



Ministry of  
**JUSTICE**

National Offender  
Management Service

# **USE OF FORCE**

# **TRAINING MANUAL**

**July 2006**

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## - F O R E W O R D -

### **TRAINING IN USE OF FORCE TECHNIQUES**

In order to minimise the chances of litigation, or a weakening of any future claims for Public Interest Immunity, the Prison Service will only provide Control and Restraint training to staff from the following organisations:

- HM Prison Service, including contracted out establishments and escort contractors
- NOMS / Probation etc
- Immigration and Nationality Department
- HM Customs & Excise
- Prison Services of the Crown Protectorates
- Selected Police and Military Personnel.

In addition, staff employed by a contracted service provider may be trained in Use of Force techniques.

Persons not employed by the above organisations must not be trained in Use of Force techniques. Any requests for such training must be referred to the Head of Security Group.

Use of Force training can only be conducted by Instructors who have current, valid accreditation from either of the Prison Service National Training Centres (Hatfield Woodhouse or Kidlington). Local Instructors are only authorised to provide Use of Force training to Prison Service staff and contracted out staff within establishments, and employees of the escort contractors.

Selected local Instructors are authorised to assist national Instructors on Control and Restraint (Advanced) courses at the National Training Centres.

**TRAINING  
GUIDELINES  
FOR C&R  
INSTRUCTORS**

## A. TRAINING GUIDELINES FOR C & R INSTRUCTORS

This section is intended to provide guidance to local C&R Instructors when planning and delivering training sessions to prison staff.

Local C&R Instructors **must** agree with their Governor the general content of training sessions for particular groups of staff at the start of each training year and they must ensure that the mandatory training topics for certain groups of staff are covered (see section 1.1.6).

Further guidance on appropriate teaching material for all types of staff can be obtained from the C&R National Training Centres, Hatfield Woodhouse and Kidlington.

### 1.1 PLANNING THE TRAINING SESSION

C & R Instructors teach skills which are vitally important to trainees, to the establishment and to the Prison Service at large. Only the very best will be acceptable.

Instructors will be training men and women of varying ages, physical competence, operational experience and aptitude to learn. Some may be over-confident, others apprehensive.

The Instructor's task is to:

- Assess
- Reassure
- Teach
- Provide feedback

and aim to produce at the end of the course, a group confident to cope with violent situations which may arise in the course and performance of their normal duties.

Every training course in whatever discipline, but especially in C & R, 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 Instructor should always remember that a good course is much more than the sum of its parts. 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.

It is important for Instructors to bear constantly in mind that all members of a course are colleagues and not recruits to be "knocked into shape". Apart from the unavoidable operational command structures, no distinction of rank or sex is made in C & R. It is, and must always be seen as, a shared and unifying enterprise.

## **“Fail To Prepare - Prepare To Fail”**

### **1.1.1 Writing a session plan**

The Instructor must have thought about a training session in advance and mapped it out with due regard to the factors detailed below. The session plan is merely a guide - Instructors should not feel they must stick rigidly to it. Each course is different, what one finds comparatively easy, another may need time to absorb. It is nonetheless of crucial importance that the full scope of the course is covered effectively.

Instructors should expand on the outlined points and techniques in this manual with the information that they have obtained from Instructor training and assessment courses. Instructors must not however, make any changes to the progression in which Use of Force techniques are taught, nor make any adjustment to the techniques outlined in this manual.

If instructional duties are to be shared, each Instructor should know his or her particular remit.

The following are factors that should be taken into account when planning a training session on the use of force:

### **1.1.2 Consider the audience**

Who will be attending the training session you are planning:

- uniformed staff?
- management grades?
- healthcare staff?
- administration staff?
- teachers?
- other staff e.g. chaplains, psychologists, drug workers?

### **1.1.3 How long do you have for the training session and where will it be held**

How long do you have to deliver the training:

- ½ day session?
- 1 full day session?
- as long as you need?

You should try to ensure that you have both classroom and gymnasium facilities available to you.



#### **1.1.4 What is the type of prison you work in**

Factors to take into account are:

- the number of use of force incidents that occur on average each year
- the type of prisoner you work with e.g. juvenile trainees, young offenders, adults, women
- the role of the prison e.g. High Security, local, Category C

#### **1.1.5 What topics are the most important for the audience to learn and practice?**

- theory about when force can be used?
- practical exercises about C&R basic techniques?
  - planned interventions
  - unplanned interventions
- communication skills?
- reaction distances?
- training in the use of batons?
- use of force report writing techniques?
- Personal safety defensive techniques?
- the role of the C&R supervisor?
- C&R relocation techniques?
- safe systems of work?
- medical considerations to take into account?
- disarming techniques?

#### **1.1.6 Mandatory training topics**

The following areas of the manual are mandatory elements of each training session for all staff:

- Guidelines on the use of force
- Communication
- Medical considerations
- Use of force report writing

In addition to the mandatory training elements listed above, local C&R instructors should select further relevant topics from the manual based on the planning guidelines given above.

## **1.2 PREPARATION FOR THE TRAINING**

Instructors should aim to be in the training area well before the arrival of the first member of the course. Their turnout should be exemplary. An Instructor constantly

represents the standards which he or she expects, and will almost certainly get - for good or ill - from trainees.

Regardless of an Instructor's own disposition on the day, or the number of occasions on which he or she has taught the same techniques, an Instructor must always present enthusiasm to pass on skills in which they have confidence in. This is not without difficulty.

Instructors must check the training venue:

- is there appropriate space, floor surface and location?
- is it fully compatible with the techniques to be taught?
- are there any structural or built-in features which could cause unnecessary injury?
- is there sufficient space for pairs, teams, groups to operate freely without collision?

Instructors must ensure that equipment:

- is in good order, properly maintained, sufficient and placed in the right position;
- is regularly checked;
- individual members of the course are wearing correct equipment and clothing for the session.

### 1.3 CLASSROOM SECTION

Use of Force techniques must always be seen in the context of the total relationship between staff and prisoners. Any suggestion that the appropriate response to disruptive or threatening behaviour is necessarily the use of force - or that violence should necessarily be met by violence - must be discouraged.

The following sections **must be covered** in the classroom / pre-practical part of the training:

- The law governing the use of force
- Communication & de-escalation techniques
- Medical considerations relating to the use of force
- The completion of the Use of Force report form

It is essential that C & R Instructors, and the staff they instruct, should always have at the forefront of their minds that the techniques being taught are only one part of a range of possible responses to threatened or actual violent behaviour, and that such techniques are to be used only when other methods, not involving the use of force, have been tried and failed, or are judged unlikely to succeed, and action needs to be taken to prevent injury to staff, prisoners, other persons or serious damage to property.

Instructors must always be conscious of the fact that, by what they say and do, they influence the attitudes and actions of the staff being trained. Instructors must at all times be mature and balanced in the attitudes and actions which they present. 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 with prisoners and ultimately to the reputation of the Prison Service.

## **1.4 WARMING UP**

Prior to any practical session the Instructor must physically prepare the students for the session. This promotes good practice and ensures that the Instructor is adhering to the safe systems of work.

The warm up should be effective and specific, taking no longer than necessary and taking into consideration the students age and physical condition.

### **Types of Warm Ups**

A **general** warm up involves rhythmic body movements unrelated to the proposed activity.

A **specific** warm up relates to the area of the body to which attention is needed, normally wrists in the case of Control & Restraint training.

### **The Components of a Warm Up**

- Pulse raising exercises
- Body weight exercises
- Mobility exercises
- Stretching exercises

#### **(i) Pulse-Raising Exercises**

The purpose of the pulse-raiser is to warm the body and *gradually* elevate the heart rate. Graduation of the exercise intensity is important as it provides the heart with time to increase stroke volume and cardiac output. Just as important is the time needed to establish vasodilatation, (dilation of the blood vessels within the muscles). The capillary beds within the muscles dilate; this enables more blood, heat, nutrients and oxygen to be circulated through the muscles.

Sudden exertion without a gradual build up can lead to an abnormal heart rate and inadequate blood flow to the heart. This could be potentially dangerous to an unfit person. To avoid suddenly stressing the cardiovascular system, the pulse-raiser should be of low to moderate intensity.

(ii) Body Weight Exercises

The purpose of body weight exercises is to enable the warm blood to flush into the muscle groups within the body. By utilising exercises such as press ups and free standing squats, Instructors can ensure that the majority of the primary and secondary muscle groups have been prepared for any further physical activity.

(iii) Mobility Exercises

Before an exercise session, it is advisable to mobilise and prepare the specific joints to be used in that activity. These activities refer to slow and gentle rhythmic joints movements. For example, shrug your shoulders and gently roll them back and repeat in the opposite direction. This would be an example of a mobility exercise for the shoulder girdle.

From the point of preparing the body for an activity, it makes sense that all the major joints are mobilised.

Ensure that the *wrists* are fully mobilised prior to C&R Training.

For example, preparation for a C&R session may include the following mobility exercises.

<u>Joint</u>	<u>Mobility Exercise</u>
Ankles	Ankle circles
Knees	Knee bends & rolls
Hips	Hip circles
Thoracic spine	Trunk twists
Shoulder girdle	Shoulder rolls & circles
Elbows	Elbow bends

(iv) Stretching Exercises

The purpose of a preparatory stretch is to ready the large muscle groups which are to be used throughout a training session. The stretches should be held for up to ten seconds. Remember the objective of a preparatory stretch is to ready the muscles and not to develop flexibility.

Although there is no significant scientific evidence to state that you need to stretch in a warm up, it is both logical and appropriate to do so to fully prepare the body for the training session. A cold muscle has a reduced blood flow and as such is relatively inelastic, which would increase the potential for muscle strain.

Notice that the *sample* short stretch plan on the following page includes a brief description of stretches and muscle groups worked, avoiding contra-indicatory exercises.

### **Warm up - Key Points**

- Stretching should *not* be performed prior to the pulse-raiser.
- Duration of the warm up should be between 5 – 10 minutes.
- De-conditioned, sedentary & unfit staff will require a longer and more gradual approach and will fatigue quicker on a training session.

## **1.5 PRACTICAL TEACHING TECHNIQUES**

The practical section of the course must not be conducted with fewer than two certified Instructors present.

Five minutes of practice is worth an hour of verbalising.

Instructors must check whether any member of the course is wearing potentially dangerous items (watches, bracelets, necklaces, obtrusive rings) or footwear and ensure they remove it before training commences.

As a general guide for teaching C & R Skills, Instructors should:

- demonstrate the full technique;
- break the technique down into progressions;
- demonstrate the whole technique once more;
- circulate amongst course members, encouraging and coaching.

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

It follows that it is the direct responsibility of Instructors and their training managers to ensure that the degree of realism simulated in training is no more than is necessary to achieve the training objective. Sometimes simulated struggling by a person role-playing the part of the prisoner is necessary but this should be so only when trainees have practised techniques in a “dry run”. Such struggling may run the risk both of undermining the trainee’s confidence in his or her ability to use a technique, and of unnecessary injury to trainee or “prisoner”. Training simulations should also reflect operational circumstances.

Instructors need to take every possible precaution to minimise injury and to ensure that there can never be any question of negligence on the part of either the Instructor or the Service.

When use of force incidents are simulated, an Instructor must act as safety officer or appoint another Instructor 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. An agreed code word ("OXO") to stop the simulation should be used, or a whistle.

