



# Youth Custody Service

## Operational Guidance for use of PAVA

### Version 2

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## **Use of PAVA in Public Sector YOIs (namely Feltham A, Werrington & Wetherby)**

This operational guidance provides leaders in the YCS with details of the roll out of PAVA and ensures that its usage is subject to robust governance (scrutiny & assurance), informing a live evaluation and subsequent reviews of the decision to roll out.

This guidance remains a live document with frequent updates anticipated based on learning and findings from the governance and evaluation process.

### **Action required by:**

YCS Executive Director

YCS Operation Deputy Director

YCS Operations (Use of Force, Safeguarding, Equalities and Safety leads)

DoS (ORRU & Insights)

Governors

Public Sector YOIs

NHSE

### **Mandatory Actions:**

All groups referenced above must be aware of the requirements section of this guidance, which contains mandatory actions.

### **For Information:**

All staff and partners are aware of the operation of PAVA in YOIs.

**Resource impact:** Staff will require an additional training element as part of roll out. The Operational Response and Resilience Unit has recruited additional staff to support training roll out and evaluation.

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**Deputy Director clearance:** Sonia Brooks

**Executive Director approval:** Ed Cornmell

## 1. Public Sector Young Offender Institutions (YOIs)

- 1.1 The safety and welfare of children and young people (CYP) in custody and our staff is paramount. The Youth Custody Service (YCS) are focused on improving safety in the youth estate, where we manage an increased risk of injury from serious incidents, with higher rates of assault on staff and young people.
- 1.2 The public sector YOIs are allocated CYP who are remanded or convicted of a criminal offence and are therefore held lawfully for justice purposes. The placement principles of the Youth Custody Service means that children and young people aged 15-18 (an 18-year-old cannot be placed from court/ new community admission) are within the public sector YOIs. In the Authorised YOIs in May 2025 there were 278 children and young people, 10 aged 15, 38 aged 16 years, 159 aged 17 years and 71 aged 18+ years. An increase in 18-year-olds within the CYPSE was to provide support to the adult male estate due to capacity pressures and is gradually reducing.
- 1.3 The public sector YOIs form part of the wider custody estate and have a relatively large physical footprint holding high numbers of CYP in comparison to the smaller more child focussed environment and reduced capacity seen in the Secure Training Centre (STC) and Secure Children's Homes (SCHs). The Feltham A, Werrington and Wetherby (together the Authorised YOIs) are made up of living and communal accommodation which generally replicates traditional prison wings and exercise yards. Despite the Authorised YOIs not being in line with the evidence about what works in caring for CYP in custody, The Framework for Integrated Care (SECURE STAIRS) and effective behaviour management continues to be a priority to stabilize and reduce levels of violence.
- 1.4 In the 12 months to March 2025, the Authorised YOIs (Feltham A, Werrington and Wetherby) had an assault rate of 379.7, this is an increase of 11.3% from 341.3 in the 12 months to March 2024. The rates for the 12 months to March 2025 are almost 11 times higher than the adult estate. In the 12 months to March 2025, the Authorised YOIs (Feltham A, Werrington and Wetherby) had a serious assault rate of 35.8 per 100 CYP. This is an increase of 58% from 22.6 in the 12 months to March 2024. This is around 9 times higher than the adult estate<sup>1</sup>. In the latest 12 months (to March 2025) the children and young people's secure estate (CYPSE) held a proportionately higher risk population with offences of 'Violence Against the Person' the dominant offence group, with 65% in the authorised YOIs having committed acts of violence against the person.
- 1.5 The risk of life changing or life ending injury resulting from a serious act of violence against a child/young person or staff member is the central focus of why PAVA could be deployed. In incidents with a large number of perpetrators it can take time to muster a suitable staffing response to intervene safely. Where national support is required, it can take even longer (typically over an hour) for them to attend the incident as the estate is geographically dispersed. During this

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<sup>1</sup> (To note data cannot be directly comparable due to different counting rules for adult and children's estate).

time there are heightened risks to the victim(s) or to staff should they intervene with limited numbers and are placed at risk themselves.

1.6 In the latest 12-months to March 2025 in Authorised YOIs the proportion of incidents that cause injury to staff and children is 17% for CYP and 21% staff. This is higher than the SCH sector where the proportion of injuries that occur from assaults for children and young people is 16% and for staff 8%. The STC sector injuries to staff and children were both 19%.

1.7 In the latest 12 months to March 2025 the authorised YOIs have higher rates of serious assaults, occurring, with the rate of 35.8 per 100 CYP, whereas the SCH sector is 3.4. The STC sector remains the highest rate of serious assaults at 41.6 per 100 CYP over the 12 months to March 2025.

1.8 An assault is a serious assault if:

- I. it is a sexual assault.
- II. it results in admission to outside hospital as an inpatient.
- III. the CYP requires medical treatment for concussion or internal injuries.
- IV. the injury is a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing or similar treatment, bites, or temporary or permanent blindness.

1.9 Examples of injuries sustained, through either use of boiling water, use of improvised fashioned weapons and/or repeated stamps to a victim's head, include scalding, concussion, fractures (jaw, cheek bones and ribs), lost teeth, stabbing/puncture wounds and cuts.

1.10 Violence occurs mostly on residential units, exercise yards or when enroute or in attendance at Education<sup>2</sup>. The multi-perpetrator assaults are predominantly in these communal and/or open areas and often do not stop until sufficient staff are in attendance to intervene and gain control, unlike violence in the SCH's which involve lower numbers of children (see tables below as a comparison<sup>3</sup>):

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<sup>3</sup> If a victim of an assault fights back with unnecessary violence, then they will both be recorded as fighters rather than assailant/victim.

If there is an assault on a staff member, then there may be zero children or young people (CYP) victims shown. For Secure Children's Homes, if the victim is a welfare CYP, then there would be no victim shown on the incident as we only count justice CYP – conversely if a welfare child assaults a justice CYP then there would be no assailant counted.

