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GUIDANCE ON

THE SAFER DETENTION & HANDLING OF PERSONS IN POLICE CUSTODY

2006

Produced on behalf of the
Association of Chief Police Officers and the Home Office
by the National Centre for Policing Excellence

Home Office

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GUIDANCE ON THE SAFER DETENTION & HANDLING OF PERSONS IN POLICE CUSTODY

This document has been produced by the National Centre for Policing Excellence (NCPE) on behalf of the Association of Chief Police Officers (ACPO) and the Home Office. It will be updated according to legislative and policy changes and the latest version can be found at http://www.genesis.pnn.police.uk/genesis

The NCPE was established by the Police Reform Act 2002. As part of its remit the NCPE is required to develop policing doctrine, including guidance, in consultation with ACPO, the Home Office and the Police Service. Guidance produced by the NCPE should be used by chief officers to shape police responses to ensure that the general public experience consistent levels of service. The implementation of all guidance will require operational choices to be made at a local level in order to achieve the appropriate police response.

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PREFACE

Dealing effectively with people who come into contact with the police is a key element in:

- Building community confidence;
- Ensuring the successful outcome to the investigation of crime;
- Engaging support in building safer, more secure neighbourhoods;
- Promoting a safer working environment for staff.

This guidance aims to achieve these objectives by setting out both the legal framework within which the police must operate to tackle crime and the protections and safeguards for the public.

It focuses on practical issues and sets out to provide a definitive guide on how police forces should put in place strategic and operational policies to help raise the standards of custodial care for those that come into contact with the police.

The guidance recognises that the core task of the police is to uphold law and order and to tackle crime and disorder effectively. The evidence gathering process is essential to this. Ensuring that a detainee receives the appropriate level of care to determine their fitness to be detained and fitness to be interviewed is a key element in obtaining the best quality of evidence to assist in prosecuting offenders. There are three other elements to consider.

- Many people who come into custody or police contact often do so with physical or mental vulnerabilities or both. There are often problems around alcohol or drug-related abuse or misuse. The Police Service often provides the gateway to healthcare services for those that come into custody, but a police station is not the most appropriate place for diagnostic assessment or healthcare treatment. The guidance recognises this and strongly promotes and advises on the engagement of the right healthcare professional at the right time and in the right place.

- The high level of contact police officers and police staff have with detainees who may be violent or vulnerable or both, places significant risk and expectations on them. This guidance focuses on helping staff to identify warning signs and to carry out effective risk assessment. Identifying the risks and acting on them in the best way possible should help minimise the risk to the detainee but equally important, help to minimise risk to staff and others who come into contact with those in custody.

- The impact of a death in custody or following police contact is traumatic for the family and friends of the deceased. It also has significant effect on the staff involved. This guidance has been compiled primarily to help minimise deaths and reduce the number of adverse incidents while people are in police custody. Lessons have been learned from deaths and adverse incidents in custody and this document sets out to ensure that these lessons are put into practice.

This guidance is produced by the National Centre for Policing Excellence (NCPE) on behalf of the Association of Chief Police Officers (ACPO) and the Home Office who have worked closely with stakeholders and practitioners and will continue to do so in ensuring that the document remains relevant, up to date and continues to make best use of the changing good practice and lessons learnt.

Section 1
INTRODUCTION

1.1 INTRODUCTION

This guidance identifies the standards expected in the handling of persons who come into police contact. These standards can only be delivered by having strategic policies which support and drive operational good practice and effective training. Recognition is given to the varying demands on individual police forces and the way in which they deal with the detention and handling of persons in their custody. It also provides a level of flexibility needed to meet local requirements while providing the overarching framework to raise standards and achieve improved custodial care.

This work has drawn on the collective experiences of policing practitioners, stakeholders, academics and current literature to bring together the policies and principles that underpin the appropriate handling of persons within police custody. It outlines the framework within which the police and other agencies must operate and sets out the strategic mechanisms which should be in place to deliver the required outcomes. Key management issues are summarised at the end of each section.

The guidance is aimed at assisting the Police Service to achieve the delivery of targets particularly regarding the detection of crime, reducing re-offending and increasing public confidence.

The Police and Criminal Evidence Act 1984 (PACE) and the associated Codes of Practice set out the legislative framework for dealing with people who come into police contact. This guidance complements PACE.

Section 2
RISK ASSESSMENT AND MANAGEMENT

This section provides guidance on assessing and managing detainee risk and on sharing information with other agencies.

CONTENTS

2.1 RISK ASSESSMENT

Risk assessment means assessing the risk and potential risk that each detainee presents to themselves, staff, other detainees, and to others coming into the custody suite.

The assessment must be ongoing. Changing events and circumstances individual to the detainee and more generally within the custody suite may impact on, or contribute to, changes in the detainee's mood or behaviour.

Every detainee is a potential risk. Risk assessment should be as objective as possible and assumptions should never be made when assessing risk. Police custody is stressful for most detainees and for some it is particularly traumatic. Simply being placed in a police cell may immediately raise the category of risk for a detainee. Staff who deal with detainees must be trained and able to recognise risk factors and assess how best to manage those risks.

The custody record provides the focal point for recording this information and the custody officer must be informed of identified risks or changing circumstances that may lead to additional risk. The custody officer must ensure that those risks are documented and managed.

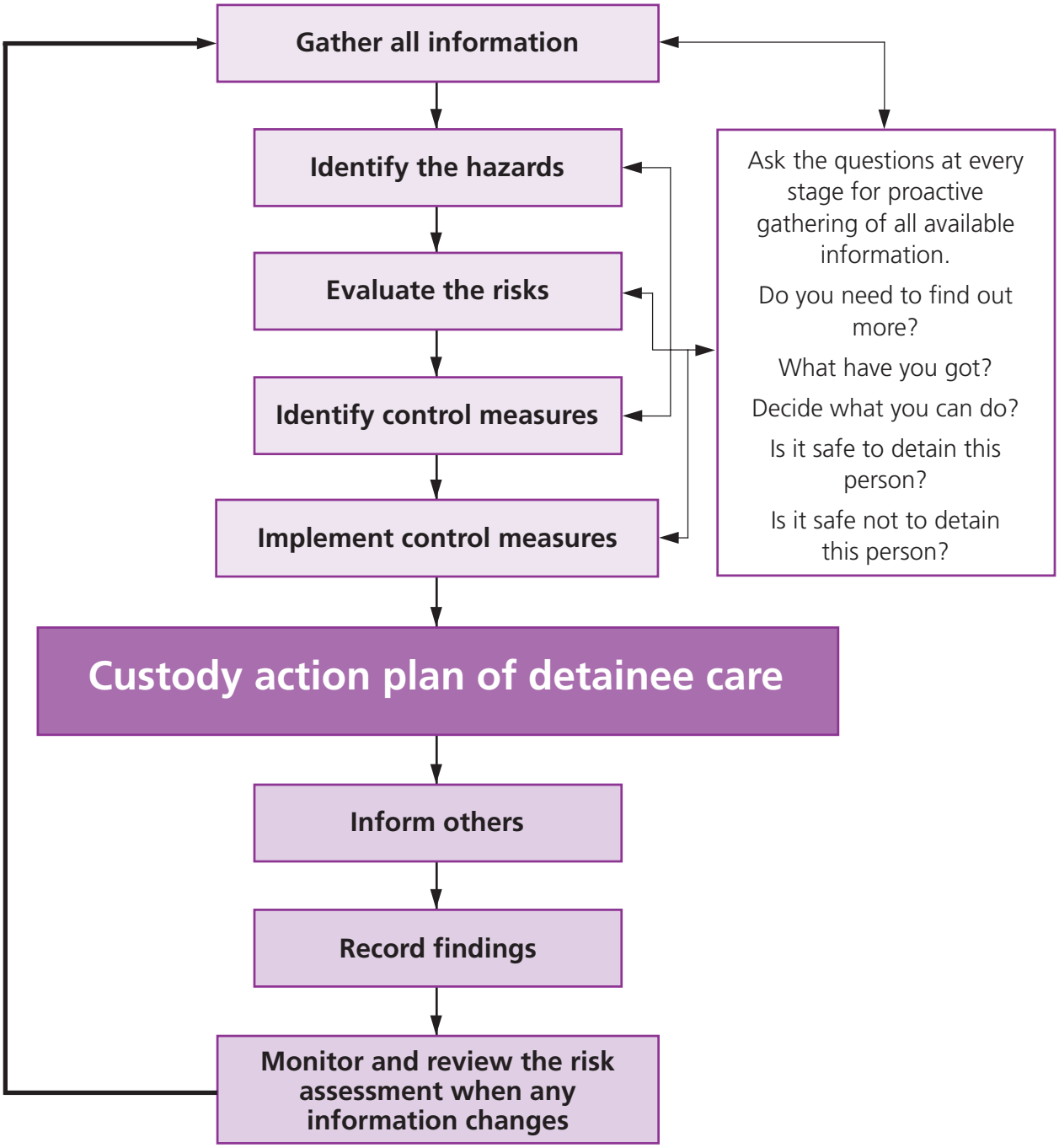
The custody officer must ensure that all those responsible for the detainee's custody are briefed about the risks. In addition, staff other than the custody officer must make it their responsibility to ensure that they are aware of the current risks associated with detainees in their care.

Information is a key element in successfully managing risk. This can be obtained from the following:

- The detainee;
- The detainee's friends or relatives;
- Witnesses;
- All staff involved in the person's arrest and detention;
- The Police National Computer (PNC) and local IT systems;
- Healthcare professionals;
- Legal representatives;
- Other detainees;
- Other relevant bodies and organisations.

Figure 1 identifies a process which may be used when carrying out the risk assessment.

Figure 1 Detainee Risk Assessment Flowchart



The custody officer is responsible for the risk management process in accordance with PACE Codes of Practice, Code C, paragraphs 3.6 to 3.10. Part of the risk assessment involves the capacity of the custody officer to deal with the nature of the risk associated with individual detainees in the custody suite at that time. The custody officer may consider that the level of risk is such that accepting further detainees would impact on the safety of all those in the custody suite. If this happens, the custody officer should consider the need for additional staff to manage the risk or, if that is not practicable, whether further detainees should be accepted at the custody suite. The custody officer is responsible for managing risk in the custody suite and must make that decision. Any challenge to the custody officer's decision by an officer of a higher rank, must be referred to the superintendent responsible for the station in accordance with PACE.

Forces should have a policy setting out the criteria for custody suite closure to support the custody officer in making that decision and have in place contingency arrangements for other accommodation. For further information see 9 Staffing and 15.4 Contingency Planning.

When a detainee has arrived at a custody suite but cannot be detained there because of a lack of resources or cell availability, a custody record should be opened and the reasons why they cannot be detained at that custody suite documented. If a detainee is identified as having medical needs, the custody officer must ensure that these needs are acted on as soon as practicable. If a person is detained solely under the Mental Health Act 1983 and is assessed as not needing to be 'sectioned' they must be released. For further information see 8.3 Release from Custody and 8.5 Agency Referral.

2.2 STAFF SAFETY

Staff safety training and the use of conflict management models will help to reduce risks to staff and members of the public while minimising the potential risks to detainees. Personal protective equipment should be provided where appropriate. For further information see 3.2 Conflict Management Model and 4 Control and Restraint.

Checklist 1 Risk Assessment

Risk assessments should take account of:

- What is known or believed to have happened.
- The number of persons involved or capable of becoming involved.
- The condition and behaviour of the people involved or capable of becoming involved. For further information see 2.4 Condition of Detainee.
- Details provided about named individuals, including all intelligence and any warning or information markers recorded on the PNC, local force IT systems and, if applicable, other agency intelligence systems.
- Potential or known risks about the location.
- Concealed weapons or access to weapons within the contact environment.
- Community sensitivities.

2.2.1 PRIOR TO OR ON ARREST (PRE-CUSTODY)

All staff that come across incidents outside the custody suite must make an immediate risk assessment of the situation. The time available to do this will depend on the circumstances. When responding to an incident, the risk assessment should begin with gathering available information while travelling to the scene. Risk assessments carried out on the street do not need to be recorded.

Every planned operation should incorporate a detailed risk assessment and management plan that addresses the risks associated with the target suspects. The Intelligence, Intention, Methodology, Administration, Risk Assessment, Communication and Human Rights model (IIMARCH) provides a useful template for this.

When a person is arrested other than at a police station, a constable may search that person under section 32(1) of PACE if they have reasonable grounds for believing that they may present a danger to themselves or any other person. Under section 32(8) of PACE, a constable may seize and retain anything found if there are reasonable grounds to believe that the person may use it to cause physical injury to themselves or others. Reasonable force can be used if required.

The search of a detainee prior to arrival at the custody suite does not negate the need for a subsequent search being conducted at the police station. For further information see 5.5.1 Search on Arrest and 6.6 Searches of Persons and Withholding Articles.

All police officers and relevant police staff must be trained in, and searches also must comply with the *ACPO/CENTREX Personal Safety Manual of Guidance.*

2.3 INFORMATION SOURCES AND MANAGEMENT

2.3.1 PNC AND LOCAL FORCE SYSTEMS

Accurate and up-to-date recording of warning signs and information markers on PNC is necessary to assist colleagues and other agencies. PNC should be considered the primary reference for recording and accessing risk information. Appendix 1 shows the PNC information markers and warning signals and their meanings. If a member of custody staff believes that an information marker or warning signal is out of date, they must make arrangements to have it modified. If the officer is not trained in PNC protocols, they must ensure that the information is passed on by a trained member of staff.

Staff should be mindful that information about a person, including warnings, may be held on a local force system but not on the PNC. When a person comes into custody and is known to live or have lived in other police areas, checks should be made with other forces for warnings and any other relevant information that might be recorded on their local systems. If this is not done, the reason for not doing so should be recorded on the custody record. Information on local systems should be added to PNC as soon as possible.

Custody officers should be aware of the Violent and Sex Offender Register (ViSOR), which can be accessed by both the Police and the National Probation Service. Although access will only be available to public protection officers, the database may hold relevant information regarding detainees who present a high risk. If the detainee has a ViSOR entry, a VS marker on the PNC will indicate this. Access is likely to be via the force PNC bureau or equivalent.

2.3.2 RECORDING INFORMATION

While a detainee is in police custody, all risk assessments and actions arising from them must be recorded in the custody record. The custody officer must make or sign the entry to confirm that they are aware of the information and have acted on it. For further information see 15.2.1 Custody Records.

All relevant information must be accurately transferred to the Prisoner Escort Record (PER) form and updated on the PNC and local force systems.

2.3.3 PRISONER ESCORT RECORD (PER) FORM

The purpose of the PER form is to ensure that all staff transporting and receiving detainees are provided with all necessary information about them, including any risks or vulnerabilities that the person may present. The identification of suicide or self-harm is one of the prime purposes of the form and staff should note that it is a requirement to indicate both a current risk of suicide or self-harm and any known past risks. A PER form must be completed whenever a detainee is escorted from a police station to another location.

Checklist 2 The PER Form

The PER form should be handled in the following way:

- Where the detainee is to be transferred away from a police station, the responsibility for completion of the PER form lies with the first custody officer who becomes aware of the transfer. This reduces the risk of important information being lost during any subsequent handovers between custody officers.
- It is the responsibility of the custody officer who transfers the detainee from the police station to the escort to ensure that the PER is up to date and contains details of any additional post-charge or other care requirements.
- Custody staff must provide supporting information when ticking a warning marker box.
- Copies of risk assessment forms and medical examination records that are not confidential should be attached to the PER. This information should also be completed on the PER in case any of the attached information is lost.
- Confidential medical information must be attached in a sealed envelope.
- A direct contact telephone number for the custody suite should be added to the PER so that escort, court, probation or prison staff can make prompt contact with the custody officer should they need to clarify any information.
- The escorting staff will be responsible for the maintenance of a record of the detainee's movements and any occurrences during transit.

Forces must ensure that custody officers are trained and competent in the completion of the PER form, and that procedures are established to audit and assess completed forms.

2.4 CONDITION OF DETAINEE

All staff should be aware of factors that heighten the risks associated with a suspect or detainee. In assessing these risks consideration should be given to a number of physical, mental and medical conditions that may be present. These may not be obvious. The nature of the offence can also increase the vulnerability of the detainee, for example, if a person is arrested for child abuse, child pornography or domestic violence.

Wherever possible, detainees must be asked about any current or recent mental health or medical conditions. Detainees should also be asked about any medication they are currently taking. The presence of a health condition and its severity will affect decisions about how and where that person should be treated. If a person will not communicate with staff it may be because they have a mental health and/or medical condition which prevents them from doing so.

Detainees requiring urgent medical attention should not be taken to a police station. If staff are in doubt about a detainee's medical condition an ambulance should be called. Consideration should be given to the need to take a person directly to hospital, having regard to the potential impact of waiting for an ambulance to arrive and the potential risks associated with moving the person. Clinical direction should be sought whenever required.

Healthcare professionals may refuse to transport or care for an individual who is violent. Forces and healthcare agencies should agree protocols to establish respective responsibilities for dealing with such circumstances.

2.4.1 ALCOHOL

Alcohol-related offending accounts for a significant proportion of all arrests. Staff tend to take longer to identify a health problem where detainees are suffering from the effects of alcohol. The health of intoxicated detainees is likely to deteriorate more quickly than non-intoxicated detainees.

A person found to be drunk and incapable should be treated as being in need of medical assistance and an ambulance called. If that person declines or is refused medical treatment they should, as a last resort, be taken into custody at a police station. The fact that a person has declined, or has been refused, treatment does not absolve the police of their responsibility. A protocol should be agreed with local healthcare agencies for dealing with people who are drunk and incapable.

When dealing with persons believed to be intoxicated, staff should be aware that:

- Alcohol is a poison in its own right and detainees can die of alcohol poisoning.
- Head injury victims and persons with diabetes may appear to be drunk.
- Drug misusers may appear to be drunk when they have overdosed.
- Detainees should be able to walk to the cell and say a few words. If not, they should not be put in a cell but transferred to hospital.
- The PNC may show that other serious medical conditions are present.
- Detainees who are intoxicated, are problematic users, or who are withdrawing from alcohol, are at an elevated risk of suicide or self-harm.

If there is a need to consult with a healthcare professional, then this should be done as soon as practicable. A healthcare professional must always be consulted if:

- The risk assessment indicates that constant observation (Level 3) or within close proximity (Level 4) is required. For further information see 7.6.1 Observation and Engagement.
- A detainee registers more than 150 micrograms of alcohol on the evidential breath-test machine. There is no power to test a detained person for alcohol other than in cases of suspected drink/driving.
- A custody officer has particular concerns about any intoxicated person, such as those with visible head injuries.
- An epileptic fit occurs.
- The detainee shows symptoms of alcohol withdrawal, especially delirium tremens (DTs).

Custody staff will have to carry out health-related activity in the custody suite when a healthcare professional is not available. This may include the following conditions:

- Hypothermia – remove wet clothing and supply suitable replacement dry clothing. Place the detainee on a mattress on the floor and cover with blankets.
- Vomiting – place the person in the recovery position. They should be rolled back into this position at each check.
- Hypoglycaemia (low blood sugar) – may result in brain damage. Adults should be encouraged to take sweet drinks and food with water. Hypoglycaemia is more likely to occur in the young, therefore, severely intoxicated juveniles should always be transferred to hospital.

If an intoxicated person appears to have collapsed, their airway, breathing and circulation (ABC) should be checked. They should then be rolled into the recovery position if safe to do so. Any debris should be removed from the mouth and throat before attempting further resuscitation. An ambulance should be called and where available, the immediate assistance of a healthcare professional should be sought.

There are particular conditions to look for when rousing and checking intoxicated detainees:

- Where a person becomes harder to rouse the change may be due to a serious unidentified medical condition such as a stroke.
- Where they are quiet or snoring, which can be a significant indicator of risk, they should be roused and checked at least every thirty minutes until they are talking coherently. General guidance is given in PACE Codes of Practice Code C, Annex H.

If there is a decline in the condition of the detainee or their level of consciousness, for example, if speech becomes incoherent, a healthcare professional should be informed or the detainee sent directly to hospital.

2.4.2 DRUGS

Between 1997 and 2002, there were forty-three deaths in police care or custody in which consumption of drugs was given as the cause of death at the post-mortem or coroner's inquest, or where the police investigation found that the individual had consumed illicit drugs in the period immediately prior to their arrest or death.

All detainees believed to be under the influence of drugs should be seen by a healthcare professional as a matter of course. The detainee may also be suffering from alcohol withdrawal which, in addition to complicating other presenting signs and symptoms, carries a significantly increased risk of morbidity and mortality if left untreated.

Drugs pose the following serious risks to detainees:

- Overdose – including later onset, where the symptoms are not immediately obvious on arrival in police custody;
- Swallowing or packing;
- Complications linked with alcohol;
- Drug withdrawal;
- Mental health problems;
- Heightened risk of self-harm.

The concealment of illicit drugs such as heroin, cocaine and cannabis in the body has become increasingly prevalent among drug couriers, known as mules or body packers. Wrapped packages of drugs are either swallowed or concealed in body orifices. It is common practice for persons to swallow drugs to avoid detection by the police.

If it is known or suspected that a detainee has swallowed or packed drugs, either for the purpose of trafficking or to avoid imminent arrest or detention by the police, the person must be treated as being in need of urgent medical attention and taken straight to the nearest hospital. Leakage from a package can prove fatal. If a package is swallowed to avoid detection, it is likely to have been prepared hastily and there is an imminent risk that it may come open or burst inside the person. If this happens, death can quickly follow, particularly when crack cocaine has been swallowed.

The risk from swallowing or packing drugs depends on the type of drug, the number of packages and the type of packaging used. Forces, in partnership with healthcare trusts, should develop local policy for the assessment, treatment, and observation of cases where drugs have been swallowed or packed.

Features of toxicity include:

- Cocaine – agitation, dilated pupils, seizures, raised body temperature, fast pulse, and chest pains. Irregular heart beats may occur.
- Heroin – nausea, vomiting, pinpoint pupils, eyelids closing, respiratory depression (not breathing enough), lethargy, drowsiness and difficulty to rouse, and loss of consciousness.
- Cannabis – anxiety, hallucinations, and loss of consciousness.
- Amphetamines – nausea, vomiting, dilated pupils, fast pulse, sweating and seizures.

As soon as there is a suspicion that packages have been ingested, the detainee should be taken to the nearest Accident and Emergency department (A&E), preferably by ambulance. Section 55A PACE 1984 allows, subject to certain conditions, a person who has been arrested and is in police detention to have an x-ray taken of them or an ultrasound to be carried out. For further information see PACE, Code C, Annex K.

If the detainee has been brought to a custody suite, an ambulance must be called immediately. A custody record must be opened but this should not delay transfer.

When drug swallowers are returned to custody from hospital the following should be considered:

- Before accepting a detainee to return to custody, the escorting officers should request that the doctor immediately in charge of the detainee or the A&E manager provide clear written advice to inform the detainee's care plan;
- Detainees may still have drug packages in their bodies and hospital tests and observation will not always detect them;
- The detainee will continue to be at risk of deterioration, which may be either slow or sudden.

Custody staff should have a plan of action for a sudden collapse of the detainee. For further information see 15.4.2 Other Contingencies.

Checklist 3 Dealing with Sudden Collapse

- The vital actions are:
  – Call an ambulance;
  – Put the detainee in the recovery position;
  – Monitor breathing and pulse.
- If either breathing or pulse stops turn the detainee onto their back and lift the chin to open an airway.
- If breathing stops give mouth-to-mouth resuscitation.
- If heart stops begin cardiac massage.
- If the detainee comes from or is returning from hospital, a healthcare professional must be called to examine the detainee. The healthcare professional will check the 'cause for suspicion' and what procedures and observations were carried out in the Accident and Emergency department.

The detainee must be subject to constant observation (Level 3) or close proximity (Level 4) until a healthcare professional advises otherwise. Custody staff should:

- Observe the detainee, recording all events and changes in the custody record;
- Talk to the detainee so that they speak back and observe for mood, lucidity and slurred speech;
- Observe and record pupil size;
- Rouse the detainee at least every fifteen minutes unless a healthcare professional advises otherwise;
- Be aware that sealed packages can cause gut symptoms such as pain, nausea, vomiting or diarrhoea;
- Tell the custody officer immediately if any minor changes occur as they may be significant.

Mandatory drug testing carried out in response to detainees arrested in connection with trigger offences will indicate whether a detainee is at additional risk from drugs but can only detect the presence of specified Class A drugs (Heroin, Cocaine and Crack Cocaine). A list of trigger offences is supplied in Appendix 2.

Nicotine withdrawal may also have an adverse effect on the detainee and should be considered as part of the risk assessment.

2.4.3 SUICIDE AND SELF-HARM

The risk of self-harm and suicide is particularly high during the early hours of detention. The following factors may indicate an increased risk:

- Mental illness including depression, personality disorder, anorexia and schizophrenia.
- Drug, alcohol, or substance abuse or withdrawal.
- Breakdown of social support and isolation - students, prisoners, homeless people, immigrants, old people and refugees are at particular risk.
- Being unemployed.
- Previous episodes of deliberate self-harm, especially if occurring within a custodial environment.
- People in certain professions who have easy access to a means of suicide, eg, poisons, drugs, or guns, have higher rates of suicide than the general population.
- Chronic disabling pain or illness.
- Family history of suicide and/or mental disorder.
- Recent loss such as bereavement, divorce, separation, redundancy.
- Adverse childhood experiences.
- People arrested in relation to violent or sexual offences, especially where they involve children, a close friend, or family.
- Added risk factors for young people include:
  - Impaired parent-child relationships (including poor family communication styles and extremes of high and low parental expectations and control);
  - Parental separation or divorce;
  - Mental illness in parents (depression, substance use disorders and anti-social behaviour).

Cutting the skin is probably the most common form of self-harm. In custodial settings, hanging or self-strangulation is the most common method of attempted suicide. Other forms of self-harm include burning the skin, especially with cigarettes, hitting, biting or punching themselves, hitting themselves with an object, swallowing tissue or other objects, picking at the skin, pulling out hair and breaking bones. Self-harm is more common among women than men, often starting in adolescence at about 15 years of age. Fear of discovery and shame often cause people to conceal self-injury.

People may self-harm over many years or only at times of extreme stress. Some people only self-harm once while others have repeated episodes throughout their lives. For further information see the NHS Website, http://www.nhsdirect.nhs.uk

Increased vulnerability may arise:

- After interview;
- After arrest for further offences;
- On being charged with an offence;
- Following visit by relatives;
- After refusal of bail;
- While on bail.

2.4.4 POTENTIALLY VIOLENT INDIVIDUALS

Chief officers have a responsibility to establish a local protocol with the social services, local authorities and health trusts for dealing with potentially violent individuals.

The following areas must be considered when developing such policies:

- A proactive approach to gathering information;
- Conducting intelligence systems checks;
- Sharing information with partners for safer detainee care;
- Observing the detainee during and after arrest for potential dangers;
- Identifying any impact factors;
- Effective allocation and use of resources;
- Extent of searching to be justified on an individual basis;
- Effective transport;
- Procedures for informing custody officers of the grounds, risks, intelligence, observation and other relevant information on persons detained in custody.

For further information see *Home Office Circular (17/2004).*

2.4.5 MENTAL HEALTH

Being in a police cell can have an adverse effect on a person's condition if they are already suffering from mental illness. In particular, isolation and the noise in a busy custody suite can be aggravating factors. Mental health problems and alcohol/drug misuse often coincide and a person's mental health problem can make it more likely that they will self-harm or commit suicide.

People with mental health problems can experience an adverse reaction to being touched and this can sometimes escalate a threatening situation into a violent one. The individual is more likely to respond positively to being talked to, with restraint only being used in situations where this approach is not possible or a very real danger of harm is present to the individual or another.

When a person is detained under section 136 of the Mental Health Act 1983, they must be taken to a place of safety for an assessment. They cannot be transferred from one place of safety to another. If they are taken elsewhere for medical treatment they must be returned to the original place of safety for the assessment.

For further information see 3.4 Place of Safety.

2.4.6 ACUTE BEHAVIOURAL DISTURBANCE

People who are violent and agitated pose an increased risk to the safety and welfare of the detainee and those dealing with them. There may be an underlying medical reason for the behaviour such as a head injury, drug or alcohol misuse or a mental illness. If there is any suspicion that the violence stems from a medical condition, the person should be treated as a medical emergency. Whenever possible, the person should be contained rather than restrained until medical assistance can be obtained.

The following conditions may cause violent, or changing, behaviour:

Diabetes – A low blood sugar level can cause aggression, confusion and difficult behaviour before leading to loss of consciousness and permanent brain injury. People with diabetes will often have a bracelet or necklace or carry a medical reference card detailing their medical condition. If blood sugar level is too low and this is left untreated, a person can experience hypoglycaemia which can lead to unconsciousness or convulsions. Where the blood sugar level remains high for a period of time, the individual may develop hyperglycaemia which can lead to unconsciousness.

Signs, Symptoms and Treatment of Hypoglycaemia

- May include sweating, aggression, stubbornness, anxiety, pallor, trembling, confusion, hunger, sleepiness and lack of coordination.
- Immediate action – give the individual a sweet drink or three tablets of glucose or chocolate immediately. When recovered, a meal or bowl of cereal should be offered.
- The advice of a healthcare professional should be sought.
- If the detainee is slipping into unconsciousness an ambulance must be called immediately.

Signs, Symptoms and Treatment of Hyperglycaemia

- May include unconsciousness or a reduced level of consciousness, dry skin, deep breathing, and/or a smell of acetone (similar to pear drops) on the breath.
- Immediate action – transfer to hospital.

Checklist 4 Dealing with Diabetes

- Staff should check when the decision to detain is made whether the detainee has insulin with them or if it can be collected from home.
- Doses and times should be recorded and it should be established when the next dose is due. Information about any possible complications should be obtained from the detainee or the healthcare professional.
- The custody officer should discuss the management, and fitness for interview, of the detainee with the healthcare professional.
- The healthcare professional should attend to assess persons suffering from diabetes who are insulin dependent, where their stay will extend beyond their next medication time.
- Once insulin has been prescribed, persons with diabetes may, subject to risk assessment, inject themselves. This must be after having food and under the supervision of custody staff. The benefit of the meal, followed by insulin to avoid hypoglycaemia, should be explained to the detainee.
- The detainee should be given regular meals.
- Glucose tablets or a cold still drink with two teaspoons of sugar should be supplied to the detainee, unless there are medical reasons not to.
- The detainee should be checked at least every thirty minutes throughout the duration of their stay.