Instructors must also satisfy themselves on a number of important points, which are presented below in checklist form:

- draw attention to the main faults occurring but take care not to identify individuals - faults are always shared
- follow this by more practice
- discuss any technical or operational difficulties, drawing on the experience of course members
- make sure that everyone can clearly see the demonstration
- speak slowly and distinctly
- 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 the course
- never be reluctant to return to basics, however advanced the course members may be - or imagine themselves to be.

No training that is effective, challenging, involves both hard physical contact and exposure to attack, can expect to be entirely free of the risk of injury. The Instructor's task is making sure the risk is kept to a minimum.

Instructors must check with individuals on the course:

- is too much being expected too early in the course?
- are there trainees who, because of limited physical competence or lack of skill, appear particularly prone to injury?
- conversely, are there any who seem likely to over-react in certain situations?
- does any trainee show signs of undue fatigue?
- has any trainee a previous injury or some other condition inhibiting hard physical activity?

### **Discipline**

In general, C & R imposes its own discipline. Nonetheless, Instructors need to be observant and continually to ask themselves during the session:

- are the events firmly under control ?
- is any member of the group likely to prejudice this control through lack of effort, failure to listen to instructions, irresponsible behaviour, or lack of interest?
- are all course members aware of their duty of care towards other staff and prisoners?

### **De-briefing**

At the end of each session each Instructor should ask themselves and any other Instructors present (who should never be afraid to be critical):

- did the session achieve its objective?
- are there any ways in which it could have been more effective?
- does any progression in instruction need review?
- were there any salient points, in training or operational terms, which need to be borne in mind of Instructors?

Feedback is an essential part of any course. The views of trainees should also be sought and taken into account.

### **Female Prisoners**

Instructors at establishments with female prisoners should ensure that advice is given to staff regarding the best practice when dealing with female prisoners. The following area must be covered during C & R training sessions:

- Pregnant Prisoners (particularly re-location).

### **Monitoring of Injuries**

At the end of every session involving use of force training, Instructors must ask course members whether any injuries have been sustained. Injuries should be logged in the accident report book and, in addition, a report obtained from the injured party and any relevant witnesses.

Medical attention must be offered. The frequency and type of injuries occurring should be monitored in all training centres. This monitoring enables Instructors and training managers to identify practices which may lead to injuries and to consider ways of reducing them. Any previous accident or injury must be thoroughly investigated and fully recorded.

## **SAFE SYSTEMS OF WORK FOR USE OF FORCE TRAINING**

1. Only approved techniques contained in the use of force manual will be taught, demonstrated and practiced.
2. Only qualified Control & Restraint Instructors will deliver this training.
3. No use of force training will take place without the correct number of Instructors present, i.e.:
  - i) 1 - 24 pupils require a minimum of 2 Instructors;
  - ii) For each additional 12 or part of, an extra Instructor will be required.
4. Before any training session takes place, the Instructor will check the following:
  - i) That the training area is safe, e.g. there are no tears or rips on the crash mats and it is of adequate size for the numbers being trained.
  - ii) The equipment to be used is safe and adequate.
  - iii) The location of the nearest first aid trained member of staff if there is not one present in the training room.
  - iv) The location of the First Aid Kit, First Aid Room and be aware of Local fire rules and muster points.
  - v) Staff who participate should be fit to do so.
  - vi) All staff will remove jewellery, watches, obtrusive rings, chains and belts, etc.
  - vii) All staff will be correctly attired, i.e. training shoes, appropriate comfortable clothing.
5. All staff will take part in the “warm up”. The “warm ups”, although not requiring a high level of fitness, will be sufficient as to prepare all muscle groups for the activity they are about to practise.
6. All techniques will be taught and practised in progressive stages taking account of all capabilities of the class.
7. Instructors must ensure that training aides are both fit for purpose and that only approved training aides are used, i.e. Wave-Master strike column, Strike Pads and Dynamic Training Suits throughout static, fluid and dynamic training sessions.
8. Instructors will ensure that students are not using excessive force when practising techniques and that if they hear the word [“OXO”] or the sound of a whistle everyone must stop and release any locks or holds immediately.
9. Instructors must ensure that during fluid and dynamic training sessions. The students receive and understand a “full role brief” and adhere to it.



10. Staff will be reminded of Use of Force (PSO 1600), and the rules governing the use of force.
11. At the end of each session, all staff will be asked if they have any injuries. Any reported injury, however small, will be correctly recorded and documented. Medical attention must also be offered.

**USE OF  
FORCE  
PRINCIPLES**

## B. USE OF FORCE PRINCIPLES

### Section 1: Guidelines on the Use of Force

#### 1.1. THE LAW & PRISON SERVICE ORDERS

The use of force by one person on another without consent is unlawful unless it is justified. Therefore, in order to make an objective decision regarding the appropriate application of force, a sound understanding of the law on the use of force is essential. Prison Service staff must also take into account Prison Rule 47 (use of force) and Prison Service Order 1600 (use of force policy document)

##### 1.1.1 PRISON RULE 47 YOI RULE 50

***“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.”***

All reasonable efforts must be made to manage violent, refractory or disturbed behaviour by persuasion or other means that do not entail the use of force. The use of force must always be regarded as a matter of last resort.

The term ‘use of force’ means any type of physical intervention used on another person. It includes C&R techniques, Personal Safety and the use of a baton.

Where the use of force is necessary, only approved control and restraint techniques should be employed, unless this is impractical.

The Prison Service policy on the use of force is explained in the paragraphs above. This manual is for circumstances where the application of control and restraint techniques are impractical, i.e. there is not a ratio of three staff per violent prisoner.

The powers for prison officers and members of the public generally to use force are contained in a limited number of common law and statutory provisions. Also since October 2000 the European Convention on Human Rights has applied in law within the United Kingdom. The fundamental rights and principles contained in the convention should be regarded as the basic “ground rules” upon which the common law and statutory powers are exercised.

##### 1.1.2 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”***

### 1.1.3 COMMON LAW – CASE STUDIES

**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 they have to inflict violence on another in doing so such action is not unlawful as long as their actions are reasonable in the circumstances as he sees them.

The test to be applied for self defence is that he acted reasonably in the circumstances as he honestly believed them to be in the defence of himself 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.

#### **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”.

### 1.1.4 HUMAN RIGHTS ACT 1998

The Human Rights Act has two basic purposes.

1. The law of the European Convention on Human Rights (ECHR) 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.

#### **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.

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:**

<b>TORTURE</b>	Deliberate inhuman treatment causing very serious and cruel suffering.
<b>INHUMANE TREATMENT</b>	Treatment that causes intense physical and mental suffering.
<b>DEGRADING TREATMENT</b>	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.

As can be seen from the above, 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.

### **1.1.5 SUMMARY**

When viewing the relevant aspects of law regarding the use of force several common principles are apparent; force must only be used when it is:

- Reasonable in the circumstances
- Necessary
- No more force than is necessary
- Proportionate to the seriousness of the circumstances

#### **Reasonable In the Circumstances**

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, sex of both the prisoner and the member of staff concerned in the use of force and whether any weapons were present.

#### **Necessary**

The action taken must have been necessary. 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. You must take into account what type of 'harm' you are trying to prevent in order to determine whether force is 'necessary'.

- Risk to life
- Risk to limb
- Risk to property
- Risk to the good order of the prison

It is also necessary to look at the consequences of the prisoner **not** carrying out the lawful order. Interpreting where force is necessary in order to 'maintain the good order of the prison' may be complicated - the member of staff must take into account the consequences of the prisoner not complying with their instruction.

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 your 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.

### **No More Force Than Is Necessary**

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

### **Proportionate In the Circumstances**

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.

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 described in this manual. 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 account for their own decisions and actions.

### **NOTES:**

Students **must** be aware that when required to deal with conflict as part of their operational duties there is an expectation (general public and courts) that they are better equipped / trained to deal with the confrontation and that the use of force **always** is a last resort.

## 1.2 HANDLING CONFRONTATIONAL SITUATIONS

Staff who use force on a prisoner are accountable for their own actions and cannot rely on their status or orders received to justify their actions. Following any incident where force has been used:

- every member of staff must record the circumstances that lead up to the use of force,
- reasons for the level of force used and
- any other relevant information relating to the circumstances

(See **Section F** – ‘Use of Force Report Writing’ for further information)

### 1.2.1 HOW JUDGMENT IS AFFECTED BY STRESS

No two sets of circumstances are the same. There will always be factors that are unique to any given situation. There is however, one element that is present in all participants in a confrontational situation. This element is commonly known as **stress**.

When we perceive a threat our survival, instinct takes over. Our bodies automatically adapt to provide the means to protect ourselves. We do this by releasing chemicals which create physiological changes. This is commonly known as the “fight or flight” response.

The effect of this response gives us extra strength, a greater tolerance to pain and a heightened awareness. On the negative side we develop tunnel vision, lose our ability to execute fine motor skills and lose our perception of speed of events.

What this means is that once we are under the influence of the fight or flight response it is unrealistic to assume that we will maintain a 360° awareness of the situation, be able to execute skilful and complex techniques, (unless we are highly trained) or that we will be able to measure accurately our response to a perceived threat.

### 1.2.2 RESOLUTION STRATEGIES

When in a conflict situation we should have one of three objectives, these are:

- Avoid danger
- Defuse the situation
- Control the situation



## **Avoid Danger**

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

Ultimately, due to the physiological changes that take place when faced with a potentially dangerous situation one of three reactions occurs, **FIGHT, FLIGHT or FREEZE**.

## **TEACHING POINTS:**

- (Awareness) (threat / surroundings)
- Distance
- Escape route
- Communication
- Loud verbal commands
- Consider drawing baton or look for surrounding implements e.g., a chair
- Distract, look for Exit routes

## **Defuse the Situation**

It has always been recognised that our best defensive weapon we have are our verbal and non-verbal communication skills. Staff who successfully adopt effective communication strategies will find that they are able to defuse a potential conflict, however even when adopting the most reasonable of approaches, it must be recognised that a member of staff may at times have no other option than to use force.

## **Control the Situation**

Adopting an approach that is positive, assertive and confident will help to reduce the likelihood of becoming the victim of unwelcome attention.

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 a particular situation and should take into account the circumstances at the time.

Where Control and Restraint techniques aren't practical members of staff must resort to other means of protection (e.g. Personal Safety techniques).

Techniques for Personal Safety in this manual are intended to be effective and efficient and utilise gross motor skills.

## **Hostage Incidents – Guidance for Staff**

A hostage incident involving a member of staff - is one in which one or more prisoners are holding one or more members of staff against their will in a situation where there is violence or the threat of violence.

The best general strategy is to take as many preventative measures as possible in order to make it difficult for a hostage incident to develop at all (i.e. avoid the danger).

# **MEDICAL CONSIDERATIONS**

## C. MEDICAL CONSIDERATIONS

### 1.1 MEDICAL WARNING SIGNS

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 distress. It may be the case that an incident should be treated as a medical emergency rather than a control and restraint incident. A member of health care staff must, whenever reasonably practicable, attend every incident where staff are deployed to restrain violent or disturbed prisoners.

It has to be stressed that the onset of a serious medical condition following the application of physical or mechanical restraints is extremely rare – however it has been known, and prisoners in both prison and police custody have died as a result of being restrained.

