

**The Sheku Bayoh Public Inquiry**

**Witness Statement**

**Alasdair Shaw**

**Taken by [REDACTED]**

**on MS Teams**

**On 23 February 2022**

**Witness Details**

1. My name is Alasdair Shaw. I was born in 1982. My contact details are known to the Inquiry.
2. I am currently a Police Constable with the Police Service of Scotland. I have 14 years' police service.

**Previous statement**

3. I have had sight of the statement I gave to PIRC on 5 February 2018<sup>1</sup>. The statement I gave to PIRC was given to the best of my memory at the time and I did my best to be truthful and accurate in what I said. I've read over the statement and accept the content is correct. I'm asked if there was any discrepancy between this statement and my PIRC statement, which statement

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<sup>1</sup> PIRC-00501

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I would prefer. I would say my PIRC statement because it was given at the time. When I read that PIRC statement there are a few things that I could maybe clarify better in it, but in terms of the actual content, I'm happy with it. My memory would have been better at that time. Certainly, I have little memory of the information regarding the SCOPE records but I do remember I provided PIRC with the various documents connected with this.

**Officer Safety Training Instructor Experience**

4. I have been an Officer Safety Training (OST) instructor since February 2012 when I undertook the Instructor's course at the Scottish Police College at Tulliallan. This course lasted around 3 weeks. I was an OST trainer on a part time basis alongside my main role as a response officer. The time commitment involved with being a OST trainer would fluctuate over the course of a year. OST recertification is an annual qualification so you would find that there would be a need for courses at a certain time of the year. I would find in some cases I would be doing it for a month solid every day, Monday to Friday, or other times of the year I might not get used at all. So it would vary over the course of a year; the time commitment would average out at maybe once a week at most. Then towards the last three/four years, I've been getting used less and less for it. My involvement in OST training ceased in January 2022.
  
5. As a qualified instructor, I conducted both initial OST courses to Probationer Officers and recertification courses. However my involvement was mainly in relation to the recertification course. I mainly taught OST at Glenrothes in Fife. I occasionally attended at the Scottish Police College or Fettes to provide training. I also taught SPELS to both Probationers and officers at their annual recertification in OST. Historically, SPELS training within P division (i.e. Fife) was a half day mixed practical and theory session taught alongside OST. I

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think it was around the time of the formation of Police Scotland, officers were instructed to complete an e-learning package of SPELS on Moodle which would be further supplemented by a practical session on basic life-saving skills. I was part of a cadre of instructors who would run courses. Usually we would work to a ratio of 1 instructor for every 8 students in a class.

**OST recertification training**

6. The recertification course (also known as the refresher course or requalification course) was undertaken by police officers annually following their probationer OST training. This was for police constables all the way up to inspector ranks. Once you got to a chief inspector rank and above, they would have their own bespoke OST course which only lasted half a day and was basically a reduced, compact OST course for them.
  
7. To the best of my recollection, in 2014, in addition to the OST course, we also had our SPELS course (first aid course). So there was a time where our SPELS and the OST were done in separate courses, on separate days. That's no longer the case, it's all done in two days now and all done in the one course, the first aid side of things and the OST. But there was a time period back around that date that we split the course into two areas. We had the first aid side of things and we had the OST side of things separately. There are parts that would overlap, of course, but we did have an individual first aid course, which if I remember rightly was about half a day.
  
8. So there was theory training in that we'd have some PowerPoints that we'd go through. There was practical training. If I remember rightly, the practical training consisted of doing some CPR and putting somebody in the recovery position. I think that was pretty much it for the practical side of things. On the

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theory side of things, we would cover various sort of medical emergencies, choking, medical conditions, seizures.

9. As part of the recertification training, we used a training checklist. I've had sight of a training checklist.<sup>2</sup> I can't say whether this was the version in use in 2014/2015. However, it covers positional asphyxia, excited delirium and also restraint and knife defence techniques, all of which I would expect in a training checklist.
  
10. All the techniques on the checklist would be covered during the day's training. The checklist would be filled out for each group undertaking training, and is not specific to individual students. There would normally be two instructors per class and the instructor would initial the relevant box in the checklist to indicate the techniques that they personally taught. So we always had a record acknowledging who did what part of the course. The checklist was pretty much the running order. We wouldn't necessarily stick to it in a chronological sense but everything on that checklist would have been covered.
  