If a detainee REFUSES insulin

- The healthcare professional should be informed immediately. The detainee may use their diabetes as a means to delay the investigative process. Insulin refusal alone, however, is not a medical emergency as deterioration in health will take hours or days.

Epilepsy – following an epileptic fit there is often a period during which a person feels tired and confused, speaks incoherently and may act in a strange way. This normally lasts no more than a few hours, but in rare cases can persist for up to twenty-four hours. People with epilepsy will often have a bracelet or necklace or carry a medical card detailing their medical condition.

The person should be asked about the type of fit they experience, any medication prescribed (whether taken regularly and when next due), how often the fits occur and when the last fit took place. Detainees should be checked at least every fifteen minutes until they are reviewed by the healthcare professional and a management plan is agreed.

If a person with epilepsy says that they feel a fit coming on, they should be placed in a cell with a low bed or a second mattress on the floor and put under constant observation at Level 3 or above. A healthcare professional should be informed.

Checklist 5 Dealing with Fits

- If a fit occurs do not restrain the detainee.
- Once the seizure has passed the detainee should be put into the recovery position.
- If the detainee is going blue they should be given oxygen once the seizure has passed.
- The detainee must be sent immediately to the nearest A&E department in an ambulance if:
  – The fit is prolonged;
  – There is more than one fit;
  – There is a failure to become fully lucid after ten minutes;
  – It is the detainee's first ever fit;
  – It is a fit following a head injury.

As the detainee recovers, custody staff should talk to the detainee to reassure them and stay with them until full recovery.

Strokes are sometimes associated with a sudden onset of behavioural changes. The blood vessels to the brain can suddenly block causing a lack of oxygen to specific regions within the brain. Occasionally a sudden mood change is a presenting feature of stroke.

Infections may cause acute mental health problems or dementia in older persons. An infection causes loss of brain function often without the person developing a high temperature, sweats or fever. Treatment leads rapidly to a full recovery.

Angina and other heart problems such as heart attacks or rapid heart rate dysrhythmias cause a loss of oxygen circulating to the brain. Hypoxia occasionally causes confusion and strange behaviour as a presenting symptom.

Excited delirium is a life threatening condition that can be caused by heavy use of certain drugs, typically stimulants of which cocaine is the most common. Symptoms include a fever, rapid pulse, acute behavioural disturbance (perceiving others as frightening and dangerous), breathing problems and death. People who appear to have this condition should only be restrained in an emergency. They should be taken by ambulance to hospital immediately the diagnosis is considered.

Head injuries can cause acute behavioural disturbance due to cerebral irritation. Sedation and treatment in hospital will normally resolve the condition within hours.

Dehydration and salt imbalance causes confusion. Older persons are particularly at risk.

When carrying out the risk assessment the custody officer should be aware there may be an underlying cause for a detainee's aggression and should consider whether the onset of violence was sudden, unpredicted or irrational. Violence can also be an indicator of an increased risk of self-harm. For further information see 8.2 Risk Assessment.

2.4.7 HEAD INJURIES

A blow to the head can result in bruising or bleeding inside the skull or inside the brain; not all head injuries are visible. Complications may occur at any time after the event. Staff must be aware of the risks associated with head injuries, particularly when dealing with detainees who may have been involved in a fight or a road traffic collision; a head injury may result in a rapid deterioration in the health of the detainee.

Checklist 6 Dealing with Head Injuries

The National Institute for Clinical Excellence (NICE) advises that where any of the following signs are present after the individual has sustained a head injury, an ambulance should be called immediately:

- Unconsciousness, or lack of full consciousness (for example, problems keeping their eyes open);
- Problems understanding, speaking, reading or writing;
- Loss of feeling in part of the body;
- Problems balancing or walking;
- General weakness;
- Any changes in eyesight;
- Any clear fluid running from ears or nose;
- A black eye with no associated damage around the eye;
- Bleeding from one or both ears;
- New deafness in one or both ears;
- Bruising behind one or both ears;
- Any evidence of scalp or skull damage, especially when the skull has been penetrated;
- Any convulsions or fits.

For further information on dealing with head injuries in custody, see http://www.apsweb.org.uk/Pages/Publications%20Files/headinjurywarning.doc

2.4.8 COMMUNICABLE DISEASES

Whenever a detainee is known or suspected to have a communicable disease, advice should be sought from a healthcare professional. Some detainees will give information readily about a disease or infection, others will not. Information may be available on PNC or local force systems, and there may be visible signs such as discolouration of the skin or weeping sores.

It is essential that information about communicable diseases is passed on to staff but this needs to be balanced with protecting the detainee's privacy. Information should be recorded on the risk assessment and the detained persons medical forms. If information is written on a wipeboard it should not be visible to anyone other than custody staff.

Forces must have procedures to manage the potential risk of communicable diseases. PACE, Code C, paragraph 9.7 permits the custody of a detainee and their property in isolation until clinical directions have been obtained. Where a person with a communicable disease has been in a cell, the cell must be cleaned before another detainee uses it. Relevant information about communicable diseases must be included on the PER form.

Common communicable diseases include the following.

- **Hepatitis:** Hepatitis A is transmitted through contamination of food and water with faeces, poor personal hygiene or sanitation. Hepatitis B is spread through exchange of blood and body fluids. Hepatitis C is also spread through exchange of blood or blood products, commonly through sharing needles and accidents with sharps or needles. Vaccination is available for Hepatitis A and B for workers who may be at risk of contact with contaminated blood or body fluids. Staff should take precautions to minimise the risk of transfer of body fluids by keeping any open cut or sore covered.
- **Tuberculosis (TB):** Pulmonary tuberculosis is usually caught from someone coughing and sneezing tubercle bacilli. The TB germ has a thick protecting capsule which can survive dry and hostile conditions. Vaccination is available.
- **HIV and AIDS:** Staff should take precautions to minimise the risk of transfer of body fluids by keeping open cuts and sores covered.
- **Scabies:** is highly contagious and is spread by close physical contact, especially in overcrowded living conditions. When dealing with detainees who have scabies, contact should be kept to a minimum and hands should be washed following every contact with them. When a detainee leaves detention all clothing, towels and bed linen should be machine washed (at 50 degrees Celsius or above). Staff are advised to wash their clothing using the same method. Items that cannot be washed, such as upholstery, should be kept in plastic bags or covered in plastic for at least seventy-two hours to contain the mites until they die. Symptoms can take up to six weeks to emerge so all staff are advised to seek medical advice if a rash appears within that time.
- **Methicillin-resistant staphylococcus aureus (MRSA):** Staff should always wash their hands thoroughly and wear disposable gloves when changing dressings. Cuts and broken skin should be covered with waterproof plasters.

- **Norwalk virus (Norovirus):** the infection is spread through eating or drinking contaminated food or liquids, or touching surfaces or objects that are contaminated by the virus and then placing the hand in the mouth. When infected, people may display symptoms of sudden nausea and vomiting, diarrhoea and stomach cramps.
- **Fleas:** The saliva from the insect passes into the skin and causes irritation and swelling. A fleabite wound should be cleaned with soap and water and gently dried. Any swelling or itching should clear up within one to two days. Creams that contain camomile lotion, steroid cream or anaesthetic can soothe the pain of a bite as can an antihistamine tablet.

For further information see http://www.nhsdirect.nhs.uk

2.4.9 CLAUSTROPHOBIA

Claustrophobia is the extreme or irrational fear of confined places and can lead to intense anxiety accompanied by:

- Panic attacks;
- Shaking;
- Rapid heart beats;
- Intense sweating;
- Difficulty breathing;
- Feeling sick (nausea);
- Dizziness;
- Chest pain.

In extreme cases symptoms may be accompanied by the:

- Fear of losing control;
- Fear of fainting;
- Fear of dying.

Checklist 7 Dealing with Claustrophobia

When dealing with a claustrophobic detainee staff should:

- Be calm;
- Reassure them;
- Take them to a cool, quiet place;
- Encourage them to breathe more slowly;
- If hyperventilating, encourage the detainee to breathe into and out of a paper bag;
- Stay with them until they have recovered;
- Call a healthcare professional.

Claustrophobia is a difficult condition to deal with in the custody environment. Detainees may say they are claustrophobic when they are not. There are generally no suitable areas within a custody suite to keep detainees who do suffer from claustrophobia. Each detainee must be risk assessed and then a decision made as to where they should be detained. It may be necessary to keep them in a holding cell visible to the custody officer from the main desk, or to place them in a cell, on constant observation (Level 3) or within close proximity (Level 4), with a member of staff at the open door.

2.4.10 OTHER MEDICAL CONDITIONS

Detainees must be asked about existing conditions at the booking-in process. Items in a detainee's possession should also be checked as they may indicate a medical condition, eg, insulin syringes, inhalers, medication.

If it is believed that a detainee has a medical condition, other than a minor ailment, advice must be sought from a healthcare professional. See PACE, Code C, paragraph 9.7 and Notes for guidance, Note 9C.

2.4.10.1 Asthma

Asthma is a very common condition. It causes spasm of the muscles in the air passage and swelling of the passage lining making breathing extremely difficult. The greater the spasm, the more difficult breathing becomes.

Staff can usually ascertain whether a detainee has asthma during the booking-in process. In many cases the individual will have an inhaler with them, which they use to control the condition or alleviate their breathing during an asthma attack.

Attacks are usually aggravated by stress, heavy exercise, infection or exposure to allergens such as dust or fumes. Many asthma attacks occur during the night. Attacks can usually be dealt with quickly by using an inhaler, but there may be other occasions when an attack is so severe that it warrants urgent medical attention.

People with asthma can usually administer the inhaler without the assistance of others. Unless there is a risk of self-harm to the detainee, it is safe to allow them to retain their asthma inhaler. Where custody staff are in any doubt, they should seek the advice of an appropriate healthcare professional.

Checklist 8 Dealing with Asthma Attacks

- Signs and symptoms – the individual has difficulty in talking, there is an obvious state of anxiety and stress (not always present) and/or a wheezing sound from the chest (not always present).
- In severe attacks the individual may be unable to speak and may have pale or cyanosed (grey/blue coloured) skin. This may be less apparent in a black or dark skinned person but there may be some discolouration of the lips and tongue. The wheezing sound may worsen to a point where the wheezing stops and may be accompanied by reduced consciousness or marked exhaustion.
- Treatment – reassure the detainee (who may be very frightened), place them in a position where they feel most comfortable (usually sitting), instruct them to breathe slowly and deeply, and allow them to use their inhaler.
- In non-severe cases, custody staff should still seek the advice of a healthcare professional.
- In all cases of severe asthma attacks or where the attack worsens or is prolonged, an ambulance must be called.

2.4.10.2 Heart Disease

People with heart disease present a significant risk of sudden death in custody. Interview situations may cause stress and trigger an angina attack. Anxiety or claustrophobia may also cause chest pain. A lack of oxygen to the heart may cause a sudden heart rhythm problem or cardiac arrest.

Checklist 9 Dealing with Heart Disease

- Consideration should be given to allowing angina sufferers to keep angina sprays with them unless they present a risk of self-harm.
- Do not interview the detainee until the healthcare professional has been consulted.

A healthcare professional should be consulted in the following circumstances:

- Known heart disease but with no current problems. A healthcare professional's attendance must be arranged if the detainee is staying overnight or in excess of six hours.
- If any medication is required before interview.
- Chest pains but no known heart disease.
- Unsubstantiated claims of heart disease.

An ambulance should always be called for people known to have heart disease who:

- Have pain persisting for more than fifteen minutes despite using medication;
- Appear to be unwell, eg, look cold, sweaty, grey or pale and are clutching their chest;
- Feel sick or are vomiting;
- Are not fully conscious.

The healthcare professional should also attend to the detainee wherever practicable.

2.4.10.3 Sickle Cell Anaemia

Under normal blood conditions, there are no symptoms. Sickle cell disease has episodes called 'sickling crises'. These may be brought on by exposure to cold, infection or bodily water shortage (dehydration). Quite often they occur for no obvious reason.

When sickling crises occur, the main symptoms are:

- Gradually worsening pain in bones and joints;
- Severe pain in the abdomen with rigidity of the muscular wall;
- Fever;
- Stabbing chest pain on breathing, with breathing difficulty;
- If the brain is affected, seizures and possible weakness on one side of the body;
- Pain in the upper abdomen from the liver and the spleen;
- Blood in the urine from kidney damage;
- Persistent and painful erections in men.

Checklist 10 Dealing with Sickling Crises

- Consult a healthcare professional or consider calling an ambulance;
- A crisis should be treated early with infused fluids, oxygen, antibiotics and painkillers;
- The destruction of red blood cells in a crisis can cause severe anaemia which may need to be treated with a blood transfusion.

2.4.11 OTHER VULNERABLE GROUPS

There are safeguards and procedures specified in PACE Codes of Practice which apply to:

- Juveniles (Code C, Section 1.5);
- Persons with a mental disorder and those who are otherwise mentally vulnerable (Code C, Notes for guidance, 1G).

The Codes require the presence of an appropriate adult in order for the interview and other stages of the detention process to be undertaken. Juveniles should not be placed in a cell unless no other secure accommodation is available. Young persons who are heavily intoxicated should not be detained in custody but should be taken to the nearest A&E Department. For further information see 14 Young Persons in Police Detention.

An interpreter must be called for people who appear to be deaf or if there is doubt about their ability to hear, speak or understand English, or when the custody officer is unable to establish effective communication. If a person is blind, seriously visually impaired or, for other reasons unable to read, an independent person must be made available to help check any documentation regarding the detainee.

Language and cultural differences may also induce anxiety in a detainee as their perceptions of custody may be influenced by their particular background or experience.

Detainees' level of vulnerability may increase as a result of their being arrested and the impact that they perceive this will have on their lives. There have been cases of suspects committing suicide shortly after their release from police custody during investigations into internet child pornography. Responsibility for managing the risks associated with a detainee can sometimes extend beyond their release. For further information see 8.5 Agency Referral.

MANAGEMENT ISSUES

- Ensure all custody staff are trained and competent in the completion and management of risk assessment (2.1).
- Develop and implement a local policy setting the criteria for custody suite closure and contingency arrangements for (a) closure and (b) accessing additional capacity if the risks associated with a detainee cannot be adequately managed within existing resources (2.1).
- Ensure all officers and relevant police staff are trained in conducting safe and effective searches, in accordance with the *ACPO/CENTREX Personal Safety Manual of Guidance* (2.2.1).
- Ensure custody officers are trained and competent in the completion of the PER form, and that procedures are established to audit and assess completed forms (2.3.3).
- Agree local protocols with healthcare agencies to deal with:
  - violent detainees;
  - detainees who require treatment in hospital but cannot be released from custody, including circumstances where a healthcare professional advises that the person is not fit to be detained but it is necessary for that person to remain in detention;
  - detainees who are drunk and incapable (2.4).
- Develop a local policy with healthcare agencies for the assessment, treatment and observation of cases where drugs have been swallowed or packed, and ensuring that all staff are aware (2.4.2).
- Establish with local social services, local authorities, and healthcare agencies procedures for the management of potentially violent individuals (2.4.4).
- Establish procedures to manage the potential risk of communicable diseases (2.4.8).

Section 3
INITIAL CONTACT AND ARREST

This section gives guidance on ways of minimising and managing the risks involved in detaining a person. It also advises on the use of alternatives to arrest.

CONTENTS

3.1 INTRODUCTION

When staff approach a member of the public for any reason, they should first consider how this contact and their attitude and demeanour may influence how a person will react. This reaction will have an impact on subsequent risks to officers and detainees.

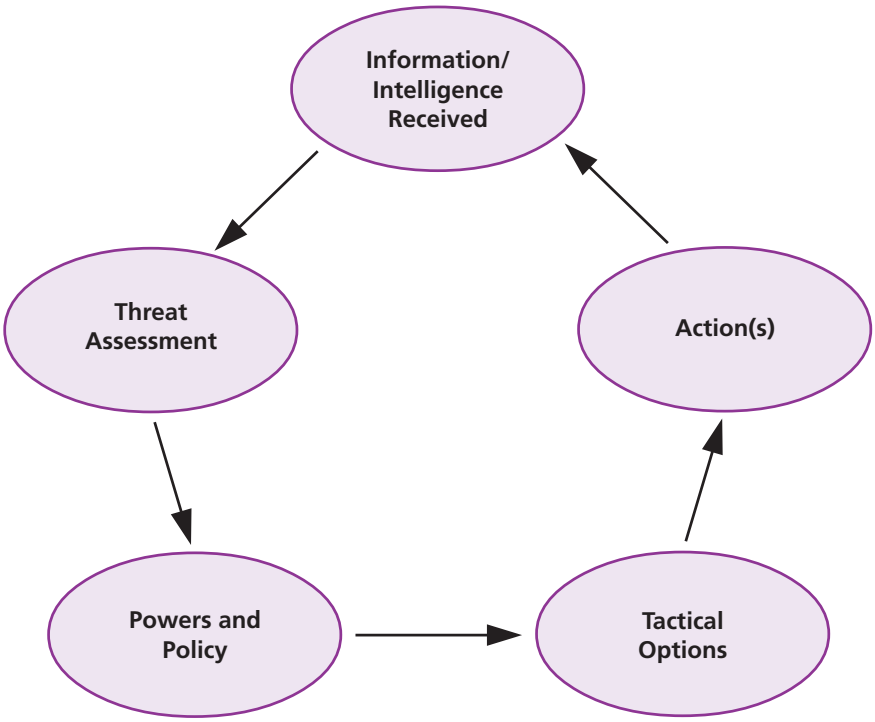
A risk assessment should be carried out at suitable times during the contact and arrest phase. For further information see 2.4 Condition of Detainee.

Officers must always consider whether a person's arrest is necessary and proportionate, in accordance with PACE, Code G. Consideration should be given to alternatives to police custody, including Penalty Notices for Disorder, Summons, or Charging by Post.

3.2 CONFLICT MANAGEMENT MODEL

Use of the conflict management model will assist in managing the initial contact with a suspect and through any subsequent arrest phase.

Figure 2 Conflict Management Model



All staff who deal with suspects and detainees should be alert to any information that may impact on a person's detention. They must also be vigilant in identifying risk factors and referring them to the custody officer who has responsibility for the risk management process within custody.

3.3 OPTIONS OTHER THAN POLICE DETENTION

3.3.1 DE-ARREST

Should further information come to light that indicates that a suspect is not responsible for the offence for which they were arrested, or the grounds for arrest otherwise cease to exist, officers must release the person. Where a person has been detained solely to prevent a breach of the peace, once the breach or potential breach has ended and is not likely to reoccur, the detainee must be released.

3.3.2 HOSPITAL

A detainee should be transported directly to hospital if they:

- Have suffered a head injury. For further information see 2.4.7 Head Injuries;
- Are, or have been, unconscious;
- Have suffered serious injury;
- Are drunk and incapable and treatment centres are not available;
- Are believed to have swallowed or packed drugs;
- Are believed to have taken a drugs overdose;
- Are suffering from any other medical condition requiring urgent attention;
- Are suffering any condition that the arresting officer or transporting staff believes requires treatment prior to detention in custody.

If a detainee has been arrested for a criminal offence and has been taken to hospital, staff should remain with that detainee, except where bail has been granted, to ensure that they do not escape from detention.

Where a person is detained under section 136 of the Mental Health Act 1983, consideration should be given to transporting them directly to a hospital, as a place of safety, where possible.

For further information see 5.6.2 Condition of the Detainee.

3.3.3 STREET BAIL

The use of street bail must be exercised reasonably according to the nature of the offence, the victim, the circumstances of the suspect and the needs of the investigation. Consideration should be given to the impact of the decision to grant street bail on the suspect, bearing in mind that vulnerable groups in particular will not have access to the same level of safeguards and protections available if they are brought into the police station.

3.3.4 ALCOHOL TREATMENT CENTRES

Section 34 of the Criminal Justice Act 1972 gives a police officer the power to take a person to an alcohol treatment centre after they have been arrested for being drunk or Drunk and Disorderly. The arrested person is deemed to be in lawful detention if taken to such a place.

For further information see 2.4.1 Alcohol.

3.4 PLACE OF SAFETY

3.4.1 DEFINITION

Section 135 of The Mental Health Act 1983 defines a place of safety as:

- Residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948;
- A hospital (as defined by the Act);
- A police station;
- An independent hospital or care home for persons with a mental disorder, specialist residential or nursing home for people with mental health needs;
- Any other suitable place, the occupier of which is willing temporarily to receive the patient.

Sections 135 and 136 of the Mental Health Act 1983 make arrangements for people to be taken to a 'place of safety'. Police cells are not suitable places for detaining people with mental health problems, and a person's condition can sometimes be exacerbated by being held in such conditions. Forces must develop and agree with Mental Healthcare Trusts and Primary Care Trusts protocols identifying a first choice place of safety, and the criteria for their use.

Issues to be considered include:

- Arranging an appropriate place of safety for individuals detained under sections 135 or 136;
- Arranging assessments for individuals detained under sections 135 or 136;
- The handover procedures between the police and mental health practitioners for patients who may be violent;
- Police escorting and/or transporting individuals to places of safety and mental health facilities;
- The agreed handover procedures for patients and detainees with mental health problems;
- Whether an approved mental health worker should accompany police when escorting people with known or suspected mental health problems.

3.4.2 MENTAL HEALTH ACT (1983) ASSESSMENT

The purpose of removing a person to a place of safety under sections 135 or 136 of the Mental Health Act 1983, is to enable them to be assessed by a registered medical practitioner who should ideally be Section 12 approved and interviewed by an Approved Social Worker (ASW), if required.

Ordinarily, neither a hospital nor the police should discharge a person detained under section 135(3) or 136(2) before the end of the 72 hour period without the required assessments being completed by a doctor and an ASW. The exception is where, having examined the individual, the doctor concludes that he or she is not mentally disordered within the terms of the Act; the detainee can no longer be detained under this section and must be immediately discharged from detention.

Once the person has been removed to a place of safety, they cannot be transferred to a different place of safety.

MANAGEMENT ISSUES

- Agree local protocols with healthcare agencies and social services so that persons detained with an identified or suspected mental health condition are taken to a suitable first choice place of safety for assessment (3.4.1).

Section 4
CONTROL AND RESTRAINT

This section provides guidance on the control and restraint of detainees in police custody, and the causes of conflict and methods of prevention. It also gives guidance on the documentation and management of the use of force but it does not cover information that is already available in the *ACPO/CENTREX Personal Safety Manual of Guidance.*

CONTENTS

4.1 INTRODUCTION

Police officers are frequently required to deal with potentially violent situations and may need to use control and restraint techniques. Officers must be aware of the potential risks the use of such techniques place on the suspect or detainee.

Detainees suffering from the effects of alcohol, drugs, a mental health condition or those who have a medical condition are particularly vulnerable to the impact of being restrained.

This section should be read in conjunction with 2 Risk Assessment and Management which sets out symptoms deriving from medical or mental health conditions.

Staff must be trained in the use of restraints in accordance with the *ACPO/ CENTREX Personal Safety Manual of Guidance.*

4.2 LEGISLATION

The three main powers relating to the use of force are contained within:

- Common Law;
- Section 3 of the Criminal Law Act 1967;
- Section 117 of the Police and Criminal Evidence Act 1984.

Responsibility for the use of force rests with the police officer exercising that force. Officers must be able to show that the use of force was lawful, proportionate and necessary in the circumstances.

4.3 STREET INTERVENTION (INITIAL CONTACT)

In an operational environment potentially violent incidents cannot always be as controlled as they can be within secure settings such as custody, prisons or mental health establishments. Events are spontaneous, the dynamics unknown and officers usually have very little time in which to assess a situation and plan a response.

Checklist 11 Warning Signs for Physical Violence

Warning signs indicating that the behaviour of a person or detainee may be escalating towards the use of physical violence can include:

- Facial expressions – tense and angry;
- Increased or prolonged restlessness, body tension, pacing;
- General over-arousal of body systems (increased breathing and heart rate, muscle twitching, dilating pupils);
- Increased volume of speech, erratic movements;
- Prolonged eye contact;
- Discontentment, refusal to communicate, withdrawal, fear, irritation;
- Unclear thought processes or poor concentration;
- Delusions or hallucinations with violent or aggressive content;
- Verbal threats or gestures;
- Reporting anger or violent feelings;
- Blocking escape routes.

Factors that may indicate an increased risk of physical violence include:

- A history of disturbed or violent behaviour;
- A history of substance or alcohol misuse;
- Any previous expression of intent to harm others;
- Evidence of rootlessness or social restlessness;
- Previous use of weapons;
- Previous dangerous and impulsive acts;
- Denial of previous dangerous acts which are known to have occurred;
- The severity of previous acts of violence or aggression;
- Verbal threats of violence;
- Evidence of recent severe stress, particularly personal loss or the threat of loss;
- One or more of the above in combination with cruelty to animals or reckless driving.

Supervision must be maintained during periods of prolonged restraint. Individuals may react differently to restraint, especially if restrained in the prone position.

When taking charge of an incident, the supervisor must ensure that the health of the detainee is monitored and that the degree of restraint being applied is reasonable. Monitoring should include assessing the detainee's breathing and heart rate following the incident. The supervisor should ensure that details of the restraint are recorded.

Staff who may be required to use force in the course of their duties must be trained in accordance with the *ACPO/CENTREX Personal Safety Manual of Guidance.* Staff whose training has lapsed must not be deployed in the custody area. See also 10.2.5 First Aid.

4.3.1 METHOD

When a detainee is restrained in a prone position for any length of time, one team member should be responsible for protecting and supporting the head and neck. That person should lead the team through the physical intervention process and ensure that the airway and breathing are not compromised and that vital signs are monitored. Prolonged restraint and struggling can, particularly where the lungs are being squeezed while empty, result in exhaustion. This can be without the detainee being aware of it and can lead to sudden death.

The safest way of dealing with a violent person is by rapid initial restraint by those who have had proper training. A violent or restrained detainee must not be placed in a police vehicle unsupervised. Detainees who have struggled violently should not be placed in a vehicle unrestrained. In order to ensure appropriate control during any journey, the detainee should be seated upright where possible. For further information see 5.6 Placement of Detainee.

4.4 POSITIONAL ASPHYXIA

There is a risk of positional asphyxia when restraining a person. The prone position should be avoided if at all possible, or the period for which it is used minimised.

Checklist 12 Factors Which Can Contribute Towards a Death During Restraint

Include situations where:

- The body position of a person results in partial or complete obstruction of the airway and the subject is unable to escape from that position;
- Pressure is applied to the back of the neck, torso or abdomen of a person held in the prone position;
- Pressure is applied restricting the shoulder girdle or accessory muscles of respiration while the person is lying down in any position;
- The person is intoxicated through drink or drugs;
- The person is left in the prone position;
- The person is obese (particularly those with large stomachs and abdomens);
- The person has heightened levels of stress;
- The person may be suffering respiratory muscle failure related to earlier violent muscular activity (such as after a struggle);
- Bodyweight should not be used on the upper body to hold down the detainee.

4.5 WITHIN CUSTODY

Staff working in a custody environment must be trained in the short-term management of violence. This should include tactical communications and the recognition and management of positional asphyxia and acute behavioural disturbance. Staff should also be trained in techniques for moving detainees and repositioning from the prone position.

4.5.1 ARRIVAL AT CUSTODY

As soon as possible after arriving at the police station, the escorting staff must inform the custody officer about any restraint techniques used. The custody officer must, where practicable, ascertain the extent of any injury and consider whether there is a need for medical attention. The custody record will be noted accordingly. The custody officer can require the removal of the handcuffs, although arresting or escort officers can remove handcuffs prior to or on arrival at the police station.

4.5.2 PLACING VIOLENT DETAINEES IN CELLS

It may be necessary to call a healthcare professional to assess and monitor a violent detainee's condition as the underlying reason for their violence may not be apparent.

The initial risk assessment should be reviewed after the person has been placed in the cell. It should be repeated when and if the detainee has calmed down and is able to answer questions. These procedures must be recorded on the custody record.

When placing a violent detainee in a cell, only the approved techniques and methods described in the *ACPO/CENTREX Personal Safety Manual of Guidance* should be used.

4.5.3 RESTRAINT

When restrained, the detainee should be under constant observation (Level 3) or in close proximity (Level 4) so that all vital signs can be monitored and appropriate intervention made if a medical emergency arises. For further information see 7.6.1 Observation and Engagement.

This supervision may also involve:

- Being in the cell with the restrained detainee;
- Being in the cell with the detainee and physically restraining them;
- Being outside the cell and observing the detainee through the open cell door or a see-through door.

Clinical attention should be considered when a detainee is restrained in a cell. Restraints should be removed as soon as it is considered safe to do so and care must be taken to prevent positional asphyxia.

For additional information on the use of restraints in a locked cell, see PACE Codes of Practice, Code C, paragraph 8.2.

4.5.4 CELL RELOCATION

Moving violent detainees from place to place carries a high risk of injury and should be avoided. If, however, this becomes necessary the procedure must be carried out in line with the *ACPO/CENTREX Personal Safety Manual of Guidance.*

The custody officer should supervise all cell relocations and avoid becoming physically involved by ensuring sufficient staff are available. Where an immediate relocation is necessary, it may be impractical to wait for additional staff. The supervisor is accountable for the way in which the incident is managed, but all staff involved have a responsibility to be aware of signs of distress and trauma.

The custody officer should take advice from a healthcare professional where possible and require them to be present to monitor the detainee's medical condition throughout the process. The reasons for non-attendance should be noted in the custody record. Healthcare professionals should receive awareness training in cell relocation.

In a pre-planned relocation using a specialist team, the team supervisor is responsible for the tactics of the procedure and team management, but the custody officer retains responsibility for the welfare of the detainee in accordance with section 39 of PACE 1984.

MANAGEMENT ISSUES

- Ensure all staff who may be required to use force are trained and competent in accordance with the *ACPO/CENTREX Personal Safety Manual of Guidance* (4.3).

Section 5
TRANSPORTATION

This section outlines methods of transport, vehicle types and selection. It identifies the importance of monitoring and suggests safeguards to reduce risks to detainees, officers and staff.

CONTENTS

5.1 INTRODUCTION

Only police officers, escort officers designated under section 38 (police authority employees) or 39 (contracted-out staff) of the Police reform Act 2002 should be used to transport detainees. When a custody officer transfers custody of a detainee to any of the above, the duty to ensure that the detainee continues to be treated in accordance with PACE and its Codes of Practice is also transferred to that person. For further information see section 39(2) PACE and Schedule 4 to the Police Reform Act 2002.

