



Scottish Police Federation

5 Woodside Place Glasgow G3 7QF

JCC Circular 9 of 2017

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Attachments: Note of Mtng Feb 2017

Dear Colleague

Health and Safety – UK Federations

I refer to the above and attach for your information, a note of the last meeting of the UK Police Federation leads on Health & Safety which was held in Leatherhead on 22-24 February.

Whilst this circular is primarily for your information only, any comments you have on its content should be sent to me no later than 10 days after its date of publication.

Yours sincerely

Calum Steele
General Secretary



SCOTTISH POLICE FEDERATION
Established by Act of Parliament

**HEALTH & SAFETY LEADERS
SEMINAR**

**POLICE FEDERATION OF
ENGLAND & WALES**

22 - 24 FEBRUARY 2017

The Health & Safety Leaders Seminar took place at Federation House, Leatherhead, Surrey, between 22 and 24 February 2017.

The Seminar was opened by John Murphy, Health & Safety Secretary, Police Federation for England & Wales who welcomed all to the Seminar highlighting the programme and speakers who would be addressing them.

The main topics to be covered were:

- Welfare/Stress in the work place
- Taser - update
- Body Armour - latest update
- Blood Borne Virus's
- Meth labs-dangers associated dangers for officers.

Following the introduction, delegates were split into groups to enable group and regional discussions to identify the greatest challenges facing Regions/Forces around the United Kingdom. Each Region was tasked with highlighting what was perceived to be the three greatest risks to the membership within their respective Area/Force.

The Scottish Police Federation/Police Federation for Northern Ireland/South Wales/Merseyside and Ministry Defence all highlighted the following three main issues presenting significant risk to officers.

- 1) Locus Protection Training and Equipment (Road Accidents).
- 2) Fentanyl the lack of understanding of how dangerous this substance is and, the dangers of cross contamination.
- 3) First Aid knowledge and training.

Each group identified a spokesperson to discuss the issues identified.

Without going into great detail, the above three issues were recognised as national concerns across the board. Locus protection what? Was a common response and this would appear to be a national challenge with some Forces routinely deploying to motorways without training or kit with no national standard. The Scottish Police Federation and Police Scotland appear to be ahead of the game here with a National Kit List and National Training Packages already being identified.

There is a lack of knowledge with regards to Fentanyl and the dangers this chemical product places upon officers and the public. Only a minute dosage is required to cause serious injury or death. Further control measures and understanding are required for this.

First Aid Training across the entire United Kingdom varies widely with some receiving the Four Day Course with triennial recertification, as was the standard previously in Scotland. SPELS is it fit for purpose for First Aid? Discussions took place around the Edinburgh case where an officer fell through a plate glass window luckily, one of the first responders was ex-army and had a trauma pack (Israeli Bandage) which saved the officer's life. An Accident Investigation was completed with recommendation to purchase same along with appropriate training. (Signed off by ACC Thomson.)

Other issues identified were:

- **The wearing of PPE by Plain Clothes Officers** - this is not happening in all Forces south of the Border. (not always happening north of the Border either)
- **Prison visits** - are there suitable policies in place to address this issue? Two officers were seriously assaulted at Strangeways Prison having been locked in and isolated with prisoners.
- **Mutual Aid tactics** - are there National agreements regarding kit and training? This would appear to be a larger problem south of the Border.
- **Resourcing in general** - the policing foot print is shrinking significantly and there are huge Health & Safety concerns regarding single crewing and distances from back up and the like.
- **Airwave** - failures in AVLS regarding coverage and emergency buttons not working.
- **Estate and Fleet issues** - wear and tear and vehicles not being fit for purpose. There is no money to buy or repair.
- **Spit Guards** - lack of and concerns regarding contamination from Hepatitis C, Hepatitis B and other blood borne virus's.
- **The non-reporting of Near Misses** - despite numerous reminders to the membership this point has been further reinforced in Scotland although, despite the fact this has been addressed significantly historically by legacy and following the creation of Police Scotland, members still reticent to complete these forms. (Health & Safety is it covered on the FLM Course? It used to be, perhaps we need to have input at FLM Course as was the case historically to change the culture.)
- **Prisoner Transport** - Following release, some Forces pay for taxis as they believe the person who is released from custody is no longer covered by Police Insurance to be carried by a Police vehicle. Northumbria highlighted the death of their colleague on prisoner transfer to custody-caged vehicles only used to transfer prisoners in Northumbria. (Another issue in Scotland with closure of Custody Centres at short notice).
- **Taser-body worn cameras** - The significant reduction in Police Officer assaults and the lack of officers trained and deployed.
- **This is an OMG moment** – Police Federation & England Wales and their colleagues have significantly more challenges than the Scottish Police Federation. That said, we should and could be much better for the health/safety and wellbeing of our members.

Finally, one Force highlighted them who only had about 20 GRA in place. A steep learning curve for this officer and their Force. A number of recurring themes which mirror the concerns in Scotland.

Mike Moore – Police Federation of Northern Ireland

Mike Moore then gave a presentation regarding the dangers associated with crystal methamphetamine firstly on just how addictive the substance is and the dangers associated with its production.

Crystal meth has not seen the same level of introduction and chaos as experienced in the United States, perhaps down to the cost of cocaine in the United Kingdom.

