

Date: 24 February 2022

Our Reference: FOIA-2022-020

RE: Your request for information under the Freedom of Information Act 2000

I write in response to your Freedom of Information Act 2000 ('FoIA 2000') request, dated 04/02/2022, in which you requested:

- “1. The training of police officers regarding excited delirium (ED) or acute behavioural disturbance (ABD)
2. When was training first introduced regarding ED/ABD, and when were the latest updates on said training?
3. Who are the police trainers on ED/ABD in your force?”

Decision

When a request for information is made under FoIA 2000, a public authority has a general duty under section 1(1) of the Act to inform an applicant whether the requested information is held. There is then a general obligation to communicate that information to the applicant. If a public authority decides that the information should not be disclosed because an exemption applies, it must, under section 17(1) cite the appropriate section or exemption of the Act and provide an explanation for relying upon it.

In line with section 1(1) of the FoIA, I can confirm the College **holds some recorded information** relevant to your request. For ease, we have dealt with each part of your request separately:

1. The training of police officers regarding excited delirium (ED) or acute behavioural disturbance (ABD)

Information held. Please find the College Learn acute behavioural disturbance training at disclosure document 1. Please note that College of Policing training is not compulsory and forces have discretion as to whether they implement it or not. No information is held by the College on how many officers have used this training document.

Within disclosure document 1, there are three videos. One is publicly available on YouTube, as you will see, and the other two are owned by Staffordshire Police and MPS Air Support. There are screenshot images from these videos in disclosure document 1, however, the actual videos were not attached to the training as they were too large to include. They were sent to police forces separately and the College does not hold copies of the videos.

Under the section 40(2) – personal information exemption, personal data has been removed from the comments section under slides 19 and 20. For a full explanation of our decision to apply section 40(2), please see below.

No information is held on excited delirium training.

2. When was training first introduced regarding ED/ABD, and when were the latest updates on said training?

The disclosure document was published on 29 March 2021, which replaced the previous version published in June 2020.

3. Who are the police trainers on ED/ABD in your force?

No information held.

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Your rights can be found at the end of this letter.

Yours sincerely,

Kate Kaufman | Legal Advisor

Business Administration, Enabling Services

College of Policing

Email: FOI@college.police.uk

Website: www.college.police.uk

Section 40(2) – Personal information states:

Any information to which a request for information relates is also exempt information if –

- a) it constitutes personal data which do not fall within subsection (1), and
- b) either the first or the second condition below is satisfied”

Under section 40(2) by virtue of section 40(3A)(a), personal data of a third party can be withheld if it would breach any of the data protection principles to disclose it.

Personal data is defined in section 3(2) of the Data Protection Act 2018 (DPA) as:

‘any information relating to an identified or identifiable living individual (subject to subsection (14)(c)).’

Section 3(3) of the DPA defines an identifiable living individual as:

“a living individual who can be identified, directly or indirectly, in particular by reference to –
(a) an identifier such as a name, an identification number, location data or an online identifier, or
(b) one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual”.

The two main elements of personal data are that the information must ‘relate’ to a living person and that the person must be identifiable. Information will relate to a person if it is about them, linked to them, has some biographical significance for them, is used to inform decisions affecting them, or has them as its main focus or impacts on them in any way.

In this instance, the information ‘relates to’ the names and email addresses of individuals. Consequently, it is the College’s view that the information requested would fall within the definition of ‘personal data’ as the requested information relates to living individuals and they are identifiable from that information.

We consider that releasing the personal data may lead to the direct identification of a living individual, and would therefore breach data protection principles laid out in the Data Protection Act 2018.

The College of Policing does accept that releasing this information would reinforce the College’s commitment to being an open and transparent organisation, serving to maintain public confidence in the College and the wider police service. However, we also have a legal duty to ensure that the rights to privacy of individuals are protected. On balance, the College of Policing does not consider that the

legitimate public interest would outweigh the interests of the data subject in this case. Therefore, we do not believe that it would be fair to release the requested information into the public domain.

Your right of review

Under the Freedom of Information Act 2000 you have a right to request an internal review if you are dissatisfied with our handling of your request. Review requests should be made in writing (by email or post) within 40 working days from the date of our original response. We will aim to respond to your review request within 20 working days.

The Information Commissioner's Office (ICO)

If, after lodging a review request you are still dissatisfied, you may raise the matter with the ICO. For further information you can visit their website at <https://ico.org.uk/for-the-public/official-information/>. Alternatively, you can contact them by phone or write to them at the following address:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Phone: 0303 123 1113

Acute Behavioural Disturbance



Objectives

To provide police officers and staff with the knowledge and understanding of Acute Behaviour Disturbance (ABD) so they can:

1. identify the signs and symptoms of ABD.
2. respond appropriately to suspected ABD.
3. recognise the risks of restraint.
4. learn about the cause(s) of death in ABD.
5. identify information to provide ambulance control to allow appropriate response.





What is Acute Behavioural Disturbance?

