

<b>Meeting</b>	<b>SPA Policing Performance Committee</b>
<b>Date</b>	<b>1 September 2021</b>
<b>Location</b>	<b>Video Conference</b>
<b>Title of Paper</b>	<b>Taser Roll Out and Public Consultation Update</b>
<b>Presented By</b>	<b>ACC Mark Williams, Operational Support</b>
<b>Recommendation to Members</b>	<b>For Discussion</b>
<b>Appendix Attached</b>	<b>Yes</b> <b>Appendix A –List of organisations invited and those who attended engagement sessions</b> <b>Appendix B - EQHIRA</b>

**PURPOSE**

The purpose of this paper is to update Members of the Committee on the communication and engagement activities completed in advance of implementing the new Taser operating model.

Member are invited to discuss and note the contents of this paper.

## **1. BACKGROUND**

1.1 In January 2021, Police Scotland Strategic Leadership Board approved a new operating model for Taser officers, referred to as Specially Trained Officers (STOs), across Scotland. The new model was proposed in response to the Strategic Risk Assessment (STRA) which identified that in recent years there has been a gradual but sustained increase in the number of assaults on officers and staff in Scotland, along with a rise in incidents involving weapons. Against this backdrop and review of current capacity and capability it was recommended that the number of STOs be increased from the current cadre of around 500 to around 2000 over the next three years.

## **2. FURTHER DETAIL ON THE REPORT TOPIC**

2.1 In advance of implementing any changes to the existing model, the Police Scotland Strategic Taser Group approved a communication and engagement plan to ensure that key national stakeholders and other interested parties were provided with the opportunity to inform how the operating model is developed and changed. This plan was to be delivered between April and August 2021 before further implementation decisions were taken. This was delivered over four stages.

2.2 In Stage 1 of the plan, Police Scotland wrote to key national partners and stakeholders outlining the background, drivers for change and highlighted the recommendations for a new operating model. This communication offered a "meet and brief", with the following national stakeholders attended 'on line' briefings.

- Scottish Government
- Police Investigations and Review Commissioner
- HMICS
- SOLACE
- COSLA

Feedback from the sessions was generally positive with no challenges, critical feedback or recommendations being made.

2.3 Stage 2 commenced in July 2021, with Police Scotland Divisional Commanders engaging with their local scrutiny committees and providing further information and detail around the impact of this change. In particular, information around the number of officers

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who are likely to be trained and the locations in which they will deploy from. This stage is still ongoing and to date, all feedback provided has been supportive.

- 2.4 Stage 3 commenced in July 2021, and involved letters being sent to 35 interest groups inviting them to take part in engagement sessions which outline the rationale for change and describe in detail what is being proposed. The groups cover race, disability and human rights including Deaf Scotland, Epilepsy Scotland, Scottish Autism and Amnesty International. A full list of groups invited and those who engaged is contained within Appendix A.
- 2.5 In Stage 4, each of the political parties' justice spokesperson received a written invitation to be briefed on the proposed change. To date the Cabinet Secretary for Justice has responded and arrangements are being made with officials for a tour of the Taser Training Centre at Jackton to meet officers undergoing initial Taser training.

### **2.6 Engagement feedback**

- 2.6.1 The engagement sessions have now been completed. Feedback has been generally positive and supportive. The following captures some of the feedback and demonstrates our willingness to effectively engage, listen and respond positively.
- 2.6.2 Amnesty International raised concerns over the potential use of Taser to inflict pain, specifically in "direct-contact" mode. These concerns are shared and an explanation was provided, confirming that Police Scotland, does not specifically teach this tactic, although it is a recognised one and is only used as a last resort. To date, Taser has not been used in this manner in Scotland.
- 2.6.3 Epilepsy Scotland - Invited to review training content and provide specific advice to officers around persons living with epilepsy and implications for Taser use. Following feedback, aspects of training have now been updated with the inclusion of epilepsy specific guidance, 20 minute video, a representative attending Jackton to provide input to instructors and instructors attending a "lived-experience" workshop delivered by Epilepsy Scotland.
- 2.6.4 Autism Scotland - Invited to review training content and advise on training in relation to Taser use on Autistic persons and guidance for officers.

2.6.5 Deaf Association/Deaf-Blind Scotland - Questions raised regarding communication barriers and how Taser officers will overcome these. These organisations were informed that previously, Taser Instructors were provided with limited British Sign Language, but this has now fallen away due to staff changes. Both organisations volunteered to assist in working with the national Taser Unit to provide guidance to officers. An information session has been delivered with more collaboration due to be undertaken later this month.

2.6.6 People First/SOLD (Mental Health and Learning Disabilities) raised concerns regarding the high number of persons suffering from mental ill-health on whom Taser has been used. They did welcome the data around protecting life/preventing injury and have agreed to assist Taser training with reviewing training content and providing expert assistance to enhance scenario based training with a view to attempt to reduce Taser use on these groups.

## 2.7 **Next Steps:**

2.7.1 As highlighted above Police Scotland has undertaken extensive communication and engagement activities to ensure that stakeholders, partners and interested parties have been consulted and had an opportunity to input into the delivery of the future operating model. As a result of the feedback and general positive views expressed, it is now intended that recruitment and training activities commence to increase the cadre by around 350 officers in the remainder of this financial year.

## 3. **FINANCIAL IMPLICATIONS**

3.1 There are no direct financial implications as part of the communication strategy and engagement. The budget for the uplift has been approved.

## 4. **PERSONNEL IMPLICATIONS**

4.1 The Scottish Police Federation are members of the Taser Monitoring Group and have offered support for the future operating model.

## 5. **LEGAL IMPLICATIONS**

5.1 There are no legal implications.

**6. REPUTATIONAL IMPLICATIONS**

6.1 Taser has been successfully deployed across Scotland by STO's since 2018 without reputational implications for Police Scotland.

**7. SOCIAL IMPLICATIONS**

7.1 There are no social implications.

**8. COMMUNITY IMPACT**

8.1 The community implications have been addressed through the delivery of the communication and engagement plan which has informed decisions around future implementation of the model.

**9. EQUALITIES IMPLICATIONS**

9.1 An Equality and Human Rights Impact Assessment (EQHRIA) is in place and accompanies this report as Appendix B. It should be noted that this is a living document and is subject to ongoing review and update.

**10. ENVIRONMENT IMPLICATIONS**

10.1 There are no environmental implications.

**RECOMMENDATIONS**

Members are invited to discuss and note the contents of this paper.

**APPENDIX A**

Organisation Invited	Organisation attended
Inclusion Scotland	Inclusion Scotland
People First	People First
Deaf Association	Deaf Association
British Deaf Association	Deaf Scotland
Deaf Action	Epilepsy Scotland
Deaf Scotland	Supporting Offenders with Learning Disabilities (SOLD)
Deafblind Scotland	Scottish Autism
Disability Equality Scotland	Deafblind Scotland
Epilepsy Scotland	Amnesty International (Scotland)
Guide Dogs Scotland	NHS-24-Mental Health Lead
Chair of Intercultural Communication- Heriot Watt University	Napier University Mental Health Academia lead for Police Scotland
National Autistic Society	
Spinal Injuries Scotland	
Supporting Offenders with Learning Disabilities (SOLD)	
Scottish Autism	
Values Into Action (VIA)	
Black & Ethnic Minority Infrastructure Scotland	
Coalition for Racial Equality & Rights	
Council for Ethnic Minority Voluntary Organisations	
Scottish Human Rights Commission (SHRC)	
Equality & Human Rights Commission (Scotland)	
Amnesty International (Scotland)	
Penumbra –	
Lifelines	
Mental Welfare Commission	
LAMh	
SAMH	

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Samaritans	
See Me	
Scottish Government-Forensic Mental Health Unit	
NHS-24-Mental Health Lead	
Mental Health Improvement Manager-NHS Lanarkshire	
Scottish Ambulance Service-Mental Health Education Lead	
Napier University Mental Health Academia lead for Police Scotland	

<b>Division</b>	Operational Support Division	<b>Department</b>	Specialist Services
<b>File Path Record</b>			

## Police Scotland / SPA Equality and Human Rights Impact Assessment (EqHRIA)

This form is to be completed in accordance with the instructions as set out in the EqHRIA SOP and the EqHRIA Form Guidance.

<b>Name of Policy / Practice</b> (include version number)	Specially Trained Officers SOP Version 3.00 Specially Trained Officers Uplift
<b>Owning Department</b>	OSD - Specialist Services –CED Policy and Compliance Unit

### 1. Purpose and Intended Outcomes of the Policy / Practice - Consider why this policy / practice is being developed / reviewed and what it aims to achieve.

The aim of the STO SOP to provide structured guidance on the:

- Assessment and Selection of Specially Trained Officers (STO) and;
- Operational Deployment of Conducted Energy Devices (CED) (CED)

Police Scotland propose to uplift the number of Specially Trained Officers over the next 3 years by 500 per year

Specially Trained Officers (STOs) provide a capability which enhances the ability of Police Scotland to protect life, preserve order, and prevent the commission of offences and ultimately; Keep People Safe. Police Scotland is required to justify any use of force proving that it was proportionate, legal, accountable, absolutely necessary and ethical in its use. The Use of CEDs and CED training can significantly reduce injuries to suspects and can decrease injuries to officers, Improving officer confidence in dealing with violent people, intoxication, people in crisis or where weapons are involved and enables that the minimum possible force is used which will improve the capabilities of Police Scotland to protect the right to life.

CED is one of a number of tactical options available when dealing with an incident with the potential for conflict. The use of CED ranges from the physical presence of a drawn CED through to discharge. The discharge of CED is intended to mitigate the threat of violence by temporarily incapacitating the individual.



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Officers using CED will at all-times respect an individual's absolute right to life. Force will only be used in circumstances where it is lawful, reasonable, proportionate and absolutely necessary to do so to achieve a legitimate aim.

Where officers use the CED, any subsequent investigation will be supported by officers in an open, honest and transparent way thereby ensuring the integrity of all actions and procedures.

National research (NPCC) indicates that on 80% of occasions that officers are presented with violence or potential violence, the mere presence of the CED is enough to bring that situation to a swift conclusion without the need for any physical force to be used. In Scotland, 88% of incidents do not require discharge of CED.

### Police Scotland CED use since introduction of STO's

Year	Use	Draw	Aimed	Arced	Red Dot	Fired	Completed
2018 - 2019	259	112	14	7	94	28	194
2019 - 2020	221	78	16	10	100	19	179
2020 - 2021	357	116	25	9	145	51	277
2021 - 2022	108	42	8	5	34	17	87
<b>Total</b>	<b>945</b>	<b>348</b>	<b>63</b>	<b>31</b>	<b>373</b>	<b>115</b>	<b>737</b>

## 2. Other Policies / Practices Related or Affected - Which other policies / practices, if any, may be related to or affected by the policy / practice under development / review?