The manufacturing process is extremely dangerous due to the volatility of the substances involved. This accompanied by the dangers accompanied by the waste product. 1kg of crystal meth leaves 5kg of waste product which, in itself, is a toxic nightmare.

There was a significant amount of detail in this presentation which could perhaps could be delivered or copied for the benefit of the Scottish Police Federation.

In short perhaps awareness could be raised again with the Force, how prevalent is this problem in Scotland- are cannabis cultivations more prevalent in Scotland?

DAY TWO

Andy Gray from TASER UK gave a presentation regarding the new generation of Taser which is coming onto the market. Their Mission statement of Taser is to change the world of firearms and make the bullet obsolete.

There have been 5.46 million deployments of Taser worldwide.

The introduction of Taser has seen a 70% reduction in officer assault and 40% reduction in injuries sustained by those arrested (US figures) Taser works through placing an electric pulse through the central nervous system running at 19 pulses a second and is 64% effective on first deployment.

Contrary to popular belief, Taser is very safe in comparison to the lethal option (*scratch the head moment perhaps the lethal option is the clue*).

Warranty issues were addressed. It all depends on the degradation of the electric components with the Taser. There is a greater chance of failure after 5 years however, that does not mean that the Taser will not work perfectly well after 5 years.

The new device comes with an automatic shut off feature after 5 seconds. The operator cannot stand with continual pressure on the trigger.

Body Worn Cameras

The same company then went on to describe the success of body worn cameras which were introduced into Rialto California. Their introduction saw a reduction in use of force **59%** and reduction in complaints against Police **87%**. There was a similar reduction in West Midlands with complaints down by 93%.

The reduction in cost to the Force from this alone with lost days due to enquiries into complaints and the like is enormous.

The first body worn camera was introduced in 2005 with the data stored in a cloud type system. Today there are 32,000 body worn cameras in the United Kingdom.

The benefits are huge, data stored can be submitted to court with a reduction in form filling and statements. A picture paints a thousand words.

Basically what was sold was the huge benefits of body worn cameras namely, assaults on Police down; complaints against Police down; officers off sick down; no need for new IT Taser provides the package and maintains the systems-(*obviously at a cost*). Taser are fully aware of the financial situation in Europe and have brought down their profit margins.

Overall, a good presentation and once more, one which could benefit Scottish Members perhaps for a Joint Central Committee input?

Body Armour Research

Chris Malbon

The next speaker, Chris Malbon, is currently undertaking a PHD at Cranfield University regarding body armour issues especially those impacting female officers due to challenges caused by wearing body armour over female clothing namely brassieres (underwire vs sport). Numerous tests have been carried out on body armour, by firing different calibre of cartridges to identify injuries likely to be sustained by female officers. -In short, underwire bras may cause greater injury into the rib cage albeit not fatal, but could cause bruising.

Greater concerns caused by a bullet hitting the zipper of body armour and clips, and radios attached to vest as the shrapnel flies upwards causing significant injury in the neck area. A resolution would be to have the zipper covered by fabric and remove devices from body armour. Batteries inside radios can catch fire, following impact with a bullet.

Discussions then ensued about silicone breast implants and the rupturing of same if a female officer with implants was shot whilst wearing a ballistic vest.

Next discussion moved on to knife attacks on body armour. Body armour **must** be checked annually to ensure it is still fit for purpose. Professor Ian Horsfell, world lead on knives and how they can affect body armour, works with Chris Malbon.

Another good input and once again, this could be transported to Joint Central Committee or Conference for Health & Safety, Woman Development Forum.

Further work is ongoing to introduce lighter body armour to help reduce the number of back injuries. However, this would be a trade-off just now between the threat/risk and harm to officers not suitably protected against knife crime in comparison to back injuries. As always cost is the greatest challenge.

DAY THREE

Tom Wright

The last Speaker to address the Seminar was Tom Wright who is the Safety Adviser for Norfolk Constabulary.

Mr Wright highlighted the issue of Sterizar, a pen spray which can spray on clothing and hands following contact with blood and sterilizes a number of viruses for example Hepatitis B, Hepatitis C and a large number of pathogens, MRSA, E- Coli and Noro Virus. The spray pen is easy to use, can be refilled and contains 8ml of fluid per pen. The cost of each pen is £1.00.

He then highlighted issues with regards to the menopause and stated that a lot of work had been carried out in this field already. Laugholgy Menopause (presentation on internet) addresses some of the concerns associated with Police work and the menopause.

Concern raised regarding the lack of a national policy in England and Wales and how Police Officers are dealt with in A&E. Some officers although injured awaiting treatment have had to and have been expected to get resolve situations in A&E.

Also no national programme of immunisation for Hepatitis B for Police Officers South of the Border.

To close, he highlighted the significance of the HSWA 1974, and how powerful that legislation was.

In conclusion the only other subject covered was mental wellbeing and stress. This was an open forum, to encourage debate. In short a lot of time highlighted that there should be an awareness programme for all Supervisors with sign posts to where individual officers can obtain help. The employers are not taking account of the task their officers undertake on a daily basis, without there being any form of physiological support available for officers. Is AXA enough or, are we storing up huge issues which will surface in the future and the organisations will face numerous claims of failing to ensure the health/safety and welfare of its employees?