



Use of Force

Date of Update:

Date of Initial Issue	31/8/2005
Issue Number	
PSI Amendments must be read in conjunction with PSO	
Date of Further Amendments	
04/11/2015	PSI 30/2015 Amendments to Use of Force Policy makes the following amendments 4.1 – 4.9 personal safety techniques – updated and clearer guidance 4.10 – 4.21 batons – updated and clearer guidance 7.11 Refresher training for operational staff – provides policy on frequency of refresher training 8.9 Completing the use of force form – details the requirement to record debriefing and complete forms within 72 hours of an incident 8.14 – 8.15 Monitoring use of force within a prison – mandates establishment use of force committee, guidance updated in annex G 8.16 Amended to reflect use of Performance Hub to upload monthly returns 8.17 – 8.20 debriefing – updated and clearer guidance Annex H removed due to changes in reporting. New safe cell relocation policy is introduced at section 4

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1. **INTRODUCTION**

- 1.1. Prison Service Order 1600 is the Prison Service's policy covering the use of force. It details the circumstances in which force can be used and the framework for justifying the use of force. The Use of Force policy document covers not only Control and Restraint techniques but also de-escalation skills, personal safety techniques and the use of batons.
- 1.2. The Use of Force Training Manual (formerly Prison Service Order 1601) is used when training staff in the use of force, including Personal Safety and Control and Restraint techniques. The Training Manual is issued as a CD Rom to all Governors and local C&R instructors.
- 1.3. The Control and Restraint Advanced Manual (formerly Prison Service Order 1602) remains a restricted document. Access is limited to National C&R instructors and the Gold Command Suite.
- 1.4. Instructions relating to Special Accommodation and Mechanical Restraints can be found in PSO1700.

Text contained within a shaded box indicates a required outcome

1.5. Contact Details

Security Policy Unit

Please contact the following with any questions/queries concerning the policy on Use of Force:

Address: Security Policy Unit, 7th Floor, Clive House, 70 Petty France, London, SW1H 9HD
Contact number: 0300 047 6211

National C&R Instructors

For general queries concerning C&R training, please contact:

Stuart Hardy National Tactical Response Group (NTRG)
Contact number: 01302 847308

Alternatively, contact the C&R Centres directly on:

PSC Hatfield Woodhouse, Bawtry Road, Hatfield Woodhouse, Doncaster, DN7 6PQ
Contact number: 01302 847300

PSC Kidlington, Evenlode Crescent, Kidlington, OX5 1RF
Contact number: 01865 856960

2. POLICY, LAW AND THEORY RELATING TO THE USE OF FORCE

The use of force by any member of staff in an establishment is lawful.

- 2.1. The use of force by one person on another without consent is unlawful unless it is justified.
- 2.2. The use of force will be justified, and therefore lawful, only:
- If it is reasonable in the circumstances
 - If it is necessary
 - If no more force than is necessary is used
 - If it is proportionate to the seriousness of the circumstances

Further details of relevant legislation can be found in annex A.

Reasonable In The Circumstances

- 2.3. The interpretation of reasonable is a key issue concerning a use of force. The issue of reasonableness is a matter of fact to be decided in each individual case. Each set of circumstances are unique and are to be judged on their own merits. Factors to be taken into account when deciding what is 'reasonable' will be things such as the size, age and sex of both the prisoner and the member of staff concerned in the use of force and whether any weapons are present.

Necessary

- 2.4. The action taken must have been necessary.
- 2.5. The first distinction to make is between force used in 'self defence' (can more easily be demonstrated to be 'necessary') and force used because someone has refused to obey a lawful order. It is not enough that a prisoner be given any 'lawful order' to do something and has refused to do so.
- 2.6. It is important to take into account the type of harm that the member of staff is trying to prevent – this will help to determine whether force is necessary in the particular circumstances they are faced with. 'Harm' may cover all of the following risks:
- Risk to life
 - Risk to limb
 - Risk to property
 - Risk to the good order of the establishment
- It is clearly easier to justify force as 'necessary' if there is a risk to life or limb.

Guidance to Decide Whether Use Of Force Is Necessary

- 2.7. Deciding whether force is 'necessary' in order to maintain the good order of the establishment may be complicated – the member of staff must take into account the consequences of the prisoner not complying with his/her lawful instruction. There are three examples below:
- Example 1 – giving a lawful order to a prisoner to 'stop' when seen running to the perimeter fence. If the prisoner did not comply with the

instruction it would be reasonable and necessary to use force in these circumstances in order to stop the prisoner escaping.

- Example 2 – giving a lawful order to a prisoner to stop swearing at a teacher. The instruction is a 'lawful order' but it would not be reasonable or necessary to follow the order with the use of force if the prisoner did not comply immediately. However, subsequent refusals to leave the classroom / stop swearing at the teacher may eventually lead to a C&R planned intervention (once all other alternatives such as persuasion and de-escalation had been tried and failed).
- Example 3 – a prisoner has an edged implement and they are threatening to do an act of self harm (eg. cut their wrist with a blade). Situations such as this must be resolved on a case by case basis – staff would need to take into account the history of the particular individual and the circumstances as they presented themselves. The prisoner must be calmed down and persuaded to hand over the dangerous implement to a member of staff whenever possible. If the situation deteriorated however (eg. to the point where the prisoner was actually trying to harm themselves) then the member of staff is likely to judge that intervention is necessary (and this may involve the use of a C&R team in order to retrieve the weapon).

No More Force Than Is Necessary

- 2.8. No more force than is necessary shall be used. Any greater force than is necessary could be deemed as unlawful.

Proportionate In The Circumstances

- 2.9. Staff should demonstrate a reasonable relationship of proportionality between the means employed and the aim pursued. Action taken is unlikely to be regarded as proportionate where less injurious, but equally effective alternatives exists.
- 2.10. Where the use of force is necessary, only approved control and restraint techniques should be employed unless this is impractical (ie. whenever there are less than 3 officers present).
- 2.11. The nature of incidents are so diverse that it is not realistic to cover every possible scenario. For this reason, there will always be occasions when individual officers resort to techniques that are not taught in a training session on the use of force. In such circumstances, the actions of the officer will not necessarily be wrong or unlawful, provided that they have acted reasonably and within the law. In all circumstances where force has been employed the individual concerned must be able to account for their own decisions and actions.
- 2.12. A report justifying the use of any type of force must be completed in all cases (using the Use of Force Report Form see Annex B).

Conflict Resolution

Staff prevent potential violence where possible.

- 2.13. When faced with a conflict situation we should have one of three objectives, these are:
- Avoid danger
 - Defuse the situation
 - Control the situation

Avoid Danger

- 2.14. Awareness of a threat is an essential aspect of evading a problem as it “buys time”. The earlier a member of staff perceives a possible threat the more time they have for assessment and action. Awareness of surroundings will also help the member of staff to form a decision on how to deal with a situation i.e. exits, alarm bells, other colleagues or prisoners.

Defuse the Situation

Staff employ communication and de-escalation skills to manage aggression and prevent violence from escalating as far as possible.

