

The logo consists of a dark purple square with the words "SHEKU", "BAYOH", and "INQUIRY" stacked vertically in white, bold, sans-serif capital letters.

**SHEKU
BAYOH
INQUIRY**

The Sheku Bayoh Public Inquiry

Witness Statement

Sergeant Ross Crawford

Taken by [REDACTED] on MS Teams On 15 August 2023

Witness details and professional background

1. My name is Ross Crawford. My date of birth is in 1980. My contact details are known to the Inquiry.
2. I am currently a Community Sergeant with Police Scotland. I have been in this role for 4 years and am based at Dunfermline Police Station. At this point in time, I have 21 years of police service. I joined Police Scotland, or Fife Constabulary, in 2002. On completion of my initial probationary training, I was posted to Cowdenbeath Police Station as a Response Officer. I was there for a couple of years before I moved to another subdivision at South West Fife. From Southwest Fife, I moved to Dunfermline. I think I undertook a Community Officer Role, and then I worked in a number of local proactive units, crime team as they were known then. I then moved to a role in [REDACTED]
[REDACTED]
From there, I moved into a role within, what was then, the Fife Constabulary Training Department as a Training Officer. That was where I undertook the

part-time role of Officer Safety Training Instructor in addition to my other roles. From the training department, I moved to a role with Operational Training at the Scottish Police College. Then from there, I moved back to Fife Division, on promotion to Sergeant, initially to Northeast Fife at Cupar Police Station, then back to Dunfermline Police Station. Then from response in Dunfermline into my current role as Community Sergeant.

Previous Statements

3. I have read my previous statements PIRC-00391 dated 18th September 2015 and PIRC-00392 dated 1st February 2018. I think my memory around the first statement is clearer because I remember at the time working within the training department and being asked or instructed by my then supervisor that PIRC had been in touch with operational training and that they were looking to speak to somebody who could give them some understanding as to what Officer Safety Training looked like in Fife. I was identified to go and speak to the PIRC officers at the time, I think, primarily because I was a constable in the office, and I had a previous involvement in the delivery of Officer Safety Training. So, I remember speaking to PIRC on that occasion and in my statement, and I do now recall speaking to the investigators on the second occasion but my memory of that, albeit it was more recent, it's not as clear but having read the statement you provided, I do recall meeting with them on the second occasion. Until I'd read that statement, I didn't recall that I'd spoken to them twice.
4. Having read the statements, I accept the content of the statements. In all honesty, I don't remember physically signing the statements. I don't recall being sent a typed copy of either statement after the two meetings. If I've signed anything, I think it's going to be in a handwritten statement, but I don't recall signing the statements at the time. These are the only two statements that I produced; I don't recall any others.

5. I provided PIRC with a true and accurate account and to the best of my recollection at the time.
6. In the event of any discrepancy between my previous statements and what I have said in this statement, my PIRC statement should be preferred by the Chair, my memory and recollection of events or what I provided to PIRC at the time is probably better than it is now, given the passage of time.

Officer Safety Training and Scottish Police Emergency Life Support (SPELS) Training Instructor Experience: Qualification and Role

7. I am asked how long I was an Officer Safety Training (OST) Instructor for, I qualified as an OST instructor in 2012, maybe. I remained an OST instructor until I was permanently withdrawn from the role in 2017, however I don't think I actively instructed any courses probably from around March 2016.
8. I am asked if I was an OST Instructor on a full time or part time basis. It was a part-time role.
9. I am asked to explain how I came to be in this role and what training I had to undertake to qualify as an OST instructor. So, at that time when I moved to the role of training officer within what was the then Fife Constabulary Training Department, there was an expectation that training officers also were trained as OST instructors. That was to assist in the delivery of recertification training within Fife at that time. So that was how I came to be an OST instructor. To add further to that, I then attended the national OST instructor's course, which was run at the Scottish Police College at Tulliallan. That was a two-week course which was delivered by the staff there to train as an OST instructor.

10. I am asked to outline my role and responsibilities as an OST Instructor. So as an officer safety training instructor, my role was to assist and facilitate the delivery of officer safety recertification courses. I am asked if I recall what the training course for instructors look like during my training. I can't recall what the training looked like on the day. It was the Officer Safety Instructor's Course, which was a national course, delivered by qualified instructors, including PTI staff from the Scottish Police College. The course was two weeks in duration and from what I can recall was mostly undertaken in the Officer Safety training arena at the Scottish Police College.
11. I am asked if my OST qualification was specific to recertification courses. I don't think the role was specific but in my daily role, that's how I was used as an officer safety training instructor. There were infrequent occasions where – due to resourcing issues, I think, at the Scottish Police College – instructors from other areas often had to assist. However, primarily, I was used on an ad hoc basis, but I was used to assist in the delivery of the recertification courses in Fife.
12. I am asked if I am trained as a SPELS instructor and what training I undertook for this, did I undertake First Aid Training. I don't know how far back you want me to cover but yes I am. So, from what I can recall, the instructor's course at the college was a two-week course. I think as part of that course, we also undertook a three-day First Aid at Work course which at the time, my understanding was that that was the requirement to then be able to deliver SPELS to officers as part of recertification training.
13. I am asked how often I undertook recertification or a refresher course in my capacity as an instructor. I don't know, to be honest. I can't remember. I don't know if there's an actual officer safety training instructor's refresher course or if just a lot of change occurred, as you'll be aware, during that time. There

were, I think, workshops or one-day courses that were organized for officer safety training instructors to be upskilled and refreshed in certain techniques as part of a national review of officer safety training and its delivery. I recall me attending at the college, I think for a day, to be shown the new programme and the techniques that that entailed.

14. I am asked if I am referring to when Inspector James Young reviewed the OST training in 2016 and made changes to it. Yes. That would be around that time, yes.

Officer Safety Training Recertification Training in 2014/2015: General Overview

15. I am shown PS10938 Officer Safety Training Manual version 2.0 dated September 2013. I am asked to confirm if the recertification training that I provided in 2014/2015 was in accordance with this document. Yes, that was the manual that we used to do OST recertification.

16. I am asked if I recall using any further guidance or material during the recertification training in 2014/2015 or if this was my primary reference document. That would be the primary document. I don't recall there being any other manuals or any other training materials, no. That was the document that was used. I think at some point there were handouts or readouts that the national OST team sent out, and there was information to read out to officers who were in attendance. But, no, that was the only training manual that that was in use, and that was the only manual that was used during the courses.

17. I am asked if I can recall what was topics were covered in the handouts or readouts. I can't recall exactly what was included in the readouts. I can't recall if there were handouts. The readouts were issued by the national OST team,

who were based at Scottish Police College, Jackton at that time. I think they included a read out on PIRC; completion of CS/PAVA forms and stop and search guidance.

18. I am asked if I can outline what the recertification training entailed and what topics were covered in 2014/2015. So, if memory serves correct, I think there was a communication issue around about December 2013 that there was going to be a change to the assessment process for the OST refresher training. I think that was when we moved from using individual assessment sheets for each officer to group assessment sheets for each session for the refresher training. So, they were similar in the sense that they covered the manual, but there was a different sheet. We did one per course as opposed to one per officer. So, from what I can recall, the officer safety refresher training was a day's training programme. It was an eight-hour training day where officers attended at a location and received the officer safety recertification training.

19. At that time, I think I'd be correct in saying that, due to the changes nationally, there had been a decision taken nationally that SPELS training would be delivered as an e-learning package, an online training package. When officers were booked onto the course by the resource management units and notified of their training course, they were expected to undertake that online SPELS package prior to attending for a practical officer safety training recertification course.

20. I recall there being an issue in Fife – there may have been issues in other areas – whereby, due to IT capabilities, officers could access the SPELS package on the force intranet site and read through it, but they were unable to undertake an assessment online. So, that being the case, the work around that was decided upon then by the local training managers was that officers would do the e-learning package and then on the day of the OST training, you

would undertake an assessment based on that. So, I think the assessment was a multiple-choice style test that the officer safety training instructors there after marked it on the day. Then we moved on to, I think, a practical refresher and SPELS. So, CPR, basic life support and primarily, I think, the SPELS refresher also included recovery position. It afforded officers then time to practice those basic life support techniques, and then we moved into the other aspects of the recertification course.

21. I am asked in relation to the structure of the OST recertification in 2014/2015, do I remember what the frequency of the training was. So, historically, before the inception of Police Scotland, Fife Constabulary – as it was then – delivered their OST refreshers on a biannual basis. That was obviously a decision or a policy decision that was made by policymakers at that time. Then I think at that time, the full SPELS course was delivered as well. However, from there, I think there was instructions issued essentially saying that we're moving in line with Police Scotland and standardization. The instruction from the OST coordinator was that all OST recertification would be done on an annual basis.

22. I am asked to briefly outline what the recertification training entailed and what topics were covered during 2014/2015. The recertification training was delivered as per the nationally agreed syllabus at that time in line with the Officer Safety Training manual as per instruction from the OST unit at Scottish Police College, Jackton. There was an instruction from [REDACTED] that OST would be delivered annually and delivered in accordance with nationally agreed content. Only approved officer safety techniques from the OST manual were delivered as per the training. To my knowledge, and in my experience, this had always been the way OST recertification had been delivered in Fife in adherence to nationally agreed practices for the delivery of OST in line with the OST manual. In brief, the recertification training was a practical training day covering the OST recertification syllabus, as agreed

nationally, and a practical SPELS input. There were no classroom inputs, and the training was undertaken in the gym hall at Glenrothes. Every technique on the assessment sheet was covered during the delivery of the course. OST theory, use of force was reinforced by instructors during the course of the training. Positional asphyxia and excited delirium were medical considerations that were also highlighted and covered as per the OST training manual. When covering the medical considerations, positional asphyxia, and excited delirium, I used the OST manual as a reference and read out verbatim the content from the OST manual on both positional asphyxia and excited delirium to students. Each technique detailed on the record of training sheet would be covered during the training. Instructors would show the technique, break it down, afford students the opportunity to practice the technique, observe students demonstrating the technique to ensure competency and offer any corrective advice if required to ensure that the officer was able to demonstrate the approved technique competently.

23. I am asked if I know what the reason behind that decision was for moving the recertification to annual training or if that was not communicated to me. No, I don't know if there was a communication at the time, I don't know if it was part of the national review or if it was part of the standardization, but I do recall there being an instruction or a communication sent out, I think, to officer safety training instructors to advise that there would be changes. One of the changes was that – certainly, which would affect Fife – officer safety training would be delivered on an annual basis as opposed to a two-year basis that had been done previously.

