



Ministry of  
**JUSTICE**

National Offender  
Management Service

# **PERSONAL PROTECTION TRAINING MANUAL**

**AMENDED**

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National Tactical Response Group**

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## **Foreword**

This training manual has been designed to be delivered alongside the PCC training manual for ALL custody officers. In addition ALL other staff working within the secure estate will receive training in personal protection.

It must be emphasised that the techniques contained within this manual are not to be confused with the techniques contained within the PCC manual. The two have been designed to highlight the considerable difference between restraint techniques and personal safety.

Local instructors will be required to deliver training from both manuals to the relevant staff and they will continue to be assessed on their annual validation course on sections from both manuals.

If training staff in personal protection only, the instructors must cover the following sections from the PCC manual prior to any physical training:

- 1.4 Policy on the use of force
- 1.5 Conflict resolution
- 1.6 Reporting the use of force

## **SECTION 1: PERSONAL PROTECTION**

### **1.0 INTRODUCTION**

Staff have a duty of care to the children and young people they are looking after. In addition, staff must always be aware of their own safety.”

Many of the risks associated with working with young people in care are foreseeable and as such are catered for within the PCC training Manual.

Breakaway techniques are designed to help staff breakaway from attacks by young people when they have become isolated and unable to escape by any other means. These techniques offer a structured response to attacks within the care environment, aiming to give minimal risk of injury to staff and the young person.

When the situation demands a physical response, staff must assess the situation and consider their own safety and capabilities before deciding on the appropriate course of action.

In these exceptional circumstances it is recognised that the member of staff may be required to use whatever force he deems necessary in the defence of him or herself or of others. The common law recognises the right to use such force in those circumstances provided that the person perceived that the use was reasonable, necessary and proportionate at the time.

It is important that each member of staff is able to defend themselves from attack. This part of the course deals with one-on-one techniques, whereby the individual faced with more common methods of assault is able to:

- Escape from the situation.
- Defend themselves effectively using only the amount of force necessary.
- Avoid the possibility of becoming a hostage.
- Prevent threats to security as a result of loss of keys, radio etc.

## PERSONAL PROTECTION

- Avoid an incident escalating into a larger one through the involvement of other young people.

All techniques are therefore concerned with breakaways in which the individual's prime objective is to disengage quickly.

Some of the techniques are relevant to situations in which the member of staff is at grave risk, and where the individual may need to use exceptional methods to save themselves. Such techniques may be used only where a member of staff is in serious risk of harm and no other option is available.

In situations mentioned above the prime objective of the member of staff should be to breakaway and to create a reactionary gap between themselves and the young person. They must then carry out a dynamic risk assessment and consider their options, either to attempt de-escalation through dialogue, summon further staff, using restraint, or moving to a position of safety. Each set of circumstances will be different.

In training, the greatest care must be exercised when practicing such techniques in order to avoid injuries to students. The instructors must realise that these techniques have the potential to inflict pain and injury to the aggressor. It is therefore necessary for instructors to control strictly the training environment and ensure that unnecessary pain or injury is not inflicted on the students.



## MEDICAL IMPLICATIONS OF USING FORCE

Staff must use force that is reasonable and proportionate in the circumstances, as they perceive them. When force is deemed necessary, staff must use PCC in the first instance and only in exceptional circumstances should they step outside PCC.

Staff must be aware of the risks involved in using force against another person and that they will be fully accountable for the force they use. This however does not negate their right to use force to defend themselves or others from attack or injury.