### Policies

- Armed Policing Policy
- Major Incidents and Emergencies Policy
- Specialist Operations Policy
- The Articles and Conventions of the Human Rights Act 1998
- Police Scotland Operational Safety Training Manual

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- Management of Health and Safety Work Regulations 1999
- The Workplace (Health, Safety and Welfare) regulations 1992
- Regulation 18 of Police Service of Scotland Regulations 2013
- Regulation 14 of Police Service of Scotland Regulations 2013
- Disability in Employment Procedure
- Pregnancy and Maternity
- Flexible Working
- Policy Hub- [https://intranet.spnet.local/commonservices/people-and-development/policy-hub/Pages/default.aspx?refer=PS Homepage](https://intranet.spnet.local/commonservices/people-and-development/policy-hub/Pages/default.aspx?refer=PS%20Homepage)

### **Standard Operating Procedures**

- Armouries SOP and EqHRIA
- Armed Policing Training SOP and EqHRIA
- Post Incident Procedures SOP and EqHRIA
- Firearms Ranges SOP and EqHRIA
- Use of Force SOP and EqHRIA
- Mental Health & Place of Safety SOP and EqHRIA
- Care and Welfare of persons in Police Custody SOP and EqHRIA
- Stop and Search SOP and EqHRIA
- Trauma Risk Management Procedure
- Disability in Employment Procedure
- Equality and Diversity SOP and EqHRIA
- Productions PSoS SOP and EqHRIA
- Allowances and Expenses (Officers) Procedure
- New and Expectant Mother Risk Assessment Guidance, People and Development 2016

**Guidance**

- The APP, COP Authorised Professional Practice (Armed Policing);  
[www.app.college.police.uk](http://www.app.college.police.uk)
- The Police Scotland Statement of Intent on the Police Use of Firearms and Less Lethal Weapons in Scotland;  
<https://www.scotland.police.uk/assets/pdf/151934/184779/armed-policing-operations-sop>
- The National Police Firearms Training Curriculum (accessible via POLKA);  
<https://www.app.college.police.uk/app-content/armed-policing/national-police-firearms-training-curriculum/>
- Firearms Strategic Threat and Risk Assessment (accessible via APPCU);  
<https://www.app.college.police.uk/app-content/armed-policing/armed-policing-strategic-threat-and-risk-assessment-stra/>
- Police Scotland CED Strategic Threat and Risk Assessment 2020
- Protocol Agreement Between NCA and the Scottish Police on the NCA Use of Firearms within Scotland  
<https://www.scotland.police.uk/assets/pdf/151934/184779/armed-policing-operations-sop>
- EHRC- Preventing Deaths in Detention of Adults with Mental Health Conditions Inquiry Report 2015  
<https://www.equalityhumanrights.com/en/preventing-deaths-detention-adults-mental-health-conditions>
- HMIC-The Welfare of Vulnerable People in Police Custody 2015  
<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/the-welfare-of-vulnerable-people-in-police-custody.pdf>
- Guidance on Responding to People with Mental Ill Health or Learning Disabilities, NPIA, 2010.  
<http://library.college.police.uk/docs/acpo/Guidance-mental-ill-health-2010.pdf>
- Police and Mental Health Publication, (How to Get It Right Locally), produced by Mind and Victim Support, 2013.  
[https://www.mind.org.uk/media-a/4356/2013-12-03-mind\\_police\\_final\\_web.pdf](https://www.mind.org.uk/media-a/4356/2013-12-03-mind_police_final_web.pdf)
- IPCC report on the police use of force 2016  
[https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC\\_Use\\_Of\\_Force\\_Report.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/IPCC_Use_Of_Force_Report.pdf)
- Pregnant Detainees Safer Restraint Report 2015 - Mr John Harding MBE (Hard Copy only, unable to locate electronic version)
- Equality Act 2010  
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

## OFFICIAL

- Police use of CED Devices in Mental Health Emergencies.  
<https://www.sciencedirect.com/science/article/abs/pii/S0160252714000259>
- IPCC Annual Report, Death During or Following Police Contact Statistics for England and Wales 2007/8, onwards.  
[https://www.policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths\\_during\\_following\\_police\\_contact\\_201819.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/statistics/deaths_during_following_police_contact_201819.pdf)
- US Department of Justice, Office of Justice Programs, National Institute of Justice (2011), *Police Use of Force, CEDs and Other Less-Lethal Weapons*.  
<https://www.ncjrs.gov/pdffiles1/nij/232215.pdf>
- US Department of Justice, Office of Justice Programs, National Institute of Justice – Issue No.267, *Police use of Force: The Impact of Less Lethal Weapons and Tactics*, Philip Bulman.  
<https://www.ncjrs.gov/pdffiles1/nij/233280.pdf>
- Abi Dymond, Brian Rappert, (2014), *Policing Science: The Lessons of CED*, Oxford University Press  
<https://academic.oup.com/policing/article-abstract/8/4/330/2893155>
- *Conducted Energy Devices: Development of Standards for Consistency and Guidance*. U.S. Department of Justice Office of Community Oriented Policing Services and Police Executive Research Forum  
[https://www.policeforum.org/assets/docs/Free\\_Online\\_Documents/Use\\_of\\_Force/conducted%20energy%20devices%20-%20development%20of%20standards%20for%20consistency%20and%20guidance%202006.pdf](https://www.policeforum.org/assets/docs/Free_Online_Documents/Use_of_Force/conducted%20energy%20devices%20-%20development%20of%20standards%20for%20consistency%20and%20guidance%202006.pdf)
- Operational Evaluation of the New Zealand CED Trial (2008) Police Service of Northern Ireland (2006) *Proposed Introduction of CED – Human Rights Advice*  
<https://www.police.govt.nz/resources/2008/operational-evaluation-of-nz-CED-trial/operational-evaluation-of-nz-CED-trial-2008.pdf>  
  
[http://www.weaponslaw.org/assets/downloads/CED+Police+Service+Northern+Ireland+Human+Rights+advice\\_\(1\).pdf](http://www.weaponslaw.org/assets/downloads/CED+Police+Service+Northern+Ireland+Human+Rights+advice_(1).pdf)
- Police Service of Northern Ireland (2008) *Equality Impact Assessment Final Report – Proposals to Introduce CED*  
[https://www.psni.police.uk/globalassets/inside-the-psni/our-policies-and-procedures/equality-diversity--good-relations/eqia-archive/CED\\_eqia\\_november\\_2008.pdf](https://www.psni.police.uk/globalassets/inside-the-psni/our-policies-and-procedures/equality-diversity--good-relations/eqia-archive/CED_eqia_november_2008.pdf)
- Warwickshire/West Mercia Police (2013), *Policy on Operational Use of CED by Specially Trained Officers and Authorised Firearms Officers outside of Authorised firearms operations*.  
[https://cms.westmercia.police.uk/media/1216/CED-Policy-Harmonised/pdf/CED\\_Policy\\_\(Harmonised\).pdf](https://cms.westmercia.police.uk/media/1216/CED-Policy-Harmonised/pdf/CED_Policy_(Harmonised).pdf)

## OFFICIAL

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- North Yorkshire Police (2016), *Review and Recommendations For a CED Uplift in NYP*. (Hard Copy only, unable to locate electronic version)
- HMIC, PEEL: Police legitimacy (2015), *An Inspection of Devon and Cornwall Police*  
<https://www.justiceinspectorates.gov.uk/hmicfrs/publications/police-legitimacy-2015-devon-and-cornwall/>
- Anthony J. O'Brien, Katey Thom, Police use of CED devices in mental health emergencies: A review *International Journal of Law and Psychiatry*, Volume 37, Issue 4, Pages 420-426  
<https://www.sciencedirect.com/science/article/abs/pii/S0160252714000259>
- Rt. Hon. Dame Elish Angiolini DBE QC (2017) *Report of the Independent Review of Deaths and Serious Incidents in Police Custody*  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)
- The Scottish Parliament (2010), Public Petition No. PE1339  
<https://archive.parliament.scot/business/petitions/docs/PE1339.htm>
- Professor Ross Deuchar, Dr Liz Frondigoun, Dr Catherine Davidones Scottish Institute of Policing Research/University of the West of Scotland *Evaluation of Extended Use and Deployment of Conductive Energy Devices (CEDs) to non-Firearms Officers within Police Scotland* (July 2019)  
<http://sipr.ac.uk/assets/files/DEUCHAR%20FRONDIGOUN%20DAVIDONES%20-%20Final%20Report%20STOs.pdf>
- NPCC Working Group on Less Lethal Weapons- *CED® – Fifteen years on, An analysis of CED® use in British Policing*, (March 2019 (Not published, received by email hard copy only)
- Evaluating CED Reforms- Queensland Police Service April 2011  
<https://www.ccc.qld.gov.au/sites/default/files/Docs/Publications/CMC/Evaluating-CED-reforms-Report-2011.pdf>
- Independent Police Complaints Commission, !PCC review of CED complaints and incidents 2004-2013  
[https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use\\_of\\_force\\_review\\_of\\_CED\\_complaints\\_and\\_incidents.pdf](https://www.policeconduct.gov.uk/sites/default/files/Documents/research-learning/use_of_force_review_of_CED_complaints_and_incidents.pdf)
- PSoS [Health and Safety Policy Statement](#)
- Angiolini, E. (2017) *Report of the Independent Review of Deaths and Serious Incidents in Police Custody*. London: Home Office.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655401/Report\\_of\\_Angiolini\\_Review\\_ISBN\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/655401/Report_of_Angiolini_Review_ISBN_Accessible.pdf)

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## OFFICIAL

- Bell, N., Moon, M. and Dross, P. (2014) Cerebrovascular accident (CVA) in association with a CED-induced electrical injury. Emerg Radiol 21 (2), 211-213.
- Bui, E. T., Sourkes, M. and Wennberg, R. (2009) Generalized tonic-clonic seizure after a CED shot to the head. CMAJ 180 (6), 625-626.
- Childers, R., Chan, T. and Vilke, G. (2020) CED Conducted Electrical Weapons. In Stark, M. M. (editor) Clinical Forensic Medicine: A Physician's Guide. Fourth edition. London: Springer. 279-312.
- College of Policing (2020a) Authorised Professional Practice; Detention and custody; Detainee care. <https://www.app.college.police.uk/app-content/detention-and-custody2/detainee-care>
- College of Policing (2020b) Conducted energy devices (CED). <https://www.app.college.police.uk/app-content/armed-policing/conducted-energy-devicesCED/>
- Defence Science and Technology Laboratory (2020) Physical Assessment of CED 7. London:
- Home Office. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/911329/Physical\\_Assessment\\_of\\_T7\\_DSTL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911329/Physical_Assessment_of_T7_DSTL.pdf)
- Dunet, B., Erbland, A., Abi-Chahla, M. L., Tournier, C. and Fabre, T. (2015) The CEDed finger: A new entity. Case report and review of literature. Chir Main 34 (3), 145-148.
- Faculty of Forensic and Legal Medicine (2017) CED: Clinical effects and management of those subjected to CED discharge. <https://fflm.ac.uk/wpcontent/uploads/2020/03/Effects-and-management-of-CED-discharge-Dr-J-Payne-Jamesand-Dr-B-Sheridan-Dec-2017.pdf>
- Faculty of Forensic and Legal Medicine (2019) Acute behavioural disturbance (ABD): guidelines on management in police custody. [https://fflm.ac.uk/wpcontent/uploads/2019/05/AcuteBehaveDisturbance\\_Apr19-FFLM-RCEM.pdf](https://fflm.ac.uk/wpcontent/uploads/2019/05/AcuteBehaveDisturbance_Apr19-FFLM-RCEM.pdf)
- Faculty of Forensic and Legal Medicine (2020) Child Safeguarding: Information Sharing Guidance for Healthcare Professionals working in Police Custody. <https://fflm.ac.uk/wpcontent/uploads/2020/05/Child-Safeguarding-Information-Sharing-Guidance-for-HCPsworking-in-police-custody-Dr-P-Gree-April-2020.pdf>
- Flower, R. (2016) Statement on the Medical Implications of Use of the CED X2 Conducted Energy Device System. London: Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/595242/Medical\\_Statement\\_on\\_the\\_CED\\_X2\\_system.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595242/Medical_Statement_on_the_CED_X2_system.pdf)
- Fulde, G. and Fulde, S. (2014) Emergency Medicine The Principles of Practice. Sixth edition. London: Churchill Livingstone.
- General Medical Council (2020) Good medical practice. Manchester: General Medical

