



Mr Geraint Williams
Assistant Coroner for Cornwall and the Isles of Scilly

1 April 2020

Your Ref: GUW/LJB

Dear Mr Williams,

Re: Marc Antony Cole (deceased)

I am writing on behalf of the College of Policing (the College) in response to the concerns raised in the Reg 28 Prevention of Future Deaths notice that you issued in respect of the death of Mr Marc Anthony Cole.

I was very sorry to read of the circumstances of Marc's death. My sympathies are with his family and friends and I share your commitment to addressing issues that contributed to his untimely loss. I understand the jury found the medical causes of death to be: "Use of cocaine, episode of altered behaviour including self-harm, exertion, excitement, the use of x26 Taser Device and restraint."

The Reg 28 Notice sets out concerns that arose from the information received during the inquest. In my detailed response, appended below, I will explain the role of the College and address each of the issues raised in relation to the College in turn.

In summary, my detailed response explains that current College guidance and learning material address the risks associated with the number and duration of Taser activations. Our materials have been developed in close consultation with the independent body (SACMILL)* that advises the Home Office on the medical issues associated with conducted energy devices and are in line with their advice. The Home Office and SACMILL would be better placed to comment on the associated evidence base.

The Reg 28 Notice suggest there were gaps in the information available to the inquest in respect of the medical evidence about the use of Taser, and the advice the College gives on multiple activations, medical implications and first aid. Had SACMILL, AXON and the College been called to give evidence at the Coroners court, information could have been provided that would have been highly likely to be useful to you and the jury in your considerations.

In any future inquests, where the College's training material and guidance are to be examined, we would be glad to attend to provide information and clarity where needed. I believe this would be in the interests of the family, jury and wider public and would help ensure that lessons are learned in the most appropriate areas.

We would like to thank you for bringing the circumstances of Mr Cole's death to our attention and we will ensure that our immediate and future work is informed by the events that culminated in Marc's tragic death. We keep Taser training under regular review and we will carefully examine the findings of Mr Cole's inquest to ensure learning continues to be reflected. The College will also continue to work with SACMILL to ensure that our guidance and training are always informed by the most up-to-date independent scientific evidence available to us.

Yours sincerely



Mike Cunningham
Chief Executive Officer
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Email address: [REDACTED]

*SACMILL: Scientific Advisory Committee for the Medical Implication for Less Lethal Weapons (an independent scientific body funded by the Ministry of Defence).

APPENDIX

Section 1. The role of the College of Policing

The College of Policing is the professional body for policing and provides everyone working in policing with the skills and knowledge necessary to prevent crime, protect the public and secure public trust.

The College has three complementary functions:

- Knowledge: developing the research and infrastructure for improving evidence of 'what works'. Over time, this ensures policing practice and standards are based on knowledge, not custom and convention.
- Education: supporting the development of individual members of the profession. We set educational requirements to assure the public of the quality and consistency of policing skills, and facilitate academic accreditation and recognition of our members' expertise.
- Standards: drawing on the best available evidence of 'what works' to set standards in policing for forces and individuals, for example, through authorised professional practice and peer review.

The College works closely with the National Police Chiefs' Council (NPCC) to ensure that the guidance and standards that it sets are likely to be effective in supporting police officers and staff in their principal roles of keeping the public safe and reducing crime. Where the work of the police overlaps with other agencies or bodies the College and NPCC also seeks to ensure that we work together to jointly address areas of risk and concern.

In relation to Taser, the College of Policing works closely with the NPCC Lead for Less Lethal Weapons, [REDACTED] and the Home Office. The guidance and training on the police use of Taser are informed by the work of the Scientific Advisory Committee for the Medical Implication for Less Lethal Weapons (SACMILL) an independent scientific body funded by the Ministry of Defence. SACMILL also monitor the police use of Taser.

Section 2. Response to issues raised in Reg 28 Notice

2.1: No training provided as to the maximum number of activations nor of their duration which is appropriate or safe. The evidence was that the training given to police officers in this aspect is as set down by the College of Policing and that it is silent as to the potential incremental risk of multiple and or sustained activations (the so called 'detention under power').

College learning materials and guidance do address the risks associated with the number and duration of Taser activations. Section 3 and 4 below set out the relevant materials the College has provided to police forces. They are in line with the medical implications and advice provided by SACMILL.

2.2: Although I found as a fact that the training given to the police officers was appropriate I did so ONLY upon the basis that it was given based upon the limited knowledge presently available. I am concerned, based upon the evidence that was led before the jury, that there is insufficient independent data as to the lethality of Taser use and that, therefore the advice and training provided to police officers may be deficient or incomplete.