- 2.15. It has always been recognised that the best defensive weapon that staff have is their verbal and non-verbal communication skills. Staff who successfully adopt effective communication strategies (see Annex C) and interpersonal skills will find that they are usually able to defuse a potential conflict.
- 2.16. However, even when adopting the most reasonable of approaches, it is recognised that a member of staff may at times have no other option than to use force.

Control the situation

- 2.17. Adopting an approach that is positive, assertive and confident will help to reduce the likelihood of becoming the victim of unwelcome attention.
- 2.18. Controlling a conflict that has escalated beyond verbal reasoning may entail using force. However, all staff must make their own decision about how to act in particular situations.
- 2.19. When the use of force has become necessary Control and Restraint techniques are always the preferred option.
- 2.20. Where Control and Restraint techniques aren't practical (for example, where less than 3 officers are present) staff must resort to other means of protection (such as Personal Safety, the use of batons).

3. MEDICAL PROCEDURES

All staff who may be involved in the use of force (or in supervising it) are aware of the signs that a prisoner may be experiencing medical difficulties.

- 3.1. It is extremely important that staff involved in applying restraints or using force of any kind are aware of the signs and symptoms that may indicate that a prisoner is in medical distress. Such an incident will need to be treated as a medical emergency rather than a control and restraint incident.
- 3.2. The onset of a serious medical condition following the application of physical or mechanical restraints is extremely rare – however it has been known to occur, and prisoners in both prison and police custody have died as a result of being restrained.
- 3.3. Further information can be found in Annex D about the following medical conditions that are relevant to the use of force on a prisoner:
 - Positional Asphyxia,
 - Excited Delirium,
 - Sickle Cell Disease,
 - Psychosis.
- 3.4. A member of health care staff must attend all planned C&R interventions (whenever there are any members of healthcare staff on duty).
- 3.5. Whenever reasonably practicable, a member of healthcare staff will attend every incident where staff are deployed to restrain violent or disturbed prisoners (e.g. by ensuring they respond to alarm bells).
- 3.6. If the supervisor or other members of staff consider that a prisoner's abnormal behaviour may be due to mental illness or drug abuse, advice should be sought urgently from health care staff (where possible, before C&R techniques are employed).
- 3.7. When a violent prisoner is being restrained officers involved and the person supervising must look out for any of the following signs:
 - Sudden, abnormal passivity
 - Noisy or laboured breathing
 - Coughing or foaming from the mouth
 - Face, lips, arms or legs becoming blue/purple or very pale
- 3.8. Other factors may be more difficult to distinguish:
 - Exceptional or unexpected strength
 - Unusual rises in body temperature
 - Exceptional violence
 - Abnormally high tolerance of pain
 - Bizarre behaviour - as if 'high' on drugs
- 3.9. Medical considerations need to be considered such as obesity.

All staff who may be involved in the use of force (or in supervising it) are aware of the guidance to reduce the risk of a medical emergency occurring and know what action to take if a prisoner is showing signs that they are or may be experiencing medical difficulties.

- 3.10. The prone position (face down) should only be used if necessary. If it cannot be avoided the time spent in this position must be minimised. If the person has to be restrained in the prone position, avoid pressing down on the chest. Use the limb, as binding the wrists will be considerably safer than kneeling on the back of someone's chest.
- 3.11. The amount of time that restraint is applied is as important as the form of restraint and the position of the detainee. Prolonged restraint and prolonged struggling will result in exhaustion, possibly without subjective awareness of this, which may result in sudden death.
- 3.12. Situations that need to be particularly closely monitored are:
- Relocation of the prisoner – The supervisor must satisfy themselves that the prisoner is not in a physically distressed condition following relocation
 - Periods during which the prisoner is / has been laid in the face-down (prone) position. A prisoner must never be kept or left in the prone position with their hands held behind their back in ratchet handcuffs.
 - The use of C&R on a pregnant prisoner

IF A MEDICAL EMERGENCY OCCURS THE PRISONER MUST BE RELEASED FROM ALL HOLDS AT ONCE AND MEDICAL ADVICE MUST BE SOUGHT IMMEDIATELY.

4. TYPES OF FORCE

Personal Safety Techniques

Staff use personal safety techniques in the correct circumstances, when it is lawful and necessary, to prevent harm to themselves or a third party.

[Para 4.1 – 4.9 replaced 04/11/2015 by PSI 30/2015 para 2.1 – 2.7]

Safe cell relocation

[See PSI 30/2015 for new para 2.8 – 2.9 added 04/11/2015]

Batons

Batons are used by officers in extreme circumstances as a defensive implement only with due regard to relevant medical implications.

[Para 4.10 – 4.21 replaced 04/11/2015 by PSI 30/2015 para 2.10 – 2.33]

Control and Restraint (C&R)

Control and Restraint techniques are used as a last resort in order to bring a violent or refractory prisoner under control. The techniques are applied for as short a time as is possible.

- 4.22. Control and Restraint (C&R) is the practice of the techniques described in the Training Manual. The Training Manual is closely linked to this order, but is issued separately to local C&R Instructors and to Governors (issued as a CD Rom and can be printed off by establishments for local use).
- 4.23. Control and Restraint basic techniques are used by a team of three officers (with the option of having another person involved to control the legs) in order to manage a violent or refractory prisoner.
- 4.24. The deployment of a Three Officer Team is the approved method of dealing with a violent or recalcitrant prisoner. It must only be used as a last resort after all other means of de-escalating (e.g. persuasion or negotiation) the incident, not involving the use of force, have been repeatedly tried and failed.
- 4.25. The use of force is only lawful if its use is:
- Reasonable
 - Proportionate
 - Necessary
 - No more force than is necessary in the circumstances
- 4.26. C&R techniques only use the force that is necessary to enable staff to cope competently and effectively with violent prisoners and potentially disruptive situations, with the minimum risk of injury to staff or prisoners.
- 4.27. Staff must continue to attempt to de-escalate the situation throughout the incident with the aim of releasing holds and locks. Staff must not employ C&R techniques when it is unnecessary to do so or in a manner which entails the use of more force than is necessary. The application of C&R holds may cause pain to a prisoner and if the prisoner is compliant, the holds must be relaxed.
- 4.28. Planned incidents involving C&R are used when there is no urgency or immediate danger. In these situations, a supervisor will prepare staff for the incident and will notify a member of healthcare in advance who will attend and observe the planned intervention (if there is any member of healthcare staff on duty).
- 4.29. Unplanned incidents occur when there is an immediate threat to someone's life / limb or to the security of an establishment and staff need to intervene straight away. In these situations a member of healthcare and a supervising officer will attend as soon as possible.
- 4.30. Staff arriving as the 'first on the scene' at an incident involving violence (e.g. a fight between two prisoners) must act in a common sense manner. An individual officer must not put themselves in grave danger and it may be prudent for them to await the arrival of other staff in such a situation.
- 4.31. Where fewer than three officers are present (or in the case of multiple violent prisoners, a ratio of less than three officers to one violent prisoner) and it is necessary to use force immediately, staff will need to use whatever force is necessary to protect themselves and others - as long as such force is reasonable and proportionate in the circumstances as they see them. This advice also applies to incidents that may arise during the night where less

than three C&R trained staff are on duty in the establishment e.g. a fire in a cell and staff must intervene in order to get the prisoner out of the cell.