There may be multiple assailants, fighters and/or victims within an incident so the sum of the number of participants may be greater than the sum of the incidents.

## Public Sector YOIs - Table 1

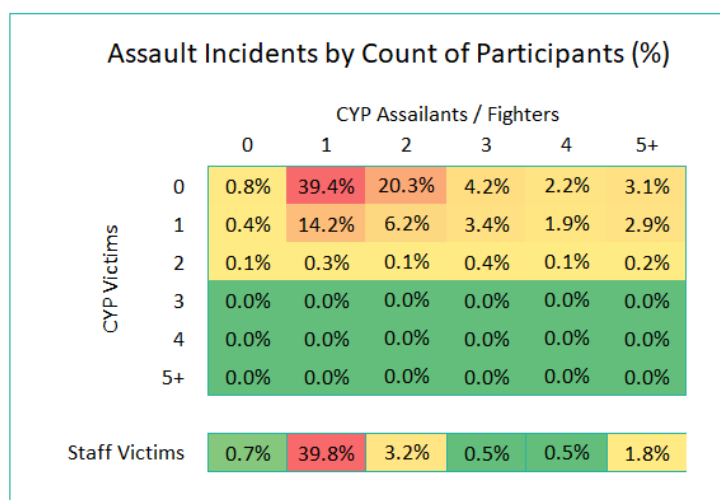


Fig 9. Number of assault incidents by ratio of assailants / fighters to victims.  
Staff assaults by number of assailant / fighters.

**Table 1:** Number of assault incidents by ratio of assailants/fighters to victims. Staff assaults by number of assailant/fighters in Public Sector YOIs – 12 months to March 2025 (excluding Cookham Wood)

## Secure Children's Homes – Table 2

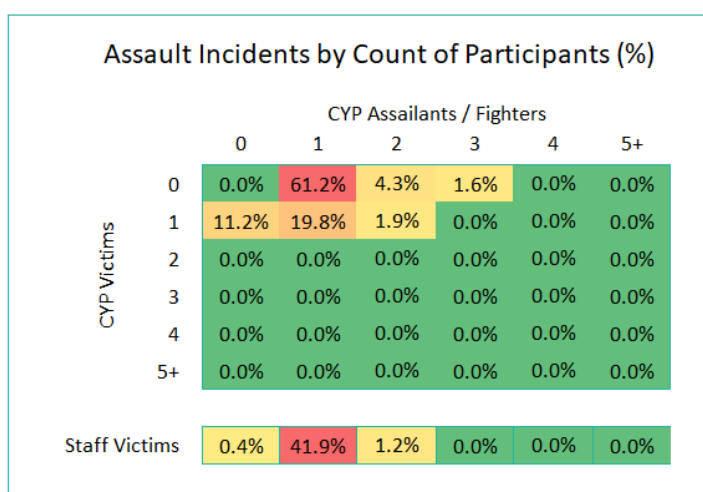


Fig 9. Number of assault incidents by ratio of assailants / fighters to victims.  
Staff assaults by number of assailant / fighters.

**Table 2:** Number of assault incidents by ratio of assailants/fighters to victims. Staff assaults by number of assailant / fighters in Secure Children's Homes

1.10 In the 12 months leading up to March 2025 public YOIs had a higher proportion of multi perpetrator assaults in comparison to the SCH sector.

1.11 There are differences in physical infrastructure and environment across our sectors which will have an impact on outputs that can be drawn from data. This includes unit sizes, number of CYP residing on units, exercise yards etc.

## 2. Necessity for the roll out of PAVA in the Authorised YOIs

- 2.1 PAVA roll out locally to the Authorised YOIs is necessary to manage the presenting risk to life/life altering injury. Balancing the levels of serious multi-perpetrator violence present in the Authorised YOIs (and associated risk) against the rights of children and the need to further evaluate the impact, a restricted deployment into the Authorised YOIs would inform a live evaluation with scheduled reviews.
- 2.2 A restricted deployment in the Authorised YOIs to an identified dedicated staffing group will provide:
  - A basis to gain evidence in a controlled manner.
  - Increased staff confidence.
  - Reduction in serious violence / risk to life in some incidents.
  - Distance control aligned to personal protection with Spontaneous protection enabling accelerated response (SPEAR)<sup>4</sup> training package.
  - Higher trained staff group to increase control on use and reduce inappropriate use
- 2.3 This would be achieved with Governance, oversight, and experience from adult estate to support effective controls, and further enhance the level of scrutiny and oversight already in existence within the YCS.
- 2.4 PAVA provides staff with a means to safely intervene in a serious incident whilst keeping distance. PAVA has an effective working range between 1 and 4 metres (from the canister to the subject). Maximum accuracy will be achieved over a distance of 1.25 – 2 metres. No other intervention currently allows staff to remain safe and still intervene in a timely fashion both at distance and where multiple assailants are involved.
- 2.5 Improving safety in the CYPSE is a complex issue with no single solution. It is important to note that the introduction of PAVA is not expected to reduce overall levels of violence but has the potential to reduce its severity, providing a tool to protect staff and/or children and young people from the risk of life-changing or life-ending injury.

## 3. Deployment of PAVA in the Authorised YOIs

- 3.1 A limited number of operational staff in the Authorised YOIs will be specially trained and issued with PAVA for use when proportionate to the seriousness of the circumstance to prevent serious harm to children, staff or others. These staff must wear and operate a body worn video camera (BWVC).

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<sup>4</sup> SPEAR is the personal safety package for HMPPS staff. It's based on the body's natural flinch reaction when faced with danger. SPEAR training focuses on pre-contact cues to give staff greater awareness of their surroundings and presumed compliance, while also looking at non-violent postures. Training around pre-contact cues will help staff in their day-to-day tasks, not just when using force. The training is non-gender, age, size and strength specific and therefore can enable all.

