passive or active resistance, holding onto handrails, etc.

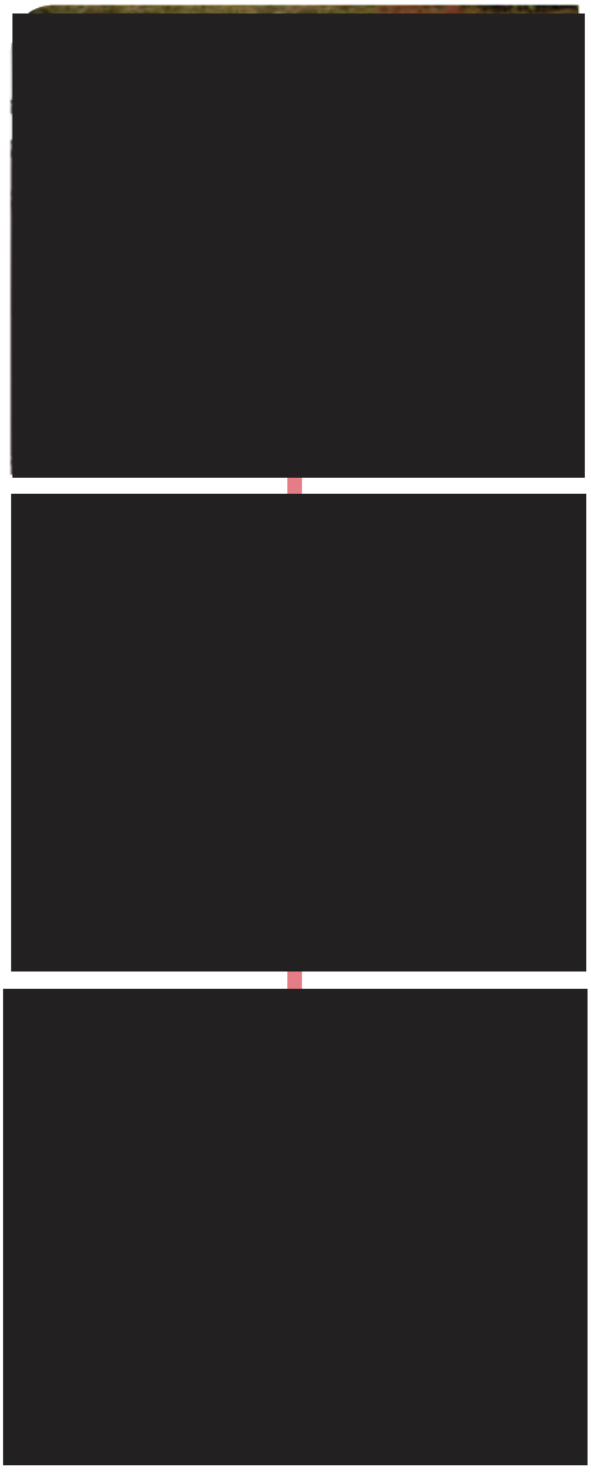
[redacted]

1ST TECHNIQUE

[redacted]

[redacted]

2ND TECHNIQUE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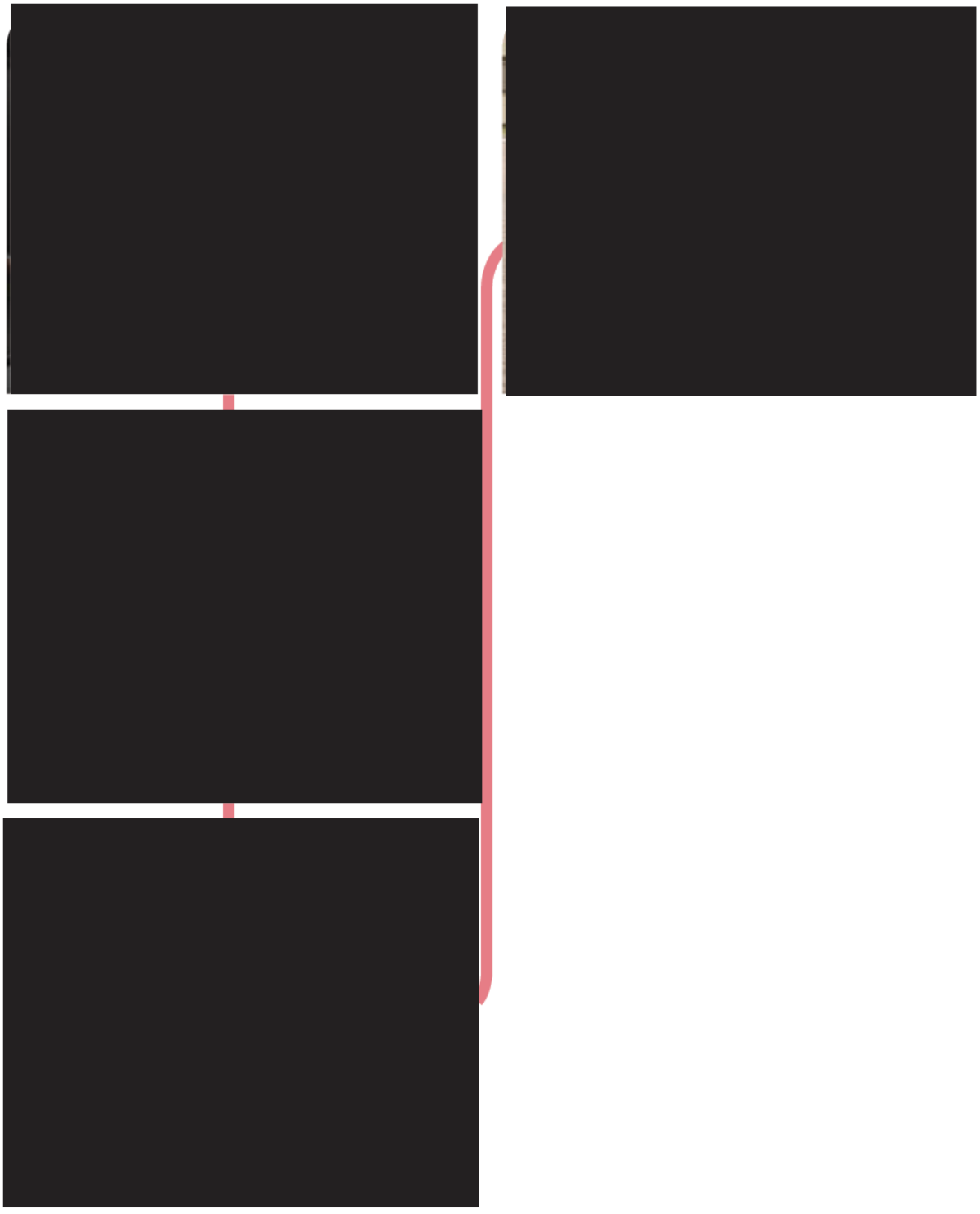


MODULE 6 SECTION 1

MODULE 6: FASTRAPS

MODULE 6

FASTRAPS

AIMS

To explain to students the complexities of the theories, principles, protocols, concepts of using fastraps and thereafter instruct and assess students on how to apply fastraps and plasticuffs

LEARNING OUTCOMES

Upon completion of this module candidates will be able to explain to students the theories, principles, protocols and concepts of using fastraps and thereafter instruct, evaluate and assess students on how to apply fastraps.

This will be achieved by being able to:

- Explain to students the theories, principles, protocols and concepts in relation to the use of the fastraps
- Instruct students on how to apply fastraps in accordance with guidelines
- Instruct students to demonstrate an appropriate level of proficiency and knowledge when using fastraps
- Evaluate, assess and deliver appropriate feedback to students regarding there knowledge and performance of fastraps

SECTION 1

INTRODUCTION

It is acknowledged that the application of handcuffs does not in itself establish control. Whilst the majority of those placed in handcuffs do cease their resistance, there are a few who continue to fight.

Fastraps are a limb restraint system (LRS) used by a number of Police Forces throughout the UK. The term "Limb restraint" indicates a device that is designed and used to restrict the range of movement of the legs. Application should prevent a person from kicking and allow for safe transportation of the person in a vehicle.

MODULE 6

SECTION 2

FASTRAPS LIMB RESTRAINT SYSTEM THEORY (LRS)

USE OF FORCE

As well as the physical skills relating to the LRS, there is a need to ensure officers fully understand contextual issues in relation to use of force (absolute necessity for application).

Such use will be in line with the already existing guidelines on the application of handcuffs and human rights legislation:

The LRS will be applied to a subject only when the officer perceives it to be absolutely necessary in defence of themself or others

AND/OR

In order to effect lawful arrest or to prevent the escape of a person lawfully detained.

Common Law also applies, where officers may wish to apply the LRS for the purpose of protecting the subject.

The use of such a device should be considered for the transport of such prisoners/subjects in police vehicles where the officer's perception is that violence or resistance will be exhibited by the subject in an attempt to prevent them being placed into or taken from the police vehicle, or that violence or resistance will continue to be offered whilst in transit to the police station or other location.

Full reasons for application of the LRS must be documented in the officer's notebook/ statement and a Use of Force Monitoring Form must be completed.

NOMENCLATURE

Strap Length 120cm's (approx)
Width 5 cm's (approx)

High visibility yellow tabs to assist with locating ends during situations where lighting is poor.

Strap Tab Length 3.5 cm's (approx)
Width 5 cm's (approx)

MALFUNCTION, MAINTENANCE & CLEANING

The material is "Velcro", therefore after extended use will require replacement. The straps will work in wet conditions, however they obviously perform better when dry. Following contamination with blood it is recommended that the straps be replaced.

BASIC PRINCIPALS OF USAGE

Only officers who have successfully undergone training in LRS will be allowed to utilise the equipment.

- Always control first then apply restraint.
- As with other personal safety equipment, the LRS should be used based on the officer's perception of any given situation and in line with use of force legislation.
- One officer can apply the LRS however due to the obvious officer safety issues and kinetic lifting implications two-officer application (followed by lifting) is advisable.
- The LRS is a supplement to the use of handcuffs and is primarily intended for use on the legs when a subject has been taken to the ground (by one or more officers) using empty hand skills, incapacitant sprays etc. The subject who then continues to struggle/kick out at the officers even though handcuffed can be further restrained using the LRS.

- Correct application of the LRS may reduce the chances of officer/subject injury and allow for safer movement/transportation of the subject by reducing their capability to struggle.

CARRIAGE

The LRS is supplied in a pouch as a personal issue to officers or alternatively where it can easily be accessed such as custody areas and police vehicles.

CARE OF THE SUBJECT

- Following application of the LRS an officer must not leave the subject unaccompanied.
- Officers must have constant visual contact with the prisoner/subject.
- Officers must continue to monitor the subject until the LRS is removed.
- Officers should not apply the device over injured limbs or over areas of skin injury unless absolutely necessary to maintain control and prevent officer injury or further offender injury.
- Officers must continue to monitor the subject throughout arrest and control procedures and must fully brief the Duty Officer regarding restraint techniques and equipment on arrival of the prisoner/subject at the custody suite.
- Whenever a prisoner/subject is lifted and walks with LRS applied, officers will always secure the prisoner/subject. This is to safeguard the prisoner/subject against injury from falls or trips, or to prevent them from causing deliberate self-harm.

MEDICAL ISSUES

- In line with other force training in the care of subjects, once secured they must be moved from the prone face down position as soon as practicable. Once control is established and subject is compliant, lie person on their side with knees bent slightly. Monitor throughout process.
- Officers will need to loosen or remove the device if the subject shows signs of medical distress.
- Maintain a high level of awareness regarding positional asphyxia and excited delirium. Individuals that have been or are under the influence of drugs and alcohol, exhausted or still struggling are particularly at risk.
- The LRS should be formally checked after 20 minutes. If the subject has lost sensation in the limbs adjust the tightness of the belt or remove if necessary.

NOTE

It is vitally important the monitoring officer(s) are aware of the potential for 'Traumatic Asphyxiation' when a person in LRS and handcuffed is placed in the vehicle.

'Traumatic Asphyxia' is produced by a sudden increase in venous pressure, common in those who have been hanged and occurring occasionally in crush injuries.

As with Positional Asphyxia, officers must be aware of the recognition features and the relief and treatment from asphyxia related conditions.

MODULE 6

APPLICATION

Officers should ensure that the subject on the ground is in the prone (face down) position and that the handcuffs are double locked.

The LRS should be applied to the following sites:

ABOVE KNEES

Just above the knee joints to control the thighs (power source of the legs).

ANKLES

Around the ankles (crossed or uncrossed) in a "loop" or in a "figure of eight" encompassing the feet and ankles depending on the circumstances the officers are faced with.

SECTION 3

RESTRAINT TECHNIQUES

Restraint is attained when the arms and legs are under control. A person must be controlled before any restraining device can be applied. Unless exceptional circumstances exist, such as wrist injury, handcuffs should always be used to control the upper limbs of a prisoner/subject prior to applying the LRS around the legs. Leg control can be attained with the officer starting on the person's hamstrings facing towards the person's head and rotating to the person's feet which are turned off to the side to deactivate hamstring function.

The LRS has been designed and developed to offer officers superior control of a prisoner after they have been controlled physically.

Control can be accomplished by several methods:

- A stronger individual controlling a weaker individual.
- Using a greater number of personnel on an individual.
- Using a device or hand technique utilising leverage on a joint location.
- Use of CS incapacitant spray.

MODULE 6

SECTION 4

STANDING THE SUBJECT UP

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

MODULE 6

SECTION 5

SAFE REMOVAL

PRONE

There will be occasions when a prisoner/subject remains so combative, or represents such a risk to officer safety that the LRS will have to be removed in the prone position.

If this is the case, officers will adopt a similar approach to that of the safe cell exit within their handcuffing programme-

- A mattress will first be placed on the floor of the cell. Officers will ensure that handcuffs are applied to facilitate safe prone removal of the LRS and exit of the cell.
- The prisoner/subject is in the cell, on the mattress in the prone position. Both officers are in the ground pin position (as per handcuff training) **with no weight being placed on the prisoner's/subject's back**. Prior to removal of the LRS officers may wish to conduct a search of the subject.
- One of the officers remains in ground pin whilst the other officer removes the LRS from the ankle position first and then the knees.
- The officers then remove the handcuffs and re-assume ground pin.
- As per handcuffing guidelines the officers then exit the cell in safety.
- [redacted].

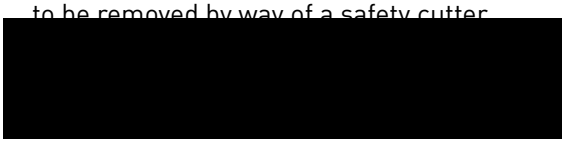
MODULE 6

PLASTICUFFS

Plasticuffs (disposable handcuffs) are normally for operational deployment during pre-planned and spontaneous incidents.

The authorisation level required will be dictated by Force Policy.

- The Plasticuffs are intended for large incidents of disorder or pre-planned operations on premises involving the potential for a large number of detentions/arrests.
- Plasticuffs are a rigid plastic, which consists of two loops fed through a non-return ratchet system. They are designed for one operational deployment only, as they require to be removed by way of a safety cutter.



- Officers must ensure the application of Plasticuffs is in line with the force and ACPOS policy pertaining to the use of handcuffs.
- The deployment of the handcuffs is regarded as a 'Use of Force' and officers are reminded of the requirement to justify their actions in line with ECHR.

SECTION 6

MEDICAL IMPLICATIONS

The medical implications are as previously mentioned for the restraining straps.

All custody areas should be issued with safety cutters.

Officers deployed on the ground should also have access to safety cutters.