24. I am asked if the recertification training was monitored by management and if it was mandatory that all officers completed it annually in 2014/2015. Yes. It was a mandatory requirement for all police officers to complete their officer safety training recertification unless there was an issue around their health or fitness that prevented them from undertaking that, or if they were in a modified

role because of an injury or an illness, then the expectation was that all police officers, I think, up to and including the rank of Chief Constable in Fife would undertake that training. As it relates to the monitoring completion of training, Yes, it was monitored, the officer safety training instructors facilitated the delivery of the training, and thereafter updated the training admin staff who were responsible for updating officer training records on SCOPE.

25. I am asked to outline how the recertification training in 2014/2015 was divided in terms of the practical and theory. So, if I'm understanding your question correctly, the SPELS theory was undertaken as part of the e-learning module by officers prior to attending the OST recertification date. The only difference at that time in Fife was the practicalities of undertaking the assessment. So, the SPELS theory was very much done online at that point. Officers then attended, undertook the assessment and then at the start of the training day, the instructors demonstrated basic life support, recovery position in line with what the current SPELS package was. Officers were afforded an opportunity to practice and refresh their competence in those techniques under the supervision of the instructors.

26. I am asked to outline how the recertification training in 2014/2015 was divided in terms of the practical and theory as it relates to OST. The OST was a practical training day. Teaching our officers to refresh skills and techniques that were part of the national OST course as it was then. So, by now, it wasn't classroom-based. It was done in a gym hall setting where officers were afforded opportunity to see the techniques demonstrated and then after, they were able to practice demonstrating the techniques themselves. Built into that, my experience was that the instructors would pass relevant information around the techniques and explain the mechanics of techniques and highlight various points, but it wasn't a classroom-based theoretical teach. It was very much a practical training day.

The Training of Officers involved on 03 May 2015

27. I am referred to paragraph 2 at page 2 of my own statement PIRC-00392 where I said:

"I have been asked by the Investigators if I delivered the Office Safety Training Requalification at Glenrothes on 5 November 2014. I have been informed by the Investigators that Police Constable Richard Wood, East Division Operational Safety Training Coordinator has interrogated SCOPE for this training and has identified me as the trainer on this date. I cannot recall this at this time however I accept this to be a true representation. However, I cannot recall who took the course with me or who was on the course. I have checked my notebook for this date and I have nothing documented for this. I could also not recall the location of the training until I was informed of this information by the Investigators. I have been asked specifically if I recall Police Constable Craig Walker being present at said course but must confirm I have no knowledge of this individual and as such cannot recall specifically."

28. I am asked if I have any reason to doubt this information at all. No, I don't. I am asked I accept this to be true that Craig Walker was trained by me for his OST and SPELS recertification on 5 November 2014. Yes, I do.

29. I am referred to the same page of the statement PIRC-00392 where I said:

"I have been asked by the Investigators if I delivered the Officer Safety Training requalification at Glenrothes on 6 November 2014. Again, I have been informed by the Investigators that Police Constable Richard Wood has interrogated SCOPE for this training and has identified me as the trainer on this date. I cannot recall this; however I accept this to be true and have no reason to doubt this information. Again, I cannot recall who I instructed the course with or what officers were present at the training. I have checked my

notebook for this date and can confirm I have no information pertaining to this. I could not remember the location of the training until I was informed of this by the Investigators. I have been asked specifically if I recall Police Constable Scott Maxwell being present at said course but must confirm I have no knowledge of this individual and cannot recall specifically.”

30. I am asked if I have any reason to doubt this information. No, I have no reason to doubt that information.

31. I am asked if I accept it to be true that Scott Maxwell was trained by me for OST and SPELS recertification on 6 November 2014. Yes, I have no reason to doubt that, and accept that to be true.

32. I am referred to the same page where it says:

“Again, I have been asked by the Investigators if I delivered the Officer Safety Training requalification at Glenrothes on 4 March 2015. I have been informed Police Constable Richard Wood has interrogated SCOPE for this information and has identified me as the trainer on this date. Again, I cannot specifically recall this date and as such can provide no further information on this, however, have no reason to believe this information to be untrue. I do not recall who was the instructor on the course with me or any officers on the course that day. I have checked my notebook and can confirm I have no information pertaining to this date within. I have been specifically if I recall Police Constable Daniel Gibson. As with the previous names, I have no personal knowledge of this individual and cannot recall him being on the course.”

33. I am asked if I have any reason to doubt this information. No, I have no reason to doubt that information.

34. I am asked if I accept this information to be true that Daniel Gibson was trained by me from OST and SPELS recertification training on 4 March 2015. Yes, I have no reason to doubt that, so I accept that. If that's what the interrogation of the systems revealed, then that would be true, yes.

Training on Arrest and Restraint Techniques in 2014/2015

35. I am asked if I have any recollection of if restraint techniques were covered in the recertification training in 2014/ 2015. Yes, there would be restraint techniques that would be covered in the course yes. I wasn't aware that you were going to ask me about specific techniques. It's not something I've taught or instructed for a number of years but, from memory, all the techniques that were shown in the OST refresher programme were those that were taught during the full officer safety training programme. I think the programme was broken down into empty hand techniques, rigid handcuffing techniques and straight baton techniques. Yes, I recognize those techniques that are on that checklist as being delivered as part of the recertification course.

36. I am asked if the recertification training in 2014/2015 covered the risk associated with restraining someone in the prone position. Yes, it did.

37. I am asked to what extent did the recertification training in 2014/2015 cover the risk associated with restraining someone in the prone position. So, in terms of positional asphyxia or restraint-related asphyxia, that was one of the two specific medical conditions that were covered as part of the officer safety recertification course. The second condition covered was excited delirium. The instructors would highlight the condition of positional asphyxia, what it was, the risk factors which could contribute to the condition, such as any signs

or symptoms for officers to recognize and be prepared to administer first aid. So, yes, that was one of the key considerations that formed a thread if you like throughout the whole of the OST programme, officers were being made aware of, and being able to identify the signs and symptoms of, positional asphyxia. The fact that it can occur when a subject is placed in a position which interferes with their ability to breathe normally, which restricts the diaphragm. It was highlighted throughout the training that death can occur rapidly as a result of positional asphyxia. So, officers were well aware of the condition, what the risk factors were in relation to that and the signs and symptoms that they should be looking out for when dealing with a subject who is being restrained, as that can obviously increase the risk of positional asphyxia.

38. I am referred to paragraph 5 of page 4 of my statement PIRC-00392 where it says:

“Medical conditions and considerations are a common thread across the demonstration of all techniques during the course of the training.”

39. I am asked since I was referring to the probationary training officer safety course manual in this section of my statement, was the topic of medical conditions and considerations to be considered during an arrest or restraint also covered within the refresher training in 2014/2015. Yes. Absolutely, yes. So, the refresher training very much mirrored the probationary training course. So, during the officer safety recertification training, positional asphyxia or restraint-related asphyxia and excited delirium were highlighted and discussed. Police officers need to recognize both of those conditions when dealing with a subject.

40. I am asked if the recertification training in 2014 2015, focus on restraint by multiple officers restraining a subject and the risk factors associated with this.

I mean, throughout the programme, again, to the best of my memory, both of those conditions (positional asphyxia and excited delirium) would be highlighted and talked about on a number of occasions when demonstrating different techniques; highlighting, I suppose, in relation to positional asphyxia. If officers are having to restrain a subject for example, if the subject's prone, if they're face down, that would be a sign or it would be a risk factor for me. So, yes in terms of those two medical conditions, they were both highlighted throughout the recertification training in line with the information and the material that was contained within the officer safety training manual. In my experience, I would highlight both of those conditions. I would describe what each of them were, their signs and symptoms, how officers should react to those conditions. If demonstrating techniques, in particular restraint techniques, remind officers of the need to be aware of positional asphyxia when restraining a subject but also highlight the risks associated with what was then referred to as excited delirium, in terms of that being treated as a medical emergency, giving them information as to what excited delirium was, how it's caused and how officers could identify somebody who was in a state of excited delirium in line with the information that was contained within the officer safety training manual at that time.

41. I am referred to paragraph 73 of Inspectors Youngs Statement SBPI-00153 where it says:

“The majority of the restraint techniques in the manual involve restraint in the prone position. The use of prone restraint is indicated because one of the safest places to restrain a violent individual is to put them face-down on the ground. This is because if you put an individual on the ground then you disengage their big postural muscles. So, if someone is standing, they can be very, very strong because they're able to use the big muscles in their legs, so their buttocks, which are the strongest muscles in the body, their abdominal

muscles, their chest muscles, et cetera. If the subject is placed on their back, they can still engage these big muscles of the legs and the abdomen.”

And para 74

“What comes with that is the additional danger of placing undue pressure onto the diaphragm, onto the chest, restricting the subject's ability to breathe. So, while prone restraint is trained and forms a part of the control/restraint programme, the dangers of that prone restraint position are always heavily reinforced. So, we cover only placing in the prone restraint for the minimum amount of time necessary to gain control of that person, to safely be in control of that person. So that can be by as soon as that person's placed in handcuffs, because placing someone's arm behind their back places them at increased pressure on the chest muscles, the muscles that assist with breathing and it can stop their breathing. So, we would train officers to get the person onto their side and that relieves that pressure. Or sit them up. Being conscious of the fact that you don't place direct pressure on the back, which puts pressure on the chest. Therefore, the officers are trained that if they have to put pressure on the subject in the prone position it's only done through the shoulder blades. So that's the precautions that were trained back then and still are trained now with regard to reducing the likelihood of positional asphyxia. There's a lot of other risk factors, alcohol, drugs, mental ill health, the person's size, physical stature, underlying medical conditions, et cetera, which were mentioned. The training included the precautions that we take, make sure the person's head is to the side, and monitor their vital signs and their colour.”

I am asked if I agree with these statements by Inspector Young and all that he has outlined. Yes, I would agree with that.

42. I am asked if recertification training in 2014/2015 covered the dangers of compression of the chest. Again, it's been a significant number of years since

I've delivered the recertification training, but positional asphyxia is something that, as a condition, I've been aware of since I joined the police in 2002. It's always been covered and instructed as part of officer safety training. The OST recertification training was delivered as per the agreed syllabus, and in line with the OST manual. The training covered positional asphyxia, or restraint-related asphyxia and this condition was highlighted to officers as part of the recertification training. As per the OST manual it was covered with officers that positional asphyxia, or restraint related asphyxia, can occur when a subject is placed in a position that interferes with the ability to breathe. Death can occur rapidly, and it may be the case that a police officer can be found liable. The risk factors which contribute to positional asphyxia were highlighted, as per the OST manual, as were signs and symptoms that officers should be able to recognise.