- 4.32. Training of staff in the actual techniques of C&R can only be carried out by qualified C&R instructors. The techniques to be taught are detailed in the Training Manual.
- 4.33. All members of staff involved in the use of C&R (including the supervising officer) MUST complete a Use of Force Form after each incident. (A copy of the Use of Force form can be found at Annex B of this PSO)

Role of the Supervising Officer

Incidents are managed effectively by a supervising officer. The supervising officer is responsible for ensuring that the use of force is only deployed after all reasonable efforts at persuasion have failed (or are judged unlikely to succeed) and it is necessary to intervene in order to prevent injury to staff, prisoners or damage to property.

- 4.34. Staff who may be required to supervise Control & Restraint incidents (i.e. Orderly Officers and Duty Governors) must be confident and capable of doing so. It is recommended that they attend regular refresher courses in C&R basic techniques.
- 4.35. Planned C&R incidents are supervised by an officer who is accountable for the management of the incident until the prisoner is re-located ("the supervising officer"). Normally, this officer will be the Orderly Officer or Duty Governor (at least senior officer rank, although competence and experience are as important as rank). Further details of the role of the supervising officer can be found in Annex F.

Use of C&R on Pregnant Prisoners

- 4.36. In the case of a planned use of force on a female prisoner who is known or suspected of being pregnant, a full risk assessment must be carried out and staff must be fully briefed before any C&R techniques are employed. If C&R techniques are employed then all staff must comply with the techniques detailed in the Use of Force Training Manual.
- 4.37. In the case of an unplanned use of force on a female prisoner who is known or suspected of being pregnant, all staff involved must comply with the special techniques detailed in the Use of Force Training Manual.

Use of Ratchet Handcuffs

Handcuffs are used for the movement of a recalcitrant prisoner, when justified.

- 4.38. The application of handcuffs to a person is an assault and 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.

- 4.39. The use of ratchet handcuffs during a C&R incident must be authorised by the supervising officer.
- 4.40. Ratchet handcuffs may be applied temporarily if it is necessary to remove a prisoner from one part of the establishment to another (e.g. relocation to a cell or the segregation unit). The following factors need be taken into account when making an objective decision regarding their use:
- the distance involved
 - whether the prisoner is continuing to be violent/aggressive and handcuffs are deemed preferable to using C&R locks during movement and relocation
 - whether the prisoner is reasonably compliant but it is not judged safe enough to permit the prisoner to walk completely independently to the relocation venue
- 4.41. Factors such as age, gender, respective size and apparent strength and fitness may or may not support the justification of handcuffs, taking into account all the accompanying circumstances at the time. The physical condition of the prisoner is another consideration in deciding whether or not handcuffs should be applied or their application continued. For example, a prisoner with an arm or wrist injury may be prone to particular risk of further injury or pain if handcuffed; this might make the use of handcuffs unreasonable.
- 4.42. Ratchet handcuffs can be applied to a prisoner who is:
- Standing
 - In the prone position (but the prisoner must NEVER be kept in this position with handcuffs on)
 - When the prisoner is kneeling
 - When the prisoner is in the seated position
- 4.43. Ratchet handcuffs must NOT be used as an alternative to a body belt and must never be left on an unsupervised prisoner.
- 4.44. After the use of C&R (basic) techniques prisoners are cuffed with their hands behind them.
- 4.45. The use of ratchet handcuffs must be recorded on a Use of Force Report Form.
- 4.46. The use of handcuffs to prevent escape, including on escort and by dog handlers, is covered in NSF Function 6 and 7.

Full Search of a Prisoner Under Restraint

- 4.47. Full searches following relocation under restraint are not always necessary and should only be carried out where it is known or reasonably believed that the prisoner is carrying an unauthorised article.
- 4.48. No prisoner will be stripped and searched in the sight of another prisoner, or in the sight of a person of the opposite sex. (Prison Rule 41(3) / YOI Rule 43(3))

- 4.49. The authority required for a full search under restraint is that of the duty governor. If the duty governor cannot be contacted then the supervising officer in charge of the relocation can make the decision.
- 4.50. Where authority has been given the full search must be carried out in accordance with the instructions contained in the Training Manual.
- 4.51. Clothing must be made available to the prisoner.
- 4.52. The fact that a full search under restraint took place must be recorded on the Use of Force Report Form.
- 4.53. For further guidance on searching see Function 3 in the NSF.

C&R Advanced / TORNADO

The principles of use of force are applied in serious incidents of concerted indiscipline by specially trained and equipped staff.

- 4.54. Control & Restraint Advanced training permits staff to be employed as part of a C&R Unit (Tornado response) and to respond to major incidents.
- 4.55. Any officer (except officers over the age of 55 or hospital officers) may be asked to undergo training to Control & Restraint Advanced level.
- 4.56. Governors ensure that they have sufficient numbers of staff trained to C&R advanced level to meet their establishment's tornado commitment.
- 4.57. In order to be 'accredited' to advanced level staff must ensure that they have:
- Undergone an initial training course / refresher course in advanced C&R in the last 12 months, and
 - Passed a fitness test in the last 12 months, and
 - Undergone a basic C&R refresher course in the last 12 months.
- 4.58. Staff who are advanced trained will be allocated all necessary protective & safety equipment in the event of being called to respond to an incident. Personal Protective Equipment (PPE) consists of the following:
- Riot Helmet
 - Flame retardant overalls
 - Gloves
 - Belt
 - Side arm baton and holder
 - Shin guards
 - Elbow protectors
 - Boots
 - Flame retardant balaclava
 - Shield cover (if required)
- 4.59. Staff who are asked to attend an incident (but not those on 'early warning') will receive an additional payment.

5. THE USE OF SPECIAL ACCOMMODATION AND MECHANICAL RESTRAINTS FOR NON-MEDICAL PURPOSES

- 5.1. Instructions relating to Special Accommodation and Mechanical Restraints can be found in PSO 1700.

6. **ROLE OF HEALTHCARE IN PLANNED AND UNPLANNED USE OF FORCE**

Healthcare carry out their roles in relation to monitoring and advising on the use of force and examining prisoners on whom force has been used.

Prior to the planned use of force

- 6.1. When healthcare staff (registered nurse, hospital officer or doctor) are on duty in the establishment they MUST attend a planned C&R intervention.

At the start of an unplanned incident

- 6.2. A member of healthcare (e.g. a registered nurse, hospital officer or doctor) must, whenever reasonably practicable, attend every incident where staff are deployed to restrain violent or disturbed prisoners.