MODULE 7 SECTION 1

MODULE 7: TWO/THREE PERSON TEAM

MODULE 7

AIMS

To explain and instruct students on how to practically carry out the two and three person team technique and explain the protocols pertaining to the use of the techniques.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to instruct students on how to practically carry out the two and three person team technique and explain the protocols pertaining to the use of the techniques.

This will be achieved by being able to:

- Instruct students to carry out the two and three person teams technique.
- Convey to students the roles and responsibilities that each officer has in the implementation of this technique.
- Evaluate, assess and deliver appropriate feedback to students regarding there performance and knowledge of carrying out the two/three person team techniques.

SECTION 1

INTRODUCTION

Occasionally officers may have to deal with particularly violent or aggressive individuals. As a result of their conduct or threatened conduct it may be unsafe to remove the handcuffs prior to being placed within a cell. Therefore, the following techniques may be utilised.

MODULE 7

SECTION 2

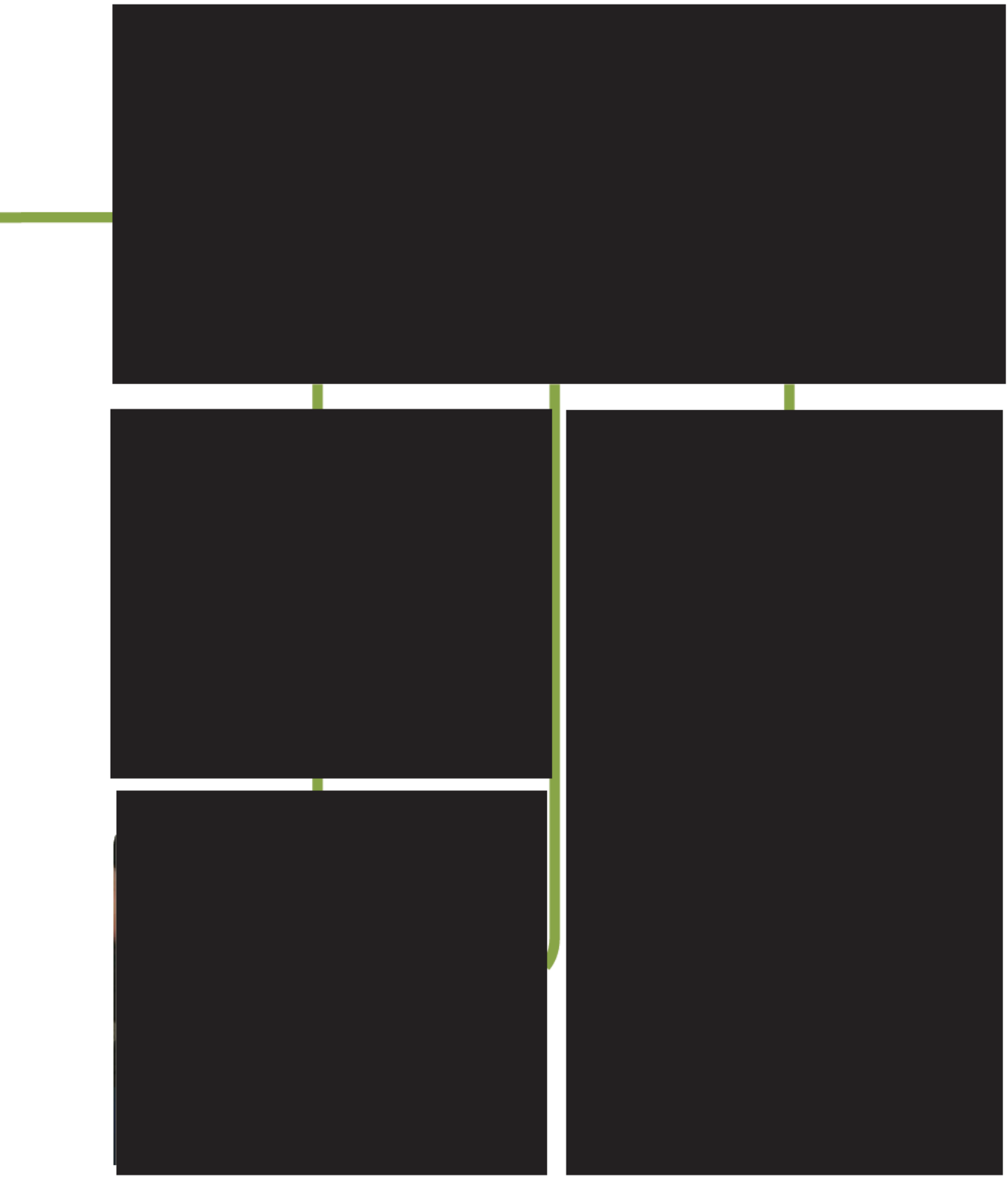
TWO PERSON VIOLENT PRISONER TEAM

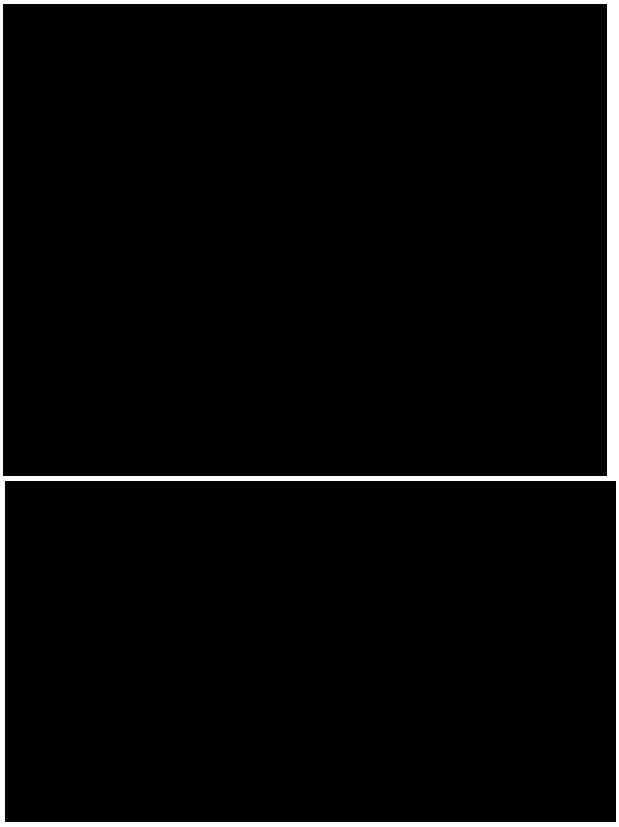
When a person is detained or arrested, it is important that they are under the suitable control of an officer(s).

MODULE 7

SECTION 3

THREE PERSON VIOLENT PRISONER TEAM



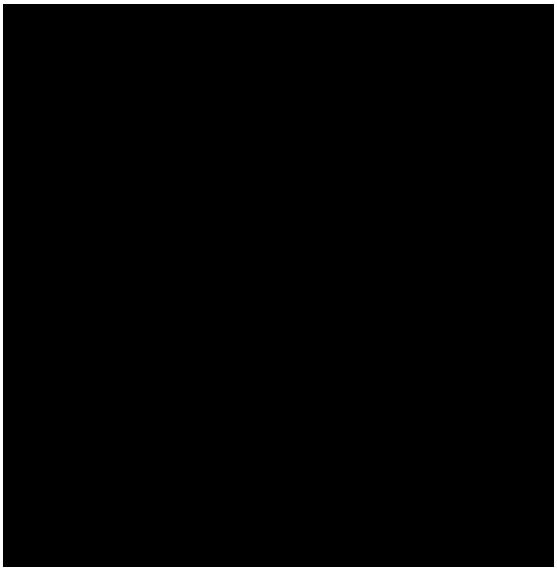


MODULE 7

SECTION 4

VIOLENT PRISONER JACKET REMOVAL

- The technique requires a minimum of two officers



MODULE 8 SECTION 1

MODULE 8: STRAIGHT BATON

MODULE 8

STRAIGHT BATON

AIMS

To explain, instruct and assess students on how to use the range of straight baton techniques and skills contained within the OST programme.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to, explain, instruct and assess students on how to use the straight baton techniques and skills contained within the OST programme.

This will be achieved by being able to:

- Explain to students the theory, principles, polices and concepts when using the straight baton.
- Convey information to students regarding the construction of the baton.

SECTION 1

- Instruct students how to grip the straight baton
- Instruct students how to use the straight baton in the various carry positions and draws.
- Explain and instruct students to carry out the various baton strikes contained within the OST programme.
- Instruct students in the principles of baton retention and knife defence.
- Instruct students to use the blocking techniques and armlocks contained within the OST programme in relation to use of the baton.
- Evaluate, assess and deliver appropriate feedback to students regarding performance of all straight baton techniques and theory contained within the programme.

INTRODUCTION

The baton may be used:

- In self defence,
- To protect others,
- To effect the arrest/detention of a person.

The selected target area should equate to the level of resistance offered by the subject and every effort should be made to avoid serious injury.

The baton may be drawn and extended as a precaution in circumstances where danger to the officer or public is anticipated. The decision to draw and use the baton rests with the officer, who is accountable for their actions.

Where a member of the public comes into physical contact with a baton, for example a restraint technique or to deflect a blow, the officer should record the incident in their official notebook and thereafter submit a report outlining the circumstances of the case and any injuries received or inflicted. Please check Force procedures.

MODULE 8

SECTION 2

PHYSICAL FORCE AND ESCALATION OF TRAUMA CHART

PHYSICAL FORCE

This material covers and combines two key concepts, namely, physical force and trauma.

- **Physical force** Is force used upon or directed toward the body of another person and includes confinement, but does not include deadly physical force.
- **Deadly physical force** Is force used with the purpose of causing death or serious physical injury or, in the manner of its use, is capable of creating a substantial risk of causing death or serious physical injury.

Impact weapons are used mainly to deliver physical force; while capable of delivering deadly physical force, such use occurs only when deadly force is necessary and justifiable and other resources, e.g., the officer's firearm, are not available. Blocks and restraints complement strikes; the police baton, does all this effectively.

- **Trauma** means injury to living tissue by an external agent. It includes abrasion, laceration, contusion (bruising), rupture of blood vessels with hemorrhage, haematoma (extravascular collection of blood), dislocation of joints, fracture of skull or long bones, nerve injury (severance, stretch or compression) and concussion.

Put the two together: physical force **plus** trauma. Physical force has the potential to cause trauma. Trauma can cause serious problems, for the person traumatised and for the officer and other concerned parties. Sometimes, the person traumatised is the officer, or a fellow officer.

The police baton allows the user to **concentrate and enhance force**. This force is delivered to target area through use of specific techniques.

The baton also concentrates force by its small diameter: 1 inch or 1 1/4 inches. The small area of contact transfers **greater force** to the target than a larger area, like using a knife (rather than a board) to cut something.

Design attributes explain why the baton is such an effective police tool. However, an officer must consider the **medical implications** of applying it to the human body, especially to areas containing **vital organs** or vulnerable to **serious and possibly long lasting injury**.

The **Escalation of Trauma Chart** helps an officer understand the risks associated when applying physical force to areas of the body, which are coloured green and red.

R**easonable and proportionate** escalation of force should be utilised by OST Instructors and officers they train, respectively. Instructors or trainees may be on the receiving end of physical force someday and therefore exposed to trauma. What is learned here will increase your understanding of the vulnerability of the human body to trauma and contribute to enhance officer safety.

More information on Medical Implications on strikes to the body areas can be found in Module 2.

TARGET AREAS

The use of strikes is closely related to the officer's ability to identify a target of choice with reference to the possible injury potential to an offender's body. A system of identifying injury potential to various parts of the body has been developed and divided into two sections.

Red Areas: Moderate to High level of injury potential

Green Areas: Minimum level of injury potential

Where an officer uses force to gain control of a suspect, consideration must be given to minimise the injury to that person. Using profiled offender behaviour and impact factors an officer will use the amount of force that they perceive is necessary to establish control of the suspect.

To that end the Escalation of Trauma Chart denotes Primary and Secondary target areas to allow officers to respond appropriately to varying levels of threat.

PRIMARY TARGETS

Green area where the force used is not intended or likely to cause serious injury. Resulting injury tends to be temporary rather than permanent but exceptions could occur.

Vital points:

- Collarbone, shoulder, upper arm
- Forearm, buttock, thigh
- Knee joint
- Shin, Calf
- Instep
- Shoulder blades
- Achilles Tendon (rear of heel)
- Wrist / Hand
- Elbow joint

SECONDARY TARGETS

Red area where primary target fails or does not correspond to the level of threat. Secondary targets may be considered the uppermost limit of force because of the potential to cause serious injury and/or death. This does not apply to lower level empty hands techniques.

Vital points:

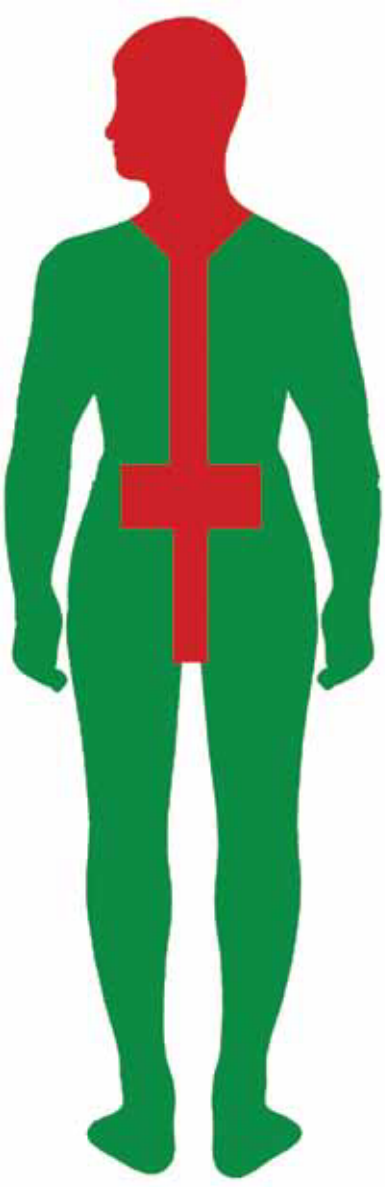
- Temple
- Hollow behind ear
- Ears
- Kidney
- Eyes
- Tail bone
- Bridge of Nose
- Spine
- Upper Lip
- Rear of neck
- Jaw
- Throat
- Abdomen, solar plexus
- Groin

ESCALATION OF TRAUMA CHART

FRONT

GREEN AREAS
Primary Target Areas

BACK



RED AREAS
Secondary Target Areas

MODULE 8

SECTION 3

BATON CONSTRUCTION

Officers are required to submit tactical reports and provide evidence in court in relation to the use of their force issue baton. Therefore, officers must be familiar with the design and construction of it.

POSITIVE LOCK

- The Monadnock AutoLock Expandable Straight Baton is manufactured from hardened alloy steel.
- The joint strength between its three main portions comes from precision engineering and the high grade materials.
- The unique cam and bearing locking action provide a secure method for locking and unlocking the telescopic shafts.
- The baton may be opened with a flick of your wrist or by manually pulling the shafts out by the tip to lock the mechanism.
- All AutoLock batons incorporate a large rubber safety tip which maximises power whilst reducing the potential for injury.
- A push button is located in the grip end, which releases the ball bearing action to allow the barrel's to be pushed back or collapsed into the handle.
- The baton may be closed against the palm of your hand or by pushing the baton against your body armour with one hand.
- The handle is foam covered for maximum grip and safe retention.
- A larger end cap, known as the hindi-cap may be fitted to aid baton retention.

The Positive Lock Baton is composed of the following parts:

1. Cap / Hindi cap
2. Cam shaft
3. Grip portion
4. Grip end
5. Long portion
6. Long end / power safety tip

The Positive Lock Baton should be kept dry. If exposed to water or salt air, the shafts should be wiped down with a dry cloth. Periodically a couple of drops of "Breakaway" oil should be placed in the cam shaft.

