



**METROPOLITAN
POLICE**

TOTAL POLICING

Freedom of Information Request Reference No:

I note you seek access to the following information:

1. Are police officers taught during their personal safety training to apply a "choke hold" to a person's neck and in what circumstances would this be justified.

Please supply any copies of any policy document or any other documentation that approves or disapproves this practice

2. If a person is thought to have swallowed an object what are police officers taught to do.

Please supply any copies of any policy document or any other documentation that sets out the procedure

3. What choke holds or neck holds are approved in the use of restraint of a person.

Please supply all relevant policy documents

DECISION

I have today decided to disclose some of the requested information. Some data has been withheld as it is exempt from disclosure and therefore this response serves as a Refusal Notice under Section 17 of the Freedom of Information Act 2000 (the Act).

Some of the information you have requested is exempt by the virtue of Section 40(2)(a)(b) and (3)(a)(i)(ii)(b) Personal information of the Act.

REASONS FOR DECISION

Section 40(2)(a)(b)(3)(a)(i)(ii)(b) is an absolute exemption and requires neither an evidence of harm or public interest test in justification of its use.

Under Section 40(2) and (3) of the Act, Public Authorities are able to withhold information where its release would identify any living individual and breach the principles of the Data Protection Act 1998 (DPA).

I have applied this exemption in that the disclosure of **the names of officers/staff mentioned within the documents** would cause a person's identity to be revealed.

If this occurs due to the information provided by the MPS, this constitutes personal data which would be in breach of the rights provided by the DPA.

DISCLOSURE

Please note that the current Mouth Search by Force technique is currently under review.

The following links maybe of interest to you:

<https://www.app.college.police.uk/app-content/detention-and-custody-2/control-restraint-and-searches/?s=restrain>

<https://www.scribd.com/document/63264937/ACPO-Manual-of-Guidance-on-Keeping-the-Peace>

I would like to take this opportunity to thank you for your interest in the Metropolitan Police Service.

Information Rights Unit

Neck Restraints

With only rare exceptions, neck restraints are not taught within the officer safety training programme.

Caution

The use of such methods to restrain offenders who are attacking or violently resisting officers is discouraged because there are significant inherent dangers in the use of any neck restraint. There is risk of serious injury or fatality to the subject.

Officers need to understand the lethal potential of neck restraints. Any form of pressure to the neck area can be highly dangerous.

All officers should be fully aware of the following facts which are based on medical advice.

Understanding the neck and throat area

Although the neck column provides mobility for the head it is not in itself mobile and within it are structures that are vulnerable.

When a person breathes, the air passes in through the nose/mouth and continues back into the throat where it enters the windpipe (trachea).

The windpipe is a tube that is approximately four and a half inches in length. It is located in the front of the neck and it leads directly into the chest. In the chest it divides into two branches, one leading into each lung.

Pressure on the front of the neck restricts the subject's ability to breathe. It can lead to damage to either the trachea, small delicate bones or thyroid cartilage which can readily be damaged resulting in a blockage of the airway and death can follow very quickly.

The voice box (larynx) is located high up in the front of the neck and leads to the windpipe from the back of the throat. It contains the vocal cords and allows the individual to speak.

The 'Adam's Apple' (thyroid cartilage) forms the front wall of the voice box.

The windpipe and voice box are critically vulnerable to any forceful inward pressure. If steady and heavy pressure is applied then breathing is cut off.

If heavy sudden force is applied the windpipe can be crushed and the voice box ruptured. This disruption can quickly lead to a blockage of the windpipe and death can occur very shortly afterwards.