During a C&R incident

- 6.3. A member of healthcare staff attending a C&R incident must monitor the prisoner (and members of the C&R team in an extreme circumstance)
- 6.4. They must provide clinical advice to the supervisor and/or team in the event of a medical emergency.
- 6.5. Any clinical advice offered must be adhered to by the supervisor and / or team.
- 6.6. In the event of a medical emergency (an assessment must be made) all locks must be released and the attendance of an appropriately qualified healthcare professional must be requested immediately.
- 6.7. Role of Healthcare during a planned use of force
- Provide guidance on what healthcare staff may disclose about a prisoner's previous health records.
 - Healthcare staff are responsible to monitor whether the prisoner is still breathing and still conscious throughout the incident.
 - Guidance on post incident observation.
 - Guidance on how involved healthcare are in relocation.
- 6.8. Role of Healthcare during an unplanned use of force.

- Provide guidance on what backup equipment they should carry.
- Assess the safety of the situation (prisoner and officer safety)
- Advise officers on healthcare issue (i.e. the risk of positional asphyxia etc)
- Get any medical equipment needed.

After an incident involving force

- 6.9. An appropriately qualified healthcare professional (doctor or registered nurse) must be informed whenever force has been used to restrain a prisoner. He or she must examine the prisoner as soon as possible and must complete a F213 in all cases even if the prisoner appears not to have sustained any injuries. The prisoner must see an appropriately qualified healthcare professional within 24 hours of the incident occurring.

Medication under restraint

- 6.10. If medication is issued under restraint then this must be recorded on a Use of Force Report Form and noted in the Use of Force Monthly Monitoring Form.

Local Instructions

- 6.11. Procedures should be agreed upon at a local level

Training

- 6.12. It is recommended that Healthcare staff are trained alongside prison officers.

7. TRAINING IN THE USE OF FORCE

All staff are trained in Personal Safety Techniques and all officer grades are trained in C&R basic, use of batons, and C&R advanced.

How training is delivered to staff

Initial POELT training

- 7.1. All new officer staff undertake a minimum of 32 hours training in the use of force.
- 7.2. New officers receive their training either at Newbold Revel (by POELT trainers) or at local establishments. Establishments who wish to train a group of new staff are asked to contact the National C&R Instructors in order to receive an approved list of local C&R instructors who could be used to tutor an initial course.

Local C&R instructors (establishment based training)

- 7.3. Local C&R Instructors are establishment staff who have passed the selection and training programme to become a certified C&R trainer. They undergo refresher training with the National C&R instructors every year. They must have a current and valid accreditation from one of the National Training Centres in order to train establishment staff. Local C&R instructors deliver refresher training (and some initial courses) to staff based at their own establishment. Local instructors tailor courses to the staff audience they have but the following topics are mandatory on every course:
- Guidelines on the use of force
 - Communication
 - Medical considerations
 - Use of Force Report writing

- 7.4. Local C&R instructors select further topics to teach based on the profile of the staff group that they have and the time available. For example, a group consisting of mainly admin grades and probation staff would receive training in personal safety whereas a group of mainly officer grades would be refreshed in C&R basic techniques.
- 7.5. Training records must be kept so that it is clear what training members of staff have received. Use of Force log books (officers, SO's and PO's) must be kept up to date.

Role of national C&R centres

- 7.6. There are two National C&R Centres – Hatfield Woodhouse and Kidlington. The National C&R Centres are primarily used to train & refresh local C&R instructors and to train & refresh C&R advanced staff. The National C&R instructors are based at one of the two centres. They are authorised to teach accredited courses relevant to the use of force and incident management. The National C&R instructors are sometimes deployed by GOLD to respond to incidents within establishments. They also look at developing new ways of working and managing violent situations.

Initial – Use of Force training for officers

- 7.7. During their initial training programme staff are trained in all areas that the Training Manual covers – this includes the law surrounding the use of force, C&R basic techniques, the use of a baton and protective strategies.
- 7.8. Upon completion of their training staff are assessed as 'competent' or not. (If they are deemed not competent they receive further training to bring them up to the required standard. If they are unable to reach the required standard their employment is not proceeded with).
- 7.9. Staff who have passed their use of force training course are issued with a log book certifying their competency in the required techniques.
- 7.10. The log book must be updated every time the officer receives any refresher training.

Refresher – Use of Force training for officers & supervisors

[Para 7.11 replaced 04/11/2015 by PSI 30/2015 para 2.34 – 2.35]

Registered nurses – C&R training & refresher training

- 7.12. The policy on training registered nurses in C&R is currently under review.

Personal Safety Training

- 7.13. Establishment governors must arrange for all new staff (including OSG's, teachers, admin grades, probation workers etc) to undergo a local training course in Personal Safety Techniques.
- 7.14. Training in personal safety will take place as follows:
- POELTS (during their initial training course).

- All other staff commencing work at a prison may receive training based on a risk assessment (taking into account factors such as normal contact with prisoners, level of supervision of prisoners in work areas, category of prisoner at establishment).
- Refresher training will take place at a frequency to be agreed between the local C&R Instructor and Governor.

C&R Advanced training

- 7.15. This training comprises:
- (i) Initial course-5 days.
 - (ii) Refresher course-2 days
- 7.16. All officers employed as part of a C&R unit must be accredited in advanced C&R techniques. Accreditation is effective for a period of 12 months.
- 7.17. No officer aged 55 or over, or healthcare staff, shall be required to undergo training to C&R (Advanced) level. Staff must pass the annual fitness test before attending a C&R advanced course.

Disability Discrimination Act 1995

- 7.18. All staff must be mindful of the Disability Discrimination Act (refer to PSI 33/2011 for more information).

8. REPORTING, RECORDING AND DEBRIEFING THE USE OF FORCE

Use of Force Report Writing

A report is always completed by the member of staff involved in the use of force explaining the circumstances in which force was used and justifying the actions of that member of staff in using force.

- 8.1. Whenever a member of staff has found it necessary to use force on a prisoner they must record the circumstances that lead up to the use of force and the type of force that was used and why.
- 8.2. The 'Use of Force' includes any and all types of force that may be used against a prisoner – this includes all protective techniques & the use of batons, the use of planned and unplanned C&R and the use of any type of force in order to give effect to a lawful order (under the powers of a constable).
- 8.3. The purpose of the member of staff writing the report is to justify their actions and to demonstrate that the force used was:
- Reasonable in the circumstances
 - An absolute necessity
 - No more force than necessary
 - Proportionate to the seriousness of the situation

The Use of Force Report Form is completed in full and stored correctly

- 8.4. The Use of Force form is broken down into two sections:

- The first part must be completed by the supervising officer (or the officer who used force if it was a single person use of force e.g. protective strategy, use of a baton).
 - The second part (Annex A – Officer's Statement) must be completed and signed by every officer who used force in any way (e.g. every member of a C&R team). The supervisor must also complete an Annex A.
- 8.5. Copies of the Use of Force form may be produced for internal or external investigations. It is important that when a written statement is given it creates as full a picture as possible in order to justify the actions that have been taken.