Should an officer persistently experience difficulty in extending the baton, the officer should request a replacement.

Monadnock (Positive Lock) batons are used by Strathclyde Police, Fife Constabulary, Lothian and Borders Police, Dumfries and Galloway Constabulary and British Transport Police.

FRICTION LOCK/ASP

- The Baton has two telescoping shafts which lock into place with a full extension of the arm. This opening of the baton presents a clear statement to a potential assailant. It is a final warning prior to application of force by an officer.
- The Baton is available in a variety of lengths to meet specific needs. All models are characterised by an absence of knurling or sharp edges which might abrade clothing or unnecessarily cut an assailant.
- The friction lock baton employs a dead lock taper. They lock the shafts together by means of a friction fit that jams the flare of one shaft into the swage of another.
- The batons come in various weights with electroless nickel a preferred choice.
- Replaceable foam grips with metal front collars are utilised for handling the baton.

The Friction Lock Baton is composed of the following parts:

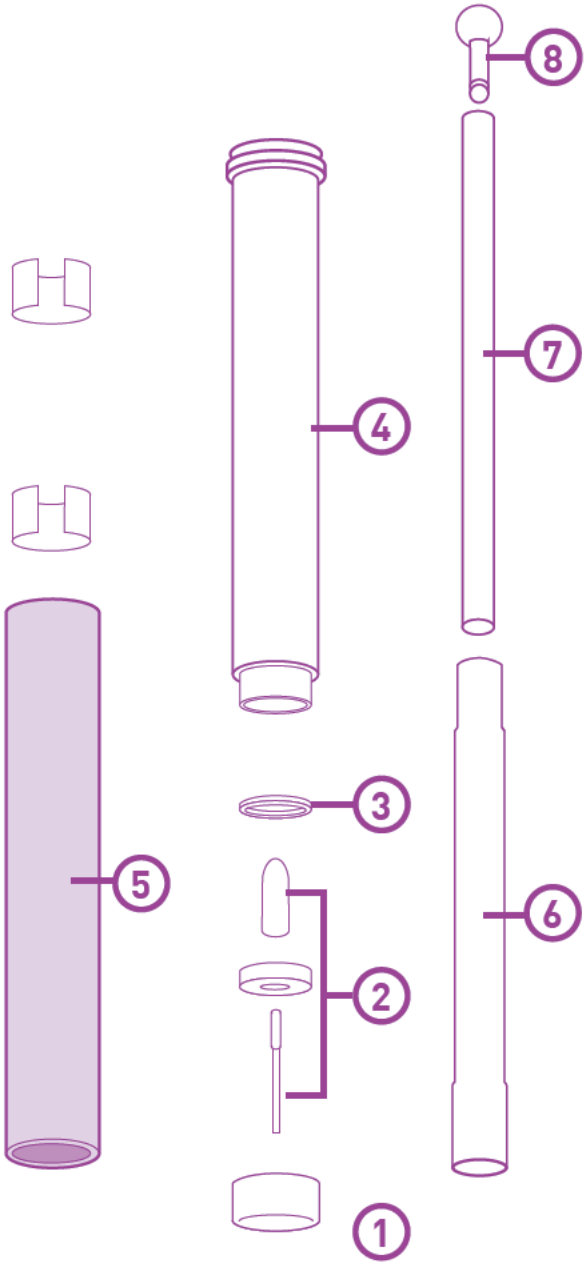
1. Cap
2. Retaining Clip Assembly
3. Cap O-Ring
4. Handle
5. Grip
6. Middle Shaft
7. End Shaft
8. Tip

Instructors should pass on information that if the baton user experiences any difficulty with their baton e.g. difficulty in extending the baton; this is because they have not performed the extension movement forcefully enough or because the baton is new. They should also be advised that the baton can collapse during use thus leaving the user in a more vulnerable position.

This baton should be closed on appropriate hard surfaces such as concrete.

The ASP Baton should be kept dry. If exposed to water, salt, air or perspiration, the shafts should be opened and the baton dried with a soft cloth. No lubricant should be placed on the shaft surfaces.

Casco/ASP (Friction Lock) batons are used by Northern Constabulary, Grampian Police, Tayside Police and Central Scotland Police.



MODULE 8

SECTION 4

GRIPS

MODULE 8

SECTION 5

CARRY POSITIONS

ONE-HAND, VERTICAL CARRY POSITION

SHOULDER CARRY POSITION

TWO-HAND CARRY POSITION

MODULE 8

SECTION 6

DRAWS

DRAW TO THE GROUND

The draws contained in the programme are high profile and designed to have a psychological effect on the suspect, thus affording the officer a tactical advantage. Officer presence and bearing are important to their effectiveness:

- With the baton in the holder, grasp the grip portion with the strong hand.
- Pull the baton from the holder and extend to the 'ground' on the strong-side.
- The barrels of the expandable baton can be released by a rapid extension of the strong arm and a flick of the wrist. Extension of the baton results in an audible 'click'.
- Use appropriate tactical communication to reinforce the message to the assailant, e.g. "Get Back!" Thereafter, the officer should adopt a recognised carry position.
- The pictures below show an officer drawing their baton to the ground and subsequently adopting a shoulder carry position.

DRAW TO THE SKY

- With the baton in the holder, grasp the grip portion with the strong hand. Pull the baton from the holder and extend to the 'sky' on the strong-side.
- The barrels of the expandable baton can be released by a rapid extension of the strong arm and a flick of the wrist.
- Extension of the baton results in an audible 'click'.

STRONG-SIDE DRAW

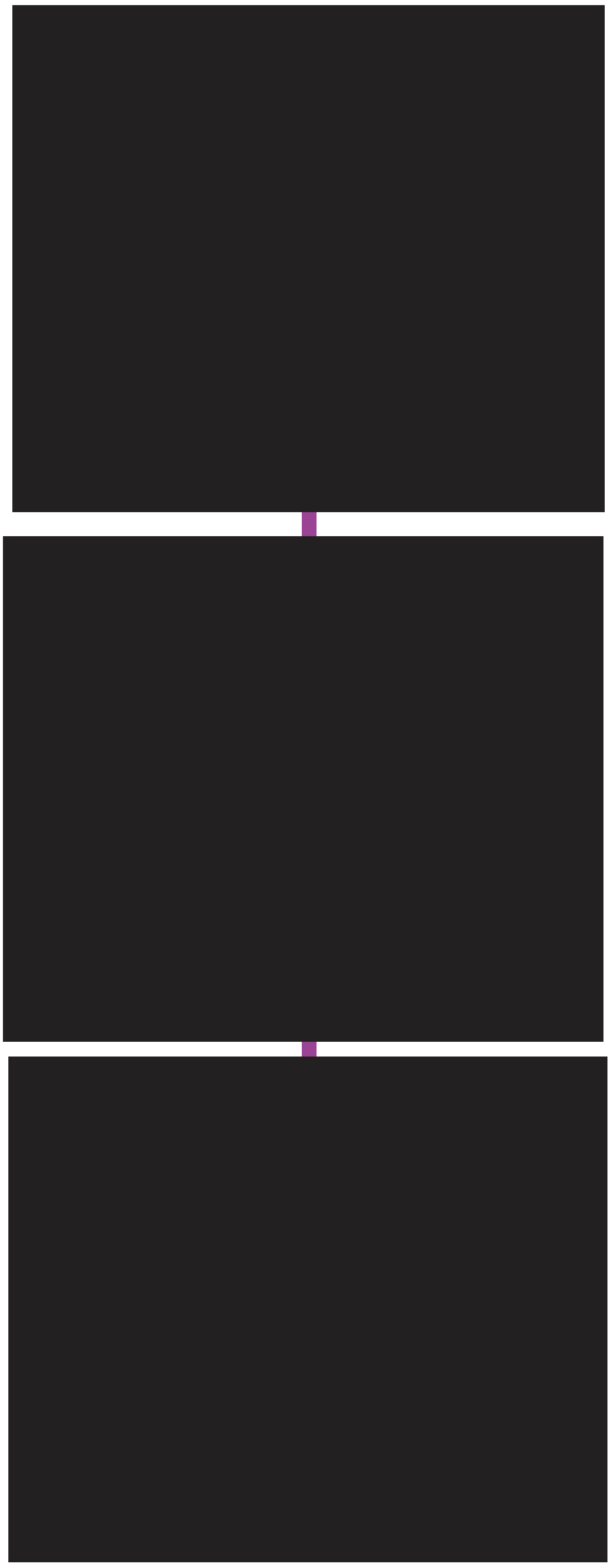
- If an officer prefers to have their baton on the strong side of their belt then grasp the grip portion with the strong hand.
- Pull the baton from the holder and extend to the shoulder at the 'ready' position.

CLOSING THE BATON - AUTOLOCK

- To close the Autolock, the button on the end cap would be pressed which releases the ball bearing action to allow the shafts to be pushed back into the handle by an officer's hand or their body armour.

CLOSING THE BATON - ASP

- When closing the ASP Baton, the officer widens the stance or bends both knees.
- Do not bend at the waist or look at the baton.
- Keep both eyes on the subject.
- The baton is closed by striking the tip against a solid surface.
- Drive the tip straight down into a non-giving surface.
- Impact on a soft surface, such as carpeting or wood, may not release the friction lock between the joints.



MODULE 8

SECTION 7

OPEN MODE STRIKES

FORWARD STRIKE

- From a carry position move your straight baton across your body from your strong side to your support side.
- Be sure the palm of your strong hand is facing up as you deliver this counter-strike technique in a horizontal or downward diagonal manner.
- Use appropriate tactical communication to reinforce the message to the subject, e.g. **"Get Back!"**
- Following the strike, assess the situation.
- Take appropriate follow-up action as needed.
- The support hand should be raised in a defensive position to provide balance and allow the baton to pass easily from side to side.

Ensure all participants can observe. Hold strike pads close to the body and angled towards the strong side of the officer. Invite course participants to identify uses for the technique by police officers.

Example answers – public order duties, to retain reaction gap from assaultive subject, to neutralise a weapon threat, to reinforce a previous verbal command.

Gather group together and identify and discuss common student faults.

These are;

- Not striking the pad hard enough
- Forgetting tactical communication
- Not starting/finishing technique in a secure defensive position.

RAPID RESPONSE STRIKE

- The Rapid Response Strike can be employed during a sudden assault when there is little time or warning.
- While in the closed mode, swing the baton in a 45° arc with a full extension of the arm which allows the baton to open while enroute to its target.

CLEARANCE

- With the straight baton extended in a one hand carry on the support side, quickly move the baton across the body from your support side to your strong side.
- Be sure the palm of your strong hand is down as you deliver this counter-strike technique in a horizontal or downward diagonal manner.
- This technique will normally be used as a clearance technique following delivery of a forward strike. The baton may or may not strike the subject.
- Following the strike or clearance, assess the situation and take appropriate follow-up action as needed.
- The support hand should be raised in a defensive position to provide balance and allow the baton to pass easily from side to side.
- The optimum portion of the baton used to strike the subject should be the top three inches from the long end (tip).

MODULE 8

SECTION 8

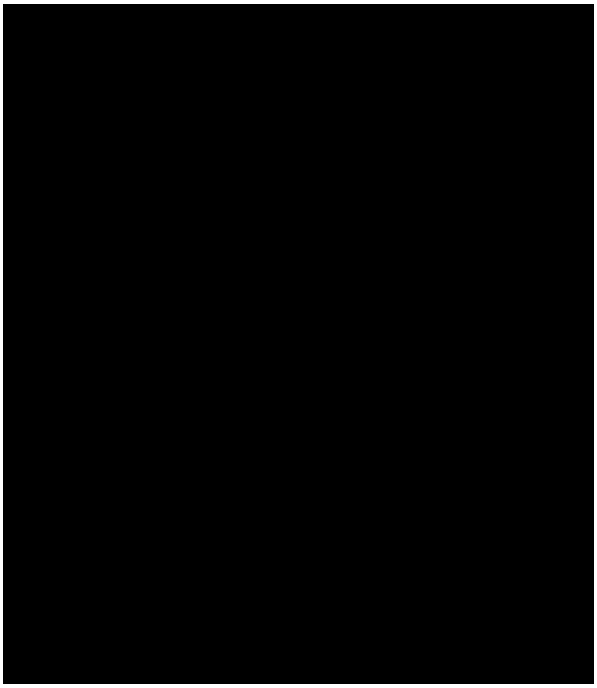
MIDDLE STRIKE

The Middle Strike is a short range technique used to create distance. Employ this strike when in close contact with a subject. It is also used when an aggressive assailant closes the gap despite warnings or other strikes.

- The baton is lowered and the strong hand grasps the end shaft, palm down.
- The baton is thrust toward the centre mass of the subject's body.
- The striking surface is the middle shaft of the baton.
- From a two handed carry position thrust the middle section of your straight baton forward in a horizontal manner.
- Extend both your arms at the conclusion of the forward thrust.
- The thrust should be horizontal in direction. Use your entire body to generate power.
- Target areas include centre mass abdomen as well as centre mass of arms/legs.
- Following any strike, assess the situation and take appropriate follow-up action as needed.
- Instruct students not to hold the pad out to make contact with the baton as the power from the strike will drive the pad forcefully back into the students body/face.

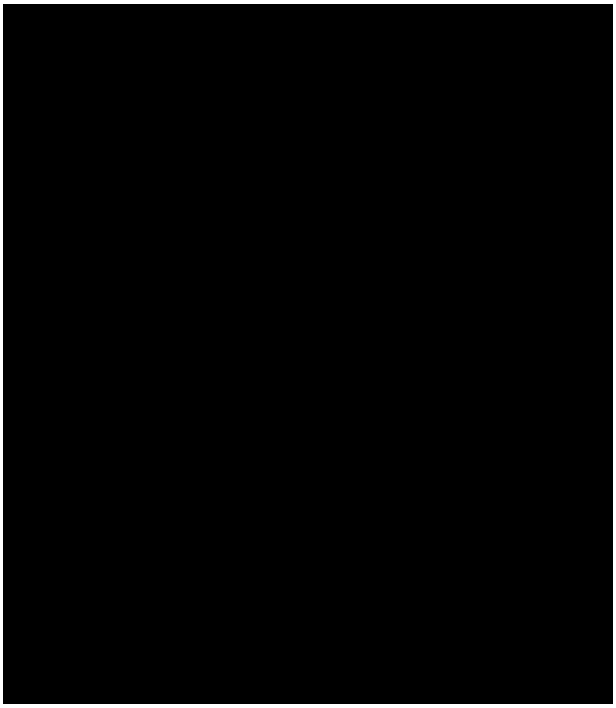
THE STRONG SIDE HORIZONTAL STRIKE

- Assume the two handed carry position including stance and balance.
- Suddenly move the baton using both hands to a horizontal position in front of your body, about a fist width distance from your body.
- At the same time pull back with your support hand, while driving your strong hand forward. Do not over extend so as to lose your balance or control.
- Following the strong side horizontal strike, you should assess the situation, then take appropriate follow-up action as needed.



SUPPORT SIDE HORIZONTAL STRIKE

- Assume the two handed carry position including stance and balance.
- Suddenly move the baton using both hands to a horizontal position in front of your body, about a fist width distance from your body.
- At the same time, pull back with your strong hand while quickly driving your support hand forward in a thrusting motion and your support hip to generate power. Do not over extend your horizontal thrust.
- Following the support side horizontal strike, you should assess the situation, then take appropriate action.