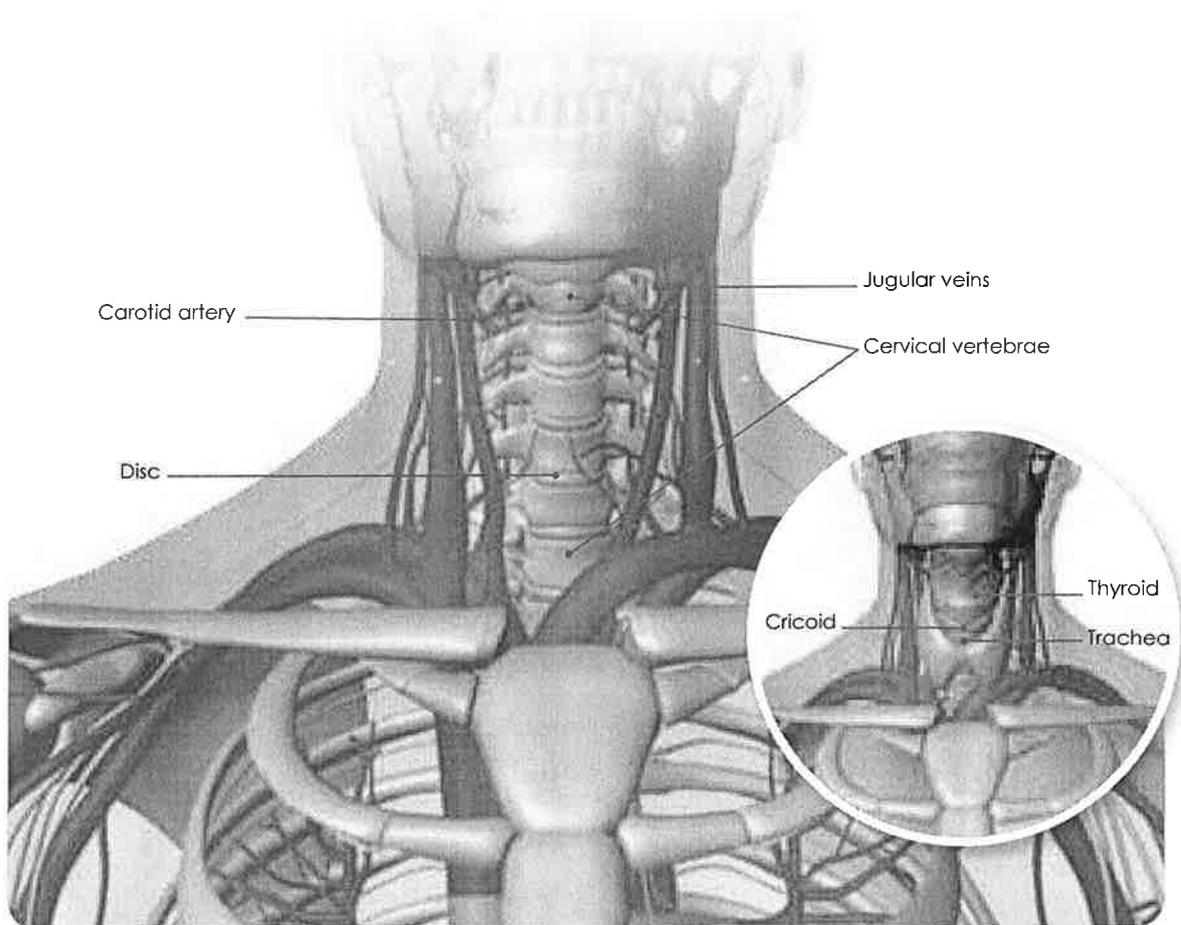
The application of pressure to the front of the neck can also be extremely painful and can restrict breathing so that it generally causes the subject to struggle harder rather than to become passive and controlled.

The greater the struggle, the greater the risk of further damage to the throat area.

The carotid arteries run down each side of the neck slightly behind the ears. With direct pressure on this area of the neck it slows down blood flow to the brain, reducing the amount of oxygen reaching the brain. It also restricts blood flowing away from the brain that can lead to a build up of carbon dioxide within the brain. Unconsciousness may follow.

The stimulation of the carotid sinus and the vagus nerve, found along side the carotid arteries, may slow down the subject's heart rate.

This slowing of the heart rate may lead to cardiac complications and heart failure.



Simple relevant anatomy of the neck

Damage may also be caused to the vertebrae within the back of the neck. There are seven small bones within this cervical region. These provide movement of nodding, turning the head and circling. Within the vertebrae is the spinal cord that transmits electrical nerve impulses to the body.

Under restraint there may be damage to the processes of the vertebrae. This could occur when the head is at its maximum movement limit in any direction. Sudden movement could cause 'whiplash' type injuries to the muscles supporting the cervical spine.

There may also be damage to the fluid discs in the cartilage between the vertebrae (slipped discs).

Similar injury may also occur with a sudden acceleration or deceleration of the head, e.g. if it were struck, or if a person was moving wildly whilst being held.

By understanding the anatomy of the neck officers may appreciate why the application of any neck restraint may result in either serious injury or death to the subject being restrained.

An officer who is involved in a violent struggle may find it impossible to avoid applying pressure on the subject's neck, thus running the risks described above. Officers should be aware of the dangers inherent in neck holds, and although one is entitled to take any reasonable steps as with any use of force, it must be justified and accounted for.