5.2 SEAT BELTS

The requirement to wear a seat belt does not apply where a vehicle is being used for police purposes or for carrying a person in lawful custody. (Regulation 6(1)(f) Motor Vehicles (Wearing of Seat Belts) Regulation 1993). The wearing of seat belts is encouraged and should be considered on a case-by-case basis.

5.3 POLICE STAFF AND OTHERS INVOLVED IN TRANSPORTATION

5.3.1 DESIGNATED ESCORT OFFICERS

Chief officers must be satisfied that escort officers are suitable, trained and competent to carry out the duties prescribed for them under Schedule 4 to the Police Reform Act 2002. For information on the search powers of designated escort officers, see 5.5.1 Search on Arrest.

5.3.2 PRISONER ESCORT AND CUSTODY SERVICES (PECS)

The Prisoner Escort and Custody Service (PECS), is part of the National Offender Management Service (NOMS). It is responsible for the management of contracts awarded to the private sector for escorting prisoners to designated courts from custody, to prison from court and for the transfer of prisoners between prison establishments.

Any concerns about the service provided through the PECS contracts must be raised immediately with the local PECS contract manager, details of which are listed in Appendix 3.

In the event that the contractors are unable to provide the service, the responsibility rests with the police to ensure the detainee is transported to court. Forces should establish contingency plans for escorting detainees to court in the event that PECS contractors fail to deliver this service.

5.4 FLEET MANAGEMENT

Forces should establish policies and procedures for assessing the sufficiency and suitability for purpose of vehicles used to transport detainees.

The assessment criteria should include:

- Reviewing the incidence of harm to detainees and escorting officers during transit to identify level of risk;
- Pattern analysis of incidents of harm or adverse incidents, see also Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995;
- Balance of vehicle fleet with capability to transport detainees;
- Anticipated journey lengths and times;
- Availability of cells;
- Requirement for the segregation of detainees from escorting officers and other detainees;
- Ability to monitor detainees continuously;
- Ability to intervene in an emergency situation during transit, eg, fire;
- Suitability of cage or containment area for use:
  - Size for intended occupancy;
  - Ligature point protection, eg, a sliding internal door instead of standard hinged opening;
  - Materials used, eg, clear plastic sheeting rather than grille style;
  - Access for detainee and escorting officers;
  - Protection of detainee and escort officer(s) in the event of a collision or other incident.

The National Offender Management Service (NOMS) has a vehicle design specification for custody vans. This may provide useful direction in relation to policing needs. For further information see *Invitation To Tender for Escort Contracts Document 3, Schedule 3, Appendix C Specification For Cellular Prisoner Transport Vehicles (2003).*

5.4.1 VEHICLE SELECTION

The type of vehicle used for transportation will vary between forces and will be influenced by availability, whether the transport is planned or spontaneous, and by the risks associated with the detainee. The risk assessment must be considered when determining the most appropriate form of transport. For further information see 2 Risk Assessment and Management.

For spontaneous incidents the choice of vehicle may be influenced by the type of vehicle already at the scene. This could include:

- Unmodified car;
- Modified car, eg, with clear screen dividing front and rear, and/or plastic rear seats;
- Police carrier vehicles, eg, those used for public order;
- Unmodified van;
- Modified van (with a cage or containment area clearly marked with the maximum number of people it is designed to carry).

Checklist 13 Risk Assessment for Restraint and Escort

A risk assessment will determine the level of restraint and number of escorts required to convey the detainee and should include:

- Established actions of the person prior to police intervention;
- Actions after contact with police, particularly their level of violence;
- PNC warning markers;
- Local intelligence;
- Allegations by others about the detainee;
- Information from friends and family;
- Condition of the detainee, for further information see 2.4 Condition of Detainee;
- History of violence, in addition to the above sources;
- Extent and result of search of the detainee;
- Use of weapons by the detainee on this or previous occasions;
- Assessment of escape risk;
- Length of journey;
- Vehicles available;
- Physical disability.

This list is not exhaustive and all relevant factors should be considered so that the most appropriate control measures can be adopted.

While a detainee may appear to be compliant, staff must never be complacent. Depending on the risks identified and available resources, it may be appropriate to call a different type of transport to the scene. The advantages of removing the detainee from the scene as quickly as possible may outweigh the benefits of waiting for the arrival of a more suitable vehicle.

For pre-planned operations, consideration should be given to selecting the most appropriate type of vehicle. Arrangements should be made to keep juvenile and adult detainees separate wherever possible.

Detainees can travel for a maximum of 2.5 hours before they must be offered a comfort break, this may be reduced accordingly to meet individual needs. For further information see *Prisoner Escort and Custody Services, A Guide for the Police.*

All police vehicles used to convey detainees must be equipped with a first-aid kit. The ACPO recommended contents for a 'vehicle kit' are outlined in Appendix 4.

5.5 DETAINEE AND STAFF SAFETY

Detainees should not be left alone and unsupervised in vehicles; an officer must be able to observe and monitor the person and react to any situation which may arise.

5.5.1 SEARCH ON ARREST

Section 32 PACE sets out the powers of a police officer to search a person on arrest. Reasonable force may be used to conduct searches.

Staff must always consider whether they should exercise their powers to search before placing a detainee in a vehicle. In large scale public order situations it may be safer to remove the detainee away from the incident and then conduct the search.

Searching after arrival at a police station is covered in 6.6 Searches of Persons and Withholding Articles.

Section 54 PACE 1984 provides a power to search on arrival and a separate power to search at any other time, which is described in Section 54 (6A) – (6C). After arrival and while at a police station both elements apply, but only to constables and designated detention officers by virtue of paragraph 26, Schedule 4 to Police Reform Act 2002. Paragraph 34(2), Schedule 4 to Police Reform Act 2002, confers on designated escort officers a power to search and seize while in transit from the place of arrest to the police station. Paragraph 35(4) confers a power to search persons being escorted from a police station to another station or from a police station to any place and then back to that station or onto another station.

5.5.2 SEARCH OF VEHICLE

Vehicles used to transport detainees must be searched before and after use and, where practicable, in the presence of the detainee. In unmodified vehicles, attention should be given to the area down the back of the seats and the footwells as these are the most likely places for items to be secreted. Care should be taken when searching this area to avoid sharp objects including syringes. For further information see *ACPO/CENTREX Personal Safety Manual of Guidance.*

5.6 PLACEMENT OF DETAINEE

When placing a detainee in a vehicle, care should be taken with individuals who are restrained with handcuffs or leg restraints, as this can increase the risk of injury. In unmodified cars detainees must be placed in the rear of the vehicle in the seat furthest from the driver. If the vehicle has a cage or containment facility it must be used. When a cage that is designed for more than one detainee is already occupied, officers must consider whether placing a second detainee in the cage would present an increased risk. Detainees who are, or have been, violent and are assessed as presenting a continuing risk, and those suffering from mental health problems, must not be placed in a cage or containment area with another detainee.

5.6.1 CONTROL AND RESTRAINT

A detainee must never be handcuffed to a vehicle or restrained to it in any way. Extreme caution must be used where a detainee who is already restrained by use of handcuffs and/or other limb restraints is considered to require further additional restraint. Due to the risks of positional asphyxia the prone position should not be used during transportation. If it is unavoidable, the detainee must be constantly monitored.

Where a detainee becomes violent staff should, where practicable, stop the vehicle, regain control and only then resume the journey; it may be necessary to call for assistance and to change to a more suitable vehicle. For further information see 4 Control and Restraint.

5.6.2 CONDITION OF THE DETAINEE

Constant monitoring must be undertaken where the detainee is:

- Intoxicated – alcohol or drugs;
- Violent or known to be violent;
- Believed or known to be at risk of suicide or self-harm;
- Has increased susceptibility to positional asphyxia, see 4.4 Positional Asphyxia.

Staff may decide it is not appropriate to transport the detainee, and should consider calling medical assistance to the scene. An ambulance must be called for any detainee who appears to be unconscious. For further information see 2.4 Condition of Detainee.

5.6.3 TRANSPORTING MENTAL HEALTH ACT DETAINEES

The police may be asked to assist in transporting a violent or potentially violent person to a mental health establishment after they have been sectioned under the Mental Health Act 1983. The individual and circumstances of the situation should be assessed to determine the safest method of transportation.

Options include:

- First, an ambulance with police personnel present to assist the ambulance staff and any mental health staff;
- Second, in a police vehicle with mental health staff present to monitor and assist in communicating with the detainee.

At least two staff should be involved in the transportation of such detainees.

Where a person has been sedated or given medication by healthcare professionals before being transported, this may affect the decision-making process above.

Forces should establish procedures for dealing with requests for the transportation of detainees with mental health conditions.

5.7 SUPERVISION AND ESCORT

5.7.1 RESPONSIBILITY FOR SUPERVISING AND MONITORING THE DETAINEE

The following principles should be applied:

- No more than one detainee must be conveyed in an unmodified police car.
- Modified vehicles should carry no more persons than they are designed for.
- High risk detainees will require more resources to monitor them.
- Every detainee must be supervised and monitored while in transit.
- Single crewed officers must be satisfied that they can perform this role. An escorting officer may be responsible for more than one detainee. Where appropriate, the escorting officer should accompany them in the rear of the vehicle or in the cage; the escort must be able to communicate with the driver at all times.

Where CCTV is installed inside a vehicle all staff must be aware of their responsibilities regarding the use of this equipment.

5.7.2 TRANSFER OF DETAINEE WHILE IN CUSTODY

When a detainee is transferred from a custody suite, a PER must be completed and accompany them. This would include transfer to:

- Court;
- Hospital;
- Another police station or force;
- Prison;
- Prisoner Escort and Custody Services (PECS) contractor;
- Military Police;
- Immigration Service or agent.

For further information see *Home Office Circular (32/2000), Detainee Risk Assessment and Revised Prisoner Escort Record (PER) Form,* Appendix 5 and 8.4 Transfer of Detention.

When using other means of transport including aircraft, trains, boats or other public transport, control measures must be sufficient to protect the public from harm, ensure the safety of the detainee, and comply with individual carriers' own requirements.

Special arrangements may be necessary for high risk detainees. Where there is an identified risk requiring special security measures, advice should be sought and the movement carried out in accordance with the *ACPO (2005) Manual of Guidance on Police Use of Firearms.*

5.8 INSPECTION OF VEHICLES USED FOR TRANSPORTATION

Vehicles should be checked by the driver prior to and after use. Detailed inspections should be carried out weekly as part of the normal maintenance regime, and findings should be recorded for audit purposes. In addition to routine maintenance and servicing the inspection must include the following.

- Serviceability and the general condition of vehicle.
- Condition of any modifications made for the conveyance of detainees.
- Containment areas/cages.
- Checking for ligature points. For further information see 12.1.2 Ligature Points.
- Doors/windows.
- Integrity of reinforced material.

MANAGEMENT ISSUES

- Ensure designated escort officers are suitable, trained and competent (5.3.1).
- Ensure contingency plans are established for escorting detainees to court in the event of PECS contractors failing to deliver this service (5.3.2).
- Ensure vehicle fleets are regularly assessed for their sufficiency and suitability for purpose (5.4).
- Ensure all police vehicles used to convey detainees are equipped with a first-aid kit that meets ACPO specification (5.4.1).
- Ensure vehicles are searched prior to and following the transportation of detainees (5.5.2).
- Establish procedures to deal with requests for the transportation of detainees with mental health problems (5.6.3).
- Establish an inspection programme including examination of vehicle modifications (5.8).

Section 6
ARRIVAL AT THE POLICE STATION

This section provides guidance on the procedures to be followed on arrival of a detainee at a custody suite. Guidance is also given on the safe operating capacity of a custody suite. This section should be read in conjunction with Sections 9 and 10 Staffing and Training.

CONTENTS

6.1 CAPACITY

Cell capacity is based on single cell occupancy in accordance with PACE, Code C, paragraph 8.1, and the *Home Office Design Guide.* The safe operating capacity of a custody suite depends on a number of factors:

- The number and type of detainees currently being held;
- Identified risks;
- The number of trained and competent staff available on duty;
- Operational commitments of the area;
- The actual number of cells in operation.

The safe operating capacity of a custody suite will fluctuate depending on the level and frequency of monitoring required for existing detainees. If the level of monitoring required places exceptional demands on custody staff, the custody officer may decide not to accept any further detainees so that the safety and welfare of the detainees and staff is not compromised.

If a custody suite has reached its safe operating capacity then arrangements must be made for additional detainees to be accommodated elsewhere. For further information see 2.1 Risk Assessment and 8.4 Transfer of Detention.

6.2 ARRIVAL AT THE STATION

6.2.1 VIOLENT DETAINEES

Officers transporting a violent detainee to the custody suite should inform custody staff of their impending arrival. People should be removed from reception areas to prevent them being involved with, or injured by, the detainee.

Custody areas must be kept free of trip hazards and weapons and should have sufficient space for officers to be able to deal safely with violent detainees. For further information see Health and Safety at Work Act 1974.

6.2.2 DETENTION NOT AUTHORISED

A custody record must be opened for all detainees who arrive at the police station. If the custody officer believes that there are insufficient grounds for detention, the reasons must be recorded and the detainee released. Cases where detention is refused should be reviewed by the custody manager.

6.3 INITIAL ACTION

All detainees must be seen by the custody officer as soon as practicable after arrival at the police station. The police station is defined as '...within the boundary of any building or enclosed yard which forms part of that police station' (PACE, Code C, paragraph 2.1A). Procedures should be established to ensure that detainees arriving at the police station are subject to a risk assessment in the event that there is a delay in them being placed before the custody officer. The custody officer must undertake a risk assessment and if the person is to be detained, will determine a person's fitness to be detained and fitness to be interviewed. For further information see 2 Risk Assessment and Management.

Checklist 14 Detainee's Arrival at the Custody Suite

The following activities must be carried out for each detainee:

- Consider the grounds for detention/issuing of bail.
- Check that anyone who has had contact with the detainee has passed on any relevant information about the detainee to the custody staff.
- Check PNC and local intelligence systems, recording relevant warning markers.
- Visually assess the detainee's general health and any injuries, recording and interpreting behaviour in the context of health and risk issues. Detainees should be asked if they have any disability.
- Where there is doubt about the identity of a detainee, reasonable efforts should be made to identify the detainee. The use of IDENT1 or other technologies to assist should be considered.
- Authorise or refuse detention.
- If the detainee has been in custody before, check previous custody records and risk assessments.
- Determine in consultation with healthcare professionals, if necessary, if the person is fit to be detained and fit to be interviewed.
- Consider the need for attendance of an appropriate adult for vulnerable detainees.
- If the detainee has been brought to the custody suite by PECS from court or prison, or by police from another police station, check the PER assessment and take any action necessary. Make an entry on the custody record including the risk assessment detailing the actions taken.
- Arrange for PNC warning markers to be added where appropriate.
- Record and act on behaviour or information that may suggest a detainee is likely to harm themselves.
- Search for and remove items in accordance with PACE, Code C.
- Cells or holding rooms should be checked for damage and objects that could be used to cause harm prior to placing a detainee in them, and also when they are removed.
- Close the cell hatch.
- Ensure that information about a detainee's welfare and risk is communicated to relevant staff and, where appropriate, other agencies.
- Check that only approved restraint techniques and equipment have been used.
- When in doubt, consult a healthcare professional and monitor the detainee's condition.
- Ensure that detainees are checked at intervals dictated by their condition and the risk assessment.
- Check that the vehicle used to transport the detainee has been searched. The vehicle should be searched by the staff transporting the detainee, preferably in the presence of the detainee.

This checklist is not exhaustive and all relevant factors should be considered.

6.4 ASSESSMENT OF DETAINEE

Checklist 15 Assessment of Detainees

Custody officers must ensure the detainee is asked the following questions:

- Do you have any illness or injury?
- Have you seen a doctor or been to a hospital for this illness or injury?
- Are you taking or supposed to be taking any tablets or medication?
- What are they? What are they for?
- Are you suffering from any mental health problems or depression?
- Have you ever tried to harm yourself?

If the detainee answers yes to any of the above then they should be asked further questions as appropriate:

- How often?
- How long ago?
- How did you harm yourself?
- Have you sought help?
- How are you feeling in yourself now?
- Would you like to speak to the doctor or nurse?
- Is there anything that I can do to help?

For further information see *Home Office Circular (32/2000) Detainee Risk Assessment and Revised Prisoner Escort Record (PER) Form.*

6.5 WELFARE AND SAFETY OF OTHERS

6.5.1 OTHER DETAINEES

The needs of other detainees should be considered at all stages in their detention. This should include:

- Clearing areas when a violent detainee is brought into custody;
- Ensuring the cleanliness of cells;
- Cleaning blankets after use by an individual;
- Taking into account the possible consequences of cell sharing.

Custody officers should consider the overall risk assessment for the custody suite, other detainees, and staff in accordance with 2.1 Risk Assessment.

6.5.2 OTHER PROFESSIONALS

All visitors, including solicitors, healthcare professionals, appropriate adults, custody visitors, or interpreters, should be aware of their role and responsibilities prior to gaining access to custody. Custody areas must not be seen as a gathering point for visitors and only those with legitimate reasons should be present. If an individual is denied access to a custody suite or particular cell, the reason for this must be recorded.

6.6 SEARCHES OF PERSONS AND WITHHOLDING ARTICLES

6.6.1 DECISION TO SEARCH AND SEIZE

Detainees may be searched on arrest, see section 32 PACE 1984. They should not be left unsupervised until they have been presented to the custody officer who will decide whether a further search is necessary. Such decisions must comply with PACE Codes of Practice, Code C whereby the search, the extent of the search and the subsequent retention of any article that the detainee has with them, depend on the custody officer believing that the article:

- May be used by the detainee to harm themselves or others;
- Is evidence of an offence;
- Could be used to interfere with evidence;
- Requires safekeeping;
- May be used to aid an escape or cause damage.

Both the extent and location of a search are decided by the custody officer. There are three levels available:

- Standard search;
- Strip search;
- Intimate search (on the authority of an inspector).

The decision-making process must be documented on the custody record and include the reason for the search, those present during the search, those conducting the search and a record of any items found or seized. For further information see PACE Codes of Practice, Code C, Annex A.

6.6.2 PROPERTY REMOVAL AND STORAGE

During the risk-assessment process custody officers should be aware that items such as ties, belts, shoelaces and cords can be used as ligatures. All staff have a duty of care and must do all that is reasonably possible to protect the right to life under Article 2 of the European Convention on Human Rights. The decision to withhold articles from the detainee must be based on a risk assessment of each individual and the guidance given in PACE, Code C. Staff must bear in mind the potential impact that the detention and interview processes may have on an individual and how it may affect the changing level of risk assessment for that individual. The detainee should be given the opportunity to check and sign the custody record to confirm that the record of the items seized is correct. Adequate storage and security should be provided for a detainee's property. For further information see 7.8 Welfare and Safety.

6.6.3 REPLACEMENT CLOTHING

All custody suites should retain an adequate supply of replacement clothing to issue to detainees as necessary. This is a requirement of PACE Codes of Practice and ensures that the detainee's dignity is maintained and that their basic warmth and welfare needs are met. A detainee must be provided with alternative clothing if their own clothing is wet as they will be at risk from hypothermia.

Detainees deemed to be at high risk of suicide by using their own clothing must be under constant observation (Level 3) or within close proximity (Level 4) depending on the risk assessment. For further information see 7.6 Monitoring and Observations and 7.8 Welfare and Safety.

6.7 MEDICAL ATTENTION

The custody officer must ensure that appropriate clinical attention is given as soon as practicable to any detainee who:

- Appears to be suffering from physical illness;
- Is injured;
- Appears to be suffering from a mental disorder;
- Appears to need clinical attention;
- Requests a clinical examination.

For further information see PACE Codes of Practice, Code C, paragraph 9.5.

6.8 DOCUMENTATION

The following information must be recorded in the custody record:

- Grounds for arrest;
- Grounds for authorising detention;
- Search (level of search and persons present);
- Items withheld from, or kept by, the detainee;
- Replacement clothing supplied to the detainee;
- Risks identified and control and/or support measures;
- Medical questionnaire;
- Time placed in cell, cell number, cell searched;
- The reasons for a juvenile being placed in a cell rather than a detention room;
- Clinical treatment and care plan;
- Use of any restraints and justification;
- Other relevant information.

It is a matter for the custody officer to determine whether a record should be made of the property a detained person has with them or had taken from them on arrest. For further information see PACE, Code C, paragraph 4.4.

There may be occasions where, for security reasons, information is recorded elsewhere. If this is the case then a record should be made of where that information is recorded.

MANAGEMENT ISSUES

- Establish a review process where the custody officer has refused detention (6.2.2).
- Ensure that visitors are aware of their roles and responsibilities before they have access to custody suites (6.5.2).
- Ensure that adequate storage and security is available for detainees' property (6.6.2).

Section 7
DETAINEE CARE

This section provides guidance for all staff involved in the care and detention of those held in police custody. It identifies good practice designed to prevent deaths and adverse incidents, and should be read in conjunction with Code C of the PACE Codes of Practice 1984.

CONTENTS

7.1 MANAGEMENT AND SUPERVISION

PACE and PACE, Code C set out the statutory framework for custodial care. Clear lines of responsibility and accountability must be established for the supervision and management of custody staff, custody suites and detainees.

The duty inspector or custody inspector should undertake the supervision and support of custody staff. At the beginning of each shift custody officers and, where practicable, the inspector should visit and check the cell areas. Checks should include:

- Welfare of custody staff;
- Whether staffing levels are sufficient;
- Numbers of detainees;
- Custody records;
- Establishing vulnerabilities of detainees;
- Ensuring that measures are in place to manage any vulnerabilities identified;
- Review times;
- Discussions with staff on any emerging issues;
- Visiting detainees in cells;
- Checks on the physical condition of the custody suite.

Custody officers must check the detainees in their cells during or following the handover process by the outgoing custody officer.

Where multiple custody officers are on duty it is essential that each is aware of their individual responsibilities.

7.2 CLINICAL TREATMENT AND ATTENTION

There are three main reasons why a detainee may require clinical attention:

- Physical and mental health;
- Welfare;
- Forensic examination.

All medical examinations must be carried out by an appropriate healthcare professional.

Healthcare professionals should ensure, where practicable, that detainees sign a declaration form for informed consent to share information relevant to their care and welfare. For further information see Appendix 6. The healthcare professional should record their findings on the Detained Persons Medical Forms, Form 450, see Appendix 7.

'The custody officer must make sure that a detainee receives appropriate clinical attention as soon as is reasonably practicable if the person:

(a) Appears to be suffering from physical illness; or
(b) Is injured; or
(c) Appears to be suffering from a mental disorder;
(d) Appears to need clinical attention'.

PACE, Code C, paragraph 9.5

7.2.1 HEALTHCARE PROFESSIONAL

"A 'health care professional' means a clinically qualified person working within the scope of practice as determined by their relevant professional body. Whether a health care professional is 'appropriate' depends on the circumstances of the duties they carry out at the time."

PACE, Code C, Notes for guidance 9A

The following persons can provide clinical attention to differing degrees:

- Forensic physicians;
- Nurses and psychiatric nurses;
- Paramedics.

Forces should determine the most appropriate model of healthcare provision, taking account of quality of service provision and best value.

For further information about the provision of clinical attention, see 9 Staffing.

Following the examination of a detainee, the healthcare professional should record any clinical findings and directions in the custody record, unless there is information that must remain confidential and is not relevant to the effective ongoing care and well-being of the detainee. In such cases, an entry must be made in the custody record indicating where the clinical findings are recorded. See PACE Codes of Practice, Code C, paragraph 9.16 and also Annex G, paragraph 7.

Directions concerning the frequency of visits must be clear and precise. The custody officer must ask for clarification if any oral or written clinical directions given by a healthcare professional are unclear.

The risk assessment remains the responsibility of the custody officer and should be completed in consultation with the healthcare professional reflecting the findings of each clinical assessment. The custody officer and healthcare professional should agree an action plan for the care of the detainee. Any disagreement, along with the decision-making process, should be recorded in the custody record.

7.2.2 FIT TO BE DETAINED

The custody officer may decide that clinical attention is needed before a decision can be made about a person's fitness to be detained; this is irrespective of whether the person has already received treatment elsewhere, for example, at hospital. They should also be aware that the effects of alcohol or drugs may mask other illnesses or injuries.

The custody officer must ensure that all relevant information is made available to the healthcare professional, and that the healthcare professional makes available all relevant information to the custody officer.

For further information see 8.3 Release from Custody.

7.2.3 FIT TO BE INTERVIEWED

Before an interview takes place, the custody officer must assess whether the detainee is fit to be interviewed. If doubts are raised about their fitness for interview, the detainee must be assessed by a healthcare professional before the interview takes place as failure to do this may prejudice subsequent proceedings. The reason for doubting a person's fitness for interview, and the result of the healthcare professional's assessment must be recorded on the custody record, or reference made to where this information is recorded elsewhere.

The assessment should identify the risks to the detainee's physical and mental well-being, and determine safeguards that may be required during the interview process. For further information see PACE Codes of Practice, Code C, Annex G.

The custody officer must not allow a detainee to be interviewed if they believe it would cause significant harm to the detainee's physical or mental state.

7.2.4 MEDICATION

Where it is known that a detainee requires medication, the custody officer is responsible for:

- The safekeeping of the medication which should be held in a locked receptacle to prevent unauthorised access. For further information see 12.6.5 Medical Room.
- Providing the detainee with the opportunity to take the medication at the prescribed intervals.
- Ensuring that the correct medication is given and at the right dosage.
- Recording information in the custody record.

Medication may have been brought in by the following means:

- By a detainee, friend, relative or by the police when detaining the person. It may not be what the detainee, friends or family say it is, or what is recorded on the packaging, and it can be used to conceal other items. The medication should never be administered prior to it being checked by an appropriate healthcare professional.
- Provided by the police in accordance with directions from the healthcare professional.
- Provided by a healthcare professional.
- Collected by the police via a private prescription.
- Provided by hospital staff when a detainee has been to hospital for treatment while in police detention. An appropriate healthcare professional should be consulted to authorise the detainee having this medication before it is administered by custody staff.

Clear written instructions must be provided for custody staff. These should be recorded on the Detained Persons Medication Form, Form 450a, see Appendix 7.

Instructions should include:

- The name of the detainee, the prescribing doctor, medication name, strength and quantity (number of tablets or capsules) required at stated times;
- Special instructions, eg, to be taken with or without food;
- Disposal of unused medication, eg, when released or transferred from custody.

Depending on the risk assessment it may be appropriate to allow detainees who have asthma to keep their inhalers (see 2.4.10.1 Asthma), and angina sufferers to keep their angina sprays (see 2.4.10.2 Heart Disease), so they can use them as necessary. Any other type of medication can only be administered by custody staff or supervised with the authorisation of an appropriate healthcare professional. Schedule 1, 2, and 3 controlled drugs can only be administered in custody by a forensic physician (FP). A detainee may, in certain circumstances, self-administer drugs under the personal supervision of the registered medical practitioner authorising their use.

Forces must establish procedures for the safe storage and handling of medication. This should include systems for auditing, management and the prevention of errors. All staff who administer medication to detainees must be trained in these procedures.

Custody staff must check that the correct medication is given to the right detainee at the appropriate time; two custody staff should undertake this task where practicable. This should be recorded on the custody record and medication form. Care should be taken to prevent the detainee hoarding medication.

Where the detainee is transferred or released, custody staff should dispose of unused medication in accordance with the instructions provided, recording the method of disposal on either the custody record or medication form. Medication prescribed during the period of detention might be:

- Given to the detainee on release (only on the authority of the prescribing healthcare professional);
- Given to the escort service (travel with detainee);
- Returned to an appropriate healthcare professional;
- Disposed of in a suitable receptacle for disposal of unused medication. These must be kept secure to prevent detainees from gaining access to them.

For further information see PACE Codes of Practice, Code C, paragraphs 9.9 to 9.12 and *Home Office Circular (26/2003).*

7.2.5 HOSPITAL

In medical emergencies an ambulance should be called and the detainee taken to hospital as soon as possible. If there is an appropriate healthcare professional available at the police station, they should be called to attend while awaiting the ambulance.

In exceptional circumstances it may be appropriate to transport the person to hospital by police vehicle. The detainee may require first aid which should be given by suitably qualified staff.

The custody officer must ensure that a PER form is completed to accompany the detainee to hospital. In emergencies there may not be sufficient time to complete the PER form. In this case the escorting officers should be verbally informed and the PER form passed to them at the hospital as soon as practicable. For further information see 2.3.3 Prisoner Escort Record (PER) Form.

On returning to police detention from hospital, the detainee must be searched again to ensure that they have not acquired items that could be used to cause harm to themselves or others, or to damage property. For further information see 6.6 Searches of Persons and Withholding Articles.

Any case notes or items of information from hospital medical staff relevant to the continuing treatment of the detainee should be passed to the healthcare professional at the police station. This should include the results of any tests such as CT scans in the case of a head injury, information on how to care for the detainee and any care plan. This should be obtained in writing. The escorting officers should return the PER to the custody officer and inform them of any additional risks identified.

The police retain a duty of care for detainees who are refused admission to hospital or treatment by ambulance staff. Efforts should be made to have the detainee examined and assessed but if healthcare services still refuse to accept the detainee, they should be taken to the police station. Clear instructions about their care and transportation should be requested from healthcare staff. Preferably this should be in writing, including reasons for refusal of admission or treatment.

If the custody officer has any doubt about a detainee's fitness to be detained or interviewed following their return from hospital, a healthcare professional should reassess the detainee.

If the escorting officers do not agree with hospital staff that a detainee should be released from hospital, the following options can be taken:

- Request a second opinion;
- Discuss options with an appropriate healthcare professional;
- Request that an appropriate healthcare professional discuss the issue with the Accident and Emergency consultant;
- If an appropriate healthcare professional is not available, the detainee should be taken to another hospital for a second opinion.

Where it has been necessary to take the detainee to another hospital for a second opinion, the matter should be raised with the force custody management so that the issues can be discussed at strategic level between the organisations.

7.2.6 SUPERVISION AND SECURITY

Staff undertaking hospital supervision duties must be briefed about their role. This should include:

- The individual they are guarding;
- The known risks associated with the detainee and the risk management plan;
- Actions to be taken to prevent the detainee's escape;
- Actions to be taken to preserve evidence;
- Actions to be taken to prevent the acquisition or retention of items that may cause harm to the detained person or others;
- Actions to be taken in the event of an incident involving the detainee or affecting the detainee;
- The requirement to fully brief staff who take over the role from them;
- The use of handcuffs.