43. In terms of the risk factors, Inspector Young mentioned alcohol or drug intoxication, if a subject is unable to move from that prone position, again things like size, obesity, age, muscle fatigue, the body position being face down anything that would restrict the diaphragm and affect the person's ability to breathe normally would be considered a risk factor, is my understanding and was always my understanding of what is considered positional or restraint-related asphyxia. So, hands restrained behind somebody's back, by means of rigid handcuffs, would increase the risk of positional asphyxia. So, officers should be aware of that when dealing with a subject. So, yes, if somebody was prone and there was a restriction placed on somebody's chest, then that would, for me, would be a risk factor, and that is something that officers would need to be aware of when dealing with that subject.
44. I am asked if the recertification training on 2014/2015 in so far as it relates to restraint cover the following topics outlined below. I am asked if it covered the application of weight and pressure to a subject, particularly in the torso area

when restraining someone and the number of officers involved. Yes, I don't recall specifically if it covered specifically the number of officers involved, but I do recall when we were demonstrating throughout the teaching of restraints, considerations around positional asphyxia were highlighted, particularly around pressure being placed on the subject.

45. I am asked if the recertification training also covered the length of restraint as it relates to how long you should or shouldn't restrain a subject and the appointment of a safety officer. Again, I don't recall there being any specific training on the length of restraint. Just, again, the principle that use of force should never be excessive. So, once the subject was safely controlled, then obviously officers would have care and responsibility for that person whilst they're in their custody. So, I don't recall there being set times as such. It was more around, you know, gain control of the subject by using this restraint, bearing in mind the officer safety and medical considerations such as positional asphyxia which could be an issue and, you know, the restraint wouldn't be on for any longer than was necessary to achieve that outcome.

46. I don't recall there being training on the use of a safety officer. I think that's now been brought into the program. So, I'm aware that we do talk about safety officers now, but I don't think that was something that was highlighted in 2014. There was a couple of techniques around a sort of two- or three-person team. It was in the manual at that time. Whilst I don't think it was highlighted specifically that one of the officers was a safety officer, it was highlighted that normally, between the two or the three officers dealing with that subject, best practice was to identify an officer that would lead, and it was normally the officer who took control of the head of the suspect that would be identified as the lead officer. So that, in my opinion, would be similar to what's now referred to as a safety officer. They were able to observe the subject,

ensure that they were still conscious, breathing, responsive, and alert their colleagues to any concerns that they had.

47. I am asked if there was training in relation to assessing whether someone was breathing and not breathing during an arrest or restraint. Well, that would be covered in part of the SPELS training. In terms of doing your initial assessment of the casualty to establish the casualty's level of responsiveness
48. I am asked to outline what was covered in the SPELS training as it relates to the aforementioned question. It was part of your primary survey, officers would need to undertake a primary survey of the subject, identify dangers to them and to the casualty to members of public and then assess the casualty's responsiveness. So, look for a response from the casualty, and then obviously look to establish if the casualty is, in fact, responsive, or if they're not responsive, are they breathing? So, yeah, during the primary survey, officers would be looking to check for normal breathing-- ensuring that there was normal breathing. Again, whilst undertaking the restraint training, I don't recall, specifically, there being training about how to identify if a casualty is breathing or not breathing, other than highlighting to officers that, you know, that it would be their responsibility to monitor the health of the subject. If at any point they felt that the subject was not breathing, then they should immediately respond to that, whether that's carrying out first aid or contacting an ambulance via the personal radio.
49. I am asked if it was taught what to do when a person is unresponsive and not breathing in particular when to commence CPR. This would be covered in part of the SPELS training. So, if we identified that a casualty or a subject was then unresponsive or not breathing, then CPR should commence immediately.

50. I am asked, in my opinion, was the recertification training on arrest and restraint adequate and fit for purpose in 2014/2015. All police officers undertake Officer Safety Training as part of their initial probationer training and undergo recertification training on an annual basis. The OST recertification training was a nationally approved training syllabus covering approved techniques that were contained within the OST manual at that time. My understanding was that the course was a nationally agreed training course, which was delivered locally by suitably qualified OST instructors, providing a common minimum standard, and ensured a standardised approach to OST throughout Scotland. The OST recertification training course covered a number of approved restraint techniques, as contained in the manual, that were covered during the course of the training day. The restraint techniques were demonstrated by instructors, broken down and officers thereafter practiced the techniques under the supervision of instructors who checked to ensure understanding and competency in undertaking the restraint. The recertification training provided officers with the ability to maintain their personal safety through the application of approved techniques and understanding OST theory, use of force, Human Rights and medical conditions and considerations such as positional asphyxia and excited delirium.

Training on Positional Asphyxia and Excited Delirium/Acute Behavioural Disturbance in 2014/2015

51. I am referred to the first paragraph of page 5 of my statement PIRC-00392 where I comment in relation to the recertification checklist where I say:

“... it also contains the section "handcuffing", which details "search and get up/positional asphyxia/excited delirium”.

As it relates to the recertification training in 2014/2015, I am asked if I could explain briefly what is taught about the correlation between handcuffing a subject and positional asphyxia and the excited delirium. So, in terms of what was taught in relation to positional asphyxia, and excited delirium, these would be medical conditions or implications that were continuously referred to by instructors in my experience throughout the course, in line with all the information that was contained in the OST manual. They would be highlighted as conditions that officers need to be aware of. Information was given around the risk factors as we've discussed already, and what the signs and symptoms were of both. Taking positional asphyxia first, that subjects should be moved from the prone position or any position in which there's a likelihood that their diaphragm or their ability to breathe normally is restricted. So, in terms of handcuffing, it would be highlighted that if a subject was handcuffed to the rear, depending on that individual's shape, build, size and intoxication through alcohol or drugs, then by handcuffing that person to the rear and using handcuffs, that could contribute as a risk factor to increased likelihood of positional asphyxia.

52. In terms of excited delirium, again this was highlighted during the recertification course as being a condition officers need to be aware of. Instructors would highlight what was characterized by the term, excited delirium, for want of a better expression. The fact that people who are in that state can be dangerous, but also that they may die as a result of that condition and therefore, anyone exhibiting signs or symptoms of excited delirium should be treated as a medical emergency and be assessed at hospital immediately. In addition to that, there was some information given about what the causal factors of that could be, either through drug intoxication, alcohol intoxication, or like a psychiatric illness. I think, at that

time, I don't know if it's still the same, cocaine was one of the most commonly associated illegal drugs that had the potential to induce excited delirium. In terms of from an officer safety perspective, it was highlighted that people who were in such state could be abnormally strong. They might have abnormal tolerance to pain. Some of the officer safety techniques that are taught in the course, such as the incapacitant spray, may not work on somebody who's exhibiting excited delirium. They may be hot to touch, they could be behaving in such a way as they appear to be hallucinating, or they may be very manic and active and then become suddenly subdued.

53. So, from an officer safety perspective, that was things that they should be aware of because there was a risk to them, and again, it was stressed that somebody in that state, that is a medical condition, needs to be assessed by somebody at a hospital. Somebody who's in that condition will need to be monitored when they're restrained at all times. If they're going to be removed or transported, if at all possible, not in the prone position, because as we've already discussed, that would be a risk factor for positional asphyxia and officers should be aware that if that person's condition were to deteriorate, they would need to be ready to provide first aid to that subject.

54. So yeah, both those conditions were discussed and formed an important part of the recertification programme. They weren't taught in a classroom type teach, but they were highlighted by, in my experience, highlighted by the instructors, who conveyed the information or refreshed the information that most of the officers who had undertaken that course it should be a refresher. Because, as I say, for as long as I can remember, and I think probably for as long as officer safety training has been taught in Scotland, positional asphyxia and excited delirium have been key considerations as part of the training.

55. I am asked since both positional asphyxia and excited delirium formed an important part of the recertification programme in 2014/2015, would I have spent a considerable amount of time ensuring that I was communicating this to students that were in attendance, answering any questions and making sure that I covered as much information as possible. Yes, it does.

56. I am asked what was taught during recertification in 2014/2015, in relation to monitoring the subject (for example if a subject may be at risk of positional asphyxia), and if there was training relating to the role of a safety officer. Again, you'll need to excuse my memory. I'm surprised at how much I can actually remember in terms of these conditions. The term "safety officer", I don't recall that being used at that time. I know through attending courses recently that that's now something that's discussed, so again there's some overlap there and to my own personal knowledge, that's something they discuss now. You know, what I think was always paramount was that officers had a duty of care for any subject that they were dealing with, and that they should be aware, and they should monitor that person whilst they are in their care, whilst they are being restrained. So, we've always highlighted and repeated that it was the responsibility of police officers to monitor subjects for - specifically positional asphyxia and for excited delirium. I don't recall at that time talking about a safety officer. It was more around, they had individual responsibility for having a duty of care for that person.

57. I am asked if I can expand on what an officer's individual responsibility would entail. I mean, for me, that would entail monitoring that individual to ensure that they were okay, that they were breathing, and being able to identify any deterioration in that person's condition, and immediately summoning help and being able to provide first aid to that individual should it be required.

58. I am referred to page 4 of my statement PIRC-00392 which says:

“I would also give the students a specific input into both positional asphyxia and excited delirium. This was a verbal overview and discussion with them, whereby students and instructors could provide an input and would discuss anecdotal stories with other students at the refresher course.”

59. I am asked if I recall the anecdotal stories that I'd discussed with the students during recertification training in 2014/2015. I think what I was meaning from that was that I used the manual as a reference point for giving the students information on both of those conditions as a refresher, to highlight the significance of them. And in terms of anecdotal stories, that was more of an opportunity for students to share their experiences with other students, in terms of, discussing maybe incidents they'd been at or subjects that they dealt with who may have displayed signs of excited delirium signs, or where they've dealt with a custody who was exhibiting signs and symptoms of excited delirium, and how they dealt with that and how that incident panned out. I don't remember any specific anecdotal stories. I know now, again, through attending courses as a student, that I think there's certain videos are shown that highlight how somebody may behave when they're in a state of excited delirium, or ABD, but at that time to the best of my memory, my recollection, was that I would give them a specific input on what those conditions were, based on information contained in the manual, and often that sparked some sort of engagement with them in terms of their own experiences, which perhaps aided their colleagues in their understanding and awareness of the conditions.

60. As it relates to the recertification training in 2014/2015 recertification, I am asked if I recall teaching the length of time that would be considered too much time to be kept in a position whereby there's pressure on your respiratory system. I don't know ever teaching or giving information to students about it being a specific amount of time. It was always very much for me highlighting the risk and ensuring they were aware of the risk, and that they monitored the person when they were under their control, and that they reacted to any deterioration in that person's health. It was stressed that the subject should be moved from any position that may increase the risk of positional asphyxia as soon as it was safe to do so.