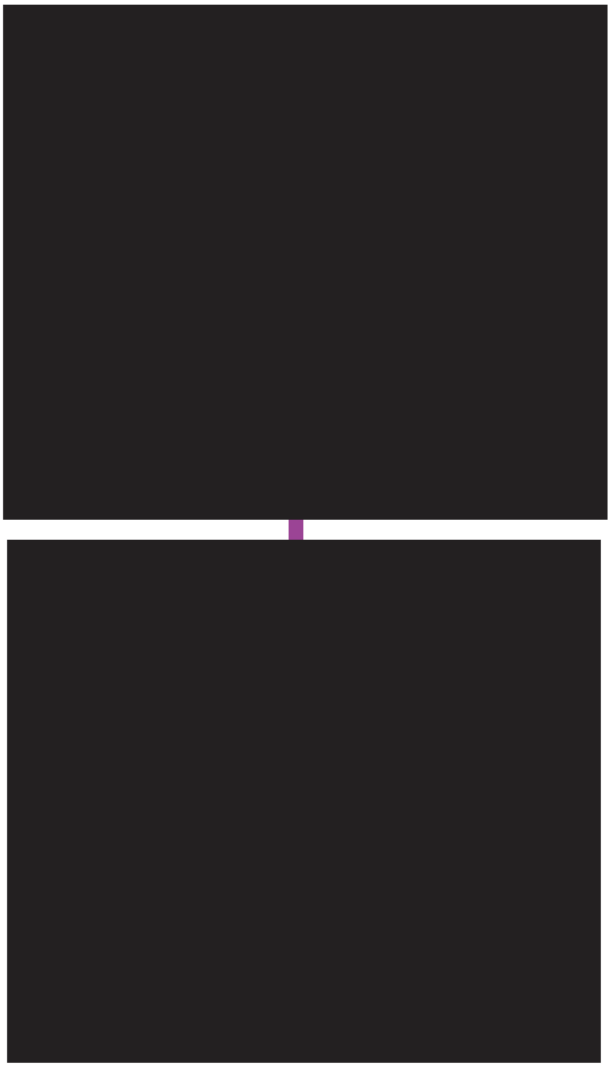


FRONT JAB

- Assume the two handed carry position including stance and balance.
- Quickly thrust the long end forward using both of your hands as well as your hips and legs.
- Your thrust should be delivered in a horizontal or slightly downward strike.
- Following the jab, re-assess the situation.

REAR JAB

- Assume the two handed carry position including stance and balance.
- Look over your strong shoulder as you thrust the grip end quickly to the rear using both your hands as well as your hips and legs. Do not over extend the thrust so as to lose your balance or control.
- Your thrust should be delivered in a horizontal or slightly downward strike.
- Following the strike, assess the situation, then take appropriate follow-up action as needed.



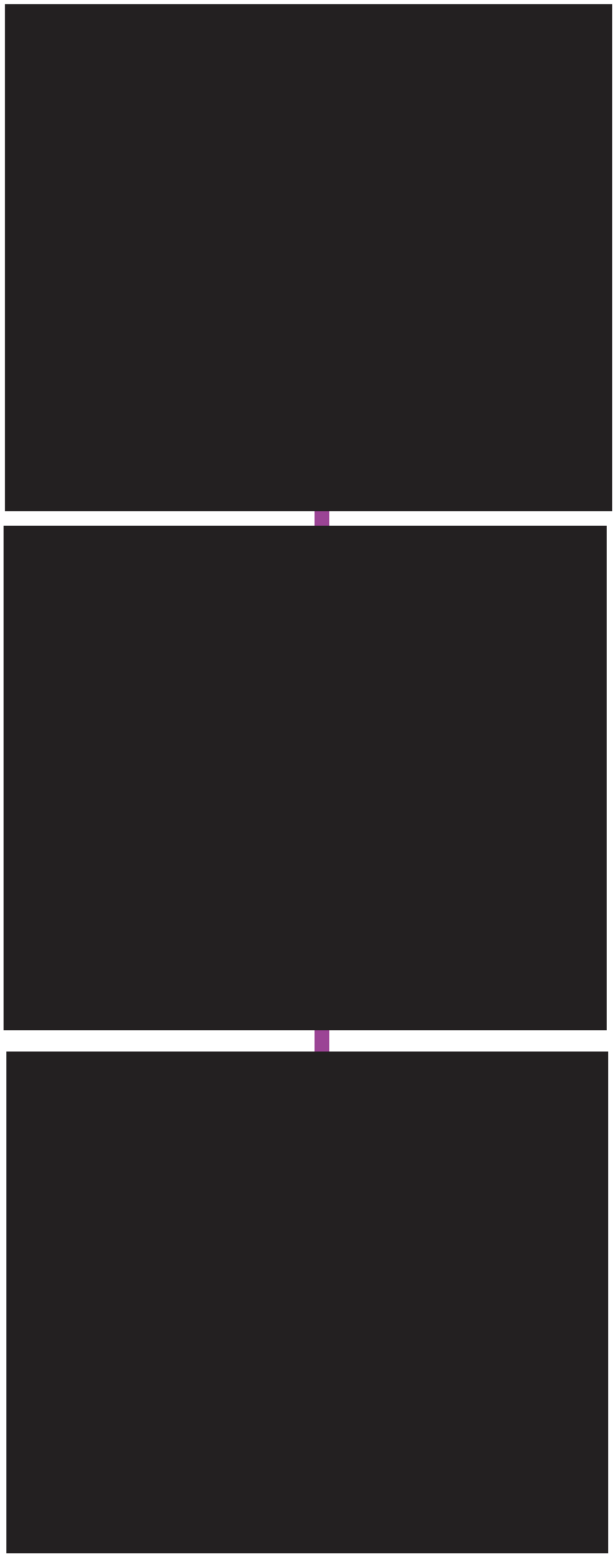
MODULE 8

SECTION 9

CLOSED MODE STRIKES

END–CAP STRIKES

- Adopt stance and perform the Forward and Reverse End–Cap Strike (Closed/ Open mode).
- From a one hand grip, direct the end cap of the baton vertically or diagonally downward toward the target from either your strong or support side.
- The advised impact area is the shoulder/clavicle area or the upper arm as the technique is only utilised when reaction gap has been breached. The forward end-cap strike is delivered from the strong side and the reverse end-cap strike from the support side.
- Following the strike, assess the situation and take appropriate follow-up action as needed.
- The picture below shows the position that you would hold the baton to be able to deploy an end-cap strike.



HEALTH & SAFETY / TRAINER POINTS

The strike pad should be held against the shoulder with head tucked in behind the pad to avoid baton collision.

Stagger participating students to ensure batons do not strike colleagues on extension. Instructors to be in possession of whistle to stop drill immediately, if required.

STRAIGHT STRIKE

- The straight strike is executed from the strong side with the baton grasped firmly in a vertical position.
- The primary striking surface is the fist.
- The strike is directed at the centre mass of the body.

NOTE

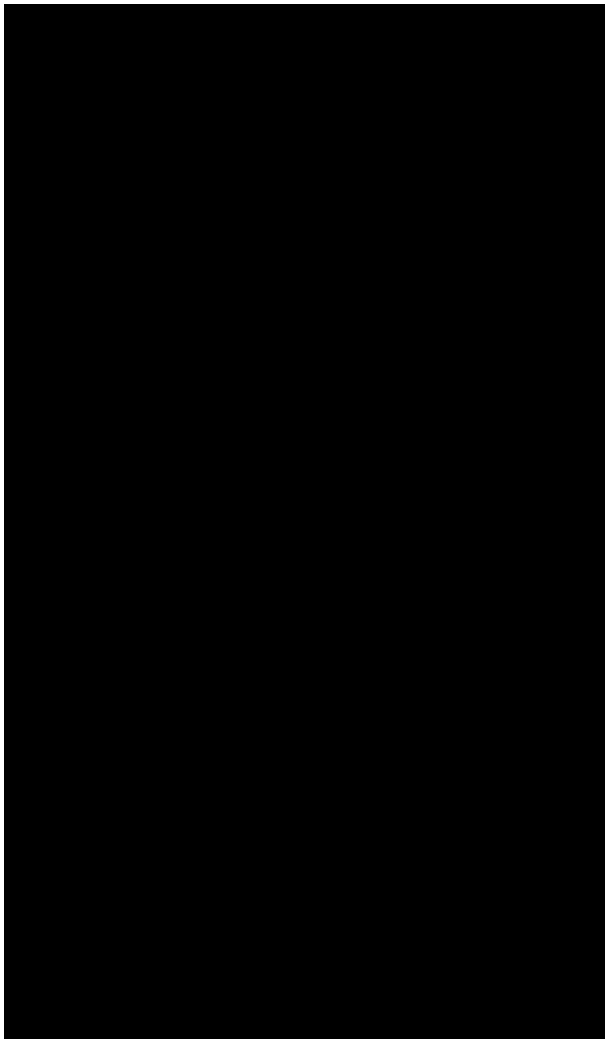
At the point of contact with the body,the tip should be up.

MODULE 8

SECTION 10

BATON RETENTION

ROTATION (6-12-6)



HEALTH & SAFETY / TRAINER POINTS

Stagger participating students to ensure batons do not strike colleagues at the start of the technique. Instructors to be in possession of whistle to stop drill immediately, if required.

Utility belts should be removed when practicing this technique to avoid injury.

Those taking hold of the baton as aggressors must be told to only hold on with a moderate level of grip strength. Maintaining a firm grip on the tip of the baton may result in injury.

STRIKE WITH SUPPORT HAND

MODULE 8

SECTION 11

KNIFE DEFENCE

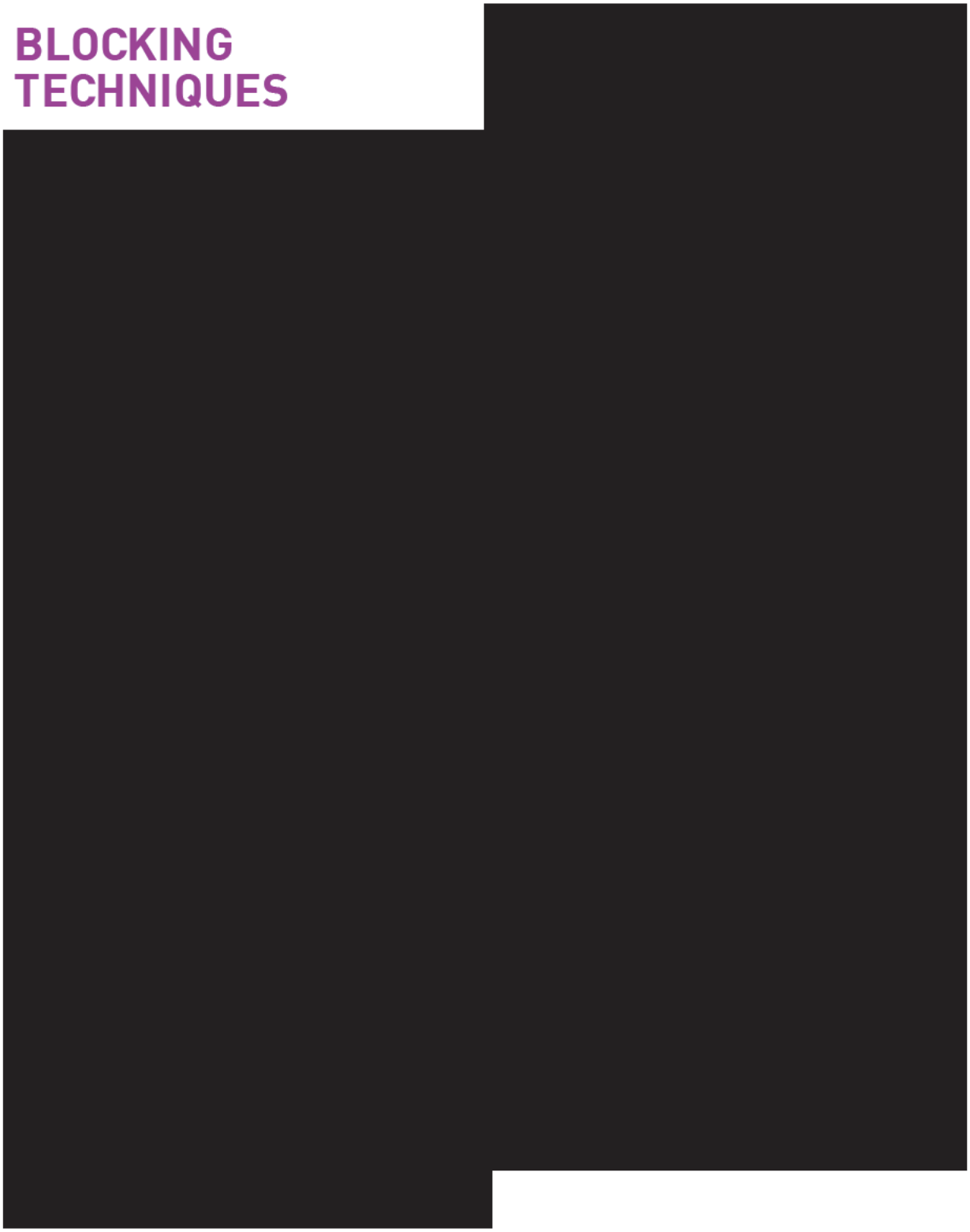
- When all options have been exhausted and the CUT principle is not an option, an officer has the ability to defend themselves with a baton against an edged weapon.

- It would be very dangerous to assume that an offender only has one edged weapon. Experience has shown that knives are devastatingly effective against the officer. They are easy to use and very easy to conceal.

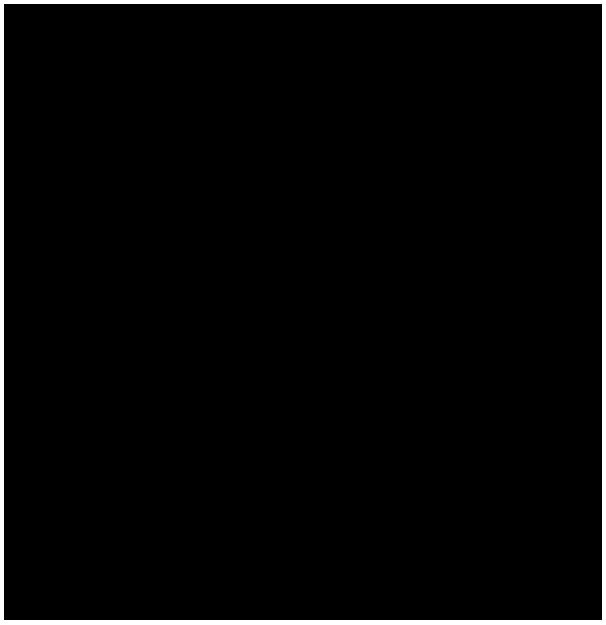
MODULE 8

SECTION 12

BLOCKING TECHNIQUES



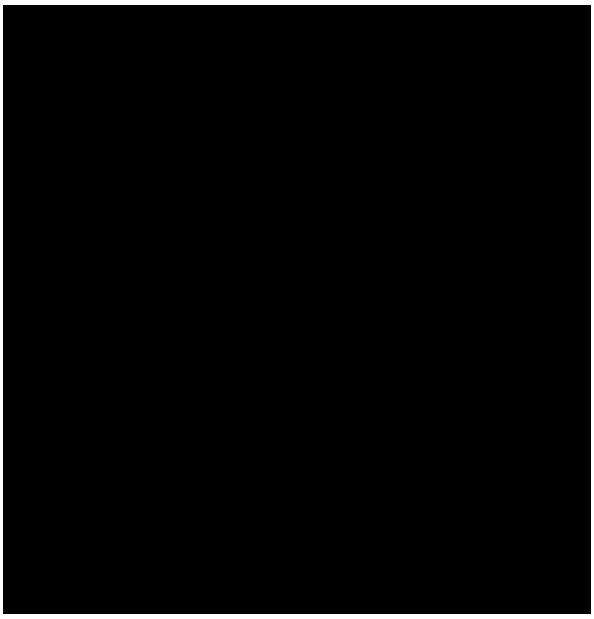
HIGH BLOCK



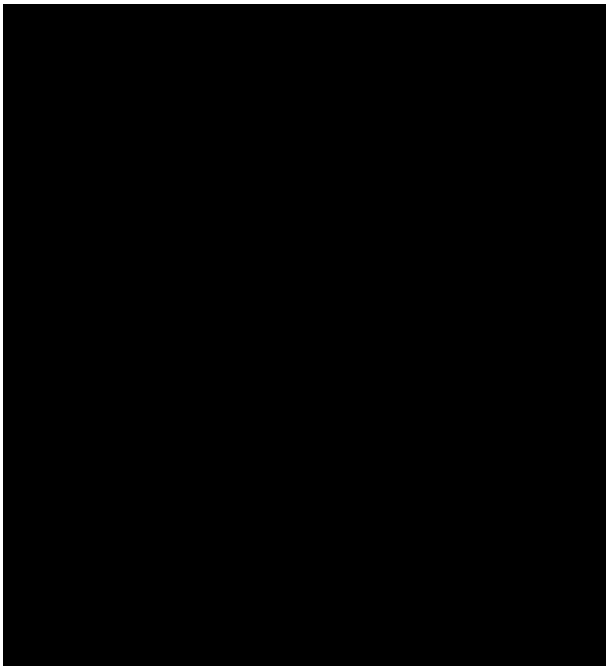
STRONG SIDE BLOCK

SUPPORT SIDE BLOCK

MIDDLE BLOCK



LOW BLOCK



ACCEPTABLE VARIATIONS

MODULE 8

SECTION 13

ARMLOCKS

STRONG SIDE ARMLOCK

- Assume the one handed grip.
- Insert the long portion between the subjects upper arm and body on the side opposite the officer's strong side.
- Grasp the long end with support hand (either palm out or palm in).
- Place the grip portion on the subjects forearm, just above the wrist, use your strong thumb to firmly grip the subjects forearm / wrist.
- Create a lever action by pulling on the long portion with the support hand, while rotating the grip portion up toward the subjects (small of) back using your strong hand. This will place the subjects arm into the armlock.
- Once the subjects hand and forearm are fully behind his/her back, position your support hand over the long portion.

