



Giles York QPM
Chief Constable

Friday 7th June 2019

Elisabeth Bussey-Jones
Assistant Coroner for West Sussex
County Record Office
Orchard Street
Chichester
West Sussex
PO19 1DD

Dear Ms Bussey-Jones,

Sussex Police Response to Regulation 28 issues arising from the inquest into the death of Duncan TOMLIN.

Thank you for including Sussex Police within the scope of this notice. I welcome the notice as it is vital that all public authorities learn from significant incidents and strive to learn from them and make improvements where necessary.

It is of course important to note that the tragic death of Mr TOMLIN was in 2014 and in the 5 years since that time there have been significant developments in national police training in this area.

I shall deal sequentially with the 5 points you raise:

1. Importance of heightened risk of prone restraint when multiple factors affecting breathing are present

It is acknowledged that all documentation relating to training presented to the court highlighted clear risks involved when dealing with a wide variety of issues. Any alteration to these lesson plans will be done in conjunction with the College of Policing (CoP) through a documented clinical process including expert involvement from the National Police Chiefs' Council (NPCC) and National Personal Safety Training (PST) working groups.

We are currently delivering nationally agreed training packages and any alteration to these should be agreed nationally with approval of all parties. The benefit in delivering training packages (for all mandatory training, not just Personal Safety Training) is they are consistent across the UK, all police officers are trained in the most current, relevant and up to date thinking which is designed using the latest research and learning from all Forces. We are aware this is currently being reviewed by NPCC and any alterations passed onto Forces in order for them to include in their training. It would be expected these alterations would be completed by the end of 2020.

2. Timing of decisions and opportunity to assess

The College of Policing Specification document makes it clear that “where learning outcomes require the learners to *demonstrate* their learning, deliverers must ensure their learners can achieve this through the use of realistic and practical operationally-based scenarios”. In Sussex we teach and assess monitoring as part of assessment of a casualty. Over the last three years using practical scenarios, we operated assessments in the dark, which combines First Aid and Personal safety scenarios with strobe lighting and loud recorded street noises.

However, it should be noted that when attending incidents officers must pause to consider a variety of factors, one of which is their duty to protect others, (including their colleagues), and their legal right to protect themselves. Where there is conflict in doing this, i.e. to protect one party may put another at an increased risk, then an informed decision using the National Decision Model (NDM) needs to be taken that would prioritise who would receive the greater protection. Officers are required to prioritise individuals requiring treatment at a scene where there is conflict and an inability to protect everyone present.

Officers are also trained in Equality, Diversity and Human Rights – Article 8 of the Human Rights Act describes the rights of the victim in protecting their privacy and dignity. This would also have been considered in the officer’s decision-making to remove an individual from the scene having carried out their assessment

3. Monitoring

Monitoring is covered across a number of Lessons such as ABD, Epilepsy, conscious and unconscious casualty and Positional Asphyxia. The information given on monitoring breathing in training includes more than noisy breathing – it also includes feel, touch and rise and fall of the rib cage. This is included in the lesson plans and is refreshed each year.

For the last two years Sussex Police has trained and assessed each learner monitoring an unconscious casualty who has fallen face first (another learner is the casualty during this exercise) and point out the appearance of rise and fall looks different than those on their backs – which links to those being placed in a prone position. We also use state of the art computerised cardiopulmonary resuscitation (CPR) manikins to assess each learner individually. This gives live accurate feedback on the effectiveness of CPR technique with percentile scoring of both breathing and compressions. This is a pass/fail assessment.

4. Commencing CPR

The training is delivered in line with College of Policing recommendations and guidelines. Officers' understanding of what is expected of them during the training session is tested by practical assessments. The Force will explore whether it is practicable to also include a knowledge test after completion of the training to ensure officers have fully understood what has been taught and subsequently implemented in the workplace. It is hoped this review will be completed by the end of 2019 and if a change is proposed that this will be implemented by the end of 2020.

Refresher training is carried out annually to ensure officers remain up to date and compliant with their skills. A report of attendance on these refresher sessions is issued weekly to line managers to ensure they are attending.

Improvements have been made in Personal Safety Training recently. Refresher training is now delivered on a one day session twice a year. There will now be only 6 months between refresher sessions which allows for current concerns/issues/updated training to be delivered more regularly. It also enables the trainers to reinforce the importance of this training.

Historically, lesson plans and attendance on courses have not been archived. However, the introduction of a new system (EQUIP) will improve this record keeping and it will be possible to check back over a period of time to see exactly what was contained in each lesson at any given point, as well as attendees on that learning programme. It is anticipated this will be introduced early 2020.

5. Understanding aspects of Epilepsy and Seizures

Police officers are not trained to the level of medical practitioners. All police officers have basic first aid training (First Aid – Module 2 of the College of Policing curriculum which includes conducting CPR and managing a casualty who is convulsing) which gives them the knowledge and skills suitable for their role. It is the expectation that they recognise signs and symptoms of a wide variety of medical conditions. It is unrealistic to expect officers to have the knowledge of medical professionals, as the risks posed to themselves and others in trying to take action in which they are not trained is too great. Officers will carry out a dynamic risk assessment of any risk posed by a violent individual – whether the violence is caused by a medical condition or otherwise – and make a decision based on that risk assessment at that time.

There have been numerous national public campaigns for individuals to identify that they have a particular condition. This is not a police matter to decide, but one of public health. Certainly this would be of benefit for officers in dealing with similar high risk situations.

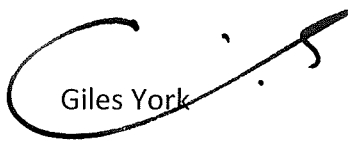
In relation to epilepsy in particular, there is a video which is included in the initial officer training course and is refreshed every 3 years in the refresher training. Sussex Police are considering hosting a link to that video on their internal website for all officers to be able to view.

I am aware that you have contacted both the NPCC and the College of Policing and that they will be submitting separate reports. All three organisations have shared our thinking to ensure a comprehensive and constructive response.

If there are follow-up questions about this response, please come back to myself or T/ ACC May and I will do my best to resolve them.

Thank you again

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Giles York', with a large, sweeping flourish that loops back under the name.

Chief Constable QPM