61. As it relates to the recertification training in 2014/2015, I am asked if I recall if I covered the increased risk of positional asphyxia in relation to certain techniques that may be part of a restraint, for example tying someone's legs together. Yes, I mean, as part of the program there's a number of restraints that were demonstrated. We talked, we refreshed, and-- yeah, that was a thread that ran through the training program reinforcing that certain techniques could increase the risk or contribute to positional or restraint related asphyxia.

62. So, I mean, techniques that involved taking a subject to the ground and restraining them on the ground. Again, if they're in a prone position, there's a risk. If the officers are applying pressure to restrain the subject, as I think you highlighted that in Inspector Young's statement that you asked me to consider if I agree with. I think you made reference to if any downward pressure been applied, it should be applied through the shoulder area, not the centre of the back, to reduce the risk of positional asphyxia. As soon as the officers assessed that they were able to move the subject, they should move the subject into a position which is less likely to cause positional asphyxia. So, move the subject from a prone position on the ground into a seated or a standing position, monitor them at all times to ensure they're okay and they're

not displaying any signs and symptoms linked to that. I think you mentioned leg restraints there, or fast straps, so one of the pieces of officer safety training equipment that was demonstrated was the use of fast straps. They're now used to control the legs of a subject, and as part of that demonstration, officers were also shown how to safely move the subject from the position on the ground where they are handcuffed to the rear and the fast straps have been applied to the legs, safely move them into position where they're standing up and can be moved to a custody transport vehicle, for example.

63. I am asked I believe that the amount of time that I had to teach about positional asphyxia, alongside the other topics, affected the quality and adequacy of the training at all. No, I don't feel it affected the quality of the training that I delivered, no.

64. I am asked if I recall whether drug-induced psychosis was covered in the recertification training in 2014/2015. I don't recall if that was covered, no. I think that was during discussions about excited delirium, it was highlighted that it can be caused by a combination of either drug or alcohol intoxication, or psychiatric illness, and that, I think I mentioned previously that, cocaine was often one of the main drugs that were associated which could induce that. I don't recall specifically drug induced psychosis being taught or referred to. I think it was covered under excited delirium.

65. I am asked if I recall what was taught during the recertification training in 2014/2015 regarding the restraint of subjects who were under the influence of alcohol or drugs. So, in terms of positional asphyxia, it would be highlighted that alcohol or drug intoxication is one of the major risk factors around positional asphyxia, and again, in terms of excited delirium, as it was referred to at that period, again, it was highlighted that a combination of alcohol and drug intoxication was often one of the causes.

66. I am asked if that is the extent to which, drugs and alcohol would come into the recertification training in 2014/2015. Yes, in relation to those two medical conditions, I think to the best of my memory, that's how I recall that being discussed, and how it was delivered as part of the refresher training, yes. I don't recall there being anything like a specific input as part of the training day, in terms of how officers would engage with or deal with somebody that was-- or appeared to be under the influence of alcohol or drug intoxication.
67. As it relates to the recertification training in 2014/2015, I am asked if students were taught how to identify an individual having a mental health crisis, and if so, what did this training involve. I don't recall that, no.
68. I am referred to my comments regarding providing care to a subject if they are identified as exhibiting excited delirium or positional asphyxia or at risk of either, that you would want to treat this as a medical emergency. I am asked what is taught to students during recertification in 2014/2015 in relation to medical emergencies and to confirm if students were taught to call an ambulance straight away. So, in terms of what was taught, it was very much highlighting the fact that both of those conditions, should they become apparent, are medical emergencies. As such, medical assistance should be summoned immediately. Officers would do that by means of either they or their colleagues contacting an ambulance via their personal radio, asking for an ambulance to be sent to their location as they consider to be a medical emergency. There wasn't a specific teach as such. It was more information that was given to officers to remind them that, if a subject is exhibiting behaviour that could be considered excited delirium, then that should be treated as a medical emergency, and officers should ensure that person is assessed by a medical professional at a hospital as soon as possible in the given circumstances.

69. In terms of positional asphyxia, if officers identified that the subject was displaying signs and symptoms of positional asphyxia, they should react to that immediately. Whether that's moving the subject to reduce the signs and symptoms of position asphyxia; be prepared to administer first aid to that subject; but ensure that subject receives medical attention. The same with excited delirium. The key message about excited delirium, for me, was always that subjects can die having displayed signs and symptoms of excited delirium. They may have exhaustive mania. The officer's need to treat that as a medical emergency. So, yes, they may have to physically restrain that person, but consideration should be given to ensuring that person receives medical attention as soon as possible. So, they would use their personal radios to request an ambulance for that subject so that they could be assessed in a hospital.

70. I am referred to page 4 of my statement PIRC-00392 where I comment the following on excited delirium:

"Trainers would then detail how to identify someone in such a state and actions to reduce the risk of death in a subject exhibiting excited delirium. Highlighting any subject displaying signs of excited delirium must be considered a medical emergency and treated at a hospital straightaway."

71. I am asked upon identifying someone exhibiting excited delirium what actions were officers trained to take beyond requesting medical assistance during recertification training in 2014/2015. I mean, I suppose the key is officers identifying the subjects in a state of excited delirium, and in terms of the actions that the officers can take to reduce the risk presented to that person if they're restrained. Again, I recall the fact that the officers would have

responsibility for monitoring that person closely, whilst they were in their care; visually monitoring how they present and again avoid, if at all possible, the subject being in the prone position or being moved to a police vehicle or being in a police vehicle in the prone position; and I suppose linked to that, if they can, as soon as it's-- they're able to do so, move the subject if they've been in a prone position to a position that reduces the risk to them, such as kneeling or seated. Then, obviously, ensure that person receives medical attention. Sorry, I should say, it's a long time since I've, obviously, delivered a recertification course so that's my recollection. A memory of exactly what was said or delivered isn't as clear as it would have been in 2014/2015, but, yes, certainly to the best of my memory, that was how that information was conveyed to students on the recertification course.

72. I am referred to paragraph 67 of Inspector Young's statement SBPI-00153 statement where it says:

"I would imagine each officer would have a different perception of the threat and risk posed by the subject, and their own perception based on their own skills, their own knowledge, their own fear would sometimes contribute to their actions."

73. I am asked if I agree with this statement by Inspector Young. Yes, I would agree. Certainly, I would agree that overall, that is a fair comment, based on, you know, two officers confronted with the same set of circumstances may react differently, and that they may select different options which they perceive to be appropriate and reasonable for them. The key thing for me is that it's for each individual officer to justify their individual course of action, and I suppose the point being made there is that the overriding principle is that any use of force must never be excessive, and based on the individual's

perception of the threat that they are faced with. Which I think is what Inspector Young is alluding to in that part of the statement.

74. I am asked if I feel the amount of time that I had to teach about excited delirium alongside other topics, affected the quality or adequacy of training. As highlighted, there was no structured lesson plan at that period in time. So, there wasn't a specific amount of time set aside or identified to teach that. So based on my own experience, yes, I felt that was an adequate time to cover that and other techniques and restraints that are included within the recertification programme.
75. I am asked if I believe that the on positional asphyxia was adequate and fit for purpose as it was in 2014/2015. Again, for as long as I've been a police officer, I've undertaken officer safety training across the whole of my service. It's always a consideration. It's been highlighted and been taught in officer safety training. So, in my opinion, it's something that's always been discussed, and it's always been highlighted as a consideration, and it's something officers should pay attention to whenever they're dealing with a subject or they're restraining somebody.
76. I am asked if I believe that the recertification training on Excited Delirium was adequate and fit for purpose in 2014/2015. The training on excited delirium detailed what excited delirium was; why a subject in a state of excited delirium was a concern; how the condition was caused; how officers could identify if a person was in a state of excited delirium; actions that could be taken to reduce the risk of death in a restrained subject who was exhibiting signs of excited delirium and that any subject exhibiting signs or symptoms of excited delirium should be treated as a medical emergency and assessed immediately at a hospital. Excited delirium would have been highlighted as a medical condition that officers would need to have an awareness during their Officer Safety Training as part of their initial training and thereafter included in

each subsequent recertification course that they attended. I am aware that the OST recertification training has evolved since my involvement in the delivery of same, and that more time is now allocated to the course with it being two full days as opposed to one day as it was previously, and that there are now slides and some video footage shown depicting persons in a state of excited delirium, or ABD as it is now referred to show visually how a person in such a state may present and behave. I think that this is beneficial for officers to see visually how somebody in that state may present and to recognise some of the signs and symptoms that the subject may present. I believe that the information provided during the recertification training in 2014/2015 in relation was adequate as in terms of highlighting the condition excited delirium; reinforcing to officers why a subject in that condition is a concern and should be treated as a medical emergency; how officers can identify somebody in a state of excited delirium and how risk of death can be reduced when restraining a subject exhibiting excited delirium. Having attended OST more recently as a student I am aware that videos are now shown as part of the input on ABD, which I believe helps reinforce awareness of how subject in such a state may present or behave.

Training on De-escalation and Conflict Management in 2014/2015

77. I am asked if I recall whether de-escalation and/or de-escalation techniques were taught as part of the recertification training that I provided in 2014/2015. My understanding is, and my recollection is that it wasn't taught at that time. That's something that's now included in the programme, as far as I can remember, but I don't believe or have any recollection of that being taught 2014/2015.

78. I am referred to paragraph 66 of Inspector Young's statement SBPI-00153 which says:

“My opinion of OST training back in 2014/2015 was it focused heavily on gaining control and gaining compliance. I don't know the circumstances of this incident at all because I've never been sighted on it. However, it wouldn't surprise me, based on the training ethos back then. Prior to 2016, there was no reference in the OST manual to contain and negotiate.”

And also, at paragraph 45 which says:

“Back then it was very much a case of, "Will you comply with us?" and "If you don't comply with us, this could happen." Compliance was sought and if not achieved, then we were required to take action, whatever that action would be.”

79. I am asked if I would agree with these statements by Inspector Young as it relates to the recertification training that I provided in 2014/2015. I mean, I don't disagree with the statements. For me it was a program that was designed, or in my opinion, it was designed to provide police officers with the ability to maintain their personal safety through application of the approved techniques within the manual, and the understanding of different OST theories and policies. So, yes, I don't know if I've ever considered it heavily focused on gaining control and compliance. I think there's a recognition that, whilst the priority was really it was designed to keep the officers safe, with an understanding that there was a responsibility placed upon them to ensure that any person in their care was also kept safe. I think, in my opinion, the use of force was, or still is, an unavoidable aspect of operational policing, and as such that's covered in the OST Refresher Programme. I know the programme has moved on, it's evolved since then, and obviously there's now reference made to, I think, contain, and negotiate. It wasn't included in the syllabus back then, but officers are still given information on tactical communication, the reasonable response options against the threat that they were faced; but there obviously wasn't any information given to them on, I

think contain and negotiate? That perhaps, there's a much bigger emphasis on that now. So I don't know if I would fully agree with the fact that it was heavily focused on gaining control and I used to think that was a recognition that in certain aspects of operational policing, officers will have to use a degree of force, but it was ensuring that that was done in a manner that was reasonable, justified and proportionate to the threat that they were faced with.