NOTE

Maintain subjects hand and forearm are fully behind his/her back, then position your support hand over the long portion.

TAKEDOWN AND GROUND PIN

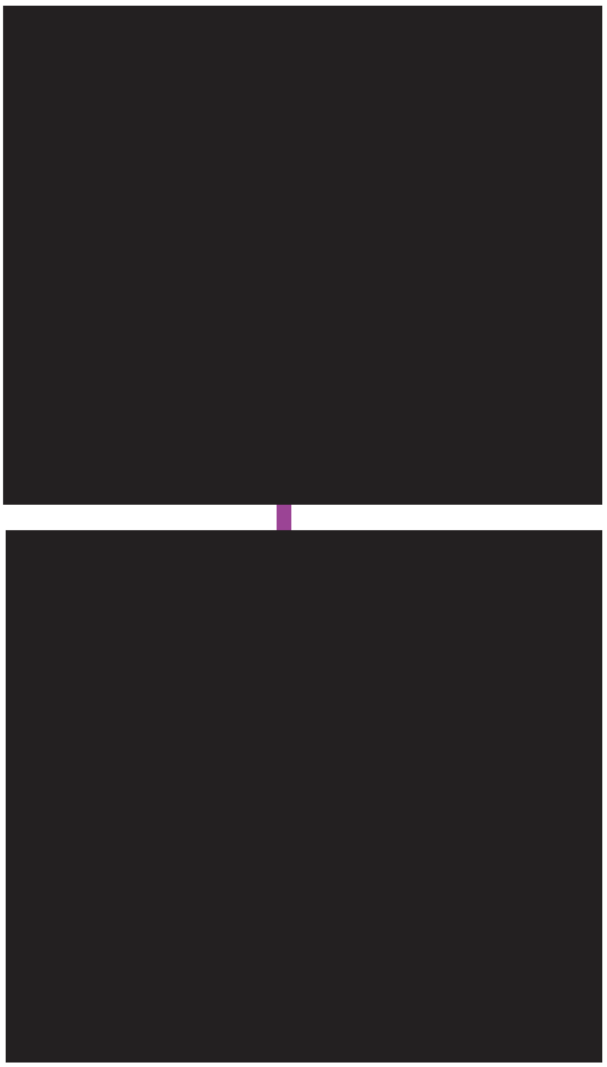
- Apply direct downward pressure with the support hand utilising patterns of movement and direct the subject to the prone position.
- Place support foot over and in front of the long portion and draw heel back to maintain control of the armlock.
- Position strong knee to provide additional stabilisation of the subject's side.

NOTE

Whilst applying any controlling techniques and an officer is unable to control or complete the technique, they should consider the option of Disengage / Escalate.

SUPPORT SIDE ARMLOCK

- Assume the one handed grip with the support hand.
- Insert the long portion between the subjects upper arm and body on the side opposite the officer's support side.
- Grasp the long end with strong hand (either palm in or out.)
- Place the grip portion on the subject's forearm, just above the wrist, use support thumb to firmly grip the subject's forearm / wrist.
- Create a lever action by pulling on the long portion with your strong hand, while rotating the grip portion up toward the (small of) subject's back using the support hand. This will place the subject's arm into the armlock.
- Once the subject's hand and forearm are fully behind his/her back, position your strong hand over the long portion.



NOTE

As previously mentioned with the Strong Side Armlock, officers can maintain control by applying downward pressure towards the long end.

TAKEDOWN AND GROUND PIN

- Apply direct downward pressure with the strong hand utilising patterns of movement and direct the subject to the prone position.
- Place the strong foot over and in front of the long portion and draw the heel back to maintain control of the armlock.
- Position the support knee to provide additional stabilisation at the subject's side.

CLOSED MODE ARMLOCKS

Closed mode armlocks can be considered where an officer has drawn the baton in preparation for conducting a defensive technique, but the situation has changed and consideration is being given for a controlling technique.

The officer could consider the use of an entangled armlock.

Strong Side Technique – The officer would insert their strong hand (holding baton) between the subjects upper arm and body and either apply direct pressure on the shoulder or from the bent elbow position (as per hammer lock and bar).

By applying pressure with the closed baton to the rear of the shoulder and rotator cuff area, the subject can be directed to the ground.

If the officer receives resistance, they can extend the Autolock Baton by taking hold of the Power Safety Tip and extend the baton. This will allow more leverage on the shoulder area to gain control.

Support Side Technique – This is similar to the strong side technique, except the officer will place the baton in their support hand and insert between the upper arm and body.

MODULE 9 SECTION 1

MODULE 9: INCAPACITANT SPRAY

MODULE 9

INCAPACITANT SPRAY

AIMS

To give students a broad theoretical understanding of CS incapacitant spray and instruct students on the correct procedures and techniques to adopt when deploying CS incapacitant spray in situations which may include a degree of unpredictability.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to provide students with a broad theoretical understanding of CS incapacitant spray and instruct students on the correct procedures and techniques to adopt when deploying CS incapacitant spray.

This will be achieved by being able to:

- Convey complex information to students regarding the technical theory of CS incapacitant spray
- Convey information to students on the aftercare procedures that should be delivered to a those affected by incapacitant spray
- Instruct students on all the techniques contained in the programme when deploying incapacitant spray

SECTION 1

- Instruct students who have been exposed to incapacitant spray to use handcuffing techniques.
- Evaluate, assess and deliver appropriate feedback to students regarding there performance on CS techniques and theory contained within the programme.

INTRODUCTION

Police officers within Scotland are issues with incapacitant spray as part of their personal protective equipment. There are two incapacitant sprays used by police forces namely CS and PAVA. The sprays may be used in self defence, to protect others and to effect the lawful arrest or detention of a person. The decision on when to draw and use incapacitant spray is made by the individual officer who will be required to justify their actions.

MODULE 9

SECTION 2

INCAPACITANT SPRAY THEORY

CS INCAPACITANT SPRAY

- CS is a white crystalline solid. The chemical name is 2-chlorobencylidene malononitrile, but it is commonly called CS from the initials of Corson and Stoughton who were the first people to synthesise it in 1928.
- CS itself is not flammable but some of the solvents which are used in CS aerosols are flammable. If avoidable, CS aerosols should not be used where there are naked flames.
- CS sprays should generally be used at distances of between 1 and 2 metres (3ft – 6ft) from the subject. At distances closer than 1 metre (3ft) there is a possibility that the stream of CS solution could exert sufficient 'hydraulic pressure' to damage the eye. At distances greater than 2 metres (6ft) accuracy is lost and the spray is less effective, particularly in windy weather conditions.
- CS sprays do not affect animals in the same way as people.

DELIVERY SYSTEM

- The irritant is dispersed from a handheld aerosol canister in a liquid stream which contains a 5% solution of CS in the solvent Methyl Isobutyl Ketone (MIBK). The propellant is Nitrogen.
- The delivery system is based on the design of the canister and degree of pressure. These will affect the amount of agent discharged and the range and degree of coverage.

Incapacitant sprays are generally dispersed by:

- A streamer spray, which is a narrow type of spray similar to a water pistol.
- A cone spray, which is designed to engulf the subject's face, affecting the eyes, nose, lips, mouth and respiratory system.
- Burst foggers, which are designed to deliver a large quantity of agent under high pressure.

The streamer has been selected at the present time for use by officers because:

- It can be directed accurately.
- It has a longer range.
- There is less risk of cross contamination.
- The spray is dispensed from a hand-held aerosol canister in a liquid stream, which has a maximum effective range of 2 metres (6ft). This stream can be directed with great accuracy.
- Where possible, officers should attempt to spray downwind. Spraying upwind (i.e. against the wind) may cause a blow-back which could affect officers or members of the public (cross contamination). It is advisable to shake the dispenser at the commencement of duty and if possible, prior to each use. Officers should note that if they use the spray operationally they are likely to detect a strong smell similar to acetone (or paint thinner). This is the solvent MIBK dispersing into the atmosphere.
- The spray should be aimed direct at the subject's face.

In Still Air

Officers should use 2 short bursts, with the recommended spraying distance being 1 to 2 metres (3 – 6 ft). This technique should be repeated if the first application is unsuccessful. If the desired effect is not then achieved, officers should consider other use of force options.

In Moving Air

Two longer bursts may be necessary. When facing more than one aggressor, officers should spray from side to side with a continuous burst.

NOTE

The spray is primarily intended for use against one individual and the canister is designed to deliver approximately 6 seconds worth of spray.

Once the officer has sprayed a subject they should move (preferably sideways). Following a short pause (10 – 20 seconds or more) they should then move to establish control.

POSSIBLE FAILURE OF CS INCAPACITANT

The use of an Incapacitant Spray should not be viewed as a panacea and will not work in all cases.

Studies from other countries show that Incapacitant Sprays do not always produce the desired effects.

Failures have been noted on three categories of subject:

- People with serious mental disorders.
- People under the influence of drink or drugs.
- People with a positive mental mind set/goal.

Officers must not rely on Incapacitant Sprays to the exclusion of other officer response options. There is evidence that some subjects become more aggressive following the use of an Incapacitant Spray. Under such circumstances officers may need to use defensive tactics, with or without batons, to establish control and handcuff the subject.

WHEN TO USE THE SPRAY

As with the use of any item of police officer safety equipment the user is responsible for their actions.

The Incapacitant Sprays are not a replacement for other use of force options, they are an addition. Only the user can decide when to utilise the spray.

Remember the user will have to justify their actions.

PHYSIOLOGICAL EFFECTS

A burst of Incapacitant Spray into the face will affect the eyes, the respiratory system and the skin. The effect may be instantaneous or delayed, or there may be no effect at all.

THE EYES

A spray into the face will cause dilation of the capillaries and instant closing of the eyes. Effects can range from severe twitching or spasmodic contraction of the eyelids to involuntary closing of the eyes. People with glasses or contact lenses will be equally affected. Following exposure, contact lenses should be removed by the subject or a doctor for faster recovery. Under no circumstances should an officer attempt to do this.

THE RESPIRATORY SYSTEM

If the spray is inhaled it produces either respiratory inflammation or irritation which, in turn produces uncontrollable coughing and shortness of breath. The inflammation of mucous membranes makes breathing through the nose difficult. Prior to aggressive behaviour a subject's breathing becomes more rapid and deeper than usual which can increase the effects of the spray.

THE SKIN

The spray causes severe discomfort or irritation to the face and the membranes inside the nose. Depending on the individual's complexion, skin colour may range from slight discoloration to bright red.

Other Common Reactions that may occur:

- Moving hands to face, dropping any items held.
- Legs become weak, may drop to knees.
- Upper torso bends forward.
- Impaired hearing, may not hear officer.
- Muscles tense, may not respond immediately to commands.

IMMUNITY

It is extremely unlikely that anyone can build immunity to Incapacitant Sprays; however with repeated exposure a subject may become less sensitive to CS.

AFTER EFFECTS

There is no evidence of lasting side effects or after effects.

What Aftercare is required?

Once an officer has established control through use of the Incapacitant Spray and the subject is correctly restrained, the following procedures should be followed:

- Give reassurance that the effects of the spray are temporary.
- Instruct the person to breathe normally. This will aid recovery and prevent hyperventilation.
- Remove the subject to an uncontaminated area where they can be exposed to cool, fresh air. This will permit the particles to be blown off the body.
- Exposure to cool, fresh air will normally result in recovery from significant symptoms within 15 minutes.
- Advise the person not to rub their eyes or face as this will worsen their condition.
- Discourage the person from applying water to the eyes. This may worsen the long-term recovery.
- If reactions persist beyond 15 minutes, the use of copious amounts of cool tap water may be used to flush remaining CS from the face. Irrigation of the eyes should not be undertaken except by a Police Surgeon or other specified trained medical personnel. Attempting to irrigate the eyes at an earlier stage when they are being forced closed by the effect of the spray would be futile. Under no circumstances should warm water be used.
- The use of so-called CS antidotes or neutralising agents has been examined and is not recommended. In some cases the use of these can prove harmful.
- If any adverse reactions are observed, immediate medial assistance should be obtained. It is essential that the subject's breathing is monitored. If the subject is having difficulty resuming normal breathing, the provision of medical assistance must be given precedence over conveying the subject to a Police Station. In such cases the subject must be taken directly to a hospital.
- Ensure that the restraint methods used and the position the person is placed in does not adversely affect breathing. Prisoners must not be left in or transported in a prone (face down) position. (Refer back to Positional Asphyxia.)
- The subject should be carefully monitored from the time of arrest, during transportation and whilst in custody until the effects of the incapacitant have worn off. This is especially important in monitoring the recovery of subjects who are obese or are known to be under the influence of drugs and/or alcohol.
- It is also important to pay particular attention to persons on whom the spray appears to be ineffective and those exhibiting bizarre/violent behaviour or experiencing breathing difficulties. (Refer back to Excited Delirium.)
- It is suggested that prisoners who have been exposed to CS Incapacitant Spray will be regarded as Special Risk prisoners and be monitored continually throughout their period in police custody in accordance with instructions, i.e. 15 minute checks. These checks must be recorded on the Visit to Prisoners Sheet (Refer to Force Policy regarding this matter.)
- It is suggested that all persons exposed to CS Incapacitant Spray must be examined/ observed by a Police Surgeon even if that person has indicated that he/she does not want to be examined (refer to Force Policy regarding this matter.)