BODY AREA	<u>MEDICAL IMPLICATION</u>
EARS	<ul style="list-style-type: none"> <li>• Bruising, shock or trauma</li> <li>• Rupture to the eardrum, concussion or unconsciousness</li> </ul>
KNEE JOINT	<ul style="list-style-type: none"> <li>• <i>A kick to the knee may cause tears or sprains to the ligaments or fracture of the patella.</i></li> </ul>
SHIN	<ul style="list-style-type: none"> <li>• <i>A powerful kick may fracture one or both bones in the lower leg (Tibia and fibula). Even if this does not occur a kick will cause intense pain.</i></li> </ul>
IN-STEP	<ul style="list-style-type: none"> <li>• <i>A hard stamp on to the instep may cause displacement or fracturing of the metatarsal bones.</i></li> </ul>
NOSE	<ul style="list-style-type: none"> <li>• Nose bleed, trauma fracture.</li> <li>• Split lip, chipped or dislodged teeth.</li> </ul>
SOLAR PLEXUS (Central Upper Torso)	<ul style="list-style-type: none"> <li>• <i>Nausea and shock.</i></li> <li>• <i>Strikes to this area may affect the normal movement of the diaphragm, which could stop a person from breathing momentarily.</i></li> </ul>
COMMON PERONEAL NERVE FEMORAL NERVE RADIAL NERVE MEDIAN NERVE TIBIAL NERVE	<ul style="list-style-type: none"> <li>• <i>As these areas are muscular the risk of fracturing bone is reduced.</i></li> <li>• <i>A blow to these nerve clusters could cause a motor dysfunction where the limb becomes temporarily paralysed.</i></li> </ul>
FINGERS	<ul style="list-style-type: none"> <li>• <i>The fingers may be dislocated or fractured.</i></li> </ul>

## PERSONAL PROTECTION

**In the most extreme circumstances, the following areas may be targeted; however staff must be able to justify their actions.**

NECK and THROAT AREA	<ul style="list-style-type: none"><li>• Pressure or blows to the throat may cause asphyxiation due to bruising of the windpipe. Death can occur very quickly.</li><li>• Pressure to the side of the neck can reduce blood flow to the brain and unconsciousness can follow.</li><li>• Cardiac complications can occur due to stimulation of related nerves.</li></ul>
HEAD	<ul style="list-style-type: none"><li>• Fracture to the skull</li><li>• A solid blow can cause one to collapse</li><li>• A strike to this area may result in a haemorrhage</li></ul>
EYES	<ul style="list-style-type: none"><li>• BLURRED VISION</li><li>• TEMPORARY OR PERMANENT BLINDNESS CAUSED BY RUPTURE TO EYEBALL OR DETACHED RETINA</li></ul>
GROIN	<ul style="list-style-type: none"><li>• A blow to this region may cause shock, nausea, or unconsciousness</li><li>• A solid blow may cause a rupture to the bladder</li><li>• A hard kick to this region may fracture the pubic bone</li></ul>

**Instructors must deliver this session prior to demonstrating or practising any physical techniques**

**Reiterate the medical implications of using force throughout this session**

**ALL OF THE FOLLOWING TECHNIQUES WILL BE PRACTICED ONE TO ONE.**

## **BREAKAWAYS FROM THE FRONT**

### **1.1 LOWER ARM / WRIST RELEASE – DIAGONAL/PARALLEL/ONE ONTO ONE**

The member of staff adopts a protective stance as the perpetrator grasps the member of staff's lower arm(s). The member of staff clenches the fist of the held arm(s) and shortens the arm by bending it at the elbow as far as the perpetrator permits.

With this shortened lever, the member of staff pulls upwards against the perpetrator's thumb to affect a release.

#### **1.1.1 LOWER ARM / WRIST RELEASE – TWO HANDS ONTO ONE – DIAGONAL / PARALLEL**

The member of staff adopts a protective stance as the perpetrator grasps the member of staff's lower arm with two hands. The member of staff clenches the fist of the held arm and shortens this arm by bending it at the elbow as far as the perpetrator permits.

The member of staff reaches forward with their free hand and grasps the clenched fist of the held arm.

The member of staff pulls the held arm against the perpetrator's thumb to affect a release.

#### **1.1.2 LOWER ARM / WRIST RELEASE – DIAGONAL PARALLEL/ONE ONTO ONE /HIGH**

The member of staff adopts a protective stance as the perpetrator grasps the member of staff's lower arm above the head. The member of staff identifies where the perpetrator's thumb is and performs a small rotation against the perpetrator's thumb to affect a release.