80. I am asked against the backdrop of Inspector Young's comment on the emphasis placed on control and in gaining compliance, did my personal approach in teaching cover any de-escalation practices. So, in terms of the delivery, again, I thought about the recertification training. You know, as it was prescribed at the time, my understanding was it was a nationally agreed training course, providing a common minimum standard and ensured that, you know, police officers were given a number of techniques that they could use in the course of their duties to reduce the risk to them, but also any subjects that they're dealing with and the wider public. I don't disagree with Inspector Young's statement, but there wasn't an emphasis on-- I don't-- I think the phrase used was contain and negotiate, at that time.

81. Throughout the course of the training there was reference made to utilising tactical communications, considering how various, you know, impact factors, profiled offender behaviour against using officer response options, but I suppose in terms of profiled offender behaviour, compliance was very much the lowest level of resistance and then it was a rising scale of resistance up to what was – at that time, I think still is – taught as serious aggravated resistance. And again, as I've already alluded to, it would be up to the officer to make an assessment as to how they were going to react to that. For me, that would be down to the individual officer to consider the threat posed by the subject against their own capabilities and make a decision as to whether, based on all of the information, they would form some kind of threat assessment and working strategy, and then decide whether they were going

to maintain a distance between them and a subject or they were going to control that subject using one of the recognised and approved techniques that are refreshed during in the recertification course.

82. I am referred to paragraph 42 of Inspector Young's statement SBPI-00153 which says:

"The term de-escalation wasn't used. It wasn't a concept that was taught back then. However, the 2013 manual did have a section on what was called tactical communications, which is the older term for de-escalation. A lot of principles in tactical communications are similar to what we term now as de-escalation."

83. I am asked if I agree with this statement, that de-escalation was ultimately taught as tactical communication. Yes, I would agree with that.

84. I am asked if I recall what the training was in re-certification 2014-2015 as it relates to tactical communication. I don't recall there being a specific input in relation to tactical communication. I think officers had access to, I think, OST theory, new guidance online which we were expected to have read and refreshed ourselves on prior to attending the course, as that the fundamental principle of officer safety training was the theory, but for me, I always try to highlight the different reasonable officer response options. It was recognising that all of the circumstances would need to be considered on their own individual level. But I mean, tactical communication would be an officer giving out, and taking in, information. Like I said, I don't recall there being a specific teach on that. It was more to do with highlighting the fact that, as an option for police officers, to use their tactical communications to engage with a subject; to ask or require them to do things which would hopefully de-escalate that incident; reducing or negating the need to use force as a means to control

that subject. That's, I think, my understanding of what Inspector Young is saying in his statement there, and my understanding of de-escalation would come into that. Ensuring officers are aware that there are other options open to them. Should that fail and the situation was to escalate or not de-escalate as a case may be.

85. Insofar as it relates to conflict management, I am asked what re-certification in 2014/2105 did officers receive for dealing with someone who had been identified as suffering from a mental health crisis intoxication by drugs and alcohol. Again, I don't recall specifically what was taught for that. I think when we spoke the last time, we discussed-- I recall discussing certainly what was then referred to as excited delirium. Obviously, drugs and alcohol may play a significant part in somebody who's, you know, exhibiting signs of excited delirium linked to their mental health or psychiatric illness and, obviously, it was taught then that an individual who was displaying those types of behaviours should be treated as a medical emergency. Again, I don't recall-- or I can't recall, sorry, what was taught in relation to somebody who was intoxicated or appeared under the influence of drugs.

86. I am asked, in my opinion, was the recertification training on Conflict Management and in particular, De-escalation adequate and fit for purpose in 2014/2015. As far as I can remember I don't recall there being an input on conflict management and/or de-escalation specifically at that time. For me this would have been covered to a degree under the OST theory and tactical communications where officers have different officer response options available to them depending on their individual assessment of the circumstances and risk they are faced with; it may be an option to do nothing, or they may decide to use tactical communications to verbally instruct the subject in an effort to control the situation. I don't recall an input specifically on conflict management or de-escalation being included on the syllabus at that time.

Training in relation to Knife Incidents and Knife Defence in 2014/2015

87. I am asked if I recall what the recertification training was on knife incidents, or how officers should deal with knife incidents back in 2014/2015. Yes, I think so. I recall certainly teaching it at that time, obviously, again, it was highlighting the risk posed to the officer by a subject who was in possession of, or brandishing, a knife, or an edged weapon. In terms of their own safety and where that sat on profiled offender behaviour versus reasonable officer response options to, clearly, somebody who's in possession of a knife, could be used as lethal force towards a police officer or a member of the public. So, it's clearly a very dangerous situation for the police officer. So in that, I recall, it was mainly taught as, I think, knife defence, whereby the approved technique from the manual was refreshed with the students on the course, whereby the technique was involved use of the baton to keep and create a safe distance, if you like, between the police officer and the subject in possession of the knife to try and stop that individual from the closing the gap on the police officer. So, it was taught as a technique that was taught, again to the best of my memory, was that it was a knife defence technique.

88. I am asked if I can recall the knife defence technique that was taught and if so, to outline what was covered during recertification in 2014/2015. I recall that the OST recertification course included input on knife defence as described at point 88. I'm not really sure that I can add much more detail to that in terms of what the technique was or explain how it was taught during the training. It was a knife defence technique that was included as part of the agreed OST recertification syllabus and detailed in the approved OST manual at that time. In covering the technique, it was highlighted, and recognised, that this was a technique that officers could utilise when all other options have been tried and they are faced with a situation where somebody has presented a knife to them, and the CUT principle was not an option.

89. The CUT principle is a mnemonic that was, and is used, when officers are dealing with a knife incident where in order to reduce risk if anyone is suspected to be in possession of a knife, it is recognised that officers should create distance between themselves and the person in possession of the knife, use cover, and transmit on their personal radios to highlight that somebody is in possession of a knife. The knife defence technique that was part of the course at that time was a technique that officers could utilise if they found themselves in a set of circumstances where they were unable to create distance or use cover to keep a distance between themselves and the person in possession of the knife. The technique involved the officer using their baton and extending it towards the person with the knife repeatedly in an effort to keep an distance between themselves and that person and make efforts to escape that set of circumstances when the opportunity presented itself.

90. The course also included inputs on incapacitant spray and covered techniques and aftercare for a subject that had been exposed to same and that it may be a reasonable officer response option for officers to use incapacitant spray as a tactical option. The overriding principle is justification and the perceived threat to the officer. Any force used, including the use of incapacitant spray must never be excessive and must be reasonable based on the individual's perception of the threat they are faced with.

91. I am referred to paragraph 63, 64 and 66 of Inspector Young's statement SBPI-00153 where he says.

"The way I saw the majorities of those that trained was not really to approach someone in possession or suspected of being in possession of a knife. We did talk about contacted cover and reaction gaps to make sure that you stay a safe distance away."

Paragraph 64:

“Pre-2016 knife defence was the CUT principle; however, this provided no guidance as to what to do thereafter.”

And finally, 66:

“Training was not provided in relation to containing and negotiate, and to try and de-escalate situation as you would expect officers to do now.”

92. I am asked in relation to those three paragraphs what is my general opinion on what Inspector Young has said regarding knife training in 2014/2015. In general, I would agree with what Inspector Young commented on in relation to knife training at that time. The fact that the technique that taught was a knife defence technique based on the principles of the CUT mnemonic. So yes, it was about, you wanted to keep the person with the knife as far away from you as possible, for obvious reasons, unless circumstances in the environment dictated that that wasn't possible. So yes, it was emphasised that officers should, when dealing with somebody in possession of a knife or another equally as lethal bladed article, follow the CUT principle; and as I said there was an approved technique in the manual at that time around knife defence which was demonstrated, and the students were given an opportunity to practice that technique.

93. I am referred back to paragraph 66 of inspector young's statement SBPI-00153 where it says:

“In 2016 I changed the acronym to CUTT, so an additional T, which was Create Distance, Use Cover, Transmit, and Selecting Appropriate Tactical Options.”

94. I am asked even though I left this position of OST Instructor in March of 2016, do I recall if I was around when this change happened. Yes, I'm aware of the change but I don't recall it to be honest. I understand why Inspector Young, as part of the review, included that, but I don't recall the change. Obviously, I'm aware, I attended officer safety now as a student, that that's still something that's taught. But I don't recall specifically the second T, if you like, but it would be common sense to think that once you've made that distance, you still have to do something. It wasn't a specific input or technique that was taught, but yes, so it's almost like linking the knife defence technique to another tactical option, which makes sense in terms of keeping everybody at an instant safe.

95. I am asked in relation to the management of an incident and identifying the most appropriate option what exactly was taught in 2014/2015 in dealing with someone alleged to have a knife or has a knife in their possession. Really, just as I've already alluded to, what was taught at that period of time, as far as I can remember, is the CUT principle in terms of creating distance, utilising cover and obviously transmitting and the knife defence technique. I'm not aware of any further teaching, if you like, in terms of what you've just made reference to.

96. In relation to management of incidents and identifying the most appropriate tactical option, I am asked if recertification training in 2014/2015 cover the following tactical options: (1) remote rendezvous point, (2) observe, wait, feedback, (3) de-escalation and (4) verbal dominance or hard stop, when approaching an individual reported to be carrying a knife in public or an individual alleged to have a knife in their possession. No. I have not had any interaction with those options.

97. As it relates to the recertification training in 2014/2015, I am asked in relation to the management of incidents and identifying the most appropriate option,

what training did officers receive when on arriving at an incident with circumstances where a knife is not invisible but may remain concealed on the subject. So, if officers arrive at an incident and they suspect a subject has a knife. That, I would say, there wasn't, I don't think, against the best of my memory, a specific scenario that was delivered as part of the training. The training was very much focused on the techniques. I don't recall there being any lesson on what to do in this scenario. I think the key for officers is for them to understand that they need to make an assessment of those circumstances based on all available information and intelligence they have to form sort of an assessment of the threat. Again, the CUT principle would be relevant if they believed that they were in possession of a knife. They would be able to utilise tactical communications to engage with the subject, asking them relevant questions around any knife that they have in their possession, and it would be really for the individual to make an assessment and, based on their perception, utilise a suitable response option.