11. When you're instructing refresher training, particularly back in the day when it was just a day's training, there was a balance between covering the theory of OST and also giving students time to actually practice the techniques. At that time there might not have been as much theory as we cover now, for example, because it's a 2-day course and we've got more time to cover theory. That's not a criticism of the course back in 2014, it's just there wasn't as much time spent on the theory side of things as there is now.

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<sup>2</sup> PS11096

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12. We covered the basics of OST at the refresher course. Every officer that comes into the refresher training, at that time, should have already been taught the content of the manual on their initial training course at the Scottish Police College. So it was basically a reinforcement of what they've already been taught. Now and again we would bring in some new techniques that officers hadn't been taught with, but in terms of the actual theory the officers should know that already from their initial course and we should just really be refreshing that.

**Positional Asphyxia**

13. Generally training of take downs normally involved bringing a subject down into the prone position. When we were teaching about take downs to the prone position, we would pretty much always stress the risks of things like positional asphyxia, making sure that we weren't keeping that person in the prone position for any length of time, they were always getting them up and away from that position as quickly as possible. I like to think that certainly whenever I was teaching I would always reinforce that message. So when you look at that check sheet you probably see a small bit there on positional asphyxia and someone may think, "Well, they don't talk about that very much." But we would talk about that for every technique that involves somebody coming down into the prone position; we would remind them of the dangers of positional asphyxia and if you were bringing somebody onto there to try and alleviate the pressures of that.

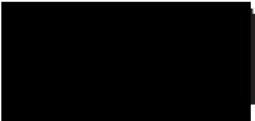
14. We taught students to be aware of the signs of positional asphyxia. We would remind them that just because somebody can speak and shout, it doesn't necessarily mean that they're able to breathe properly. I would remind them that although someone's able to get air out of their lungs they might not necessarily be able to get air back into their lungs at the same rate. Just

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because they're shouting or verbalising, "I can't breathe", doesn't mean that they're breathing properly. That person may be struggling to breathe. We would get them to look out for behavioural changes. For example, if we have a custody who has been fighting with us and all of sudden stops fighting and goes limp, then we need to make sure that they're breathing properly. Conversely, if we've got somebody who is really starting to struggle and fight, is the reason for that because they are they literally fighting for their lives, are they struggling to breathe so to be mindful of that. We would train students to look out for the physical symptoms such as cyanosis of extremities including lips and fingertips, if they're starting to go a blue or purple colour that could be a sign that the person's not getting enough oxygen, to listen out for any sort of gurgling or rasping sounds coming from that person. So, these were the things that we were asking students to be aware of.

15. We would also talk about the dangers of positional asphyxia to people that are perhaps restrained against a wall or a police vehicle, they're still putting that pressure on the respiratory system. If you've got somebody folded over a police charge bar or a desk, this may heighten the risk of positional asphyxia. So it wasn't just the prone position that we would focus on. We would talk about other aspects of dealing with custodies where we might be putting pressure on the respiratory system and the need to alleviate that pressure on the respiratory system and to do so as quickly as possible, whether by getting them up onto their side, getting them stood up. And as an operational police officer I know practically that can be a challenge, sometimes it can be harder than it sounds, but we always wanted to try and make sure that we were getting that person into a position that was going to make it easier for them to breathe as quickly as we could.

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16. We would always make sure that we were teaching students to be mindful of where they were putting their bodyweight and their hands. Some of the techniques that we did involved, for example, a knee going onto a custody's shoulder for some of our ground pin techniques. When we were teaching that we would teach students that the knee should be on the shoulder and we would point out that it shouldn't be on the head, shouldn't be on the neck, shouldn't be on the back or anything like that, it should always be on the shoulder that we were putting that pressure.

17. I'm asked whether lying across a subject would be an inappropriate or risky form of restraint. Where an officer was lying over the back or the neck and the head, yes. For some techniques we would lie across the legs. For example, if we were applying fast straps we would lie across the legs to secure them. So if you've somebody prone on the ground we wouldn't want the officer coming up above the leg line when they're doing the restraint. One officer would lie across the legs to secure the legs and a second officer would come in and apply those fast straps, in theory.