## **1.2 UPPER ARM**

The perpetrator grasps the member of staff's upper arm(s). The member of staff adopts a protective stance. The member of staff swings one arm over the perpetrator's arm trapping the perpetrator's hand.

The member of staff's other arm reaches under the perpetrator's arm and grasps their own other arm. Applying pressure to the perpetrator's trapped hand the member of staff steps backwards and breaks the grip.

## **1.3 ESCAPING A HAIR GRAB**

The member of staff adopts a protective stance. The member of staff bends the knees slightly and makes their neck rigid. The member of staff maintains eye contact with the perpetrator and places both hands, one on top of the other (palm on top of knuckles, thumb to thumb) on top of the perpetrator's hand and applies downward pressure the member of staff will step backwards wiping the perpetrator's hand from their head.

## **ESCAPING STRANGLES**

### **1.4 OPEN SPACE – PRIOR TO CONTACT**

If a perpetrator approaches a member of staff in a manner that leads the member of staff to believe they are going to be grabbed around the throat, then the member of staff should prevent this happening.

They will adopt a protective stance immediately, whilst simultaneously pushing backwards from the front foot. If contact is unavoidable then the member of staff should bring their hands up in front of themselves and block the attack in a flinch response. They should then consider using the following technique.

The member of staff's leading arm is raised above their head and using a windmill action drives their arm downward and rearward whilst simultaneously turning toward the trail leg. The member of staff continues to rotate their body until they are facing the perpetrator.

### **1.4.1 OPEN SPACE – ON CONTACT**

This technique is as for a Collar Grab.

### **1.4.2 AGAINST A WALL**

The member of staff quickly adopts a side on stance. The member of staff will then raise their lead shoulder and pass their lead arm over the perpetrator's arms. If this has not broken the grip of the perpetrator and effected a release then the member of staff will strike the perpetrator in the face with their elbow to ensure a swift and safe breakaway.

## **DEFENCES FROM STRANGLES ON THE GROUND**

It is important that staff react quickly in any attack where they are knocked or dragged to the ground. In this position they are extremely vulnerable to further serious attacks from strangles, kicks, stamping, weapons or becoming engaged in a fight on the ground, from which escape is very difficult. They must get to their feet at the earliest opportunity.

### **1.4.3 ATTACKER PUSHED TO THE SIDE**

The member of staff reaches across the perpetrator's arms with one arm and places the hand of that arm around the elbow joint of the perpetrator's far arm. The member of staff's other hand is placed on top of the member of staff's hand grasping the perpetrator's elbow joint. The member of staff straightens the leg on the side which the perpetrator is to be rolled away, the member of staff's other leg is bent, foot flat on the floor.

The member of staff pulls the perpetrator's held arm across to the member of staff's straight leg side, whilst at the same time vigorously pushing the hips upwards to break the perpetrator's balance. As the perpetrator is rolled away the member of staff will get to their feet and exit.

#### **1.4.4 ATTACKER PUSHED OVER THE HEAD**

The member of staff bends both of their legs so that their knees are bent and their feet are flat on the floor. The member of staff will grab the clothing of the perpetrator at either side with both hands, just below the perpetrator's rib cage area, ensuring that they have inverted the knuckle of the middle finger of each hand.

There is now a simultaneous action by the member of staff of thrusting their hips upwards and driving the inverted knuckles of either hand under the perpetrator's rib cage driving the perpetrator over the head of the member of staff.

#### **1.5 COLLAR GRAB**

##### **SINGLE/ TWO HANDS**

The member of staff adopts a protective stance as the perpetrator takes hold of their collar. The member of staff's leading arm is raised above their head and using a windmill action drives their arm downward and rearward whilst simultaneously turning toward the trail leg. The member of staff continues to rotate their body until they are facing the perpetrator within a reactionary gap.

#### **1.6 BEAR HUG OVER ARM**

The member of staff's head is turned to the side for protection and they immediately drop their body weight as the hold is applied by the perpetrator.