Staff engaged on hospital supervision should be contacted by a supervisor at least once during each tour of duty to ensure:

- The safety and welfare of the member of staff;
- The safety and welfare of the detainee;
- Consultation with the hospital and medical staff;
- Compliance with instructions and guidance given on the detention and care of the detainee.

Forces must seek to establish with PCT managers local protocols specifying how the security responsibility will be assigned between police officers and PCT security staff. For further information see 2 Risk Assessment and Management.

7.2.7 DOCUMENTATION

Medical notes are not part of the custody record and care must be taken to ensure they are not disclosed to solicitors and Independent Custody Visitors (ICVs) while they are examining a custody record.

Forces should adopt the Detained Persons Medical Form and Detained Persons Medication Form, see Appendix 7.

For further information see *Recommendation 22, ACPO 2001, Report and Recommendations to Police First Aid Training, 2nd Edition.*

7.3 CELL SEARCHES

Where practicable, all cells and detention rooms must be visually inspected and searched, on release and before new occupancy, to ensure that:

- Fresh damage is identified;
- Defects in cells are identified;
- The cell hatch fully closes;
- No ligature points are available;
- Previous occupants have left no items.

All cells and detention rooms should be checked periodically throughout the tour of duty and:

- On handover or at set times, if the cell is vacant;
- Immediately before a detainee is placed in the cell;
- By a trained search team as deemed fit by custody managers.

For further information see 12.1.2 Ligature Points.

The following list details the actions to take when cells and detention rooms are inspected for defects and potential ligature points. This list is not exhaustive.

- Work from the ceiling down to floor level.
- Start with the ventilation grilles through to light fittings, checking that the sealant has not been picked out and that holes are not too big.
- Check the light fittings and smoke detectors. Are they fitted securely and is the sealant intact?
- Check toilet bowls where the filler between the bowl and seat might have been removed, enabling laces or belts to be pushed through. Is the sealant intact?
- Check the bench underneath the mattress to see if any gaps would permit laces or belts to be threaded through.
- Check mattresses and blankets to ensure that they are not damaged. Damaged mattresses and blankets may be more easily torn by a detainee to make into a ligature (also check that they are not soiled or infested).
- Check the door and frame. Does it fit properly, are the welds secured, does the handle work correctly, and is surrounding plasterwork undamaged?
- Check the cell hatch to ensure that it does not drop down if a detainee bangs on it while it is fully closed.
- Check the spy glass is not broken.

Care must be taken to ensure that the cell call system is in working order to enable the detainee to call for assistance if required. Where the cell call system is found to be defective, the cell or detention room must be put out of service until it is fit for use, or a suitable control measure employed to ensure the detainee's welfare.

Any cell found to be structurally defective or in need of cleaning must be closed for remedial action.

7.4 CELL OCCUPANCY

Home Office approved cells and detention rooms are designed for single occupancy. Cell sharing should only occur on an exceptional basis and is not appropriate where:

- A detainee requires special provisions for any reason, eg, disability;
- There are diversity issues that would make cell sharing inappropriate, eg, religious beliefs and the inability to meet religious obligations;
- Detainees are not the same gender;
- The detainee is a juvenile.

The decision to multi-occupy cells rests with the custody officer. If there is any dispute with the custody officer's decision, the matter must be referred to the superintendent responsible for the station in accordance with PACE. Multi-occupancy must be justified and recorded using a joint risk assessment on the relevant custody records.

The joint risk assessment must consider the following:

- Any warning markers that the detainees may have;
- Medical conditions;
- Demeanour on arrival;
- Current demeanour;
- Known or suspected racist or homophobic attitudes;
- Other discriminatory attitudes;
- Both detainees' views on sharing.

A detainee should not share a cell with another person if any of the above risks have been identified with either of them.

Consideration should be given to using a CCTV-equipped cell. Private toilet facilities must be made available. Expecting detainees to share open toilet facilities may breach Article 8 ECHR (the right to respect for private and family life) and Article 2, ECHR (the right to life).

Monitoring regimes must be reviewed when cells are being shared. The custody officer should increase the frequency of checking detainees in multi-occupancy cells.

Detainees' reactions to being held in a cell with another person cannot be precisely gauged in advance, but the risk of one person harming another must always be considered. Custody staff, including healthcare professionals, must keep the custody officer informed of any noticeable changes in behaviour which could alter the risk assessment.

7.5 OUT OF CELL

Custody staff must always observe the detainee through the spy hole or cell hatch prior to opening the cell door. Whenever a detainee is allowed out of a cell, they must be adequately supervised at all times to prevent them from obtaining an item or doing anything that could:

- Harm themselves or others;
- Interfere with evidence;
- Damage property;
- Effect an escape.

If there are concerns that a detainee has not been adequately supervised outside a cell, for example, during consultation with a solicitor, the detainee should be thoroughly searched before being returned to the cell. For further information see 6.6 Searches of Persons and Withholding Articles.

7.5.1 EXERCISE

Detainees are entitled to brief daily outdoor exercise where practicable, see PACE Codes of Practice, Code C Notes for guidance 3A and PACE Codes of Practice, Code C, Section 8.7. Exercise should be provided individually and be adequately supervised. Exercise areas should be thoroughly searched for any potential hazards prior to use. Depending on the design of the exercise area, the nature of the exercise and the detainee's risk assessment, constant supervision may be necessary.

For further information see 12.6.4 Exercise Yard.

7.5.2 INTERVIEW

Investigating staff are responsible, under PACE, for the supervision of detainees when they are being interviewed.

The period immediately following an interview has been identified as a time when detainees are at a higher risk of inflicting self-harm, particularly if they have been arrested for a serious offence or re-arrested for further offences. All staff must be aware of this and watch for changes in a detainee's demeanour such as their becoming quiet and withdrawn. Similar changes are often seen in detainees when bail is refused.

The custody officer must be informed by the investigating staff of any noticeable changes in the detainee's behaviour which could alter the risk assessment.

7.5.3 INVESTIGATION

All staff involved in investigating offences have a duty to inform the custody officer of any further information they discover which may affect the detainee's risk assessment. This includes any statements made by the detainee during interview, while on escorted visits outside the police station or made about the detainee by others who know them.

If for any reason a detainee is taken out of the police station by investigating staff they must supervise the detainee at all times. They must also monitor their welfare and ensure that the detainee does not gain access to items that could be used as weapons.

When a decision has been taken to charge a person and bail has not been granted, the detainee will be kept in custody until the next available court sitting. The risk assessment must be reviewed when such a decision is made as they are at a higher risk of suicide or self-harm at this time. Detainees should be monitored for changes in behaviour that may indicate an increased risk of self-harm or suicide. Access to external support, such as calling the Samaritans, can be effective at this stage. For further information see 8.5 Agency Referral.

7.6 MONITORING AND OBSERVATIONS

7.6.1 OBSERVATION AND ENGAGEMENT

Four levels of observation should be used:

- Level 1 – General observation;
- Level 2 – Intermittent observation;
- Level 3 – Constant observation;
- Level 4 – Close proximity.

The level of observation will be dependent on the circumstances of the individual. Figure 3 provides a guide to determine the appropriate level of observation.

Figure 3 Levels of Observation

Level 1
General Observation

This is the **minimum** acceptable level for all detainees. It requires the following:

- Detainees are checked **at least every hour**;
- Checks are carried out sensitively in order to cause as little intrusion as possible;
- If no reasonable foreseeable risk is identified, staff need not wake a sleeping detainee;
- If the detainee is awake, the officer should engage with the detainee;
- Visits and observations, including the detainee's behaviour/condition, are recorded in the custody record;
- Any changes in behaviour/condition must be reported to the custody officer immediately.

The use of technology does not negate the need for physical checks and visits.

Level 2
Intermittent Observation

This is, subject to clinical direction, the **minimum** acceptable level for those suspected of being intoxicated through drink or drugs or having swallowed drugs, or whose level of consciousness causes concern. It requires the following:

- The detainee is visited and roused **at least every 30 minutes**;
- Physical visits and checks must be carried out. CCTV and other technologies can be used in addition;
- In response to clinical direction, a person detained in relation to drugs swallowing need not be roused;
- The detainee is positively engaged at frequent and irregular intervals;
- Visits to the detainee are conducted in accordance with Codes of Practice, Code C, Annex H;
- Visits and observations, including the detainee's behaviour/condition, are recorded in the custody record;
- Any changes in behaviour/condition must be reported to the custody officer immediately.

Level 3
Constant Observation

If the detainee's risk assessment indicates the likelihood of self-harm they should be observed at this level. It requires the following:

- The detainee is under constant observation and accessible **at all times**;
- Physical checks and visits must be carried out;
- Constantly monitored CCTV and other technologies can be used;
- Issues of privacy, dignity and gender are taken into consideration;
- Any possible ligatures are removed;
- The detainee is positively engaged at frequent and irregular intervals;
- Visits and observations, including the detainee's behaviour/condition, are recorded in the custody record;
- Any changes in behaviour/condition must be reported to the custody officer immediately;
- Review by the healthcare professional.

Level 4
Close Proximity

Detainees at the highest risk of self-harm should be observed at this level. It requires the following:

- The detainee is **physically supervised in close proximity**;
- CCTV and other technologies do not meet the criteria of close proximity but may complement this level of observation;
- Issues of privacy, dignity and gender are taken into consideration;
- Any possible ligatures are removed;
- The detainee is positively engaged at frequent and irregular intervals;
- Observations, including the detainee's behaviour/condition, are recorded in the custody record;
- Any changes in behaviour/condition must be reported to the custody officer immediately;
- Review by the healthcare professional.

The custody officer should record the following in the custody record:

- The level of observation required for a detainee;
- The reasons for the decision;
- Clear directions that specify the name and title of the persons carrying out the observations;
- The name of the person responsible for carrying out the review of the required observation level.

Forces must establish a policy for the observation and engagement of detainees including the provision of training for staff.

7.6.2 VISITS TO CELLS

Where practicable, the person who carried out the last visit should conduct the next check. Continuity in checks is good practice as it allows evaluation of any changes in the detainee's condition and potential risks involved.

Checklist 16 Visits to Cells

Staff undertaking visits or observations must:

- Be appropriately briefed about the detainee's situation, risk assessment and particular needs;
- Take an active role in communicating with the detainee and building a rapport;
- Be familiar with the custody suite emergency procedure and aware of equipment available.

When cell checks and visits are carried out it is not sufficient to record 'visit correct' or 'checked in order' on the custody record. More detail is required, for example, 'detainee awake, reading, spoken to, offered drink, drink refused'.

If it is decided that the detainee needs to be roused on each visit, this must be done and the responses recorded on the custody record.

7.6.3 ROUSING

All staff involved in checking and rousing detainees must follow these guidelines. The frequency of rousing advised by a healthcare professional must be adhered to unless the custody officer directs that rousing should be more frequent.

Checklist 17 The Rousing Procedure

- Can they be woken?
- Go into the cell.
- Call their name.
- Shake them gently.
- Response to questions – can they give appropriate answers to questions such as:
  – What is your name?
  – Where do you live?
  – Where do you think you are?
- Response to commands – can they respond appropriately to commands such as:
  – Open your eyes;
  – Lift one arm, now the other arm.
- Remember – take into account the possibility or presence of other illnesses, injury, or mental condition. A person who is drowsy and smells of intoxicants may be suffering from the following:
  – Diabetes;
  – Epilepsy;
  – Head injury;
  – Drug intoxication or overdose;
  – Stroke.

For further information see PACE, Code C, Annex H – Detained Person: Observation List.

Deaths occur in custody where alcohol or substance misuse masks another condition. For further information see 2.4 Condition of Detainee.

Where a healthcare professional is working in a custody suite, and where practicable, they should accompany custody staff on cell visits to those detainees giving cause for concern.

7.7 USE OF TECHNOLOGY

Monitoring vulnerable detainees can be improved by using technology. Physical checks and visits must be made irrespective of the use of technology.

Technology can only be used to enhance the monitoring of a detainee's welfare. Monitoring devices installed within cells must not be used as the sole means of monitoring a clinical condition. For further information see 12.5 Technology.

7.8 WELFARE AND SAFETY

Meeting the welfare needs of detainees involves providing various items, some of which are routinely taken into cells but which can be used to self-harm. Detainees who are determined to self-harm have been known to adapt items in unusual ways. For further information see 2 Risk Assessment and Management.

7.8.1 CLOTHING

Any item of clothing can be used as a ligature. Belts, ties, cords and shoelaces are obvious and more readily available as ligatures. The decision to remove these items should be made after conducting a risk assessment and the custody officer must balance any risk with the need to treat detainees with dignity.

If a detainee is believed to be at risk of suicide or self-harm, the seizure and exchange of clothing may not remove the risk but may increase the distress caused to the detainee and, therefore, increase the risk of the detainee self-harming. Leaving a detainee in their own clothing may help to normalise their situation. Constant observation or within close proximity (Level 3 or 4) may be a more appropriate control measure in these circumstances.

Clothing is often taken from a detainee in the course of an investigation as evidence or for hygiene purposes. In all cases replacement clothing must be provided. For further information see 6.6 Searches of Persons and Withholding Articles.

There are various alternatives to the paper suit that are marketed as being safe for 'at risk' detainees. It should be noted that no suit is totally safe, although some are more difficult to use in self-harm attempts than others.

Removal of clothing must be justified and recorded on the risk assessment and custody record.

Forces should ensure that alternative clothing is available within their custody suites.

7.8.2 BLANKETS

Blankets should be supplied to a detainee in a clean and sanitary condition, they should be checked and cleaned prior to being used by another detainee. No blanket is totally anti-tear and must be checked when being issued to prevent it being used as a ligature. Blankets should be collected when the detainee no longer requires them and should never be left in a cell when a detainee is moved or released.

7.8.3 MATTRESSES

When a cell is vacated, mattresses should be checked for damage and cleaned as required. A worn or damaged mattress can be torn into strips for use as a ligature or could be used to conceal items. Worn and damaged mattresses must be removed from use immediately.

7.8.4 TOILET PAPER

Toilet paper is a potential risk through either plaiting long rolls of paper to make a strong ligature, or by soaking the paper and forcing it down the throat causing death by choking. A decision to withhold toilet paper must be made in accordance with the risk assessment. Risk can be minimised by:

- Supplying a number of single sheets of toilet paper when required;
- Ensuring that toilet paper is not left in cells;
- Not supplying rolls of toilet paper.

The additional needs of detainees who, for example, are menstruating or who have fibroids, bowel disease or colostomy bags should be taken into consideration on an individual basis.

7.9 FOOD AND DRINK

There is an inherent risk in providing hot food and drinks to detainees. They can cause severe injury if thrown at staff. The design of most custody suites will involve the delivery of food and drinks to cells via the custody area.

A thorough search must be made of any foodstuffs or drinks that are brought into the custody suite by relatives or friends of a detainee. Drugs are commonly smuggled in by these means and items such as cigarettes, matches and lighters can also be concealed in this way.

Technology is widely available to reseal food packaging. On this basis, consideration should be given to banning any food being passed on to a detainee from an external source other than for strict dietary or religious requirements.

All items connected with meals and drinks should be removed from cells immediately after use to prevent them from being used to cause injury or damage.

Kitchen areas must be kept secure. Staff should also be reminded that items of crockery brought into the custody suite for personal use should be kept secure to prevent them being used as weapons by detainees. For further information see 12.6.10 Detainee Food Preparation Room.

Forces should establish a policy on the provision and preparation of food to detainees from external sources.

7.9.1 CHOKING

Choking on foodstuffs can occur by accident or it can be a deliberate attempt to self-harm. This condition can be difficult to diagnose and may not always be observed until it is too late. Where practicable, visiting the detainee when they are eating may reduce the risk of them choking to death.

7.9.2 CUTLERY AND CROCKERY

Crockery must be safe for hot food but provide the least risk of being misused. All cutlery and crockery must be removed as soon as a meal is finished to prevent it being used for self-harm, to choke on, as a weapon or to cause damage.

7.9.3 HYGIENE AND COMMUNITY HEALTH ISSUES

The preparation and supply of food to detainees can carry the risk of food poisoning. Custody staff should ensure that all appropriate measures are taken to eliminate these risks. Care must be taken to ensure that all hot meals are properly heated through. Care must also be taken with hot food to prevent scalding. Additionally, the food container should not provide an easy source for self-harm.

For further information see 10.2.9 Food Hygiene.

7.10 SMOKING

Forces should consider applying a no smoking policy in custody areas.

7.11 HANDOVER PROCEDURES

Effective briefing and debriefing of custody officers and staff is essential when handing over responsibility for detainees, particularly at shift change over. This ensures that all relevant information is passed on and understood by the person taking over the responsibility. The information must include the risks, vulnerabilities, emerging issues, control strategies and welfare needs of each detainee as well as the status of the investigation and the actions required to achieve effective and lawful resolution of the matter for which they have been detained. The fact that information has been passed over should be recorded on the custody record. For further information see 2 Risk Assessment and Management.

The use of wipeboards can assist in the handover process, but to comply with data protection, must be out of sight of non-custody staff.

Forces must ensure that procedures allow sufficient time for full and effective handovers; this may require consultation with the staff associations if changes are to be made to the duty day. Consideration should also be given to replicating the wipeboard information in force communication or control rooms to enable forcewide custody capacity to be actively managed and controlled.

7.12 INDEPENDENT CUSTODY VISITORS

Independent Custody Visitors (ICVs) are volunteers whose role is to attend police stations to check on the treatment of detainees and the conditions in which they are held, and to establish that their rights are being observed. This protects both detainees and the custody staff, and provides reassurance to the community at large. Responsibility for organising and overseeing the delivery of independent custody visiting lies with police authorities in consultation with chief constables.

ICVs can visit police stations at any time and must be given immediate access to all custody areas unless doing so would place them in danger. A custody officer can delay but not deny access. A full explanation must be given for the delay and the explanation recorded by the ICVs in their report. Where there is a reasonable belief that there is a danger to the visitor or that access could interfere with the process of justice, an officer of the rank of inspector or above can limit or deny access to a specific detainee. Such a decision must be recorded in the detainee's custody record and by the ICV in their report of the visit.

During a visit the custody officer or member of custody staff must escort the ICVs and advise them of any specific health and safety risks they may encounter. ICVs may have access to all parts of the custody area and associated facilities, eg, food preparation areas and medical rooms. They may also, subject to the consent of the detainee, speak with them about the adequacy of the detention facilities. It is the responsibility of the custody officer to ensure that the detainee is informed of the function of the ICV, and to ascertain whether they are prepared to speak to them. ICVs may review a detainee's custody record, but they may not view their medical notes.

At the conclusion of every visit a copy of the ICV's report is left for the attention of the officer in charge of the station. The findings from visits should be discussed by ICV groups and fed back to the police at local, area and force level. There must also be regular feedback to the police authority.

For further information about the obligations of custody visitors, see PACE, Code C, paragraph 11.7; PACE, Code C, Notes for guidance 1F and 11C, Code of Practice (2003) Independent Custody Visiting at http://www.icva.org.uk and 15.3.9 Independent Custody Visitors' Access to CCTV.

MANAGEMENT ISSUES

- Ensure clear lines of responsibility and accountability are established for the supervision and management of custody staff, custody suites, and detainees (7.1).
- Ensure the provision of adequate healthcare for detainees (7.2.1).
- Ensure that all staff who administer medication to detainees are trained to do so and that a procedure is established for the safe storage and handling of medication (7.2.4).
- Ensure consideration is given to the use of suitable equipment in custody suites to provide the safe disposal of unused medication (7.2.4).
- Ensure that the healthcare professional completes the detainee medical form and the detained persons medication form (7.2.7).
- Ensure that custody staff are trained and competent in the use of the observation and engagement (Levels 1 to 4) model (7.6.1).
- Ensure adequate clothing is provided to detainees when required (7.8.1).
- Establish a no smoking policy in custody suites (7.10).
- Establish and implement effective procedures for the transfer of responsibility between custody officers and staff (7.11).
- Establish a system to manage cell capacity (7.11).

Section 8
DEPARTURE AND REMAND

There are ongoing risks when a detainee leaves police custody or when responsibility for control of a detainee is passed from the custody officer to other staff. This section discusses these risks and gives guidance on managing them.

CONTENTS

8.1 INTRODUCTION

A detainee may be released with or without bail, with or without charge, or through transfer into the custody of one of the following:

- Hospital;
- Mental healthcare establishment;
- Escort services to court or prison;
- Immigration;
- Local authority, for example, youths taken into local authority care.

The custody officer's responsibility for a detainee will cease under section 39(2) of PACE when the detained person is transferred:

- To the custody of a police officer investigating an offence for which that person is in police detention;
- To the custody of an officer who has charge of that person outside the police station, eg, when taken to hospital for treatment.

The duty of care placed on the police towards detainees is explicit during the time that a person is in police custody. The police do not have a duty of care for a person released from custody or transferred to another agency but there is an ongoing duty to act on foreseeable risks beyond police custody. This will be fulfilled by the police identifying, assessing and communicating continuing risks associated with a detainee at the time of their release or transfer and, if being released, by making the detainee aware of support available for them or referring to another support organisation. The aim is to prevent detainees harming themselves, those who may become responsible for them or others they come into contact with after their release or transfer.

A person brought into police detention may remain within the criminal justice system for a long period of time through their involvement with the courts and other agencies. The Police Service is the first point of entry to the criminal justice system and what happens during that police contact can set the tone and influence a detainee's demeanour during later detention in court cells, prison and beyond.

8.2 RISK ASSESSMENT

The risks associated with a detainee are assessed on their arrival at the police station and throughout their detention. Being charged, refused bail or released on bail can alter the detainee's risk assessment and, therefore, the custody officer must review the risk assessment at this stage. For further information see 2 Risk Assessment and Management.

8.3 RELEASE FROM CUSTODY

Detainees who can no longer be lawfully detained but are considered to be at risk should be provided with appropriate advice and options to support their welfare on release. People who have been arrested for sexual offences, particularly offences involving children or child pornography, may be at an increased risk of suicide following release from custody. The practical interventions open to the police are limited to agency referrals. The custody officer should refer to the risk assessment and decide what action, if any, is appropriate.

It is unlikely that a referral will be permitted without the explicit consent of the detainee unless there is a legal obligation to inform others. For further information see 8.5 Agency Referral.

8.4 TRANSFER OF DETENTION

Responsibility for the welfare of a detainee being transferred to court by PECS lies with PECS staff.

Checklist 18 Transfer of Detention

Prior to transferring a detainee, the custody officer must:

- Review the risk assessment, custody record and attachments;
- Review medical notes;
- Complete a Prisoner Escort Record (PER) form;
- Prepare the detainee;
- Check the detainee's property and consider authorising an additional search;
- Ensure the detainee has appropriate clothing;
- Check medication;
- Consider appropriate level of restraint;
- Consider the number of detainees being transferred.

For further information see 2.1 Risk Assessment and 2.3.3 Prisoner Escort Record (PER) Form. For specific risk assessment processes for the release of detainees concerned with domestic violence and those suspected of child abuse, whether released on bail with or without charge, see Appendices 8 and 9.

A detainee may be restrained while being transferred by the police if there are reasonable grounds to believe that an unrestrained detainee will use violence against escorts or bystanders, or that the detainee will try to escape from custody. Where restraint is to be applied, it is important to communicate to the detainee what is happening and why. When the detainee is passed to another agency, responsibility for restraint no longer rests with the police.

Transportation of multiple detainees may increase risk and should be subject to a joint risk assessment prior to transfer.

Custody staff may also receive detainees from prison. They must, therefore, be aware of the forms used by public and private prisons to deal with self-harm and risk. Appendix 10 gives information on receiving a detainee who has an open Assessment, Care in Custody, and Teamwork (ACCT) Plan or is on an open Self-Harm at Risk Form (F2052SH).

8.5 AGENCY REFERRAL

The duty to act on foreseeable risks can extend beyond release. Referrals to other agencies following release or transfer from police custody may prevent deaths following police contact or incidents of self-harm. It can also help to break the re-offending cycle.

Agency referral presents a number of issues:

- Who to refer the detainee to;
- Method of referral;
- Consent requirements.

There are a number of agencies available to assist people needing help or support on release from police custody. These may include statutory agencies such as Community Mental Health Teams and General Practitioners, or voluntary agencies such as the Samaritans and local alcohol and drug diversion workers. Referral can be achieved by providing the detainee with contact details and information about the agency or, with their consent, forwarding the detainee's details to an agency.

The main triggers for referral may include:

- Risk of deliberate self-harm;
- Risk of suicide;
- Drug abuse;
- Alcohol or other substance abuse;
- Risk to others, including domestic violence;
- Request by detainee;
- Risk of attack by others;
- Others include mental health, physical health, family problems or relationship difficulties, housing, financial or employment problems, bereavement or bullying.

Detainees remanded in custody can be referred to external support agencies such as referral schemes or the Samaritans, but contact may be impractical until after release. Forces should consider facilitating access to external support workers for detainees who have been remanded in custody.

The use of templates for agency referral should:

- Ensure appropriate information is captured;
- Act as an aide-memoire, with regards to the rules;
- Provide the opportunity for electronic exchange;
- Offer a method for capturing consent in a structured manner.

Forces should consider developing policies and protocols for sharing information with other agencies, supporting the use of the templates and the provision of directories of suitable agencies for referral, for example, local NHS directories. Directories should be made readily available in custody suites.

Information obtained by the police while dealing with a detainee is confidential. Forces may face civil claims for breach of confidentiality if this information is disclosed to a third party without consent. Disclosure can be justified if it can be shown that public interest outweighed the duty of confidentiality. For further information see 15 Administration, PACE Codes of Practice Code C, paragraphs 3.8 to 3.10 and Data Protection Act 1998. Provisions are made for sharing information in specific situations in the Crime and Disorder Act 1998.

Forces should establish protocols that inform custody staff of the procedure for communicating identified risks to the relevant persons or agencies.

8.5.1 CHILDREN AND YOUNG PERSONS

The Children Act 2004 requires police authorities and chief officers to cooperate with arrangements to improve the well-being of children with regards to:

- Their physical and mental health;
- Protection from harm and neglect.

The police also have a contribution to make regarding children and young persons in the following areas:

- Education, training and recreation;
- Recognising the contributions made by children to society;
- Economic and social well-being.

Local Safeguarding Children Boards (LSCBs) require effective information sharing systems. The Children Act 2004 encourages agencies to share early concerns about the safety and welfare of children, and to take preventive action.

The Youth Offending Team (YOT) is required to be notified of young persons, under the age of 18 years, who are issued with a reprimand or final warning.

The custody officer must ensure that concerns arising from the detention of a child or young person are communicated to the appropriate agency. Information sharing is required when a child is to be released from police custody if:

- There are concerns about their welfare arising from risk assessments or other available information;
- There is a risk of significant harm to the child;
- This information may be relevant and allow agencies to protect the welfare of a child.

Referrals should be made in accordance with the *ACPO (2005) Guidance on Investigating Child Abuse and Safeguarding Children.* For further information see 14 Young Persons in Police Detention.

MANAGEMENT ISSUES

- Ensure the use of templates and directories of suitable agencies for referrals and establish policy and protocols for sharing of information with agencies within their area (8.5).
- Introduce procedures for custody staff to communicate the identified risks to the relevant persons or agencies (8.5).
- Ensure that referrals regarding a child or young person are carried out in accordance with the *ACPO (2005) Guidance on Investigating Child Abuse and Safeguarding Children* (8.5.1).

Section 9
STAFFING

This section provides guidance on the staffing of custody suites. It also covers the provision of medical support.

CONTENTS

9.1 RESOURCES AND RATIOS

There can be no 'one size fits all' model for staffing levels or resource composition. Forces should establish a staffing model which gives consideration to the following:

- The number of people detained each year;
- The number of detainees anticipated in future years;
- The efficiency of the custody process;
- Peak times of day, month and year including seasonal variations;
- Geographical area;
- Resources for special events;
- The physical structure and design of the custody suite;
- Staff training;
- Succession planning;
- Operational resilience;
- All custody staff, including the custody officer, are entitled to proper breaks away from the custody environment.

The following resources must be available when required:

- Custody officers;
- Detention staff (police officers/staff/private);
- Healthcare provision – forensic and clinical;
- Legal advice;
- Referral scheme workers;
- Interpreters via telephone/videophone or in person;
- Appropriate adults for juveniles or mental health detainees.

The use of private contracts for some roles within custody may help to maximise the efficient use of designated staff.

9.2 RECRUITMENT

Forces must have policies and procedures to ensure that staff working in custody roles are suitably trained and competent. All staff should be trained prior to commencing a custody role. For further information see 10 Training.

9.3 HEALTHCARE PROVISION

Chief officers have a statutory responsibility to ensure that detainees have access to appropriate healthcare while in custody. This should be provided in a timely and effective manner. Forces should develop a healthcare model that best suits their requirements and enables them to deliver effective healthcare provision. The agencies and individuals providing this service must have the legal authority, qualifications, experience, capability and capacity to deliver a continuous quality service, within set timeframes. Records must be kept, for audit purposes, which detail each healthcare professional's qualifications, their job description and role profile. Relevant medical professionals must provide evidence of appropriate re-validation.

Models for the provision of custody healthcare include:

- Forensic Physicians/GPs on call;
- Forensic Physicians/GPs employed by external suppliers;
- Nurses employed as police staff, under contract, through agencies or on call out from the NHS;
- Paramedics on call;
- Protocols with local healthcare facilities.

For further information see Appendix 11 which details the relevant qualifications for healthcare professionals working in police custody, and Appendix 12 which details the procedures and duties which may be undertaken by healthcare professionals.

9.3.1 FACTORS TO CONSIDER IN DETERMINING TYPE OF PROVISION

Forces should consider the following points when allocating healthcare provision for their custody suites:

- The healthcare professional needs to be allocated resources to enable them to do their job efficiently. Nurses should be given suitable equipment to allow procedures such as suturing to be done at the custody suite, removing the need for detainees to be escorted to hospital for routine procedures.
- Allocation of resources to specific sites. Where resources are to be shared between sites, and where practicable, they should not be more than twenty minutes apart and there should be a mix of main and smaller sites.
- Healthcare professionals should be based in busy custody suites at times of high demand to minimise the need to call them out.
- All risk assessment documentation must be retained by police for internal and external inspection, and for monitoring the services provided.
- The presence of healthcare professionals in custody suites increases the chances of identifying detainees who may be at risk and improves the coordination of care for vulnerable persons.

MANAGEMENT ISSUES

- Establish a suitable model for custody staffing (9.1).
- Ensure staff in custody roles are suitable, trained, and competent prior to commencing that role (9.2).
- Develop a healthcare model to deliver an effective healthcare provision (9.3).
- Ensure that healthcare professionals are qualified to a suitable standard and records maintained (9.3).

