



South Yorkshire Police and Humberside Police

Legal Services

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Alexandra Pountney, Assistant Coroner,
Medico-Legal Centre
Watery Street
Sheffield
S3 7ES

Date: 17 May 2024

Chief Constable of South Yorkshire Police

For the Attention of Ms A Poutney

Dear Ms Poutney

Inquest touching the death of Mr Matthew Terrill

I write in response to the Regulation 28 Report to Prevent Future Deaths dated 27 March 2024.

Your report raised the following Matters of Concern:

1. Lack of training in the First Aid or Personal Safety courses for police officers in relation to recognising the signs and symptoms of drug intoxication. Specifically, how to recognise a drug overdose or the ill-effects of drug intoxication, and when it is appropriate for a detainee to be taken to hospital.
2. Lack of training in First Aid or Personal Safety courses for police officers in relation to recognising the signs and symptoms of mental health conditions and acute mental health crisis. Specifically, when this may be impacting upon the behaviour of the detained person and whether they require medical assistance from a hospital.
3. Lack of training in First Aid or Personal Safety courses for police officers in relation to the heightened risk of positional asphyxia and intoxication.
4. Lack of refresher or mandatory annual training for police officers in relation to constant observations.
5. Lack of refresher or mandatory annual training for police officers in relation to information to be passed to the custody officers during the booking in procedure.
6. Lack of safety net for custody suit documentation, specifically the constant supervision forms.

Legal Services
South Yorkshire Police Headquarters
Carbrook House
5 Carbrook Hall Road,
Sheffield S9 2EH
DX: 708870 Sheffield
Tel: 0114 252 3588

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Priory Road
Hull
HU5 5SF
DX: 708885 Hull 18
Tel: 01482 578 266



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7. Jury concern – the design and format of the documentation, specifically the level 4 supervision form, was unclear and poorly structured.

Response to Matters of Concern

1. Lack of training in the First Aid or Personal Safety courses for police officers in relation to recognising the signs and symptoms of drug intoxication. Specifically, how to recognise a drug overdose or the ill-effects of drug intoxication, and when it is appropriate for a detainee to be taken to hospital.

Where we are now

South Yorkshire Police officers receive a 2-day initial First Aid course (MOD 2 initial) as part of their initial training and thereafter an annual 4 hour First Aid (Mod2 refresher) course. The MOD 2 initial is covered again over a 3-year cycle.

The MOD 2 module is equivalent to the HSE 'Emergency First Aider at Work' (EFAW) standard which is delivered throughout different organisations. The EFAW or College of Policing (CoP) does not cover managing a casualty who has been poisoned. The learning structure addresses emergency First Aid in the workplace and deals with a wide range of medical situations that personnel may be expected to deal with including, basic life support, trauma and other medical conditions and topics.

As the module is equivalent to the EFAW, the delivery in terms of poisons only covers generic workplace toxins such as aspirin, alcohol, acids, and bleaches. Within the training a poison is described, looking at the ways it gets into the body and looking at certain aspects such as toxins, bleaches and alcohol. The training also looks at causes, signs and symptoms which vary widely and can differ dependant on the individual, and the treatment.

The main objective of this course is the 3 P's: Preserving life, Preventing injury from getting worse, and Promoting recovery.

The key message throughout the first aid session is if there is any doubt at all in relation to a casualty's condition they should be taken to A and E.

Officers also receive a Quallsafe first aid book as part of their initial course which can be used as an aide memoir throughout their service.

Future work

Following the Manchester Arena incident, the first aid learning program have recognised that the learning requirements of delivering first aid in a policing context are significantly different to the application of first

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aid in a typical workplace, the first aid learning program content has therefore been modified to meet these changes.

A change to the First Aid learning program for next year introduces poison which covers :

7.7 How to manage a casualty who has been poisoned. What it is perm/temp What can Causes alcohol? Recognise some signs and symptoms. And treatments going to give.	<ul style="list-style-type: none"> ☐ Recognise the signs and symptoms of poisoning. ☐ Discuss acute alcohol intoxication. ☐ Discuss intentional drug overdose. ☐ Manage a casualty with anaphylaxis.
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Although the above content is part of the new first aid learning program curriculum due to commence in April 2025, the above poison module has been introduced into module 2 year 3 from April 2024. South Yorkshire Police will be introducing this into the MOD 2 initial also from the 6 May 2024.

South Yorkshire Police are currently working with other forces on deploying officers with Naloxone. This is an anti-opioid nasal spray which reverses the effects of drugs overdoses. This only works against opiates. This is in the early stages of development in our force as we look to understand what training will be required. Further consultation with partners and relevant unions are currently underway.

What is not planned and why?

Officers receive a 4-hour training refresher course annually. From 1 April 2025 the new curriculum will be 6 hours contact time. It would be extremely challenging for training to include all drugs given the ever evolving and changing nature of these substances. Officers are not medically trained and individuals under the influence of drugs can have display varying symptoms and behaviours depending on the drugs and quantity that have been taken.