Should the hold be maintained by the perpetrator, the member of staff may escalate the attempt to escape from the hold by turning their body and placing both hands onto the perpetrator's hips and with a sharp thrust push the perpetrator away. If still unsuccessful then the member of staff can use an inverted knuckle into the perpetrator's sternum driving inward and upwards.

As an alternative the member of staff's shoe is raked down the perpetrator's shin and driven down onto the instep of the perpetrator.

### **1.6.1. UNDER ARM**

The member of staff's head is turned to the side for protection as they immediately drop their body weight as the perpetrator applies the hold.

Should the perpetrator maintain the hold, the member of staff can use the inverted knuckles of both of their hands to drive into the perpetrator's sternum driving inward and upward. The perpetrator is pushed away and the member of staff exits.

As an alternative before turning the member of staff's shoe is raked down the perpetrator's shin and driven down onto the instep of the perpetrator.

## **1.2 KICKS STANDING**

If a member of staff believes that they are at risk of being kicked, or have already been kicked by a perpetrator then they must make every effort to move away and disengage from the situation.

If this is not possible, then:

The member of staff will adopt a protective stance and uses the sole of their foot to block kicks from the perpetrator. By turning the foot inwards, the blocking area presented to the perpetrator presents a broader surface to counter the kick giving the member of staff a greater chance of success in achieving the block.

### **1.2.1 ON THE GROUND.**

#### **Option 1:**

If possible, the member of staff adopts a sitting position using their hands on the floor behind them to support themselves and faces the perpetrator. The member of staff's legs are used to block kicks from the perpetrator and to keep the perpetrator at bay. At the earliest opportunity, the member of staff should regain a standing position and exit or adopt a protective stance.

## 1.2.2

### Option 2:

The member of staff, having been taken to the ground as a result of the perpetrator's assault and being unable to sit up to face the attack, uses the following technique to resolve the situation.

The member of staff, lying sideways to the perpetrator curls up in a foetal position. The member of staff holding the arms in a relaxed flexed position across the face uses the inner forearms to block the kicks.

As the opportunity presents itself, the member of staff takes hold of the perpetrator's legs and uses a rolling action towards the perpetrator taking them off balance and onto the floor.

**At the earliest opportunity, the member of staff should regain a standing position and exit or adopt a protective stance.**

## **SECTION 2: BREAKAWAYS FROM THE REAR**

### **HAIR GRAB**

#### **2.0 INWARD TURN**

The member of staff will bend their knees slightly ensuring they are side on and balanced, making their neck rigid. At the same time they will place both their hands, one on top of the other (palm on top of knuckles, thumb to thumb) on top of the perpetrator's hand and apply downward pressure. The member of staff will then turn in towards the perpetrator and as they do so place their thumbs around the perpetrator's wrist to keep the hand fixed to the member of staff's head. As the member of staff turns, they should keep themselves as upright as possible and keep the perpetrator's elbow high. The member of staff will then straighten up and push the perpetrator away.



## **2.1      OUTWARD TURN**

The member of staff will bend their knees slightly ensuring they are side on and balanced, making their neck rigid. At the same time they will place both their hands, one on top of the other (palm on top of knuckles, thumb to thumb) on top of the perpetrator's hand and apply downward pressure. The member of staff will then turn outwards towards the perpetrator and as they do so place their thumbs around the perpetrator's wrist to keep the hand fixed to the member of staff's head. As the member of staff turns outwards away from the perpetrator they should keep themselves as upright as possible. This will have the effect of straitening the perpetrator's arm and putting them off balance.

**INSTRUCTORS NOTE:  
DUE TO THE RISK OF INJURY DURING TRAINING WITH THIS  
TECHNIQUE, DO NOT PERMIT THE STUDENTS TO PRACTICE  
BEYOND THE POINT OF APPLYING DOWNWARD PRESSURE.  
THEY ARE NOT TO PRACTICE THE TURNING ELEMENT**

## **2.2      NAPE/COLLAR GRAB**

### **One handed/Two handed**

The member of staff will turn outwards away from the perpetrator with their arms held up in a position to protect themselves. The member of staff's leading arm will make contact with the perpetrator's lower arm. The member of staff will carry on the rotation and their trailing arm will make contact with the perpetrator's arm. The member of staff will still maintain their rotation resulting in breaking the perpetrator's grip.