If it is considered that a prisoner's abnormal behaviour may be due to mental illness or drug abuse, advice should be sought urgently from health care staff before C&R techniques are employed, if possible.

When a violent prisoner is being restrained officers involved and the person supervising must look out for any of the following signs:

- exceptional or unexpected strength
- unusual rises in body temperature
- exceptional violence
- abnormally high tolerance of pain
- bizarre behaviour - as if 'high' on drugs
- sudden, abnormal passivity
- noisy or laboured breathing
- coughing or foaming from the mouth
- face, lips, arms or legs becoming blue/purple or very pale

Situations that need to be particularly closely monitored are:

- relocation of the prisoner - Staff 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 in the prone

- position with their hands held behind their back in ratchet handcuffs.
- the use of C&R on a pregnant prisoner

One or more of the warning signs must alert staff that they need to be particularly vigilant in monitoring the prisoner's responses, and that they must be prepared to treat the incident as a medical emergency. Monitoring the prisoner's breathing will also assist C & R staff in judging whether the prisoner is in need of urgent medical attention.

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

## **1.2 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:

- (i) With angina
- (ii) Who have had a heart attack
- (iii) With high blood pressure
- (iv) With diabetes
- (v) 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).

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.

### 1.3 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).

## **1.4 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.

## **1.5 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.

It is vitally important that the C & R procedure is carried out in an effective and safe manner. The restrained prisoner must be monitored throughout. Checks should be made on the colour of the tongue, lips and nail beds. If they discolour from pink to a darker colour, it may indicate poor blood oxygen content and C&R must be stopped immediately.

**PERSONAL**

**SAFETY**



## D. PERSONAL SAFETY

### Section 1. Communication

#### 1.1 COMMUNICATION SKILLS

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

In most situations the purpose of communication is to establish a common understanding. This process involves a **Sender** and a **Receiver**, and the responsibility for understanding belongs to the **Sender** (officer) **not** the Receiver (prisoner). It is the officer's sole purpose to get the message through.

Aids to good communication are:

- Using more appropriate language
- Taking more time to communicate the message
- Checking for understanding
- Encouraging or giving feedback
- Choosing a more appropriate time / place

There are many factors to consider when we communicate with others, we should be aware that all "messages" will contain facts, feelings, values and opinions.

**Facts** are real and objective. We believe them because they can be verified.

**Feelings** are our emotional responses to situations.

**Values** are the norms which exist in society at large. They can be deep-seated beliefs about what is right or wrong.

**Opinions** are our ideas about particular issues, events or situations. They are subjective and normally limited to the immediate situation.

Communication problems often occur in our environment when we or prisoners get confused; perhaps interpreting an opinion as fact. So we must be aware that a message consists not only of content (facts) but also of values, opinions, assumptions and feelings.

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** 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.

**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.

## 1.2 INTRUSION OF PERSONAL SPACE

Personal space is the space we require, or are comfortable with, between ourselves and other people.

- **The Intimate Zone** This may refer to very close contact, from a point of touching to a point of around 18 inches.

The space may be reserved for intimate contact or fighting.

- **The Personal Zone** The area from 18 inches up to a distance of around 13 feet. This may be the zone in which most verbal and non-verbal interaction takes place.
- **The Public Zone** Is the distance beyond 13 feet to any distance where you can still be seen.

When we invade someone's personal space we can easily cause them to become defensive and hostile resulting in poor communication.

### 1.3 NON VERBAL COMMUNICATION

In any interaction with other people it is impossible not to communicate in one way or another. Most people give off signals through “body language”. About a third of the meaning in communications are supplied by the spoken word. Some of the key areas to observe are:

- Facial expression
- Eye contact
- Posture
- Gesture
- Proximity
- Paralinguistics (e.g., tone of voice, loudness, speed of speaking)

Many of the points above encourage you to make judgements about personality and emotions on a sub-conscious level, leading to positive or adverse behaviour.

### 1.4 MANAGING AGGRESSION

The effective handling of aggressive prisoners is one of the most demanding aspects of working in a prison. 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 objective when dealing with an aggressive prisoner is to prevent the aggression escalating into actual physical violence.

What are the signs of violence / aggression?

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct prolonged eye contact
- Exaggerated gestures

*This is not an exhaustive list*

Why does aggression occur?

- Frustration
- Perceived Unfairness
- Feelings of Humiliation

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

*This is not an exhaustive list*

## 1.5 DEFUSION STRATEGY

Before anything else happens we need to defuse the situation. A prisoner who is out of control will be under the influence of the adrenal cocktail. Our strategy should be to do nothing to escalate their state of mind whilst being prepared to defend ourselves if necessary.

Our actions should include:

- Appear confident, given the impression you are capable of dealing with the situation
- Displaying calmness, be aware of your body language
- Create some space, allow them to feel safe
- Speak slowly, gently and clearly
- Lower your voice, they are more likely to lower theirs
- Don't stare, keep averting your gaze
- Ask questions
- Don't argue
- Listen and show that you are listening
- Don't try to solve the problem prior to calming the prisoner

### **NOTE:**

**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.

*A table setting out the escalation of reasonable responses in reaction to resistant or violent behaviour shown by a prisoner, has been redacted.*

## **Section 2. Reaction Distances**

When faced with an aggressive prisoner the conflict, whether verbal or physical will take place at a certain distance or "range". As already covered in **Resolution Strategies**, where possible we should look to disengage and evade the situation.

### **2.1 COMMUNICATION / LONG RANGE**

It is vital to use correct communication to defuse the situation in order to prevent the situation from escalating to a physical encounter.

Communication and the creation of distance/obstacles between the prisoner and ourselves may buy time to evade the situation. **Distance** will give time to assess and prepare for a personal attack on ourselves.

### **2.2 INTERMEDIATE RANGE**

This range can be measured from between 6-10ft. at this range we should be recognising the warning signs of aggression. We can use this long range as a reactionary gap as we should not be taken by surprise if / when the prisoner attacks.

### **2.3 CLOSE RANGE**

A confrontation can often happen at close range (6ft – 2ft), as an aggressor may perceive that this will suit their objective. Officers should be aware that the aggressor might not necessarily intend to use physical violence. (A good example of this is where sports players try to influence a referee's decision).

### **2.4 CONTACT**

If the prisoner makes physical contact by grabbing the officer, or attempts to strike the Officer, the use of force by the officer is more likely to be deemed **necessary**.

### **2.5 GROUND**

"Going to ground" is not advisable although it is unavoidable in certain circumstances and we must prepare for such an eventuality. If it happens we must still be able to react and assess our options.

The officer must look to get back to their feet at the earliest opportunity.

## **2.6 PROTECTIVE STANCE**

### **2.6.1 NATURAL STANCE**

As the name implies this stance should ideally be adopted by the officer whenever possible to ensure that they reduce the potential for injury, when dealing with a prisoner they perceive may attack them.

The officer is in a well balanced stance with their hands in a suitable position to defend themselves whilst disguising their intent by having the palms uppermost in an open calming gesture.

#### **TEACHING POINTS:**

- Weak leg forward
- Strong leg to rear
- Body weight evenly distributed
- Knees slightly flexed
- Bladed / side on stance
- Elbows close to the body
- Hands above the waist in non-threatening manner – palms up

### **2.6.2 HIGH GUARD**

A higher profile stance which is adopted by the officer in an imminently violent situation. The officer's stance will be slightly wider than the natural stance and their hands will move up to approximately shoulder height.

#### **TEACHING POINTS:**

- Weak leg forward
- Strong leg to the rear
- Body weight evenly distributed
- Wider stance
- Knees slightly flexed
- Bladed / side on stance
- Elbows close to the body
- Hands adopt a high guard position

## 2.7 MOVEMENT

Defending ourselves is not a static activity, it is dynamic and there is an action / reaction relationship. This is why we must be able to move whilst maintaining balance. Throughout all movements the officer should use a **Step and Glide** foot movement. The officer will step forward with their lead foot in whatever direction they wish to move, and glide the rear foot to follow. This ensures that the officer has the best possible chance of remaining balanced and protected.

### TEACHING POINTS:

- Protective stance
- Weak / lead leg steps forward
- Strong / rear leg glides to follow
- Maintain stance balance and hand positions

### NOTES:

Be aware that any stance clinically taught in a training environment may fail in a situation when an officer is under conditions of stress, or when walking. Therefore, the officer must be able to operate without dependency upon a certain stance or position to meet a potential threat.

## **Section 3. 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 the following areas of the body 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 and that they could be liable if serious damage or injury is caused by their actions against another person.

<b>BODY AREA</b>	<b><u>MEDICAL IMPLICATION</u></b>
EARS	<ul style="list-style-type: none"> <li>• Bruising, shock or trauma</li> <li>• Rupture to the eardrum, concussion or unconsciousness</li> </ul>
KNEE JOINT	<ul style="list-style-type: none"> <li>• A kick to the knee may cause tears or sprains to the ligaments or fracture of the patella.</li> </ul>
SHIN	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
IN-STEP	<ul style="list-style-type: none"> <li>• A hard stamp on to the instep may cause displacement or fracturing of the metatarsal bones.</li> </ul>
NOSE	<ul style="list-style-type: none"> <li>• Nose bleed, trauma fracture.</li> <li>• Split lip, chipped or dislodged teeth.</li> </ul>
SOLAR PLEXUS (Central Upper Torso)	<ul style="list-style-type: none"> <li>• Nausea and shock.</li> <li>• Strikes to this area may affect the normal movement of the diaphragm, which could stop a person from breathing momentarily.</li> </ul>
COMMON PERONEAL NERVE FEMORAL NERVE RADIAL NERVE MEDIAN NERVE TIBIAL NERVE	<ul style="list-style-type: none"> <li>• As these areas are muscular the risk of fracturing bone is reduced.</li> <li>• A blow to these nerve clusters could cause a motor dysfunction where the limb becomes temporarily paralysed.</li> </ul>
FINGERS	<ul style="list-style-type: none"> <li>• The fingers may be dislocated or fractured.</li> </ul>

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

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



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

### **NOTES:**

An option that carries a high risk of serious injury is less likely to be justified in circumstances where the threat posed carried a limited risk to others.

The options chosen **must** be proportionate to the threat faced in all the circumstances.

## **Section 4. Defensive Techniques**

### **INTRODUCTION**

Prior to teaching the following techniques Instructors **must** have taught the following sections of the Syllabus:

- Guidelines on the Use of Force
- Communication

- Medical considerations

## **NOTES:**

The Instructor must be satisfied that staff have an understanding of when force may be used and that the use of force is reasonable and proportionate in the circumstances as they perceive them.

The purpose of these techniques is to prevent an assault without increasing the risk of injury to the prisoner or staff.

The use of force must only be the force necessary in the circumstances – the aim is always to get away from the violent situation as quickly as possible.

## **4.1 SIMPLE BREAKAWAYS**

If the prisoner grabs the officer then the following principles may effect a release:

- Adopt a side on stance
- Bring hands up to protect upper body / head (also makes them available to use)
- Use loud repetitive verbal commands

*The rest of this section has been redacted. It describes alternative methods of breaking away from a prisoner.*

## **4.2 DEFENSIVE STRIKES**

The striking of a prisoner **must** be regarded as an exceptional measure.