- Inform the Control Room at an early stage after the use of an Incapacitant Spray. This will permit arrangements to be made for medical examination of persons who have been sprayed. Individuals who have been sprayed will be examined by a Police Surgeon on arrival at a Police Station. If officers suffer contamination they should also be examined by a Police Surgeon.
- Ask anyone who has been sprayed if they wear contact lenses. Persons wearing contact lenses may experience greater discomfort. They should be permitted to remove their lenses at the earliest opportunity. On no account should a Police Officer attempt to remove contact lenses from another person. This should only be done by the individual, or a medical practitioner.
- Exposure to Incapacitant Spray, in common with other substances, may cause damage to certain types of lenses and individuals who experience problems with their lenses after normal cleaning and should consult an optician.
- If the person requests it, or if the symptoms persist, additional medical attention should be provided. This may include the recall of a medical practitioner or on the advice of the doctor the conveyance of the subject to hospital.
- Until a full recovery has been made from the effects of the spray, the subject should be supervised in accordance with the guidelines for persons under the influence of drink or drugs.
- Reports should be written if any medical complications occur.
- It is good practice to remove contaminated clothing to prevent recurrence of CS effects. Arrangements should be made for replacement clothing or paper suits to be issued.

GUIDELINES ON USE

Only those officers trained and certified in the use of CS Incapacitant Spray will be authorised to carry or use the spray.

The CS Incapacitant Spray may be used as a response option in circumstances where an officer perceives there is a significant threat of harm or violence and the use of the spray is proportional to that threat.

Its use may be appropriate when lower levels of force have been ineffective, or the officer considers lower levels of force would be inadequate (**preclusion**).

Such use of an incapacitant must be reported on the relevant use of force report form and must include follow-up and monitoring procedures.

Before officers can understand where the use of an Incapacitant Spray fits into their options they must have an understanding of the Confrontational Continuum.

The use of an Incapacitant Spray may be appropriate against:

- Those offering a level of resistance which cannot be appropriately dealt with through lower levels of force.
- Violent offenders, other than those armed with firearms or similar remote injury weapons, where failure to induce 'immediate' incapacitation would increase the risks to all present.

PROCEDURAL ISSUES

All officers must refer to their individual Force policies on such matters.

Initial Training

Initial training in the use of CS Incapacitant Spray will, upon successful completion of the course, give authorisation to use CS Spray. Authorisation Cards will be issued to each officer by their Force.

Training re-certification will be required and will be co-ordinated by the respective Force.

Issue and Return

Every canister of CS Spray has a unique number and will be issued to individual officers against production of their Authorisation Card and signature in the Daily Control Log.

Following issue, that canister of CS Spray will be the responsibility of the individual officer, who will ensure that it remains functional and secure at all times.

CS Incapacitant Spray canisters will not be exchanged among officers.

The issue and return of CS canisters will be strictly managed and recorded. Supervisors and/or Senior Constables (nominated by the Supervisor) will be responsible for ensuring that there is strict control on the upkeep of records.

CS Incapacitant Spray is classed as a prohibited firearm under Section 5 (l) (c) of the Firearms Act, 1968, as such any discharge, loss or abuse of a spray will be scrutinised very closely. As CS Spray is classified as a prohibited firearm, **under no circumstances** will officers possess CS whilst off duty. Canisters **must** be returned to an approved cabinet prior to any officer terminating duty.

All authorised officers whilst on duty must at all times carry their CS Incapacitant Spray Authorisation Card.

Court Attendance

Officers attending Court in their capacity as a witness should refer to their Force Procedures in relation to the carrying of CS Incapacitant Spray within Court.

Prisoner Escort

Officers may carry CS Incapacitant Spray whilst escorting prisoners to or from prisons or when attending at a prison for any other reason. On arrival at any prison, police officers should immediately notify prison staff that they are in possession of CS Incapacitant Spray in order that appropriate arrangements can be made for the secure storage of the spray.

Agreement has been reached with the Scottish Prison Service to put into place arrangements for the reception at prisons of officers in possession of CS Spray.

Prison staff will not handle CS Sprays.

No CS Spray will be carried within the confines of the prison.

The CS Spray will be returned/uplifted by the police officers on their subsequent visit to the vehicle lock, prior to exit.

Cell Areas

Careful consideration should be given by officers to the use of CS Spray within cell areas. It must be recognised that CS Incapacitant Spray is a defensive option as opposed to offensive item of equipment and unless a significant or direct threat of harm is being posed to an officer(s) the use of alternative means of control may be more appropriate.

If it is considered necessary to resort to the use of CS Spray within cell areas, a risk assessment must be undertaken; officers must take into account such factors as the known medical history of the person who is to be subjected to CS, and the potential effects on other prisoners and staff. Use in cell areas is only to be considered as a last resort measure.

If CS Spray is used within cell areas, supervisors will arrange the decontamination of the prisoner sprayed, the subsequent ventilation of the cell area and instruct a check to be conducted to ascertain if any other prisoner has been affected by the discharge of CS.

The circumstances surrounding any discharge of CS Spray within a cell area will be subject to thorough investigation.

Crowded Areas

[redacted]

Confined Areas/Domestic Premises

[redacted]

Football Matches

[redacted]

Training Courses

Officers will not carry CS Incapacitant Spray when attending any training course whether In-Force or externally.

Aircraft (Prisoner Escort)

[redacted]

Other Modes of Transport

[redacted]

Procedures following use

When CS Spray has been used and the subject(s) has been restrained, priority must be given to Aftercare as previously outlined. This is of the utmost importance not only for those whom the use of Spray was intended but for all that have been affected, including police officers. Close monitoring of those exposed to the spray must be monitored for any adverse/excessive reaction and the appropriate action taken.

Special Risk

All persons arrested or detained who have been sprayed with CS will be regarded as Special Risk Prisoners and the Notification of Special Risk Form will be completed. In the event of such a subject being taken to prison, the Special Risk Form will accompany the subject, notwithstanding the fact that he/she may no longer be displaying any obvious effect of exposure. This is to alert staff at the prison to the fact that a subject has been sprayed and there may still be some slight chance of cross contamination from him/her or any property or clothing that the prison staff may be required to handle. It also confirms any allegation made to prison staff that the subject has been sprayed, and will ensure appropriate treatment/decontamination should cross-contamination occur.

Appropriate Place for Custody/Detention

All arrested or detained persons who have been sprayed with CS will only be taken to Police Stations where there is 24 hour cover. This is to ensure that there are sufficient resources to conduct the checks required for a Special Risk Prisoner.

Police Surgeon

Custody Officers have been trained to assess and deal with a person who has been sprayed with CS. A Police Surgeon may be contacted to examine/observe that person. Some Forces require the Police Surgeon to be contacted at all times when a person has been sprayed with CS.

Notification and Transportation

When CS Incapacitant Spray has been used, Control must be notified as soon as possible in order that appropriate transport can be arranged and that officers and support staff employed to deal with custodies are forewarned.

Unless there are exceptional circumstances, custodies/detainees will only be transported in general purpose vans and at all times be accompanied by at least one other officer, in addition to the driver. Under no circumstances will the driver convey a sprayed person whilst unaccompanied.

The use of vans will ensure easier and quicker decontamination than in the close confines of a car. The material constructions of seats in a car also discourage decontamination.

Early notification will ensure that there is sufficient time for Supervisors/Control Room Staff to notify a Police Surgeon and to ensure that appropriate measures are in place for the reception of the subject.

Cross Contamination - Control Measures

Where subjects are brought to a Police Station they should be fully decontaminated before entering. If the clothing worn by the subject is contaminated they should be provided with a paper suit and their contaminated clothing sealed in polythene bags to prevent any further risk of cross contamination.

CS Incapacitant Spray Canisters

Once a CS Incapacitant Spray has been used, even partially, it will be weighed, withdrawn from use and replaced, even if it has not been fully emptied.

Any used or damaged canisters will be sealed as per Force Instructions.

Only officers authorised in the use of CS Spray will be permitted to transfer canisters between Police Stations. This also includes the transport of CS Canisters that have been temporarily lodged at a station being returned to the issuing station.

Under no circumstances will CS canisters be transferred by means of internal mail.

Canisters discharged during the apprehension/ detention of any person will be retained temporarily for a suitable period pending any possible complaint being received regarding the use of CS. After a suitable period these will be sent for destruction in the normal manner.

Storage

CS Incapacitant Spray contains the solvent MIBK, which is flammable. It is essential therefore that every care be taken to ensure that the spray is not used on or near naked flames. This also requires care to be taken over the storage of CS canisters when not being carried.

The area used for the storage of CS Sprays must be clearly marked. Containers should be stored in dry, well ventilated areas and should not be exposed to direct light or any open flame. Storage areas must be kept away from public view.

Smoking is already prohibited in police offices and vehicles. Officers are advised not to smoke or to carry lit smoking materials when carrying CS Incapacitant Spray.

Each officer will have responsibility for the security of their issued spray and when not in use, the sprays will be retained in the secure cabinets from which they were issued. This cabinet will remain locked at all times.

Decontamination of Affected Areas

In general, CS Incapacitant Spray should not be used in closed or confined spaces, but in the interests of officer safety, such use cannot be discounted where it can be justified.

Should CS Incapacitant Spray be discharged in buildings, shops or other premises, the owners/occupants must be advised of the decontamination process as follows:

- A well ventilated room will normally clear of CS within 45 minutes. To enhance decontamination, windows and doors should be left open during this period.
- Contaminated surfaces should be washed with detergent or hot soapy water and then thoroughly rinsed to remove CS residue (it is advisable that rubber gloves be worn during the procedure).

- Contaminated clothing should be aired on a washing line, allowing any remaining CS particles to be blown off. The clothing should then be thoroughly washed, separately from other items, before being worn again.
- If the effects have not dissipated within one hour, owners/occupants should be advised to seek further advice from the police. Notice to owner/occupier of premises where CS spray has been used must be left at the locus.
- In shop premises, if it is suspected that any product or other article has been contaminated, it is advised that the produce be removed from display and shop policy referred to, regarding cleaning/destruction of contaminated goods. Generally foodstuffs, unless sealed in packaging, should be destroyed.

The times given above should be considered as minimum times. Many factors can influence rates of decontamination.

PAVA INCAPCITANT SPRAY

On 9th November 2004 the Home Office agreed to support the use of PAVA (Synthetic pepper) as an incapacitant spray.

PAVA contains Nonivamide (Pelargonic Acid Vanillylamide) this is a synthetic equivalent of capsaicin, the active ingredient in natural pepper sprays.

Nonivamide has been used for a number of years in the pharmaceuticals industry where it has been used within pain relieving balms, and as a flavouring additive in foodstuffs available in the UK and Europe.

PAVA Incapacitant spray should generally be used at distances of between one and two metres (3-6 feet) from the individual.

At distances closer than one metre, there is a possibility that the stream of incapacitant solution could cause damage to the eye; however, circumstances may dictate such use and may need to be justified. At distances greater than two metres, accuracy may be lost and the spray may be less effective, particularly in windy weather conditions.

Whereas CS should be aimed directly towards the subject's face, the target area for PAVA is the subject's eyes.

Although CS may not affect animals such as dogs in the same way as it does people, PAVA may be effective on aggressive dogs.

Incapacitant Sprays - Section 5 Firearms.

An Incapacitant Spray has been defined as a firearm (also referred to as a 'prohibited weapon') by the Home Secretary, under Section 5(i)(b) of the Firearms Act 1968.

Physiological effect of PAVA

When an individual is exposed to PAVA in most cases, the affect will be any or all of three areas:

- The eyes
- The respiratory system (if inhaled)
- The skin

A spray into the eyes will cause dilation of the capillaries and instant closing of the eyes. Effects can range from severe twitching or spasmodic contraction of the eyelids to involuntary closing of the eyes, an eye shut reflex.

The individual will feel a burning sensation; (this is not actual burning) the chemical is causing the body sensors to respond in a similar way. People wearing contact lenses or glasses will be equally affected if the spray contacts the eyes in any way.

If the spray is inhaled it produces immediate respiratory inflammation, which in turn produces uncontrollable coughing as a protective measure, and sometimes shortness of breath. The inflammation of mucous membranes produces difficulty in breathing through the nose.

PAVA has been medically tested to its full dose on both healthy and asthmatic subjects with no adverse effects. The face will feel very hot, as will the inside of the nose and mouth if they have been in contact with the spray.

The individual's lips and eyelids may become slightly swollen. Depending on the individual's complexion, skin colour may range from slight discoloration to bright red. Normal skin colour should return within 30-45 minutes of spraying, however this may vary from person to person

The effects may be instantaneous or delayed for anything up to 5 minutes. The extent of these symptoms will depend on the amount of PAVA sprayed, the delivery system and the range it is used at, and may vary between different individuals.

Other common reactions

As well as causing the aforementioned effects, the following sympathetic symptoms may also occur, including: -

- Hands move to the face
- Legs become weak, may drop to knees/ Involuntary leg tremors
- Upper body bends forward
- Whole body shakes
- Impaired hearing, 'auditory exclusion'
- Impaired thinking, 'cognitive dissonance'
- Muscles tense
- Rocking from foot to foot (balance)
- Panic attacks due to the pain and all that can go with them such as a belief that they cannot breathe etc.

Individual's can find the experience of being exposed to PAVA very painful. This can lead to high stress, anxiety, panic or aggression. This combined with the experience of being temporarily blind for a longer period of time than they have ever experienced before, can lead to disorientation and a slight feeling of nausea.

What aftercare is required?

Immediately after spraying the individual should be advised to allow their eyes to remain closed for as long as necessary, and not to rub their eyes or face as this will only aggravate the effects. The immediate application of water or saline to the effected area increases the burning sensation.

Standing the individual facing cool moving air such as from a fan or a breeze is most soothing.

Experience has shown that the earlier an individual forces themselves to open their eyes and natural, unimpeded tearing takes place, the quicker their recovery.

If effective tearing takes place, recovery from the significant symptoms of exposure i.e. eyes opening, should take place within 20 minutes.

Trying to open the eyes is very uncomfortable but increases visual recovery rapidly. If discomfort to the eyes and face persists beyond this period ideally, cool, running water should be used to flush the remaining spray from the eyes and face.

Experience has shown that flushing with water is soothing but this does sometimes prolong the recovery time of the subject. However, as the

eyes will recover of their own accord in around 20 - 35 minutes after initial exposure, it may not be possible or necessary to provide irrigation immediately after exposure.

Exposed individuals should be allowed to bathe their face and eyes if they so wish. Under no circumstances should warm water be used.

The individual's breathing should be monitored. If the individual has difficulty in breathing then medical attention should be sought, and must be given precedence over conveying to the police station.

Ensure that the control methods used and the position the individual is placed in does not adversely affect their breathing. Individual's must not be left in or transported in a prone (face down) position.

The individual should be carefully monitored throughout the policing process, until the effect of PAVA has worn off. This is particularly important in monitoring the recovery of individual's who are obese, or are known to be under the influence of drink and or drugs. It is important to pay particular attention to individual's on whom the spray appears to be ineffective and those exhibiting bizarre and or violent behaviour, or those experiencing breathing difficulties.

Individuals who have been sprayed should be asked if they wear contact lenses. People wearing contact lenses may experience greater discomfort. They should be allowed to remove their lenses at the earliest opportunity.

Exposure to PAVA, in common with other substances, may cause damage to certain types of lens and individuals who experience problems with their lenses after normal cleaning should consult an optician.

Only the individual or a medical practitioner should remove contact lenses. Exposure to incapacitant sprays may cause damage to certain types of lenses, and individual who experience problems after normal cleaning should consult an optician.

PAVA may saturate the subject's hair or clothes, simple washing or showering with copious amounts soap and water will remove all residues.

Throughout the treatment it is helpful to reassure the individual that they will recover.

Until a full recovery has been made from the effects of the spray, the individual should be supervised in accordance with the guidelines for subjects under the influence of drink and drugs.

There is always a chance that a person could have a hypersensitive reaction to Nonivamide. Although such reactions are extremely rare they include symptoms such as:

- Swelling of the face
- Localized skin reactions - tingling, rashes, pain or blistering.

