

Assistant Commissioner

Sent via email [REDACTED]

FAO: HM Senior Coroner Andrew Harris

12th April 2021

Dear Senior Coroner,

I write on behalf of the Commissioner of Police for the City of London in order to respond to your report made pursuant to paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 in relation to the tragic death of Mr Joseph Agnew.

It is the first two of the four concerns, that relate to City of London Police officers, among others.

In relation to Concern (1); as you heard from DCI [REDACTED] (the officer in charge of the City of London Police Learning and Organisational Development Unit), who testified remotely before you; since Mr. Agnew's passing, and as a result of the lessons learned from his death, City of London Police officers now receive further training on how to assess whether apparently intoxicated persons meet the definition of being drunk and incapable or otherwise require medical attention.

Your concern is stated to be that there appears to be no clarity for officers from their training as to when to refer an intoxicated person for medical attention. DCI [REDACTED] explained to you the training that officers are given.

This is as per the training and definition provided by the College of Policing in both the Initial Police Learning and Development Programme (IPLDP) and in the Authorised Professional Practice (APP) for Detention and Custody, which clearly sets out that a drunk & incapable person is someone who has consumed alcohol to the point that any of the following applies:-

- (a) they cannot walk or stand unaided
- (b) they are unaware of their own actions or
- (c) they are unable to fully understand what is said to them.

Officers in the City of London Police are trained that if someone appears to be drunk and showing any aspect of incapability which is perceived to be as a result of that drunkenness, officers should treat that person as drunk and incapable. They are trained that a drunk and incapable person in need of medical assistance in hospital that they should call an ambulance immediately.

City of London Police HQ
Address 4th Floor, Guildhall Yard East, London EC2V 5AE

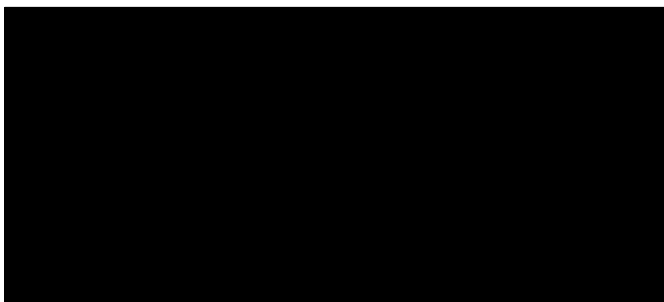
We believe that your point in relation to there appearing to be a lack of clarity, was that one of the City of London Police officers (PC [REDACTED]) commented during his evidence that being “unable to fully understand what is said to them” – if the word “fully” is to be taken literally – would include many people who have had a lot to drunk but who are plainly not in need of being conveyed to hospital by an ambulance. The officer explained that he would use his common sense in relation to this and we would respectfully submit that that is the correct approach to take in order to avoid ambulance services to be overwhelmed by calls to attend those who are not in need of emergency treatment.

Concern (2) relates to the failure to appreciate the significance of snoring in a person with a reduced level of consciousness. We believe that this concern was primarily one that related to the Metropolitan Police officers who attended upon Mr. Agnew after the City of London Police officers had left. It is they who explained to the jury that they had been reassured by hearing Mr. Agnew snoring. He was not, of course, snoring when being dealt with by the City of London Police officers shortly beforehand.

Furthermore, the reference to “good or bad snoring” originally came in questions from our counsel, [REDACTED] to the Metropolitan Police officers. He put to them that there is no such thing as ‘good’ snoring in a person who requires an emergency ambulance because of their reduced level of consciousness and it should not have been reassuring to them.

I would, however, confirm that my instructions are that the first aid training of City of London Police officers will henceforth fall in line with that given to Metropolitan Police officers, who you heard are now trained specifically to recognise that snoring in a person with a reduced level of consciousness is a sign of airway obstruction which must be rectified and are taught to perform the “jaw thrust” that was described to you by [REDACTED] the Metropolitan Police Service’s Senior Adviser, First Aid, Policy, Assurance and Training, in her evidence before you. DCI [REDACTED] has confirmed that this will be thoroughly covered in the first aid training provided to City of London Police officers. Officers will be taught how to monitor breathing and will be taught not to seek to rely on being able to see the casualty’s chest rise and fall.

Yours Sincerely,

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Assistant Commissioner