The Supervisor

- 8.6. The Supervisor is responsible for ensuring completion of the Use of Force Form. When an incident is spontaneous it is not always possible for the supervisor to be present at the beginning of an incident. However, the Supervisor is still responsible for the completion of the Use of Force Form.
- 8.7. The supervisor must complete the first section themselves and then write in Annex A, their own version of events.
- 8.8. The main section of the form (and all the Annex A officer statements) must then be passed to the Orderly Officer on duty for filing (and follow up action when necessary).

All Staff Involved In The Use Of Force – Annex A

[Para 8.9 replaced 04/11/2015 by PSI 30/2015 para 2.36 – 2.37]

The Orderly Officer

- 8.10. The Orderly Officer is responsible for ensuring that:
- The Use of Force Form is completed in full.
 - Every officer who was involved in any use of force has completed an Annex A – Officer's Statement.
 - An F213 has been completed on any prisoners involved in the incident.
 - The duty governor / controller has been informed.
- 8.11. The incident must be carefully recorded and all paperwork stored appropriately. This means that:
- The Use of Force Log book must be completed and a reference number allocated (Prison Code + sequential number/year e.g. FK 43/2004 (Frankland number 43 of 2004)).
 - That the original Use of Force Form and associated Annex A's are stored in the Use of Force Incident File (kept in the Security Department or other nominated place).
 - That a copy of the Use of Force Form and associated Annex A's are stored in the prisoner's main / core record and that the local reference number is written on the prisoner's record page (2052A).

Monitoring the Use of Force within a prison

Monitoring arrangements are in place in order to provide assurance that force is only used when absolutely necessary and in accordance with the procedures laid down in this Prison Service Order and the Training Manual.

- 8.12. Establishments have their own programme of self-audit for the use of force which has been agreed with the Area Manager
- 8.13. Standards Audit Unit monitor the compliance of establishments.

[Para 8.14 – 8.15 replaced 04/11/2015 by PSI 30/2015 para 2.38 – 2.40]

Monitoring the Use of Force by Prison Service Headquarters

Prison Service Headquarters are provided with information about the use of all types of force within an establishment and produce central statistics to the Use of Force Committee

{Para 8.16 replaced 04/11/2015 by PSI 30/2015 para 2.41}

Debrief -Officers involved in the incident

[Para 8.17 - 18 replaced 04/11/2015 by PSI 30/2015 para 2.42 – 2.43]

Debrief – prisoner

[Para 8.19 – 8.20 replaced 04/11/2015 by PSI 30/2015 para 2.44 – 2.45]

- 8.21. Prisoners who repeatedly end up with force being used on them (such prisoners will be identified via the regular monitoring carried out by the prison) will have a Care Plan/Behaviour Management Plan written (by the wing / unit manager) to try to:
- determine any underlying factors affecting their behaviour.
 - attempt to find another way of dealing with situations that have normally resulted in force being used.
 - determine what further risk assessment / risk management processes are necessary, including reviewing their cell-sharing risk assessment.
- 8.22. This could be done with the assistance / advice of one (or all) of the following people: personal officer, member of healthcare, psychologist, supervising officer, listener, prisoner etc.

RELEVANT LEGISLATION

Section Three (1) Criminal Law Act 1967:

“A person may use such force as is reasonable in the circumstances in the prevention of a crime, or in the effecting or assisting in the lawful arrest of offenders or suspected offenders unlawfully at large”

Prison Rule 47 / YOI Rule 50:

Para. 1 “An officer in dealing with a prisoner shall not use force unnecessarily and, when the application of force is necessary, no more force than is necessary shall be used.”

Para. 2 “No officer shall act deliberately in a manner calculated to provoke a prisoner.”

Similar powers are conferred upon prison custody officers by the Criminal Justice Act 1991.

Use of Force and Human Rights

The Human Rights Act has two basic purposes.

1. The law of the European Convention on Human Rights (E.C.H.R.) and specifically the rights and freedoms set out in the convention will be actionable before the UK courts.
2. Courts and tribunals, public authorities and Government Ministers will have to act in a way that is “compatible” with the law of the Convention. Failure to do so may be unlawful, although not a criminal offence.

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 E.C.H.R.

The rights which are most likely to be directly interfered with in situations where force is used are:

Article Two: The right to life.

Article Three: Prohibition from torture, inhumane or degrading treatment.

Article Eight: The right to respect for private and family life.

Article Two: The Right to Life

1. Everyone’s right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law.
2. 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:
 - A. In defence of any person from unlawful violence.
 - B. In order to affect a lawful arrest or to prevent the escape of a person lawfully detained.
 - C. In action lawfully taken for the purpose of quelling a riot or insurrection.

Article Three: Prohibition from Torture, Inhumane or Degrading treatment

The activities prohibited by Article Three were characterised by the European Court in *Ireland v UK* (1978) as:

TORTURE: Deliberate inhuman treatment causing very serious and cruel suffering.

INHUMANE TREATMENT: Treatment that causes intense physical and mental suffering.

DEGRADING TREATMENT: Treatment that arouses in the victim a feeling of fear, anguish and inferiority capable of humiliating and debasing the victim and possibly breaking his or her physical or moral resistance.

Where extreme or excessive force is applied, or where the application of force is maintained for longer than necessary (even if its use is to achieve a lawful aim) this may amount to torture, inhumane or degrading treatment. This may include the unnecessary / prolonged use of ratchet handcuffs.

Article Eight: The right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the protection of health and morals, or for the protection of the rights and freedoms of others.

Article Eight provides a qualified right which can be interfered with, providing one of the conditions in paragraph two applies.

Article Eight is not just a right to privacy. It has been held to include respect for an individual's physical and moral integrity. For this reason, an assault may amount to a breach of Article Eight.

Common Law

Common law is the law as determined by legal cases that are heard before judges. 'Precedence' is determined by the most recent decision taken by the highest court i.e. in the UK, the House of Lords.

"The common law has always recognised a person's right to act in defence of themselves or others. If a person has to inflict violence on another in doing so such action is not unlawful as long as their actions are reasonable in the circumstances as they sees them.

The test to be applied for self defence is that he/she acted reasonably in the circumstances as he/she honestly believed them to be in the defence of himself/herself or another."

The use of force must be based on an honestly held belief that it is necessary, which is perceived for good reasons to be valid at the time.

 HM PRISON SERVICE	USE OF FORCE FORM
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TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE
SCENE OF THE INCIDENT

LOCAL REFERENCE NUMBER:
ESTABLISHMENT: HM.....