- 3.2 PAVA will be introduced in an establishment only after it has passed a readiness assessment, designed to ensure that the establishment is well placed to support staff in the legitimate use of force through strong governance, training and staff support. The introduction of PAVA does not replace wider efforts to improve safety and rehabilitation.
- 3.3 Individual staff will only be permitted to carry PAVA following individualised readiness assessments and specialist training.
- 3.4 This operational guidance brings together existing instructions within HMPPS and the YCS and sets out the actions to meet our legal requirements and our duty of care to staff and CYP.
- 3.5 The policy “Use of Force, Restraint and Restrictive Practices in the CYPSE” applies to all Use of Force incidents in youth custody, but we provide here the additional measures and considerations specifically around use of PAVA within youth custody.

#### **4. What is PAVA?**

- 4.1 PAVA (Pelargonic Acid Vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.
- 4.2 PAVA is an irritant spray dispensed from a hand-held canister in a liquid stream. It contains a 0.3% solution of pelargonic acid Vanillylamide, a synthetic capsaicinoid, in a solvent of aqueous ethanol. The propellant is nitrogen. Prior to roll out into the adult male estate within HMPPS, PAVA had full medical research conducted and is approved for operational use by the Home Office Centre for Applied Scientific Technology (CAST) and the Defence Science and Technology Laboratory (DSTL).
- 4.3 PAVA is to be directed towards the eyes and can temporarily incapacitate most subjects. A full recovery should take place within 40 minutes. It is not universally effective, and some people may suffer little to no effects, whilst others may have a longer or more severe reaction. There is limited international research and evidence on the impacts of PAVA when used specifically on children (aged 15 to 17 years). The roll out of PAVA within the YCS, supported by a live evaluation, will allow for an effective evidence base to inform any future decisions on PAVA use.
- 4.4 The effective working range for PAVA is between 1 and 4 metres (from the canister to the subject). Maximum accuracy will be achieved over a distance of 1.25 – 2 metres. PAVA should not be used at less than 1 metre from a CYP if it can be avoided. Using PAVA under 1 metre increases the risk of injury to the eyes from the pressure of the spray and increases the risk of the user being affected by PAVA.

## **5. Preparing for PAVA within YOIs**

**YOIs must demonstrate readiness and complete a programme of staff training and briefing to CYP and stakeholders before PAVA is issued.**

- 5.1 YOIs will be supported by the YCS Operations Team whilst they are preparing for and going through the process of rollout. The Executive and Deputy Director will seek assurance that a site has fully implemented the requirements of the readiness assessment (Annex A) with use of force governance assessed as adequate and robust; equalities analysis is embedded into use of force scrutiny and that a site can facilitate the planning and delivery of training and awareness to support rollout.
- 5.2 Training and preparation includes: ensuring that Custodial Managers (CM) and Managing and Minimising Physical Restraint (MMPR) Co-ordinators (or nominated individuals) are trained in the key elements of SECURE STAIRS (the framework for integrated care); body-worn cameras are in effective use; there is effective Restraint Minimisation governance, equality monitoring and Child Protection measures in place; and the site has sufficient NHS or NHSE commissioned health provider staff, they have given due consideration to the makeup of the population and its protected characteristics and have consulted with their health and safeguarding partners.
- 5.3 Before any staff are issued with PAVA, they must have undergone an individual readiness competency assessment and successfully passed the training (Annex B).
- 5.4 Selected CMs and MMPR Co-ordinators (or other designated staff) within the YOIs will be trained in the YCS specific approved practices for carrying, drawing and deploying PAVA safely. The practical use of PAVA will be in accordance with all current users of PAVA however this training will additionally ensure that there is a specific focus on children, building on the MMPR training that these selected staff have had (and they are refreshed in bi-annually). The aim will be to build in learning and responses to the evaluation of PAVA roll out in the adult male estate with live learning from the deployment into the YOIs. Training will be refined over time as part of the wider evaluation of the deployment of PAVA in the Authorised YOIs.
- 5.5 A risk assessed number of CM and/or MMPR Co-ordinators (or other designated staff) will be on duty daily at each site to provide access to this option. These managers are responsible for training or supervising the use of force in an establishment and responding to a serious incident. They have a distinct responsibility that supports their selection however, there will still be a need for each person to be deemed competent by the Governor to carry PAVA.
- 5.6 The training package (SPEAR & PAVA) is expected to take 1½ days to be delivered. It will build on existing training that operational staff have received

on MMPR, Exceptional Safety Measures, Child Protection, Safeguarding, Neurodiversity, Neurodevelopment and Equalities awareness. All staff will also receive additional training in disparity awareness.

- 5.7 The individual readiness competency assessment will remain a live and ongoing assessment, reviewed where circumstances inform the need to do so. A register of readiness assessments will be held and reviewed at least annually.
- 5.8 Aligned to this will be a series of consultation exercises with CYP, briefing for staff (HMPPS YCS and partners within sites and co commissioned services) and communication to the families of CYP to share details of the purpose and alleviate concerns regarding the initiative. Records of this engagement will support ongoing evaluation and scrutiny.
- 5.9 Literature for use within YCS for CYP, staff and stakeholders will be provided as part of the roll out planning.
- 5.10 The sign-off for the planned Readiness Assessments will be from a HMPPS Senior Civil Servant external to the YOI. Establishments will not be deemed ready for planned roll out if the Senior Civil Servant does not give their support if they have failed to meet the criteria outlined above.

## **6. Authorisation**

**Governors must ensure that only operational staff with constabulary authority who are deemed competent are permitted to carry PAVA.**

- 6.1 PAVA may only be carried and used by operational staff trained and accredited in its use, working in establishments authorised to do so. **Wear and activate their BWVC in any instance where PAVA is drawn or deployed.**
- 6.2 Operational staff who are trained and deemed competent to be issued with PAVA must carry it at all times when on duty in the establishment. PAVA must not be taken on bed watches or escorts.
- 6.3 Establishments will have sufficient operational staff carrying PAVA to ensure that capability is available based on the site's footprint and operating security envelope. This assessment considers activities, location and times when violence occurs (Annex C).
- 6.4 Operational Response and Resilience Unit (ORRU) staff attending establishments on operational response can carry PAVA for personal protection and will operate to the same standards as local staff. The use of PAVA during planned tactical intervention is governed by separate policy and

Operational Resilience and Response Unit staff will continue to seek authority from the incident commander when this applies.