**Subjects under the influence of substances / excited delirium**

18. I'm asked what was taught to students in 2014/2015 regarding the restraint of subjects who were under the influence of drugs and alcohol. I think at that 2014 time period we would refer to things like excited delirium. So that is a phrase that we used for custodies we may encounter who were perhaps under the influence of drink or drugs. We reminded students that it may not be that they're behaving in that way because of drink or drugs, that it may be a medical condition or mental health implications that's causing that person to behave that way. So we would always ask students not to assume that somebody is behaving in a particular way due to intoxication as there may be another cause.

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19. We would teach students to identify signs of excited delirium. This would include a person is behaving in an unusual manner, if they're not responding to verbal commands, they're not listening to what you're saying, if there's behavioural changes including having unusual strength. Also, if they're hot to the touch, if they're sweating profusely, or if they're not responding to pain. For example, if you were to baton somebody and they didn't respond to that and it almost seemed they weren't flinching, that could be a sign that that person is experiencing that excited delirium, that could be one of the effects of that. Failing to react to CS Spray may be another sign. Someone that is experiencing excited delirium, the effects of CS might be minimal or none at all.

20. For CS Spray, there's various reasons why it might not have an effect on somebody. As explained, excited delirium is one reason. Some people it just doesn't seem to bother. Some people have been sprayed before or have a certain training to CS as well, so although they might feel the effects of it, they might still be able to work or to fight under those conditions. For example, I've been given training through the military and been exposed to CS crystals. So although it still affects me, I know the effect and can still do things whilst under the influence of it. What I would say about CS and PAVA is it affects folk differently. Everything that gets sprayed reacts differently. For some people, it is a silver bullet and it will get that person under control; other people you might as well be spraying water on, it just doesn't have an effect on them. So it does tend to vary from person to person.

21. We also provided training on what to do, if students suspected they were dealing with a subject with excited delirium. We would always try and remind them to have one person speaking to that person. Our experience is that

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when lots of police officers attend an incident, you'll have several police officers trying to give that one subject instruction. So we would try and encourage officers to have one person be the point of contact with the subject to give them instructions, to speak to them, and it makes it easier for that subject to concentrate on that one officer rather than have all these different people shouting instructions at them. We would also train officers that it should be treated as a medical emergency.

22. For both excited delirium and positional asphyxia, if officers suspected either was happening that they should treat it as a medical emergency and get an ambulance out as quickly as possible. Or even if the person is already in the back of the van, for example, take them straight to the Accident and Emergency Department if that's going to be quicker. We would tell them never bring somebody that's showing those signs and symptoms into police custody. Because all that would happen is the police custody staff would hopefully identify it and tell them to take them straight up to the hospital. So we would always reinforce it has to be treated as a medical emergency.

23. People who were under the influence of drugs and alcohol or suffering a drug-induced psychosis, we would treat these people in the same way that we would be treating people with excited delirium, regardless of whether there was a known cause or not. Excited delirium training covered dealing with people who were heavily intoxicated with drink, drugs, or maybe experiencing some sort of psychological hallucinations. It would also cover people who've even had a medical emergency like a head injury or some sort of diabetic emergency perhaps that might cause it. It was umbrella training except we needed to cover all these sort of scenarios that you might encounter as a police officer and how you would deal with them. It wasn't a specific thing to deal with somebody who is on drugs or somebody who has a head injury. We

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would outline the signs and symptoms we would look for and how to alleviate them and would cover this under an excited delirium bracket.

**Training on de-escalation techniques**

- 24. I'm asked about de-escalation techniques and about the fact that this is not listed in the recertification check list. I'm asked whether that was taught as part of the OST in 2014/2015. It is now. Back in 2014, I don't think we really had that, certainly not at refresher training.
  
- 25. I've had sight of the Probationer OST Manual ("2013 Manual") which I understand was in force at the time.<sup>3</sup> It doesn't cover de-escalation as such. However, tactical communication was taught, which includes de-escalation to an extent. For example, being aware of what you're saying to people, using your body language, being aware of certain words that you use that may help to defuse a situation or where certain words may antagonise a situation.
  