INCIDENT DETAILS	
Date:	Time:

PRISONER DETAILS																
Prison Number:	Surname:	Forename(s):														
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	The Use of Force was: Planned <input type="checkbox"/> Spontaneous <input type="checkbox"/>	Age group (please circle): Adult / Young offender / Juvenile (age)														
LIDS Ethnic Code (tick)																
A	A	A	A	B	B	B	O	O	W	W	W	M	M	M	M	N

STAFF INVOLVED			
List below the rank, work area (i.e. Segregation Unit) and names of all the officers involved in the use of force			
Rank:	Surname:	Forename(s):	Work Area:

LOCATION OF INCIDENT	
Wing <input type="checkbox"/> Segregation Unit <input type="checkbox"/>	Education <input type="checkbox"/> Own Cell <input type="checkbox"/>

<input type="checkbox"/> Association Room <input type="checkbox"/> Work (please specify) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------

EVENTS LEADING UP TO THE INCIDENT	THE CIRCUMSTANCE WHY FORCE WAS USED
None known <input type="checkbox"/> Searches (cell/rub down/full) <input type="checkbox"/> Adjudication award <input type="checkbox"/> IEP Down grade <input type="checkbox"/> Fight with another prisoner <input type="checkbox"/> Emotional phone call / family visit <input type="checkbox"/> Assault on member of staff <input type="checkbox"/> Assault on a prisoner <input type="checkbox"/> Non-compliance <input type="checkbox"/> Court appearance <input type="checkbox"/> Moving to another prison/unit <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/> Preventing self-harm <input type="checkbox"/> Preventing injury to a third party <input type="checkbox"/> Preventing damage to property <input type="checkbox"/> Preventing an escape/abscond <input type="checkbox"/> Other (please specify) <input type="checkbox"/>

TYPE OF FORCE EMPLOYED

<p>Was any verbal reasoning used to de-escalate the situation initially and/or during the incident? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If so please expand in Annex A)</p>

<p>Was C&R employed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so: What positions were used? Standing position <input type="checkbox"/> Supine (on back) position <input type="checkbox"/> Prone (face down) position <input type="checkbox"/> Seated position <input type="checkbox"/></p>

<p>Were ratchet handcuffs applied? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Name of the Supervising Officer: </p>

(Provide reasoning in the Annex A)
<p>Was a Baton drawn? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, was it used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were any Personal Safety techniques used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Was medication issued under restraint? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>The Use of Force was authorised by (Supervising Officer):</p> <p>Name.....</p> <p>Rank.....</p> <p>Reason(s):.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

RELOCATION	
<p>The prisoner was relocated to:</p> <p>Own Cell <input type="checkbox"/></p> <p>Segregation Unit <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/></p> <p>Special Accommodation <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>.....</p> <p>.....</p>	<p>Type of relocation:</p> <p>Compliant <input type="checkbox"/></p> <p>Passively Resistant <input type="checkbox"/></p> <p>Actively Resistant <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>.....</p>
<p>If relocated to special accommodation, complete the relevant form.</p> <p>Authorised by.....</p> <p>Rank.....</p>	

INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT

Was a member of Healthcare present throughout the incident (Doctor, registered nurse or healthcare officer)?
Yes ☐ No ☐

Name.....
..... Rank.....

A F213 was completed by:

Name.....
..... Rank.....

Did the prisoner sustain any injuries at the time? (If so, please provide details in the F213)
Yes ☐ No ☐

Did the prisoner require outside hospitalisation at the time?
Yes ☐ No ☐

Name of the doctor
authorising.....
Rank.....

Did a member of staff require medical attention at the time?
Yes ☐ No ☐

Name.....
Rank.....

Treatment was provided:
By prison healthcare staff (internally) ☐
By an outside hospital (externally) ☐

NOTE:
AN F213 MUST BE COMPLETED ON ALL PRISONERS, EVEN IF THEY APPEAR NOT TO HAVE SUSTAINED ANY INJURIES. A COPY OF THE F213 MUST BE ATTACHED TO THIS FORM. THIS FORM SHOULD THEN BE PLACED IN THE USE OF FORCE INCIDENT FILE. ANY INJURIES SUSTAINED BY STAFF MUST BE ENTERED IN THE ACCIDENT BOOK.

EVIDENCE

	Yes	No	
Was the clothing bagged and tagged?		<input type="checkbox"/>	<input type="checkbox"/>
Were any photographs taken?		<input type="checkbox"/>	<input type="checkbox"/>
Was the incident video taped?		<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct and that I have completed Annex A "Use of Force – Officer's Statement."

Signed.....

Name.....

(BLOCK CAPITALS)

Date.....

*This form must now be passed to the Orderly Officer on duty.

ORDERLEY OFFICER (to complete):

I confirm that I have:

Logged this Use of Force in the log book,

Put a copy in the prisoner's core record,

Stored the original copy securely,

Informed the Duty Governor/Controller.

I also confirm that all officers involved in the Use of Force have completed Annex A "Use of Force – Officer's Statement."

Signed.....

Name.....

(BLOCK CAPITALS)

Rank.....

Date.....

**ANNEX A USE OF
FORCE**

Local
Reference No.

STAFF STATEMENT

ESTABLISHMENT: HM.....
DATE.....

PRISONER NAME.....
NUMBER.....

OFFICER NAME.....
RANK.....

The use of force must only be used when it is:

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident. Your statement must be completed independently of other staff involved in the incident.

Right arm ☐
 Left arm ☐
 Head / Number 1 ☐
 Leg Officer ☐
 Supervising Officer ☐

Yes ☐ No ☐

Before the incident (i.e. what lead to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where prisoner was relocated to and any injuries sustained).

[illegible]

EFFECTIVE COMMUNICATION STRATEGIES: DE-ESCALATION AND INTERPERSONAL / COMMUNICATION SKILLS

This section includes:

- Managing Aggression
- Communication
- Non-verbal communication
- Defusion Strategies
- De-escalation Techniques

Managing Aggression

Definition of Violence for the Prison Service:

'Any incident in which a person is abused, threatened, or assaulted. This includes an explicit or implicit challenge to their safety, well-being or health. The resulting harm may be physical, emotional or psychological.'

The effective handling of aggressive prisoners is one of the most demanding aspects of working in an establishment. It is an area where good interaction and communication skills are required.

The majority of situations, where there is a potential for violence, can be handled through communication.

Aggression can be defined as any behaviour that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

Our policy is that staff prevent the aggression escalating into actual physical violence.

- Signs of aggression:
- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct prolonged eye contact
- Exaggerated gestures

Prisoners may become aggressive for a number of reasons, including:

- Frustration
- Unfairness
- Humiliation
- Immaturity
- Excitement
- Learned Behaviour (it gets results)
- Reputation
- Means to an end
- Decoy

The following signs may indicate aggression:

- Any major change in behaviour that varies from what is normal for the prisoner
- Pale or flushed face
- Rising voice
- Focusing/narrowing of the gaze
- Tensing of muscles
- Increased agitation and disturbance in behaviour (e.g. pacing)

Staff faced with aggressive prisoners should assess the risk of violence by considering the following:

- Is the prisoner facing a high level of stress? (e.g. a recent bereavement, a pending court date)
- Does the prisoner seem to be drunk or on drugs?
- Does the prisoner have a history of violence?
- Does the prisoner have a history of psychiatric illness?
- Has the prisoner verbally abused staff in the past?
- Has the prisoner threatened staff with violence in the past?

Communication

Communication is a two-way process that relates to verbal interaction (listening, speaking and hearing), non-verbal interaction (interpretation and observational skills - looking and seeing).