## 7. Use of PAVA

- 7.1 PAVA must only be used in exceptional circumstances and used as a last resort where all other options have been exhausted. It must only be used where it is necessary, reasonable, proportionate if it is proportionate to the circumstances.

Deployment of PAVA will only be considered reasonable and proportionate where serious violence likely to cause serious harm is underway, or imminently likely to occur, and it cannot be effectively and safely managed by other methods.

PAVA must only ever be drawn or deployed in proportionate response to the seriousness of the circumstances and only ever as the last resort.

### Principles for Use

- 7.2 The use of PAVA is governed by the same rules and law relating to the use of force. Staff considering use of PAVA must consider the four principles and make a dynamic risk assessment of the circumstances to ensure the drawing and/or use of PAVA is necessary, reasonable and proportionate. The use of force will be justified, and therefore lawful, only
- I. If it is reasonable in the circumstances
  - II. If it is necessary
  - III. If it is proportionate to the seriousness of the circumstances
- 7.3 As the use of PAVA is based on a dynamic risk assessment, considering the severity of the circumstances presented, it is not possible to have in place a process for the seeking of authority for each use. As such, those carrying PAVA will have been specially selected, trained and deemed competent.
- 7.4 Staff trained and authorised to carry PAVA must assess whether the threshold set in this operational guidance for the deployment of PAVA has been met, or indeed whether other less intrusive techniques may be more appropriate to the circumstances. It is understood that staff need to make a dynamic assessment in very difficult circumstances, taking into account the relevant factors and the interplay between them. It is therefore essential that all staff deploying PAVA are competently trained, understand the guidance and **operate BWVC**. Additional to this, staff must consider the following factors:

- I. **Prior experiences with the CYP posing a potential threat.** Staff may have experienced and/or managed previous violence from a CYP and any known triggers for such behaviour such as mental health crisis, emotional vulnerability or intellectual or physical disability should be considered before use wherever possible. Children may also be on bespoke MMRP handling plans which staff should make themselves aware of as they will guide staff on what type of force may be used. Case formulation (completed as part of the Induction process) will inform of such risk factors and should be frequently reviewed by the CYPs support team. Minimising and Managing Physical Restraint (MMPR) handling plans developed by local MMRP co-ordinators will be shared as part of staff briefings by the unit Custodial Manager. Where children have bespoke MMRP handling plans these will guide staff if any type of force is required.
- II. **Suitability and appropriateness of de-escalation techniques.** Before deploying PAVA, staff should carefully consider whether its use is strictly necessary, or whether alternative measures are available to deal with the incident.
- III. **Support from other staff.** Staff should consider whether colleagues responding to the incident will be able to assist in dealing with the incident swiftly and effectively without the use of PAVA. Use of PAVA may be appropriate where the number of staff immediately on the scene is insufficient to deal with an incident where serious violence likely to cause serious harm is taking place or there is an imminent risk of such violence taking place (see Annex D).
- IV. The nature and extent of the threat or harm. Staff must assess the level of violence being offered and individual CYPs' capability, intention, and perceived lack of understanding of the harm they may cause. Deployment of PAVA will only be considered reasonable, necessary and proportionate where serious violence likely to cause serious harm is underway, or imminently likely to occur, and it cannot be effectively and safely managed by other methods. The use of weapons, threat to use weapons and/or history of weapon carrying/usage will be a significant consideration.
- V. **The location of the incident and the physical environment.** Confined spaces (e.g. rooms, classrooms, interview rooms, offices etc), increase the risk of others present being affected by PAVA. Careful additional consideration as to whether PAVA is the appropriate option must be taken in areas where others are present. Extra consideration as to whether PAVA is the appropriate option must be taken in areas where members of the public are present, especially children (e.g., the visits hall). If deployed outside, factors such as wind can affect the accuracy of deployment.

- VI. **Any other relevant factor** such as suspected influence of drugs or movement of the CYP in and out of the effective working distance for the PAVA.

The YCS have identified some situations in which the use of PAVA would not be necessary, reasonable and proportionate. Staff must be aware that the use of PAVA is not permissible in circumstances including (but not limited to) the following:

- I. As a replacement for other MMPR techniques or equipment where those alternatives are sufficient to deal with the incident. The dynamic risk assessment should identify PAVA to be the only available option in the circumstances.
- II. At a distance of less than 1 metre (when measured from the hand holding the canister) unless this cannot be avoided. Use under this distance increases the risk of injury due to the pressure of the liquid stream and increases the risk of the user being hit with PAVA.
- III. To obtain compliance with an order where a CYP is not actively violent or otherwise threatening serious harm.
- IV. Once an assault has ended, and if there is no remaining threat of further attack.
- V. On a CYP who is under restraint using MMPR techniques or in wrist restraints or ratchet handcuffs.
- VI. During planned interventions (other than interventions where the Intervention Plan has been approved as part of the Incident Command Structure).
- VII. To saturate an area with PAVA such as a wall or landing area. PAVA must be aimed at an individual.
- VIII. During incidents at height.

- 7.5 It is the responsibility of every member of staff who is authorised to carry PAVA to know the principles of law and understand how this guidance applies to their own practice. This will be covered in initial and refresher training.

#### **When a decision has been made to use PAVA (draw and/or deploy)**

- 7.6 Body Worn Video Cameras must be turned on (and other staff in the vicinity also instructed to do so) to record the events leading up to the drawing and/or use of PAVA. Once turned on, recording must continue until the CYP is relocated and the incident is resolved.