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- Council. [https://www.gmc-uk.org/-/media/documents/good-medical-practice---english20200128\\_.pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530](https://www.gmc-uk.org/-/media/documents/good-medical-practice---english20200128_.pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530).
- Gleason, J. B. and Ahmad, I. (2015) CED((R)) Electronic Control Device-Induced Rhabdomyolysis and Renal Failure: A Case Report. J Clin Diagn Res 9 (10), HD01-02.
- Gross, E. R., Porterieko, J. and Joseph, D. A. (2013) Rhabdomyolysis and Oliguric Renal Failure after use of CED®: Is it Really Safe? The American Surgeon 79 (12), 337-339.
- Health and Care Professions Council (2020) Standards of conduct, performance and ethics.
- <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>.
- Hinchey, P. R. and Subramaniam, G. (2009) Pneumothorax as a complication after CED activation. Prehosp Emerg Care 13 (4), 532-535.
- Home Office (2016) CED Replacement Project Assessment of CED X2 against the police operational requirements. London: Home Office. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/676911/CAST\\_Assessment\\_of\\_the\\_CED\\_X2\\_against....pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676911/CAST_Assessment_of_the_CED_X2_against....pdf).
- Home Office (2019a) Home Office announces £10 million for CED uplift. <https://www.gov.uk/government/news/home-office-announces-10-million-for-CED-uplift>
- Home Office (2019b) Police use of force statistics, England and Wales April 2018 to March 2019. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/853204/police-use-of-force-apr2018-mar2019-hosb3319.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853204/police-use-of-force-apr2018-mar2019-hosb3319.pdf)
- Home Office (2020a) Police use of force statistics, England and Wales: April 2019 to March 2020. London: Home Office. <https://www.psni.police.uk/inside-psni/Statistics/statistics-onpolice-use-of-force>
- Home Office (2020b) Priti Patel approves new CED model to protect officers and the public. <https://www.gov.uk/government/news/priti-patel-approves-new-CED-model-to-protectofficers-and-the-public>.
- Independent Office for Police Conduct (2018) Jordan Begley; Investigation into the death of Mr Jordan Begley on 10 July 2013, after he was CEDED and restrained by Greater Manchester Police. London: Independent Office for Police Conduct. [https://policeconduct.gov.uk/sites/default/files/Jordan\\_Begley\\_Final\\_report\\_0.pdf](https://policeconduct.gov.uk/sites/default/files/Jordan_Begley_Final_report_0.pdf).
- Joint Royal Colleges Ambulance Liason Committee and Association of Ambulance Chief Executives (2019) JRCALC Clinical Guidelines 2019. Bridgewater: Class Professional Publishing.
- Kroll, M. W., Adamec, J., Wetli, C. V. and Williams, H. E. (2016) Fatal traumatic brain injury with electrical weapon falls. J Forensic Leg Med 43, 12-19.

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- Kroll, M. W., Ritter, M. B., Kennedy, E. A., Siegal, N. K., Shinder, R., Brave, M. A. and Williams, H. E. (2019) Eye injury from electrical weapon probes: Mechanisms and treatment. *Am J Emerg Med* 37 (3), 427-432.
- Kroll, M. W., Ritter, M. B. and Williams, H. E. (2017) Fatal and non-fatal burn injuries with electrical weapons and explosive fumes. *J Forensic Leg Med* 50, 6-11.
- Kroll, M. W., Witte, K. K., Kunz, S. N., Luceri, R. M. and Criscione, J. C. (2020) Electrical weapons, hematocytes, and ischemic cardiovascular accidents. *Journal of Forensic and Legal Medicine* 73.
- Kroll, M. W., Witte, K. K., Ritter, M. B., Kunz, S. N., Luceri, R. M. and Criscione, J. C. (2021) Electrical weapons and rhabdomyolysis. *Forensic Sci Med Pathol* 17 (1), 58-63.
- Lewis, M. and Lewis, D. (2016) Frontal sinus CED dart injury. *Journal of Emergency Medicine* 50 (3), 490-492.
- Li, J. Y. and Hamill, M. B. (2013) Catastrophic globe disruption as a result of a CED injury. *J Emerg Med* 44 (1), 65-67.
- Maher, P. J., Beck, N. and Strote, J. (2015) Pneumomediastinum and pulmonary interstitial emphysema after tracheal CED injury. *Emerg Med J* 32 (1), 90.
- National Institute for Health and Care Excellence (2014) Head injury: assessment and early management. <https://www.nice.org.uk/guidance/cg176/resources/head-injury-assessmentand-early-management-pdf-35109755595493>
- National Police Chiefs' Council (2017) Home Office approves new Conducted Energy Device for police use. <https://news.npcc.police.uk/releases/home-office-approves-new-conductedenergy-device-for-police-use>
- Nursing and Midwifery Council (2015) The Code. <https://www.nmc.org.uk/standards/code/read-the-code-online/>.
- Peel, M. (2017) Assessment of people who have been CEDed. *Emerg Nurse* 24 (4), 22-28.
- Police Scotland (2021) 21-0825 - Armed Policing - CED Use - 2017 - 2020. P.
- <https://www.scotland.police.uk/spa-media/qsfmuvfu/21-0825-response.pdf>.
- Police Service of Northern Ireland (2020) Statistics on Police Use of Force. <https://www.psni.police.uk/inside-psni/Statistics/statistics-on-police-use-of-force>
- Roberts, E. and Vilke, G. M. (2016) Restraint Techniques, Injuries, and Death: Conducted Energy Devices. In Payne-James, J. and Byard, R. W. (editors) *Encyclopedia of Forensic and Legal Medicine*. Vol. 4. Second edition. Oxford: Elsevier. 118-126.
- Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons (2020) Statement on the Medical Implications of Use of the CED 7 Conducted Energy Device System. London: Scientific Advisory Committee on the Medical Implications of Less-Lethal Weapons.
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_)

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data/file/911328/20200716\_SACMILL\_CED\_7\_Medical\_Statement\_Final\_HoC\_Library.pdf.

- Stevenson, R. and Drummond-Smith, I. (2020) Medical implications of Conducted Energy Devices in law enforcement. Journal of Forensic and Legal Medicine 73.
- Theisen, K., Slater, R. and Hale, N. (2016) CED-Related Testicular Trauma. Urology 88, e5.
- Williams, G. (2020) Regulation 28: Report to prevent future deaths Re: Marc Antony Cole, deceased. <https://www.judiciary.uk/wp-content/uploads/2020/04/Marc-Cole-2020-0087Redacted.pdf> Accessed 18/04/2021.
- College of Policing (2020) STO CVD Training Strategy
- Stevenson, R. and Tracy, D. (2020) Acute behavioural disturbance: a physical emergency psychiatrists need to understand. JPsych Advances, page 1 of 10 doi: 10.1192/bja.2020.67
- Autism:a guide for criminal justice professional, the National Autistic Society, 2008

**3. Who is likely to be affected by the policy / practice? (Place 'X' in one or more boxes)**

No impact on people	<input type="checkbox"/>	Police Officers	<input checked="" type="checkbox"/>	Special Constables / Cadets	<input checked="" type="checkbox"/>	SPA / Police Staff	<input checked="" type="checkbox"/>	Communities	<input checked="" type="checkbox"/>	Partnerships	<input checked="" type="checkbox"/>
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**3.1 Screening for Relevance to Equality Duty** – if the policy / practice is considered to have no potential for direct or indirect impact on people, an Equality Impact Assessment is not required. Provide information / evidence to support this decision below, then proceed to Section 5 of the form, otherwise complete all sections.