Section 10
TRAINING

This section gives guidance on the training and learning policies and practices that must be adopted for custody staff. It also advises on the subject areas which must be covered within learning programmes.

CONTENTS

10.1 TRAINING AND LEARNING PROVISION

Forces must ensure that all staff working in the custody suite are trained and competent before being appointed or allocated tasks within the custody suite. Where possible forces should use qualified trainers who are also qualified assessors and who have prior custody experience. The practice of shadowing experienced members of staff is recommended as an effective means of improving staff competence.

There must be continuing access to refresher training and learning opportunities while in post. The period required for refresher training should be determined by its content and the method of delivery. A training needs analysis of existing custody staff should be conducted to identify whether further training is required.

All designated and contracted staff must be suitable, trained and able to undertake their role within police custody.

Custody officers, detention officers, escort officers, custody assistants and constable gaolers must also receive training and refresher training in first aid, staff safety, and control and restraint.

There are mutual benefits to be achieved by joint agency training, for example, staff from mental health teams could deliver inputs to custody staff on dealing safely with detainees with mental health issues.

In addition to formal training, staff retain individual responsibility for their own professional and personal development.

10.2 CUSTODY OFFICER TRAINING PROGRAMME

The *ACPO/CENTREX Custody Officer Training Programme* provides the framework for custody officer training and takes cognisance of this guidance. All forces should use the national training programme as a minimum standard.

10.2.1 RISK ASSESSMENT

Staff must be trained in risk assessment as it is fundamental to the welfare of detainees and all those present within the custody environment. For further information see 2 Risk Assessment and Management, 6.3 Initial Action, 6.4 Assessment of Detainee and 6.7 Medical Attention.

10.2.2 CONTROL AND RESTRAINT

All custody staff must be trained in personal safety in accordance with the *ACPO/CENTREX Personal Safety Manual of Guidance.* Additional provision should be made for joint training for groups of custody staff who regularly work together.

Forces must provide personal safety and refresher training for custody staff which is appropriate to their role. For further information see 4 Control and Restraint.

10.2.3 SEARCHING DETAINEES IN CELLS

All custody staff must receive training and refresher training in accordance with the *ACPO/CENTREX Personal Safety Manual of Guidance.* Custody officers should also be trained to supervise the searching of detainees in cells, with specific regard to thoroughness, control and restraint, and diversity issues.

10.2.4 POLICE NATIONAL COMPUTER AND LOCAL IT SYSTEMS

Custody staff should be trained in the use of PNC and local force intelligence systems prior to taking up their post.

10.2.5 FIRST AID

There are four modules to be covered in accordance with the *ACPO/CENTREX Police First Aid Training Programme.*

Module 1	Emergency Life Support (ELS)
Module 2	First Aid Skills – Police (FASP)
Module 3	First Aid Skills – Custody (FASC)
Module 4	First Aid Skills – Enhanced (FASE, paragraph 6.1)

Custody staff should receive training to at least Module 3 prior to taking up posts in custody. Refresher training must be completed at least every twelve months.

10.2.6 DEATHS AND ADVERSE INCIDENTS IN CUSTODY

Custody staff must be trained to help minimise and respond appropriately to adverse incidents and deaths in custody. Training should include the actions that must be carried out when a death or adverse incident occurs.

For further information see 11 Deaths and Adverse Incidents in Custody.

10.2.7 HEALTH AND SAFETY

All staff should be trained to meet their obligations under Health and Safety legislation. Initial Health and Safety training must be specific to the role as well as giving an overview of Health and Safety legislation.

10.2.8 HYGIENE

Custody suites should be provided with hygiene control measures similar to those found in hospitals for the control of MRSA, including hygiene wipes and hand scrubs. Staff must be trained to use them properly. For further information see 12.6.14 Cleaning.

10.2.9 FOOD HYGIENE

All staff involved in the preparation of food supplied to others should hold a food hygiene certificate, unless the preparation is purely reheating sealed or pre-cooked items.

MANAGEMENT ISSUES

- Ensure that all staff working in a custody suite receive training before they commence their role, and refresher training while in post (10.1).
- Identify the training requirements for existing staff by conducting a training needs analysis (10.1).
- Ensure all designated and contracted staff must be suitable, trained and able to undertake their role within custody (10.1).
- Provide personal safety training for all custody staff (10.2.2 and 10.2.3).
- Ensure that custody staff are trained to use PNC and local IT systems (10.2.4).
- Ensure all custody staff are appropriately trained in first aid (10.2.5).
- Ensure all staff are trained in how to respond to deaths or adverse incidents in custody (10.2.6).
- Ensure all staff are trained to meet their obligations under Health and Safety legislation (10.2.7).
- Ensure that staff required to prepare food for others are suitably qualified in food hygiene (10.2.9).

Section 11
DEATHS AND ADVERSE INCIDENTS IN CUSTODY

This section defines what an adverse incident is, provides guidance for dealing with deaths and adverse incidents in custody, and illustrates how lessons should be learnt.

CONTENTS

11.1 DEATHS AND ADVERSE INCIDENTS

11.1.1 DEFINITIONS

For the purposes of this guidance an adverse incident is:

Any incident which, if allowed to continue to its ultimate conclusion, would have resulted in the death, serious injury or harm to any person.

There are four categories which define deaths in custody or following contact with the police.

Category 1	Fatal road traffic accidents involving the police
Category 2	Fatal shooting incidents involving the police
Category 3	Deaths in or following police custody
Category 4	Deaths during or following other types of contact with the police

For further information see Appendix 13.

11.1.2 FIRST ACTIONS – ADVERSE INCIDENTS

Responsibility for managing the first action following an adverse incident lies with the custody officer.

Checklist 19 Actions to be Taken When an Adverse Incident Occurs in Custody

- Check for vital signs and consider first aid.
- Call for medical support if available within the custody suite.
- Consider the need for an ambulance.
- Call an ambulance if considered appropriate.
- Allow the detainee to be taken to hospital if required.
- Consider the need for the detainee to be accompanied by a police officer.
- Authorise a police officer(s) not involved in the incident or directly responsible for the detention of the person to accompany the detainee to hospital.
- Do not delay the detainee's departure to hospital if it is not immediately possible to find a suitable officer(s) to accompany them to hospital.

Immediate Next Steps

- Inform the duty inspector.

Consider doing the following in conjunction with the inspector. These actions will be based on the seriousness of the actual harm, and the intended or likely consequences of their actions.

- Identify all potential scenes and secure as appropriate.
- Photograph the whiteboard.
- Ensure that the incident and any subsequent actions are noted on the custody record. This should include providing the time of those actions and the time the record is made.
- Ensure an incident log/serial/report is created and commence a scene log.
- Consider relief of custody staff for remaining shift and their next shift.

Next Steps

- Inform the Professional Standards Department (PSD) – they will consider compliance with the statutory reporting to the Independent Police Complaints Commission (IPCC).
- Inform the relevant Police Federation representative. They can advise the officers involved and secure legal representation if required.
- Complete a self-harm report.
- Arrange debrief. This should be carried out only after the officers involved have provided an account and the needs of the investigation have been met. It may be that such a debrief only takes place following conclusion of the investigation. These considerations do not, however, preclude speaking to relevant staff on issues of welfare and the next stages of any PSD and IPCC actions.

Checklist 20 Actions to be Taken When an Adverse Incident Occurs Other Than at a Police Station

- Check for vital signs and consider first aid.
- Consider the need for medical support.
- Consider whether the detainee should be transported to hospital or call an ambulance if appropriate.
- Consider the need for the detainee to be accompanied by a police officer if taken to hospital.

Immediate Next Steps

- Inform the duty inspector.
- Identify all potential scenes and secure as appropriate.

Next Steps

- Inform the PSD.
- Inform the relevant Police Federation representative. They can advise the officers involved and secure legal representation if required.
- Arrange debrief. This should be carried out only after the officers involved have provided their initial account and the needs of the investigation have been met. It may be that such a debrief only takes place following conclusion of the investigation. These considerations do not, however, preclude speaking to relevant staff on issues of welfare and the next stages of any PSD and IPCC actions.

Checklist 21 Actions to be Taken When a Death Occurs in Custody

- Check for vital signs and consider first aid.
- Call for medical assistance.

If death is confirmed:

- Identify all potential scenes and secure as appropriate;
- Close the custody record for that detainee and ensure that all future actions are recorded in the scene log;
- On paper custody records underline the last entry in red (timed and signed) or secure the IT record and a make suitable entry on it;
- Ensure an incident log/report/serial is created and commence a scene log;
- Call an inspector to the scene;
- Inform the duty inspector/custody inspector who will inform custody command or similar as per force structure;
- Inform the Criminal Investigation Department (CID) as applicable;
- Inform the PSD as applicable;
- Identify witnesses, the last person to see the detainee alive and the person who first saw the deceased detainee - they need to be available as required;
- Inform the relevant Police Federation representative, who can advise the officers involved and secure legal representation if required;
- Consider moving those detainees who may be witnesses;
- Consider closing the custody suite and transferring all the detainees;
- Arrange a critical incident debrief for staff involved. This should be carried out only after the officers involved have provided their initial account and the needs of the investigation have been met. It may be that such a debrief only takes place following conclusion of the investigation. These considerations do not, however, preclude speaking to relevant staff on issues of welfare and the next stages of any PSD and IPCC actions.

Checklist 22 Actions to be Taken When a Death Occurs Other Than at a Police Station

- Check for vital signs and consider first aid.
- Call for medical assistance.

If death is confirmed:

- Identify all potential scenes and secure as appropriate;
- Inform the duty inspector who will either attend the scene or nominate an officer of inspector rank or above to attend the scene;
- Inform the CID as applicable;
- Inform the PSD as applicable;
- Inform the relevant Police Federation representative, who can advise the officers involved and secure legal representation if required;
- Identify witnesses;
- Arrange a critical incident debrief for staff involved. This should be carried out only after the officers involved have provided their initial account and the needs of the investigation have been met. It may be that such a debrief only takes place following conclusion of the investigation. These considerations do not, however, preclude speaking to relevant staff on issues of welfare and the next stages of any PSD and IPCC actions.

The welfare of staff, other detainees and the relatives of the deceased must be considered in addition to the needs of the ongoing investigation.

Forces must ensure that there are local procedures in place to deal with incidents of death or adverse incidents in custody.

11.1.3 REFERRAL TO THE IPCC

The police must refer specific complaints or incidents that could damage public confidence in policing to the IPCC. Mandatory referrals, along with other cases that the police may decide to refer to the IPCC, assist the police in demonstrating openness.

11.1.4 INCIDENTS OF DEATH OR SERIOUS INJURY

There is a statutory duty to refer incidents where persons have died or been seriously injured following some form of direct or indirect contact with the police, and there is reason to believe that the contact may have caused or contributed to the death or serious injury. These will be cases that do not involve a complaint or conduct matter when first identified and categorised.

All deaths and all adverse incidents that are referred to the IPCC will be investigated. The IPCC will assess the seriousness of the case and the public interest and determine the form of investigation. These are:

- **Independent investigation** – conducted by IPCC staff into incidents that cause the greatest level of public concern, have the greatest potential to impact on communities or have serious implications for the reputation of the Police Service. In independent investigations, IPCC investigators have the powers of a police constable.
- **Managed investigation** – conducted by the police under the direction and control of the IPCC, when an incident, or complaint or allegation of misconduct, is of such significance and probable public concern that the investigation needs to be under the direction and control of the IPCC but does not need an independent investigation.
- **Supervised investigation** – conducted by the police when the IPCC decides that an incident or a complaint or allegation of misconduct is of less significance and probable public concern than for an independent or managed investigation but oversight by the Commission is appropriate.
- **Local investigation** – appropriate where the IPCC concludes that none of the factors identified in terms of the seriousness of the case or public interest apply.

The principles that underpin investigations into serious incidents, and which are often initiated where there is no public complaint or recorded conduct matter, are as follows.

- Investigations should be a search for the truth.
- The starting point is to investigate the incident, not the assumption that a person is to blame. It may be that as the investigation progresses, it needs to focus on the performance or conduct of individuals and that they should be held to account.
- The investigation process must be independent, competent, proportionate and timely.
- Police officers and police staff are entitled to a consistent investigation process wherever they work.
- The investigation process must be open and must improve communication with those who have complained, and members of the Police Service.
- Where possible, the focus should be on learning lessons, not apportioning blame.

Further information on investigating complaints and potential misconduct can be found in statutory guidance by the IPCC, *Making the New Police Complaints System Work Better.*

11.2 LEARNING THE LESSONS

Forces must have established policies and procedures to ensure that deaths and adverse incidents are reported, recorded, investigated and analysed, and that the lessons learned are collated, disseminated and implemented. The lessons should be followed even when the incident is not being investigated as a conduct matter or complaint.

11.2.1 LEARNING FROM INVESTIGATIONS

The PSD, external force or IPCC independent investigations into deaths and adverse incidents will produce recommendations for individual forces, and forces will be required to respond to these recommendations. There must be a system to ensure these lessons are implemented within operational policing. This requires strong links between the PSD, operational policing/custody and police training.

There will be recommendations for learning which apply to all forces. The IPCC is working with the Home Office and ACPO, and liaising with national and regional custody fora, to ensure that there are effective collation and dissemination processes.

In the case of external police or independent IPCC investigations, the inquiry's terms of reference must establish effective liaison arrangements between the force and investigators. This is to ensure that the emerging facts and early lessons are communicated as soon as possible, without compromising the investigation outcomes.

11.2.2 OTHER AGENCIES

The cross-sharing of lessons with other stakeholder and practitioner groups may help raise understanding, minimise deaths in custody, and reduce the occurrence of adverse incidents. Liaison with local stakeholder groups should be considered through the regional custody network and fed into the National Custody Forum. Lessons learned will be shown on the Home Office web-page at http://police.homeoffice.gov.uk/operational-policing/powers-pace-codes/saferdetention

11.2.3 ADVERSE INCIDENTS/NEAR MISSES

Staff should be encouraged to report adverse incidents so that information can be used to prevent similar incidents occurring, and to enhance the potential learning opportunities.

Two timeframes exist for learning to emerge from adverse incidents or deaths in custody:

- Fast-Time Learning;
- Slow-Time Learning.

11.2.4 FAST-TIME LEARNING

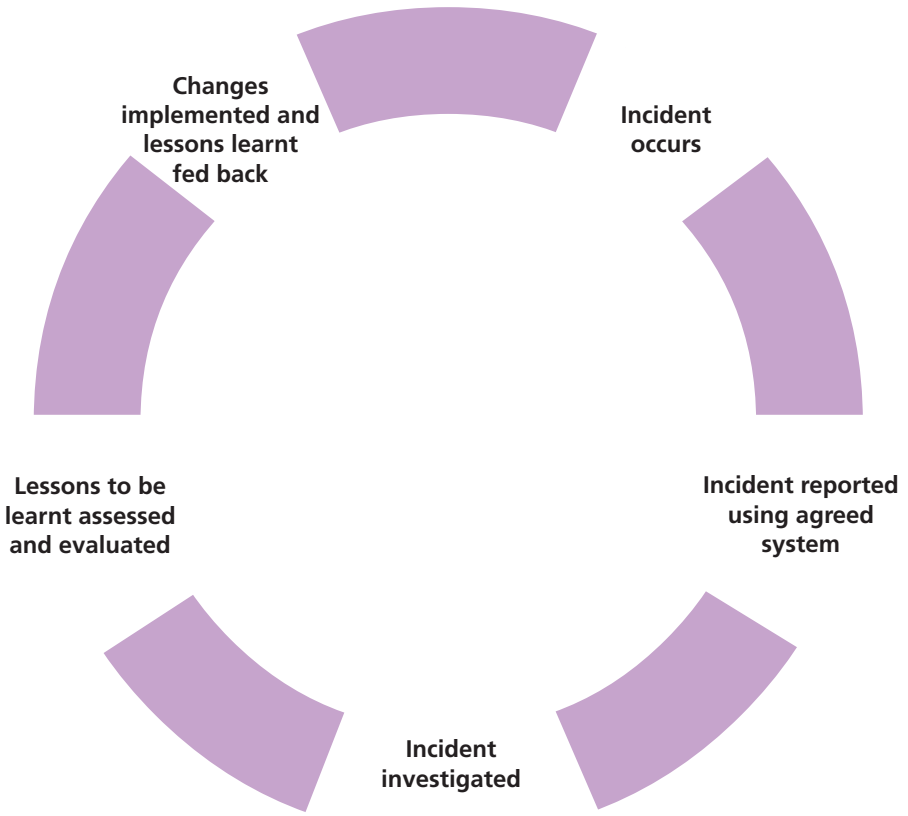
Learning points may emerge immediately after an incident is reported. This information should be disseminated without delay and could include:

- Reinforcement of procedures that have been identified as not being complied with;
- Design issues or modifications in relation to buildings, fixtures, fittings, facilities or equipment;
- The identification of new procedures required to tackle any issues not previously identified;
- Detainees behaving in a way that has not been previously encountered by custody staff;
- Detainees using substances, materials or implements in ways that have not previously been encountered by custody staff.

11.2.5 SLOW-TIME LEARNING

Learning points which were not obvious immediately following the incident may emerge over time as a result of the ongoing investigation or enquiry. A pattern may be identified where the single issues seem innocuous but when combined have a significant impact. Lessons may also be identified from longer-term published research, including reports from the IPCC.

Figure 4 Learning Cycle for Adverse Incidents



MANAGEMENT ISSUES

- Establish policies and procedures to ensure adverse incidents and deaths are reported, recorded, investigated and analysed (11).
- Establish a procedure for communicating learning about adverse incidents and deaths in custody or during police contact to operational staff (11.2.3).

Section 12
BUILDINGS AND FACILITIES

This section must be read in conjunction with the *Home Office Police Custody Design Guide – Policy Document* and the *Police Property Service Managers Group (PPSMG) Custody Best Practice Document.*

CONTENTS

12.1 HEALTH AND SAFETY

Effective design and planning, combined with the specification of material used in the building and maintenance of police custody suites, minimises risk.

Where alterations or maintenance works are carried out, contractors must be made aware of the specifications required. The completed work should be inspected by a person who is competent to ensure that it conforms to those specifications. For ease of access, mains services such as gas, water and electricity, and meter switch gear should not be sited within a custody suite.

Custody suites at non-designated stations must meet the same standards with regard to Health and Safety checks, and be fit for purpose.

12.1.1 DEFINITION

Risk management, as set out in Health and Safety legislation, must be used when assessing possible hazards. Further information is available from the Health and Safety Executive website: http://www.hse.gov.uk

The Health and Safety Executive defines a hazard as '...anything with the potential to cause harm', and a risk as 'the likelihood that a hazard will cause a specified harm to someone or something'. All employees have a responsibility under Health and Safety legislation to identify hazards and risks.

12.1.2 LIGATURE POINTS

The most innocuous fixture, fitting or space can provide a ligature point for a person intending to self-harm or commit suicide. Previous deaths in custody and adverse incidents have involved ligature points in, on or surrounding the following places within cells or detention rooms:

- Old wooden benches;
- Ventilation or heating grilles where they are poorly positioned or the grille apertures are too large (on new suites this is considered to be any aperture in excess of 2 mm diameter);
- Toilets with filler or sealant missing between the junctions with walls and floors;
- Washbasin tap fittings or plug holes;
- Welding around doors that creates points, blade edges or provides gaps between steel sections;
- Poorly fitting doors that provide a means of wedging a ligature;
- Cell hatches which are defective or not shut properly;
- Unsuitable door handles, for example, 'T' handles;
- Light fittings that provide any means of attaching a ligature, accessing the fitment internally or shattering the lens;
- Walls or tiles with cement missing;
- Smoke detectors;
- Cell call buzzers or toilet flush mechanisms that have not been fitted or bedded flat to walls or have in any way come loose;
- Cell door spy glass (loose, cracked or otherwise defective glass lenses or casings).

People who are determined to self-harm will go to extreme lengths to do so. Detainees can and will be ingenious in the methods they use. Items such as the mattress, blanket, and pillow (if provided) should be checked for damage to ensure they do not provide potential ligature material.

To commit suicide by ligature a person requires both the means of forming the ligature and the means of attachment, normally to the structure. Removing one or preferably both opportunities minimises the risk of suicide or self-harm.

Staff who inspect cells must be aware that ligature points can be found at both high and low levels. They can take any form, eg, cracks, gaps in benches, any pipe, tube, bar or similar fittings. Inspections should be conducted methodically, working from the ceiling to ground level. They are not just a problem in older custody suites. They can equally occur in new buildings.

Poor repair work can create ligature points. Repairs must be undertaken professionally, with material appropriate to the specific situation. The higher initial cost of safer materials will be offset by their longevity and safety.

General finishing should be of the appropriate fire rating and be non-pick, non-peel, non-toxic and non-abrasive, and able to resist the embedment of blades and needles. Floor surfaces must be non-slip when wet but must not otherwise provide an abrasive surface that could cause injury. All surfaces and features should be capable of being easily cleaned and sterilised.

If a potential ligature point is identified, the relevant area must be taken out of use immediately and must not be used for securing any detainee until remedial work has been completed. The problem must be reported in the same way as all other maintenance issues, see 15.2.2 Condition Audit for Cells.

12.1.3 FIRST-AID EQUIPMENT

All first-aid equipment should be suitably stored and properly identified. First-aid containers should be placed conveniently and, where possible, close to hand-washing facilities. The minimum contents are set out by the ACPO Working Group in First Aid Skills in the *ACPO/CENTREX Police First Aid Training Programme.* Sufficient quantities of each item should be available in every first aid container. For further information see Appendix 4.

The contents of first-aid containers should be examined frequently and be restocked as soon as possible after use. Care should be taken to discard items safely after the use-by date has passed.

12.1.4 SUICIDE INTERVENTION KIT

Custody suites should be equipped with a suicide intervention pack. For further information see Appendix 4.

Forces should consider issuing all custody staff with ligature knives or emergency cut down tools which should be carried at all times when in the custody suite.

12.1.5 CELL CALL SYSTEMS

Where the cell call system is found to be defective, the cell or detention room must be put out of service, or a suitable control measure employed, until it is fit for use.

12.1.6 DISABILITY

The needs of all custody users must be considered to ensure compliance with the Disability Discrimination Act 1995. The PACE Codes of Practice give limited guidance for dealing with detainees with disabilities. Responsibility extends to addressing the needs of all others who may be using the premises, for example, legal professionals, appropriate adults and visitors.

Reference must be made to the *Home Office Police Custody Design Guide – Policy Document* and the *Police Property Service Managers Group (PPSMG) Custody Best Practice Document* in respect of the recommended requirements for cells and custody areas.

Forces must have a policy on compliance with the Disability Discrimination Act 1995, and take reasonable measures within custody suites to meet the requirements of the Act.

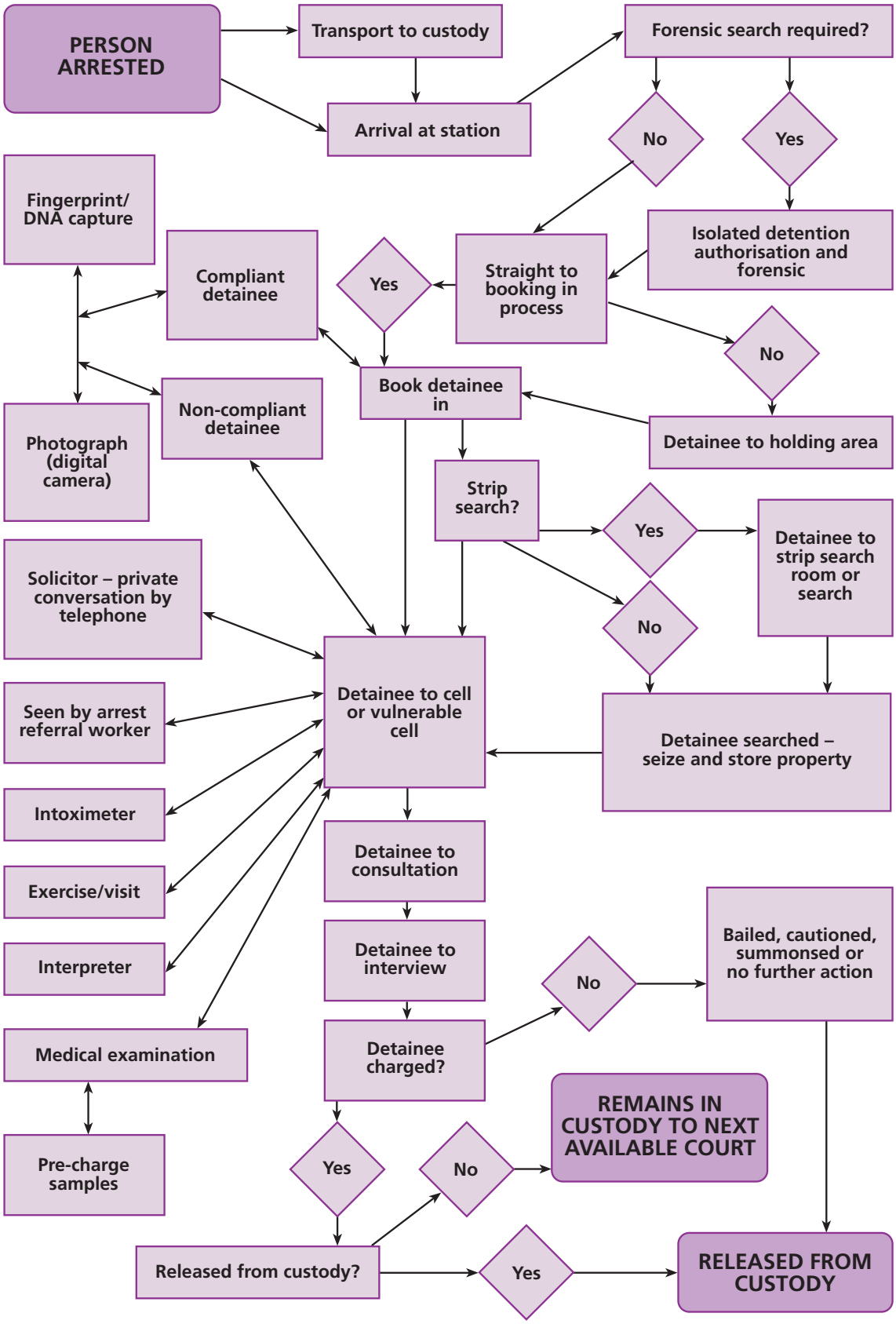
12.2 CUSTODY SUITES

12.2.1 NEWLY BUILT CUSTODY SUITES

Forces should ensure that new custody suites are designed to suit the work practices carried out in them. Figure 5 shows the journey a detainee may make through the custody suite in terms of PACE, and typical custody staff methods and processes.

In newly built custody suites and, where possible in older suites, all parts of the custody suite should be accessible by a secondary route without having to leave the custody security perimeter. Specifically, no corridors should have a dead end and all must have an alternative exit route.

Figure 5 Custody Process Map

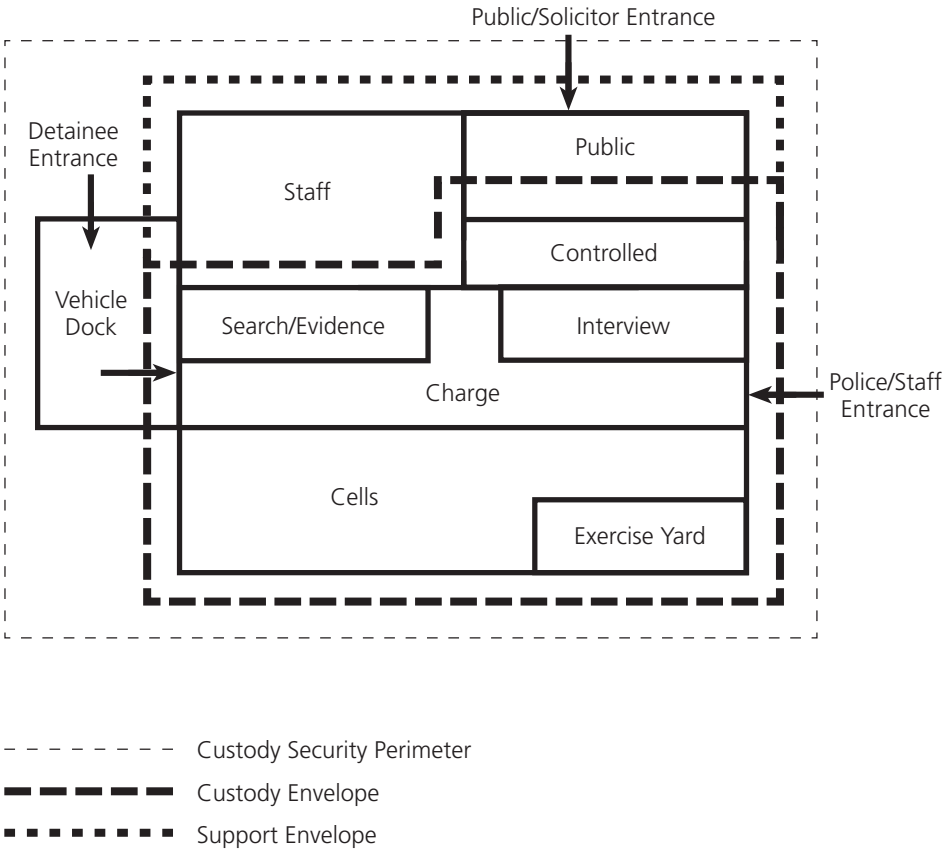


12.2.2 SUITE LAYOUT

Figure 6 shows the various routes into custody and areas that should be considered in the design.

Figure 6 Routes In and Through Custody with Functional Rooms

Overlaying the custody process map is the following functional grouping layout, which shows the rooms within each functional group and details the recommended adjacency/relationship of each group.



12.2.3 ENTRY TO THE CUSTODY SUITE

Detainees under escort should enter through the custody vehicle docks. Other visitors such as family members, appropriate adults, solicitors and those returning on bail should come through a public entrance. When detainees who have been exposed to CS spray, or another incapacitant spray, enter the custody suite, contamination issues must be addressed.

12.2.4 HOLDING AREAS FOR USE PRIOR TO AUTHORISATION OF DETENTION

On arrival at the police station all detainees must appear before the custody officer as soon as practicable. It may sometimes be necessary for staff to wait with detainees until they can be seen by custody staff. Custody suites should be designed with areas for staff to wait with their detainees. Such holding areas should be located between the vehicle dock and the main charge area, and should be secure and visible from the charge counter or desk.