If any of these symptoms occur medical attention should be sought as soon as possible.

How do you report the incident?

Each force may issue its own policy on reporting use of force. Officers should refer to their own force's policy.

Incapacitant Information

The following information provides examples of the information, and as a guideline, that should be provided to an individual.

Information for individuals sprayed with PAVA

They are told that have been sprayed with:

NONIVAMIDE - (PAVA) at a concentration of 0.3% in a 50/50 solvent of Ethanol and Water with a Nitrogen propellant.

This may have the following effects:

This will cause discomfort to the eyes and a burning sensation to the skin. If you have swallowed any you should not experience any internal discomfort at all although your mouth will feel as though you have eaten very spicy food such as curry.

Most symptoms will subside of their own accord within 35 minutes of being exposed. It may cause your skin to go red and feel hot and remain so for up to 1 hour, when normal colour will start to return.

This is normal as Nonivamide stimulates blood circulation giving similar effects to the use of muscle pain relief cream.

If the symptoms continue, then washing / bathing the face and eyes in cool, clean running water should bring rapid relief. If PAVA has got into the eyebrows, hair or beard it is possible that it could re-activate the first time that it comes into contact with water. For example; taking a shower the next day. The effect will not be as strong and can be avoided by keeping the eyes tightly closed and washing and rinsing the area thoroughly.

If symptoms persist you should consult your doctor.

PAVA may cause damage to certain types of contact lens. If you have problems with your lenses, you should consult an optician.

Ethanol and Water mix: This is a 50 \ 50 mixture. There should be no other reactions to your skin as a result of this solvent. If you are concerned for any reason you should consult your doctor.

MODULE 9

SECTION 3

DRAWS AND CARRY POSITIONS

HIGH-LINE CARRY

- Adopt correct stance, unclip the CS holder and bring out the CS canister with the strong hand.
- Shake the canister to mix up the solution and raise the canister up to shoulder level, just forward of the face with the nozzle facing towards the subject.
- Keep the support arm up in the defensive position throughout.
- The distance between the spray and your support hand will provide the minimum safe spraying distance of 1 metre (or 3 ft) between the officer and the subject.
- Drawing the CS canister should be practiced without looking down at the holder as it is essential not to take the eyes off the subject.
- Use appropriate tactical communications e.g. "Get back or you will be sprayed".
- When the technique of drawing has been practiced, the canister should be stowed away in the holder, again without looking down at the holder.

DRILL

Pair up participants, one acting as the officer and one acting as the assailant and have them practice the technique whilst under the pressure of an approaching subject. Have the participants change over and practice until competent.

LOW PROFILE CARRY

This carry position is intended for imprecise situations or a cautious approach to an unknown risk.

- Adopt correct stance and draw the canister with the strong hand. Place the canister behind your back, just below waist line. Keep the spray horizontal, not pointing downwards – and be ready to adopt the high-line carry if necessary.
- Remain in the basic stance throughout.
- Once the canister has been drawn, the participant must then put the canister away in the holder, again without looking down.

MODULE 9

SECTION 4

SPRAYING TECHNIQUES – ONE OFFICER

SINGLE AGGRESSOR - DON'T SPRAY

- Adopt correct stance and draw the CS canister into the high-line carry position.
- Keep the support arm up in the defensive position throughout.
- Instruct all participants to use loud and clear tactical communications e.g. **"Stop where you are or you will be sprayed".**
- When all points have been achieved the drill ends with the assailant becoming compliant.

DRILL

Have participants pair up and stand facing each other. Have one participant act as the officer and the other acting as the assailant. The assailant will advance, at which point the officer will draw the CS canister into the high-line carry position giving loud and clear tactical communications. At this point the assailant will become compliant.

The aim is to draw the CS before the assailant reaches them (the distance can be reduced between assailant and officer after each practice).

Have the participants change over and practice until competent.

SINGLE AGGRESSOR - SPRAY

- Adopt correct stance and draw the CS canister into the high-line carry position.
- Keep the support arm up in the defensive position throughout.
- The officer should use tactical communication e.g. **"Stop where you are or you will be sprayed".**
- The assailant will not comply and continue to be aggressive, the officer will deploy the CS, aiming directly at the assailant's face in 2 short bursts.
- The officer must tactically move off to the side, gain control and start aftercare procedures.
- Due to the uncertainty around the time CS takes to affect an individual, it is wise to consider drawing the baton whilst maintaining distance from the assailant until it is deemed safe to approach.

AFTERCARE ADVICE TO ASSAILANT:

- You've been sprayed with CS.
- Don't rub your eyes.
- The effects are only temporary.
- Face into the wind.
- Keep blinking.
- Breathe normally.
- After deployment, the participants should secure the CS away in the holder (or in a pocket), handcuff the individual once compliance has been gained and deliver basic aftercare instructions.

DRILL

Have participants pair up and stand facing each other. Have one participant act as the officer and the other acting as the assailant. The assailant will advance, at which point the officer will draw the CS canister into the high-line carry position, giving loud and clear tactical communications.

The officer will deploy the CS in 2 short bursts directly into the face. The officer should immediately move out of the direct line of the assailant and consider drawing the baton. Using loud and clear instructions to gain control, the officer should move in when safe to do so, handcuff the assailant and deliver aftercare.

Have the participants change over and practice until competent.

FEND OFF - SPRAY

- Adopt correct stance and use loud and clear tactical communications **"GET BACK!"**
- The officer should be well balanced when performing the fend off and should be quick in creating additional space through tactical movement.
- The CS should be drawn quickly and deployed as per the previous section.

DRILL

Have participants pair up and stand facing each other. Have one participant act as the officer and the other acting as the assailant.

The assailant will break the officers reaction gap, whereupon the officer will use loud and clear tactical communications **"GET BACK"** and perform a double palm fend off to the centre mass of the body to create distance.

This should allow time and distance for the officer to draw the CS into the high-line carry position prior to spraying. The assailant will continue coming toward the officer in an aggressive manner at which point the officer should deploy the CS as indicated previously.

Have the participants change over and practice until competent.

MULTIPLE AGGRESSORS

- The instructor should explain the 'punch out' technique that will be adopted prior to spraying.
- This involves moving the strong hand from being tucked into the shoulder (the high-line carry) to extending the arm straight out in front.
- Subsequent spraying should be in one continuous burst aimed at face level.
- The spray should be swept from side to side in a controlled manner, aiming to make contact with each individual on 2 occasions (if possible).
- It should be noted that due to the numbers involved, containment of the situation will likely be the best an individual officer can achieve, so aftercare instructions should be delivered from a tactically secure location.
- Officers should be made aware that there is a possibility of self contamination should the spray strike the support arm/hand. To prevent this, the support arm should be lowered whilst spraying.

DRILL

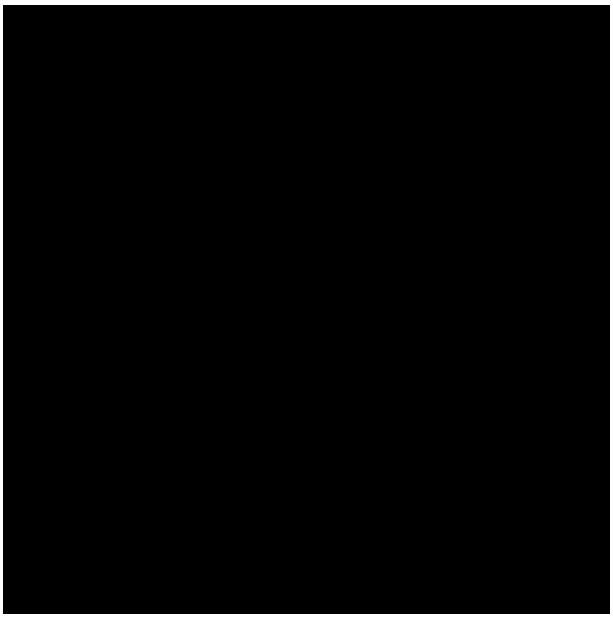
Organise the group into sub-groups of 4-10 participants. At any given time, one student will be the deploying officer, whilst the rest (or a stated number) will act as the assailants. It is important that all participants are fully briefed prior to every drill as a disciplined approach to the technique is imperative.

The assailants will approach the officer in an aggressive manor at which point the officer should demonstrate the deployment of CS as indicated above, followed by the delivery of appropriate aftercare instructions when it is deemed tactically safe to do so.

OFFICER GROUNDED

One of the greatest risks of injury during training or whilst engaged in a violent conflict operationally is the risk of falling. Firstly, landing as safely as possible is important in injury prevention. Injuries to hands, wrists, head, neck and areas of the torso such as the collarbone and ribcage are all likely injury risks if the officer cannot control their fall.

- Ensure the officer falls to the ground using the correct 'Ground Defence' technique shown in the empty hands section.
- Participants should practice deploying the CS both from the holder and from the extended position (extending the spray away from the body).
- Ensure participants are prepared to use thrust kicks as defensive option to create time and distance.
- Use loud tactical communications – **"GET BACK!"** and get back onto your feet as quickly and safely as possible. If possible, do not turn your back on the assailant as you do this.



DRILL

Have one participant acting as the officer and their partner as the assailant, holding a pad. Standing opposite one another have the officer fall (practice falling both forwards and backwards). The pad holder should immediately close in on the officer. The officer must draw the CS (or ready it for spraying from the holder) and aim directly for the face in two short bursts. Once the CS has been deployed, officers should get to their feet quickly and safely, gain control and commence aftercare.

If required the officer can perform thrust kicks against the assailant to try and create distance.

Have the participants also extend this practice to finishing with the officer handcuffing the assailant.

Have the participants change over and practice until competent.

SPRAYING TECHNIQUES – TWO OFFICERS

TWO OFFICERS – DISENGAGE AND SHIELD

This technique is designed to allow an officer to consider the deployment of CS where there is risk of cross contamination to the contact officer:

DRILL

This technique requires 3 participants working together, two participants taking the role of the officers and one being the assailant. The instructor must explain in detail the technique and ensure that all the participants' roles are identified.

The contact officer should take hold of the assailant, at which point the assailant will try and resist. On this occurrence the covering officer will then draw their CS and prior to deploying shout loudly and clearly "SPRAY!"

Have the participants' practice both disengage and shield techniques.

MODULE 10 SECTION 1

MODULE 10: CORDONS

MODULE 10

CORDONS

SECTION 1: INTRODUCTION

SECTION 2: CORDON TYPES

AIMS

Provide students with and awareness of cordons by instructing students on the core theories, principles and concepts of using cordons.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to provide students with an awareness of cordons by instructing students on the core theories, principles and concepts of using cordons.

This will be achieved by being able to:

- Explain to students about the various types of cordons available and why they are used.
- Instruct students to recognise the words of command used to indicate which type of cordon to form
- Instruct students on how to form the various types of cordons
- Evaluate, assess and deliver appropriate feedback to students regarding there knowledge of cordons and ability to use cordons contained within the programme

SECTION 1

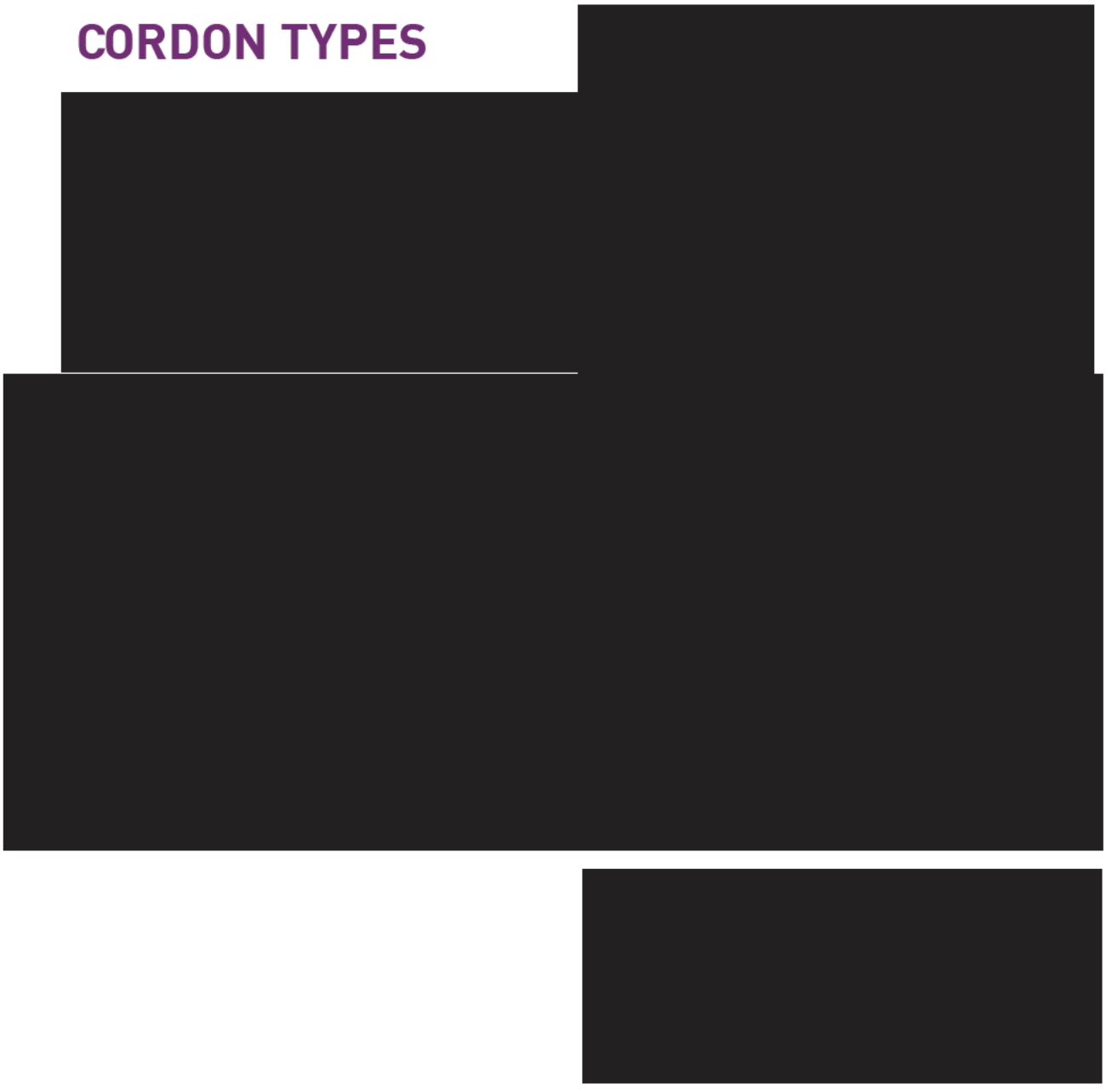
INTRODUCTION

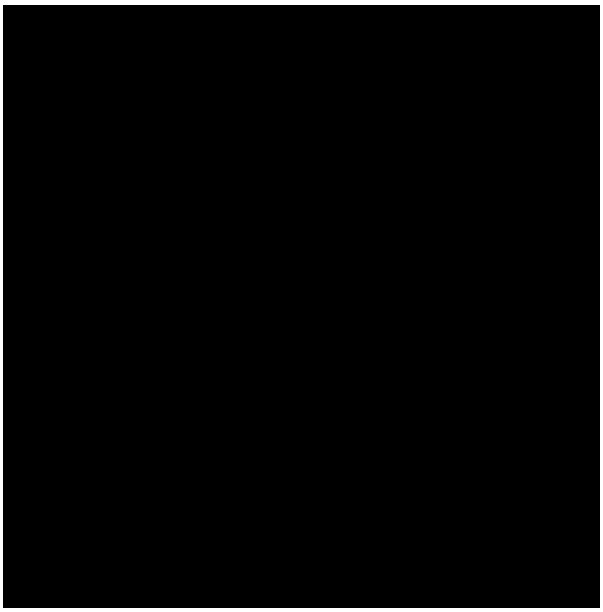
Cordons are used to create a human barrier, which gives the Officer in Charge the ability to control the passage of persons or vehicles. This can range from completely prohibiting movement to selectively allowing passage through the cordon.