- 7.7 Staff must always draw PAVA in an open and visible manner. The explicit warning and drawing of PAVA can itself act as a deterrent and may prevent further threatening or violent behaviour.
- 7.8 Following the use of PAVA, staff must assess whether it is necessary or reasonable to use any further force. Any further application of force following use of PAVA (e.g. application of wrist restraints, ratchet handcuffs or guiding holds) must be carefully considered and each further application of force will need to be specifically justified as reasonable, proportionate and necessary in the relevant circumstances. After deployment of PAVA, staff should look to de-escalate and provide immediate support and aftercare, in collaboration with health colleagues.
- 7.9 Staff will be required to explain the decision-making process that they went through prior to deploying PAVA, and to show that alternatives (e.g. attempts to remove themselves and/or others at risk from the threat and/or de-escalate the situation) were considered.
- 7.10 If a BWVC was not activated at the time of use the reasons must be explained in the Use of Force report and brought to the Governor's attention in the daily incident report.

## **8. Healthcare and medical considerations**

**Governors must ensure that healthcare professionals working in the site are fully briefed on what is expected of them locally.**

**Governors must agree local arrangements to ensure support and aftercare for CYP and staff who have been subject to the effects of PAVA.**

- 8.1 As part of the introduction of PAVA, healthcare staff will be trained in their responsibilities and the aftercare following use of PAVA. This will form part of the local staff induction process for new health professionals taking up roles within the establishment.
- 8.2 The role of healthcare staff when PAVA has been used is the same as for other use of force incidents. Due to the spontaneous nature of incidents where PAVA may be used, it is unlikely that healthcare will be present during the use of PAVA but when healthcare staff are on duty, they should respond to every use of force incident as a priority. Following each instance of use of PAVA, staff must notify the healthcare team that PAVA has been deployed. An F213 should be completed by healthcare of every CYP exposed to PAVA. On arrival at an incident, healthcare staff must be made aware if PAVA has been used. The Incident Manager must liaise with healthcare and adhere to any clinical advice given.

- 8.3 CYP exposed to PAVA must be subject to regular observations of at least 4 an hour until the effects have subsided. Observation by a healthcare professional is best practice, and if available for the duration of this period must be available to provide support for recovery as necessary. PAVA effects subside quicker when an individual has access to fresh air, and this must be facilitated where reasonably practicable in the light of other risks to health and or security.
- 8.4 Others in the area may be unintentionally exposed to PAVA and suffer symptoms. Anyone experiencing ongoing symptoms must be seen by a healthcare professional. Staff who have also been exposed to PAVA must also be informed of the risks of this exposure and provided with appropriate information about how best to treat any side effects of secondary exposure.
- 8.5 Designated staff who carry PAVA are trained in the signs and symptoms of medical distress and how they differ from the normal effects of PAVA. In the event a CYP shows Serious Injury or Warning Sign (SIWS), healthcare staff in attendance at the incident or first aider will provide support. If there is no first aider at the scene staff will need to follow the process for a medical emergency as taught in MMPR training.
- 8.6 Everyone exposed to PAVA, including secondary exposure, will have the information leaflet explained to them and be given a copy at an appropriate later point. The leaflet is attached at Annex E. If BWVC is in use during the use of PAVA it should be left on to record the CYP's response to the effects of PAVA until a healthcare professional is confident that the main effects have subdued, and it is safe to reduce observations to less frequent checks.

## **9. Post Incident**

**Governors must establish local arrangements to ensure aftercare for CYP and staff who may be subject to the effects of PAVA are sufficient.**

**Governors must ensure reporting, debriefing and governance requirements are met as set out in this operational guidance.**

- 9.1 Immediately following the deployment of PAVA, in addition to the steps set out above: The CYP affected must be subject to regular observations of at least 4 per hour or until the effects have subsided, whichever is longer.
- 9.2 As far as possible, a healthcare professional should be available for the duration of this period to support recovery as necessary. The CYP must be subject to regular observations following the incident until a full recovery is made (see para 4.2).
- 9.3 Although most people recover from immediate symptoms usually within about 40 minutes, the effects can be different for each person. A close eye needs to

be kept monitoring their well-being and recovery, and the need for medical intervention if necessary.

- 9.4 An Injury to young person (F213) must be completed and Healthcare notified.
- 9.5 An immediate debrief of all staff present must be undertaken by the Duty Governor and an entry made in the young person's NOMIS case notes.
- 9.6 Governor in charge (i/c) must be informed as soon as is practicable. The use must also be reported immediately, or as soon as operationally practicable, via the PAVA HQ mailbox - [YCS\\_HQ\\_PAVA\\_Reporting@justice.gov.uk](mailto:YCS_HQ_PAVA_Reporting@justice.gov.uk), to central YCS duty operations manager and a local intelligence report must be completed and submitted to the security department
- 9.7 The Duty Governor is responsible for ensuring that the CYP significant others (family/YOT) are informed and also notify of the use to the local/host and home Director of Children's Services.
- 9.8 The policy "Use of Force, Restraint and Restrictive Practices in the Children and Young People Secure Estate (CYPSE)" mandates use of force documentation to be completed within 24 hours. This includes drawing or use of PAVA.
- 9.9 A post incident debrief must be completed by a Manager (Band 5) or above with the CYP within 24 hours. This is vital so that a CYP can give their version of events, discuss concerns and understand why PAVA was used. This must be recorded on the debrief paperwork and collated with the incident paperwork.
- 9.10 There is no requirement to complete a separate use of force form for secondary exposure, however details of any person unintentionally exposed to spray should be captured in the Annex A of the use of force form, and the CYP. It is important that they also have the chance to ask questions about why PAVA was used, and why they were affected.
- 9.11 Although exposure to PAVA to the eyes is required for full irritant effect, contact to other areas, including clothing, may result in lesser symptoms such as minor irritation to the airways and eyes. In the event that clothing is contaminated by PAVA, the CYP or member of staff should be given the opportunity to change. Staff uniform may be taken and laundered at home as usual without any further adverse reaction.
- 9.12 Staff should be given time to allow the effects of any unintended exposure to wear off before resuming normal duties and should seek advice from healthcare staff or first aider if symptoms persist. The Governor should make arrangements to ensure that that staff are suitably supported whilst in recovery.