To minimise communication problems staff should use language appropriate to the prisoner (in his/her language if possible and using an interpreter where necessary), take time to communicate, check they are understood, encourage and give feedback, and make sure the conversation takes place at an appropriate time and place (where possible).

Some of the common inhibitions to effective communication are:

- Noise
- Language
- Perception and prejudice
- Intrusion of personal space

We cannot necessarily avoid or overcome all these barriers but we need to find ways of minimising them.

Noise:

Noise is a major distraction when trying to communicate. It's hard to hold a discussion against a noisy background.

Language:

Officers need to express themselves in a direct and explicit manner as possible and avoid emotive language (for example – avoid 'power' words)

Perception and Prejudice:

Everybody has a unique background and history with influences and experiences that form our way of looking at the world. It is important to recognise our prejudices for what they are and to work round the prejudices of others. We have to maintain a professional attitude by not allowing our own perceptions to get in the way of our

duties and responsibilities towards others, particularly in promoting equal opportunities, or to let our prejudices influence the way we communicate.

Intrusion of personal space:

Avoid standing too close to the person.

Non-verbal Communication

Staff should be aware of non-verbal messages that show how a prisoner is feeling or may respond and should apply the techniques of non verbal communication they are taught in training to help defuse potentially violent situations.

Defusion Strategies

Before anything else happens staff should seek to defuse the situation. A prisoner who is out of control will be under the influence of the adrenal cocktail. Staff should aim to do nothing to escalate their state of mind whilst being prepared to defend themselves if necessary.

Staff should seek to:

- Appear confident
- Displaying calmness
- Create some space
- Speak slowly, gently and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that they are listening
- Calm the prisoner before trying to solve the problem

Staff should adopt a non-threatening body posture:

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (as it may be taken as a confrontation)
- Allow the prisoner adequate personal space
- Keep both hands visible
- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences – as an audience may escalate the situation

NEVER THREATEN: Once you have made a threat or given an ultimatum you have ceased all negotiations and put yourself in a potential win lose situation.

De-escalation Techniques

Explain your purpose or intention

- Give clear, brief, assertive instructions, negotiate options and avoid threats.
- Move towards a 'safer place', i.e. avoid being trapped in a corner.

Encourage a reasoning (for their behaviour)

- Encourage reasoning by the use of open questions and enquire about the reason for the aggression.
- Questions about the 'facts' rather than the feelings can assist in de-escalating (e.g. what has caused you to feel angry?)
- Show concern through non-verbal and verbal responses.

- Listen carefully and show empathy, acknowledge any grievances, concerns or frustrations. Don't patronise their concerns.

Ensure that your non-verbal communication is non-threatening

- Consider which de-escalation techniques are appropriate for the situation.
- Pay attention to non-verbal clues (i.e. eye contact). Allow greater body space than normal.
- Be aware of your own non-verbal behaviour, such as body posture and eye contact.
- Appear calm, self controlled and confident without being dismissive or overbearing.
- Control the Situation.

MEDICAL CONDITIONS

Positional Asphyxia

There are a number of potential adverse effects related to the application of restraints. These include; being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck, and the developments of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest.

Restraining an individual in a position that compromises the airway or expansion of the lungs (i.e. in the prone position) may seriously impair an individual's ability to breathe and can lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairments of the diaphragm. When the head is forced below the level of the heart, drainage of the blood from the head is reduced. Swelling and bloodspots to the head and neck are signs of increased pressure to the head and neck which are often seen in asphyxiation.

Pressure should not be placed on the neck, especially around the angle of the jaw or the windpipe. Pressure on the neck, particularly in the region below the angle of the jaw (carotid sinus) can disturb the nervous controls to the heart and lead to a sudden slowing or even stoppage of the heart. This effect is even more liable to occur in persons:

- With angina
- Who have had a heart attack
- With high blood pressure
- With diabetes
- In older people, especially those with hardening of the arteries

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require caution, since the angle between the chest wall and the lower limbs is already decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

Factors that predispose a person to positional asphyxia and sudden death under restraint include:

- Drug/alcohol intoxication (because sedative drugs and alcohol act to depress breathing so reducing oxygen taken into the body)
- Physical exhaustion (or any factors that increase the body's oxygen requirements, for example a physical struggle or anxiety)
- Obesity

Warning signs related to positional asphyxia:

- An individual struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of an individual feeling sick or vomiting
- Swelling, redness or bloodspots to the face or neck
- Marked expansion of the veins in the neck
- Individual becoming limp or unresponsive

- Changes in behaviour (both escalative and de-escalative)
- Loss of, or reduced levels of, consciousness
- Respiratory or cardiac arrest.

ACTION: Immediately release or modify the restraint as far as practicable to effect the reduction in body wall restriction, and summon medical attention.

No prisoner should be restrained face down (or in the case of a pregnant prisoner, on her side) for longer than is absolutely necessary to gain control. There must be continuous observation of a prisoner following relocation in the prone position until such time as the prisoner is no longer lying face down (or in the case of a pregnant prisoner, on her side).

N.B. There is a common misconception that if an individual can talk then they are able to breathe, this is NOT the case. An individual dying from positional asphyxia may well be able to speak or shout prior to collapse.

Excited Delirium

Excited delirium is both a mental state and physiological arousal.

Excited delirium can be caused by drug intoxication (including alcohol) or psychiatric illness or a combination of both. Cocaine is a well known cause of drug induced excited delirium.

Differentiating someone in excited delirium from someone who is simply violent is often difficult. People suffering from excited delirium may:

- Have unexpected strength and endurance, apparently without fatigue
- Show an abnormal tolerance of pain
- Feel hot to touch.
- Be agitated
- Sweat profusely
- Be hostile
- Exhibit bizarre behaviour and speech

It may only become apparent that a prisoner is suffering from excited delirium when they suddenly collapse: beware of sudden tranquillity after frenzied activity which may be caused by severe exhaustion, asphyxia or drug related cardiopulmonary problems (problems with the heart and lungs).

Sickle Cell Disease

Sickle cell disease is common in African black populations, throughout the Mediterranean and Middle East and in some parts of India. It is essentially an inherited disease and will result in either sickle cell disease or sickle cell trait, dependent on whether a person inherits the gene from one or both parents.

ALWAYS consider the possibility of sickle cell disease/trait in people originating from these regions or in their descendant ethnic groups. The nature of the disease/trait is such that if a person is put in a situation where they have reduced oxygen content within their body, blood vessels may become blocked. It is not however a problem exclusive to sickle cell sufferers, there may be other people who might suffer similarly if they experience a reduction of oxygen in their blood.

Psychosis

Psychosis is a general term used to describe mental conditions in which there is loss of contact with reality and gross loss of insight, the person may be extremely suspicious. Their fears can seem so real that they may believe their personal safety is under threat, i.e. that others are intent on causing them harm. Occasionally they develop the belief that their life is directly threatened. They then become extremely frightened and agitated, and may even become physically aggressive and violent. Persons suffering from psychosis are to be regarded as seriously ill and in urgent need of medical attention.