**It has been decided not to complete an equality impact assessment because**

**4. Equality Impact Assessment - Consider which Protected Characteristics, if any, are likely to be affected and how.**

<b>4.1 Protected Characteristics Groups</b>	<b>4.2 Likely Impact</b> Positive, Negative or No Impact (Assessment of Low / Medium / High impact)	<b>4.3 Evidence Considered</b> (e.g. legislation / common law powers, community / staff profiles, statistics, research, consultation feedback) <b>Note any gaps in evidence and any plans to fill gaps.</b>	<b>4.4 Analysis of Evidence</b> (Summarise how the findings have informed the policy / practice – include justification of assessment of No Impact)
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<p><b>General / Relevance to All</b></p>	<p>Medium</p>	<p><b><u>Employment/Staff</u></b> The Use of CEDs and CED training can significantly reduce injuries to officers during conflict or violent incidents. Deployment data from Police Scotland and the rest of the UK supports this.</p> <p>Further roll out of CED and additional CED training can Improve officer confidence in dealing with violent people, intoxication, and people in crisis or where weapons are involved.</p> <p>The Criteria for being a STO is mandated by the College of Policing and is as follows:</p> <ul style="list-style-type: none"><li>• A minimum of 2 years police service and confirmed in the rank of Constable</li><li>• Be current and competent in their Operational Safety Training, SPELS and have completed the Police Scotland training package on Acute Behavioural Disorder (ABD)</li><li>• Have an acceptable professional standards, complaints and misconduct record</li><li>• Must meet the minimum requirements of the eyesight test for STOs as directed by College of Policing</li></ul> <p><b><u>Service Delivery</u></b> The Use of CEDs and CED training can significantly reduce injuries to subjects during conflict or violent incidents Deployment data from Police Scotland and the rest of the UK supports this.</p> <p>Further roll out of CED may result in increased use therefore the likelihood of CED use on persons with protected characteristics may increase. In order to inform communities of this and obtain feedback, a national communication and engagement plan was delivered. It is planned to take this further by</p>	<p><b><u>Employment/Staff</u></b> Police Scotland no longer require candidates to complete a fitness test as it was deemed not to be required for the role. This has had a positive outcome as more officers have been attracted to the role as before they viewed this as a barrier. The requirement to meet the same colour vision standard as AFO's has also been removed. This is a positive measure as officers with a CVD can now undertake CED training with adaptations to training.</p> <p><b><u>Service delivery</u></b> In a conflict situation, a person's protected characteristic will be considered as part of the National Decision Models' (NDM) Threat Assessment. This forms part of the tactical options model as an impact factor to ensure that if force is necessary it is used proportionately. STO's are trained to ensure that all relevant information and intelligence is considered. This informs the assessment of threat and risk which in turn informs the tactical options available to the STO.</p> <p>The fact that a subject has a protected characteristic does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved.</p> <p>Details of the National Decision Model and Police Scotland Tactical Options Model can be found with The National Police Firearms Training Curriculum and Police Scotland Operational Safety Training Manual</p>
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	<p>introducing a CED Advisory Group where interested parties can regularly review and advise on Police Scotland CED use.</p> <p>There is evidence that some communities may be disproportionately negatively affected by Police CED use. Police Scotland deployment data doesn't support this, however processes are in place to ensure that all CED use is reviewed, monitored and continues to be proportionate, reasonable and necessary.</p> <p>In advance of implementing any changes to the existing model, the Strategic CED Group approved a communication and engagement plan to ensure that key national stakeholders and other interested parties have the opportunity to inform how the operating model is developed and changed. This plan was to be delivered between April and August this year before further implementation decisions are taken and comprised of 3 Stages.</p> <p>Stage 1 of the plan which involved letters being sent to the following national partners outlining the recommendations and offering a "meet and brief" has now been completed and a number of briefing sessions have been delivered.</p> <ul style="list-style-type: none"><li>• Scottish Government</li><li>• Police Investigations and Review Commissioner</li><li>• HMICS</li><li>• Scottish Police Authority</li><li>• SOLACE</li><li>• COSLA</li></ul> <p>Feedback from these sessions has been positive with no challenges or recommendations made.</p>	<p>Feedback from Engagement has resulted in a number of enhancements to training and governance which are specified within the relevant protected characteristics.</p> <p>All CED Instructors have been made aware of the Police Scotland Policy Hub and where to find the appropriate information around Disability in Employment and Reasonable Adjustments.</p> <p>There is no evidence to suggest that the impact of an uplift in STO's cannot proceed with adjustments to remove or mitigate any identified potential for discrimination.</p> <p>Any uplift in STO's will have the potential for increase in CED usage against persons with protected characteristic, which may be disproportionate. The National Taser Unit will continue to monitor CED data in respect of protected characteristics and report through CED Advisory Group, CED Monitoring Group and UOFMG to ensure any disproportionality is identified and addressed.</p>
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		<p>Stage 2 involved Divisional Commanders engaging with their local scrutiny committees and providing further information and detail as required around the impact of this change. In particular details of the number of officers who are likely to be trained and the locations in which they will deploy from. This stage is still ongoing and to date, all feedback provided thus far has been supportive.</p> <p>Stage 3 involved letters being sent to 35 interest groups inviting them to take part in engagement sessions which will outline the rationale for change and describe in detail what is being proposed. The groups cover race, disability and human rights including Deaf Scotland, Epilepsy Scotland, Scottish Autism and Amnesty International.</p> <p>Feedback was positive and supportive of CED use and an Increase in STO's and some participants informed that the sessions have helped in dispelling some of the perceptions around CED and 'use of force'.</p> <p>Engagement feedback is contained within relevant protected characteristics and is also contained with an Engagement Evaluation and Analysis Paper</p> <p>Amnesty International-Concerns raised over the potential use of CED to inflict pain, specifically in "direct-contact" mode. These concerns are shared and explanation provided that Police Scotland, although this is a recognised tactic, does not specifically teach this tactic and is only used as a last resort. To date, CED has not been used in this manner.</p> <p>Epilepsy Scotland-Invited to review training content</p>	
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	<p>and provide specific advice to officers around persons living with Epilepsy and implications for CED use. Following feedback, aspects of training have now been updated with the inclusion of Epilepsy specific guidance, 20 minute video, representative attending Jackton to provide input to Instructors and Instructors attending a “lived-experience” workshop delivered by Epilepsy Scotland.</p> <p>Autism Scotland-Invited to review training content and advise on training in relation to CED use on Autistic persons and guidance for officers.</p> <p>Deaf Association/Deaf-Blind Scotland-Questions raised re communication barriers and how CED Officers will overcome these. These organisations were informed that previously, CED Instructors were provided with limited BSL, but this has now fallen away due to staff changes. Both organisations volunteered to assist in working with the national CED Unit to provide guidance to officers. An information session has been delivered with more collaboration due to be undertaking later this month.</p> <p>People First/SOLD (Mental Health and Learning Disabilities)-Concerns raised regarding high number of persons suffering from mental ill-health on whom CED has been used. They did welcome the data around protecting life/preventing injury and have agreed to assist CED training with reviewing training content and providing expert assistance to enhance scenario based training with a view to attempt to reduce CED use on these groups.</p> <p>Draft plans are in place which, subject to approvals, would enable the commencement of training of</p>	
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		additional STO's from September 2021.																			
<b>Age</b>	Low/Positive –	<p><b><u>Employment/Staff</u></b> The current age breakdown in relation to STO's is as follows:</p> <table border="1" data-bbox="647 381 1108 740"> <thead> <tr> <th>Age</th> <th>Found</th> </tr> </thead> <tbody> <tr> <td>21 to 25 Years Old</td> <td>13</td> </tr> <tr> <td>26 to 30 Years Old</td> <td>118</td> </tr> <tr> <td>31 to 35 Years Old</td> <td>146</td> </tr> <tr> <td>36 to 40 Years Old</td> <td>120</td> </tr> <tr> <td>41 to 45 Years Old</td> <td>65</td> </tr> <tr> <td>46 to 50 Years Old</td> <td>48</td> </tr> <tr> <td>51 to 55 Years Old</td> <td>29</td> </tr> <tr> <td>56 to 60 Years Old</td> <td>1</td> </tr> </tbody> </table> <p>To date, there has been no feedback or evidence to suggest that age is a barrier to becoming or remaining as a STO.</p> <p><b><u>Service Delivery</u></b> There is no upper or lower age limit for the use of CED.</p> <p>From June 2018 – March 2019 CED was used against under 18-year olds 12 times. It was not discharged</p> <p>April 2019 – March 2020 CED was used against under 18-year olds 9 times. It was not discharged</p> <p>From April 2020 – March 2021 CED was used against under 18-year olds 13 times. It was discharged on 2 occasions.</p>	Age	Found	21 to 25 Years Old	13	26 to 30 Years Old	118	31 to 35 Years Old	146	36 to 40 Years Old	120	41 to 45 Years Old	65	46 to 50 Years Old	48	51 to 55 Years Old	29	56 to 60 Years Old	1	<p><b><u>Employment/Staff</u></b> The requirement to undertake CED Lead Instructor, CED Instructor or CED User training is based on a person's minimum completed service and not age. Provided officers have the minimum completed service and have no injury or medical condition that may affect their physical/mental ability to undertake the training they will be eligible to complete the course, or instruct regardless of age.</p> <p>There is no upper or lower age limit for STO's, CED Instructors or CED Lead Instructors.</p> <p>There is an operational requirement for certain standards of eye sight. Eyesight can diminish with age. These tests can be taken with eyesight correction which allows persons with reduced eyesight to train as a STO. STO's can deploy with eyesight correction. Any officer who cannot meet or maintain the eyesight standard with correction cannot continue as a STO.</p> <p><b><u>Service Delivery</u></b> In a conflict situation, age may be considered as part of the National Decision Models' (NDM) Threat Assessment. This forms part of the tactical options model as an impact factor to ensure that if force is necessary it is used proportionately. STO's are trained to ensure that all relevant information and intelligence is considered. This informs the assessment of threat and risk which</p>
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	<p>From April 2021-July 2021 CED was used against under 18-year olds 10 times. It was not discharged.</p> <p>CED use on under 18's consist of 4% of all CED uses and 1% of CED discharges. 96% of CED use and 99% of discharges are on persons over the age 18</p> <p>Statistics as indicated above in relation to age identify that 25– 34yrs seem to be the highest accounts of use of CED. After this age the use declines significantly.</p> <p>A Communications and Engagement plan was delivered to ensure that key national stakeholders and other interested parties have the opportunity to inform how the operating model is developed and changed. Future engagements sessions are planned to ensure that communities remain informed of the specialist training in place for STOs and the significant controls in place to ensure effective, proportionate and accountable use of CEDs across Scotland. A CED Advisory Group will be set up where interested parties can regularly review and advise on Police Scotland CED use.</p> <p>There is medical evidence as highlighted in section 2 to suggest that young or persons of smaller stature may be at a higher risk of adverse effects of barb penetration, especially near to the heart.</p> <p>In some cases the physiological burden arising from the CED-induced muscle contractions and associated pain, combined with the stressful circumstances in which CEDs are likely to be used, may adversely affect certain groups. These susceptible groups include the elderly, those with heart conditions, people who have taken certain drugs, and those affected by,</p>	<p>in turn informs the tactical options available to the STO.</p> <p>A subject's age does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved.</p> <p>In relation to the risk of secondary injury, as part of officer training officers are made aware that particular attention should be paid to the immediate environment and to assessing any additional risk factors.</p> <p>In mitigation the officer will base their decision to use CED on information and intelligence available and will carry out a dynamic threat assessment. In circumstances where there is no medical history and this cannot be ascertained, the officers will assess the information available at the scene.</p> <p>Officers won't always know the people they are faced with or their medical history. The officers still have to deal with the circumstances presented to them. It is in these instances the officers use their experience and training to decide as to what use of force option to use. Some people who are violent may have a condition that not even they are aware of. What is important, is that the officer deals with the situation in a proportionate manner and only uses that force which is necessary in the circumstances.</p> <p>Details of the National Decision Model and Police Scotland Tactical Options Model can be found with The National Police Firearms</p>
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	<p>epilepsy, asthma or other pulmonary conditions. The intense muscle contractions induced by the CED discharge may lead to musculoskeletal injury. Older people may be more prone to this type of injury.</p> <p>When someone is 'CED'd' there is a possibility of secondary injury being caused by falling and striking a hard surface. This is particularly relevant where there is increased risk from a fall from height. Those considered at a heightened risk of injury from CED-induced falls include people whose protective reflexes may be impaired, such as those intoxicated with alcohol, illicit drugs or certain prescription medications. People affected by osteoporosis, young people during the adolescent growth period, individuals with a history of a bleeding or clotting disorder and those on anticoagulant or antiplatelet therapy, may also be more prone to an adverse outcome following a fall. There may also be a risk to pregnant women with a fall injury.</p> <p>A number of relevant reports outlined in section 2 reveal that there is some evidence to suggest that the deployment of STOs in possession of CEDs will have a negative disproportionate impact on people of different ages. The recent SIPR (July 2019) evaluation suggested that while the public recognised the device's deterrent effect, some also raised concerns about officers potentially using CEDs to victimise and harass young people.</p> <p>Although a number of engagement sessions have been carried out there were no attendees from Children's groups. It is acknowledged that evidence gaps exist in relation to the effect of using CED against young people.</p>	<p>Training Curriculum and Police Scotland Operational Safety Training Manual</p> <p>Training is provided to all STO's in relation to the additional risks around the deployment of CED against young persons or persons of small stature. If possible, CED should not be discharge at the chest area although it is acknowledged this will not always be possible.</p> <p>Engagement with persons of all ages will improve the information available and the training material to make STOs more aware when dealing with all age groups. As such, an action has been included in the mitigation plan to engage with Children's groups.</p>
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		<p>These issues underline the importance of ensuring that the general public are made aware of the specialist training in place for STOs and the significant controls in place to ensure effective, proportionate and accountable use of CEDs across Scotland.</p>	
<p><b>Disability</b></p>	<p>Medium-Negative</p>	<p><b><u>Employment/Staff</u></b>          Officers with certain disabilities may need additional support and or reasonable adjustments to allow them to train and deploy with CED. Prior to this year, officers with a CVD could not apply. This has not been removed.</p>	<p><b><u>Employment/Staff</u></b>          There is an operational requirement for a certain standard of eye sight tests for STOs. These standards may preclude officers from being selected or retained as an STO. However this will be assessed on a case by case basis and in conjunction with Occupational Health The requirement for a fitness test has been removed and officers who have a CVD can now apply and be trained with adaptations.</p> <p>All STO's must be fully operational Police Officers Depending on the nature of an officer's disability, there may be necessity to exclude them from CED training. This is to ensure their own safety and the safety of others, in line with the organisation's duty of care towards its staff and the wider public.</p> <p>Officers who have specific learning difficulties (for example: Dyslexia) may require certain reasonable adjustments to be made in their development or training plans. These adjustments will be made being informed by the officers individual needs</p> <p>A new STO equipment carrier and holster (subject of separate EqHRIA) have been introduced. This allows officers with different</p>