98. I now refer to paragraph 46 of Inspector Young's Supplementary Statement SBPI-00362 where he says:

“What I found during my evaluations and talking to officers and instructors is that part of the training on identity, capability and intent and threat and risk assessment was a lot of the time neglected. The ethos that OST instilled was that a knife equals high risk. This shouldn't be the case. Just because someone has a knife doesn't necessarily make them high risk. One of the issues with the OST is that there are only two levels of risk, high and unknown. When officers deem someone to be high risk, this affects their response options, meaning that they will

probably revert to a higher tactical option, which isn't always necessary."

I am asked if I agree with this statement and have any comments. Yeah, no, I understand what's been said there. I think for me back then as an instructor we were training out what had been agreed as approved techniques and what the OST syllabus and course looked like nationally at that time. Inspector Young obviously has knowledge and understanding of what's happened since then and, in terms of his reviews, far greater than mine. I recall delivering the knife techniques that were in the manual and, obviously, I understand what you're saying in relation to the knowing risk of high risk and unknown risk. So, I don't have any comment to make on what he said there, not really no. Other than, as an OSTI, we trained the knife defence techniques that were contained within the manual as it was at that time, and-- No, I don't really think I have much to comment on that to be honest.

99. I am asked in my opinion was the recertification training on knife incidents adequate and fit for purpose back in 2014/2015. I mean, I think the training in relation to knife incidents was restricted to officers having an understanding of what they could do to keep themselves safe in terms of the CUT principle and in terms of having an option around knife defence, should they find themselves in a set of circumstances where that would be applicable. That was the approved technique that was contained within the manual at that time. I mean, at that time, that was the agreed national training. So that was what was delivered in terms of the recertification process. I think, in terms of that, I'm not sure if I'm qualified to say it was adequate or not.

100. That's what the approved training was at that time and that's what was delivered, and I understand now obviously that we've gone to a more scenario type-based training, having been a student on those courses, the training

around some of the aspects of the service has evolved in that regard. I think the information given to the students about the CUT principle was adequate. I think the technique that was demonstrated around knife defence was an option in a specific set of circumstances and that was also deemed by those that oversaw the OST programme at the time to be sufficient. I think that we've moved on now and I think, you know, if you ask me for my own opinion, I think it's important to highlight to officers that somebody in possession of a knife represents a significant risk to them and the public and potentially the subject themselves as well.

101. Like I say, the principle of the OST programme for me was providing officers with the ability to maintain their personal safety. So, from that point of view, I think it was relevant. I think like any training programme, perhaps more information could have been provided, but that wasn't really my remit at the time. My remit was very much the delivery of the agreed content. So, at the time I didn't consider really if it was appropriate or otherwise. I just ensured that the technique was demonstrated and that the officers had an awareness of the risks around an individual who was in possession of a knife.

102. I am asked to expand on my comment at the previous paragraph relating to the provision of more information on the training programme. Only in the sense that one technique was shown around, or I think there was maybe potentially a variant in the technique around knife defence. I don't recall really any other teaching around knives as such, but obviously the kind of key principle for me is that the individual officer needs to make an assessment of the circumstances as they see them. We've touched on already that two officers confronted with the same circumstances could react differently so, you know, I just think, in general, the more information that we can give officers around keeping themselves and the public safe is important but, in terms of knives, per se, that was what was delivered at the time as

agreed by those that had responsibility for the OST programme. So that's really my take on that, I think.

Training on Risk Assessment in 2014/2015

103. I am asked if I recall if the recertification training that I provided in 2014/2015 covered risk assessment and conducting a dynamic risk assessment if you're attending a knife incident. I don't recall that, no. I don't recall training in respect of dynamic risk assessment for a knife incident or I don't recall the OST recertification programme containing anything around completing risk assessments either.
104. I am asked if I recall training officers on the national decision-making model during the recertification in 2014/2015. I have an awareness of the national decision-making model and it's something that's discussed and highlighted regularly, certainly around its application to sort of dynamic, operationally challenging incidents and how officers could use that as a tool to assist and provide some rationale around their decisions. If memory serves correct, again, you asked if it was taught, I don't think it was taught as part of the recertification programme at that time. I think it would definitely be referenced that officers should use the principles of the national decision model, in terms of evaluating any information intelligence to form their individual threat assessment and working strategy for any kind of incident, so that they would be able to articulate and justify why they'd made that decision, but I don't recall teaching the national decision-making model as a subject, if that makes sense.
105. I am asked if I recall when training on the National Decision-Making model came into force. I don't recall. I personally have been aware of the principles of the national decision model for a number of years and how it can be applied in, from my own experience, an operational environment at an

ongoing incident and I understand the model and it's something that's certainly, to my understanding, widely used and discussed in Police Scotland.

106. I am asked if I believe that the recertification training on risk assessment was adequate and fit for purpose in 2014/2015. I don't recall there being an input on risk assessment as part of the OST recertification programme at that time. Threat assessment was covered as highlighted by PI Young, as were the categories of risk as detailed in the OST manual at that time and that officers needed to continually review risk and re-assess situations to ensure that more appropriate response option is used.

Training on Use of Force in 2014/2015

107. I am shown the Use of Force Standard Operation Procedure (SOP) PS10933 version 1.03 which was published on 26 August 2013. I am asked if I recognise this manual as being the manual in force in 2014/2015. Yes, I recognise it in the sense that it looks like a Standard Operating Procedure for Use of Force.

108. I am asked if I referred to this manual during the recertification training that I provided in 2014/2015. I think as the course sort of evolved, if you like, there was reference made to the Use of Force SOP. It's linked to the content of the programme.

109. I have been referred to my PIRC statement PIRC-00392 at paragraph 3 page 6 which says:

"I have been asked if the Use of Force SOP formed any part of the OST requalification training. I may have made reference to the document and I was mindful that the training syllabus delivered was in line with this. As an instructor I would expect all officers to have an awareness and understanding of the content contained within the Use of Force SOP, and would have made

reference to the confrontation continuum, profile offender behaviour, reasonable officer response options and that it was the individual officers' responsibility to justify their use of force. Any use of force by officers, whether contained within the manual or not, must be justified by the officer accountable and be proportionate to the threat faced. The overriding principle is that any use of force including the trained techniques or any other use of force must never be excessive, and must be reasonable based on that individuals perception of the threat they faced. Officers are responsible to acquaint themselves with information and guidance contained with documents and SOPs, I am aware of this as an operational police officer. This is the case now and it was the same at the material time when I was an OST trainer."

110. I am asked if I'd like to expand on this section of my PIRC statement as it relates to Use of Force recertification training in 2014/2015. Yes, I don't know if I can expand on that. It covers fairly accurately what my thoughts were at the time I gave that statement. It remains just now that, again, the Use of Force SOP wasn't taught as part of the recertification training programme, but usually that underpins what is delivered in terms of an officer safety programme nationally and I would expect officers to have an awareness of the SOP and what it entails. I don't recall there being a specific input on the SOP. That just may be my recollection, but I wouldn't-- yes, I don't have anything to add in addition to what that highlighted paragraph in that statement already says.

111. I have been referred to page 3 of my PIRC Statement PIRC-00391 where I say:

"Any use of force by an officer, including any technique not contained within the National OST Manual, would have to be fully justified by the officer in proportionate to the threat posed. The officer would have to be fully justified and account for their own actions...The overriding principle is that any use of

force, including trained techniques or any other use of force, must not be excessive, must be reasonable, based on the officer's individual perception of threat faced".

112. I am asked if the recertification training in 2014/2015 outline circumstances in which use of force is permissible as it relates to the use of baton, CS Spray. Well, yes, I mean, to just clarify, use of force should never be excessive. As I think I stated earlier, I think that use of force is an unavoidable aspect of operational policing. That's why it's covered in the OST programme. It was made clear that an officer's use of force must be reasonable and, in terms of highlighting that, officers were reminded that you could demonstrate that the force used was reasonable by showing justifications. The level of force must be appropriate to the degree of resistance that the subject was exhibiting and, the other part of that, showing that it was reasonable, was through preclusion so that officers must have either attempted and failed, or have, as part of the dynamic assessment, considered other options which were deemed to be inappropriate. So, it was never taught that, like, in terms of, "This is what you do if faced with this", or, "This is how you should react if faced with that." It was very much that the action must be proportionate, and the force used should be no more than is absolutely necessary in those circumstances. So, I suppose in that regard, it was stressed that officers must be prepared to account for their decisions and to show that they were justified in doing what they did and that they acted reasonably and lawfully within the scope of the law.

113. I suppose again for me, it was highlighted that the officer should always be able to answer the question, "Could the same lawful objective have been achieved using a lower force option?" That comes back to the perception of the individual officer based on the circumstances at that time, and how two different officers may react differently to the same set of circumstances in terms of what they perceive to be appropriate and reasonable for them. To

clarify, the overriding principle was that any use of force must never be excessive, and it must be reasonable based on the individual perception of the threat they faced and, to support that, we need reference to the profile offender behaviour and reasonable officer response options and how officers could use that as a point of reference to framing or providing a rationale for the action that they've taken.

114. I am asked in relation to my comment that force should never be excessive, did the recertification training in 2014/2015 prohibited techniques. There were no techniques taught that were prohibited. All of the techniques that were taught were techniques that were contained within the manual that had been approved as part of the national OST programme.

115. I am asked as it relates to my comments on proportionality, were officers taught the PLAN principle during recertification in 2014/2015. I mean, it's a while since I've been involved in the delivery of OST or OSTT but, I think the PLAN principle, yes, was a mnemonic that was used to assist officers in terms of understanding that their action had to be proportionate in all circumstances. It was a mnemonic that was/is used to summarise the approach that should be taken by officers in ensuring that any action taken is in accordance with the Human Rights Act in terms of being Proportionate; Legality; Accountable; Necessary and Ethical (PLANE). There had to be a legal basis for taking that action, that officers were accountable for their actions and had to, in some cases, provide a rationale or account for why they took a particular course of action. So, in that respect, it was recommended that whenever officers used force, they should make a record of that in their notebook at the time. It was paper notebooks, I think, at the time. So, it would be a good practice to record that.

116. I am asked if the recommendation ever became mandatory in 2014/2015. I don't think it was mandatory for them to record it in their personal

notebooks but, it would certainly be considered best practice to record the incident in their own police notebook so they had a record of that, and that would probably assist them in terms of preparing any statement at a later date. I think in terms of, again, the PLAN mnemonic, we spoke previously about the action being necessary and the officer carrying out their duties and that it was ethical and obviously underpinned by ECHR, in terms of people's human rights but, yes, that was my recollection of the theory that was given around that aspect.

117. I am asked about 'E' of the mnemonic PLANE Principle 'ethical', this was added in 2016. I am asked if I was an instructor when this was introduced and if so, what was taught as it relates to 'ethical' element of this principle. I don't recall anything being taught as such around it being ethical, just that everything that the officers do should be underpinned by that, not just in terms of officer safety training, and in terms of reasonable response options. That should underpin everything they do as a police officer. So, I don't recall there being a specific teaching that was really touched upon during the recertification training, but I don't recall there being an input on it as such.