The use of a defensive strike must never be regarded as anything but a means to defend themselves or a third party from an attack threatening serious injury.

Having failed to break away from the prisoner or when confronted with a prisoner armed with an improvised weapon the following techniques are an example of defensive strikes that may assist Officers in defending themselves.

### **4.2.1 Punch**

*This section has been redacted. It describes how to deliver a punch to the prisoner's torso.*

#### 4.2.2 Knee

*This section has been redacted. It describes how to deliver a knee strike at close range, which is normally aimed at the prisoner's thigh.*

#### 4.2.3 Shin Kick

*This section has been redacted. It describes how to deliver a shin kick to prevent forward movement of the prisoner while allowing the member of staff to maintain their balance.*

- ALL 3 TECHNIQUES DESCRIBED HERE WILL BE PRACTICED IN ISOLATION.
- EACH TECHNIQUE WILL BE TAUGHT PROGRESSIVELY LEADING UP TO A STRIKE DELIVERED AT FULL POWER.
- A MINIMUM OF 20 REPETITIONS SHOULD BE PERFORMED.
- THERE IS TO BE NO TRAINING IN MULTIPLE STRIKES OR IN THE USE OF COMBINATIONS OF TECHNIQUES.
- THE USE OF FORCE MUST ONLY BE THE FORCE NECESSARY IN THE CIRCUMSTANCES **(RE-ITERATED AT ALL TIMES)**

### 4.3 DEFENCE AGAINST KICKS

*This section has been redacted. It describes how a member of staff can protect themselves by blocking kicks from a prisoner.*

#### 4.3.1 Standing

*This section has been redacted. It describes how a member of staff who is standing can use the sole of their foot to obstruct kicks from the prisoner.*

#### 4.3.2 On the ground

*This section has been redacted. It describes how a member of staff on the ground can use their legs to block kicks from a prisoner and protect their face with their forearms to in order to defend against kicks.*

### 4.4 GROUND

*This section has been redacted. It describes the actions staff should take if there is no option other than to go onto the floor when attacked.*

## 4.5           **ATTACKS FROM THE REAR**

Any attack from the rear will be unexpected. The attacker will have the element of surprise.

*The rest of this section has been redacted. It describes the principles to be applied when dealing with an attack from the rear.*

## 4.6           **BATONS**

### **INTRODUCTION**

The drawing and use of a baton must be regarded as an exceptional measure.

A baton must never be regarded as anything other than a defensive implement. It may be drawn or used only when:

- It is necessary for an Officer to defend themselves or a third party from an attack threatening serious injury; and
- There is no other option open to the member of staff to save themselves or another person but to employ this defensive technique.

The baton should be directed at the prisoner's arms and legs, where serious injury is less likely to result.

### **NOTE:**

The drawing and /or use of a baton is a use of force - the officer will therefore need to justify its use. The drawing / use of the baton must be reasonable and absolutely necessary in the circumstances. A Use of Force Report must be completed.

#### **4.6.1           Monadnock Auto-Lock Baton**

21" baton with a safety tip, the baton locks open with a ball bearing and cam action to produce a positive lock.

#### **4.6.2           Correct Grip**

The Officer will hold the baton in their strong hand with a relaxed grip but grip pressure **MUST** be tightened when delivering a strike.

#### **4.6.3           Drawing the Auto-Lock Baton**

The Baton may be drawn in two ways:

- a) Cross Draw - Reach across body with strong hand. Draw baton. Weak hand can be used to stabilise baton holder to assist drawing.
- b) Assisted Draw Baton may be drawn with weak hand to use it, or transfer to their strong hand ensuring that the change over is carried out close to their body.

#### **4.6.4 Extending the Auto-Lock Baton**

The baton may be extended in two ways:

- 1) A sharp and aggressive snap of the wrist at a 45-degree angle towards the ground. With this type of opening, bounce back may occur. A secondary baton option i.e., a strike will lock it.

**DO NOT OPEN THE BATON IN THE DIRECTION OF ANY INDIVIDUAL**

- 2) Grip the handle in the strong hand and the rubber safety tip in the weak hand, pull the auto-lock shafts out until they lock.

#### **4.6.5 Closing the Auto-Lock Baton**

To collapse the baton it is important to first push in the button in the end cap with your forefinger to release the ball bearing lock in the shafts, and then push in at the rubber safety tip to retract both shafts into the handle.

**DO NOT WRAP FINGERS AROUND SHAFTS WHEN CLOSING**

#### **4.6.6 Stances**

##### **4.6.6.1 Ready Position**

If there is a perceived threat from the prisoner the officer will adopt a Protective Stance with the strong leg to the rear and will move the baton to the exterior of the shoulder. The weak/lead hand adopts a high guard position in readiness to ward off any attack from the prisoner.

#### **TEACHING POINTS:**

- Baton moved to shoulder height, butt end pointing to the prisoner
- Baton located on exterior of shoulder
- Maintain reactionary gap if possible
- Weak hand in a high guard position

## **NOTES:**

- The baton should not rest on top of the shoulder or beside the neck. This leads to the striking techniques being performed with a downward chopping motion rather than in a horizontal plane. This downward action tends to bring the baton close to the prisoner's head rather than to a more appropriate target area.
- A relaxed grip, but secure, is necessary for the baton to fall against the exterior of the shoulder.
- Grip pressure at impact **MUST** be tight to stabilize energy transfer.

### **4.6.6.2 Back Hand Ready Position**

#### **TEACHING POINTS:**

- Side stance, weak foot forward, weak hand in a high guard position
- Baton under the weak arm

### **4.6.7 Striking Principles**

The principle of any strike is to enable the officer to get away from the violent prisoner. It must seek to minimise injury to the prisoner (requirement of law that any force used must only be the force necessary) whilst also ensuring that the officer can gain control of the situation – they can then look for an exit route.

### **4.6.8 Target Areas**

*This section has been redacted. It describes the position of the motor nerve areas of the arms and legs to which baton strikes should be directed and where the normal result of a strike is a bruise or contusion and not crushing or orthopaedic injuries.*

### **4.6.9 Striking Techniques**

*This section has been redacted. It describes the different striking techniques to be used by officers when a baton strike is necessary and the location on the arms and legs to which these strikes should be delivered.*

#### 4.6.9.1

##### **Leg Strike 1 - Fluid Shock Wave Strike**

*This section has been redacted. It describes how to deliver the forward fluid shock wave strike and the location on the leg to which this strike is to be directed.*

##### **Leg Strike 2 - Forward Cutting Strike**

*This section has been redacted. It describes how to deliver the forward cutting strike and the location on the leg to which this strike is to be directed.*

##### **Leg Strike 3 - Backhand Cutting Strike**

*This section has been redacted. It describes how to deliver the backhand cutting strike and the location on the leg to which this strike is to be delivered.*

#### 4.6.9.2

##### **Arm strike - Forward Fluid Shock Wave Block**

*This section has been redacted. It describes how to deliver the forward fluid shock wave block and the location on the arm to which this strike is to be delivered.*

#### **NOTES:**

The Officer must keep the baton as vertical as possible.

- ALL TECHNIQUES DESCRIBED HERE WILL BE PRACTICED IN ISOLATION.
- EACH TECHNIQUE WILL BE TAUGHT PROGRESSIVELY LEADING UP TO A STRIKE DELIVERED AT FULL POWER
- A MINIMUM OF 20 REPETITIONS SHOULD BE PERFORMED.
- THERE IS TO BE NO TRAINING IN MULTIPLE STRIKES OR IN THE USE OF COMBINATIONS OF TECHNIQUES.
- THE USE OF FORCE MUST ONLY BE THE FORCE NECESSARY IN THE CIRCUMSTANCES, **(RE-ITERATED AT ALL TIMES)**

### **Section 5. Disarming Techniques**

#### **5.1 DEFENCE AGAINST IMPROVISED WEAPONS**

An officer, when faced with a prisoner armed with an improvised weapon should aim to get out of the situation as quickly as possible. If it is not judged possible to escape quickly then the member of staff must consider whether the prisoner is trying to take them hostage (and act according to Prison Service Guidelines) or whether they are actually going to strike them with the weapon.

### **5.1.1 Lines of Attack**

Research shows that the most common type of weapon attacks are:

- Downward diagonal strikes
- Downward vertical strikes
- Lateral strikes
- Straight thrusts (high / low)

### **5.1.2 Managing Improvised Weapon Attacks**

As previously mentioned defence against improvised weapons can best be achieved by not engaging the prisoner, but looking to avoid / escape the situation.

Unplanned attacks often make this impossible. At the point when a prisoner is within a metre of you with an improvised weapon, you must make a judgment as to whether attack is the only form of defence in those particular circumstances.

*The rest of this section has been redacted. It sets out teaching points to be employed when dealing with an attack where an improvised weapon is used.*

## **5.2 EDGED WEAPONS**

*This section has been redacted. It describes the threat posed by attacks using edged weapons and hypodermic needles and the defensive techniques staff can use against such attacks.*

### **5.2.1 Edged Weapon Grip**

*This section has been redacted. In order to assist staff deal effectively with any attack, it describes how knives can be used.*

### **5.2.2 Types of Cut**

*This section has been redacted. It describes the depth and length of injuries associated with different edged weapons.*



## **Hypodermic Needles**

*This section has been redacted. It describes the risks where a hypodermic needle has been used as an edged weapon.*

**TRAINING SHOULD REFLECT THIS WITH ATTACKS COMING IN FROM VARYING ANGLES WITHIN THE OFFICER'S PERIPHERAL VISION. ALL TECHNIQUES WILL BE PRACTICED IN ISOLATION AND WILL BE PROGRESSIVE.**

## **5.3 DEFENCE AGAINST FIREARMS**

### **INTRODUCTION**

*This section has been redacted. It describes general techniques to be deployed in situations where an officer believes that an armed prisoner is about to use the firearm and their life is in imminent danger.*

#### **5.3.1 Handgun - Front**

*This section has been redacted. It describes the specific techniques to be deployed in circumstances where a prisoner is armed with a handgun and is facing the officer. It describes how the officer can disarm the prisoner by way of strikes to the arm and knee.*

#### **5.3.2 Handgun – Rear**

*This section has been redacted. It describes the specific techniques to be deployed in circumstances where a prisoner is armed with a handgun and has his/her back to the officer. It describes how the officer can disarm the prisoner by way of an arm lock and knee strike.*

#### **5.3.3 Shotgun – Front**

*This section has been redacted. It describes the specific techniques to be deployed in circumstances where a prisoner is armed with a shotgun and is facing the officer. It describes how the officer can disarm the prisoner by way of arm and knee strikes.*

#### **5.3.4 Shotgun – Rear**

*This section has been redacted. It describes the specific techniques to be deployed in circumstances where a prisoner is armed with a shotgun and has his/her back to the officer. It describes how the officer can disarm the prisoner by grasping the arm and delivering a knee strike.*

## **Section 6. Scenario Based Training**

Training should focus on raising safety awareness and reducing risk. This is largely knowledge-based and Officers need to develop the skills to deal with potentially violent incidents.

If Officers are to develop confidence in managing violence the training needs to be dynamic, realistic and cover key scenarios identified.

To enhance learning scenario based training will be broken into three basic stages:-

### **Static, Fluid and Dynamic.**

**STATIC** All techniques will be demonstrated by the Instructor emphasising:

- Target
- Medical Implications
- Proportionality

These techniques will be practiced by the officers in isolation and will be progressive leading to a strike being delivered at full power.