## **10. Recording and monitoring**

**Local record keeping for storage, issue and use of PAVA must be comprehensive and coordinated.**

**Staff must report any use of PAVA, including incidents where it is drawn and not deployed, using the official Use of Force forms.**

- 10.1 Those drawing or using PAVA must complete a use of force form. This is also necessary where a verbal warning to signal potential use of PAVA has been given but PAVA has not been discharged.
- 10.2 Full guidance on completing the Use of Force staff statement is provided at paragraphs 4.80 – 4.82 of the policy “Use of Force, Restraint and Restrictive Practices in the Children and Young People Secure Estate (CYPSE)”. It should be a freely recalled description of the incident and the justification for use of PAVA including why other techniques were not used.
- 10.3 A record of the hot debrief should be made, detailing those present and any issues raised. This should be recorded in the staff statement by the Incident Manager attending the incident. If possible, this should be recorded on a BWVC and reference made in the UoF Annex A.
- 10.4 The SMT lead with responsibility for use of force must make sure that all the necessary actions and support is given post incident. This includes making sure that the post incident review is arranged and conducted within 72 hours.
- 10.5 All incidents involving the drawing and use of PAVA must be discussed at the local Restraint Minimisation Meeting and lessons learned shared with all staff. This can include, for example, what else could have been tried to de-escalate the situation so that PAVA is not needed, further training that may be required, as well as any issues about the technical use of the spray.

## **11. Governance, oversight, monitoring and assurance**

**Governors must ensure that robust governance arrangements are in place to provide assurance and scrutiny of the use of PAVA.**

- 11.1 **All establishments to be issued with PAVA must have a Restraint Minimisation Meeting that meet on a weekly basis chaired by the Governor (or Deputy Governor in their absence).** As part of the readiness assessment for the roll out of PAVA establishments will be provided with guidance on how to ensure effective governance and assurance around UoF. YCS Operations will undertake frequent assurance activity to ensure that standards achieved at readiness assessment sign-off are maintained.
- 11.2 A member of the SMT must take overall responsibility for use of force, including PAVA. The SMT member must assure themselves that governance arrangements are complied with, and that regular and unannounced assurance checks are completed. This is to ensure that trained and competent staff are

carrying PAVA, and that use is properly accounted for. Quality assurance checks should include the weighing and examination of canisters to determine that the canisters have not been deployed without a record their findings along with the auditable record of allocation and return. This should be 10% of staff members per month.

- 11.3 Every drawing and/or use of PAVA must be subject to lessons learnt review. The Governor (or Deputy Governor in their absence) should examine the CCTV/BWVC footage no later than the next working day following the PAVA use. In the absence of the Governor or Deputy Governor this will need to be carried out by the most senior person in the establishment. This is to ensure that any initial managerial action is not delayed, and to ensure that they are appraised and familiar with the incident to allow for any queries from the Executive Director and/or Deputy Directors offices.
- 11.4 All incidents of PAVA deployment will be notified to the Home and Local Director of Children Services.
- 11.5 The review process must incorporate as much information as possible including:
  - A verbal account of any dynamic risk assessment and decision-making process by the user and the supervising officer
  - CCTV and BWVC recorded by the user and any other person in the vicinity of the incident
  - Consideration of alternative courses of action
  - All completed use of force forms
  - Medical reports including F213
  - Post Incident debrief and review
  - Feedback from the child protection referral if one has been submitted.
- 11.6 The Restraint Minimisation Meeting must consider the findings of every review and plan remedial actions as necessary. This could include provision of further training, managerial guidance and awareness raising.
- 11.7 As is the case with any other area of practice, a review may lead to formal investigation if it is deemed that the drawing and/or use of PAVA may have breached thresholds and/or constitute the unlawful use of force. Where this is identified as a risk then Governors should follow the procedures outlined in policy regarding conduct and discipline.

### **Monitoring and evaluation arrangements**

- 11.8 Collecting, reviewing and monitoring data about instances where PAVA is drawn and/or deployed, with debriefs of staff and CYP, will inform any changes to policy and practice. Furthermore, the Equalities Analysis will be subject to regular review based on findings from monitoring and evaluation arrangements. An Equalities Analysis has been developed as part of PAVA roll out into the YOIs (Annex F).
- 11.9 The live evaluation of the use of PAVA in the Authorised YOIs will involve a

bespoke system of monitoring, ensuring close scrutiny and oversight at four levels: (i) local, (ii) national, (iii) independent and (iv) ministerial.

### **Local oversight and monitoring**

- 11.10 Senior officials will review every incident of PAVA being drawn or deployed when young people in custody are involved, with every use reported to the Director of Children's Service for the host and home Local Authority, and any unauthorised use reported to both the Local Authority Designated Officer and the relevant Director of Children's Service. Any unnecessary or inappropriate use will be investigated in line with safeguarding policies.
- 11.11 In particular, in relation to each instance in which PAVA is used or drawn for use:
- The incident must be reported to the PAVA HQ YCS mailbox and the YCS duty Operations Manager, Immediately, in that when it, when it is operationally practicable to do so.
  - Immediate aftercare will be provided.
  - Any medical impact will be assessed by [a medical health care professional], from both a physical and mental health perspective and recorded on the F213 and PAVA observations checklist.
  - The member of staff [who deployed PAVA] and any child or young person (CYP) affected by its deployment will be subject to a debrief by an appropriate member of staff.
  - The instance in question will be reviewed by establishment Governors and/or Deputy Governors, alongside health, equalities and safeguarding establishment leads.
  - The instance in question will be reported to the Deputy Director Operations YCS.
  - Local Authority Designated Officers (LADO) will be notified of any use of PAVA that raises a child protection referral.
  - Data regarding the [protected characteristics of any CYP affected will be collected and scrutinised collectively by MMPR and the Equalities lead. The purpose of this data collation will be to assist with a review of each use case and to identify any disproportionate impact on CYP with particular protected characteristics. This data will be shared with ORRU Insights and Assurance for an ongoing live evaluation.
  - The Governor will also be briefed on the data described in the immediately preceding sub-paragraph.

