

# LESS LETHAL WEAPONS WORKING GROUP

Lead: Lucy D'Orsi
Chief Constable

C/O West Mercia Police Headquarters, P.O. Box 55,

Hindlip Hall, Worcester, WR3 8SP

Telephone: 01905 331717

Staff Officer: Andy Harding
Mobile: 07917 505432

E-mail: lesslethalweapons@westmercia.pnn.police.uk

Our Ref: LD/AH/rm OFFICIAL

**Circular No: 05LL'2021** 26 April 2021

This circular may be of interest to Chief Officers and others responsible for Less Lethal Weapons Policy or Training, and those who command officers deploying with less lethal weapons, and may be located on College of Policing's Knowledge Hub.

Disclosure of the contents of this document with respect to the Freedom of Information Act should only be considered following consultation with the Less Lethal Weapons Secretariat

Dear Chief Constables, Police and Crime Commissioners, Force Firearms Leads, Chief Firearms Instructors, Taser Leads and Taser SPOCs

### Healthcare of detainees in custody subjected to CED discharge

On the 20 February 2020 following advice from the Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (SACMILL), the Home Office provided support for NPCC proposals, to changes in the health examinations of detainees in custody who have been subjected to the use of Taser Conducted Energy Devices (CEDs). Proposals are designed to ensure standards of healthcare provision are maintained whilst ensuring a more timely response to healthcare provision. This circular sets out the current position and how the new changes will be introduced into operational policing.

On arrival at the custody suite, anyone who has been subject to a Conducted Energy Device (CED) discharge in probe mode, or drive-stun mode, must be seen at the earliest opportunity by a specially trained healthcare professional (HCP) working in General Forensic Medicine (this does not have to be a doctor). For the purpose of this guidance HCPs are:

- 1) Nurses
- 2) Paramedics
- 3) Doctors

The reason for this initial assessment is to render first aid, remove probes where safe to do so, and, if an immediate concern is identified, arrange transfer to the Emergency Department.

It must be recognised that a clinical assessment of individuals subjected to CED discharge is different to assessment of those presenting with pre-existing conditions. This is because injuries or complications related to the discharge may be due to the officer's decision to deploy a TASER (based on the NDM) and therefore contributed to, or caused by the officer involved in using the CED.

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The position of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians (FFLM) remains that the detainee, as well as officer(s) or member(s) of the public exposed to CED discharge, should receive precisely the same level of care. In practice, this requires all individuals to be assessed either by a doctor, or alternatively, by a nurse or paramedic with an advanced clinical qualification (equivalent to the Royal College of Emergency Medicine credentialing scheme for Advanced Clinical Practitioners) which allows them to practise independently and who would escalate to take the advice of a doctor when appropriate.

The FFLM and the NPCC recognise that the models of healthcare currently deployed in police custody across the UK mean that there are a limited number of doctors or advanced clinical practitioners working within the custody setting.

With that in mind, if a provider is unable to make available a doctor qualified in forensic medicine, then the following minimum standards will be required for a HCP to assess detainees exposed to CED discharge:

1. The nurse or paramedic holds an advanced clinical practitioner qualification (as described above)

#### OR

- 2. The nurse or paramedic has undergone:
  - a. Induction training in General Forensic Medicine via a course following the FFLM syllabus and standards for this induction training

#### **AND**

b. Has undergone a bespoke CED course approved by the FFLM and supported by the NPCC

All providers must ensure that all clinicians (doctors, nurses or paramedics) must have access to a named, senior, experienced forensic physician (preferably with the qualification MFFLM/FFFLM) for discussion and physical review of complex situations and complex patients.

Between the date of the Home Office supported change and today, the FFLM have been engaged with the NPCC Less Lethal Weapons Group, NPCC Custody Lead and healthcare providers across the UK to establish a one day course suitable for ALL HCPs employed in custody settings and relating to the use of Taser CEDs.

As from the 17<sup>th</sup> May 2021, and to coincide with the Government reaching step 3 of the 'road map to recovery' during the COVID pandemic, courses will become available that can be booked through the FFLM (<u>via fflm.ac.uk</u>) under phase one of the project. The FFLM have been instructed to develop the required training and provide forces with sufficient slots to enable a force to 'go live' with the change in their management of detainees who have had Taser used upon them.

Once this first phase has been completed and forces are compliant, phase two will become available where forces will be able to purchase licences to deliver the training in-house following the successful completion of a 'train-the-trainer' course. The NPCC Custody Lead in conjunction with HCPs and the FFLM will complete the finer details of this process. Health care providers can continue to utilise courses offered as part of phase one by the FFLM.

