

Chapter 5:

Batons

Chapter 5

Batons

	Page No
Introduction	3
Training and Eligibility	3
High and Low Profile Opening and Closing	3 - 4
Inspection and Maintenance	4
Replacement Procedure for Defective Batons	4
Contaminated Batons	4 - 5
Records and Reports	5 - 6
Positional Asphyxia and Acute Behavioural Disturbance	6 - 7

Chapter 5

Procedures and Guidance Regarding Friction Lock and Positive Lock Batons

Introduction

- 5.1 All instructions in relation to baton tactics are contained in the NPCC Personal Safety Manual of Guidance.
- 5.2 The baton of choice for the PSNI is the Bonowi Lock baton and is available in three variations - 26" (long), 21" and 16" which are role profile dependent. The Bonowi Friction Lock 26" (long) is the standard issue baton, but if any officer has reason to require the 23" (short) version, they can make application to Supplies Branch with the approval of their District Commander/Head of Branch. PSNI also have a number of other batons on issue. These batons can continue to be used but when or if they become defective will be replaced with a friction lock baton. The Arnold Public Order Baton is also on issue to officers deployed in a Public Order role.
- 5.3 The following instructions must be read in conjunction with the Generic Risk Assessments for the baton.

Training and Eligibility for Issue Batons

- 5.4 All officers who have been successfully trained in the Personal Safety Programme (PSP) will be eligible for issue of the baton. Initial and subsequent refresher PSP training courses will include practical training in its use.
- 5.5 Police officers who are not PSP trained are reminded of their personal responsibility to identify their training needs and to bring these to the attention of their immediate supervisor. Police officers are also required to maintain a high level of knowledge in relation to Service policy and current legislation.
- 5.6 Officers issued with a baton will also be supplied with an information sheet offering instructions on the baton operating procedures. The instructions will also offer advice and guidance on the care and maintenance of the baton.

High and Low Profile Opening and Closing of the Baton

- 5.7 The baton should be drawn, held in the baton hand and opened or 'racked' by a 'flicking' movement that in turn causes the baton to extend and lock out.
- 5.8 When this method is used, officers must ensure that the surrounding area is clear to prevent the baton accidentally striking any object during the racking procedure.

- 5.9 In confrontational situations, the racking action may, in itself assist in resolving the incident as it displays a clear demonstration of the intended police response to an actual or potential aggressor.
- 5.10 The Friction Lock baton does not have an automatic locking and release system. Closing the baton is accomplished by a sharp tap downwards to break the seal and then pushing on the baton tip to retract the shaft fully into the handle. The Positive Lock baton has an automatic locking and release system. Closing the baton is accomplished by depressing the release button tap then pushing on the baton tip to retract the shaft fully into the handle.

Inspection and Maintenance of the Baton

- 5.11 Officers issued with a baton must regularly inspect it for functionality and wear and tear. The manufacturer's instructions on care and maintenance of the baton should be followed.
- 5.12 Supervisor officers will inspect all batons on issue to officers for damage and to ensure the serial number of the baton presented by the officer matches the one assigned to them. This inspection will be made quarterly in line with eServices Personal Issue Equipment Checks.

Replacement Procedure for Defective Batons

- 5.13 Officers who become aware that a baton has become defective should bring this to the attention of their immediate supervisor without delay.
- 5.14 Requests for replacement batons should be made by report, outlining the circumstances and defect(s) necessitating a replacement baton. Reports requesting replacement batons should be submitted via line managers to Weapon Control, Seapark.
- 5.15 Each District should hold a surplus supply of 10 individually numbered batons for use in circumstances where officers require an immediate or emergency replacement baton. Such circumstances would include where the officer's baton has been preserved for evidential purposes, becomes defective, lost or stolen and the officer is required to perform operational duties before a replacement can be obtained as outlined in paragraph 5.14 above.
- 5.16 The procurement, storage, issue and recording of this surplus supply will be the responsibility of the individual Districts.

Contaminated Batons

- 5.17 Officers should be aware that the operational use could result in the baton becoming contaminated with blood, urine or other body fluids. Where a baton has become contaminated with any type of body fluids the following procedure must be followed.

- 5.18 Officers should take all reasonable steps not to come into direct physical contact with the contaminated baton. Instead, the baton should be handled using latex gloves or other available protective materials and placed in a plastic bag or receptacle.
- 5.19 A contaminated baton should not be placed back into the baton holster. In the event of a contaminated baton being inadvertently exposed to the holster it will also be treated as 'contaminated' and must be dealt with in a similar manner to the contaminated baton.
- 5.20 All contaminated items will be double wrapped in plastic bags, sealed and clearly labelled as follows:
- Labels should read as applicable:
 - ◆ 'CONTAMINATED BATON'; or
 - ◆ 'CONTAMINATED BATON AND HOLSTER'
 - The name, rank, number, District, station or department of the officer to whom the equipment has been issued must also be clearly indicated on the bagged and sealed items.
- 5.21 The officer concerned will make a full notebook entry of the circumstances. Unless required for evidential purposes, arrangements should be made to have contaminated items returned to Weapon Control, Seapark, by the first available transport for sterilisation or disposal of the items. In addition, officers should follow the instructions contained at paragraphs 5.13 – 5.16 above to obtain a replacement baton.

Records and Reports

- 5.22 It is highlighted that any use of batons has the clear potential to cause injury to a person and destroy or damage property. In every circumstance where a baton has been used by a police officer, each individual officer will be required to justify the legality, necessity and proportionality of their actions.
- 5.23 Officers are therefore reminded of the importance of record keeping and it is emphasised, that the full circumstances, including the decision-making process, that necessitated the use of batons must be fully documented within official notebooks and journals as applicable.
- 5.24 Officers will report any use of batons to their immediate supervisors as soon as practicable, make their baton available for inspection, and complete an electronic Use of Force Monitoring Form.

- 5.25 In circumstances where a baton has been drawn but not used, officers will submit a report (Electronic Use of Force Monitoring Form) where it is reasonable to expect that a person (or persons) have anticipated a threat of force being used against them.
- 5.26 There may be occasions where a supervisory officer gives a direction to other police officers to draw their batons. This would most likely occur during incidents of public disorder. In such circumstances, only the officer giving the direction is required to complete an Electronic Use of Force Monitoring Form outlining the number of officers involved, estimated size of the crowd etc. This direction only covers the drawing of batons in relation to a particular incident. If during the incident any police officer has occasion to strike an individual(s) then they must submit an Electronic Use of Force Monitoring Form to indicate 'baton used'. See also Chapter 3 Reporting Use of Force.
- 5.27 Supervisory officers have a responsibility to ensure compliance with the procedures contained in this chapter.

Positional Asphyxia and Acute Behavioural Disturbance

- 5.28 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.

5.29 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.

5.30 **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.

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

5.32 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.

5.33 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.