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		<p><b><u>Service Delivery</u></b> To date, no reports have been received of CED use on persons with learning disabilities, physical disabilities or those living with neuro-diverse conditions. It is accepted that no all disability data was recorded. This has now been addressed. Evidence from reports in section 2 highlight the need for a proportionate response to dealing with persons with disabilities and the use of effective de-escalation techniques.</p> <p>These reports also highlight the requirement for a proportionate use of force and the need for sharing practice and working together with partners.</p> <p>Dependent on behaviour and underlying medical conditions the use of CED can affect people differently. Officers should also consider how their language and tactics could be interpreted. When</p>	<p>body shapes and flexibility to individually position equipment where best to suit their needs. All equipment, excluding holsters are now personal issue. All holsters are interchangeable.</p> <p>CED Instructors do not need to be fully operational STO's and therefore can deliver training with reasonable adjustments where appropriate.</p> <p>All CED Instructors have been made aware of the Police Scotland Policy Hub and where to find the appropriate information around Disability in Employment and Reasonable Adjustments.</p> <p><b><u>Service Delivery</u></b> There is potential for an individual, who through disability, might be disadvantaged if they are unable understand instructions provided by an Officer prior to the deployment of CED. Persons with certain disabilities or neuro-diverse conditions may exhibit signs of aggression.</p> <p>In addition, there is a risk that an insufficiently trained officer assesses the subject against neuro-typical behaviour and may not identify or understand the neuro-atypical behaviour displayed by someone who has an invisible disability such as Autism, Epilepsy, Learning Disability or a Mental Health disorder.</p> <p>Although the use of CED may be lawful, reasonable, proportionate, the effects that it can have on individuals from different protected</p>
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	<p>dealing with emotionally or mentally distressed individuals, it can be difficult to predict potential behaviour or responses to any given visual or verbal stimuli.</p> <p>In some cases the physiological burden arising from the CED-induced muscle contractions and associated pain, combined with the stressful circumstances in which CEDs are likely to be used, may adversely affect certain groups. These susceptible groups include the elderly, those with heart conditions, people who have taken certain drugs, and those affected by, epilepsy, asthma or other pulmonary conditions. When someone is 'CED'd' there is a possibility of secondary injury being caused by falling and striking a hard surface. This is particularly relevant where there is increased risk from a fall from height. Those considered at a heightened risk of injury from CED-induced falls include people whose protective reflexes may be impaired, such as those intoxicated with alcohol, illicit drugs or certain prescription medications. People affected by osteoporosis, young people during the adolescent growth period, individuals with a history of a bleeding or clotting disorder and those on anticoagulant or antiplatelet therapy, may also be more prone to an adverse outcome following a fall. There may also be a risk to pregnant women with a fall injury.</p> <p>Whilst this has been placed under 'Disability' it is recognised Deafness is a language in its own right. Where circumstances permit, officers should give a clear warning of their intent to use the CED.</p> <p>Police Scotland officers have had to "use" CED on 227 occasions to protect the public from harming</p>	<p>groups are something that officers are made aware of within their training. Scenario training in the use of CED is conducted in a way that emphasises the precautions and considerations in relation to risk factors.</p> <p>Officers should also consider how their language and tactics could be interpreted. When dealing with emotionally or mentally distressed individuals, it can be difficult to predict potential behaviour or responses to any given visual or verbal stimuli.</p> <p>As part of training officers are made aware that particular attention should be paid to the immediate environment and to assessing any additional risk factors.</p> <p>Officer are trained, that where possible, a verbal warning must be given of the intention to use CED. In certain circumstances it may be appropriate to provide a visual display of the sparking effect of the CED as a deterrent and visual and audible warning</p> <p>As identified, where circumstances permit officers will give a clear warning for those who may be Deaf or hard of hearing.</p> <p>As a result of the engagement conducted, the following enhancements to training and policy will be introduced, as per mitigation plan:</p> <ul style="list-style-type: none"><li>• Epilepsy Scotland- Invited to review training content and provide specific advice to officers around persons living</li></ul>
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	<p>themselves, this equates to 24% of all uses.</p> <p>Police Scotland data provides that CED is used on persons with mental ill-health and or psychological issues in 42% of all uses</p> <p>Current CED training includes training on:</p> <ul style="list-style-type: none"><li>• Medical implications of CED use</li><li>• Behavioural Influencers</li><li>• Persons who are emotionally distressed</li><li>• Indicators of emotional/mental distress</li><li>• Acute Behavioural Disturbance</li><li>• Epilepsy-power point and video</li><li>• Physical disability</li><li>• Communication difficulties</li><li>• Mental ill health and people in crisis</li><li>• Indicators of general and immediate concern</li><li>• De-escalation and diffusion strategies</li></ul> <p>The above is supported by specific scenario training in relation to mental health, communication difficulties, epilepsy and autism</p> <p>The fact that a subject has a disability does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved. However, officers are taught that an inappropriate or disproportionate response to someone with a disability could, itself, escalate the situation, causing greater harm to the subject or to others.</p> <p>Officers are trained to consider how their communication with the subject and their actions may be perceived and consider the full range of tactical options including the use of CED.</p>	<p>with Epilepsy and implications for CED use. Following feedback, aspects of training have now been updated with the inclusion of Epilepsy specific guidance, 20 minute video, representative attending Jackton to provide input to Instructors and Instructors attending a “lived-experience” workshop delivered by Epilepsy Scotland.</p> <ul style="list-style-type: none"><li>• Autism Scotland-Following consultation with E&amp;D, National CED Unit now gathers data on specific disabilities. This data will be monitored and reviewed. Autism Scotland are attending to review training content and advise on training in relation to CED use on Autistic persons and guidance for officers.</li><li>• Deaf Association/Deaf-Blind Scotland-. Both organisations volunteered to assist in working with the national CED Unit to provide guidance to officers. An information session has been delivered with more collaboration due to be undertaking later this month.</li><li>• People First/SOLD (Mental Health and Learning Disabilities)-Agreed to assist CED training with reviewing training content and providing expert assistance to enhance scenario based training with a view to attempt to reduce CED use on these groups.</li></ul> <p>The above will form a mitigation plan where</p>
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	<p>Engagement has been conducted with the following organisations around CED training, uplift and impact or potential impact on persons with disabilities.</p> <ul style="list-style-type: none"><li>• Deaf Scotland</li><li>• People First-mental health and learning disabilities</li><li>• Deaf Association</li><li>• Inclusion Scotland-mental health and learning disabilities</li><li>• SOLD-Learning Disabilities</li><li>• Deafblind Scotland</li><li>• Scottish Autism</li><li>• NHS-24-Mental Health Lead</li><li>• Napier University</li><li>• Epilepsy Scotland</li><li>• Spinal Injuries Scotland</li></ul> <p>It was acknowledged that, whilst training and governance in the area of disability is well covered, specific enhancements can be made:</p> <p>The organisations below provided feedback as follows:</p> <p>Amnesty International-Concerns raised over the potential use of CED to inflict pain, specifically in “direct-contact” mode. These concerns are shared and explanation provided that Police Scotland, although this is a recognised tactic, does not specifically teach this tactic and is only used as a last resort. To date, CED has not been used in this manner.</p> <p>Epilepsy Scotland-Following the engagement session, a representative from Epilepsy Scotland attended and viewed the training provided to STO’s around Epilepsy. Slight concerns were raised re the video provide by COP. Invited to review training content and</p>	<p>once the training has been reviewed by partners and support organisations, suggested improvements will be made and incorporated. Initial suggestions for training enhancement are:</p> <ul style="list-style-type: none"><li>• Partners view training scenarios for realism and provide advice how scenarios/officer actions can be improved in relation to disabilities</li><li>• Training material is reviewed to ensure relevant and currency</li><li>• Additional basic BSL</li><li>• Any issues will be fed back to COP</li></ul> <p>In addition and as part of their core role, Officers receive a half day training on mental health awareness.</p> <p>In addition officers receive the following training as part of the initial and annual OST:</p> <ul style="list-style-type: none"><li>• Indicators of general concern</li><li>• Indicators of concern for the safety of the individual or others</li><li>• How to help someone in distress</li><li>• Communicating effectively with people with mental health issues</li><li>• persons experiencing hallucinations and delusions</li><li>• Deaf, Deafened, Hard of Hearing or Deaf Blind individuals</li><li>• Learning Disabilities</li><li>• De-escalation</li></ul> <p>It is acknowledged by partners that not all disabilities can be covered in training and that officers cannot be experts in all disabilities. Therefore it has been agreed, that with the assistance of partners, a “disability awareness</p>
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	<p>provide specific advice to officers around persons living with Epilepsy and implications for CED use. Following feedback, aspects of training have now been updated with the inclusion of Epilepsy specific guidance, 20 minute video, representative attending Jackton to provide input to Instructors and Instructors attending a “lived-experience” workshop delivered by Epilepsy Scotland.</p> <p>Autism Scotland-raised concerns around how Police Scotland gather data on persons with neuro-diverse conditions. As a result, and following consultation with E&amp;D, National CED Unit now gathers data on specific disabilities. Invited to review training content and advise on training in relation to CED use on Autistic persons and guidance for officers.</p> <p>Deaf Association/Deaf-Blind Scotland-Questions raised re communication barriers and how CED Officers will overcome these. These organisations were informed that previously, CED Instructors were provided with limited BSL, but this has now fallen away due to staff changes. Both organisations volunteered to assist in working with the national CED Unit to provide guidance to officers. An information session has been delivered with more collaboration due to be undertaking later this month.</p> <p>People First/SOLD (Mental Health and Learning Disabilities)-Concerns raised regarding high number of persons suffering from mental ill-health on whom CED has been used. They did welcome the data around protecting life/preventing injury and have agreed to assist CED training with reviewing training content and providing expert assistance to enhance scenario based training with a view to attempt to reduce CED</p>	<p>guidance document” will be produced that will be made available to all STO’s. This will also be include in the mitigation plan</p> <p>Whilst there was no evidence from the SIPR evaluation to suggest the deployment of STOs has had any impact (positive or negative) on individuals in respect of their disability, It is acknowledged that there is a lack of research in relation to the effects of CED on persons with disabilities and in general. The SIPR/UWS research is from 2019 and was written only 1 year after the introduction of STO’s. Initial discussions are underway with Napier University to explore how we can better understand how CED has impacted communities in general and those with disabilities</p>
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		<p>use on these groups.</p> <p>Consultation has been conducted with these partners to provide appropriate guidance in respect of mental health and disability issues surrounding tactics and communications.</p>	
<b>Gender Reassignment</b>	Low/Positive –	<p><b><u>Employment/Staff</u></b></p> <p><b><u>Service Delivery</u></b></p> <p>There may be a considered perception and impact if CED was discharged on a transgender person. There is a possibility of a media/public perception arising that the person’s Gender Identity played a part in the reason that CED was discharged.</p> <p>This can be evidenced by incidence of injury in arrests of transgender people by Met Police.</p> <p><a href="http://www.lbc.co.uk/news/london/transgender-people-police-force/">http://www.lbc.co.uk/news/london/transgender-people-police-force/</a> Link above</p> <p>Some research suggests Transgender people are at a higher risk of mental health issues which is one of the main reasons people may come into contact with police:</p> <p><a href="https://www.equalityhumanrights.com/sites/default/files/key_facts_and_findings-transgender_0.pdf">https://www.equalityhumanrights.com/sites/default/files/key_facts_and_findings-transgender_0.pdf</a> link above</p> <p>“A Trans Mental Health and Emotional Wellbeing Study in the UK and Ireland in 2012 found that 88% of the (self-selected) sample said they were either currently depressed or had experienced depression previously. Lower levels were evident for those who</p>	<p><b><u>Employment/Staff</u></b></p> <p>The focus around a person’s gender identity should be on support at all times. further information can be found in the Transitioning at Work Guidance on Policy Hub</p> <p><b><u>Service Delivery</u></b></p> <p>Gender Identity is not considered as a factor in the threat assessment within the NDM, and judgements should be based on objective information including intelligence and information received and any threat that is evident. Any response to a threat would be Justifiable and Proportionate in the circumstances</p>

