



Jonathan Green
Deputy Director General, Operations (Interim)
Independent Office for Police Conduct

10 May 2019

Dear Mr Green

Thank you for your letter of the 7th of May in which you ask for information on the timescales and plans for the publication of the revised guidance to officers in respect of circumstances when subjects might have placed items in their mouths to avoid them being found by searching officers.

The final content has been informed by Dr Meng's peer reviewed report which summarised relevant clinical evidence and has been agreed by the College and the Self-Defence and Restraint (SDAR) coordination committee.

The clinical report stated that there is no evidence that would suggest that the deployment of PAVA or other irritant sprays would increase the likelihood that a subject might inhale sharply and cause an item in their mouth to become lodged in their throat. The report identifies that the positioning of a subject's head and airway are the most important factors influencing the likelihood of an item falling to the back of their throat and blocking their airway.

The guidance seeks to provide advice based on the best available evidence on how officers can best manage the circumstances when a subject is believed to have placed an item in their mouth at the point of detention or search. This action by the subject could result in evidence of criminality being concealed and increase the risk that the subject might choke on the item or ingest a substance that would itself be a risk to their health.

There have been a small number of instances when a subject has choked on an item they have placed in their mouths and the previous guidance had been subject to criticism that it did not provide sufficiently clear advice to officers and staff. The new guidance has been written with a view to providing increased clarity and focusing on the actions that officers can take to minimise the risk of choking resulting from their actions.

I would summarise the main points of the revised guidance as follows.

The guidance no longer refers to 'mouth search' and the advice is clear that officers should not place their fingers in the mouths of subjects because of the risks to officers themselves and the potential of inadvertently moving the item to the back of the subject's mouth.

The guidance identifies that the risk of choking is minimised by positioning the subject with their head and airway tilted forward and which reduces the risk of an item falling in to the airway.

The guidance emphasises the need for officers to be aware of the risk of the airway becoming obstructed and to monitor for signs of this and to monitor the subject's breathing.

The guidance makes it clear that there is a risk of the item blocking the subject's airway whenever officers restrain or struggle with a subject they believe might have an item in their mouth.

The guidance advises that the subject should be asked if they have an item in their mouth and if so what the item is. It advises officers to instruct the subject to empty their mouths voluntarily and that if they fail to comply, and the circumstances justify it, they should consider the use of reasonable force in the form of restraint and pressure points to seek compliance from the subject to empty their mouth.

The guidance also makes it clear to officers that concerns about the concealment of evidence are secondary to safety concerns when considering what action they should take.

Advice on the use of pressure points is provided in other sections of the NPSM and Dr Meng's report provides evidence that their use does not in itself lead to an increased risk of choking occurring. However, the guidance makes it clear that in taking action officers must avoid placing pressure on both sides of the subject's neck area as this could lead to 'a risk of reducing blood flow to the brain'.

The guidance identifies a multiple officer tactic that could be utilised and of the risks associated with its use which include those associated with positional asphyxia and that the physical struggle involved in restraint might itself lead to the item falling to the back of the subject's throat.

The guidance advises that both choking and the ingesting of an unknown and potentially dangerous substance would constitute a medical emergency and that officers should respond accordingly; calling an ambulance and, in the event of choking, using their first aid skills to provide immediate attention.

I have attached the latest version of the relevant NPSM content. This was uploaded on to the NPSM on Thursday 9th May 2019. [REDACTED], the NPCC lead on SDAR, will shortly write to all Chief Constables and SDAR leads to advise them that the guidance has been updated and of the need to ensure that their Personal Safety Training is amended in line with the new advice.

Officers are faced with a dilemma in the circumstances where a subject places an item in their mouth to avoid it being found. The item may be evidence relating to criminal activity and may present a risk to the subject in terms of the risk of choking and of the ingestion of the contents. The officers may need to take action to arrest and detain the subject and to require the subject to spit the item out. The actions that they take can affect the risks of the subject choking on the item but taking no action may also present some risk.

There have been some tragic occasions when subjects have choked on items in their mouths and died. The College and the SDAR are committed to providing officers with the best advice possible to assist them in making decisions and taking action to maximise the potential to recover such items while minimising the risks to the subject and to themselves.

The latest amendment has taken some time to be agreed. This has been largely due to the desire by the College and SDAR to obtain the best possible clinical information and to provide the best possible advice.

The College and SDAR will now take the necessary action to ensure that the amended advice is available to forces and that the forces know that it has changed and need to amend their training accordingly. The College and SDAR are taking this action as part of our efforts to prevent future deaths and promote safety.

I hope that this letter and the amended guidance provide you with what you need. Please let me know if you need any more information.

Yours sincerely

[REDACTED]

Faculty Lead: Uniformed Policing
College of Policing