### **National oversight and monitoring**

- 11.12 The Deputy Director of Operations, Head of Safeguarding and Head of Use of Force will conduct a further review every incident of PAVA being drawn or deployed when young people in custody are involved.

The insights and Assurance Team (within ORRU) has dedicated resource to examine use of PAVA will examine disproportionate usage, staff behaviours and the impact on communication and relationships with CYP. A methodology

for the evaluation aligns with the PAVA roll out (Annex H).

11.13 The YCS Operations Team will also oversee the use of PAVA in each instance in which PAVA is used or drawn for use (Annex G):

- a. The YCS Operations Team will comprise a team of experts on the use of force, Safeguarding, Equalities and an Evaluation Team.
- b. In each instance in which PAVA is used or drawn for use, its use will be reviewed by the YCS Operations Team to ensure that:
  - It was deployed in a manner compliant with this operational guidance;
  - It was deployed in a manner consistent with the requirements set out in staff training;
  - Its use was justified in the circumstances;
  - Relevant factors were taken into account when the decision to deploy PAVA was made; and
  - The local governance and review process was adequate.
- c. To facilitate the oversight of the use of PAVA in the Authorised YOIs by the YCS Operations Team, each Authorised YOI will be required to supply the following documents electronically to the YCS Operations Team:
  - Use of Force reports (Annex A);
  - A summary of the debrief undertaken with the child and young person (CYP);
  - A summary of the debrief undertaken with any staff member;
  - BWVC and CCTV footage;
  - Copy of the case formulation for the CYP;
  - Any MMPR handling plan in place; and
  - Details of local governance/assurance check undertaken.
- d. In addition to reviewing PAVA uses, the YCS Operations Team will also consider the data underpinning uses of PAVA to seek to identify trends in PAVA use and areas where further action may be needed to address concerns over any identified disproportionality.
- e. The Operations Team will identify whether the use of PAVA in any incident was compliant with operational guidance and seek to identify any areas of good practice or lessons learned. Areas of non-compliance will be highlighted to the Deputy Director of Operations for YCS and details of intended steps to be taken provided by the Governor of the establishment.
- f. The review meetings will usually be convened on the first and third Thursday of each month.

### **Independent oversight and monitoring**

There is a collective responsibility for the monitoring of the use of pain-inducing techniques on CYP by His Majesty's Prison and Probation Service (HMPPS) Youth

Custody Service (YCS), Youth Justice Board (YJB) and the Ministry of Justice (MoJ).

- 11.14 The Independent Review of Restraints Panel (IRRP) has been convened to respond to Recommendation 11 in the independent review of pain-inducing techniques in the youth secure estate by Charlie Taylor (June 2020). It is acknowledged that the IRRP consists of both members who are independent of the YCS, notably the Chair, but also those who work directly for the organisation and have a lead role to play in the improvement and development of practice.

The IRRP helps to assess the safety of the use of restraint in secure training centres and YOIs. It is responsible for (i) assessing what it is like to be restrained in the YCS and (ii) making recommendations to establishments on how to improve. The IRRP:

- a. Reviews incidents where the use of pain-inducing techniques (PIT) have been deployed across the secure youth estate, including the Prisoner Escort and Custody Services contract (PECS);
- b. Reviews a sample of incidents in which a Serious Injury or Warning Sign (SIWS) has been identified;
- c. Examines the underlying causes of the incident to understand why the restraint occurred;
- d. Supports the establishment in developing an action plan aimed at reducing the use of Physical Intervention Techniques (PIT) and restraint overall;
- e. Aims to review as many incidents as possible, while also conducting a quarterly review of the scope of its review to ensure it remains fair and representative of the entire sector;
- f. Seeks the views of children and young people who have been subject to restraint, PIT or SIWS;
- g. Seeks to ensure any associated practice or advice is inclusive and in accordance with Equalities Act 2010; and
- h. When Physical Intervention Techniques (PIT) have not been used, the panel will instead review restraint incidents selected by the Chair.

- 11.15 The IRRP will review every instance of PAVA use and will include this in their report to ministers annually, which is published on GOV.UK.

## **Ministerial**

- 11.16 A weekly report to ministers on any serious incidents will also include PAVA, and while use is expected to be low, ministers will review incidents, and all data related to the drawing and use of PAVA on a monthly basis. There will be a clear focus on any disproportionate use and equality considerations.
- 11.17 At the end of the twelve-month period, the Secretary of State for Justice will conduct a further review of the policy, in light of all of the evidence, following which a decision will be taken to continue, change or stop the use of PAVA.

## 12. Carrying and Storing PAVA

**Governors must ensure that arrangements are in place for the safe use and secure storage of PAVA within their establishment.**

- 12.1 PAVA canisters and holders are for personal issue. PAVA must be carried in the approved and issued holster, secured to the individual's belt and with the lanyard attached.

PAVA must not be taken out of the establishment. If on detached duty, PAVA may be issued at the receiving establishment, and staff should not take PAVA from their home establishment. Staff must store canisters and holders in secure lockers when it is not in their possession.

- 12.2 The SMT member with responsibility must ensure a PAVA Issue Log is maintained as a full auditable record of the allocation, weight and return of every canister to staff. In the event a canister is used it should be signed back in on the log, noting the evidence bag number.

- 12.3 The SMT member with responsibility must ensure that PAVA canisters held in reserve are stored in a secure and auditable manner and in accordance with Health and Safety at Work Act 1974, the Management of the Health & Safety at Work Regulations 1992 and the Control of Substances Hazardous to Health Regulations 2002 (COSHH) taking due regard to manufacture's guidelines. Storage should be clearly marked with restricted access. Inert canisters for training should also be securely stored and clearly marked as training aids to prevent issue.