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		were undergoing or had undergone a process of transition or gender reassignment. In addition, 53% of participants had self-harmed at some point, and 11% were currently self-harming.” No other recent studies conducted that the author is aware of	
<b>Marriage and Civil Partnership</b>	N/A	N/A	N/A
<b>Pregnancy and Maternity</b>	Low/Positive	<p>Relevant reports as outlined in Section 2</p> <p><b><u>Service Delivery</u></b> Risks to the pregnant woman and foetus from CED discharge are incompletely understood. While there is no evidence that abdominal application of CED discharge is able directly to induce uterine muscle contraction, CED-induced muscle contraction commonly leads to falls. Fall injuries in general have been associated with an increased probability of delivery by caesarean section and low birth weight. When someone has been subjected to a CED discharge, there is a possibility of secondary injury being caused by falling and striking a hard surface. This is particularly relevant where there is increased risk from a fall from height. Those considered at a heightened risk of injury from CED-induced falls include people whose protective reflexes may be impaired, such as those intoxicated with alcohol, illicit drugs or certain prescription medications. People affected by osteoporosis, young people during the adolescent growth period, individuals with a history of a bleeding or clotting disorder and those on anticoagulant or antiplatelet therapy, may also be more prone to an adverse outcome following a fall.</p> <p>There may also be a risk to pregnant women with a fall injury.</p>	<p><b><u>Employment/Staff</u></b> It is recognised that officers who are pregnant or on maternity leave who wish to be considered for a STO role may not be able to attend selection or training courses. It is also recognised that STOs that become pregnant, may not be able to retain their STO authorisation.</p> <p>Due to pregnancy/maternity leave, it is likely that officer’s CED authorisation will expire due to not being able to attend training with the allocated time. In preparation for return to operational duties, and in consultation with the officer and CFI, an individual training development plan will be created to meet the needs of the individual</p> <p>During Pregnancy officers are encouraged to notify their line manager as early as possible to ensure that a risk assessment can be completed and any necessary adjustments can be made. The officers’ current post should be reviewed to take into consideration any impact that the pregnancy will have on their duties. Role adjustments can be considered at this point if the risks cannot be reduced or lessened to a reasonable extent.</p>

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		<p>Guidance has been received from NPCC in respect of safer restraint for pregnant women and has been included in the new OST manual.</p>	<p>During pregnancy and maternity leave, officers should not be exposed to operational duties therefore would not be required to attend CED training. Such officers could however, opt to utilise K.I.T (Keep in Touch) days to receive training. Any officer who is returning from maternity leave will be afforded the opportunity to attend training at the earliest convenience.</p> <p>Female officers may also be on protected duties following a return from maternity leave if they are breastfeeding.</p> <p>The management of officers who are pregnant, on maternity leave or returning from maternity leave is the responsibility of the officer's immediate line manager. A development plan will only be provided when CED training are informed that the officer has returned to full operational duties.</p> <p><b><u>Service Delivery</u></b></p> <p>In a conflict situation, being pregnant is considered as part of the NDMs Threat Assessment to ensure that if force is necessary it is used proportionately and that potential risks are minimised. As part of the threat assessment within the NDM, any pregnancy that is evident or disclosed will be considered and impact upon the nature of actions taken, as well as any aftercare provide to that person.</p> <p>Being pregnant does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved.</p>
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			<p>In relation to the risk of secondary injury, as part of officer training officers are made aware that particular attention should be paid to the immediate environment and to assessing any additional risk factors.</p> <p>In mitigation the officer will base their decision to use CED on information and intelligence available and will carry out a dynamic threat assessment. In circumstances where there is no medical history and this cannot be ascertained, the officers will assess the information available at the scene.</p> <p>Officers won't always know the people they are faced with or their medical history. The officers still have to deal with the circumstances presented to them. It is in these instances the officers use their experience and training to decide as to what use of force option to use.</p> <p>Training on safer restraint for pregnant Women forms part of OST.</p>
<p><b>Race</b></p>	<p>High –</p>	<p><b><u>Employment/Staff Service Delivery</u></b>          Ethnicity is monitored; however, it is officer defined. CED training uses Home Office Designation</p> <p>Since June 2018, CED has been “used” 945 times. From this CED has been used on persons who have been defined as BME 20 times. This accounts for only 2% of total usage. CED has not been discharged on anyone who has been defined as BME. Approx. 4 % of Scotland’s population is ethnic minority. This demonstrates that CED use on BME communities is</p>	<p><b><u>Employment/Staff Service Delivery</u></b>          There is potential for an individual who through being of a race whose first language is not English, to be disadvantaged if they are unable to understand instructions provided by Officer prior to the deployment of CED.</p> <p>In addition, officers, through unconscious biases and racial stereotyping may mis-represent members of the Black and Ethnic Community as being responsible for committing crimes or be</p>

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	<p>not disproportionate. 98% of CED use has been on persons who have been defined as White British</p> <p>Potential for disproportionate use of CED on persons who are BME</p> <p>Potential for communication problems due language issues. Language barriers which may lead to difficulties in communication may increase the likelihood of exposure to CED discharge.</p> <p>Due to the emergency of the situation it will not always be appropriate for interpreter or language line to be utilised.</p> <p>Trust in the Police and how they use force may be lower in some communities</p> <p>The most recent figures for England and Wales showed, in the year up to March 2019, a black person was involved in nearly 20% of the incidents where a CED was used. Black, African, Caribbean and black British people represent 3.5% of England's population, according to the Office for National Statistics.</p> <p>The IOPC, have called for greater scrutiny of CED use and spoke of the growing concern about its disproportionate use against black men and those with mental health conditions.</p> <p>The National Police Chiefs' Council is commissioning independent academic research to look at the issue. The NPCC are now also working towards developing a national plan of action to address wider concerns.</p> <p>Although race partners were invited to take part in national engagement, none attended. Therefore there is no feedback or findings and it is acknowledged that</p>	<p>more violent or strong</p> <p>Officers are also made aware that some cultural differences may result in persons responding differently when verbally challenged, and be aware of how their language and tactics could be interpreted.</p> <p>In certain circumstances it may be appropriate to provide a visual display of the Arcing effect of the CED.</p> <p>All deployment data is monitored and reported through the CED Monitoring Group and Use of Force Monitoring group. It has been approved that an independent CED Advisory Group be set up to monitor and review Police Scotland CED use and practice. As part of this process, participants will be invited to view CED training</p> <p>The majority of usage is towards white males but this is not disproportionate to the demographic of Scotland.</p> <p>If the incident is protracted or if the threat/risk does not require immediate action, then officers should refer to the Interpreting &amp; Translation SOP which will assist with any communication issues by providing guidance in how to arrange interpreters to manage the situation. If the nature of the incident does not allow for a "slower time" then officers are trained to use alternative communication techniques such as non-verbal communication/gestures/body language as an alternative/addition to English</p>
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		<p>there are evidence gaps in relation to the use of CED in relation to BME</p> <p>Engagement will continue through the CED Advisory Group to ensure that the public and BME communities are made aware of the specialist training in place for STOs and the significant controls in place to ensure effective, proportionate and accountable use of CEDs across Scotland and ensure that the fear of CED possibly being utilised on Minority ethnic groups is understood more comprehensively.</p>	<p>A number of CED Instructors have attend training in “unconscious bias” Full training to all operational Officers, including STO’s on “unconscious bias” is due to be introduced into OST.</p> <p>Race is not considered as a factor in the threat assessment within the NDM, and judgements should be based on objective information including intelligence and information received and any threat that is evident. Any response to a threat would be Justifiable and Proportionate in the circumstances.</p> <p>A persons race or communication difficulties does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved.</p> <p>In mitigation the officer will base their decision to use CED on information and intelligence available and will carry out a dynamic threat assessment.</p> <p>Officers won’t always know the people they are faced with or their history. The officers still have to deal with the circumstances presented to them. It is in these instances the officers use their experience and training to decide as to what use of force option to use.</p> <p>There was no evidence from the recent SIPR evaluation to suggest the deployment of STOs has had any impact (positive or negative) on individuals in respect of their race. It is acknowledged that there is a lack of research in</p>
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			<p>relation to the effects of CED on BME persons and in general. The SIPR/UWS research is from 2019 and was written only 1 year after the introduction of STO's. Initial discussions are underway with Napier University to explore how we can better understand how CED has impacted the BME community and communities in general.</p> <p>Persons who have been subjected to a CED discharge are provided with a form outlining the effects of the CED and any possible side effects. Work is ongoing out to ascertain the possibility of having this available in different languages.</p>
<p><b>Religion or Belief</b></p>	<p>Low/Positive</p>	<p><b><u>Employment/Staff</u></b> <b><u>Service Delivery</u></b></p> <p>Data on religion or belief is not monitored, therefore no known impact, although there may be potential for unconscious bias or stereotyping by religion or belief.</p> <p>Officers need to be aware on occasions there could be overlap/links with religion and cultural beliefs with race.</p> <p>Although religion or belief is not considered as a factor there may be adverse public perception should such an incident attract negative media coverage.</p>	<p><b><u>Employment/Staff</u></b></p> <p>Officers have a period of time in order to book CED refresher training. This means that religious festivals and fasting periods can be accommodated with officers choosing training dates out with these periods as physical exertion may affect training ability.</p> <p>Training is mandatory to relevant officers, regardless of this characteristic.</p> <p><b><u>Service Delivery</u></b></p> <p>Many of the considerations given under race regarding unconscious bias may equally apply under religion/belief. Therefore during unconscious bias training, training on bias towards religion and belief, including religious stereotyping is included.</p>