118. I am asked if I recertification in 2014/2015 covered the medical implications in relation to use of force. I think when use of force is discussed during officer safety training, we talk about reasonable officer response options.

119. So, we make reference to the profile offender behaviour and reasonable officer response options to that behaviour. Those response options escalate from officer presence through tactical communications, to utilising control skills, defensive tactics and lethal or deadly force, which obviously is force that could result in serious injury or even death, which would include obviously police use of firearms. Clearly, not taught as part of officer safety training but, in terms of officer safety theory, officers should have

an awareness of profile offender behaviour and how that can determine their response and how they can demonstrate they've reacted proportionally to the behaviour being exhibited by the subject. So, yes, it was highlighted during the training, certainly certain techniques there would be a potential for injury but, again, it was for the individual officers to justify and provide a rationale for their use of that technique. So, yes, it's recognised as part of the Officer Safety Training programme that some of the approved techniques within that programme could result in injury being caused to the subject and that was highlighted during the OST refresher programme.

120. I am referred to 4.6 of page 7 Profiled Offender Behaviour of the Use of Force SOP PS10933 which outlines as follows:

“Level 1 – Compliance.

Most people dealt with are reasonable and will comply with any lawful instruction. This compliance may be verbal, or it may be active compliance such as stopping an action when told.

Level 2 – Verbal Resistance and/or Gestures.

This includes shouting, swearing and verbal challenges to request and/or instructions given. It normally includes non-verbal gestures and posturing (body language) and can consist of Warning and Danger signs of potential attack.

Level 3 – Passive Resistance.

This is a typical tactic used, but not exclusively, by demonstrators. It is best described as non-active conduct with no compliance to lawful instruction.

Level 4 – Active Resistance.

This is more of a physical form of resistance, in that the subject is actively doing something to prevent or obstruct an officer from carrying out their duty. This type of resistance, although physical by nature, falls short of an assault upon another. It can include holding onto an object/person, either physically or mechanically; struggling to break free from an officer's grasp; trying to dispose of evidence.

Level 5 – Assaultive Resistance.

This is when there is a deliberate intention by another to cause a physical effect upon a person, either directly or by indirect means (assault by menaces). It can be caused by an individual or by a group of people acting together.

Level 6 – Serious/Aggravated Assaultive Resistance.

The highest level of resistance encountered which generally involves the intended use of weapons as part of the attack where the perceived threat is that of a serious injury or is life threatening. It can also include situations without the presence of weapons where the perceived threat is that of a serious injury or is life threatening.”

121. I am asked if I tend to outline the different categories or levels of profile offender behaviour at 4.6 as they are listed in this manual during the recertification training in 2014/2015. Yes, I would refer to those throughout the training. The Profiled Offender Behaviour, including the various levels, were read out and discussed during the OST recertification training.
122. I am referred to 4.7 of page 8 Officers Reasonable Response (Force Option) on the Use of Force SOP PS10933 as follows:

“By combining the elements of Profiled Offender Behaviour and Impact factors it affords the officer/staff the ability to quickly assess the threat and to make an informed decision to adopt appropriate tactics from a range of force Options in order to deal with the situation in a controlled justifiable and accountable manner. These responses can be sub-categorised:

Level 1 – Officer Presence.

This is a broad term encompassing the physical and psychological aspects of an officer, especially in uniform or other specialist equipment, having a visual impact and effect on the mind or will of another merely by attending to or arriving at a situation. Adopting a professional approach and conduct can enhance this.

Level 2 – Tactical Communications.

By definition, tactical communication means the ability to give out and take in information in a way which gives the officer a tactical advantage. It incorporates verbal and nonverbal communication skills and is the ability of an individual to effectively use all forms of communication, within reason, to resolve an identified area of conflict. This level could include giving specific direction, commands, and/or instructions to an offender, even in a forceful vocal manner.

Level 3 – Control Skills.

This is the lowest level of physical use of force where there is some form of restraint applied to an offender. This may be as little as placing a hand on an offender, applying hold and

restraint techniques, up to and including various handcuffing techniques and the use of leg restraints.

Level 4 – Defensive Tactics.

These tactics are generally perceived to be strikes, whether delivered by means of empty hand techniques or baton strikes, but also include the more robust defensive handcuffing techniques and the use of the CS Incapacitant Spray.

In circumstances where use of Specialised Operations are authorised use of Public Order Tactics, Police Dogs and specialist weapons available to Authorised Firearms Officers, such as the L104A1 Launcher and Taser may be considered as Defensive Tactics.

Level 5 – Deadly or Lethal Force.

This is a level of force that has the potential to cause serious injury or even death when it is applied. It may in certain circumstances, where there is a serious risk of severe injury or a life threatening risk, be a deliberate choice of option, but in all circumstances must be appropriate to the perceived threat and degree of imminent danger. If this is the chosen option there must be a high degree of jeopardy involved; i.e. the subject has the Means, Ability/Opportunity and is displaying Intent to cause serious injury or kill. All elements of Jeopardy must be present immediately at that time that lethal force is applied. Officers using empty hand strikes, baton strikes, as well as Authorised Firearms Officers use of conventional firearms could potentially deliver lethal force.”

123. I am asked if I tend to outline the different categories of Officers Reasonable Response as they are listed during the recertification training in 2014/2015. Yes. I covered and highlighted the various levels of the reasonable officer response options as detailed in the OST manual during the recertification training.
124. In relation to CS and PAVA spray and its effect on a subject, I am asked if this was covered during recertification in 2014/2015. Yes. In brief, the input was delivered in line with the nationally agreed OST recertification programme and covered only techniques that were included within the OST manual. The input covered CS/PAVA theory in line with the OST manual; showing and officers demonstrating the use of CS/PAVA are per the techniques contained in the manual and aftercare for any persons exposed to CS/PAVA.
125. In relation to handcuffs, fast traps, and other restraints, I am asked if the recertification training in 2014/2015 covered when these should be removed from a subject particularly as it relates to the commencement of CPR or moving the subject into an ambulance. I don't recall that being covered at all in recertification at that time.
126. During recertification training in 2014/2015, I am asked if officers were taught anything on the implications of hitting someone over the head with a baton, in particular as it relates to the PLAN principle. Yes. I would agree with what I've said previously in terms of justification, it being reasonable and, in terms of what we've already covered, baton, and the use of the rigid batons were obviously taught as part of the recertification programme, different baton strikes were demonstrated. I don't recall ever teaching officers to strike somebody in the head with the baton as an approved technique. The approved techniques clearly contained within the manual; those were the techniques that were shown at recertification training. However, as I've

already alluded to, if the officer felt that that was a proportionate response and necessary to the threat that they faced, they would have to justify striking a subject on the head with a baton. Clearly, striking somebody on the head with a baton is likely to cause, or has the potential to cause a head injury. So that would be something that they would need to consider in that respect.

127. I am referred to paragraph 82 of Inspector Youngs statement SBPI-00153 where he says:

“When I was involved in training probationers in 2014/2015, they were made aware of this requirement in their OST training. However, I’m unsure as to whether training was provided in relation to the completion of Use of Force forms in 2014/2015 in recertification training, but officers should have been aware of it. Some divisions recorded use of force, others didn’t, and they did it on various platforms.”

128. I am asked if I agree with this statement by Inspector Young. I don’t know if I’m in a position to comment on what was done in other force areas in the same respect as Inspector Young is. He was obviously heavily involved in a national review in his daily business, and, in my experience, Use of Force forms have always been recorded on SCOPE. I don’t have any awareness of them been recorded on any other platforms and any other format. I don’t recall, other than there being a readout provided by the Officer Safety Training team for instructors to read it. Refresher training, I don’t recall there being a teaching unit but, I do recall there being some form of information that was in the form of a read out aloud that the instructor gave to the class around the completion of use of force, which linked into deployment of CS spray, as it was then, and PIRC guidance on that.

129. I think there was also one in relation to stop and search guidance at some point, but I don't think there was training, per se, provided in relation to completion of Use of Force forms.
130. It was an awareness of the need to complete a Use of Force form and ensure that was recorded in SCOPE at the instance when force was used and that was deemed inappropriate.
131. I am asked if there was any specific training on Use of Force forms and their completion during the recertification training in 2014/2015. No, there wasn't any specific training covered. The only thing I recall was there being information that the instructors were asked to read out to students.
132. That information, I think, it was provided by Inspector Young and his team to remind officers of the need to complete Use of Force forms and ensure that they were recorded on SCOPE.
133. I am asked if the re-certification training that I provided in 2014/2015 covered what to do when a person has been sprayed with incapacitant spray, even if the spray has not had an apparent effect. Yes. To the best of my recollection, the trainer obviously covered the technique in terms of how to use incapacitant spray, and then the focus was on aftercare to the subject, ensuring that the subject was made aware that they'd been sprayed with incapacitant spray, that the effects were temporary, reassure them, try and ask them not to, like, rub their face, rub their eyes, look into the breeze/wind, recognising, obviously, that their vision and their hearing could be impacted by that, so ensure that you maintain that aftercare, that communication whilst you're dealing with them. So, yeah, I mean, aftercare was a significant part of the incapacitant spray training.

134. I am asked if the re-certification training that I provided in 2014/2015 covered what to do when a person has suffered a head injury, for example a baton strike to the head. Yeah, again, I don't recall there being specific training for that as part of the baton program. It was highlighted clearly that if somebody was struck with a baton that could cause that individual an injury, and the officers need to be aware of that and, again, it would be for the officer to assess whether or not striking somebody with a baton was a proportionate response to the threat that they faced at that time. Clearly, if you're striking somebody on the head with a metal baton, there's a likelihood that could cause a significant head injury or perhaps a fatal head injury. These were highlighted. I don't recall specific training being given in terms of what to do if you've struck somebody in the head with a baton. Other than that, that individual would be in your care and custody, so you would have a responsibility to ensure that they receive medical attention if required.

135. I am referred to paragraph 82 Inspector Young's Statement SBP-00153, where he is commenting on Use of Force forms:

"When I was involved in training probationers in 2014/2015, they were made aware of this requirement in their OST training. However, I'm unsure as to whether training was provided in relation to the completion of use of force in 2015/2015 in recertification training, but officers should have been aware of it. [And then he just said from here] Some divisions recorded use of force, others didn't, and they did it on various platforms."