The message to officers throughout all of the first aid courses is that if there is any doubt as to whether a detained individual is under the influence of drugs and there are concerns around the impact this is having upon them, medical advice should be sought.

2. Lack of training in First Aid or Personal Safety courses for police officers in relation to recognising the signs and symptoms of mental health conditions and acute mental health crisis. Specifically, when this may be impacting upon the behaviour of the detained person and whether they require medical assistance from a hospital.

Where we are now

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The First Aid learning program curriculum does not provide content on symptoms of 'generic' mental health conditions.

However, in both Personal Safety Training (PST) and First Aid training since 2014 officers have received an input on Acute Behavioural Disturbance (ABD) and on how to recognise signs and symptoms in both theory and practice.

The College of Policing and NPCC developed a PowerPoint presentation on ABD which describe the behavioural and physical signs of ABD and makes clear the need for rapid clinical assessment/intervention. This was last updated in 2019 and was delivered as part of the PST input.

Officers are encouraged to dynamically risk assess the situation presented to them in terms of how they will control and restrain the individual.

The clear message throughout the courses is if officers think the individual is displaying signs of ABD. *'ABD means A & E.'*

Student officers receive an input on ABD as part of their PST input. Prior to starting their PST Input Students are sent a Learners Guide which directs the students to various links. One of these links is the detailed College of Policing PowerPoint presentation on ABD which is referred to above. The learning from the PowerPoint is assessed via a trainer led session and during their training.

The students also cover ABD signs, symptoms, and treatment as part of the students MOD 2 First Aid Initial course and on their annual First Aid MOD 2 Refresher.

The PST delivery for this year commencing in April 2024 is all scenario-based delivery. There are six different scenarios mandated by the College of Policing. One scenario is based on 'vulnerable person.' The Trainers can introduce ABD by slightly adapting the vulnerable person scenario, to having the role player displaying some of the signs and symptoms of ABD, with the trainer also providing input to the role player to display varying signs and symptoms of ABD such as, the person is hot to touch, incredibly strong or sweating heavily etc. From this the student should realise that they are dealing with someone who is having an ABD episode and deal with them accordingly.

As part of the scenario training, the students will be shown how to try to use control rather than pain techniques to deal with someone in ABD. The Trainers will emphasise the risk of positional asphyxia if a subject is in ABD and positions to restrain on the ground other than in the prone position i.e., Supine position, rolling them onto their sides, kneeling or seated position.

The students are also trained that if a subject is placed in handcuffs and limb restraints they must be observed by an officer at all times until the limb restraints and handcuffs are removed.

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Students will also complete a theory style questionnaire (Time on Tasks) to confirm their learning and understanding of ABD.

We have a policy around the management and transportations of casualties, whilst this does not solely link to mental health. This policy covers decision making and steps to following when managing casualties, including handovers to medical professionals. This does not cover mental health but covers physical symptoms.

Mental Health training was rolled out to all front line officers via Street Skills in 2018. This was developed and delivered with partners and individuals with lived experience. This gave officers guidance on recognising sign and symptoms of mental health issue including those falling short of a crisis.

South Yorkshire Police delivers a 2 hour input to all new Force Control Room, custody and enquiry desk recruits as part of their initial training. There is a great deal of material and presentation around spotting the signs and how to deal with various situations which can be found under our mental health resource section.

South Yorkshire Police CPD is currently booked up until December 2024, a further mental health CPD event will be considered in CPD training from early 2025 where we will look to deliver this force wide.

PNC markers can be placed on anyone identified as suffering from mental health conditions who have previously been in contact with the police. In custody, further information can be held around their mental health via Liaison and Diversion and as part of the risk assessment carried out by the Custody Sergeants which covers aspects of mental health.

We have across some districts Mental Health Service cars (SMED), these are run by mental health practitioners who can support officers by giving advice or attend incident reports of someone who is believed to suffering a mental health episode. This to ensure they are assessed and receive the relevant support they need. This is not available across the force due to funding from our local NHS partners. The use of SMED is reducing with the implementation of the Right Care Right Person policy.

Within our custody suites we have a medical practitioner and Liaison and Diversion. They carry out assessments on anyone who is suffering from a medical episode or has any mental health issue. From this assessment it will be decided whether they can be managed whilst they are in custody. They may decide on occasions that hospital treatment is needed, therefore officers will take them directly to A&E. Further support can then be put in place including support within the community.

Access to information around an individual's previous/current mental health or pre- existing health conditions is not always available. Officers will make decisions in line with the National Decision Making Model, Code of Ethics, and the training received around how they treat and manage the detainee. This will be dependent on the circumstances, how that person is presenting and the risk they pose to themselves and members of the public. If they are in any doubt in terms of how a person is presenting

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and have significant concerns around their mental health then the advice is that medical advice should be sought.

Officers and staff have access to a custody internet resource page, this has relevant information and presentations for officers which includes guidance for officers presenting a detainee at the custody suite, Patient or Prisoner Cards and other supportive guidance.