**FLUID** In this stage, the Officer now practices the techniques as a response to a specific attack by their training partner (no more than 20% - 30% of full speed or power)

*This part of the section has been redacted. It describes the techniques to be used by an officer in response to a specific attack.*

**DYNAMIC** Dynamic training is the final stage of training and should only be practiced when proper Personal Protective Equipment i.e., Fist / Hitman Suit and supervision is present. Dynamic training is essentially full speed / power role-playing that tests the officers' ability to respond to a specific incident.

# **CONTROL & RESTRAINT**

## **BASIC**

## E. CONTROL & RESTRAINT BASIC TECHNIQUES

### INTRODUCTION

1. The techniques described in this manual are basic techniques approved by the Prison Service for use by prison officers and such others for whom this training has been authorised for resolving incidents involving violent and recalcitrant prisoners, and other persons.
2. It is not suggested that the appropriate response to disruptive or threatening behaviour is necessarily the use of force or that violence should necessarily be met by violence. Every opportunity should be taken to de-escalate the incident and only as a last resort should Control and Restraint techniques be used.
3. Control and Restraint Basic techniques are used by three officers to control and restrain a violent prisoner, using no more force than necessary. The use of force is only lawful if its use is reasonable and proportionate. Where fewer than three officers are present, or in the case of multiple violent prisoners less than a ratio of 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 or others, as long as such force is reasonable and proportionate in the circumstances as they see them.
4. The description of Control and Restraint techniques in the basic manual reflect their use in an ideal controlled environment where the techniques represent the optimum solution for resolving the incident. Operational experience will not always mirror tutorial contrived situations. The unpredictable behaviour of the prisoner requires the officer to have an open-minded approach when applying to a live incident those aspects of training experienced in a controlled environment. In the daily operation of these techniques, the local geography of the establishment or physical inability of staff to perform the techniques as described in this manual, may require staff to adapt those techniques to enable them to gain effective control of the prisoner.
5. Instructors faced with local abnormalities as a result of the local geography of the establishment should seek advice in adapting techniques, or systems to resolve these local problems. Similarly, where Instructors are required to offer variations or alternatives to the basic techniques described in this manual they should also seek advice.
6. References to “prisoner(s)” should be taken to include any prisoner in Prison Service custody; male or female, adult, young offender or juvenile.
7. Lessons have been learned from previous events and these have been reflected in the new Control and Restraint syllabus. The syllabus has been

expanded, with the intention of simplifying the techniques and ensuring that all staff are aware of the dangers involved in the restraint of a violent prisoner. The range of techniques to be used in the restraint of a violent prisoner has been broadened to ensure that the appropriate level of force is used, depending upon the level of violence offered.

8. In order to ensure that C & R techniques are adapted to produce good practice a review group will meet biennially to examine the Control and Restraint Basic syllabus and its use in establishments. This will maintain a proactive approach to delivery.

The review group will consist of representatives from:

- SPU.;
- National C & R Instructors;
- POELT. Trainers;
- Court and Escort Contractors; and
- Local C & R Instructors from all prison groups.

At the point at which any change in the techniques is contemplated, the review group will ensure legal advice is taken into account.

9. Instructors must clarify with students the techniques which must not be used on female prisoners, particularly pregnant prisoners - for example, lying a pregnant prisoner face down on the floor. Students must understand the value of the advice provided by healthcare staff who attend incidents.

## **Section 1: Planned Removal**

### **INTRODUCTION**

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 exhausted. The techniques to be taught in this Section of the syllabus, appertain to the formation of the team and the restraint of the prisoner.

*The rest of the introduction has been redacted. It describes the key body targets for gaining control.*

## **1.1 THE ROLE OF THE C & R SUPERVISOR**

- 1.1.1 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.

Planned C&R incidents are supervised by an officer who is accountable for the management of the incident until the prisoner is relocated (“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).

**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 24 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 (e.g. 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](#)
- 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](#)
- 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](#) 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).

## **1.2 THE ROLE OF THE HEALTH CARE STAFF**

A member of the healthcare staff must attend, whenever reasonably practicable, every incident where staff are deployed to restrain violent or disturbed prisoners.

When healthcare staff are on duty they must attend a planned C&R intervention.

The member of healthcare staff must monitor the prisoner and members of the C & R team, and provide clinical advice to the supervisor and/or team in the event of a medical emergency. Any clinical advice offered must be adhered to by the supervisor and/or team.

## **1.3 FORMATION OF A THREE OFFICER TEAM**

This section of the syllabus deals with the formation of a Three Officer Team. It is recommended that planned removals take place with team members wearing Personal Protective Equipment (PPE). However, it is still necessary to practice the techniques outlined below as it allows students to learn the skills in a progressive manner.

To minimise the risk of injury to staff in the Three Officer Team, the Number 1 should be leading with the Number 2 and 3 in close contact behind.

This will reduce the options of attack available to the prisoner with the probable target being the Number 1 of the team. To reduce further the potential for injury, the team members should adopt the following positions:

- i) a side on stance, left or right leg leading whichever suits the individual;
- ii) hands held approximately chest height, elbows tucked in, and in front of the body.

It is possible for the team to advance towards the prisoner in this formation. Emphasis should be placed upon:

- iii) the Number 1 of the team should dictate the pace with no pushing or holding back by the Numbers 2 and 3 of the team;
- iv) Numbers 2 and 3 to remain in close contact behind the Number 1 of the team;

## **1.4 RESPONSIBILITIES OF THE NUMBER ONE**

### **1.4.1 General**

In charge of the Three Officer Team. The team leader.



### **1.4.2 Specific**

1. Responsible for the control and protection of the prisoner's head.
2. To monitor the condition of the prisoner. In particular changes to their colour and any other signs which indicate physical distress.
3. To monitor the condition of the staff.
4. To maintain dialogue with the prisoner throughout, explaining what is happening and trying to calm the prisoner.
5. To instigate any movement of the prisoner by the team during the control phase.

*The rest of this section has been redacted. It describes the specific techniques used by the Number One of the three officer C&R team in order to restrain a violent or recalcitrant prisoner.*

## **1.5 RESPONSIBILITIES OF THE NUMBER TWO AND THREE**

### **1.5.1 General**

- i) To act with and support the lawful actions of the Number 1.

### **1.5.2 Specific**

- i) To monitor the condition of the prisoner.
- ii) To take control of the prisoner's arm on their respective side.
- iii) To apply controlling locks and the transference of the locks under the direction of the Number 1.

*The rest of this section has been redacted. It describes the specific techniques used by the Numbers Two and Three in the three officer C&R team in order to restrain a violent or recalcitrant prisoner.*

**STUDENTS SHOULD PRACTICE THESE TECHNIQUES AS PART OF A THREE OFFICER TEAM. NO RESISTANCE TO BE OFFERED AT THIS STAGE.**

## **1.6 ARM LOCKS**

### **1.6.1 Introduction**

*This section has been redacted. It describes the principles of a straight arm lock and the areas of the arm to which pressure will be applied.*

### **1.6.2 Safety**

The application of the arm locks must be carefully controlled so that the risk of injuries is minimised. The aim of staff must be to control the arm in the first instance and then to apply the lock.

*The rest of this section has been redacted. It describes how pressure will be applied to complete the lock and when the lock will be released.*

### **1.6.3 Parallel**

*This section has been redacted. It describes the techniques used by a three officer C&R team to apply a parallel arm lock to a prisoner.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM.**

**NO RESISTANCE TO BE OFFERED AT THIS STAGE.**

### **NOTES:**

Instructors must constantly re-emphasise to students the safety factors involved.

### **1.6.4 Upper Body Grab**

*This section has been part redacted. It describes the techniques used by a three officer C&R team to apply an arm lock to a prisoner who has grabbed an officer thereby nullifying his or her arm as a weapon.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

**BOTH OF THESE TECHNIQUES WILL BE PRACTICED AS PART OF A THREE OFFICER TEAM**

## **1.7 FINAL LOCK**

*This section has been redacted. It describes the techniques used by a three officer C&R team to convert an arm lock to a final lock in order that the prisoner can be moved.*

### **1.7.1 Principles of a Final Lock**

*This section has been redacted. It describes the techniques for placing a prisoner in final locks.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

#### **Variation**

*This section has been redacted. It describes how, if pain compliance cannot be achieved with the final lock, pain can be increased by applying pressure to the thumb.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

*A further variation has been redacted which describes how, if necessary, pressure can also be applied to the forefinger.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

### **1.7.2 Transfer to the Final Lock**

*This section has been redacted. It describes when transfer to the final lock will be applied by the three officer C&R team.*

#### **1.7.2.1 Parallel Arm Lock**

*This section has been redacted. It describes the techniques used by a three officer C&R team in order to convert an arm lock to a final lock.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THESE TECHNIQUES AS PART OF A THREE OFFICER TEAM**

#### **1.7.2.2 Upper Body Grab**

*This section has been redacted. It describes the techniques used by a three officer C&R team to apply a final lock with the prisoner's arm at a ninety degree angle to his/her body.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**STUDENTS WILL PRACTICE THE ROLE OF ALL TEAM MEMBERS IN A THREE OFFICER TEAM WITH NO RESISTANCE FROM THE PRISONER AT THIS STAGE.**

## **1.8 APPLICATION OF RATCHET HANDCUFFS (PRISONER STANDING)**

### **1.8.1 Compliant Prisoner**

The prisoner is instructed to place their hands behind their back. The ratchet handcuffs are then applied as per the Security Manual Chapter 37.

### **1.8.2 Non Compliant Prisoner**

With the prisoner in final locks, one arm is returned to the small of the prisoner's back in a reversal of the process explained earlier (transfer to final lock). The ratchet handcuffs are then applied to that hand as per the Security Manual Chapter 37.

The process is then repeated with the prisoner's other hand.

Ratchet handcuffs will be applied by the supervising Officer.

## **1.9 PRISONERS ON THE GROUND – PRONE (FACE DOWN)**

*This section has been part redacted. It describes the techniques to be used by a three officer C&R team when dealing with a violent prisoner face down on the ground and on whom it is impossible to apply controlling locks.*

### **1.9.1 Prisoner Taken To The Ground**

*This section has been redacted. It describes the specific techniques used by a three officer C&R team to take a violent prisoner, on whom controlling locks cannot be applied, to the ground and the protective measures that must be applied, including in respect of pregnant prisoners.*

## STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE

### Number 2 and 3

*This section has been redacted. It describes how the Numbers 2 and 3 of a three officer C&R team may need to use strength and body weight to take a violent prisoner to the ground in order to apply a controlling lock.*

## STUDENTS WILL PRACTICE AS PART OF A THREE OFFICER TEAM WITHOUT OPPOSITION FROM THE PRISONER

### NOTES:

These techniques must be taught within the capabilities of the class.

### 1.9.2 Medical Advice

Staff should be given as much information as is ethically possible without breaching the Medical Code of Practice. The following Information may benefit staff and prisoners during an incident.

- i) Has the prisoner any medical conditions that may increase the risk of a medical emergency?
- ii) Is the prisoner taking any medication that may increase the risk of a medical emergency?
- iii) Age, size and weight of the prisoner

This list is by no means exhaustive and you should refer to “Medical Considerations” for further information.