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			<p>Each incident will be judged on the circumstances at the time.</p> <p>Religion or belief is not considered as a factor in the threat assessment within the NDM, and judgements should be based on objective information including intelligence and information received, and any threat that is evident.</p>
<p><b>Sex</b></p>	<p>Low/Positive</p>	<p><b><u>Employment/Staff</u></b>                  There are currently 540 STO's. Of this  <b>Male - 454</b>  <b>Female – 86</b></p> <p>As applications are still being processed, it is unknown what percentage of new applicants are male/female.</p> <p>2 Divisions are currently delivering awareness sessions for female officers in the hope that this increases the number of female applicants.</p> <p><b><u>Service Delivery</u></b>                  CED has been used on male subjects on 796 occasions and, females on 82 occasions</p> <p>As statistics indicate there is a disproportionate use of CED against males than females. This is supported by national Police Scotland use of force data. This is also supported by national crime data which shows that men commit more violent crime than women</p>	<p><b><u>Employment/Staff</u></b>                  Training is mandatory to relevant officers, regardless of this characteristic.</p> <p>All training venues used have been inspected and all have adequate changing facilities. These are checked prior to training commencing and are included with the relevant RA.</p> <p>It is acknowledged that more needs to be done in relation understanding the challenges around the low numbers of female STO's. Work will be carried out with P&amp;D E&amp;D Advisors to try and address this as a mitigation action</p> <p><b><u>Service Delivery</u></b>                  Sex is not considered as a factor in the threat assessment within the NDM, and judgements should be based on objective information including intelligence and information received and any threat that is evident. Any response to a threat would be Justifiable and Proportionate in the circumstances.</p> <p>A persons Sex does not in any way reduce the harm they may cause to themselves or others if the incident is not resolved.</p>

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			As statistics indicate there is a disproportionate use of CED against males than females. This is supported by national Police Scotland use of force data. This is also supported by national crime data which shows that men commit more violent crime than women
<b>Sexual Orientation</b>	Low/Positive	There is a possibility of a media/public perception arising that the person's sexual orientation played a part in the reason that CED was discharged.	<p>Sexual Orientation is not considered as a factor in the threat assessment within the NDM, and judgements should be based on objective information including intelligence and information received and any threat that is evident. Training is mandatory to relevant officers, regardless of this characteristic.</p> <p>There is no evidence that suggests the deployment of STOs will have any impact (positive or negative) on individuals in respect of their sexual orientation.</p>

**5. Human Rights Impact Assessment - Consider which rights / freedoms, if any, are likely to be protected or infringed?**

<b>5.1 Rights / Freedoms Relevant to Policing</b>	<b>5.2 Assessment</b> Protects and / or Infringes or Not Applicable	<b>5.3 Analysis</b> What evidence is there as to how the process / practice protects or infringes Human Rights.	<b>5.4 Justification</b> – Summarise the following: <ul style="list-style-type: none"> <li>• Legal Basis</li> <li>• Legitimate Aim</li> <li>• Necessity</li> </ul>
<b>Article 2</b> Right to Life	Protects/Infringes	<p>This article is protected as the deployment of the CED provides a less lethal option that enables both firearms and non-firearms officers to deal with violent or potentially violent situations at distance, allowing them to safely bring situations to a swift and safe conclusion.</p> <p>In addition to this, the 2017 attacks in London,</p>	It is widely accepted that CED's are an effective tactical option for officers when dealing with violent or potential violent subjects. CED reduces the likelihood of high level physical intervention and reduces the need to use more injurious tactical options. By reducing the need to use these tactical options, officers are less likely to be assaulted and injuries to officers and

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	<p>the tragic murder of Constable Andrew Harper, increased media reporting on the rise of assaults on police officers and other serious incidents involving violence and weapons have highlighted the immense danger of knife attacks on unarmed officers and the need to protect the public from these type of attacks where armed officers may not always be readily available.</p> <p>Police Scotland data also shows a rise officer injuries and a rise in the number of incidents involving weapons.</p> <p>The extended use of CED to local policing has made a <b>positive</b> impact on Article 2 to preserve a person's right to life.</p> <p>From statistical information gathered 44% of all CED discharges have involved persons self-harming or threatening self-harm. On each of these occasions, "use" of CED has prevented further or more serious harm to the subject.</p> <p>There is also potential for an infringement as the use of CED might cause death/injury of the subject.</p> <p>Deaths resulting from state's use of force ECHR Article 2 imposes a requirement of strict proportionality between:</p> <ul style="list-style-type: none"><li>• the objective</li><li>• the force used to achieve it.</li></ul> <p>Deprivation of life shall not be regarded as</p>	<p>subjects can be reduced. This will have the resultant effect of less officers reporting absent through assault which will have a personal benefit to the officer and reduced costs to the force. This will improve access to policing, allow more officers in the community therefore better targeted local policing.</p> <p><b>If officers use force then they must adhere to the following:</b></p> <p>Police Officers have a duty at law to use the minimum amount of force necessary to achieve a lawful purpose. The onus lies upon the individual Police Officer to justify his / her actions and demonstrate to a Court of Law that the amount of force used was reasonable under the circumstances.</p> <p>Whatever the Use of Force, the Officer will require to answer: 'Could I have achieved the same lawful objective by using a lower force option?' Any use of force must be proportionate, legal, absolutely necessary and ethical. Officers are accountable for their actions and these actions must be reasonable given the circumstances (ECHR 1998).</p> <p>The use of force may violate the most basic of human rights, such as the right to life. Any action taken by a police officer must be controlled so as to minimise to the greatest extent possible recourse to lethal force or incidental loss of life.</p> <p>Officers must assess whether or not there is an</p>
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		<p>inflicted in contravention of Article 2 when it results from the use of force which is no more than absolutely necessary to achieve one of the following permitted objectives:</p> <ul style="list-style-type: none"> <li>• in defence of any person from unlawful violence</li> <li>• in order to effect a lawful arrest or to prevent the escape of a person lawfully detained</li> <li>• in action lawfully taken for the purpose of quelling a riot or insurrection.</li> </ul>	<p>absolute necessity to use force, not only on the basis of legislation and procedures, but also with due regard to the pre-eminence of respect for human life as a fundamental value. In order to achieve this it is necessary for the Chief Constable to issue SOP's providing guidance and instruction on how and when the police may use force. This guidance is justified on the grounds of ensuring that police officers adhere to Police Scotland's criteria for the use of force that any use of force is no more than absolutely necessary to achieve a lawful purpose.</p> <p>Under Health and Safety at Work Act 1974 an employer is responsible for the safety of their staff and this includes providing them with equipment to protect them against hazards and risks. This includes Personal Protective Equipment (PPE) which may protect both the officer and or the public.</p>
<p><b>Article 3</b> Prohibition of Torture</p>	<p>Infringes/Protects</p>	<p>Prohibition of torture covers torture, inhuman and degrading treatment.</p> <p>This procedure might be potentially infringing this article as the concept of using electricity to 'subdue' a violent subject is viewed by many with deep suspicion and is seen in some quarters as akin to torture. Any extended use of CED may be seen as controversial, and subject to close public, stakeholder and media scrutiny.</p> <p>The uplift of CED by divisional officers is supported by engagement with public and partners</p>	<p>The process has a potential to impact upon Article 3 which states that:</p> <p>No one shall be subjected to torture or to inhuman or degrading treatment or punishment.</p> <p><b>If officers use force then they must adhere to the following:</b></p> <p>Police Officers have a duty at law to use the minimum amount of force necessary to achieve a lawful purpose. The onus lies upon the individual Police Officer to justify his / her actions and demonstrate to a Court of Law that</p>

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		<p>This has allowed measures to be put in place to influence and/or mitigate any negative impact.</p> <p>Amnesty International raised concerns raised over the potential use of CED to inflict pain, specifically in “direct-contact” mode. These concerns are shared and explanation provided that Police Scotland, although this is a recognised tactic, does not specifically teach this tactic and is only used as a last resort. To date, CED has not been used in this manner.</p> <p>If excessive use of force is used for the detention of a person, this may impact on Article 3.</p> <p>APP (AP) clearly sets out the justification and standards for authorised firearms officers in these circumstances.</p> <p>In addition ‘Red Dotting’ the subject might be perceived as a form of mental torture putting the person in a state of fear, alarm or anxiety.</p> <p>However “Red Dotting” may also be a deterrent and prevent the use of the need for any further use of force as iterated by Dame Elish Angiolini in her report <i>of the Independent Review of Deaths and Serious Incidents in Police Custody 2017</i>.</p> <p>Since 1<sup>st</sup> June 2018, CED has only been discharged in 14% of occasions when it has been removed from the holster.</p> <p>Firearms, less lethal weapons and arrest and</p>	<p>the amount of force used was reasonable under the circumstances.</p> <p>Whatever the Use of Force, the Officer will require to answer: ‘Could I have achieved the same lawful objective by using a lower force option?’ Any use of force must be proportionate, legal, necessary and ethical. Officers are accountable for their actions and these actions must be reasonable given the circumstances (ECHR 1998).</p> <p>The use of force may violate the most basic of human rights, such as the right to life. Any action taken by a police officer must be controlled so as to minimise to the greatest extent possible recourse to lethal force or incidental loss of life.</p> <p>Officers must assess whether or not there is an absolute necessity to use force, not only on the basis of legislation and procedures, but also with due regard to the pre-eminence of prohibition of torture or degrading treatment as a fundamental value.</p> <p>In order to achieve this it is necessary for the Chief Constable to issue SOP’s providing guidance and instruction on how and when the police may use force. This guidance is justified on the grounds of ensuring that police officers adhere to Police Scotland’s criteria for the use of force that any use of force is no more than absolutely necessary to achieve a lawful purpose.</p>
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		restraint procedures must not be used by police officers with the sole intention of inflicting severe pain or suffering on another in the performance of official duties. Any such action may result in criminal charges.	Under Health and Safety at Work Act 1974 an employer is responsible for the safety of their staff and this includes providing them with equipment to protect them against hazards and risks. This includes Personal Protective Equipment (PPE) which may protect both the officer and or the public.
<b>Article 4</b> Prohibition of Slavery and Forced Labour	N/A	N/A	N/A
<b>Article 5</b> Right to Liberty and Security	Protects / Infringes	<p>As per the very nature of this type of police intervention Article 5 will be infringed by the arrest/detention of the subject.</p> <p>If the force used is proportionate, legal, accountable necessary and ethical then this will protect Human Rights.</p> <p>Proportionality, therefore, requires any form of restraint should be a last resort only; and where there must be recourse to restraint it is the minimum necessary, and applied for the shortest time necessary, to ensure safety.</p>	<p>The process has a potential to impact upon Article 5 which states:</p> <p>Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:</p> <p>The restriction on a person's liberty is applied when they are held within police custody and grounds for such must be Proportionate, Lawful, Accountable, Necessary and Ethical (PLANE)</p> <p><b>If officers use force then they must adhere to the following:</b></p> <p>Police Officers have a duty at law to use the minimum amount of force necessary to achieve a lawful purpose. The onus lies upon the individual Police Officer to justify his / her actions and demonstrate to a Court of Law that the amount of force used was reasonable under the circumstances.</p> <p>Whatever the Use of Force, the Officer will</p>