- When a subject exhibits confused, fearful, agitated, violent, psychotic and/or aggressive behaviour.
- It is a spectrum from mild, to moderate, to severe.
- Not all signs may be present and to varying severity.
- May be no signs if exhausted and close to collapse.
- Subjects with ABD are usually fearful, confused, paranoid.
- Intoxicated subjects are more likely to be aggressive and not paranoid.

Signs and symptoms of ABD

- Behaviour - confused, bizarre, disorientated, agitated, fearful, paranoia, hallucination, impending doom.
- Incoherent, bizarre speech.
- May be hot to the touch, excessive sweating, undressed.
- Unexpected physical strength.
- May be insensitivity to pain, restraint / force.
- Rapid breathing and increased pulse rate.
- Aggressive behaviour on its own not usually ABD.

Causes of death in ABD

- Post-mortems may not give a cause for the ABD.
- Drugs and alcohol levels may not be high.
- A hyper-stimulated state leads to increased and sustained physical activity. Using up oxygen (hypoxia) and producing carbon dioxide (CO₂).
- If CO₂ is not removed by increased breathing, the raised CO₂ causes an acid state (**acidosis**). Exertion and restraint increases acidosis.
- Hypoxia, toxins (drugs), acidosis causes high potassium which can cause cardiac arrest.

Risk factors for death in ABD

- External risk factors are stimulant drug use, heart damage from chronic drug use, restraint, positions that inhibit breathing.
- Alcohol can prolong the effect of drugs.
- Internal risk factors are obesity, psychiatric, respiratory, cardiac and kidney conditions.
- Medical conditions, meningitis, head injuries, low blood sugar, sepsis.
- Medications, anti-psychotics, anti-depressants.
- **Prolonged restraint can be a contributing factor.**

Responding to a subject exhibiting ABD

Where ABD is suspected:

- Obtain information from all available sources for example family, friends, public, PNC, NHS, control rooms.
- Share all information and decisions with ambulance personnel and fully record such (CAD/BWV/EAB etc).
- **Must be treated as a medical emergency.**
- If delayed ambulance response or subject deteriorates, escalate via control room (police and ambulance).

Restraint concerns

- In ABD the subject may be extremely strong.
- May be paranoid / delusional so may resist for long periods, even to the point of collapse.
- Subject may be in severe acidosis (unwell) prior to arrival of police.
- The longer the restraint, the more dangerous it becomes.

Restraint techniques

Where practicable:

- Avoid any and/or prolonged restraint.
- Use a **Safety Officer/s** to monitor restraint.
- Be aware of human factors such as ‘fixation error’.
- Avoid any position that restricts breathing.
- As soon as possible, sit person up or allow person to find most comfortable position.
- **All “speak up and speak out” if concerned.**

Accountability

- “Police are accountable for the decisions and actions they take and are expected to provide a rationale for those decisions when questioned.” (IOPC statement 2011).
- Effective non-physical forms of intervention where practicable are consistent with Human Rights legislation.
- Any inquiry / inquest will examine what options were considered and why?
- **Police must consider the risks to life/serious injury being incurred by the subject but also to members of the public and emergency services personnel.**

Responding to ABD: 'CAMERAS' mnemonic

C – **contain, avoid/minimise** restraint if possible.

A – **ambulance** update continuously.

M – **monitor**, vital signs.

E – **explain** (and listen) what you are doing to the person and family, use friends/family to reassure.

R – **relay** information to ambulance & from family.

A – **ABD = A&E** (medical emergency never custody or 136 suite).

S – **share information with HCP**. HCPs if available may consider sedation.



Monitoring detainees under restraint

Possible signs and symptoms:

- Colour of face / skin (blue / reddened / purple)?
- Are they sweating, hot to touch?
- Breathing rate – is it fast or slow?
- Pulse rate – is it fast? If achievable?
- Making noises but not coherent speech?
- Are there calm or quiet periods alternating between agitation ?

Assisting ambulance staff – restraint for medical purposes

- At the scene, ambulance staff have clinical responsibility for the patient.
- Officers and ambulance crews should share relevant information including restraint and UoF.
- Healthcare personnel on scene will be responsible for monitoring the subject and communicating with officers.
- If available ambulance staff may consider sedation which may require restraint by police to administer.
- Restraint for this particular purpose may be lawful.

Assisting ambulance staff (cont.)

- Police should satisfy themselves of lawful authority to restrain;
- If person is not otherwise in police detention, two most relevant acts to consider will be s5/6 Mental Capacity Act 2005 and s3 Criminal Law Act 1967.
- MCA enables acts to be taken in the person's best interests where they lack capacity – restraint must be needed to save the patient's life or prevent significant deterioration and force used must be proportionate to the likely seriousness of harm to the patient;
- Where restraint is mainly to prevent Ambulance Staff being assaulted, s3 CLA may give lawful authority to act.

Transport of ABD persons

1. Convey in ambulance with officer present wherever possible.
2. If ambulance delayed or person deteriorates escalate via control room for advice.
3. Do not transport person to custody or 136 MH facility regardless of any subsequent change in behaviour or apparent recovery.

Summary

ABD = A&E

Endorsements

This training package on ABD is supported by

- The College of Policing
- The National Police Chiefs Council
- The Health Practice Associates Council