At any stage, once a force has enough HCP personnel trained to sufficiently cover requests to examine detainees subject to Taser (CED), the force can declare themselves to be compliant. Once this has been achieved, the force must notify the Less Lethal Weapons Secretariat for our records. At this point the force's requirement for doctors to be routinely utilised to examine those exposed to CEDs will no longer be in place. It will be for the force to ensure they continue to be fully compliant with the requirements of the system. The medical aftercare arrangements are a key part of the system authorised by the Home Secretary. Section 2.1.1 of the Code of Practice on Armed Policing and Police use of Less Lethal Weapons refers to the system and cross references with Authorised Professional Practice (APP). This policy is non-negotiable and has been reviewed by SACMILL under commission from the Home Office.

If a force cannot achieve this standard then that force will still be required to provide doctors to assess all detainees who have had Taser used upon them.

The NPCC do NOT support the reliance on emergency departments to fulfil this function as a routine standard operating procedure to prevent the costs involved in routine doctors' examinations.

#### To clarify:

- This system change and policy will come into effect from the 17<sup>th</sup> May (to coincide with step 3 of the roadmap out of the lockdown).
- Forces can book training courses with the FFLM as soon as they become available.
- A force can declare they are compliant at any time after the 17<sup>th</sup> May when enough personnel are trained to provide full cover in the custody areas.
- Once a force declares its compliance, they must notify the Less Lethal Weapons Secretariat: lesslethalweapons@westmercia.pnn.police.uk
- A force must de-register with the Less Lethal Weapons Secretariat if for whatever reason they fall out of compliance.
- Any force that is not compliant will have to maintain doctors to examine any detainee in custody who has had Taser CED used upon them.
- Once the FFLM have provided enough courses for forces to embed this process, train-the -trainer courses will be available via accreditation and licence to support full compliance.
- A force can maintain their commitment to the policy by utilising the courses offered by the FFLM.
- The NPCC Less Lethal Weapons Secretariat must be informed at the earliest opportunity in cases where a serious adverse medical outcome arises as a suspected result of use of CED. This is to ensure that any lessons may be learned and, where appropriate, promulgated at a national level.

Yours sincerely

Chief Constable Lucy D'Orsi

**NPCC Less Lethal Weapons National Lead** 

## Glossary

FFLM	The Faculty of Forensic and Legal Medicine of the Royal College of Physicians, London. The FFLM are the recognised clinical standard setting organisation for healthcare in police custody.
CED	Conducted Energy Devices. This is a less lethal weapon system which utilises electricity to incapacitate a subject. In the UK there are currently three types of CED approved and available for use by trained police officers. These are:  • TASER X26e • TASER X2 • TASER T7
Probe Mode	In this mode a pair of probes attached to insulated wires are fired at the subject. When the probes or barbs contact the subject the device delivers an incapacitating electrical discharge
Drive Stun	This is the process of using the CED as a pain compliance technique. The devise is activated and placed against a subject's body, in this mode the probes are not fired from the device. It may also be referred to as angled drive stun mode.
NPCC	The National Police Chiefs' Council brings together senior officers from police forces across the UK. Part of its role includes working with the College of Policing to develop joint national approaches on matters involving policing.
RCEM	The Royal College of Emergency Medicine is an independent professional association of emergency physicians in the UK. It sets standards of training and administers examinations for emergency medicine in the UK & Ireland.
ACP	Advanced Clinical Practitioners are distinct from more common terms such as Advanced Nurse Practitioners. The ACP Curriculum is based on the intercollegiate Acute Care Common Stem (ACCS) curriculum, with some amendments to allow for the scope of practice of ACPs and the legal framework in which ACPs work.
НСР	Health Care Professionals. Within the custody setting this is commonly used to refer to nurses and paramedics. Outside of the custody setting this term may include a range of clinical practitioners such as physiotherapists, occupational therapists, radiotherapists etc.
GFM	General Forensic Medicine. This refers to clinicians working within clinical forensic medicine usually in a custody setting.
FME	A commonly used term for Forensic Physician
FP	Forensic Physician. A doctor working within general forensic medicine or sexual offences medicine. These doctors should have received specific additional training in the forensic medical field in addition to their general medical training
MFFLM	Membership of the Faculty of Forensic & Legal Medicine. This qualification is obtained following sitting both written and clinical examination in forensic medicine. It is a robust examination process that tests candidates' skills and knowledge in the field.
FFFLM	Fellowship of the Faculty of Forensic and Legal Medicine. Fellows of the faculty are individuals who, in addition to being eligible for membership, have demonstrated a significant contribution to the science or practice of forensic and legal medicine. They are generally forensic clinicians with significant experience and expertise in senior roles.