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Subject: Mouth Search by Force

Time: 30 mins

Aim:

To give guidance to police officers when searching the mouth by force.

Objectives: *By the end of the session the students will be able to...*

1. Discuss the National/MPS guidance for searching the mouth by force.
2. State the power used to search the mouth within view of the public.
3. Discuss the medical implications.
4. Demonstrate the application of pressure point control (gymnasium).

Prior learning: Police Officers trained in OST.

Equipment required:

Classroom - Power Point presentation or front load & discussion if power point not available.

References used: National Personal Safety Manual/MPS Officer Safety Manual

Medical Implications of Restraint DVD. Considerations for Safer Restraint DVD

Preventing Deaths in Police Custody DVD. I

	<p>in the circumstances.</p> <p>Risk to suspect in any restraint from standing to prone especially danger to the head.</p> <p>Positional Asphyxia risk in any position where the suspects breathing is restricted. Especially during a violent restraint when the arms are restrained behind the back + risk increases if the person is leaning forward, kneeling or prone position.</p> <p>If in prone restraint, then use side control position ASAP and monitor subject. If possible bring to a sitting, kneeling and then standing position. Continue to monitor.</p> <p>Vulnerability Assessment Framework (VAF). The 'VAF' training is being delivered on Borough Training Days, so it's likely that there will be some officers who are not familiar with VAF.</p> <p>Consider there may be circumstances, where a person is vulnerable or has mental health issues. VAF = ABCDE Appearance, Behaviour, Communication/Circumstances, Danger (themselves/others) Environment (POP).</p> <p>Information Received/Threat Assessment Emotional/Rational</p> <p>PP Slide 19 Safety Officer - Control Care Communicate</p> <p>The officer who controls the head is known as the 'Safety Officer'. This officer is in a position where he or she is able to protect the head, communicate more effectively and monitor the condition of the person being restrained (Safer Restraint trainers guide) and if necessary apply pressure points.</p> <p>If possible consider also having a second 'Safety Officer' to stand back and observe/evidence the restraint/search. This can be useful as those restraining the person are more likely to be effected by stress (tunnel vision etc).</p> <p>Remind officers that restraint can be challenging and will probably require several officers to safely control a violent person resisting a mouth search.</p>	<p>Listen, watch, ask questions</p> <p>Listen, watch, ask questions</p>
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	<p>unwilling person against the benefits it may offer.</p> <p>Restraint is proportionate/necessary to prevent further serious harm or is restraint going to make their condition worse? All practicable steps must be taken to avoid using force.</p> <p>Think contain before restraint - we hand over to LAS etc and would only assist if there was a very real immediate threat to life.</p> <p>Treatment cannot be forced on someone who can make a rational decision.</p> <p>PP Slide 22 Pre-Planned Events</p> <p>There are a number of different ways by which the relevant evidence can be obtained and searching a person's mouth is only one of these.</p> <p>During the planning of operations consideration must be given to the safest and most appropriate way of securing relevant evidence.</p> <p>An accurate risk assessment will highlight the danger and enable appropriate control measures to be identified.</p> <p>These may include the employment of suitably trained and equipped officers and the need for medical assistance to be readily available.</p> <p>In any event, all personnel taking part must be properly briefed regarding their specific roles, legal powers and responsibilities.</p> <p>Above is from MPS Policy guidance 2001 + MPS Officer Safety Manual. Consider use of ASBO</p> <p>PP Slide 23 Justify Account</p> <p>Emphasise the need that any force used should be reasonable/necessary/proportionate to the lawful aim.</p> <p><i>'Police... are accountable for the decisions and actions they take and are expected to provide a rationale for those decisions when questioned'</i> (IPCC statement 2011).</p> <p>PP Slide 24 Guidance/Summary</p>	<p>Listen, watch, ask questions</p> <p>Listen, watch, ask questions</p>
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	<p>Every effort should be made to encourage the subject to empty their mouth voluntarily without the need for force</p> <p>Should this request be unsuccessful an officer may feel it appropriate & necessary to use force to conduct search.</p> <p>If the officer uses force to carry out the search in public, then that officer is in a stronger position legally to arrest & search under S.32.</p> <ol style="list-style-type: none">1. Discuss the National/MPS guidance for searching the mouth by force.2. State the power used to search the mouth within view of the public.3. Discuss the medical implications.4. Demonstrate the application of pressure point control to Mandibular Angle (Objective for gym).	<p>Listen, watch, and ask question class on objectives 1, 2 & 3.</p>
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