SACMILL is the independent body that advises the Home Office on the medical issues associated with conducted energy devices. They are entirely independent of the manufacturer and the police service. The College consults SACMILL on the training material it produces to ensure it properly reflects their advice.

2.3: Perhaps by a wholesale review of the effects of multiple Taser activations and the effects of sustained activations (whether in isolation or in combination) so that fuller and more comprehensive advice, guidance and training can be given to those officers who are authorised to carry Tasers.

In performing its role SACMILL has taken account of a body of evidence relating to the use of Taser. The College is not able to comment on the detail of the evidence that has been reviewed. The Home Office and SACMILL would be better placed to comment on the detail and as to whether any further research is required.

The causes for concern set out suggest there were gaps in the information available to the inquest in respect of the medical evidence about the use of Taser, and the advice the College gives on multiple activations, medical implications and first aid. Had SACMILL, AXON and the College been called to give evidence at the Coroners court], information could have been provided that would have been highly likely to be useful to the coroner and jury considerations.

Section 3. College Guidance

College guidance is contained in Authorised Professional Practice (APP). Please see <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devices-taser/#risk-factors>

The second of the risk factors listed within the APP is:

- repeated and/or prolonged application of discharge

In addition, the warnings provided by AXON, the manufacturers of Taser devices, are sent out to all police forces together with College learning materials for Taser.

Section 4. Learning materials

College learning materials for Taser are set out below:

Module J2 (Taser use and safe handling) mentions relevant issues in two places:

- Slide 8 which highlights the SACMILL medical statement. One of the key points is 'SACMILL recommends keeping duration to a minimum'.
- Slide 9 continues the theme of the SACMILL medical statement, stating 'SACMILL is aware of fatalities and serious injuries in the UK where the use of a CED has been seen as a causal factor.' The trainer notes expand on the point providing more detail of the cases to date.

Module J4 (Operational and tactical skills) discusses the issue in three places (Module J4 PowerPoint).

- Slides 20 and 21 provides advice on the use of 'detention/control under power'. It helps officers to understand that the use of Taser to incapacitate a person by extending the cycle to maintain control can, where proportionate, be more effective than alternative ways of achieving detention or control and can reduce the overall force used.
The module also states that "Where a CED has been discharged three or more times, and it has failed to incapacitate the subject, officers should consider other use of force options and contingencies. However, earlier use of an extended cycle, and control under power may prove more effective than multiple shorter cycles, and potentially reducing the overall use of force."
- Slide 25 reiterates the risk factors in the manufacturer's guidance, APP and SACMILL medical statement. It includes risk factors:
 - 'repeated and/or prolonged application of discharge'
 - 'subjects already restrained'
 - 'acute behavioural disturbance/excited delirium'
 - 'vulnerable people' – a term that includes subjects under the influence of drink or drugs.
- Slide 32 discusses the SACMILL advice around heart rhythm disturbance. It makes the point that the shorter the discharge the less likely it is to affect the subject. It also highlights increased risk to 'persons who are intoxicated with drugs/alcohol'.

Module J3 (Vulnerable people) also reinforces the training officers receive around acute behavioural disturbance (ABD). It lists the signs and symptoms:

Specific groups – Severe Medical Conditions

- apparently inexplicable and/or aggressive behaviour
- apparently confused thinking
- disorientation
- hallucinations
- acute feelings of paranoia
- panic
- shouting
- violence towards others
- unexpected physical strength
- apparent ineffectiveness of irritant sprays
- significantly diminished sense of pain
- sweating, fever, heat intolerance
- sudden tranquillity after frenzied activity.

Also of relevance are the enhanced risk factors discussed in Module J5 (Aftercare) which states:

If there are any signs or combinations of:

- Adverse or unusual medical reactions
- Relevant pre-existing medical condition
- Drug / alcohol misuse
- Mental illness
- Extreme violence (acute behavioural disturbance)
- Positional asphyxia
- Extended or multiple Taser applications
- Child, pregnant or elderly persons

Medical assistance should be provided immediately. If necessary this must be given precedence over conveyance to the place of detention.

The point should be made that it is not possible to give officers definitive guidance on the number and duration of discharges, as the factors that would influence this decision are many and varied. We take the position that every discharge must be lawful, necessary and proportionate to the threat posed and be informed by the risk factors identified, where possible. However, some risk factors may not be immediately apparent to the officer, meaning that it is not possible to account for them. We reiterate the SACMILL position that Taser activations should be minimised to reduce risk, however it is not possible to eliminate all risk.