It may be dangerous to use C & R techniques to control psychotic patients without the benefit of medical support, because the prisoner's responses to pain may be abnormal, resulting in them struggling violently against persistent attempts to bring them under control through restraint. The effect of such struggling may make them so exhausted that when they finally come under control, their body systems may suddenly enter a state of virtually complete collapse. In this condition, the person may have insufficient remaining strength to support the vital respiratory movements of the chest that are essential for life, and death may then rapidly ensue.

MEDICAL IMPLICATIONS OF USING FORCE**Vulnerable Body Areas**

Staff must use force that is reasonable and proportionate in the circumstance, as they perceive them. Staff must be aware that certain areas of the body are more sensitive, and a blow to these areas may result in serious or long-term damage.

Blows to areas of the body (listed in the table below) can distract or disable (temporarily) or unbalance an attacker - however force used in certain areas may result in long-term or fatal injuries.

Staff must be aware of the potential medical implications of their actions. Staff must be aware that they could be liable if serious damage or injury is caused by their actions against another person.

In **extreme** circumstances, the whole body is a legitimate target.

BODY AREA	MEDICAL IMPLICATION
EARS	<ul style="list-style-type: none">• Bruising, shock or trauma• Rupture to the eardrum, concussion or unconsciousness
EYES	<ul style="list-style-type: none">• Blurred vision• Temporary or permanent blindness caused by rupture to eyeball or detached retina
KNEE JOINT	<ul style="list-style-type: none">• A kick to the knee may cause tears or sprains to the ligaments or fracture of the patella.
SHIN	<ul style="list-style-type: none">• A powerful kick may fracture one or both bones in the lower leg (Tibia and fibula). Even if this does not occur a kick will cause intense pain.
IN-STEP	<ul style="list-style-type: none">• A hard stamp on to the instep may cause displacement or fracturing of the metatarsal bones.
NOSE	<ul style="list-style-type: none">• Nose bleed, trauma fracture.• Split lip, chipped or dislodged teeth.
SOLAR PLEXUS	<ul style="list-style-type: none">• Nausea and shock.

(Central Upper Torso)	<ul style="list-style-type: none"> • Strikes to this area may affect the normal movement of the diaphragm, which could stop a person from breathing momentarily.
COMMON PERONEAL NERVE FEMORAL NERVE RADIAL NERVE MEDIAN NERVE TIBIAL NERVE	<ul style="list-style-type: none"> • As these areas are muscular the risk of fracturing bone is reduced. • A blow to these nerve clusters could cause a motor dysfunction where the limb becomes temporarily paralysed.
FINGERS	<ul style="list-style-type: none"> • The fingers may be dislocated or fractured.

In the most extreme circumstances the following areas may be targeted, however you must be able to **justify** your actions.

NECK & THROAT AREA	<ul style="list-style-type: none"> • Pressure or blows to the throat may cause asphyxiation due to bruising of the windpipe. Death can occur very quickly. • Pressure to the side of the neck can reduce blood flow to the brain and unconsciousness can follow. • Cardiac complications can occur due to stimulation of related nerves.
HEAD	<ul style="list-style-type: none"> • Fracture to the skull • A solid blow can cause one to collapse • A strike to this area may result in a haemorrhage
GROIN	<ul style="list-style-type: none"> • A blow to this region may cause shock, nausea, or unconsciousness • A solid blow may cause a rupture to the bladder • A hard kick to this region may fracture the pubic bone

DUTIES OF THE SUPERVISING OFFICER

Prior to intervention in a planned incident the supervisor must:

- make every reasonable effort to persuade the prisoner(s) to terminate the incident peacefully
- assemble the C&R team (and any necessary reserves)
- ensure that all staff present are C&R trained and currently qualified (i.e. at least refreshed in the previous 12 months). Non up to date staff must not take part in a planned C&R intervention
- request that healthcare provide any pertinent medical details (e.g. that the prisoner is pregnant) and that they attend the scene in order to observe the intervention and relocation (and give them reasonable time to attend the scene)
- consider the use of a video camera to record the intervention and relocation
- brief the team about the current situation, the prisoner involved and the route to where the prisoner will be relocated

It is recommended that all staff are provided with, and wear, protective equipment in a planned C&R incident. Protective equipment that should be worn is detailed below:

- Short shield / mini shield (may be carried by the number 1)
- Helmets
- Shin / knee guards
- Forearm guards
- Gloves
- Flame retardant overalls (if required)

The Supervising Officer will decide whether to remove some items of protective equipment (eg. helmet, shield) before escorting a prisoner through an establishment. Normal practice would be to remove shields and helmets.

During C&R intervention, movement and relocation the supervisor must:

- Unlock any door(s) to facilitate the entry of the team(s)
- Monitor the condition of the prisoner during the incident – with particular regard to any medical warning signs (see Annex C).
- Be prepared to release the prisoner from all C&R holds immediately if it becomes necessary to do so on medical grounds
- Monitor the condition of staff involved in the incident and be prepared to replace staff that are showing signs of fatigue, who have been injured or who are not using correct C&R techniques
- Make a decision as to whether (and when) to apply ratchet handcuffs (see section 4 for guidance on ratchet handcuffs).
- Liaise closely with the number one of the team in making efforts to de-escalate the situation throughout intervention, movement and relocation. Restraints must not be used for longer than necessary.
- Make a judgment as to whether the prisoner can be released from restraint and escorted to the relocation venue.
- Request advice from the duty governor as to whether a full search under restraint (see section 4 for guidance on full searching of a prisoner under restraint) is required upon relocation (or make a decision if the duty governor is not available).

After relocation of the prisoner the supervisor must:

- Ensure that after the cell has been secured, the prisoner is observed until a medically qualified person from healthcare (registered nurse or doctor) is able to attend and complete an F213.
- Consider the use of a Polaroid camera to take pictures of the prisoner(s) to show any injuries that might have occurred (only with the prisoner's consent).
- Ensure that any member of staff injured during the incident is offered medical attention.
- Debrief all staff and collect the Use of Force Forms – Annex A 'Officer's Statement' off all staff involved at any point in the use of force (these reports must be completed by staff independently of other staff involved in the incident).
- Complete the Use of Force Form (main section) and Annex A in the role of supervisor of the incident.
- Pass all completed paperwork (supervisor and officer statements) to the Orderly Officer in order that it can be stored correctly.
- Where the prisoner is known to be at-risk, ensure that the SPC (and/or ACCT case manager) is aware of the incident, and that staff acquaint themselves with the contents of the F2052SH support plan (or ACCT Caremap).

In incidents where intervention is necessary immediately to maintain the safety of prisoners or others (spontaneous incidents) the accountable officer will be the one in charge of the team (known as the "number 1" / person who controls the head). The Orderly Officer / Duty Governor will take over as the supervisor as soon as they arrive at the scene of the incident.

ANNEX G

[Annex G replaced xx/xx/2015 by PSI xx/2015 AI xx/2015]

ANNEX H

[Annex H made obsolete and removed xx/10/2015 by PSI xx/2015 AI xx/2015]