With the prisoner in the prone position, there is an increased risk of the prisoner having difficulties in breathing. Staff must not apply undue pressure to the head, chest and back. At no time must pressure be applied to the neck. Staff must monitor the breathing of the prisoner, try and calm the situation and get the prisoner to their feet as soon as is possible. Staff must be particularly vigilant if a prisoner exhibits one or more of the following signs:

- i) exceptional or unexpected strength
- ii) unusual rises in body temperature
- iii) exceptional violence
- iv) abnormally high tolerance of pain
- v) bizarre behaviour - as if “high” on drugs
- vi) sudden, abnormal passivity
- vii) noisy or laboured breathing
- viii) coughing or foaming from the mouth; and

- ix) face, lips arms or legs becoming blue/purple or very pale.

During this part of the lesson Instructors must make references to areas such as positional asphyxia, excited delirium, psychosis and sickle cell disease. You will find detailed information to these in Medical Considerations.

Any advice from health care staff must be acted on immediately.

### **1.9.3 Arm Lock**

*This section has been redacted. It describes the specific technique used by a three officer C&R team to apply arm locks to a violent prisoner who is on the ground in a prone position.*

**UNDUE PRESSURE ON THE TORSO MUST BE AVOIDED.**

**STUDENTS SHOULD PRACTICE THIS TECHNIQUE ONE ON ONE, BOTH PALM UP AND PALM DOWN**

### **1.9.4 Rest Position**

WHEN A PRISONER IS RESTRAINED ON THE GROUND FACE DOWN (but see Para 3.7 re pregnant prisoners).

The prisoner must be moved as quickly as possible into the rest position (triangular fix). This will allow the Number 1 to assess the situation, attempt to calm the prisoner down and check on the following:

- i) Condition of the prisoner;
- ii) Condition of the staff.

### **1.9.5 Transfer Of The Arm Lock To Rest Position (Triangular Fix)**

*This section has been redacted. It describes the specific technique to be used by a three officer C&R team to transfer an arm lock to the rest position when a violent prisoner is on the ground in a prone position.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

#### **NOTES:**

When the instructor is satisfied with the students' progress, further practice will be carried out as part of a three officer team.

## **1.9.6 Prisoner to Standing**

The prisoner should not be held in the rest position for any longer than is strictly necessary. The prisoner will be brought to their feet under the direction of the Number 1 of the team.

*This section has been redacted. It describes the techniques to be used by a three officer C&R team to bring a prisoner from a prone position on the ground to a standing position while maintaining a wrist lock. The first part of this section describes how to re-establish a lock from the rest position.*

**STUDENTS TO PRACTICE THIS TECHNIQUE ONE ON ONE.**

**STUDENTS TO PRACTICE THIS AS PART OF A THREE OFFICER TEAM WITH THE NUMBER 1 IN CONTROL**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to bring a prisoner to a standing position whilst maintaining control.*

**STUDENTS WILL PRACTICE AS PART OF A THREE OFFICER TEAM WITH THE NUMBER 1 IN CONTROL**

## **1.10 APPLICATION OF RATCHET HANDCUFFS (PRONE)**

*This section has been redacted. It describes the technique used by a three officer C&R team to apply ratchet handcuffs to a prisoner in the prone position and method of transfer to the standing position.*

**STUDENTS TO PRACTICE THIS AS PART OF A THREE OFFICER TEAM WITH THE NUMBER 1 IN CONTROL**

## **1.11 FROM THE REAR**

This section of the syllabus deals with an incident when the prisoner has their back to the three officer team. The following techniques can be used to control a prisoner from the rear.

### **1.11.1 Responsibilities of the Number One**

**General**      Refer to 1.4.1

**Specific** Refer to 1.4.2

**1.11.2 Standing**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to control a prisoner from the rear by means of application of a head support technique.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

**1.11.3 Responsibilities of the Numbers Two and Three**

**General** Refer to 1.5.1

**Specific** Refer to 1.5.2

**1.11.4 Arm Lock**

*This section has been redacted. It describes the technique to be used by a three officer C&R team in applying an arm lock to a prisoner from the rear.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.11.5 Transfer to Final Lock**

*This section has been redacted. It describes the technique to be used by a three officer C&R team in converting an arm lock to a final lock.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.12 PRISONER ON THE GROUND – SUPINE**

**1.12.1 Prisoner Taken To the Ground**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to take a prisoner, who is so violent that controlling locks cannot be applied, to the ground in a supine position. It describes the individual roles of the three officer C&R team.*



**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.12.2 Arm Lock**

*This section has been redacted. It describes the technique to apply an arm lock by the three officer C&R team.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**NOTES:**

Instructors must ensure this lock is practiced from varying angles / positions.

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM.**

**1.12.3 Rest Position**

Once arm locks have been applied, the Numbers 2 and 3 will, under the direction of the Number 1, move to the rest position. This will allow the Number 1 to assess the situation, attempt to calm the prisoner down and check the following:-

- i) Condition of the prisoner;
- ii) Condition of the staff.

**1.12.4 Transfer of Arm Lock to Rest Position**

*This section has been redacted. It describes the technique to be applied by a three officer C&R team to transfer an arm lock applied to a prisoner in a supine position, to a rest position.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE AS PART OF A THREE OFFICER TEAM**

**1.12.5 Transfer To Goose Neck**

*This section has been redacted. It describes the technique to be used by a three officer C&R team in order to apply a "goose neck " lock to a prisoner's wrist.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.12.6 Prisoner to Seated Position**

*This section has been redacted. It describes the technique to be used by a three officer C&R team in order to bring a supine prisoner in locks, to a seated position.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.12.7 Transfer to Final Lock**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to bring a supine prisoner under the control of final locks.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.12.8 Prisoner to Standing**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to bring a seated prisoner to a standing position by lifting on their inside forearms under the prisoner's armpits, while maintaining control of the prisoner's head.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**NOTES:**

**EXTREMELY HEAVY PRISONER**

An extra member of staff can be deployed to assist in getting the prisoner to a standing position **ONLY**. Staff must remember the risk of positional asphyxia **is increased** with an excessively heavy prisoner (see Medical Considerations).

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**1.13 APPLICATION OF RATCHET HANDCUFFS – PRISONER SUPINE**

If ratchet handcuffs need to be applied, this will be done in either the seated or standing position (final lock). Handcuffs will be applied as per the Security Manual chapter 37.

**1.13.1 To Standing Position in Ratchet Handcuffs**

The prisoner will be brought to their feet as previously described. However, as opposed to maintaining locks on, the Numbers 2 and 3 will assist the prisoner to their feet by passing their inside arm underneath the prisoner's armpit, helping them to stand up.

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**Section 2: Control Techniques**

**INTRODUCTION**

Due to the levels of resistance offered by the prisoner it may at times be difficult to apply controlling locks.

This section of the manual deals with applying techniques that will assist in gaining control of the prisoner. It would be impractical of us to cover all areas where these techniques could be applied. You, as an Instructor, should create believable scenarios that reflect operational circumstances within your establishment.

**2.1 THUMB LOCK - STANDING**

*This section has been redacted. It describes the techniques to apply a thumb lock on a prisoner in the standing position.*

**STUDENTS WILL PRACTICE THESE TECHNIQUES ONE ON ONE**

## 2.2 FLOOR

### i) Thumb Lock

It is possible to apply thumb locks as described in 1.13.1 on the floor, with the prisoner in the Prone or Supine position. Once separation has been achieved the prisoner will be controlled as described in Prison on the Ground Prone and Supine (1.9 and 1.11)

### ii) Shoulder Control

*This section has been redacted. It describes the technique to be applied by a three officer C&R team to apply pressure to the shoulder of a prisoner.*

### iii) Upper Arm Control

*This section has been redacted. It describes how an officer can apply pressure to a prisoner's upper arm in both the prone and supine position.*

### iv) Nose Control

*This section has been redacted. It describes the technique to be used to apply pressure underneath a prisoner's nose when the prisoner is in either the prone or supine position and the action to take once compliance has been achieved.*

## STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE

This technique may also be applied by the Number 1 in a standing position if Numbers 2 and 3 are having difficulty in gaining control of the limbs.

Once control has been achieved the head will be controlled as per 1.4.2.

## STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE

### From the Rear

*This section has been redacted. It describes how an officer can apply the nose control technique to separate a prisoner from an object, another prisoner or a member of staff.*

## STUDENTS TO PRACTICE TECHNIQUES ONE ON ONE.

*The nose control technique described at 2.2 iv) above is being phased out. Instructors have been provided with a manual insert detailing the Mandibular Angle Technique (below) to be inserted into the Manual at 2.2 iv) in place of the nose control technique.*

#### iv) **Mandibular Angle Technique** (replacement section 2.2 iv)

*This section has been redacted. It describes how an officer can apply the mandibular angle technique to gain control of a non compliant prisoner.*

#### **How to find the mandibular angle pressure point**

*This section has been redacted. It describes how to locate the mandibular action pressure point.*

#### **STUDENTS WILL LOCATE THEIR PRESSURE POINT**

It is impractical to give detailed accounts when and where this technique could be applied, as there are numerous scenarios that could lead to the application of the technique in order to gain compliance or assist the Numbers 2 and 3 in gaining controlling locks.

When ever possible the following guidelines listed below should be adhered to:

- Prior to application use verbal reasoning to achieve compliance
- Give the prisoner clear verbal instruction of what is required of them
- Apply the technique with gradual pressure and continue to give verbal instructions in a controlled tone
- Continue with clear instructions in a controlled tone, repeat cycle if necessary and reasonable in the circumstances

*A further bullet and note, which relate specifically to the application of the technique, have been redacted.*

#### **Kneeling**

#### **(The technique in this position is for student delivery purposes only)**

*This section has been redacted. It describes the method of applying the mandibular angle technique when the subject is kneeling.*

#### **STUDENT WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

#### **Standing**

This technique may also be applied by the number 1 in a standing position if the Numbers 2 and 3 are having difficulty on gaining control of the arms.

*The rest of this section has been redacted. It describes how the mandibular angle technique will be applied to a subject who is in a standing position.*

#### **STUDENT WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

## **From the Rear**

*This section has been redacted. It describes the method of applying the mandibular angle technique from the rear in order to separate a prisoner from an object, another prisoner or a member of staff.*

### **STUDENT WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

## **Floor Prone/Supine**

When in the prone or supine position the Number 1 can apply the technique to assist the Numbers 2 and 3 in controlling the limb on their respective side and/or assist in the removal of a weapon.

*The rest of this section has been redacted. It describes the method by which the Number 1 can apply the mandibular angle technique in order to assist the Numbers 2 and 3 controlling the prisoner and/or to assist in removing a weapon from the prisoner.*

## **In the Case Where the Prisoner is either Pregnant or Obese**

Whilst the prisoner, who has already been assisted to the ground on their side, the Number 1 can again assist the Numbers 2 and 3 in gaining compliance from the head support position. Either hand can be used to apply the technique as per previously taught.

### **STUDENT WILL PRACTISE THIS TECHNIQUE ONE ON ONE**

## **2.3 LEG RESTRAINT**

### **i) Prisoner – Supine Position**

*This section has been redacted. It describes the technique to be used to gain control the legs of a violent prisoner in the supine position.*

### **STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

### **ii) Prisoner – Prone Position**

*This section has been redacted. It describes the technique to be used to gain control of the legs of a violent prisoner in the prone position.*

### **STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

## **NOTES:**

Instructors will ensure that control techniques are **only** practiced as part of a 3 Officer team during scenario based training.

