

Case 8 | Issue 37 – Young people

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THE LESSONS**✉ learning@policeconduct.gov.uk🌐 www.policeconduct.gov.uk/learning-the-lessons**16-year-old becomes unwell in custody**

Young aggressive detainee is restrained alone in the prone position and becomes unwell, raising issues about:

- *Positional asphyxia*
- *Level and manner of observational checks*
- *Use of restraints*

This case is relevant if you work in:

Custody and detention**Personal safety****Overview of incident**

Police were called to an address at approximately 10am. PC A and PC B went to the address and arrested a 16-year-old man, Child C, for using violence to secure entry. Officers thought he was an adult due to his physical size and athletic build. They did not discover his age until later.

Child C was placed in handcuffs. He shouted abuse and said he would keep fighting the officers all day. Because of his resistance, Child C was placed in leg restraints as well. Child C was carried to the police vehicle and taken to the police station. Child C's family were worried he had taken an illegal substance.

Once at the police station, Child C walked to the custody holding area. Officers said Child C was in an extremely agitated and violent state. He remained handcuffed in the front-stack position. He was restrained while he was in the holding area and was carried to cell six with the assistance of custody sergeant, PS D. Other officers stated Child C was taken directly to the cell because of his violent and aggressive behaviour.

Child C was handcuffed in the front-stack position and his legs were restrained.

The custody inspector, Inspector E, described Child C as aggressive, strong, and refusing to do what was asked of him. Police Inspector F, who was in the custody suite at the same time, said all questions were answered with swearing and abuse.

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PS D noted in the custody log Child C was restrained by at least three officers, face down on the mattress. He told one of the officers to control Child C's head. Child C was calm for a few moments so PS D told him why he was being arrested and explained the processes that would follow. Inspector E noted PS D spent a lot of time explaining the process and he remained calm. He said Child C was non-complaint throughout. He stated PS D tried to sit Child C up in order to move the handcuffs to the front, but Child C was "intent on fighting everyone."

PS D stated Child C's breathing was "laboured and grunting" and he suspected Child C may have taken drugs. He interpreted this brief moment of calm as Child C reaching a point of exhaustion.

At 10.23am, in-cell CCTV showed Child C was put in anti-harm clothing. PS D authorised a strip search to remove Child C's clothing because he said Child C had been very violent and had possibly taken an illegal substance. PC B corroborated this in his first account where he stated "due to the violence and the inability to properly search, PS D said to remove the male's clothes and put him into a pair of self-harm shorts."

In his statement, Inspector E explained that normally when a strip search is made at that station, they use cell three because they can turn off the camera in that cell. Inspector E later said none of the officers had known his age because of his physical size. Because of this, and because of the non-compliance of Child C, the strip search was done in cell six without an appropriate adult.

Authorised Professional Practice (APP) on the prone position and positional asphyxia

When a detainee is restrained in a prone position, a safety officer should be responsible for monitoring the detainee's conditions, particularly the airway and response, protecting and supporting the head and neck. That person should lead the team through the physical intervention process and monitor the detainee's airway and breathing continuously. Care should also be taken not to place pressure on a detainee's chest or obstruct the airways.

Find out more online:

<https://www.app.college.police.uk/app-content/detention-and-custody-2/control-restraint-and-searches/#the-prone-position-and-positional-asphyxia>

During the strip search, individual officers were stationed at and trying to control Child C's legs, hands, arms and head. PC G was the officer at Child C's head. He monitored his breathing and directed the pace of the search. Regarding the age of Child C, PC G later recalled he was "a big and strong lad and age is very difficult. When I saw him I thought he may have been 18-22 years old."

CCTV showed Child C did not show signs of resistance when officers removed his shorts and put him in anti-harm shorts. Inspector F stated to IOPC investigators Child C was relatively calm until officers started to remove his top. Officers tried to move Child C onto his side but he moved back onto his front. PC G stated when officers tried to remove Child C's top, he became agitated and would not co-operate with removing his handcuffs. PC G applied pressure points to Child C's neck. Child C responded with "F off that hurts." The officers gained enough control to remove Child C's upper-body clothing.