- 12.4 In the event PAVA is taken outside the establishment without authorisation, it should be reported:

- via the single incident line, and;
- on IRS as a miscellaneous incident, and;
- to Deputy Director Operations, and;
- to the SMT member with responsibility, and
- on mercury

- 12.5 Contingency plans must be updated to include action to take in the event that PAVA is lost or compromised. Any compromise should be immediately reported:

- via the single incident line, and;
- on IRS as a miscellaneous incident, and;
- to the Deputy Director Operations, and;
- to the SMT member with responsibility, and;
- to the local police if loss is not within the prison

- 12.6 Police Officers entering prisons must leave their PAVA in secure storage at the gate.



## Annex D

Enclosed are a series of scenarios where the use of PAVA would and would not be compliant with YCS operational guidance. The scenarios recognise that the use of PAVA should be **exceptional** and only ever considered as a **last resort**. This is not intended to be an exhaustive list, but to assist understanding of how usage should be applied in practice based on the guidance for use within YCS.

### Scenarios where the use of PAVA would be compliant with the operational guidance for YCS

- During escorted movement of CYP from the residential unit to the Education building the Custodial Manager (CM) notices a CYP with a fashioned weapon (bladed article) in his hands dashing towards another CYP. The second operational member of staff (a YJW) escorting, with the CM calls for staff assistance over the radio, and activates their body worn video camera (BWVC). The CM shouts at the CYP to stop and informs him that they are turning on their BWVC. The CYP does not stop and is now within striking distance of the other CYP and body language and threats indicate an intent of harm. The CM is now close to the aggressor.
- A CYP exits his room and immediately approaches and stabs a member of staff with an improvised sharp object. He then turns and moves with purpose towards the unit manager (supervising the unlocking of the unit) at speed still holding the weapon.
- A CYP becomes irate at the unit's medication dispensing hatch. The CYP is spoken to by the supervising YJW but continues to be angry and aggressive. The YJW calls for the unit CM to attend. Whilst the YJW tries to reason with the CYP, the CYP assaults the YJW and continues to strike blows, resulting in the YJW being on the floor. The attending CM shouts an order to the CYP to stop which is ignored. Other staff are not immediately at the scene. The YJW being assaulted is at immediate risk of serious harm.
- A Band 4 MMPR Co-ordinator is walking through the grounds where a group of CYP are working with the Horticulture teacher. Two CYP begin fighting. As the incident quickly progresses one CYP is knocked to the ground and the other is stamping on their head. The staff member raises the general alarm and knows that due to the location of the incident, it will take other staff a while to arrive. The CYP being assaulted is at immediate risk of serious harm.
- A CYP has a plug on a flex. He is wielding and swinging towards everyone around him. In response to an alarm bell, many staff are in attendance at the scene. The CYP has ignored orders to drop the weapon and remains threatening towards the staff at the scene.

## **Scenarios where the use of PAVA would not be compliant with policy**

- Two CYP are fighting. There are no weapons involved and from the nature of the fighting there is no clear concern about serious, possibly life-threatening injuries. It presents as the sort of fight that has been seen on many occasions within YOIs and where other intervention methods have successfully been used. Instructions are given to the CYP to stop, and an alarm is raised, in response to which additional staff attend, but the fight continues. MMPR is justified, but not PAVA.
- A CYP climbs onto a table following an IEP review. A member of staff begins to talk to the CYP and tells them to “get down”. The CYP says he’s not coming off until the nationals arrive.
- A group of CYP are on the exercise yard complaining about the regime. Staff attend the yard and begin speaking with the CYP, but they refuse instructions to leave. They are milling around and are voicing their concerns without aggression.
- A CYP is under restraint and continues to be non-complaint, despite being in wrist restraints and staff continually attempting to deescalate. The CYP is attempting to bite and kick out at staff.
- A CYP smashes up and barricades their room. A planned intervention is deemed necessary to move the CYP to a sterile room. The CYP repeatedly makes threats to fight any staff that come through the door. A three-officer team in PPE, with two staff in reserve, is formed. The level of staffing meets the safe system of work to deal with the risk posed.
- A CYP is told not to wear their flip flops on the landing repeatedly throughout the day. The CYP tells the YJW to “mind your own fucking business, I’ll wear what I want”. Their non-compliance does not present a risk of serious harm to anyone.
- A CYP is standing on a table threatening to self-harm using a ligature which is attached to a ligature point. The staff talk to the CYP to get him to come down, but the CYP refuses to comply. The CYP then kicks the table away and is suspended by the ligature and staff intervene to cut him down.

## **Annex E**

### **Information about PAVA**

#### **Why we use PAVA**

PAVA is only ever used with the aim of keeping people safe. When situations get so serious and dangerous, PAVA can be used to stop the situation from getting worse and stop serious injuries.

I sincerely care about your well-being, and the well-being of those living and working here. PAVA can be very painful, and we always prefer to find other ways to resolve very difficult or threatening situations without using it. The decision to use PAVA is not taken lightly.

#### **The effects of PAVA**

When PAVA is used, people often feel severe pain in their eyes, they cough a lot, find it hard to think straight and might feel a burning sensation on their skin. These are normal reactions to PAVA.

Please do not panic. These effects usually go away after about 20-40 minutes. Most people feel better within 40 minutes, but it can be different for each person.

If you keep feeling effects for more than 40 minutes, or if you feel any other symptoms, someone from healthcare can help answer questions, and check that you are ok. If your eyes keep hurting after an hour, only use cold water to rinse them – you must not use warm water. If you wear contact lenses, please take these out as soon as you can.

When PAVA is used, it gets on your clothes and on your skin. Washing or showering with lots of soap will help to remove it and reduce side effects.

#### **What happens if you've been sprayed?**

We want PAVA to be used as rarely as possible, and only as a last resort when there is no other way to prevent the risk of serious injury or harm.

Those who have been exposed to PAVA either directly or through secondary exposure (those who have been close by when PAVA has been used) will be spoken to. This is an opportunity to talk through what happened, how everyone acted, if anything could be done differently and what we can learn from the incident to avoid PAVA being needed in the future.

This will be your chance to explain what happened in your own words, for us to explain in more detail why PAVA is used, and for you to ask questions.

**Governor**

**HMYOI XX**