The scenarios should be based on realistic prison incidents and the use of control techniques **must** be reasonable and proportionate in the circumstances.

## **Section 3: Armed Prisoner Removal**

When a prisoner is armed, or it is suspected that a prisoner may be armed, then protective equipment of the type approved must be worn.

### **PROTECTIVE EQUIPMENT**

- Short Shield ) To be carried by the Number One.
- Mini Shield ) - The Supervisor should consider using a mini shield where it may be considered a Hindrance if a short shield were deployed
- Helmet
- Shin/Knee Guards
- Forearm Guards
- Gloves
- Safety Boots

In addition, flame retardant overalls must be issued if required.

All items of approved equipment will be displayed and their use demonstrated manufacturers specifications must be adhered to.

All students will be given the opportunity to become competent and confident in the use of this equipment.

### **CONFIDENCE BUILDING**

The students should hold the shield in the following manner:

- The shield should be held away from the body but with the elbows slightly flexed.
- The blade of the shield should be at an angle of forty-five degrees with the lower end towards the prisoner.
- The shield will be gripped at the mid point of the handles.

Each student will be required to wear PPE and carry a shield; a suitable person will then administer a controlled number of strikes to the shield. Once sufficient confidence has been achieved controlled strikes will then be delivered at varying angles.

**WHEN PRACTICING THIS TECHNIQUE, INSTRUCTORS MUST ENSURE THAT STRIKES ARE DELIVERED AT THE APPROPRIATE LEVEL.**

### **3.1 THE NUMBER ONE'S RESPONSIBILITIES**

#### **GENERAL**

In charge of the three officer team.

#### **SPECIFIC**

- To offer protection to the numbers 2 & 3 of the team on their approach to the prisoner.
- To control and protect the prisoners head after the removal of the shield.
- To monitor the condition of the prisoner, particularly changes to their colour and any other signs, which indicate physical distress.
- To monitor the condition of the staff.
- To maintain dialogue with the prisoner throughout, explaining what is happening and attempting to calm the prisoner.
- To instigate any movement of the prisoner by the team during the control phase.

**STUDENTS ARE TO BE MADE AWARE OF THESE RESPONSIBILITIES.**

### **3.2 APPROACH TO THE PRISONER**

It is the number one's responsibility to assess the route towards the prisoner; barricades or debris may have to be negotiated prior to contact.

Emphasis should be made on making the ground as quickly but as safely as possible.

**STUDENTS WILL PRACTICE THIS TECHNIQUE WITH A SUITABLE PERSON PLAYING THE PART OF THE PRISONER.**

**INSTRUCTORS MUST ENSURE THAT STRIKES ARE DELIVERED AT THE APPROPRIATE LEVEL.**



### **3.3 THE NUMBER ONE'S RESPONSIBILITIES ON CONTACT IN A CONFINED SPACE**

*This section has been redacted. It details responsibilities of the Number One of the three officer C&R team in controlling an armed prisoner in a confined space.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE WITH A SUITABLE PERSON PLAYING THE PART OF THE PRISONER.**

**INSTRUCTORS MUST ENSURE THAT STRIKES ARE DELIVERED AT THE APPROPRIATE LEVEL.**

### **3.4 THE NUMBER TWO AND THREE'S RESPONSIBILITIES**

#### **GENERAL**

To act and support the lawful actions of the Number 1.

*This section has been redacted. It details the responsibilities of the Numbers Two and Three of the three officer C&R team in controlling an armed prisoner in a confined space.*

#### **STUDENTS ARE TO BE MADE AWARE OF THESE RESPONSIBILITIES**

The Numbers 2 & 3 will approach the prisoner as previously taught.

**STUDENTS WILL NOW PRACTICE THE APPROACH AND CONTACT AS A THREE OFFICER TEAM.**

**A SUITABLE PERSON SHOULD PLAY THE PART OF THE PRISONER.**

**INSTRUCTORS MUST ENSURE THAT STRIKES ARE DELIVERED AT THE APPROPRIATE LEVEL.**

### **3.5 THE TWO & THREE'S RESPONSIBILITIES ON CONTACT IN A CONFINED SPACE**

*This section has been redacted. It describes the responsibilities of the Numbers Two and Three of a three officer C&R team when removing a weapon from a prisoner in a confined space.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**A SUITABLE PERSON SHOULD PLAY THE PART OF THE PRISONER.**

**INSTRUCTORS MUST ENSURE THAT STRIKES ARE DELIVERED AT THE APPROPRIATE LEVEL.**

**NOTES:**

*This section has been redacted. It describes the technique to be applied when it is not possible to disarm a prisoner in a standing position.*

**3.6 REMOVAL OF THE SHIELD**

*This section has been redacted. It describes the technique for removal of the shield used by a three officer C&R team when dealing with an armed prisoner.*

**STUDENTS WILL PRACTISE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**NOTES:**

*This section has been redacted. It provides advice on when the shield is best removed.*

**STUDENTS ARE TO BE MADE AWARE OF THIS.**

**3.7 CONTACT WITH THE PRISONER IN AN OPEN AREA**

*This section has been redacted. It describes the technique to be used to gain control of an armed prisoner in an open area.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**3.8 CONVERSION TO FINAL LOCK**

This will be performed as previously described in 1.7.2.2

**STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE.**

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

## **Section 4: Unplanned C&R**

### **4.1 INTRODUCTION**

Many incidents that occur in establishments are unplanned. These can happen when staff answer alarm bells, personal alarms or radio messages, etc.

The type of incidents that staff can encounter include:

- assaults (either on staff or prisoners);
- fighting prisoners;
- prisoners damaging the fabric of the establishment;
- escapes;
- prisoners refusing to move, etc.
- prisoners committing acts of self-harm

There may be instances when dealing with unplanned incidents that the 3-1 staff / prisoner ratio is impossible to fulfil. Staff should be aware that they have a duty of care to both staff and prisoners. Staff may need to use whatever force is necessary to protect themselves or others, as long as such force is reasonable and proportionate in the circumstances as they see them.

If one officer is present at violent incident then Personal Safety should be adopted. Once there are two officers present they should use 'whatever reasonable force is necessary' in order to try to bring the situation under control. When three or more officers are present Control & Restraint techniques must be employed.

### **4.2 THE ROLE OF THE SUPERVISOR**

It is imperative that a member of staff fulfils the role of the supervisor in an unplanned incident.

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.

The Supervisor will then perform the duties as outlined in Section 1.1.1.

### **4.3 COMPLIANT**

If the prisoner(s) are compliant and adhere to all instructions given, then they will be dealt with as outlined in the previous sections.

#### **4.4 NON-COMPLIANT**

If prisoner(s) are non – compliant staff should utilise skills as outlined in previous sections.

However, some unplanned incidents can be violent and difficult to control, this may be compounded, if members of the team:

- i) Arrive at scene at varying times
- ii) Arrive at scene at varying angles

All officers have a duty of care to other staff, prisoners and themselves, they may have to use whatever force is necessary to protect themselves or others until such time as sufficient members of staff arrive on scene. They must also bear in mind any use of force must be reasonable and proportionate in the circumstances as they see them.

Students must be made aware that each incident will be different. It may be that the first officer on the scene doesn't necessarily take control of the head. This may depend on:

- i) Position of first person to arrive at the incident
- ii) Geographical layout of the incident area
- iii) Proximity of other team members
- iv) Nature of incident

**STUDENTS WILL PRACTICE THE APPROACH AND CONTROL PHASE FROM VARYING ANGLES AS PART OF A THREE OFFICER TEAM, TAKING INTO ACCOUNT THE RELEVANT TEACHING POINTS.**

**INSTRUCTORS MUST CONSTANTLY RE-EMPHASISE TO STUDENTS THE SAFETY FACTORS INVOLVED AND THE IMPORTANCE OF COMMUNICATION.**

**NO RESISTANCE TO BE OFFERED AT THIS STAGE**

## **Section 5: Moving a Prisoner**

### **INTRODUCTION**

This section of the syllabus deals with the various methods of moving a prisoner. The circumstances, distances and level of resistance offered by the prisoner will dictate which technique is used.

#### **5.1 THE ROLE OF THE SUPERVISOR**

Refer to Section 1.1.1

#### **5.2 PASSIVE PRISONER**

- i) It is often the case where even after prisoners have exhibited disruptive signs or have been physically restrained they have then become passive enough so that in the judgement of staff they can be allowed to walk without restraint.
- ii) Staff who are escorting prisoners should be no nearer than arm's length to the prisoner. This creates a reactionary gap which gives them sufficient time to defend themselves if attacked by the prisoner.
- iii) The Number 1 of the team will position themselves in front, but to the side of the prisoner, adopting a side on stance, maintaining regular eye contact with the prisoner in order to observe the continuous physical condition of the prisoner.
- iv) Numbers 2 and 3 will be to the rear and at an angle to the side of the prisoner at no nearer than an arm's length distance between themselves and the prisoner. The prisoner will remain in their eye contact throughout.

#### **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

#### **5.3 DE-ESCALATION**

*This section has been redacted. It describes the technique used to release a prisoner from restraint and enable their escort as a passive prisoner.*

#### **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

## **5.4 PRISONER IN FINAL LOCKS**

### **5.4.1 Doorway Negotiation**

*This section has been redacted. It describes the technique to be used by a three officer C&R team for negotiating doorways and stairways with a prisoner under restraint in final locks.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

### **5.4.2 Stairway Negotiation**

*This section has been redacted. It describes the deployment of staff when it is necessary to move a prisoner up or down a staircase under restraint.*

#### **i) Moving Down Stairways**

*This section has been redacted. It describes the technique to be used by a three officer C&R team for moving a prisoner under restraint down a stairway.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

#### **ii) Moving Up Stairways**

*This section has been redacted. It describes the technique to be used by a three officer C&R team for moving a prisoner under restraint up a stairway.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

## **5.5 PRISONER IN RATCHET HANDCUFFS**

*This section has been part redacted. It describes the technique to be used when escorting a prisoner in ratchet handcuffs.*

### **5.5.1 Compliant**

If, during the escorting procedure, the prisoner responds to attempts by the team members and supervisor to de-escalate the situation, the final locks can be removed and the prisoner escorted in the following manner:

*The rest of this section has been redacted. It describes the technique to be used by a three officer C&R team when escorting a compliant prisoner in ratchet handcuffs.*

### **5.5.2 Stairway Negotiation**

*This section has been redacted. It describes the technique to be used by a three officer C&R team when negotiating stairways with a compliant prisoner in ratchet handcuffs.*

### **STUDENTS WILL PRACTICE THESE TECHNIQUE AS PART OF A THREE OFFICER TEAM**

### **5.5.3 Non-Compliant**

*This section has been redacted. It describes the locks to be maintained by a three officer C&R team when escorting a non-compliant prisoner in ratchet handcuffs.*

### **5.5.4 Doorway Negotiation**

Refer to the techniques previously taught in Section 5.4.1.

### **5.5.5 Stairway Negotiation**

Refer to the techniques previously taught in Section 5.4.2.