- 26. We trained officers to use the minimal use of force when dealing with people. The first way of doing that is to communicate with a person, to speak to them, to try and calm them down, to try and get them to comply, to reason with them. So de-escalation tactics are built into other aspects of the OST programme, such as tactical communication, such as your use of force policy. We're always trying to use that minimal level of force with people. However, in terms of did we actually train students to de-escalate situations by how they communicated with a subject in a difficult situation in 2014/15: I don't think so, no. I don't think we would have done that. Looking at the recertification check sheet, there's no mention of techniques or scenarios or anything in there. So, I don't really think we did any practical de-escalation training there.

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<sup>3</sup> PS11538(a)

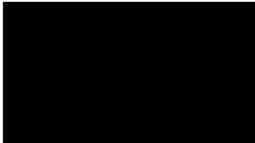
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27. What I should probably point out as well is, speaking from my own experience, that sometimes that updated manuals were not cascaded to instructors when it was released. I would regularly have newer instructors come to me to work with me and they would have an up-to-date manual, and the manual that I had was an out of date one. So I regularly had to chase up the OST Training Department to try and get a new manual sent out to me. So although a manual might be updated and approved for use, an individual instructor might not necessarily have received a physical copy of that updated manual immediately, it might have taken them some time to get that. So, it's possible that individual OST instructors may have been teaching in 2013/2014 with an older manual.

**OST training in relation to knives**

28. I'm asked about the training given in relation to dealing with knives incidents. When instructing about knife defence, the first thing that I would talk about is the CUT principle: the mnemonic CUT stands for create distance, use cover, transmit. Create distance between you and that subject with the knife, to use cover (it might be street furniture, furniture in a house, a vehicle that sort of thing) and then to transmit, to get on the radio to make other officers aware that that person has a knife.

29. Creating distance practically can be a bit more difficult because we've obviously got a duty of care to other members of the public, so if there is members of the public out there how much distance do you create and then there might be a risk towards them. It's a difficult balancing act. From a training point of view, it's not something we could give a definitive answer to because there is so many variables and so many different situations.

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30. The recertification course changed from time to time. One of the things that was brought in was what we called a baton knife defence and that was basically a technique where you would use your baton to try and defend yourself against somebody that had a knife. The recertification check sheet shows baton techniques and knife defence as part of that.
31. The 2013 Manual contained the baton technique I have described at module 6 and section 10. It's a technique which is really designed as a last resort if someone is coming at you with a knife and is designed to try and create a bit of space between you and that person with the knife. You would have a baton in your hand and you would strike out to create a barrier almost between you and that person; you're maximising the distance between you. It was a very defensive technique as opposed to actually aiding you to go in and disarm somebody with a knife or arrest somebody with a knife. In my opinion, it's not a great technique.
32. At a later point, further training was added regarding the use of shields in knife defence. We spent a bit more time on training with those shields, because prior to this training coming in, the only time shields were used by police officers was for public order trained officers, which is a completely different branch of specialist training. So we brought shields into officer safety refresher training and taught officers how to use those shields, how to hold them correctly, how to deal with members of the public that might have knives, because some officers never held a shield or seen a shield before so it was new to them. I can't remember exactly when this was, however, as it's not in the 2013 Manual, I suspect this may have been after May 2015.
33. My experience of going to calls where there's a threat of a knife is that the control room will put out what we call a "stay safe" message and that should

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remind officers of their CUT principles to create distance, to use cover and to transmit, to give regular updates and basically to keep themselves safe. I don't know if that is like an aide memoire that they read, or if that's just a rough bit of guidance they give. So that should pretty much one of the first things they do, even before the officers get to that incident.

34. Again, from experience, if officers are going to that sort of call they may look to utilise specialist officers. We didn't have it in 2015, but now we've got STOs i.e. specially trained officers, who have access to tasers. You'd maybe consider getting a dog unit, maybe even a firearms unit as well if there's one going to be authorised. Certainly, if I was going to those sort of incidents I would probably expect either the contact centre or a supervisor to request a specialist unit of some kind, or I'd even ask myself if we have any sort of specialist resources can attend that also to assist. That said, you might find that the nearest specialist unit is in Edinburgh or Dundee. I've attended plenty of knife incidents and I've not had any sort of specialist equipment or specialist officer there to assist me, it's just something that I've had to deal with myself or with my colleagues.