A detainee becomes the responsibility of the custody officer as soon as they arrive at the police station. See 6.3 Initial Action.

12.2.5 RECEPTION AREAS FOR VISITORS TO CUSTODY

In large custody suites, visitor reception areas should be considered to assist custody officers and staff in the management of visitors. Visitor reception areas must be completely external to, and separate from, the custody suite used by arrested detainees and escorting staff.

12.3 CELL AREAS

12.3.1 CELL CORRIDORS

Cell corridors that cannot be seen from the charge desk should be monitored through CCTV. The maximum recommended length for corridors in newly built custody suites is five cells long.

12.3.2 CELLS IN NEWLY BUILT CUSTODY SUITES

It is recommended that all new cells meet the standard Home Office police cell design and specification. For further information on older cells, see 15.2.2 Condition Audit for Cells.

The recommended Home Office standard cell for newly built custody suites is the Lambeth model which is unisex and generally suitable for all detainees. A vulnerable person cell uses the same recommended layout with the addition of CCTV. The specification for a disabled person's cell uses the same recommended layout as the Lambeth model but has a slightly larger floor area, a lower hand-wash facility, no toilet and an easily accessible call button for assistance.

In Bridewells, which are jointly used by police and the courts, the *Court Standards and Design Guide* must be complied with, and both the Home Office and the Court Service must be contacted as particular protocols apply.

Court cell design indicates that:

- Cells allocated for court detainees should not have low benches.
- Separate corridors for males, females and youths are preferred but not essential. Where separate corridors are not practical, it must not be possible for detainees to see into areas occupied by detainees of the opposite gender, or for adult detainees to see into youth areas.

In respect of police cells:

- All cells should have both natural and artificial light; detainees must be able to see natural light to tell whether it is day or night. The use of borrowed light from an adjacent area such as the exercise yard may be acceptable if it allows an accurate understanding of daylight in the cell. Cell lighting must be secure. Sun pipes are not recommended.
- Cell fittings and furnishings should be of the appropriate fire rating and must be highly robust to withstand extreme and continual abuse. They should be constructed and maintained to prevent ligature attachment or other forms of self-harm. All projecting edges should be rounded to not less than a 30 mm radius. If it is not possible to view the entire cell from the doorway, cells should be fitted with ceiling-mounted convex mirrors to maximise vision.
- All cell hatches present risks. Older police cells which may not have been designed to current specifications present greater risks. All cell doors should open outwards and be fitted with the Home Office anti-ligature handle. In newly built suites, cell doors should be fitted to ensure there is as little movement as possible. Consideration should be given to using acoustic cushioning.

Hatches must always be closed. Signs should be placed on cell doors to remind staff of this.

12.3.3 ADDITIONAL CELL TYPES

Cells for forensic examination or dry cells, ie, without toilet or washing facilities should be available within larger suites to hold detainees awaiting forensic examination. Cells must be kept forensically clean if they are to be used for that purpose. Toilets that can be locked off or covered are available and installation of such toilets would allow standard cells to be converted into dry cells on demand.

Larger custody suites may require cells that have drug isolation facilities (commonly known as trap cells), which allow the contents of the toilet to be retained for examination. Forces should consider the requirement for such provision, and the criteria for their use.

12.4 FURNISHINGS, FITTINGS AND EQUIPMENT

All furnishings in a custody suite should be secured to the floor. They should not have any sharp edges and should not be fitted in a way that would enable a detainee to wedge part of their body in or behind them. A risk assessment must be completed before any moveable furniture is placed in areas such as medical and interview rooms. The materials used must be capable of withstanding heavy impact.

The layout of the reception or booking-in area should allow the custody officer to see the detainee fully during the booking-in process. This can often be achieved simply by moving the detainee back from the desk.

Attack alarm systems, which allow immediate assistance to be summoned, must be installed. Care should be taken not to place additional furniture or technical equipment in locations that might hinder access to alarms.

Consideration should be given to linking custody alarms to force control rooms so that staff can assist in the event of activation. Forces should avoid systems that only allow access to the custody suite if someone inside opens the door. There must be a method of opening the entrance from the outside in the event of an emergency.

All doors in a custody suite should have vision panels. The only exception is the medical examination room where a balance must be struck between safety of the staff and the detainee, and confidentiality. For further information see 12.6.5 Medical Room.

In rooms where evidential breath testing equipment is situated, the ambient room temperature must be controlled in order to comply with the manufacturer's guidelines.

12.5 TECHNOLOGY

12.5.1 CCTV SITING AND USE

CCTV can be used for both monitoring the welfare of detainees and for the prevention and detection of crime. This section covers the siting and use of CCTV equipment. For information on the management and administration of CCTV, see 15.3 CCTV Management and Administration.

Forces must decide on the areas that CCTV should cover. Some forces have CCTV installed in all areas of the custody suite and in all cells, although not all record sound. When establishing force policy for CCTV in custody suites, consideration should be given to the following:

- The vehicle docking area;
- Entrance to the custody suite;
- Access corridors to and from the rest of the police station;
- Holding areas;
- The charge room area;
- The custody officer's desk in the charge room;
- Detainee property store;
- Cell corridors;
- Entry to the interview rooms;
- The fingerprinting area;
- The evidential breath analysis device room;
- Exercise yard;
- The custody office CCTV equipment cabinet;
- The custody CCTV viewing area;
- Cell interiors (including detention rooms).

Consideration should be given to having all cells fitted with CCTV. The CCTV monitoring area should itself be covered by CCTV and staff should be made aware that they are being recorded while performing this function. The use of CCTV fitted in a cell should be considered on an individual basis subject to the level of known and potential risk.

Monitors for communal areas can be displayed anywhere in the custody suite and can be a useful way of reminding and reassuring detainees and staff that CCTV is in use. Care must be taken not to alert incoming detainees to others who may be in custody.

For reasons of privacy, the following areas must not be covered by the CCTV system:

- The examination area of the healthcare professionals' consulting room, (other areas of the consulting room can have CCTV for the safety of staff and detainees).
- The shower area.

The privacy of the detainee must be preserved while they are using the toilet in a cell fitted with CCTV. An electronic mask can be superimposed over the toilet area of the image at source or an etched 'privacy patch' can be applied to obscure the relevant areas of the detainee's torso. Consideration should be given to removing such patches, in cases of extreme risk.

In cells equipped with CCTV cameras, each camera should be housed in a vandal-resistant cover located at high level in the cell to minimise risk. The camera housing must be designed to ensure that there are no sharp edges, protrusions or other ligature points.

Visual CCTV may cover the following areas but, because of the need to protect legal privilege, should not have audio recording or audio monitoring facilities:

- Rooms set aside for private legal consultation;
- General interview rooms.

Where CCTV is in use, forces must establish policies and protocols to protect the detainees' privacy and prevent abuse of the system.

12.5.2 OTHER TECHNOLOGIES

Consideration may also be given to the installation of additional monitoring technology and, where adopted, forces must ensure that adequate procedures are in place to support its use.

12.5.3 AUDIO

Refurbished or newly built custody suites may have a cell intercom system that allows custody staff to talk to detainees without having to go into the cell. Where justified the listening system can be left on to provide additional limited monitoring of detainees.

12.6 OTHER SPECIFIC ROOMS OR AREAS

12.6.1 INTERVIEW ROOMS

Formal interview rooms should be within the secure area of a custody suite and near the charge area. They should provide suitable conditions for audiotape or digital audio recording and videotape or digital video recording. See PACE, Codes E and F. Fitting visual fire alarms should be considered.

12.6.2 INTERVIEW MONITORING ROOM

There may be provision for monitoring interviews from a separate room. Visual and audio recordings or real-time pictures and sound can be relayed to a remote room allowing an interview to be monitored. The door should be lockable and have a good acoustic barrier. The occupants of the interview room must be aware that an interview is being remotely monitored by use of a light to indicate when this is happening.

12.6.3 CONSULTATION ROOMS

Using PACE interview rooms for consultations is not the most efficient use of the facility. When designing new custody suites, forces should make provision for consultation rooms in addition to interview rooms as per the Design Guide recommendation.

12.6.4 EXERCISE YARD

An external exercise yard should be provided in all new custody suites and, where practicable, in alterations to existing custody areas. The yard should be free from ligature points and other features that might permit self-harm. CCTV cameras should be fitted to provide observation of the yard. Many exercise yards have roofs or have a covered area near the exercise yard entrance providing shelter during adverse weather. If the exercise yard is covered with mesh, it must be at a height that does not allow the attachment of ligatures (the suggested minimum height is 3.5m). Preferably direct access should be possible from all cell corridors through secure perimeter doors.

Before a detainee is allowed to use the exercise yard, the custody officer must complete a risk assessment to determine whether the detainee may be left in the yard unsupervised. For further information see 2 Risk Assessment and Management. This is likely to be a very rare occurrence. Exercise yards should only be used unsupervised if there is no risk of self-harm, no ligature points, no risk of escape and no risk of fire.

12.6.5 MEDICAL ROOM

The Association of Forensic Physicians' operating guidelines for medical rooms have the following requirements:

- The room should be locked when not in use.
- The room should only be used for medical purposes.
- The room must be fitted with an emergency call system.
- All surfaces (including the floor) should be cleaned daily. Any windows or other surfaces that could collect dust or detritus should be cleaned at least once a week. A suitable disinfectant should be used as a general cleaning agent, as directed on the product's usage information, for other surfaces and sinks. White paper towels should be used to clean surfaces and suitable cleaning products are to be used for cleaning vinyl floors.
- The room should have a hospital pattern lockable drug cupboard.
- Separate drug and sample fridges.
- The room should not be used to store other items.
- A named person should have responsibility for checking and restocking the room regularly (at least once a week). In their absence, any problems should be reported to the custody officer on duty.
- Medical examination kits may contain several sealed modules. Unopened, in-date modules from these kits can be retained for use in subsequent cases. Such modules should be stored in a cupboard with appropriately labelled shelves. All unused items from opened modules must be correctly disposed of.
- There should be a wall-mounted clinical waste bin with foot lever to open. It must be emptied at least once a week, regardless of how full it is.
- The sharps disposal bin should be replaced when three-quarters full.
- A secure pharmaceutical waste bin should be provided for the safe disposal of unused prescribed drugs; it should be collected and replaced regularly.
- Ideally, cabinets should lock automatically when closed and require a key only to open them.
- The room should have good lighting and appropriate heating.

Equipment for the medical room, as recommended by the Association of Forensic Physicians, is given in Appendix 14.

Other considerations include:

- Locating medical rooms in a position that allows staff to respond quickly to calls for assistance;
- Discreetly placed attack buttons to allow operation without alerting the detainee;
- The use of CCTV in the medical room without infringing on privacy, see 12.5.1 CCTV Siting and Use and 15.3 CCTV Management and Administration.

12.6.6 PHOTOGRAPHY, FINGERPRINT AND VIDEO IDENTIFICATION RECORDING ROOM

Consideration must be given as to how witnesses and suspects are to be segregated. Ideally, the equipment should be close to the charge area and should be covered by CCTV systems.

Whether digital or manual fingerprinting is used, there must be facilities for cleaning and drying hands in the fingerprinting room.

12.6.7 EXHIBITS STORAGE ROOM

An exhibits storage room should be provided. It should be adjacent to the interview rooms and used for short-term secure storage of exhibits until they are required for the interview process.

12.6.8 CASE PREPARATION ROOM

There should be a room for arresting officers, interviewing officers and staff to use to complete their reports and prepare for interview without the need to leave the custody area. Photocopying and fax facilities should be available.

12.6.9 DETAINEE PROPERTY STORE

Secure lockable storage must be provided for detainees' property; this should be individual lockers for each cell or detention room, and a lockable room where bulk property can be stored.

12.6.10 DETAINEE FOOD PREPARATION ROOM

Equipment should be of an industrial or commercial catering grade and be restricted to the following:

- Microwave ovens;
- Temperature probe;
- Safe handling of food signs;
- Wall-fixed hot water heater;
- Fridge/freezer;
- Sink and drainer.

Consideration must be given to ensuring that detainee access to this area is prohibited because of the potential for items to be used as weapons against another person or to be used for self-harm.

12.6.11 CUSTODY STAFF ROOM

A separate room should be provided where custody staff can undertake administrative tasks or take breaks away from custody duties. This room could be combined with the staff kitchen or refreshment room. Separate staff toilets, lockers, changing rooms and showers should also be provided for staff.

For refreshment entitlement, see 9.1 Resources and Ratios.

12.6.12 RELIGIOUS CONSIDERATIONS

Consideration should be given to providing a separate room which can be used as a prayer room. The supply of appropriate food and clothing, and suitable provision for prayer facilities, such as uncontaminated copies of religious books, should also be considered.

12.6.13 ROOM FOR OTHER AGENCIES

Many agencies may be involved with the care and detention of a detainee while in police custody. Where possible, a room should be available for use by agency staff, for example, drug and alcohol support workers.

12.6.14 CLEANING

Risks can be greatly reduced by adopting a comprehensive cleaning regime of all custody areas. Procedures for specialist cleaning services to remove body fluids must be considered. Adequate drainage should be provided in custody areas and exercise yards. If drainage becomes contaminated by body fluids, this must also be professionally cleaned.

Rooms used for medical examinations must be thoroughly cleaned and those used for forensic examination must be forensically cleaned.

All cleaning fluids should be stored securely.

12.6.15 STORE FOR PROTECTIVE EQUIPMENT

Protective equipment, including shields and helmets, may be required for use in custody. This equipment should be stored close to the custody area but outside the immediate charge area.

MANAGEMENT ISSUES

- Consider fully the *Home Office Police Custody Design Guide - Policy Document* and the *Police Property Service Managers Group (PPSMG) Custody Best Practice* when planning adaptations to existing buildings or proposing new builds (12).
- Consider issuing ligature knives to all custody staff (12.1.4).
- Consider installing dry and trap cells (12.3.3).
- Install attack alarm systems, which allow immediate assistance to be summoned, and consider linking these systems to force control rooms (12.4).
- Develop and implement a policy covering the use of CCTV in custody (12.5.1).
- Identify suitable facilities to accommodate detainees' religious needs (12.6.12).

Section 13
TERRORISM ACT 2000 DETAINEES

This section must be read in conjunction with the Terrorism Act Schedules and the *Guide to the Terrorism Act 2000* produced by the National Joint Unit (NJU) at New Scotland Yard. These documents will assist in identifying the essential differences between detention under the Terrorism Act 2000 (TACT) and PACE. Those who are held under TACT are subject to specific conditions of detention.

The NJU must be notified of any persons detained under the Terrorism Act 2000, the Anti-Terrorism Crime and Security Act 2001 and the Prevention of Terrorism Act 2005. The NJU is available twenty-four hours a day for advice and guidance on legal and procedural matters, and should be contacted through force control rooms.

CONTENTS

13.1 INTRODUCTION

In the majority of cases and particularly pre-planned operations, detainees have been taken to Paddington Green Police Station in London which has a secure custody area. The rise in arrests under TACT means that increasingly individual forces will be responsible for such detentions. For further information see *The Guide to the Terrorism Act 2000* and associated legislation.

Each police force is requested to have a designated magistrates' court and a nominated designated police station for use in connection with the detention of these detainees. This is an administrative requirement to assist in the management of applications for warrants of further detention as all PACE designated stations are, by extension, TACT designated. In circumstances where a force has to change station or court for operational reasons this will have no adverse legal impact on the detention, although the evidential contamination considerations may be an important factor in selecting suitable locations.

Note: If a force is considering introducing video links for use in the application process for warrants of further detention, these links must be specifically designated by the Home Secretary through the NJU. Failure to do so may have an adverse impact on proceedings.

All forces have some Special Branch and Anti-Terrorist Branch (SO13) satellite officers assigned to them who should be consulted and notified of the arrest as soon as possible.

13.2 THE CUSTODY AREA

When an arrest results from a pre-planned operation, there will be an opportunity to consider in advance all of the requirements contained within the NJU guidance and ensure that they are in place. Spontaneous arrests will be more difficult to manage, but generic planning and preparation for such an event will make it easier to achieve compliance.

13.2.1 DESIGNATED CUSTODY SUITES

Forces are required to nominate a suitable custody area for the handling and detention of detainees arrested under TACT. These areas should be capable of being made secure and dealing with the demands of detaining such persons.

Obtaining forensic samples from the detainee is often a vital factor in their detention, and avoiding contamination is essential. The custody areas nominated for use under this Act must, therefore, be assessed to prevent contamination, for example, consideration must be given to the location of firearms ranges as residue from these areas could suggest the presence of contamination.

13.2.2 DESIGNATED CELLS

Detainees must be taken to a designated place as soon as practicable after arrest. Ideally, a suite will be identified for the sole use of TACT detainees. It is likely to be beneficial to the investigation if there is the capability to accommodate co-detainees in a way that prohibits them from communicating with each other while in their cells. This can be achieved by identifying cells that are remote from each other. Alternatively, secondary doors that are soundproofed can be fitted for this purpose. Locating detainees at different stations may address this problem but could create severe difficulties for investigating officers and place a strain on custody and support resources.

13.2.3 FORENSIC CLEANING

In order to avoid issues of contamination, it may be necessary to forensically clean cells prior to the arrival of TACT prisoners. Ideally, cells should be set aside, cleaned and sealed in readiness for such use. This may, however, be impractical and provision must be made for forensically cleaning a cell at short notice before the arrival of the detainee. Special Branch and Anti-Terrorist Branch (SO13) satellite officers will be able to advise accordingly. Forensic cleaning may not be required for some offences, for example, those relating to fundraising.

13.2.4 CUSTODY STAFF AND TRAINING

The special nature of dealing with this category of detainee means that it is essential for custody staff to be appropriately trained. It would also be beneficial if a specific officer were to be given the responsibility for maintaining those aspects of the custody area that are relevant to a TACT detainee.

13.2.5 RELIGIOUS CONSIDERATIONS

Early consultation with force diversity units is advisable, as is the maintenance of good relations with trusted community representatives. For further information see 12.6.12 Religious Considerations.

13.3 SECURITY IN RELATION TO CUSTODY

The security risks posed by those detained under TACT are potentially significant. Each case will have to be reviewed and assessed. The formal security risk assessment process and the detainee risk assessment must take place as soon as possible after detention. For further information see 2 Risk Assessment and Management. In the case of pre-planned operations, security must be considered as part of the planning process.

The type of activity that terrorists engage in means that they are likely to pose different threats from other detainees. Extreme acts such as suicide bombing may lead to increased security risks.

13.4 DETENTION

13.4.1 ARREST

The need for forensic awareness begins at the point of detention. As soon as a suspect is detained advice should be sought on the preservation of evidence, unless there are specific reasons for the rapid removal of the detainee(s). If forensic samples are likely to be taken from the hands, for example, in relation to the handling of explosives, a person's hands should be secured in bags of the appropriate type. Anti-Terrorist Branch (SO13) satellite officers are trained and experienced in the forensic requirements of such cases, therefore, early consultation is advised.

13.4.2 PRIOR TO ARRIVAL IN CUSTODY

The custody area should be thoroughly searched before the detainee(s) arrive. The cell(s) to be used should be forensically cleaned as appropriate. For further information see 13.2.3 Forensic Cleaning. Consideration should be given to whether other non-terrorism detainees should be relocated to other custody areas and whether any further detainees should be accepted.

13.4.3 ARRIVAL AT CUSTODY

The relevant time starts at the TIME OF ARREST or the time at which examination under Schedule 7 began at a port.

Note: Schedule 7 of TACT allows an examining officer up to nine hours to complete their enquiries before they must decide to release or arrest. The initial detention period is forty-eight hours.

An arrest under section 41 of TACT does not require the detention to be authorised by the custody sergeant. This is derived from the power of arrest.

13.4.4 PROCEDURE ON DETENTION

An inspector, not involved in the investigation, must review detention as soon as practicable after arrest. The next review must be carried out within twelve hours. After twenty-four hours custody reviews must be conducted by a superintendent.

One trained custody sergeant and constable should be allocated to each detainee. The procedures will take place in a cell and will take a considerable amount of time due to the immediate non-intimate samples that may be required by the Senior Investigating Officer (SIO). Once the booking-in procedure is complete, the constable may be replaced by custody staff, if the risk assessment favours this.

The booking-in procedure should be conducted in the cell and is to be completed manually, ie, a handwritten custody record. Only the shoulder numbers and the station or unit of officers should be recorded on the custody record. A manual wipeboard should be used to record a detainee's details and they should be identified by a letter of the alphabet rather than by name. This board should be located in a discreet place away from the view of anyone but the custody staff and investigating officers. The number of persons arrested may provide important information to a detainee and should not be divulged lightly.

The detainee's rights are to be given by the custody sergeant and it must be pointed out to the detainee that some rights under PACE do not apply, and that others under PACE are amended.

Seizure of property is in accordance with normal custody procedure.

The detainee is to be medically examined to determine if they are fit to be detained. This must be repeated every day that they are in detention.

Note: The detention clock is not suspended if the detainee is sent to hospital under this Act.

It must be noted that the power under section 18 of PACE cannot be used for the purpose of searching premises, unless the arrest is for a specific offence as set out in section 40(1)(a) TACT. In the case of section 40(1)(b) Arrests – the commission, preparation or instigation of acts of terrorism – a magistrates' warrant must be obtained.

An application can be made to the magistrates' court to extend the initial maximum detention period of forty-eight hours for **up to a maximum of fourteen days in total**.

There are specific forms that must be used in relation to the detention of a person under this Act. These are available in *A Guide to the Terrorism Act 2000* and associated legislation.

13.5 RELEASE FROM CUSTODY

There is no provision for bail under the Terrorism Act 2000 and detainees must either be released without charge or detained under this Act. Alternatively, it may be appropriate to continue with a relevant offence under PACE. If this is the case, normal PACE conditions of charging and bailing apply.

13.6 SECURITY IN RELATION TO COURTS

Agreement needs to be reached with the magistrates' court regarding the security aspects of any appearance by the detainee. The risk assessment relevant to their detention should be reviewed and any further developments taken into consideration.

If the detainee falls within the higher levels of risk, it may be appropriate to arrange the appearance outside normal court hours so that the building can be made sterile.

13.7 COURT APPEARANCES

The process of placing detainees before the court requires special arrangements. It is essential that early consideration is given to making a court application as it can take a considerable amount of time for the necessary arrangements to be made. The NJU plays a central role in this process. The NJU will enquire at an early stage as to the likely progress in a case and whether it is felt that such an application will be made. The NJU will then liaise with the Central Magistrates' Court at Bow Street which coordinates the attendance of an approved District Judge. The length of notice may vary considerably depending on the circumstances and timing of an arrest but the practice guideline is to give as much notice as possible. The superintendent making the application at court should be warned well in advance of the impending court application, to ensure their timely involvement and to allow thorough preparation for the case.

MANAGEMENT ISSUES

- Comply with National Joint Unit guidance (13).
- Ensure relevant staff receive appropriate training (13.2.4).

Section 14
YOUNG PERSONS IN POLICE DETENTION

This section details the specific requirements relating to the detention of young persons. It should be read in conjunction the Police and Criminal Evidence Act 1984.

CONTENTS

14.1 RISK ASSESSMENT

When carrying out the risk assessment as covered in 2 Risk Assessment and Management, consideration must be given to specific areas which could adversely impact upon young persons. For example, the risk to a young person from excessive alcohol consumption is likely to be much greater than to an adult.

14.2 DETENTION ROOMS AND CELLS

Newly built facilities usually have Lambeth cells which are unisex and suitable for young persons whereas older suites tend to use detention rooms for this purpose. Custody management regimes should clearly identify the rooms to be used to detain young persons.

For further information see *Home Office, Custody Policy Document (PD), New Build Only, February 2004* and 12.2 Custody Suites.

14.3 PENALTY NOTICE FOR DISORDER

Penalty Notices for Disorder (PND) may be used to deal with youths. Home Office advice is, however, that other options should be used if there are concerns for their welfare. For further information see *Home Office (2005) Criminal Justice and Police Act 2001 (s.1-11) Police Operational Guidance,* and *Supplementary Operational Guidance for Police Officers published by the Home Office, 11 February 2004*.

14.4 SHARING INFORMATION AND DUTY OF CARE

When a young person is in custody, consideration must be given to their wider welfare needs and a decision made as to whether other agencies should be informed.

For more information see *Sharing Personal and Sensitive Personal Information in Respect of Children and Young People at Risk of Offending, A Practical Guide,* issued in partnership between the Youth Justice Board and ACPO 2005 and 8 Departure and Remand and *ACPO (2003) Strategy for Children and Young People.*

14.5 GIRLS UNDER THE AGE OF 17 YEARS

Girls under the age of 17 years must be under the care of a woman while being detained, conveyed or waiting to be so. This requirement comes from section 31 Children and Young Persons Act 1933 which takes precedence over the Sex Discrimination Act 1975.

'Under the care of a woman' in this context means a female police officer or female member of police staff must be assigned responsibility for the care of a female detainee under the age of 17 years while they are in police custody. Subject to the risk assessment the 'carer' need not be physically present with the detainee at all times but must be readily available. Each case must be treated individually and consideration should always be given as to whether a carer should be physically present or not. The assigned responsibility can also be shared by more than one female carer.

On being assigned, the carer should arrange with the custody officer to visit the detainee and check on her welfare needs.

The carer must be informed of any matters affecting the well-being of the detainee and should regularly check on her welfare.

The detainee should be told that she can ask to see the carer at any time.

Forces must implement policies and procedures to ensure that all girls under the age of 17 years who are detained and in custody are under the care of a woman.

14.6 TRANSPORTATION OF YOUNG PERSONS

Children or young persons should not be allowed to associate with adult detainees unless association, with jointly charged adults and relatives, is permitted in accordance with section 31 Children and Young Persons Act 1933. Arrangements to prevent this should be made when the child or young person is:

- Detained in a police station;
- Being conveyed to or from any criminal court;
- Attending court;
- Young persons should not be carried in a vehicle with adult detainees.

14.7 APPROPRIATE ADULTS

Forces should establish policies and protocols for providing access to appropriate adults for young persons in police custody. Appropriate adults must be aware of their role as defined by PACE. For further information see 15.3.10 PACE and Codes of Practice and section 38 Crime and Disorder Act 1998.

14.8 YOUTH OFFENDING TEAMS (YOTS)

Youth Offending Teams (YOTs) are made up of representatives from the Police Service, the Probation Service, Social Services, health, education, drugs and alcohol referral teams, and housing officers. Each YOT has a manager who is responsible for coordinating the work of the youth justice services.

YOTs aim to identify the specific causes of a young person's offending as well as measuring the risk they pose to others. This enables the YOT to establish a suitable programme to address the needs of the young person.

MANAGEMENT ISSUES

- Ensure that all girls under the age of 17 years who are detained and in custody are under the care of a woman (14.5).
- Ensure staff are aware of and adhere to agreed policies and protocols for the provision of appropriate adults for young persons in police custody (14.7).

Section 15
ADMINISTRATION

This section provides guidance on administrative systems to support staff in their duties.

CONTENTS

15.1 STRATEGIC DIRECTION

Chief officers should nominate an ACPO member as portfolio holder for custody, with responsibility for strategic direction.

15.2 MANAGEMENT SYSTEMS

15.2.1 CUSTODY RECORDS

Audit and inspection regimes should be implemented for custody records and should include checking:

- The legibility, accuracy and appropriateness of entries;
- Compliance with PACE and the Codes of Practice;
- That all entries were signed, timed and dated;
- That the condition of the detainee on arrival had been accurately recorded;
- That the waiting time for examination of detainee by a healthcare professional had been within acceptable timeframes;
- That medical needs had been identified and met;
- The administration of medication and that it had been in accordance with instructions;
- The quality of risk assessment;
- That control strategies were commensurate with identified risks, for example, constant observation, CCTV monitoring;
- Compliance with risk management measures;
- That the detainee's intelligence records reflected any vulnerability identified in the risk assessment;
- That dietary or religious or cultural needs had been identified and met;
- The timing of cell visits;
- The quality and frequency of rousing visits to intoxicated detainees;
- The quality of PER form, where applicable.

15.2.2 CONDITION AUDIT FOR CELLS

Custody managers should ensure that routine checks by custody staff are supplemented by a regular regime of cell inspections and inspections of equipment, as recommended in *Custody Policy Document (PD) New Build Only, Home Office, February 2004.*

A competent person who is aware of the specific risks associated with detention, should be identified. They must have the authority to declare cells fit for occupation or to close them should they not meet Health and Safety requirements. This should be carried out in consultation with the custody officer.

Cells which have been taken out of use for safety reasons must be inspected after remedial work has been completed and before they can be reused. This includes cells which have been taken out of service after ligature points have been found. For further information see 12.1.2 Ligature Points. Cells should be professionally deep cleaned before any redecoration takes place.

A maintenance log should be created in each custody suite covering the following minimum areas:

- General condition;
- Lighting and power;
- Call alarms;
- Heating;
- Ventilation;
- Sanitation;
- Fire protection;
- CCTV.

For further information see 7.1 Management and Supervision and Appendix 15.

15.2.3 STOCK CONTROL SYSTEMS

Custody managers should establish stock control systems taking into account projected demand and realistic lead times.

Items likely to be required by detainees in connection with their faiths, such as prayer mats, should also be kept in stock.

For further information see 12.6.5 Medical Room and Appendix 14.

15.2.4 DESIGNATION OF A POLICE STATION FOR THE PURPOSES OF PACE

It is the responsibility of the chief officer to designate a police station for the purposes of PACE.

Custody suites must be fit for purpose before a police station is designated under PACE and they must continue to be maintained at that standard.

15.2.5 CUSTODY OFFICER

The appointment of a custody officer by a chief officer in a designated police station is a statutory requirement under section 36 of PACE. The legislation places specific responsibility on and authority with the custody officer in relation to the custody and protection of the detainee and the progress of the investigative process in the police station. The custody officer must be at least the rank of sergeant. Sections 120 and 121 of the Serious Organised Crime and Police Act 2005 amends section 36 PACE to enable chief officers to appoint designated police staff to the role of custody officer. The ability for individual forces to do so is subject to order (statutory instrument) by the Secretary of State.

15.3 CCTV MANAGEMENT AND ADMINISTRATION

15.3.1 PURPOSE OF THE CCTV SYSTEM

This section relates to ethical and procedural considerations of using CCTV and should be read in conjunction with 12.5.1 CCTV Siting and Use.