## **2.3      STRANGLE ARM ACROSS THE THROAT**

The member of staff drops their weight slightly while retaining their balance and ready to escape form the hold.

The member of staff reaches up over their shoulder with one hand and drives straight fingers into the perpetrator's face. If necessary they then quickly drop the same hand down and drive the straightened fingers into the perpetrator's groin area. If necessary the member of staff will continue the move by extending their other arm

fully in front of themselves with their palm uppermost. They will move their hips laterally to the to expose the perpetrator's rib cage area. They will then drive their elbow back into the perpetrator's ribs. The member of staff will continue to carry alternate elbow strikes to the perpetrator's ribs until a release is achieved.

## **2.4 SIDE HEAD CHANCERY (LEGS TOGETHER)**

The member of staff will place their inside arm around the perpetrator's waist. At the same time the member of staff's outside arm is placed in a position to protect their face. The member of staff's inside leg is extended to a position behind both of the perpetrator's legs. The member of staff's outside hand will then move to the perpetrator's waist area ready to help push the perpetrator backwards. The member of staff initiates movement by sitting and rotating so that the member of staff finishes on top of the perpetrator. As the perpetrator makes contact with the ground their grip will be broken.

### **2.4.1 SIDE HEAD CHANCERY (LEGS APART)**

The member of staff will place their inside arm inside the perpetrator's thigh taking a strong grip. Simultaneously the outside hand is brought up to protect the face then onto the elbow of the perpetrator forcing the elbow up and over the head.

## **BEAR HUGS**

### **2.5 OVER ARM**

The member of staff should immediately relax their body weight slightly to make the perpetrator's task of holding them more difficult. They should retain their balance and be ready to escape if the perpetrator releases them.

The member of staff will thrust their hips forward allowing them to use both hands to strike backwards with extended fingers into the perpetrator's groin area. If necessary the member of staff's buttocks are then driven rearwards into the perpetrator's groin area whilst

simultaneously driving forward with both of their arms to achieve a release.

As an alternative option the member of staff will rake their shoes down the perpetrator's shins and drive their foot into the perpetrator's instep before continuing to apply other techniques as listed above.

### **2.5.1 UNDER ARM**

The member of staff should immediately relax their body weight while retaining their balance and be ready to escape if the perpetrator releases them. They will then reach behind them and drive with extended knuckles of both hands into the perpetrator's rib cage area. As an alternative the member of staff can also break the perpetrator's grip by pressing their inverted knuckles into the back of one of the perpetrator's hands and applying pressure.

As an alternative option the member of staff will rake their shoes down the perpetrator's shins and drive their foot into the perpetrator's instep before continuing to apply other techniques as listed above.

## **SECTION 3:**

### **MANAGING WEAPON ATTACKS**

#### **3.0 DEFENCE AGAINST WEAPONS**

A member of staff when faced with a perpetrator armed with a weapon should aim to escape from the situation as quickly as possible. If it is not possible then the member of staff must consider whether the perpetrator is trying to harm them or take them hostage.

#### **LINES OF ATTACK**

Research shows that the most common type of attacks are:

- Downward diagonal strikes.
- Downward vertical strikes.
- Lateral strikes.

## PERSONAL PROTECTION

- Straight thrusts (high / low).

### **MANAGING IMPROVISED WEAPON ATTACKS**

As previously mentioned, defence against weapons can best be achieved by not engaging the perpetrator, but looking to avoid or escape the situation.

Unplanned surprise attacks often make this impossible. In this situation when a perpetrator has a weapon and is within about a metre of the member of staff the member of staff must make a judgement as to how to best defend themselves.