136. I am asked to comment on if I agree with this statement. So, from my point of view, I understand what he's saying there, and I've got no reason to disagree with what he's saying. I don't know what other divisions did or didn't do in terms of how they recorded use of force. From my own point of view, I recall when we delivered the re-certification training that we had a readout for

use of force, and that I don't-- I wouldn't say we trained officers in how to complete forms in the training. However, we were supplied by-- I think it must have been via the national team. I don't know if Inspector Young was there at that time, but I'm sure it was a, sort of, readout that we did highlighting to officers in attendance that, you know, what a use of force forms were, how they accessed them, what they required to fill in, how they required to fill it in and, in Fife, certainly that's always been done on the SCOPE system. I don't recall-- or I'm not aware of officers in Fife ever recording use of force on any other platform. It's always been on SCOPE.

137. I am asked if I believe that the rectification training on use of force was adequate in 2014/2015. Yes, I think so. I think it was. Certainly, in my role as a part-time instructor who primarily was used to deliver the recertification training, which certainly formed a key thread through the training in terms of how certain techniques and restraints were described and their use described to students, I know that there was supplementary information around OSTT that was available for officers to read.

138. The expectation was that they would read that prior to attending training to refresh themselves but, yes, in my opinion, I believe that the training was taught at that time was adequate around use of force.

Scottish Police Emergency Life Support (SPELS) training in 2014/2015

139. I am asked if I can confirm that the Scottish Police Emergency Life Support (SPEL) Lesson Note PS 12313 last amended 25 February 2014 was this the material that you would have been in use and in force during recertification training in 2014/2015. So, my recollection is in 2014/2015, during that time period, the SPELS training was delivered as an e-learning module. So officers accessed that, completed that prior to attending at their OST recertification.

140. I have been referred to paragraph 28 of the Position Statement 7 by the Chief Constable of Police Scotland which says:

“The SPELS lesson notes for probationers were not used in SPELS refresher training. However, the SPELS refresher training would cover practical skills so CPR, recovery position, as well as medical emergencies the officer might encounter, such as positional asphyxia, as set out in the SPELS lesson note.”

141. I am also referred to my statement PIRC-00392 at page 5 which says the following:

“Following the theory aspect of SPELS, students would undertake a practical refresher in basic life support, primary survey, CPR and the recovery position”.

142. I am asked if this accurately outlines SPELS training in 2014/2015. Yes, I think that sounds right.

143. I am asked if I can expand on what was covered in relation to the topics above during recertification training in 2014/2105. So basic life support, CPR, and the recover position. No, I don't have anything to expand on. Yes, on the inception of Police Scotland, my recollection is that there was a national Police Scotland direction given that, in terms of nationally, the SPELS package would be delivered via an e-learning module that officers would complete prior to attending OST, and then the practical elements would be retained and officers would be given an opportunity to demonstrate those at the start of the OST training day. So, yes, the practical elements being the sort of primary survey, CPR, recovery position. I think those were the main practical elements that were still shown at that time and, as I said, in Fife were the challenges around the IT systems. The officers also sat a theory exam.

144. I am asked if I remember at all if I touched on positional asphyxia or excited delirium, now ABD, during the SPELS recertification training in 2014/2015. I don't recall touching on those two particular conditions in relation to SPELS. They were obviously touched upon during the delivery of the OST recertification programme and the approved techniques that were in that. The SPELS aspect of the day, the focus was on the practical application of CPR, primary survey CPR and placing a casualty into the recovery position. I don't recall those two conditions being specifically spoken about at that time, but they were covered as part of the recertification course.

145. I am referred to Inspector Young's statement SBPI-00153 at paragraph 49 which says:

"In the re-certification training, they were assessed on two things only, as far as first aid is concerned, and that was placing an unconscious subject into the recovery position and carrying out CPR."

146. I am asked if I agree with what Inspector Young has outlined. Yes, I am.

147. I am asked if there is anything else I would like to add in to relation to the SPELS. No, I think that covers everything in terms of how SPELS was delivered at that period in time.

148. I am asked, in my opinion, was the SPELS recertification training in 2014/2015, adequate and fit for purpose. Yes, I think it was fit for purpose in terms of being a refresher in basic life support techniques.

Training on Death Message in 2014/2015

149. I am asked in recertification back in 2014/2015 if there was any kind of training provided to officers on how they would liaise with next of kin or how they would deliver a death message. No, that was never covered as part of the OST recertification programme.

Training on Area Control Room and Stay Safe Message in 2014/2015

150. I am asked if I recall if officers received recertification training in 2014/2015 on the fact that they should communicate with the area control room when attending an incident, in particular a knife incident, and to provide feedback to the Area Control Room. From recollection, I don't recall any training given to officers in terms of how they should communicate or what they should communicate with the control room during the Officer Safety Recertification course. I would expect operational police officers to be aware that there's a requirement to communicate with the area control room and provide regular updates as the incident evolves.

151. I am asked if the recertification training in 2014/2015 cover any training on 'stay safe' messages. Not that I can remember, no.

OST Recertification Checklist in 2014/2015

152. I am shown the recertification checklist PS17855. I am asked to confirm if this checklist produced by DSI Harrower on 18 September 2015 and certified by me on 1 December 2013 was the version that was in use and the one that was used by me in 2014/2015 for the recertification training. That, I'm unclear on. That looks to me like an old checklist that was used when we did previous courses. It's very similar.

153. I mentioned earlier on in my statement today that it was historically in Fife prior to the national overview of officer safety training, if you like, the

individual checklists. That checklist there would appear to be a group checklist, as there's no box for an individual officer's name. So, the training at the time was delivered in line with what I consider to be the national officer training recertification process as it was at that time and using the documents that we were required to use at that time. So, there was an instruction notifying instructors there was a change in the assessment process. From 1 December 2013, we moved to the sort of group forms. So, it was a group forms that would have been used on the dates that you've referred to. So, I don't recall specifically using that checklist, but yes, if that was the checklist that was in use at the time, that would be the checklist that was used to record the officer safety training at that time.

154. I am asked though I don't specifically remember this checklist, is it more than likely the one used during recertification in 2014/2015. Yes. I don't specifically remember the detail on the form but what I can say is that the form that was used as a checklist on the dates of those courses would be the relevant form that the officer safety instructors were instructed to use at that time.

155. So, I think there's been different versions of a checklist over the years that I was involved in OST. I think there was different versions of the group checklist, some of which have got probably Police Scotland logos on them if I recall, all I can say is that the training was delivered in line with the requirements at that time.

156. I am being referred to page 5 paragraph 3 of my own statement PIRC-00392, where I say:

"it would be the instructor that would fill in these forms however there was no national 'lesson plan' in that instructors were not taught to do this in a specific order. Often the course would not be conducted in the running order as

detailed on the form. In my experience this was positive as the training would be fluid and as long as all aspects were covered, instructors could be receptive to how the class were learning and could change the order of teaching techniques.”

157. As the training was over the course of eight hours, I am asked if this was enough time to be able to work through the entirety of the checklist and cover all of the topics outlined. Yes, it was.
158. I am asked due to the number of topics that were on the checklist, do I think this affected the quality of training that I provided to the officers at all. No, it didn't.
159. I am asked as I have noted that the checklist wouldn't run in chronological order, would there be subjects of the training that I would focus more on than others during the recertification training in 2014/2015. Yes. At that time, there was no national lesson plan. I think that came out at a later date. So, all of the techniques that are on the checklist would be covered by the instructors that were teaching the recertification course. In terms of would more time be spent on some techniques than others, some of the techniques were a bit more technical perhaps and we had to spend slightly more time demonstrating them. But all of the techniques were demonstrated by instructors and then the students were given the opportunity to – having seen the breakdown of those techniques – practice those techniques under the supervision of the instructors. The form of the programme was broken down into the different sections. Obviously, the techniques are contained in each section. So, some of the techniques perhaps took longer to demonstrate but all the techniques were shown and covered. They were on the checklist.
160. I am asked if I can give an example of what techniques might be a bit longer to go through. Again, it's a long time since I've instructed officer safety

training. I appreciate that my recollection of the techniques is obviously not as clear as it was when I was delivering the course. Some of the techniques, as I recall in the programme-- such as some of the striking techniques with open-hand techniques, fend-offs, strikes. Those were, if I recall, obviously demonstrated. They were quite straightforward to demonstrate and teach. Some of the more technical aspects of handcuffing took up more time, due to demonstrating the handcuffing techniques. Some of the restraint techniques might have taken a bit longer to demonstrate. I just remember obviously the techniques were all those that were contained in the manual as such, and they were all fully demonstrated over the course of that day. I think I said-- and obviously in that statement, there wasn't a lesson plan at that time. In my experience of delivering the recertification course, there was no set running order for that course. You could deliver the techniques really in any order. I think some instructors had a preference. I don't recall having a preference as such. I just recall ensuring that the aim of the course was met and that all techniques were demonstrated and that the students were able to show competence in all of the techniques.

161. I am asked in relation to the lack of a running order and a lesson plan during the recertification training in 2014/2015, do I think that had impacted the quality of training at all. I don't think it impacted the quality of the instruction, no.

Equality and Diversity Training

162. I am asked if the recertification training in 2014/2015 covered any training on equality and diversity, racial awareness, unconscious bias, or was this out with the training remit that I had at the time. That would have been it out with the training at that time. I don't recall the training covering any of those aspects.

163. I am asked if I received any additional training in relation to equality and diversity in my capacity as an instructor. I don't recall receiving any additional training. I undertook the national OST instructor's course to qualify as an OSTI, but I don't recall receiving any additional training.

164. I am referred to Inspector Youngs Statement SBPI-00153 at paragraph 76 where he says:

"I'm also asked about training provided in relation to diversity and race in 2014/2015. There is no such training within OST but, over the years, having had sight of training notes, I'm sure race and different cultures, cultural perceptions, etc. was covered, but I can't tell you exactly what the training officers would have received back then."

165. I am asked if I am in agreement with this statement by Inspector Young. Yes, I can't comment on any other diversity training that he may or may not have been aware of but, certainly in terms of OST, I don't recall there being any diversity training or training in relation to race.

Contact with other witnesses.

166. I am asked if I have spoken with other witnesses in this case or discussed the case with them. No, I've not, no.


167. I am asked if I have been involved at all in the investigation since 3 May 2015. No, I have not.

Post Involvement and Media

168. I am asked if I have been following the Inquiry so far via social media or the news and, if so, what have I seen or heard. I've not really been following the Inquiry, to be honest, other than what I've picked up on in the mainstream media and news outlets, but I've not followed it in any detail or any of the hearings.

169. I am asked what I have seen on mainstream media and news outlets. If I'm watching the evening news and there happens to be an update on the fact that the Inquiry is still ongoing. I know that it's been ongoing for a while and I think there have been lots of witnesses but, I'm not aware of the finer details if that makes sense. I've not been following it closely.

170. 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.

Signature  Date October 26, 2023 | 1:54 PM BST