Future Work

The College of Policing ABD video could be mandated to all officers to complete as part of their CPD.

CPD is at full capacity until 2025 where mental health will be listed for consideration in early 2025.

What is not planned and why?

In terms of first aid there is no change to curriculum in terms of introducing generic mental health conditions into first aid training.

No requirement to change PST delivery in view of vulnerable person scenario described as above.

A one-day mental health awareness course is delivered as part of the leadership academy which covers a wide range of mental health conditions. Officers can enrol themselves onto the course as part of their CPD.

3. Lack of training in First Aid or Personal Safety courses for police officers in relation to the heightened risk of positional asphyxia and intoxication.

Where are we now

Officers receive an input on the risks of positional asphyxia and intoxication as part of their initial course. Which is similar to the vulnerable person scenario except it will be set in the custody environment.

This will be achieved by having the role player displaying some of the signs and symptoms of ABD, with the trainer also providing input stating the role player is displaying varying signs and symptoms of ABD such as, the person is hot to touch, incredibly strong or sweating heavily etc. From this, students should realise that they are dealing with someone who is in ABD and deal with them accordingly.

As part of the scenario training, the students will be shown how to try to use control rather than pain techniques to deal with someone in ABD.

The students are also trained that if a subject is placed in handcuffs and limb restraints they must be observed by an officer at all times until the limb restraints and handcuffs are removed.

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Future work

Posters will be refreshed to offer officers guidance in relation to the risk of positional asphyxia, this will also be added to the observation document.

The observation document will include clear bullet points and guidance to ensure what is required by the officer carrying out the constant observations and will include that no prisoner should be left on their front, under intoxicant whilst in handcuffs and leg restraints.

4. Lack of training or mandatory annual training for police officers in relation to constant observations.

Where are we now

There is currently no annual training for officers around constant observations. We have a constant observation document which should be briefed to the officer when carrying out this role. This details and documents the roles and responsibilities of the officer and Sergeant. This is then signed and dated by both the officer and the Sergeant following the briefing.

I have noted the concerns raised by the coroner.

Future Work

South Yorkshire Police will review the document given to officers for constant observations. Discussions with other forces within the coming months is intended around this document, to see if there are other improved working practices around capturing this task. This will include the role of the Sergeant and the person observing the detainee.

Training/ CPD will be given to all Custody Sergeants following this review setting out clear standards and expectations around their role and responsibilities of this document. Dip samples will be carried out by the Custody Inspectors to ensure compliance, this will include reviewing of CCTV to ensure that this document is briefed, relevant checks by the Sergeant are carried out for anyone under constant observations.

The Custody lead for South Yorkshire Police is to have further consultation with the Performance and Governance team to look at whether BWV should be activated when observing a prisoner, this could then capture the briefing, roles and responsibilities, action of the officers and any behaviour of the detainee.

South Yorkshire Police Professional Standards Department are delivering live custody table top exercises, this will feature a scenario of a death in police custody. The first one is due to be held in May 2024. This will include officers, staff, seniors officers who carry our cadre force responsibilities so that

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everyone can understand their role, responsibilities and actions that need to be taken following a death in custody. This will also include our partners. These will run annually to ensure everyone is trained.

5. Lack of refresher or mandatory annual training for police officers in relation to information to be passed to the custody Sgt during in the booking in procedure

Where are we now

South Yorkshire Police do not have an annual training or CPD around officers presenting detainees to custody officers. Student officers are trained around this during their initial training phase and they carry out practical scenarios around presenting to custody officers and the importance of this. This is then developed further when a student officer moves into their tutored phased, they will gain experience in presenting detainees to Custody Sergeants, under the observation of an experience tutor constable.

Custody Sergeants will ask relevant questions of the officer should any information be missing around the booking in procedure. The Custody Sergeant completes the relevant risk assessment during this process. If anything has been missed, the Sergeant would ask further questions. This would then be debriefed at the end around that vital information missing to ensure the officer learns and develops.

South Yorkshire Police have a custody resources section which is accessed by the force internet page. Within this section are presentations and guidance documentations around all aspects of custody. This includes how you should present a detainee to a Custody Sergeant.

Future work

South Yorkshire Police will review the booking in sheet that officers complete prior to presenting a detainee to the Custody Sergeant This will include relevant reminders around the information they must inform the Custody Sergeant around such as illness, injuries and intoxication. Posters will also be created and displayed in the holding areas, where detainees enter the custody suite as a further reminder.

Force screen savers will be designed by the Custody Lead, incorporating key and additional information they must provide to a Custody Sergeant when booking in a detained person into custody, this will be supported by a yearly CPD package and delivered locally by Force Inspectors/Detective Inspectors again reminding officers around their role and responsibilities.

Points 6 & 7 are covered in the above sections.

I hope that this provides you with assurance that the Matters of Concern that were identified are being fully addressed by South Yorkshire Police.

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Yours sincerely



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