Forces should establish policy stating the purpose of the CCTV system and this must be declared in force notifications to the Information Commissioner, see section 17, Data Protection Act 1998. It is anticipated that CCTV will have two functions in custody suites: the protection and welfare of all users of custody, and the prevention and detection of crime. The policy should specify whether CCTV is intended to be used for general monitoring of staff performance.

15.3.2 RESPONSIBILITY FOR THE SYSTEM

Forces should ensure that clear lines of responsibility for the ownership and administration of the system are established, including responsibility for day-to-day operation, the integrity of the system, and any recorded footage. A fault-reporting procedure and maintenance programme should be included to ensure that the operational availability is maximised.

15.3.3 SIGNS

The Data Protection Act 1998 requires that signs are suitably placed so that the public and staff are aware that they are entering an area covered by CCTV. The size and position of such signs is not prescribed, but they should be clearly visible and legible. To comply with the Information Commissioner's Code of Practice, signs should identify the purpose of the system, who is responsible for its operation and contact details for enquiries. Although not specified in the code, provision should be made for those who cannot read English or those with impaired vision. Pictorial or multi-lingual signs or verbal communication of the required information can be used in such instances.

PACE Codes of Practice, Code C, paragraph 3.11 requires that notices are prominently displayed where CCTV cameras are present in the custody suite. While there is no legal requirement for signs to be used in individual CCTV-equipped cells, it is good practice to have the ceiling and door surfaces of each monitored cell clearly labelled with a stencilled sign indicating that CCTV is in operation.

15.3.4 CRITERIA FOR USING CCTV IN CELLS

CCTV in cells can:

- Enable early intervention in self-harm attempts;
- Allow for monitoring of vulnerable detainees;
- Ensure the safety of staff by viewing the detainee without entering the cell;
- Provide an opportunity to view the behaviour of an individual and enable a more accurate risk assessment;
- Permit custody staff to perform other duties while maintaining general and intermittent observation;
- Provide an additional management tool, for example, checking that visits have been carried out as stated on the custody record or checking the standard of rousing visits.

Where only a proportion of cells have CCTV, guidance must be given to custody staff about prioritising the use of CCTV-equipped cells. For further information see 12.5.1 CCTV Siting and Use. The decision to place a detainee in a CCTV-equipped cell must be taken by the custody officer based on the risk assessment; it should be subject to continuous assessment throughout the period of detention. For further information see 2 Risk Assessment and Management.

Where the decision is taken to use a CCTV-equipped cell, custody officers should:

- Inform the detainee of the decision and the reason for it;
- Document this decision in the custody record;
- Document the use of other safety measures, for example, removal of property or clothing;
- Ensure an appropriate cell visiting regime is instigated.

A member of staff who is appointed to monitor detainees continuously via CCTV should not be expected to view more than four cells simultaneously on a split screen display. It must not replace visits to detainees, other physical checks for well-being, nor the need for constant observation for detainees assessed as being high risk. For further information see 7.6.1 Observation and Engagement.

Cells equipped with CCTV should not generally be used to conduct strip searches or consultations between detainees and their legal representatives. There may be occasions when recording a strip search via CCTV is desirable for the protection of staff, however, consideration must be given to PACE Codes of Practice, Code C, Annex A, paragraph 11(b). The recording of the search must be shown to be necessary and proportionate in the circumstances. For further information see 15.3.10 PACE and Codes of Practice.

15.3.5 QUALITY OF THE IMAGES

Custody managers should establish an inspection regime, including both the hardware and software systems, to ensure the suitability of images. Recording quality should also be checked.

15.3.6 THIRD PARTY ACCESS TO IMAGES

Access to images recorded on custody CCTV must be controlled to protect the rights and dignity of individuals and to maintain the continuity of evidence.

Policy should ensure:

- Screens for monitoring live images from cells are placed out of the sight of anyone who is not directly involved in monitoring the detainee's welfare;
- Opportunities for accidental or casual viewing are minimised (monitors that display images from communal areas can be visible to other custody suite users);
- Facilities for playing back recorded images are housed in a separate area and operated only by trained staff. All viewings must be documented.

For further information see 15.3.10 PACE and Codes of Practice.

15.3.7 SUBJECT ACCESS TO IMAGES

People whose images are recorded on custody CCTV systems are entitled, under Data Protection legislation, to request access to the CCTV recordings. Except in very limited circumstance police forces are obliged to comply with such requests. It may be necessary to edit the footage to conceal faces and/or remove sound which would identify other detainees whose right to privacy must also be respected.

Requests for access to CCTV footage should be referred to the force Data Protection Officer.

For further information see the Data Protection Act 1998.

15.3.8 DISCLOSURE

Requests for disclosure of CCTV material must be processed in accordance with the requirements of the Criminal Procedures and Investigation Act 1996 (CPIA) and its related Codes of Practice. Retention periods for images seized under these circumstances will be as for all unused material.

15.3.9 INDEPENDENT CUSTODY VISITORS' ACCESS TO CCTV

'The introduction of CCTV into custody suites has raised the question of whether independent custody visitors should have access to footage. This is ultimately a matter for local discretion, but the Home Office view is that visitors should carry out their functions in person and not by viewing either live CCTV pictures or recorded footage. Their role is fundamentally interactive with both detainees and police staff and cannot be discharged remotely. There may also be issues about infringing the privacy of detainees who have not consented to visitors observing them using CCTV. However, where specific incidents or circumstances arise as issues and have been captured on CCTV, visitors might reasonably be allowed access where both the police and the detainee(s) concerned consent. Visitors should be able to ask the custody officer whether the CCTV is working and be given a demonstration if necessary.'

National Standards on Independent Custody Visiting, paragraph 30.

15.3.10 PACE AND CODES OF PRACTICE

Detainees, legal representatives and appropriate adults have rights of access to custody records. As audio and video recordings do not form part of the custody record, routine inspection of such recordings by detainees, legal representatives and appropriate adults is not permitted, see PACE Codes of Practice, Code C, paragraph 2.1.

Any request by detainees to have the CCTV turned off should be refused, see PACE Codes of Practice, Code C, paragraph 3.11.

As detailed in Code D, CCTV images must not be used to circumvent identification procedures.

Conducting strip searches in CCTV cells is not precluded but a CCTV cell should not be regarded as a suitable place for a strip search unless control measures are implemented to ensure that the requirements of PACE Codes of Practice, Code C, Annex A are met. If a custody officer authorises a strip search to take place in a CCTV cell, the additional measures taken to protect the detainee's privacy and dignity should be recorded in the custody record.

15.3.11 RETRIEVING IMAGES AND FOOTAGE

Non-digital systems should be fitted with an audible warning device that indicates when tapes are approaching the end. This is to ensure that recording is continuous and that errors do not arise in the storage of video footage.

Where material is required to be backed up, copied or extracted from technical equipment, specialists trained and authorised in such procedures should be used. This includes making master and working copies of material. The use of specialists will prevent the potential loss of images and safeguard the integrity of evidential material. Details of trained personnel should be available to custody staff.

Where images have been transferred to disc, cassette or any other medium, auditable storage systems must be used.

For further guidance on procedures on downloading and storing digital images, see *Home Office/PSDB (March 2002) Digital Imaging Procedure.*

15.3.12 RETENTION PERIODS FOR CCTV

To comply with the Information Commissioner's Code of Practice, CCTV images must not be retained longer than is necessary for the intended purpose.

15.4 CONTINGENCY PLANNING

Forces should establish protocols with other emergency services to respond to emergency situations in custody.

15.4.1 EVACUATION

Contingency plans for evacuation of a custody suite should make provision for alternative accommodation for detainees if an immediate return to evacuated premises is not possible. All staff engaged in custody duties should be briefed on the evacuation plans. A copy of the plans should be available at an agreed location outside the facility for use by other emergency services. Forces must establish evacuation plans for all of their custody facilities, and ensure that all custody staff are trained in the procedures to be followed in the event of a fire or other emergency requiring the evacuation of the custody suite.

15.4.2 CONTINGENCIES

Contingency plans should be established for the following scenarios:

- Major incidents resulting in high volume arrests;
- The activation of Operation Safeguard (use of police cells to hold Home Office prisoners), or a dramatic increase in prison 'lock-outs';
- Death in custody;
- Bomb threat;
- Terrorist detainees;
- High profile detainees likely to attract media and public attention;
- Other sensitive detainees;
- Fire;
- Chemical, Biological, Radiological or Nuclear (CBRN) incident.

MANAGEMENT ISSUES

- Nominate an ACPO champion as portfolio holder for custody issues within each force (15.1).
- Supplement routine checks of the custody suite, conducted by custody officers, with a regular regime of inspections of cells and equipment (15.2.2).
- Establish a stock control system for detainee requisites and medical supplies (15.2.3).
- Develop and implement policies and procedures for CCTV in custody (15.3.1).
- Establish procedures and plans with other emergency services covering responsibilities where there is an emergency situation in custody (15.4).
- Establish an evacuation plan for each custody suite, and ensure staff are trained in emergency evacuation procedures (15.4.1).

APPENDIX 1

PNC INFORMATION MARKERS AND WARNING SIGNALS

PNC INFORMATION MARKERS

These consist of useful and operationally important information about the subject.

AS	**Asset Information**	A force requires information regarding the assets, eg, seeks financial circumstances of the subject, following a confiscation order, usually for drugs offences.
BB	**Breaches Bail Conditions**	The subject has in the past breached bail conditions such as a curfew etc.
CD	**Confirmed Dead**	The subject has been reported as dead and that report has been confirmed.
DNA	**Confirmed**	(System generated marker.) This is not an Information Marker but is displayed like one. It is generated by the system if the subject has a DNA report with status CONFIRMED.
DP	**Deportee**	(NIS only.) A deportation order is currently in effect for the subject. Contact with the local Immigration Office must be made to ensure that the marker is still relevant and to ascertain what action they require taking.
DR	**DNA Required**	A DNA sample for this subject is required for Investigative or elimination purposes. This marker may not be added if a DNA report with status PROFILED or CONFIRMED already exists on the record.

FA	**Fails to Appear**	The subject has failed to appear in answer to bail or a summons.
FL	**Foreign Licence**	The subject holds a Driving Licence that was not issued in the United Kingdom.
HD	**Home Detention Curfew**	Following early release from prison the subject is or has been issued with an electronic tag under the home detention curfew scheme.
LL	**Life Licensee**	(NIS only.) The subject has been released on licence following a sentence of life. If a breach of licence conditions may be involved the Home Office (P2 Life Licence section) should be informed.
MO	**Modus Operandi**	(NIS only.) Specific Modus Operandi details have been recorded for this subject at the NIS. Consideration must be given to contacting the Method Index Section at the NIS if information is sought about the Method used by the subject when committing offences.
NL	**No Licence**	The subject may not hold a DVLA Driving Licence. This marker is currently under review.
OB	**Offends on Bail**	The subject is known to have committed an offence during a period whilst remanded on bail. This marker will appear on the Nominal Screen as an occurrence count when it is generated upon completion of the Offence detail of an Arrest/Summons report, by the system. It may also be created separately.
OV	**Offends Against Vulnerable**	The subject has been convicted of or cautioned for an offence against a child or young person, or one who is elderly, or who is mentally or physically disabled and may present a threat to any such person. This marker is a post-conviction marker.

PI	**Possible Impendings**	(Historic marker, NIS only.) The subject may have offences that are awaiting a court appearance or a decision regarding prosecution, but these may be held by NIS on paperwork which has not yet been Back Record Converted.
RE	**Manual Weed Review**	The record is to be retained until the date recorded with the marker, for manual review before it is weeded.
RF	**Refer to File**	(Historic marker.) May still be seen on pre-1995 records, to show that further information is available on microfiche.
SO	**Sexual Offender**	This marker is used in conjunction with Wanted/Missing orders to identify persons who are required to register with Police as a requirement of Sex Offenders Act 1997.
UD	**Unconfirmed Dead**	The subject has been reported as dead but the report has not yet been confirmed.
UN	**Uses Nominal Details of**	The subject is known to use the details of another person (who is not a PNC subject) when arrested or dealt with.
VS	**ViSOR Subject**	System generated marker to indicate that there is an entry for the subject on the Violent and Sexual Offenders Register (ViSOR). The text of the information marker shows the category of offender (eg, Registerable Sex Offender) and the risk level of reoffending (eg, High Risk).

PNC WARNING SIGNALS

This is a list of characteristics designed to assist front-line staff dealing with the recorded person. For data protection purposes it is important to note the word MAY.

AG **Alleges**

This signal may be used to warn staff dealing with the individual that they may make false or unwarranted allegations against the police. It may be appropriate to create a separate signal for each time such an allegation is made to assist in the review process.

AT **Ailment**

This signal may be used to cater for both ailments and disabilities. The ailment may be temporary or permanent and will provide advice to anyone dealing with the subject that they may suffer from a medical condition and/or require medication, eg, epileptic, alcoholic, heart condition. This should not be used to record minor medical conditions which have no relevance to the future care of the individual in custody. Wherever possible medical evidence should be obtained to support the information.

CO **Contagious**

The individual may be a hazard to others as a carrier of disease which is contagious. This warning signal may be particularly useful in drawing a custody officer's attention to a detainee who is suffering from hepatitis or scabies. Use of this signal for short term illnesses is not recommended. HIV or AIDS is not considered to be contagious in the context of this signal. Wherever possible medical confirmation of the nature of the disease or condition would be advantageous.

DR **Drugs**

May be in unlawful possession of a controlled drug. The purpose of this signal is to alert anyone dealing with this person that they may have drugs with them. The type of drug or the reason for the possession should be recorded. The signal is not restricted to supply or production. It may for example be used to bring attention to the fact that they may have needles in their pockets.

ES **Escaper**

This signal is intended to indicate that the subject may attempt to escape from custody. Evidence of previous escape attempts along with details of those attempts should be recorded. Custody or HMP staff may take additional precautions, particularly when transporting such an individual.

FI	**Firearm**	Intelligence or conviction information exists to suggest that the individual has used or may use or possess firearms or imitation firearms for the purpose of committing crime.
IF	**F/Impers**	The subject who was born a male may impersonate a female (cannot occur on female record). This would be beneficial in a custody situation for searching purposes and also for those occasions when the individual uses this MO when committing crime.
IM	**M/Impers**	The subject who was born a female may impersonate a male (cannot occur on male record). This would be beneficial in a custody situation for searching purposes and also for those occasions when the individual uses this MO when committing crime.
MN	**Mental**	The subject is known to suffer from a mental condition or disorder. Psychiatric confirmation may be desirable. Likely behavioural activity or risks should be recorded.
SH	**Self-Harm**	This signal should be used where information suggests that the subject may cause harm to themselves, but where the harm is not considered to be a suicide attempt. Self-mutilation history or deliberate harm in order to support allegations against the police would be appropriate.
SU	**Suicidal**	Previous history or threats (not idle threats) indicate that the individual may make a determined effort to commit suicide. Information such as method likely to be used would be desirable. This signal is not restricted to suicide attempts while in custody.
VI	**Violent**	This signal can be used to indicate that an individual may be violent. It is not restricted to violent behaviour towards Police alone. It may for example be used to indicate previous domestic violence or violence towards particular groups of people. A conviction for a common assault alone would not normally warrant a violent warning signal. It should be remembered that to record a signal for any minor violent act could undermine the effectiveness of this marker. An individual who uses the fact that he/she is suffering from HIV/AIDS to threaten police may have this signal recorded.

WE	**Weapons**	The individual has used a weapon to commit an offence or intelligence suggests that they may carry a weapon unlawfully. It may also be used to indicate if blades etc are deliberately secreted about their person when in custody. The type of weapon and information as to where it might be concealed should be recorded.
XP	**Explosive**	May possess explosives for a criminal purpose.

Note: That IF and IM may not occur on a record where the sex is Unknown.

APPENDIX 2

TRIGGER OFFENCES FOR MANDATORY DRUG TESTING

- Theft
- Attempted theft
- Robbery
- Attempted robbery
- Burglary
- Attempted burglary
- Aggravated burglary
- Obtaining property by deception
- Attempted to obtain property by deception
- Handling stolen goods
- Attempted handling of stolen goods
- Taking a conveyance without owners consent/authority (TWOC)
- Aggravated TWOC
- Going equipped for burglary, theft or cheat
- Begging
- Persistent begging
- Possession of a controlled drug
- Restriction on production and supply of controlled drugs
- Possession of a controlled drug with intent to supply

For further information see Criminal Justice and Court Services Act 2000 (Amendment) Order 2004 at http://www.opsi.gov.uk/si/si2004/20041892.htm

APPENDIX 3

PRINCIPAL PECS CONTACTS

PECS HQ
Prisoner Escort and Custody Service
5th Floor, Crown House
52 Elizabeth Street
Corby
Northants
NN17 1PJ
Phone: 01536 274500
Fax: 01536 264393

PECS Help Desk: 0870 00 00 504

Area Contract Manager contacts are as follows.

PECS Area London and South East Contract Manager: 5th Floor, AMP House Dingwall Road Croydon CR0 2LX General Enquiries: 020 8760 1741 Fax: 020 8760 1740	**PECS Area South Wales and West** Contract Manager: Block 2, Government Buildings Burghill Road, Westbury on Trym Bristol BS10 6EZ General Enquiries: 0117 958 1050 Fax: 0117 958 1051
PECS Area North Contract Manager: Low Carrs Lodge, Finchale Road Framwellgate Moor Durham DH1 5HE General Enquiries: 0191 3740240 Fax: 0191 3740247	**PECS Area East** Contract Manager: Cameron House, 9 Thorne Road Doncaster South Yorkshire DN1 2HG General Enquiries: 01302 369102 Fax: 01302 768659

APPENDIX 4

ACPO RECOMMENDATIONS FOR CONTENTS OF FIRST AID KITS

Taken from the *ACPO Working Group in First Aid Skills, ACPO/CENTREX Police First Aid Training Programme.*

General Kit:
Green protective box (wall mounted but capable of detachment)
BLS protocol card
Germicidal wipes (individual (10 off))
Latex-free gloves (3 pairs)
Face mask (1 off)
Tuff-cut shears (1 off)
Hypo-allergenic tape (2 rolls)
Wound dressings eye (2 off)
Wound dressings medium (6 off)
Wound dressings large (2 off)
Wound dressings extra large (3 off)
Triangular bandage (3 off)
Individual sterile plasters (pack of 20)

Vehicle Kit:
Green protective case (consider soft case due to lack of space)
BLS protocol card
Germicidal wipes (individual (10 off))
Latex-free gloves (3 pairs)
Face mask (1 off) all marked vehicles have been provided with this during 1999 -2000
Tuff-cut shears (1off)
Hypo-allergenic tape (2 rolls)
Wound dressings eye (2 off)
Wound dressings large (2 off)
Wound dressings extra large (2 off)
Triangular bandage (2 off)
Individual sterile plasters (pack of 20)

Suicide Kit – custody staff:
Red soft case (reduces injury potential and promotes recognition)
Face mask (1 off)
Latex-free gloves (3 pairs)
Protective edge blade (seat belt cutter)
Wound dressings extra large (2 off)
Hand suction (1 off)

Note: A process should be developed to ensure that first-aid kits are fully maintained and expiry dates checked.

APPENDIX 5

HOME OFFICE CIRCULAR (32/2000) DETAINEE RISK ASSESSMENT AND REVISED PRISONER ESCORT RECORD (PER) FORM, ANNEX A

RISK ASSESSMENT OF PERSONS ENTERING POLICE CUSTODY

All persons entering police custody should be assessed to consider whether they are likely to present specific risks, either to staff or to themselves.

Such assessments are primarily the responsibility of the custody officer, but it will frequently be necessary to consult others such as the arresting officer and the forensic physician.

The results of risk assessments should be incorporated in detainees' custody records. Such recording procedures should refer specifically to each risk category included in paragraph 5 and to the responses to the questions in paragraph 6. The record should highlight identified risks in such a way as to be obvious to all those responsible for the detainee's custody. Details of such risks should be given and reports attached where appropriate. Where no specific risks are identified by the assessment this should be noted in the custody record.

Risk assessment is an ongoing process and assessments must always be subject to review where circumstances change. Where the circumstances of risk in relation to a detainee change, a new PER Form must be completed.

Specific risk categories, which must always be considered, are as follows. Further details relevant to each category are in the guidance at Annex C, which covers the completion of the PER Form. Much of that guidance is equally applicable to the documenting of risks in the custody record.

- Medical/Mental Condition
- Medication Issued
- Special Needs
- First Aid Given
- Violence
- Conceals Weapons
- Escape Risk
- Hostage Taker
- Stalker/Harasser
- Racial Motivation
- Sex Offence
- Drug/Alcohol Issues
- Suicide/Self-harm
- Injuries
- Vulnerable
- Force/Restraint Used
- Incapacitant Spray Used

The following questions must be asked of every person entering police custody.

- Do you have any illness or injury?
- Have you seen a doctor or been to a hospital for this illness/injury?
- Are you taking or supposed to be taking any tablets/medication?
- What are they? What are they for?
- Are you suffering from any mental health problems or depression?
- Have you ever tried to harm yourself?

It is the custody officer's responsibility to determine the response to any specific risk assessment. For example, in terms of calling the forensic physician or instigating extra levels of monitoring or observation.

APPENDIX 6

SHARING OF INFORMATION FORM

The Prison Service asks the prisoner to sign a declaration form for informed consent which has been agreed in consultation with the Department of Health and which is also agreed for use by the Home Office. The wording here has been modified for use by the Police Service.

AGREEMENT TO SHARING OF INFORMATION

I understand that the Police Service has a duty of care to me while I am in custody. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my care and welfare will be shared, and that detailed information contained in my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me MAY be shared between staff within custody and others concerned with my care and welfare in order that I may be best supported.

Detainee's signature: .....

PRINT NAME: ..... Date: .....

Member of staff's signature: .....

PRINT NAME: ..... Date: .....

Note: If a detainee refuses to sign this form, the healthcare professional must not share information unless there are exceptional reasons to justify disclosure.

APPENDIX 7

THE DETAINED PERSONS MEDICAL FORM AND MEDICATION FORM

Detained Persons Medical Form

1. The following guidance should help to clarify the purpose and completion of the Detained Persons Medical Form and the relevance of each of the sections. Development of this form resulted from research undertaken in preparation of the *ACPO (1999) Police First Aid Training* report. Much of that research highlighted the difficulties faced by custody staff in identifying persons who were suffering from physical or mental illness or injury. The purpose of this form is, therefore, to focus awareness on those areas, which should be of concern to custody staff, and to provide, where necessary, a chronological medical report relating to a detainee's period of detention.

2. The provisions of the Human Rights Act 1998 were taken into consideration when designing the form and, therefore, it withstands the tests of 'proportionality and least intrusion'. It has been decided that:

    I. Completion of the form does require the obtaining of personal information but is for the purpose of safeguarding the detained person's welfare and as such is justified in law.
    II. The questions and the process are proportionate to the purpose and is the least intrusive method possible.
    III. The information contained within the form will only be disclosed, for the purpose of the detained person's welfare, to hospital and ambulance staff.
    IV. Detained persons are not obliged to submit to the examination or to supply information.

3. The Detained Persons Medical Form will be completed for any person who is detained or brought to a station who:

    V. Answers in the affirmative to any of the medical history questions.
    VI. Is otherwise apparently suffering from any physical or mental medical condition.
    VII. Suffers from any physical or mental medical condition while at a police station.
    VIII. Receives or should receive any first aid treatment.
    IX. Is, or needs to be seen by, or requests to be seen by a forensic physician or other doctor/medical practitioner or ambulance staff.
    X. Is drunk or appears to be drunk and there is sufficient concern that medical assessment is advisable.

4. Where none of the above conditions apply, a form need not be used.

5. The Detained Persons Medical Form will be made immediately available to a Doctor on arrival. A copy will be provided to ambulance or hospital staff in the event of a detained person being removed to hospital.

6. Doctors will endorse the form as required in clear and unambiguous writing and will bring the contents of their report to the attention of the Custody Sergeant before leaving the Police station.

7. **Reason Doctor Requested** – This section should include the specific reason for calling a Doctor, which should include details of any medical history questions that were answered in the affirmative. Where second or further forms are used (for example following the need for a medical review) the unique reference number of previous forms should be endorsed in this section.

8. **Visual Assessment by Custody Sergeant** – Any obvious or reported injury should be endorsed on the body outline drawing by the Custody Sergeant to provide a simple visual record of any apparent injuries.

9. **Administration and Movement Times** – All relevant times MUST be endorsed in the boxes provided. The main purpose is to monitor response times of Doctors but the form also records ambulance response times and the period a detained person was at hospital.

10. **Police - Signs/symptoms and First Aid given** – If first aid treatment is provided this section MUST be completed detailing brief signs or symptoms together with details of the treatment provided.

11. **Doctor's Opinion or Telephone Advice (Non-Confidential)** – This section provides a quick reference to custody staff of doctors' observations and advice to ensure the safe supervision of a detained person. The contents of this section will include only NON-CONFIDENTIAL observations or opinions of doctors that are necessary. It will include all instructions or guidance to custody staff, ie, minor injury to left hand. Wound treated and bandaged requires fresh bandage within 12 hours; suspected mental health problems - requires mental health assessment.

    An assessment of the risk of self-harm has also been included and will be made based on the Doctor's examination of the detained person and any known or suspected history of self-harm or through reasons connected with the purpose for detention. It is clearly impossible for a Doctor to determine there is NO RISK of self-harm and, therefore, the term 'Standard Risk' should be taken as being the risk associated with any apparently 'normal person'.

12. **Recommendations** – This section deals with the Doctor's overall assessment of fitness to be detained, interviewed, etc., and provides for an estimate when such fitness may be expected, where appropriate. It also allows for medical opinion as to whether an appropriate adult may be required, intended to aid the Custody Sergeant in making this decision.

    Where the Doctor believes further examination or assessment is required at a later stage, this may be endorsed together with the time such review should be undertaken and the time it was carried out. In this case a new Detained Persons Medical Form will be completed. The unique reference number of the new form should be recorded in the space allocated.

    There is no intention that this form should include any confidential observations or notes. Such notes or observations should be recorded separately and kept by the Doctor.

(Unique Ref: No.)

..... CONSTABULARY

Custom Ref: .....

DETAINED PERSONS MEDICAL FORM

Sheet ..... of .....

Name: .....

..... Date of Birth: ..... Time/Date: .....

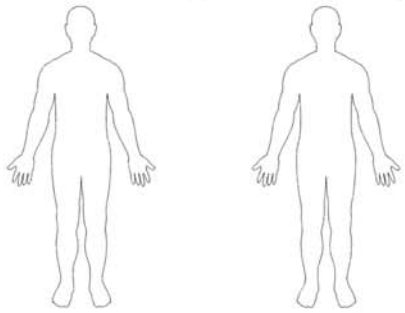
Reason Doctor requested: .....

.....

..... Doctor requested by (Please tick) Detainee ☐ Police ☐

VISUAL ASSESSMENT BY CUSTODY OFFICER

Cut/Abrasion - Bruising o Other Suspected Injury +



Front Back

ADMINISTRATION AND MOVEMENT TIMES

Doctor called	Time		Date	
Doctor replied	Time		Date	
Doctor already in station?			Yes/No*	
Agreed Arrival Time	Time		Date	
Doctor Arrived	Time		Date	
Departure/Conclusion	Time		Date	
Ambulance Called	Time		Date	
Ambulance Arrived	Time		Date	
Detainee Taken to Hospital?			Yes/No*	
Departure to Hospital	Time		Date	

POLICE - Signs/symptoms and First Aid given: .....

.....

..... By whom: .....

DOCTOR'S OPINION OR TELEPHONE ADVICE (NON-CONFIDENTIAL)

Name of Doctor: ..... **Doctors Ref:** .....

Time/Date of Examination: ..... **Time/Date Concluded:** .....

Opinion: .....

.....

Medical Advice: .....

.....

.....

Has Doctor been asked to supply a report on his findings? **Yes/No***

Examination/Observations: Completed/Refused* **Risk of Self Harm:** High/Medium/Standard*

Location of Examination: Medical room/Cell/Other* ..... **Station:** .....

RECOMMENDATIONS

	Yes	No
Recommended appropriate adult:		
Fit to be detained:		

	Yes	No
Fit for interview:		
Fit for transfer:		
Fit for charge:		

If **'No'**, Estimated time to fitness: _____ _____ _____

	Yes	No
Medical Review Required:		

Time/Date Required: .....

Time/Date Carried Out: .....

Commence new form for review:

Unique ref. No: .....

9C PACE Codes of Practice - **Clinical findings retained:**

By Doctor: **Other:**..... **Doctor's Signature:** .....

*(*Delete as appropriate)*

Copy for Police Admin (White) - Custody Record (YELLOW) - Doctor (GREEN)

31408

Detained Persons Medication Form

The following guidance has been prepared in order to clarify the purpose of the Detained Persons Medication Form and the relevance of each of the sections within the form. Development of this form followed on from research undertaken for the *ACPO (1999) Police First Aid Training* report. Much of that research highlighted the difficulties faced by custody staff in identifying persons who are suffering from physical or mental illness or injury.

In preparation of this form the provisions of the Human Rights Act 1998 have been taken into consideration and the requirements of the form withstand the tests of 'proportionality and least intrusion'. It has been determined that:

I. Completion of the form does require the obtaining of personal information but is for the purpose of safeguarding the detained person's welfare and as such is justified in law.
II. The questions and the process are proportionate to the purpose and is the least intrusive method possible.
III. The information contained within the form will only be disclosed for the purpose of the detained person's welfare to hospital and ambulance staff.
IV. Detained persons are not obliged to submit to the examination or to supply information.

This form is designed to clarify the prescribing and administering of medical drugs to detainees. The form itself is self-explanatory but includes sections for single 'once only' prescriptions and sections for repeated or regular administration of prescribed drugs. In addition, the final section allows for explanation of reasons why prescribed drugs were not administered as required.

The form allows for more specific instructions to custody staff regarding the general administration of drugs and includes the Doctor's authority to transfer prescribed drugs to prison escort services or to the detained person on release.

There is an intention that once computerised this form may be produced together with printed labels for the drug bottles in order to aid clarity.

(Unique Ref: No.)

.... CONSTABULARY

Custom Ref: ....

DETAINED PERSONS MEDICATION FORM

Sheet .... of ....

Name: .... Custody Ref: ....

PRESCRIBING DOCTOR

Doctor's name *(please print)*:	Doctor's signature:	Date:	Time:

ONCE ONLY MEDICATION

Date	Time to be given	Name of medication	Strength of tabs/caps	Quantity to be given	Name of person giving medication	Time given medication

REGULAR MEDICATION

Name of medication:	
Strength of medication:	
Number of tabs/caps/puffs:	
Frequency of dosage:	
Transfer to Escort Service:	Authorised: ....
Give to detainee on release:	Authorised: ....