**Risk assessment training**

35. I'm asked about training in risk assessment and how much of that was covered as part of recertification in 2014/2015. The national decision-making model was taught to probationers in their initial OST training at that time. I can see it's covered in the 2013 Manual at pages 18-20. I can't recall if we did it at refresher training at that time.

**Use of Force SOP**

36. I'm asked about the Use of Force SOP and whether that is something that would be included as part of the recertification training. No, we wouldn't use

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or reference the Use of Force SOP as such. However, we would talk about use of force in terms of the content in the manual and we would mention some of the contents of the SOP which overlap into the Officer Safety Training Manual. Essentially, the key points from the Use of Force SOP are already in the manual.

37. One of the mnemonics we used was PLAN, which would be proportionate, legal, accountable and necessary. Then later on, as OST changed, an E (“ethical”) was added at the end, to make PLANE. PLAN would be found in the Use of Force SOP and it’s something that you would find in the Officer Safety Training Manual. Certainly, this is something that we would remind officers about at refresher training, that their use of force had to be proportionate, legal, accountable and necessary.

38. I would go further into that, I wouldn’t just say those four buzzwords, I would talk about proportionality, how if you’ve got somebody who’s completely compliant with you when they’re being arrested it would not be proportionate for you to grab hold of them, taken them down onto the ground, handcuff them to the back, that sort of thing, because it’s not proportionate.

39. We would talk about the legality of any use of force. So, I might give the example of somebody who is minding their own business, if you just went up and hit them it would be completely illegal. There’s no legal basis for that. So we would talk about how if we are using a legal power such as an arrest we may have to use force to effect that arrest but we are legally arresting that person in the first place, so there’s always a legal basis for our actions.

40. Accountability, we would mention how we need to record our actions. So even little things like making sure we’re in uniform and we’ve got our

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epaulettes on so that people can identify us if need be. Also, that we were recording any use of force in our police notebooks at the time or in a Use of Force Form. The exception to that, if I remember rightly, was a “come along hold”, which was basically just a light hold of somebody, if you’re using force to do that, or if you’re handcuffing somebody and that person is compliant, they’re not struggling, we wouldn’t put a Use of Force Form in for that, but pretty much every other technique that we taught on our refresher training, all your take downs, all your batons, all that sort of stuff, we would remind officers you would need to submit a Use of Force Form for that.

41. The last part of the PLAN: necessity. We would remind officers, “Do you need to use this use of force?” “Can you spend a few more seconds talking to that person, explaining procedures to them, explaining why they’re being arrested, trying to calm them down rather than going in and having to put hands on and roll around with them on the ground?” So we talk about is it necessary for you to use force on that person. So that was something that was always pretty much from day one that I became an OST instructor that PLAN mnemonic was always something we would remind officers about at refresher training.

42. If I wasn’t an officer safety instructor now, if I was say a regular police constable and I had queries about any officer safety things or, indeed, use of force, my first port of call would probably be my OST Manual. If I did want to find out more, I could go to the Use of Force SOP. For me, the manual would be my first port of call. The manual would probably cover any queries you’ve got about use of force. So what I’ve just explained about that PLAN mnemonic, that should be in the manual. The manual should remind you to submit Use of Force Forms. However, the Use of Force SOP is not something I would routinely look at.

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43. With the Police Scotland intranet, you can type in Use of Force SOP and it will search for the document. There is also a section on the intranet with an A to Z of all the SOPs. So, again, you should hopefully be able to go into that and find the relevant SOP that way by name. If I remember rightly, it's broken down into topics as well, so say for example you wanted a SOP on a particular subject, if you went by topics you can search it that way. Back in 2014, I don't know if we had that intranet then, so I'm not really sure if it was online.

**Contact with other witnesses**

44. I'm asked if I know or have spoken to any other witnesses in this case or discussed this case with them. I know many of the police witnesses in this case and have previously worked with some of them. I have been involved in some of the logistical planning and transportation of witnesses in this Inquiry. As such, I have discussed practical matters in relation to appearing at the Inquiry, but I do not recall speaking about the case itself

**Media**

45. I'm asked if I have been following this case on social media or the news. I have read several articles on social media or in the news regarding this case and have watched some of the enquiry online. However, I don't consider this affects my evidence.

46. I believe the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

August 18, 2022 | 3:46 PM BST  
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