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The situation deteriorated around 10.28am. The custody log stated officers tried to put the handcuffs back on Child C but he actively resisted. PC B recalled the conversation had been about both the officers' safety and the safety of Child C, but attempts to keep him calm only made him angrier. Inspector E later stated Child C was very upset about his dignity.

Child C kicked out several times. Inspector F, who was trying to control his legs, stated they kept breaking free from his grip. PS D put his body weight behind him to get one of Child C's legs bent across the other. Inspector F recalled skidding backwards. PS D said he tried "tactical communications" to explain the process to Child C. He said he and other officers were unable to effectively communicate with Child C because of his lack of co-operation and aggression. PS D stated in the custody log Child C was placed in a crossed leg restraint and handcuffed. Child C continued to violently struggle and shout at the officers. PS D told Child C they would leave him handcuffed as he kept resisting.

PC B said in his statement he felt they were all going to get hurt if they were unable to control Child C. Inspector F stated "because kept fighting and was so full of energy, we had to leave him with handcuffs on at the rear, to avoid a risk of being attacked by him". He later added "there was no other safe option at that point."

Inspector F told IOPC investigators he remembered a conversation amongst the officers about the risk of leaving Child C handcuffed in a rear stack position, but PS D told them to leave them on and to leave the cell. PC G said when it was pointed out Child C still had handcuffs on, PS D said it was fine. He also said they could stay on for the moment as they were not going anywhere and were going to stay outside the cell with the hatch down and monitor him.

When asked about this by IOPC investigators, PS D stated Child C had clearly been exerting himself for a considerable period of time. While he could have kept officers in the cell, PS D felt holding Child C down and restraining him would place him at a higher risk of positional asphyxia. He therefore decided he needed to get officers out of the cell as quickly as possible so Child C could calm down, regain his breath, and lie there without any pressure on his chest. PS D considered Child C's age and athletic build put him at a low-risk for positional asphyxia. He thought Child C was more than capable of drawing a knee up, rolling himself, and leaning slightly to the side to relieve discomfort.

Other officers indicated they thought the risk for positional asphyxia was not increased by any of the known aggravating factors. However, to avoid danger, they were all trying to keep Child C on his side, stating it was not ideal to keep a restrained prisoner on their front.

At 10.30am, the CCTV shows PS D outside of the closed cell door observing Child C through the spy hole for 56 seconds, and through the hatch with the glass window up for one minute 39 seconds.

Authorised Professional Practice (APP) on monitoring in custody

A detainee who is restrained, including restraint using mechanical equipment, should be under constant observation (level 3) or in close proximity (level 4) so that officers and staff can monitor all vital signs and make appropriate intervention if a medical emergency arises. See [detainee care, levels of observation](#).

This supervision may also involve being:

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- in the cell with the restrained detainee
- in the cell with the detainee and physically restraining them
- outside the cell and observing the detainee through the open cell door or a see-through door

Find out more online:

<https://www.app.college.police.uk/app-content/detention-and-custody-2/control-restraint-and-searches/#monitoring-in-custody>

In interview, PS D said he closed the cell door to minimise the risk to other officers and to Child C by preventing Child C from springing up and running at the officers, thus needing to be restrained again.

He stated “he’s exhausted and he is wearing handcuffs”. So for that reason, he started immediate observations through the spy hole and hatch. PS D stated looking through the hatch meant he could both see and hear Child C.

At 10.33am, CCTV shows Child C continuing to cough, grunt and breathe heavily. Although his legs were moving at first, Child C gradually went quieter until he appeared silent and still. PS D described Child C was breathing regularly but heavily, not panting but taking reasonably deep breaths. Then Child C appeared to stop. PS D stated “at the point when I could expect him to take his next breath, he didn’t. I looked at him for a moment and said...it looks like he may have stopped breathing, we need to go back into the cell.” He and the other officers entered the cell and placed Child C in the recovery position.

PS D was unable to find a pulse in Child C’s wrist, but found a strong pulse in his neck. PS D could not feel Child C breathing so he requested an ambulance and first aid equipment. He rolled Child C onto his back and he began breathing again.

