

Chapter 11:

Attenuating Energy Projectiles (AEP) as a Less Lethal Option (Firearms Incidents)

AEP (Firearms Incidents - Less Lethal)

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Chapter 11

Guidelines on Attenuating Energy Projectiles (AEP) as a Less Lethal Option (Firearms Incidents)

General

- 11.1 This section represents the PSNI's guidance on the use of the AEP System as a less lethal option in non-public order situations. The guidance reflects College of Policing (CoP) [Authorised Professional Practice \(APP\) – Armed Policing](#) and takes cognisance of the provisions of the Human Rights Act 1998, the UN Code of Conduct for Law Enforcement Officials and the UN Convention on the Rights of the Child (Article 3 of the Convention on the Rights of the Child requires the best interests of children to be a primary consideration in all actions concerning children). This section should be read in conjunction with the PSNI Code of Ethics.
- 11.2 The deployment of the AEP System in non-public order situations is intended to provide a less lethal option. The intention is to control and neutralise the threat without recourse to lethal use of force. Whilst any use of force has the potential to cause lethal consequences, the proper use of the AEP system renders this significantly less likely than as the result of the use of conventional firearms.
- 11.3 The System is designed to provide a less lethal option in dealing with threats of serious violence. It is recognised that the use of kinetic energy projectile has, in certain circumstances the potential for lethal consequences, and as such, Article 2 of the ECHR (incorporated into United Kingdom law by the Human Rights Act 1998) is of particular relevance when they are used.
- 11.4 The AEP is not designed to immediately incapacitate a subject.
- 11.5 The potential consequences of this tactical option therefore must be given due consideration before the issue, deployment or use is authorised. The issuing of a firearm to a police officer does not, of itself, constitute a use of force. The law governing use of force is contained within:
- The Human Rights Act 1998.
 - The Common Law rules of self-defence.
 - Section 3 of the Criminal Law Act (NI) 1967.
- 11.6 Although not incorporated into domestic legislation, officers should take cognisance of the UN Convention on the Rights of the Child.

For further reading see Chapter 9 Use of Firearms (Legal basis) paragraphs.

- 11.7 Whilst the discharge of an AEP represents an option, which is a less lethal alternative to conventional firearms, every effort should be made to ensure that children or members of other vulnerable groups are not placed at risk by the firing of an AEP.
- 11.8 Users should be made aware that AEPs can ricochet in some circumstances and that the presence of obstacles and of personnel other than the identified subject should form part of their risk assessment in the decision to fire the weapon.
- 11.9 Consideration should also be given to the possibility of the unintended striking of individuals behind the identified subject who is being fired at. This risk assessment should include the possibility of direct strikes and as a result of ricochet.

Conditions of Use

- 11.10 The AEP forms part of the common weapon system approved for use by members of the Police Service or HM Forces in the United Kingdom. It is therefore essential that a 'system approach' is applied for storage, maintenance, zeroing and operational use.
- 11.11 The common weapon 'system' comprises:
- The weapon.
 - The sight.
 - The munitions.
 - The Zeroing Instructions.
 - Maintenance and storage instructions.
 - NPCC Guidance on Use.
- 11.12 These guidelines apply to the use of the L104A2 launcher, using the L18A1 optical sight and the approved 37mm soft nosed impact projectile designated the L60A2, in policing operations other than public order. The weapon is hereafter referred to as the System.
- 11.13 The L104A2 must be zeroed in accordance with current guidelines for use as a less lethal option.
- 11.14 The System must only be issued to and used by officers who are fully trained in its use in firearms and other non-public order situations. Combined Operational Training (COT) and Specialist Operation Branch (SOB) Training will maintain a register of all officers, within their respective area of responsibility, who have been trained to this standard.

- 11.15 Officers involved in planning operations where the use of the System as a less lethal option is being considered should consider the terms of the National Decision Model (NDM) contained in [CoP APP – Armed Policing](#) and Chapter 9 – Police Use of Firearms.

Legal restrictions with respect to the use of force, including those contained in the Human Rights Act 1998, apply to the deployment and use of less lethal weapons as they do with other tactical options.

Authority for Issue

- 11.16 Chapter 9 –Police Use of Firearms – **Standing Authority for Issue of Firearms to SOB and ARU Officers** outlines the authority to issue the System to suitably trained officers for use as a less lethal option in firearms and non-public order situations. The Launcher for such deployment should be carried in a suitable secure place in a police vehicle.

Positional Asphyxia and Acute Behavioural Disturbance

- 11.17 These are two conditions identified as risks during arrest and restraint procedures which must be considered following the use of physical restraint and/or use of force on an individual.

11.18 Positional Asphyxia

Positional Asphyxia is a form of asphyxia (a state of deficient supply of oxygen to the body that arises from abnormal breathing) which occurs when someone's position prevents the person from breathing adequately.

There is a risk of Positional Asphyxia when restraining a person (in prone restraint). There is a risk also in a seated position pushed forward with the chest on or close to the knees, reducing the ability to breath. In simple terms, a subject can stop breathing (i.e. asphyxiate) because of the position they have been held in. Positional Asphyxia is likely to occur when a subject is in a position that interferes with their inhalation and/or exhalation and they cannot move from that position. In relation to COVID-19 that causes severe respiratory distress in severe cases, there is a possible increased risk of respiratory distress.

11.19 Acute Behavioural Disturbance

When a subject exhibits confused, fearful, agitated, violent psychotic and/or aggressive behaviour, it is a spectrum from mild, to moderate, to severe. Not all signs may be present and to varying severity. There may be no signs exhibited if the subject is exhausted and close to collapse. Subjects with ABD are usually fearful, confused and paranoid. Intoxicated subjects are more likely to be aggressive and not paranoid. Historically, there have been various names for these symptoms - drug induced psychosis or excited delirium. This does not always mean ABD and vice versa. It is not a cause of death. It is an umbrella term for a collection of symptoms and behaviours. **The correct Police and NHS term is Acute Behavioural Disturbance (ABD).** These outdated terms should not be used when dealing with a subject suffering from ABD.

11.20 Officers and Staff should treat both these conditions as a medical emergency.

11.21 Officers and Staff should read the further guidance on Positional Asphyxia and Acute Behavioural Disturbance which is contained in Appendix E Conflict Management Manual and available on POINT. This appendix also contains information on restraint techniques, monitoring, medical response and transportation of subjects.

11.22 Officers and Staff should also make themselves aware of the LEARN online course 'Acute Behavioural Disturbance' which should be completed prior to attending mandatory PSP refresher training.