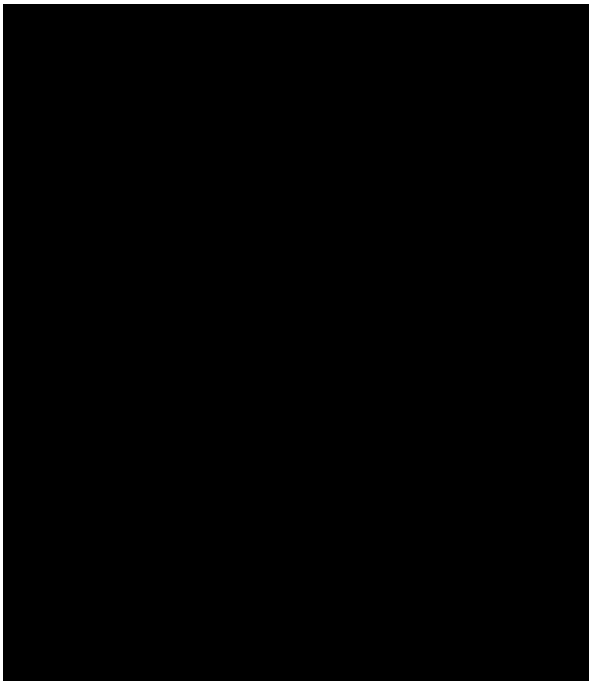
MODULE 10

SECTION 2

CORDON TYPES







SHIELDS

MODULE 10

SHIELDS

SECTION 1: INTRODUCTION

SECTION 2: SHIELD AWARENESS

AIMS

Provide students with an awareness of shields by instructing students on the various techniques, theories, principles and concepts when using shields at a potential public order incident.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to provide students with an awareness of shields by instructing students on the various techniques, theories, principles and concepts when using shields at a potential public order incident.

This will be achieved by being able to:

- Explain and instruct students on the correct procedures when carrying shields
- Explain and instruct students how to use shields
- Convey to students how shields are stored and maintained

SECTION 3

INTRODUCTION

Shields are used to create a physical barrier, which affords the officer in possession a degree of protection.

They are generally used by Public Order officers, however are usually available for other officers as a short term solution until fully trained public Order officers are available.

MODULE 11

SECTION 4

SHIELD AWARENESS

[redacted]TECTED[redacted]

[redacted]

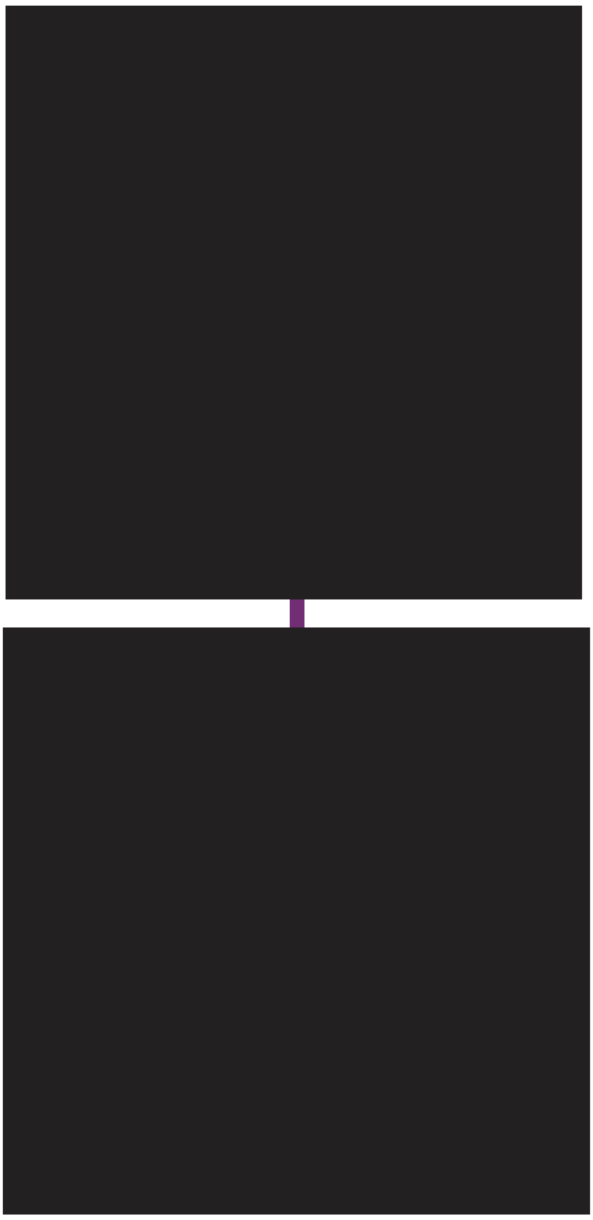
[redacted]

CARRY POSITION

[redacted]

FEND OFF

[redacted]



LINKING SHIELDS

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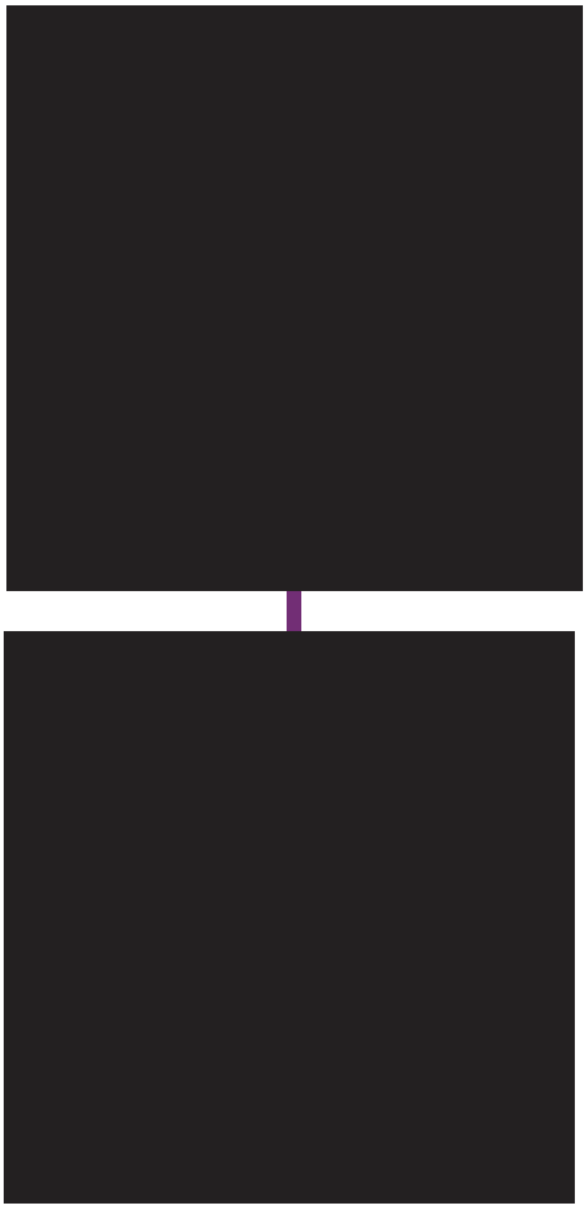

STORAGE AND CARE OF SHIELD

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MODULE 10 SECTION 5

TACTICAL REPORT WRITING

MODULE 10

TACTICAL REPORT WRITING

SECTION 1: INTRODUCTION

SECTION 2: GUIDELINES

AIM

Provide students with a broad knowledge and awareness of tactical report writing and will be able to convey what is required in respect of tactical report writing.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to provide students with a broad knowledge and awareness of tactical report writing and will be able to convey what is required in respect of tactical report writing.

This will be achieved by being able to:

- Instruct students on what information is required when submitting use of force forms and standard prosecution reports.
- Outline to students how to prepare and present information relevant to OST for justification purposes that is required in a court of law or by other legitimate bodies.
- Evaluate, assess and deliver appropriate feedback to students regarding there knowledge of tactical report writing.

SECTION 5

INTRODUCTION

The use of any force option must be justified and as such is required to be recorded. This module has been designed to provide guidance in relation to tactical report writing, focussing on the information that should be contained in standard prosecution reports and use of force reports.

MODULE 10

SECTION 6

GUIDELINES

GENERAL

This section offers guidelines on documenting use of force but students should be advised to refer to their own Force policy.

When police officers apply physical force to a person, the method used must work twice i.e. it must work tactically on the street and again legally in court. The quality of the police account of events is of critical importance. The court must be shown that a police officer's decision on what level of force to use was tactical rather than based on anger or fear. To do this the court needs a logical framework for judgement which the judges and jurors alike can understand.

The full recording of your observations and actions cannot be overstated.

Your recollection of the incident will be central to the disposal of the incident and you may have to justify your reasoning, action taken and amount of force used.

USE OF FORCE REPORTING

After an arrest you will write your report in chronological order, which provides evidence to justify the arrest and the charges libelled. Details of force used are usually contained within the narrative next to the details of the suspect's behaviour.

STANDARD OF PROOF

Ideally, the section of any report dealing with the use of force should be capable of standing alone in its own right. This is because, years after the case has been disposed of, the use of force alone could be the subject of enquiry (or even legal action) long after the rights and wrongs of the original offence have been forgotten.

CASE NOTES

The material needed for a report can be described under four headings:

- Facts About the Officer and the Suspect;
- The Level of Resistance Offered by the Suspect;
- Special Circumstances; **all of which lead to**
- The Level of Force Used.

FACTS ABOUT THE OFFICER AND THE SUSPECT

The Procurators Fiscal Department will not realise that the officer is 5' 8" tall and 11 stones, and that he/she dealt with a 6' 4", 16 stone weight lifter unless told. This means including in evidence a comparison of the officers age, sex, height and weight with those of the suspect (or what is estimated to be the suspect's age, sex, height and weight at the time).

LEVELS OF RESISTANCE

The resistance which a person offers can be expressed on a sliding scale from low to high. The levels of resistance below show how a relatively passive suspect can still exert some force on a police officer and try to take the initiative. If this is successful then instead of controlling the suspect, the officer is merely responding to them:

1. **Compliance**
   Most of the people we deal with are reasonable and will comply with any lawful instruction we give. This compliance may be verbal, "Yes officer!" or it may be active compliance such as stopping when told or showing the contents of their hands.
2. **Verbal resistance**
   Ranges from a polite refusal to shouting.
3. **Passive resistance**
   Stands still and will not do as they are told.
4. **Active resistance**
   Walks off, pulls away, runs.
5. **Assaultive resistance**
   Pushing, fighting, kicking, etc.
6. **Serious / Aggravated resistance**
   Produces or picks up any kind of weapon

Note that picking up or holding a weapon is ranked as more forceful than fighting with empty hands. If someone has a weapon of any sort the only safe option is to assume that they are willing to use it. Treating it merely as a 'frightener' is asking for trouble.

SPECIAL CIRCUMSTANCES

The smartly dressed individual sitting in the dock at court is rarely recognisable as the frenzied person who almost broke away from six police officers a year ago. Details needed here include the suspect's exceptional aggression, their proximity to a weapon or to bystanders who may help them, and anything else the officer can think of. If the officers were put in fear or doubted their ability to defend themselves adequately then this should be clearly stated.

LEVEL OF FORCE

Which point on the Force continuum did the officer's actions merit? The three paragraphs above should bring an officer logically to this point. In court the use of Force Continuum can be quoted and an officer can point out where the procedure used ranks in intensity relative to others. This system should enable officers to stand up in any court and explain why, based on their training and experience, they considered the option they chose to be the minimum force that could be used.

Officers can explain why they chose that level of force and why other less forceful options would not have worked, or did not work in that situation. This is especially useful when an officer has had to use force on someone smaller because it explains the reason why in a logical way.

TACTICAL EVIDENCE RECORDING

The areas to consider and include in evidence are:

Arrival at the scene

- Officers in uniform or plain clothes, pronouncement of office.
- Marked or unmarked police vehicle or on foot
- Numbers of officers involved

Approach

- Initial observations,
- Initial perceptions,
- Initial verbal commands/tactical commands.

Subject Action

- All impact factors, include all details as per use of force accountability graph.
- Response to commands, document officer commands and subjects
- Response.
- Resistance offered, detail subjects resistance (profiled offender behaviour).

Officers Actions

- Detail all control methods, including those that were unsuccessful, reasonable officer responses.
- Document injuries to subject and officers.
- Detail de-escalation techniques/dialogue.
- Document handcuffing procedure.
- Where an incapacitant is used it is extremely important to document follow-up procedure and aftercare, as this has been a source of complaint and litigation.

Other Information

- As resistance can also be encountered during transportation, both the time taken and mode of transport should be documented.
- The report should also give details of any medical complications after spraying, regardless of whether there is evidence of a direct link of the use of CS.
- If transported to a hospital, the hospital details should also be shown.

MODULE 10 SECTION 7

WATER SAFETY

MODULE 10

WATER SAFETY

AIMS

Provide students with the knowledge and understanding of water safety and convey to students an awareness of the dangers of water safety, use of appropriate equipment and understanding of ice rescues.

LEARNING OUTCOMES

Upon completion of this module candidates will be able to provide students with the knowledge and understanding of water safety and convey to students an awareness of the dangers of water safety, use of appropriate equipment and understanding of ice rescues.

This will be achieved by being able to:

- Explain to students about the inherent dangers posed to rescuers when dealing with water safety incidents
- Explain to students how to use a water safety lifejacket
- Instruct students how to use a throw line
- Explain to students what to do when attending an ice rescue
- Evaluate, assess and deliver appropriate feedback to students regarding there knowledge and skills in relation to water safety

SECTION 7

INTRODUCTION

Scottish Police Forces are committed to providing a high quality of service to the public and one of the key aspects is the preservation of life. Scottish Police Forces are also committed to ensuring the safety of its personnel is not put at unnecessary risk. These two basic principles need to operate in proper balance with one another.

Many force areas include places where water presents a potential risk to members of the public. As an emergency service, the Police will be called to attend incidents that may involve rescues from the water.

MODULE 10

SECTION 8

WATER SAFETY POLICY

WATER SAFETY POLICY

[redacted]

DROWNING

[redacted]

[redacted]

Foam frequently comes from the mouth and nose of a drowning casualty, but sometimes this is not visible until pressure is applied to the chest in a resuscitation attempt. The foam is usually white, but may be bloodstained.

FACTORS DETERMINING SURVIVAL

[redacted]

ALWAYS ASSESS THE RISKS

[redacted]

MODULE 10

SECTION 9

LIFE JACKETS

[redacted]

MODULE 10

SECTION 10

RESCUE METHODS

[redacted]

[redacted]

[redacted]

[redacted] W

[redacted]

[redacted]

[redacted]

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[redacted] W [redacted]

[redacted] line must [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

MODULE 10

ICE RESCUE

SECTION 11

SHORE RESCUE

FIRST AID

Anyone who is rescued is likely to require medical attention. Unless there is someone present who is more qualified, this task will also require to be undertaken by the rescuer. Casualties are often in shock, sometimes injured. All officers should recognise the symptoms of and have knowledge of the treatment for hypothermia.

RESUSCITATION

Everyone should know the principles of expired air resuscitation (E.A.R.).

D- DANGER

R- RESPONSE

A – AIRWAY

B – BREATHING

C –COMPRESSIONS

Always ensure your own personal protection with the use of E.A.R. facemasks.

Remember:

ALWAYS ASSESS THE RISKS, REMAIN A RESCUER, DON'T BECOME A CASUALTY!

NOTES