### **STUDENTS WILL PRACTICE THESE TECHNIQUES AS PART OF A THREE OFFICER TEAM**

## **MOVING A PRISONER AGAINST THEIR WILL**

Whilst most prisoners respond to the pain compliant element of Control and Restraint, there may be instances (drug abuse, mental illness etc.) where pain compliance does not affect prisoners in the usual manner. It then becomes increasingly difficult to move prisoners to the relocation area. If this occurs prisoners will be moved in the following manner:

*The rest of this section has been redacted. It describes the techniques to be used by a three officer C&R team to move to the relocation area, prisoners who do not respond to the pain compliant elements of Control and Restraint.*

### **5.6.1 Support Staff**

*This section has been redacted. It describes how an additional officer can be used to assist in moving a prisoner against their will.*

### **STUDENTS WILL PRACTICE THIS TECHNIQUE IN THEIR GROUP**

## **NOTES:**

Before allowing students to practice this technique, **explain** correct lifting technique utilising kinetic lifting techniques.

Anyone with existing injuries to back, knees, shoulders etc are NOT to participate in this session.

This technique is only to be used as a last resort and only over a short distance.

Both members of staff must be in agreement prior to the lift and will only use it if confident of its success.

Never attempt this if the disparity in size and strength between the staff and prisoner is too great.

## **ENSURE ALL WORKING GROUPS ARE OF SIMILAR BODYWEIGHT**

### **Section 6: Relocation**

#### **INTRODUCTION**

This section of the syllabus deals with the various methods of relocating a prisoner. The level of resistance offered by the prisoner will dictate which technique is used.

#### **6.1 THE ROLE OF THE SUPERVISOR**

Refer to Section 1.1.1

#### **6.2 PASSIVE PRISONER**

Prisoners who have been escorted to a relocation area in a passive manner will be relocated without any form of force being used.

#### **6.3 PRISONER IN FINAL LOCKS**

##### **6.3.1 Compliant**

On arrival at the relocation area, the supervisor and team members should use their judgement on whether the prisoner is compliant enough to be relocated in a standing position. Following this decision, taken by the supervisor, the prisoner will be relocated in the following manner



*This remainder of this section has been redacted. It describes the technique (including locks) to be used in the relocation of a compliant prisoner and the technique of withdrawal from the relocation cell by the three officer C&R team members.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

### **6.3.2 Non-Compliant**

*This section has been redacted. It describes the technique to be used to relocate a non-compliant prisoner who cannot be relocated in a standing position.*

#### **i) Positioning Of The Prisoner**

*This section has been redacted. It describes the technique for positioning the prisoner in the cell to ensure that the closing door will not strike the prisoner's legs.*

#### **ii) Prisoner To Kneeling Position**

*This section has been redacted. It describes how the prisoner is instructed to adopt a kneeling position following relocation and the technique used to control the prisoner's head.*

#### **iii) Prisoner To Rest Position (Triangular Fix)**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to place the prisoner in the rest position following relocation.*

#### **iv) Application Of Figure Four Leg Lock**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to place the prisoner in a figure four leg lock following relocation.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE ONE ON ONE**

#### **v) Application of Back Hammers**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to apply "back hammers" (a type of wrist lock to enable safe withdrawal of C&R team members from the cell) to a prisoner following relocation.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

v) **Withdrawal Of Team Members**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to safely exit a cell following the relocation of a non-compliant prisoner.*

**NOTES:**

Once the cell has been secured the prisoner must be observed to ensure they are not exhibiting any signs of distress.

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

## **6.4 PRISONER IN RATCHET HANDCUFFS**

### **6.4.1 Compliant**

Upon reaching the designated relocation area the ratchet handcuffs will be released and the staff will withdraw.

### **6.4.2 Non-Compliant**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to relocate a non-compliant prisoner in ratchet handcuffs in a prone position.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

## **6.5 FULL SEARCH OF A PRISONER UNDER RESTRAINT**

Reference must be made to Prison Rule 41 (3), YOI Rule 43 (3). No prisoner shall be stripped and searched in the sight of another prisoner, or in the sight of a person of the opposite sex. The authority required for a full search under restraint will normally be the decision of the Duty Governor or in their absence the Officer supervising the relocation. Students must be reminded that a full search under restraint is not always required. Where authority has been given the search must be carried out in the following manner.

*The remainder of this section has been redacted. It describes the technique to be used by a three officer C&R team when carrying out a full search of a prisoner under restraint.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**6.6 BODY BELT**

**6.6.1 From Final Locks**

*This section has been redacted. It describes the technique for applying a body belt to a prisoner in final locks position.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**6.6.2 From Ratchet Handcuffs**

*This section has been redacted. It describes the technique for applying a body belt to a prisoner who has been relocated using ratchet handcuffs. It describes the removal of the handcuffs and the application of the body belt.*

**6.7 PREGNANT PRISONERS**

A pregnant prisoner can be relocated using any of the methods described in 6.3.1 and 6.4.1.

However, a non-compliant pregnant prisoner **MUST NOT** be relocated face down.

**i) Non Compliant**

*This section has been redacted. It details the technique to be applied by a three officer C&R team when relocating a non-compliant, extremely violent, pregnant prisoner. The technique describes how the prisoner is to be relocated on her side in final locks.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

ii) **Withdrawal of the Team**

*This section has been redacted. It details the technique to be applied in moving a prisoner from final locks to “back hammer” locks to enable safe withdrawal from the relocation cell of the three officer C&R team.*

**STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

**NOTES:**

*This section has been redacted. It describes how the prisoner should be positioned in the relocation cell to allow the three officer team to exit unimpeded.*

**Section 7: Cellular Vehicles**

**7.1 MOVING A PRISONER**

As described in the Section 5.

**7.2 RELOCATION**

**7.2.1 Cells Located at the Side**

i) **Final Locks**

*This section has been redacted. It describes the technique for moving a prisoner under restraint onto a cellular vehicle where the cells are located at the side of the vehicle. It describes how to move from final locks to back hammer locks to seat the prisoner and withdraw from the cell.*

**STUDENTS WILL PRACTICE THIS TECHNIQUES AS PART OF A THREE OFFICER TEAM**

ii) **Handcuffs**

*This section has been redacted. It describes the technique for moving a handcuffed prisoner onto a cellular vehicle where the cells are located at the side of the vehicle.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

### **7.2.2 Cells Located at the Rear**

#### **i) Final Locks**

*This section has been redacted. It describes the technique to be used by a three officer C&R team to convert final locks into back hammer locks to enable the relocation of a prisoner under restraint onto a cellular vehicle where the cells are at the rear of the vehicle.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

#### **ii)**

*This untitled section has been redacted. It describes the technique to be used by a three officer C&R team to relocate a prisoner in handcuffs onto a cellular vehicle where the cells are at the rear of the vehicle.*

## **STUDENTS WILL PRACTICE THIS TECHNIQUE AS PART OF A THREE OFFICER TEAM**

### **7.3 PLANNED REMOVAL**

*This section has been redacted. It describes the technique for a planned removal of a prisoner from a cell.*

## **Section 8: Scenario Based Training**

Now that students have been taught all six sections of the Control and Restraint syllabus, it is important to create scenarios incorporating all of these areas.

Whilst most planned removals will entail armed prisoner removal techniques, it is still important to include the removal of unarmed prisoner scenarios. Following on from these will be the practices of moving and relocating prisoners building up the scenarios to cover all aspects of the techniques taught including: compliant, non-compliant / use of ratchet cuffs / de-escalation techniques etc.

Unplanned incidents will revolve around scenarios based upon realistic prison incidents giving students the opportunity to put into practice the techniques they have been taught including the opportunity for control techniques to be introduced into the scenarios if they are reasonable and proportionate in the circumstances.

Instructors should be aware that although they wish to make the incidents as realistic as possible by increasing the levels of resistance as necessary, health and safety factors must be foremost in their mind.

**NOTES:**

POELT Instructors will ensure that scenario based training is not used for the competence assessment of POELTs.

**USE OF FORCE  
REPORT WRITING**

## **F. USE OF FORCE REPORT WRITING**

### **1.1 INTRODUCTION**

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. The 'Use of Force' includes any and all types of force that may be used against a prisoner – this includes all Personal Safety 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).

2. 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
  - Necessary
  - No more force than necessary
  - Proportionate to the seriousness of the situation

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

3. The first part must be completed by the supervising officer at the scene of the incident (or the officer who used force if it was a single person use of force e.g. Personal Safety technique, use of a baton).
4. The second part (Annex A) must be completed and signed by every officer who used force in any way (e.g. every member of a C&R team)

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.

Once completed, the Use of Force Form must be passed to the Orderly Officer.



## **1.2 SUPERVISOR**

The Supervisor is responsible for ensuring completion of the Use of Force Form. When an incident is unplanned 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.

They must complete the first section themselves and then write in Annex A, their own version of events. The form must then be passed to the Orderly Officer on duty for filing (and follow up action when necessary).

### **TEACHING POINTS:**

- The first section on the form gives details about all the staff who were involved in the use of force and details of the prisoner and time & date of the incident.
- There are then a series of 'tick boxes' to complete detailing the location of the incident, what events are believed to have led up to the incident, what efforts at de-escalation took place, what type of force was used (e.g. C&R, Personal Safety, baton, ratchet handcuffs etc.)
- The following section asks for the name of the person who authorised the use of force. If an incident was unplanned then it may be unclear as to who authorised the use of force. The supervisor should state that due to the nature of the incident the staff used their judgement as to apply the use of force. Justification for using force should be included in the officer's individual report (Annex A).
- The next section asks for details about the involvement of the healthcare team and any injuries that have occurred to either staff or prisoners. An F213 must be completed on all prisoners.
- The supervising officer is then asked to confirm that they have completed their version of Annex A (see below), that all officers involved have also completed an Annex A and that they have passed all the paperwork to the Orderly Officer on duty.

## **1.3 ALL STAFF INVOLVED IN THE USE OF FORCE–ANNEX A**

It is important that all staff who were involved in any use of force complete Annex A of the Use of Force Form. The purpose of completing this form is for each member of staff to justify and explain their actions and the circumstances in

which they took them. They must make as clear a picture as possible as to the facts as they saw them.

### **TEACHING POINTS:**

- Where the member of staff was when they became aware of the incident
- Details of any briefing given to them by the supervisor
- What circumstances they are aware of that led up to the use of force
- Instructions given to the prisoner prior to force being used – this must include that the prisoner was made aware of the consequences of non-compliance
- Their perception as to the behaviour of the prisoner and what he/ she was saying & doing
- The names of others present (both staff and prisoners)
- What their role was (e.g. position in C&R team)
- A detailed description of how they applied force
- How the member of staff felt about the incident
- Their perception of the resistance offered by the prisoner
- Quote any instructions given to the prisoner and the response received
- De-escalation efforts made (try to quote words used)
- Whether ratchet handcuffs were applied (and who authorised their use)
- Where the prisoner was relocated to and how the relocation took place e.g. in locks, walking, in ratchet handcuffs
- Any injuries observed to staff and / or prisoner

## **1.4 ORDERLY OFFICER**

The Orderly Officer is responsible for ensuring that:

1. The Use of Force Form is completed in full.
2. Every officer who was involved in any use of force has completed an Annex A – Officer's Statement.
3. An F213 has been completed on any prisoners involved in the incident.
4. The duty governor / controller has been informed.

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).