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			<p>require to answer: 'Could I have achieved the same lawful objective by using a lower force option?' Any use of force must be proportionate, legal, necessary and ethical. Officers are accountable for their actions and these actions must be reasonable given the circumstances (ECHR 1998).</p> <p>The use of force may violate the most basic of human rights, such as the right to liberty and security. Any action taken by a police officer must be controlled so as to minimise to the greatest extent possible recourse to lethal force or incidental loss of life.</p> <p>Officers must assess whether or not there is an absolute necessity to use force, not only on the basis of legislation and procedures, but also with due regard to the pre-eminence of respect for human life as a fundamental value. In order to achieve this it is necessary for the Chief Constable to issue SOP's providing guidance and instruction on how and when the police may use force. This guidance is justified on the grounds of ensuring that police officers adhere to Police Scotland's criteria for the use of force that any use of force is no more than absolutely necessary to achieve a lawful purpose.</p> <p>Under Health and Safety at Work Act 1974 an employer is responsible for the safety of their staff and this includes providing them with equipment to protect them against hazards and risks. This includes Personal Protective Equipment (PPE) which may protect both the officer and or the public.</p>
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			As above
<b>Article 6</b> Right to a Fair Trial	N/A	N/A	N/A
<b>Article 7</b> No Punishment without Law	N/A	N/A	N/A
<b>Article 8</b> Right to Respect for Private and Family Life	Protects / Infringes	<p>This process may have an impact on Right to Respect for Private and Family Life if officers/staff do not adhere to Police Scotland Use of Force Policy.</p> <p>If the force used is proportionate, legal, accountable necessary and ethical then this will protect Human Rights.</p> <ul style="list-style-type: none"> <li>• Regulation 18 Police Service of Scotland Regulations 2013</li> <li>• Regulation 14 Police Service of Scotland Regulations 2013</li> </ul>	<p>This process could be interpreted as interfering with the respect for private life as using force may interfere with the physical integrity of an individual.</p> <p>It has been considered that due to exigency of duty STOs may require to work cancelled rest days and be subject to a change of shift for operational purposes. This would be a requirement under Police Service of Scotland Regulations 2013.</p> <p>It has been considered that with the increase in the use of mobile phones to record police interactions and the use of social media to broadcast footage, persons subject to a CED deployment and officer subject to deploying the CED may be impacted.</p> <p>It has also been considered that heightened media interest and reporting in the use of CED may have an impact on Article 8.</p> <p>Officers in the course of their duty may be required to use force.</p> <p><b>If officers use force then they must adhere to the following:</b></p>

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			<p>Police Officers have a duty at law to use the minimum amount of force necessary to achieve a lawful purpose. The onus lies upon the individual Police Officer to justify his / her actions and demonstrate to a Court of Law that the amount of force used was reasonable under the circumstances.</p> <p>Whatever the Use of Force, the Officer will require to answer: 'Could I have achieved the same lawful objective by using a lower force option?' Any use of force must be proportionate, legal, necessary and ethical. Officers are accountable for their actions and these actions must be reasonable given the circumstances (ECHR 1998).</p> <p>The use of force may violate the most basic of human rights, such as the right to life. Any action taken by a police officer must be controlled so as to minimise to the greatest extent possible recourse to lethal force or incidental loss of life.</p> <p>Officers must assess whether or not there is an absolute necessity to use force, not only on the basis of legislation and procedures, but also with due regard to the pre-eminence of respect for human life as a fundamental value. In order to achieve this it is necessary for the Chief Constable to issue SOP's providing guidance and instruction on how and when the police may use force. This guidance is justified on the grounds of ensuring that police officers adhere to Police Scotland's criteria for the use of force</p>
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			<p>that any use of force is no more than absolutely necessary to achieve a lawful purpose.</p> <p>Under Health and Safety at Work Act 1974 an employer is responsible for the safety of their staff and this includes providing them with equipment to protect them against hazards and risks. This includes Personal Protective Equipment (PPE) which may protect both the officer and or the public.</p>
<b>Article 9</b> Freedom of Thought, Conscience and Religion	N/A	N/A	N/A
<b>Article 10</b> Freedom of Expression	N/A	N/A	N/A
<b>Article 11</b> Freedom of Assembly and Association	N/A	N/A	N/A
<b>Article 14</b> Prohibition of Discrimination	N/A	N/A	N/A
<b>Protocol 1, Article 1</b> Protection of Property	N/A	N/A	N/A

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<b>6. Decision - Decide how you will proceed in light of what your analysis shows (Place 'X' in appropriate box)</b>		
6.1	Actual or potential unlawful discrimination and / or unlawful interference with human rights have been identified, which cannot be justified on legal / objective grounds. Stop and consider an alternative approach.	<input type="checkbox"/>
6.2	Proceed despite a potential for discrimination and / or interference with human rights that cannot be avoided or mitigated but which can and have been justified on legal / objective grounds.	<input type="checkbox"/>
6.3	Proceed with adjustments to remove or mitigate any identified potential for discrimination and / or interference in relation to our equality duty and / or human rights respectively.	<input checked="" type="checkbox"/>
6.4	Proceed without adjustments as no potential for unlawful discrimination / adverse impact on equality duty or interference with human rights has been identified.	<input type="checkbox"/>

<b>7. Monitoring and Review of Policy / Practice - State how you plan to monitor for impact post implementation and review policy / if required, and who will be responsible for this.</b>	
<p>Owning Department will monitor changes in legislation/circumstances which may affect the ongoing deployment and/or uplift of CED/STO and assess how these changes may impact on the protected groups.</p> <p>Owning department will be responsible for any future reviews of this document.</p>	

<b>8. Mitigation Action Plan - State how any adverse / disproportionate impact identified has been or will be mitigated.</b>				
<b>Issue / Risk Identified</b>	<b>Action Taken / to be Taken</b>	<b>Action Owner / Dept.</b>	<b>Completion Date</b>	<b>Progress Update</b>
Following initial engagement, risk is that Police Scotland fails to continue to engage with partners and advocates in relation to impact of CED on communities	<ul style="list-style-type: none"> <li>Utilise social media/internet for awareness- Corporate Comms already engaged.</li> <li>Introduce a CED Advisory Group to</li> </ul>	Local Policing Commanders PI Jim Young	TAG to be in place by end of 2021	Engagement via a number of virtual sessions have been conducted with a number of partners as highlighted in the main body. To support this as an ongoing process, approval has been given to convene a CED Advisory Group to regularly monitor, review, feedback and advise on Police Scotland CED use

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	<p>regularly monitor, review, feedback and advise on Police Scotland CED use</p> <ul style="list-style-type: none"> <li>• Invite members to view CED training</li> <li>• LPC to engage through local scrutiny committees</li> </ul>			
<p>CED Training Package does not include sufficient training in relation to disabilities</p>	<ul style="list-style-type: none"> <li>• Agreements have been reached with a number of disability advocacy groups to review and advise on the current programme to include basic BSL awareness, improved mental health, epilepsy and autism awareness</li> <li>• Work has commenced around a</li> </ul>	<p>PI Jim Young</p>	<p>1/6/18</p>	<ul style="list-style-type: none"> <li>• Dates have been set for representatives to attend and review training material. Reps have agreed to provide information for scenario training</li> <li>• The update Epilepsy video is has now been incorporated into training.</li> <li>• A rep from Epilepsy Scotland is attended w/c 16<sup>th</sup> August to deliver awareness sessions to CED Instructors and a date has been set for instructor to attend a “lived experience” session and cascade the learning.</li> </ul>

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	“disability awareness guidance” for STO’s			
Police Scotland does not gather specific data on CED use against persons with specific disabilities	The deployment form has now been updated to include specific physical, mental and learning disabilities and also neuro-diverse conditions	PI Jim Young	10/8/21	Complete, form updated and data now gathered and monitored
Evidence gaps in relation to impact of CED on persons of different ages and race	NTU will reach out to relevant advocacy groups who didn’t attend any engagement sessions with a view of engaging and obtaining feedback	PI Jim Young	Sept 2021	
Insufficient academic evaluation/research on impact of CED in Scotland	Initial discussions has taken place with Dr Inga Haymen, Napier University to explore how this can be addressed	PI Jim Young	End of 2021	Initial discussion already taken place. Further meetings to be arranged
Low numbers of female STO’s	Work to be conducted with E&D to establish possible reasons and mitigations	Pi Jim Young	End of 2021	
Information sheets not available in different languages	Work will be carried out with E&D to establish if these can be produced in different languages	PI Jim Young	End of 2021	
Any uplift in STO’s will have the potential for				

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increase in CED usage against persons with protected characteristics	Continue to monitor CED data in respect of protected characteristics and report through CEDAG, CED Monitoring Group and UOFMG	PI Jim Young	Ongoing	
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**9. Management Log**

**9.1 EqHRIA Author Log**

<b>Name and Designation</b>	Simon Ashley	<b>Date (DD/MM/YY)</b>	27/09/2017
<b>Comments</b>			
<b>Name and Designation</b>	Sgt Dale Martin	<b>Date (DD/MM/YYYY)</b>	14/02/2018
<b>Comments</b>			
<b>Name and Designation</b>	PI Jim Young	<b>Date (DD/MM/YYYY)</b>	15/11/18
<b>Comments</b>	Minor amendments to SOP, EqHRIA unaffected		
<b>Name and Designation</b>	PI Jim Young	<b>Date</b>	22/07/20
<b>Comments</b>	EqHRIA updated to reflect SOP changes		
<b>Name and Designation</b>	PI Jim Young	<b>Date</b>	13/08/21
<b>Comments</b>	EqHRIA reviewed and updated to reflect STO uplift		

**9.2 Quality Assurance Log**

<b>Name and Designation</b>	PC Tomasz Lotarewicz	<b>Date</b>	19/10/17		
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<b>Comments</b>	Accurate assessment				
<b>Name and Designation</b>	PC Stephen Mathieson	<b>Date</b>	15/11/18	<b>Document Version</b>	2.00
<b>Comments</b>	Minor Amendment to SP, EqHRIA unaffected.				
<b>Name and Designation</b>	Samantha Anderson, Policy and Scrutiny Manager	<b>Date</b>	15/08/2020	<b>Document Version</b>	Draft to be v3
<b>Comments</b>	Assessment complete.				

**9.3 Divisional Commander / Head of Department Log**

<b>Name and Designation</b>	ACC Nelson Telfer	<b>Date (DD/MM/YYYY)</b>	31/05/2018		
<b>Comments</b>					
<b>Name and Designation</b>	Superintendent Chris Stones	<b>Date (DD/MM/YY)</b>	31/05/2018		
<b>Comments</b>					
<b>Name and Designation</b>	Superintendent Alan Wright	<b>Date (DD/MM/YY)</b>	02/09/2020		
<b>Comments</b>					

**9.4 Publication of EqHRIA Results Log**

<b>Name and Designation</b>		<b>Date Published</b>		<b>Location of Publication</b>	
<b>Comments</b>					
<b>Name and Designation</b>		<b>Date Published</b>		<b>Location of Publication</b>	
<b>Comments</b>					
<b>Name and Designation</b>		<b>Date Published</b>		<b>Location of Publication</b>	

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<b>Comments</b>	
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