### **COMMUNICATION / LONG RANGE**

It is vital to use correct communication to defuse the situation in order to prevent the situation from escalating to a physical encounter.

Communication and the creation of distance and or obstacles between the perpetrator and ourselves may buy time to evade the situation. Distance will give time to assess and prepare for a personal attack on ourselves – that is, adopt a protective stance.

### **INTERMEDIATE RANGE**

This range can be measured from between 2 – 3 metres. At this range we should be recognising the warning signs of aggression. We can use this range as a reactionary gap as we should not be taken by surprise if or when the perpetrator attacks. The adoption of a protective stance and the use of loud verbal commands help staff have a psychological edge over the perpetrator in such an incident. This in turn will hopefully lead to the perpetrator changing their mind, becoming co-operative or disengaging.

### **CLOSE RANGE**

A confrontation can often happen at close range (one to two metres), as an aggressor may perceive that this will suit their objective. Staff should be aware that the aggressor might not necessarily intend to use physical violence. A good example of this is where sports players try to influence a referee's decision by displaying a threatening posture.

## **EDGED WEAPONS**

### **NOTES**

Penetration of only a few millimetres can sever major arteries causing unconsciousness in seconds and death in minutes. A blade of less than four centimetres can penetrate vital organs including the heart.

Where possible staff should:

- Withdraw.
- Create distance, or
- Attempt to diffuse the situation.

The use of barriers in this instance (the placing of objects between yourself and the perpetrator) can also be affective. Try to maintain a reactionary gap of at least three metres (plus the length of the weapon) to increase your reaction time.

In facing a knife attack, members of staff must be psychologically prepared to receive some type of edged weapon wound, as even a small cut can have a massive psychological and debilitating effect on some people. If they can understand this risk, then the ability to defend against an edged weapon becomes more viable.

### **EDGED WEAPON GRIP**

To effectively deal with an edged weapon attack staff must have an understanding of the way they are used. Generally they are held in one of two grips:

#### **Straight Grip**

The edged weapon is held with the point of the weapon pointing forward. The cutting edge is usually down and the most common attacks from this grip are:

- Slashes and straight thrusts.

### **Inverted Grip**

The edged weapon is held with the point of the blade pointing back or down. This grip offers less options of attack for the unskilled attacker; however it allows the attacker to conceal it. The most common attacks are:

- Downwards, vertical or diagonal thrusts.

### **Hypodermic Needles**

Another concern for staff working in a secure environment is the use of a hypodermic needle as a weapon, given that HIV and other infectious diseases can be transmitted by contaminated needles.

In reality, the risk of infection with HIV or Hepatitis B after a needle stick is quite low.

Staff who suspect that they may have been in contact with a contaminated needle should seek medical advice immediately as prompt action can reduce risk.

All staff are encouraged to receive Hepatitis B and Tetanus immunisation as a precautionary procedure.

**TRAINING SHOULD REFLECT ATTACKS COMING FROM VARYING ANGLES WITHIN THE MEMBER OF STAFF'S PERIPHERAL VISION. ALL TECHNIQUES WILL BE PRACTICED IN ISOLATION AND WILL BE PROGRESSIVE.**

## **3.1 Escape Options**

Where an armed perpetrator is threatening a member of staff whose exit is blocked, the member of staff should use available items to keep the attacker away. The member of staff should attempt to manoeuvre into a position so that they can exit the room safely closing the door if possible. This action may in exceptional circumstances involve using force against the perpetrator. This can be justified if the use of force was used in the honest held belief that an imminent life threatening attack was about to take place. This may include the use of a pre-emptive response.

Assistance should be sought by whatever means available and if the area is secured then negotiation must commence and the contingency plan be activated for armed removal.

### **3.2 Rescue**

Staff are only to consider acting to save a third party if the situation becomes life threatening and they have balanced the risks. As previously described if the honest held belief that an imminent life threatening attack was about to take place then staff may consider the use of a pre-emptive response. Staff should always carry out a dynamic risk assessment that considers their own safety and that of others prior to any form of physical intervention.