PC G later recalled Child C began to cough a lot as the officers tried to keep him calm. PS D stated he seemed a little groggy.

The ambulance crew arrived but Child C was uncooperative and aggressive. According to the officers there, the paramedics could not confirm Child C had been unconscious but they stayed with him for ten to 15 minutes. They were satisfied he was fine. PS D asked the paramedics to examine Child C’s knee because it might have been injured during the restraint. Because Child C was not engaging, the paramedics decided to stay in the station but leave him to calm down.

According to PC B, when the paramedics asked Child C if he had taken any drugs, he denied this. Other officers later stated while Child C had been relentlessly aggressive, he did not seem to be under the influence of drugs.

At 10.45am, Police Sergeant (PS) H, who had created and was updating the custody log, noted she had discovered Child C was actually 16.

PS D decided at 10.51am to leave Child C for 10 minutes to see if he would become calmer. In the custody record, PS D noted Child C was placed onto level 4 observations with two officers remaining outside the cell with the cell door closed. Child C’s handcuffs were removed.

At 11.11am PS D heard a commotion coming from the cell and saw on the CCTV officers were again struggling with Child C. He went to the cell and activated the emergency alarm. PC A

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provided a description of the incident in his statement. He stated Child C became very aggressive again. He stood up and started walking towards him and the cell door. PC A believed Child C was either going to assault him or try to escape from the cell. PC A pushed Child C back into the cell where he again started to resist.

CCTV shows Child C was again handcuffed to the rear with leg restraints applied. PS D later stated he tried to speak with Child C to calm him down and de-escalate the situation. PS D stated he asked Child C what it was that was so annoying to him. Child C said it was the restraints, so PS D agreed to move the handcuffs from a rear to front position. However, Child C tried to remove his leg restraints.

PS D told Child C he would have to once again move the handcuffs to the rear if he kept trying to remove his leg restraints. He subsequently did so.

Inspector E stated Child C was placed on double constant police supervision with the door closed due to the level of aggression. He described Child C as being in his cell, handcuffed to the rear with leg restraints on, and laying on his side with officers watching him.

At 12.58pm Child C's mother was contacted about the situation. She said she could not come and suggested a different person to act as an appropriate adult. This person arrived at 15.30pm.

At 13.37pm PS D returned to the cell to speak with Child C. He asked Child C if he had taken any drugs which he denied, stating he was "just an angry man." PS D was able to find out Child C had a pre-existing knee injury but no medical problems, no history of self-harm, and he was not on any medication. PS D returned Child C's clothing. PC B described PS D as building a rapport with Child C and calming him down so he did not need to be restrained. PS D changed the care regime to level 3 – constant observation.

At 13.55pm, Child C was visited by a healthcare professional. They advised he was fit to be interviewed and recommended level 1 observations. PS D handed over custody at 15.21pm and Child C remained calm until his release.

Type of investigation

IOPC independent investigation

Action taken by this force

1. The force has now included this case as a case study in personal safety training courses delivered to custody staff.

Outcomes for officers and staff

PS D

1. PS D, who was the custody sergeant, was found to have a case to answer for misconduct in relation to:

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- Instructing the police officers who restrained Child C in his cell to leave the cell. This left him in a prone position while still handcuffed to the rear. PS D knew Child C was clearly showing signs of exhaustion.
 - Monitoring Child C through the spyhole and then through the hatch. This was inappropriate considering Child C was on level 4 observation – close proximity, and still handcuffed to the rear in a prone position.
2. The force disagreed with the decision there was a case to answer for misconduct. They suggested dealing with the issues raised through a team debrief and to use the case as a case study in future training. The IOPC agreed this was appropriate.

Questions to consider

Questions for policy makers and managers

1. Does your force provide officers with training or guidance covering positional asphyxia, and the circumstances during restraint where risk may be heightened?
2. How does your force tackle unconscious bias relating to age or other factors based on physical appearance?

Questions for police officers and police staff

3. If you are unsure about the age of someone in custody, what steps would you take to try and find out their age?
4. Where would you identify points of heightened risk of positional asphyxia?
5. Would you have done anything else to reduce the risk of positional asphyxia?