



IN AMPHILL CORONER'S COURT

IN THE MATTER OF THE INQUEST TOUCHING

UPON THE DEATH OF KARL BRUNNER

**REGULATION 29 RESPONSE ON BEHALF OF THE
CHIEF CONSTABLE OF BEDFORDSHIRE POLICE**

A Introduction

1. Following an inquest held into the death of Karl Brunner, HM Assistant Coroner for Bedfordshire and Luton Martin Oldham (“the Coroner”) exercised his powers under regulation 28 of The Coroners (Investigations) Regulations 2013 (“the Regulations”), to publish a report to prevent future deaths, dated 29 October 2018 (“the PFD Report”). The Chief Constable of Bedfordshire (“Bedfordshire Police”) hereby provides this response to the PFD Report, pursuant to regulation 29 of the Regulations (“the Response”).

B Facts

2. The facts are summarised at §3 of the PFD report and will not be rehearsed here in detail. In summary, Mr Brunner died on 11 May 2016 as a result of choking, after attempting to swallow a package of drugs, whilst he was being arrested by police. At the conclusion of the inquest on 09 March 2018 the Coroner recorded a conclusion of ‘accidental death’.

C Matters of Concern

3. The Coroner expresses two matters of concern regarding police officers, namely:
 - (i) Training on choking risks during detention; and
 - (ii) Usage of mouth and face guards.

Training

4. Across Bedfordshire, Cambridgeshire and Hertfordshire police forces all officers, special constables, detention officers and Police Community Support Officers receive First Aid training at least annually on a rolling programme. Student officers receive training more often as it is incorporated within their two year probationary period. Thus training is provided in accordance with the standards set down by the College of Policing, which remain under review.
5. Included within the training is a module which deals specifically with persons who are choking. It sets out the appropriate manner in which a choking detainee should be managed, and specifically incorporates the comprehensive lesson plan produced by the College of Policing. In particular, this includes:
 - (i) Identifying any dangers to the officer and detainee;
 - (ii) Identifying the signs typically demonstrated by a choking conscious detainee;
 - (iii) Administering back slaps to a choking detainee;
 - (iv) Performing abdominal or chest thrusts on a choking detainee including on child or infant;
 - (v) Monitoring changes in detainee's condition;
 - (vi) Reassuring the detainee; and
 - (vii) Taking any necessary further action.
6. Officers receive training on a training aid known as 'Choking training vest' for adults, and 'Baby Annie' for young children. All students will then be expected to use the device in order to learn the correct procedure. The training officer will also demonstrate how to carry out thrusts from the front in the event that it is not possible to put arms around the casualty.

7. Officers and custody staff are given the following specific instructions in the event they are faced with a scenario similar to that which occurred during the detention of Mr Brunner. These are in line with the recommendations issued by the Independent Office for Police Conduct (“IOPC”) and state that:
- (i) If the detainee places an item in their mouth, do not attempt to remove it, as there is no currently approved safe and effective method for searching mouths;
 - (ii) Consider what might have been placed in the detainee’s mouth and assess what risk it may present to the detainee and the officer. Officers should make every effort to encourage the detainee to voluntarily empty their mouth;
 - (iii) Officers must inform the detainee of the risk they face from choking and/or poisoning as a result of swallowing items. All actions should be recorded in full and body worn video used where available. Officers should maintain communication with the detainee and allow them the opportunity to voluntarily remove any items;
 - (iv) If the detainee swallows the item, the situation should be treated as a medical emergency and an ambulance called. This also applies if the detainee begins to choke following an attempt to swallow an item. An ambulance should be called and emergency life support provided to the detainee. The College of Policing procedure outlined above at §5 should be followed.
8. The regular training provided to all Bedfordshire Police officers complies with the recommendations of the IOPC and meets the standards set out by the College of Policing.

Mouth/face guards

9. Prior to August 2016 all Bedfordshire Police officers were issued with a mouth/face guard which comprised a flat plastic sheet with either a hole or a piece of gauze in the middle which allowed the user to breathe into to give mouth to mouth resuscitation. Since August 2016, all officers are now issued with a personal Pocket Face Mask and instructed on its correct use in mouth to mouth resuscitation. The Personal Safety Team Leader for Bedfordshire, Cambridgeshire and Hertfordshire Police has stated that this piece of equipment is adequate and appropriate for its required use. In addition to the mouth/face guard issued to all officers during their training, all response vehicles contain first aid equipment.

D Conclusion

10. Bedfordshire Police are grateful to the Coroner for the opportunity to address the steps which have been taken in respect of the matters of concern outlined in the PFD Report.

Legal Services Department

6th December 2018