Due Date	Due Time	Given Date	Given Given	Given by *(name)*

Name of medication:	
Strength of medication:	
Number of tabs/caps/puffs:	
Frequency of dosage:	
Transfer to Escort Service:	Authorised: ....
Give to detainee on release:	Authorised: ....

Due Date	Due Time	Given Date	Given Given	Given by *(name)*

Name of medication:	
Strength of medication:	
Number of tabs/caps/puffs:	
Frequency of dosage:	
Transfer to Escort Service:	Authorised: ....
Give to detainee on release:	Authorised: ....

Due Date	Due Time	Given Date	Given Given	Given by *(name)*

Name of medication:	
Strength of medication:	
Number of tabs/caps/puffs:	
Frequency of dosage:	
Transfer to Escort Service:	Authorised: ....
Give to detainee on release:	Authorised: ....

Due Date	Due Time	Given Date	Given Given	Given by *(name)*

MEDICATION NOT GIVEN AS INSTRUCTED

Date	Time	Medication not given	Reason why medication not given (eg. detainee refused medication)

20494

Copy for Police Admin (White) - Custody Record (YELLOW) - Doctor (GREEN)

APPENDIX 8

DOMESTIC VIOLENCE

The following contains information taken from the *ACPO (2004) Guidance on Investigating Domestic Violence*, which has been amended to incorporate recent legislative changes. It details the actions custody staff should take when dealing with a domestic violence detainee.

Note: *NCPE Update Briefing No. 1/2006 Domestic Violence* further amends the *ACPO (2004) Guidance on Investigating Domestic Violence*.

Checklist Custody Plan

When detaining a domestic violence suspect custody staff should:

- Consider the suspect's right to a phone call in respect of the potential to harass and intimidate the victim, children, family members and potential witnesses;
- Ensure any phone calls are supervised;
- Record if a suspect threatens to commit suicide, this should be included within the custody risk assessment process for the care of the suspect in police detention;
- Consider suicide threats by the suspect as a risk factor relating to further harm being caused to the victim and children, and include as part of any decision making process for police bail;
- Record significant statements on the custody record and invite the suspect to sign and verify them;
- Record injuries to the suspect;
- Arrange for the forensic physician to examine the suspect and record injuries on the custody record;
- Document any intimidating, aggressive or threatening behaviour exhibited by the suspect on the custody record;
- Consider placing suspects arrested for breach of the peace before the next available court;
- Consider charging for substantive offences rather than for breach of the peace, where evidence allows, or delay charging to allow for the collection of further evidence.

5.3.4 MAKING BAIL DECISIONS

Police bail

If there is insufficient evidence to charge a suspect, consideration should be given to releasing them under section 37(2) PACE to enable further enquiries to be completed. This should allow time for other witnesses to come forward and for a more detailed investigation to be undertaken.

When granting conditional bail for referral to the CPS (section 37(7)(a) PACE, in areas where applicable) or to appear at court after charge (section 38 PACE), every effort should be made to consult victims prior to making the bail decision. Custody officers should consult victim statements, interview records and victim personal statements (where available), before making such decisions. Custody officers should ensure that bail conditions help to protect victims, children and witnesses from intimidation and violence. Conditions should be justifiable and capable of being policed for compliance and all decisions should be justified and recorded.

The police make the initial decision to keep the defendant in custody to appear before the magistrates at the next sitting day or to bail a defendant to attend court. Section 47(3A) PACE (as inserted by section 46 of the Crime and Disorder Act 1998), makes it clear that all persons charged with an offence and bailed, must be bailed to the next sitting of the relevant court or, where this cannot be accommodated, to the next available sitting as notified by the court (usually within two to five days of charge). Once a defendant appears before the court, the decision about bail is made by the magistrates and is governed by the provisions of the Bail Act 1976.

The following police bail conditions should be considered when granting bail for CPS referral or after charge for domestic violence suspects to afford the maximum protection to victims, children and other witnesses:

- Not contacting the victim either directly or indirectly;
- Not going within a specified distance of the victim's home or workplace;
- Not going within a specified distance of schools or other places the victim or victim's children attend, such as shopping areas, leisure or social facilities, childminders, family, friends;
- To live at a specified address, not that of the victim;
- To report to a named police station on specific days of the week at specified times;
- To obey curfews as applied.

Checklist Pre-Release Considerations for Police Bail

A suspect granted investigative bail under section 37(2) PACE should be bailed for no longer than is reasonably required to complete the investigative action. Unless a protracted investigation or other compelling consideration such as the turnaround time for a forensic examination is involved, the period should be no more than three weeks.

Before a suspect is released from a police station staff should:

- Inform the victim of the suspect's impending release and record this notification regardless of whether the suspect has been bailed or not;
- Ensure that all area control rooms and intelligence databases are updated regarding bail conditions, in case of future calls.

Every effort should be made to ensure that a suspect charged following a domestic violence incident is placed before the court at the earliest opportunity and that bail is for the shortest period that local service level agreements will allow. This minimises the opportunities a suspect has to intimidate witnesses.

In cases where the advice of the CPS is to be sought the period of bail should be no longer than is necessary to complete any agreed action and submit the necessary report. For further information see the 2004/2005 edition of *The Prosecution Team Manual of Guidance incorporating the JOPI.*

Where a suspect is granted bail it is important to clarify the following points:

- It is the suspect's responsibility (not the victim's) to comply fully with any bail conditions;
- Any breaches of bail will be treated as such even if the suspect and/or victim state that they have reconciled;
- It is the police and the CPS (not the victim) who make decisions in relation to charging;
- It is the CPS (not the victim) who makes decisions in relation to prosecution.

It may come to light later at court that a defendant has contacted a victim, in breach of bail conditions. Such contact may or may not have been wanted by that victim, but this should not obscure the seriousness of breaching bail. The fact that contact has occurred is sometimes used by the defendant as an argument for the removal of bail conditions, citing the victim's agreement, or at least their lack of complaint. The issue of policing and enforcing bail conditions is a high priority and the decision to bring breaches of bail to the attention of magistrates is again a police and CPS decision, independent of the wishes of the victim.

Supervisory staff should monitor the ways in which victims are updated about police bail decisions and decisions relating to charges, including where no charges are brought.

APPENDIX 9

CHILD ABUSE SUSPECTS

Extract from *ACPO (2005) Guidance on Investigating Child Abuse and Safeguarding Children,* detailing the action custody staff should take when dealing with detainees suspected of child abuse. See *NCPE Update Briefing No. 1/2006 Domestic Violence.*

5.3 MANAGING RISKS ASSOCIATED WITH RELEASED SUSPECTS OR DEFENDANTS

When a decision has been made to release a suspect with or without charge, consideration should be given to the risks posed by the suspect to the victim and risks posed by others to the suspect.

This is particularly relevant to those occasions when the suspect is a member of the victim's household, a relative, friend or associate with routine access or circumstances in which they have access to other children. Consideration should be given to the involvement of other agencies in the risk management process. Multi-Agency Public Protection Arrangements (MAPPA) may be a means to coordinate resources in managing any risks presented by suspects. See 7 Multi-Agency Working for further details of MAPPA.

Remand and police bail

Where a suspect is charged with an offence related to child abuse, consideration should be given to asking the CPS to apply for a remand in custody.

Prior to a decision to allow bail, victims and their parent or carer should be consulted (where possible). All efforts should be made to impose effective bail conditions that protect victims, children and witnesses from further intimidation and abuse. In this context, children includes other children who may be placed at risk of harm.

If there is insufficient evidence to charge a suspect, consideration should be given to releasing them under section 47(3) of PACE to enable further enquiries to be completed. This will allow time for other witnesses to come forward and for a more detailed investigation to be undertaken. The Criminal Justice Act 2003 allows for bail conditions to be imposed where a suspect is bailed to return to a police station while pre-charge advice is being sought from the CPS.

Checklist Pre-Release Considerations for Police Bail

Custody officers should consider including the following restrictions when imposing police bail conditions so that children and other witnesses are given maximum protection:

- Not contacting the victim either directly or indirectly;
- Not going within a certain distance of the victim's home or school;
- Not going within a specified distance of any school or other places that the victim, their siblings or other children frequent such as shopping areas, leisure and social facilities, homes of childminders, family or friends;
- To live at a specified address, which is not that of the victim or any other household containing children;
- To report to a named police station on specific days of the week at specified times;
- To obey curfews as applied and to require the suspect to present themselves to a police officer during the period of the curfew (eg, relating to school opening times).

Any conditions imposed should be justifiable and capable of being policed for compliance. The reasons for the conditions should be recorded, in accordance with local policy.

Informing the suspect of no further action

Where it is decided that no further action will be taken against a suspect, they should be advised of that outcome in accordance with force policy. In particular, suspects should be advised to retain and preserve any documents or other evidence that supports their defence. This is necessary as the investigation could be resumed, for example, if any fresh evidence comes to light, or new or historic allegations are made which are relevant to the original investigation. See 7.7 Public Protection Arrangements *(Investigating Child Abuse and Safeguarding Children 2005)* for further information regarding managing any risks posed by a suspect against whom a conviction is not obtained.

5.4 KEEPING THE VICTIM AND PARENT OR CARER INFORMED

Once a decision on bail has been made and before the suspect has actually been released, the investigating officer should contact the victim and parent or carer. The victim and parent or carer should be updated throughout the investigation and during the pre-trial period. In particular they should be informed of any decision to charge and/or bail the suspect, including details of any bail conditions. A description of the conditions that have been placed on the suspect should be given to the victim and carer along with what action should be taken if the conditions are breached. Once a decision has been made to bail a suspect, their release should not be delayed by difficulties in contacting the victim or their representative.

In a case where a referral is being made to social services, where possible, this should be explained to the parent or carer and, if appropriate, the child. Officers should promote a positive but realistic image of social services to encourage and enable people to access the help and advice they need. Officers should explain the role of social services and the referral process to the victim and their parent or carer.

APPENDIX 10

AT RISK PRISONER FORMS

What to do when you receive an At Risk Detainee from a Prison or Young Offender Institution (YOI)

There are occasions when police take people into custody who may already be in prison and who could be on a care or support plan, having been identified as a suicide or self-harm risk. Some examples are:

- When a prisoner is lodged overnight in police cells due to the distance of the court from any prison, and they are due back in that court the following morning.
- When a prisoner is released to police custody (sometimes referred to as a police presentation) because of outstanding elements of an investigation or new charges.
- When a prisoner is arrested on release from prison (known as a re-arrest).

It is, therefore, possible that police custody staff will temporarily have in their custody an at risk prisoner but may have no information about how to maintain the care/support plan that is already in place for them. To assist police custody staff the current systems in use in prisons and YOIs and what police custody staff need to look for if an at risk prisoner comes into their custody suite are explained here:

When taking over responsibility for prisoners, always make an immediate check for at-risk status.

All public and private prisons use one of two systems to identify and care for prisoners thought to be at risk of suicide or self-harm. These systems are known as the F2052SH (in use since 1992 and currently being phased out) and ACCT (being introduced to replace the F2052SH during 2005-7).

Establishments not using ACCT will convert all open ACCT Plans they receive from escorts into open F2052SHs. Similarly, establishments using ACCT will convert all open F2052SHs they receive from escorts into open ACCT Plans.

There are two reasons to provide the police with the ACCT Plan or F2052SH.

1. To provide details to custody staff of the risk and what can be done to support the detainee and keep them safe.

2. To provide information for staff at the prison/YOI that the detainee is returned to, about any important events while out of the prison/YOI, thereby aiding them to continue care for the detainee.

If the ACCT Plan or F2052SH is not returned to the prison/YOI the second point is lost.

1. Receiving a Detainee on an Open ACCT Plan

ACCT stands for Assessment, Care in Custody and Teamwork, and is easily identifiable as an A4 orange form. It is an assessment and care planning tool.

What to do if the detainee is on an open ACCT Plan

Check the information on both the front and inside front cover of the ACCT Plan. In particular, look at the:

- 'Required frequency of conversations and observations' box on the front cover;
- 'Triggers/warning signs' box on the inside front cover as this may contain particular behaviours or events to be aware of.

Look at the 'Concern and Keep Safe Form' (page 3) to learn why the ACCT Plan was opened.

Look at the current 'CAREMAP' (pages 13 and 14) to see what action is required to keep the detainee safe.

Very occasionally, where the ACCT Plan has only just been opened, there may not be anything written on the CAREMAP. In this case, look at the 'Immediate Action Plan' (page 4) to see what action to take.

Look at the 'On-Going Record' (pages 21 and 22) to see what has recently happened.

Check the Prisoner Escort Record (PER) for any further information.

If anything is unclear, ask the staff handing over the detainee for more information.

While the detainee is in your care:

- Maintain the ACCT Plan (this can provide important information for staff at the prison/YOI that the detainee is returned to). Document relevant conversations, observations, significant events, changes in mood, behaviour or circumstances on the PER and on the On-Going Record (pages 21 and 22). The minimum frequency suggested by the prison/YOI for making such records is indicated in the Required frequency of conversations and observations box on the front cover.
- Continue to follow your policies for receiving and caring for an at risk detainee.

Remember to:
Talk to the detainee;
Send the ACCT plan with the escorts to the prison/YOI the detainee is to return to, and note this on the PER. Keep a copy with the custody record.

2. Receiving a Detainee on an Open F2052SH (Self-Harm at Risk Form)

Like an ACCT Plan, an F2052SH is easily identifiable as an A4 orange form and is a care-planning tool.

What to do if the detainee is on an open F2052SH:

- Look at the 'Report by the Initiating Member of Staff' (page 1) to learn why the F2052SH was opened.
- Look at the current 'Support Plan' (bottom half of pages 3 and 4) to see what action is required to keep the detainee safe. This will also indicate the minimum level of supervision the prison/YOI thought safe.
- Very occasionally, where the F2052SH has only just been opened, there may not be anything written on the Support Plan. In this case, look at the 'Initial Action by Residential Unit Manager' (page 2) to see what action has been suggested.
- Look at the 'Daily Supervision and Support Record' (pages 7-10) to see what has recently happened.
- Check the Prisoner Escort Record (PER) for any further information.

If anything is unclear, ask the staff handing over the detainee for more information.

While the detainee is in your care:

- Maintain the F2052SH (this can provide important information for staff at the prison/YOI that the detainee is returned to). Document relevant conversations, observations, significant events, changes in mood, behaviour or circumstances in the PER and in the Daily Supervision and Support Record (pages 7-10).
- Continue to follow your policies for receiving and caring for an at risk detainee.

Remember to:
Talk to the detainee;
Send the F2052SH with the escorts to the prison/YOI the detainee is to return to, and note this on the PER. Keep a copy with the custody record.

APPENDIX 11

QUALIFICATIONS FOR CUSTODY HEALTHCARE PROFESSIONALS

Forensic Physicians:
Forensic Physicians (FPs) must be qualified medical practitioners who have achieved additional competencies and qualifications, such as obtaining section 12 Approval under the Mental Health Act 1983 which allows the individual to carry out formal Mental Health Assessments. FPs should be encouraged to obtain the Diploma in Medical Jurisprudence or equivalent.

Nursing schemes:
The following criteria are essential when recruiting custody nurses:

- A Registered General Nurse with a minimum of 1988 Clinical Whitley Grade G level. Nurses qualified to lower grades cannot assess (diagnose) and this can lead to delays before the detainee is seen by an FP.
- Has four years post-qualification experience.
- Has three years Accident and Emergency, prison, custody or mental health experience.
- Has completed the Intermediate Life Support course.

Further desirable criteria are:

- Substance misuse qualification;
- Mental Health qualification;
- Minor injuries qualification;
- First contact care practitioner qualification.

Paramedic schemes:
Essential criteria when recruiting paramedics are:

- Paramedic qualifications;
- Two years post-qualification experience;
- Custody or mental health experience.

A further desirable criterion is:

- Emergency care practitioner qualification.

APPENDIX 12

ANNEX A OF HOME OFFICE CIRCULAR (20/2003), HEALTHCARE PROFESSIONALS IN CUSTODY SUITES GUIDANCE TO SUPPLEMENT REVISIONS TO THE CODES OF PRACTICE UNDER THE POLICE AND CRIMINAL EVIDENCE ACT, 1984

Procedures/Duties which May be Undertaken by Healthcare Professionals in the Custody Environment

Note: Any healthcare professional working in a custodial environment must be adequately trained before undertaking any of the procedures listed below. This applies equally to doctors, nurses and paramedics. Some of the procedures and duties listed will also require specialist competencies or statutory powers. Healthcare professionals should not be required to work outside the scope of their professional competency or clinical guidelines. The Assessment Report on the Kent Custody Nurse Scheme recommended that the most appropriate level of competencies for a custodial nurse be set to the 1988 clinical Grade G.

Procedure/Duty	Forensic Physician	Nurse	Paramedic
Taking medical history	Yes	Yes	Yes
Conducting clinical examinations	Yes	Within scope of clinical guidelines	Within scope of clinical guidelines
Diagnosing clinical conditions	Yes	Yes, depending on scope of competence, for some conditions	Yes – within defined competencies
Obtaining consent for treatment	Yes	Yes	Yes
Verifying patient's medication	Yes, with caution	Yes, with caution	Yes, with caution
Prescribing medication	Yes	No (although some nurses can, depending upon their competence and the type of medication)	No
Administering medication (non-controlled drugs)	Yes	Yes. Named individuals can administer medicines under Patient Group Directions	Yes, within scope of clinical guidelines
Administering medication (controlled drugs)	Yes	Yes	Yes, within scope of clinical guidelines
Assessing alcohol/drug intoxication and withdrawal	Yes	Yes, with appropriate prior training	Yes, with caution
Providing therapeutic interventions	Yes	Yes	Yes
Obtaining consent for disclosure of medical information	Yes	Yes	Yes
Providing brief health education interventions	Yes	Yes	No
Undertaking mental health assessments under the Mental Health Act 1983	Yes if suitably qualified	No, but community mental health nurses can undertake pre-assessment screening	No
Assessing fitness to be detained	Yes	With appropriate prior training	With appropriate prior training
Assessing requirement for medication	Yes	Yes	Yes
Advising referral to hospital	Yes	Yes	Yes
Assessing fitness to be released (alcohol intoxication)	Yes	Yes	Yes
Assessing fitness to be charged (competence to comprehend)	Yes	With appropriate prior training	With appropriate prior training
Assessing fitness to transfer (general clinical assessment)	Yes	Yes	Yes
Assessing fitness for interview	Yes	With appropriate prior training	No, unless appropriate prior training

Procedure/Duty	Forensic Physician	Nurse	Paramedic
Advising requirement for appropriate adult (vulnerable mentally disordered)	Yes	Yes, with appropriate prior training	No, unless appropriate prior training
Assessing person's ability to drive a motor vehicle (general clinical assessment)	Yes	With appropriate prior training	With appropriate prior training
Making precise documentation and forensic interpretation of injuries	Yes, with suitable prior training	Yes to documentation only Other aspects – with appropriate training	Yes – documentation Other aspects – with appropriate training
Undertaking intimate body searches (not on police premises)	Yes, with consent	Yes, but caution is advised by NMC if no consent	No
Taking forensic samples	Yes	With appropriate prior training	With appropriate prior training
Dealing with police officers injured while on duty	Yes	Yes	Yes
Pronouncing life extinct and giving opinion on any suspicious circumstances	Yes	Yes – opinion only recommended with appropriate prior training and experience	Yes to pronouncing life extinct in any circumstances. Appropriate training would be required for aspects of opinion
Examining adults complaining of serious sexual assault and alleged perpetrators	Yes	No, unless appropriate prior training	No
Examining alleged child victims of neglect, physical or sexual abuse (including joint examinations with paediatrician)	Yes	No, unless appropriate prior training	No
Liaising with drug referral workers	Yes	Yes	Yes
Liaising with alcohol referral workers	Yes	Yes	Yes
Providing statements to police on request	Yes	Yes	Yes
Attending court	Yes	Yes	Yes
Providing reports (to solicitors, social services, CICA)	Yes	Yes	Yes
Appearing as a witness of fact	Yes	Yes	Yes, within defined competencies
Appearing as expert witness	Yes, with suitable training and experience	No, unless has suitable training and experience	No

APPENDIX 13

REFERRAL OF COMPLAINTS AND CONDUCT MATTER TO THE IPCC: DEFINITIONS

1. Serious injury

Serious injury means a fracture, a deep cut, a deep laceration or an injury causing damage to an internal organ or the impairment of any bodily function.

2. Serious assault

For the purposes of paragraphs 4(1)(b) and 13(1)(b) of Schedule 3 to the 2002 Act and regulations 2(2)(a)(i) and 5(1)(a) of the Regulations, the term 'serious assault' shall be construed in accordance with the charging guidelines agreed between the Crown Prosecution Service and the Association of Chief Police Officers in relation to assault occasioning actual bodily harm contrary to section 47 of the Offences Against the Person Act 1861, the terms of which are set out below.

Any harm or injury caused to a person in relation to which a complaint alleging conduct resulting in serious injury or any conduct resulting in serious injury which is more serious than assault occasioning actual bodily harm contrary to section 47 of the Offences Against the Person Act 1861 should be referred to the IPCC in accordance with paragraphs 4(1)(a) and 13(1)(a) of Schedule 3 to the 2002 Act.

There is no longer a separate and free-standing charging standard for Offences Against the Person. Instead, the Charging Standards have been revised, and can be found on the CPS website: http://www.cps.gov.uk/legal/section5/chapter_c.html

What follows is a synopsis.

Assault occasioning actual bodily harm, contrary to section 47 of the Offences Against the Person Act 1861, Charging Guidelines.

1. The offence is committed when a person assaults another, thereby causing actual bodily harm to that other person.

2. It is an either way offence, which carries a maximum penalty on indictment of five years' imprisonment and/or an unlimited fine. Summarily, the maximum penalty is six months' imprisonment and/or a fine not exceeding the statutory maximum.

3. The only factor in law that distinguishes a charge under section 39 of the Criminal Justice Act 1988 from a charge under section 47 is the degree of injury. By way of example, the following injuries should normally be prosecuted under section 47:
   - Loss or breaking of a tooth or teeth;
   - Temporary loss of sensory functions (which may include loss of consciousness);
   - Extensive or multiple bruising;
   - Displaced broken nose;
   - Minor fractures;
   - Minor, but not merely superficial, cuts of a sort probably requiring medical attention (eg, stitches);
   - Psychiatric injury that is more than fear, distress or panic. (Such injury will be proved by appropriate expert advice.)

3. Assault which, as a general rule, need not be referred to the IPCC

Although any injury can be classified as actual bodily harm, the appropriate charge will be contrary to section 39 of the Criminal Justice Act 1988 where injuries amount to no more than the following:

- Grazes;
- Scratches;
- Abrasions;
- Minor bruising;
- Swellings;
- Reddening of the skin;
- Superficial cuts;
- A 'black eye'.

4. Serious sexual offences

For the purposes of paragraphs 4(1)(b) and 13(1)(b) of Schedule 3 to the 2002 Police Reform Act and regulations 2(2)(a)(ii) and 5(1)(b) of the Regulations, the term 'serious sexual offences' shall be construed as including all offences under the Sexual Offences Act 1956 to 2003 that are triable only on indictment and such other offences under the said Acts of 1956 to 2003 appearing to an appropriate authority to be an offence where a Magistrates' Court would be like to decline jurisdiction.

Any attempt, incitement or conspiracy to commit any offence referred to above shall be referred to the IPCC.

5. Serious corruption

For the purposes of paragraphs 4(1)(b) and 13(1)(b) of Schedule 3 to the 2002 Police Reform Act and regulations 2(2)(a)(iii) and 5(1)(c) of the Regulations, the term 'serious corruption' shall refer to conduct that includes:

- Any attempt to pervert the course of justice or other conduct likely to seriously harm the administration of justice, in particular the criminal justice system;
- Payments or other benefits or favours received in the connection with the performance of duties where a Magistrates' Court would be likely to decline jurisdiction;
- Corrupt controller/handler/informer relationships;
- Provision of confidential information in return for payment or other benefits or favours where the conduct goes beyond a possible prosecution for an offence under section 55 of the Data Protection Act 1998;
- Extraction and supply of seized controlled drugs, firearms or other material;
- Attempts or conspiracies to do any of the above.

6. Criminal Offences and behaviour aggravated by discriminatory behaviour

For the purposes of paragraphs 4(1)(b) and 13(1)(b) of Schedule 3 to the 2002 Act and regulations 2(2)(a)(iv) and 5(1)(d) of the Regulations, any criminal offence or other behaviour which is liable to lead to a disciplinary sanction that is aggravated by discrimination caused by the actual or perceived sexual orientation of the person subject to the conduct, or disability discrimination, whether physical or mental, or age discrimination shall be referred to the IPCC in addition to any criminal offence or behaviour aggravated by discrimination on the grounds of a person's race, sex or religion that is required to be referred to the IPCC by the said regulations 2(2)(a)(iv) and 5(1)(d).

APPENDIX 14

EQUIPMENT AND SUPPLIES FOR MEDICAL ROOMS

Equipment for Medical Rooms

In addition to the stock items each room should have:

- Desk with laminated surface
- Three plastic chairs
- Examination couch
- Lockable floor units with laminated worktops, labelled to identify what they contain
- Lockable wall units, labelled to identify what they contain
- Drawers in the desk or a suitable file for stationery
- Wash basin with elbow operated taps (preferably mixer) and tiling above wash basin
- Wall mounted examination light
- Clock
- Notice board suitable for self-adhesive putty/magnetic contacts
- Telephone
- Emergency call system (accessible if sitting or standing)
- Waste bin
- Clinical waste bin
- Good heating, lighting and ventilation
- Access to a small fridge (not used for food purposes) in the custody suite
- Sharpsafe bin
- Pharmaceutical waste bin
- Paper towels and soap dispenser.

Medical Rooms Supplies List

Resuscitation Equipment

Custody staff and doctors must be familiar with any emergency resuscitation equipment that is available and be fully trained to use it. Particular equipment, which MAY be available, includes:

- Bag-Valve-Mask with adult and child size facemasks
- Oropharyngeal airways (range of sizes)
- Suction equipment (electrical or hand operated)
- Pocket facemasks with a non-return valve
- Oxygen cylinder with delivery head, tubing and masks.

Dressing Bandages and Plasters

- Steristrip closures 6mm pack 36
- 2 fabric dressing strip 6cm x 1m
- 2 fabric dressing strip 8cm x 1m
- 2 tubular support bandages B 1m
- 2 tubular support bandages D 1m
- 2 tubular support bandages F 1m
- 50 Johnson NA dressings 9.5cm
- 5 triangular bandages calico (only for use on supervised patients)
- 5 micropore tapes 2.5cm x 5m
- 2 elastic adhesive strapping 2.5cm
- 30 cotton wool 25G
- 5 x adhesive dressings WIP 20
- Dressing packs x 20 (such as contain cotton wool, gauze and are not the same as ambulance dressing packs)
- Tubigauze bandage size 01.

Disinfectant and Antiseptics

(Any skin wipes should be alcohol free)

- 30 x antiseptic wipes packet 10
- 30 x antiseptic sachet 25ml
- 1 x Milton 600ml
- 2 x liquid soap 250ml
- 2 x Hibiscrub – consideration should be given to using a non alcohol based hand wash as alcohol based hand wash may affect breath and blood samples taken for analysis under Road Traffic Act 1988 legislation.

Protective Items

- 2 sharpsafe disposal bin 7L (one in use)
- 100 clinical waste bags 200 x 320mm
- 50 clinical waste bags 700 x 1000mm
- 3 boxes non-sterile powder free vinyl gloves – various sizes
- 5 pairs of each size of sterile surgical powder free gloves.

Miscellaneous

- Tablet bags or bottles with labels (100)
- 2 x paper towel rolls 250mm (one in use)
- 2 x paper towel rolls 500mm (one in use)
- 2 plastic bowls (1Pint) 150mm
- Paper cups
- SM stitch cutters (10)
- 1 SS forceps 11cm fine point
- 1 SS forceps dressing 125mm
- 1 scissors dressing 150mm
- KY jelly sachets
- 2 boxes tissues
- 10 x 10ml disposable syringe
- Sanitary pads and tampons
- Finger dressing applicator (for Tubigauze)
- Low adhesive tape
- Test strips for urinalysis for blood and glucose
- Test strips for blood analysis for glucose
- Pregnancy Test One Step (2 tests)
- Disposable vaginal speculum (medium and small)
- Disposable proctoscopes (medium and small) minimum 2 of each size
- Containers and solution for the storage of contact lenses
- Electric fan x 1
- Saline eye wash x 3.

Forensic Kits

- Medical Examination Kits minimum 10
- DNA II module
- Blood for Alcohol/Drugs
- RTA 1988 Blood Alcohol/Drugs
- RTA 1988 Urine Alcohol/Drugs
- Hepatitis minimum 5.

Stationery

- Letterhead, plain paper and envelopes
- Carbon paper 10 sheets
- Body diagrams (10 of each view)
- Other stationery as is in local use
- Head injury instruction pads
- Detainee medical care sheets
- Proformas: section 4 RTA 1988, Fitness to Detain and Interview.

APPENDIX 15

CUSTODY SUITE INSPECTION AND MAINTENANCE REGIME

A suggested inspection and maintenance regime for custody suites incorporating advice contained in *Custody Policy Document (PD), (February 2004) New Build Only, Home Office.* It is a matter for local policy how it operates.

DAILY

The following could be the responsibility of all custody staff and are in addition to the areas identified in 7.3 Cell Searches and 12.1.2. Ligature Points.

- Test cell call system (should be checked when detainee is placed in a cell).
- Inspect for damage in custody suite (risk assess for continued use).
- Inspect cells each time they are vacated.
- Clean suites daily, although some areas may need to be cleaned more frequently.
- Check contents of first aid kits and any suicide intervention kits, replacing any used or missing articles.
- Ensure recording equipment is tested before use if it does not have auto-test facility.

AS REQUIRED

- Check and re-set calibration of specialist equipment (for example, livescan, evidential breath test machine).
- Clean forensic search rooms after use to ensure that they are suitably sterile for the next time they are required.

WEEKLY

The following could be the responsibility of the Custody Manager or equivalent:

- Test the fire alarm;
- Test the emergency call alarm system;
- Check the cleaning of all surfaces;
- Inspect exercise yard/van dock for damage/potential problems.

MONTHLY

The following could be the responsibility of the Custody Manager, Custody Inspector or equivalent, to:

- Assess the need for any specialist cleaning regime;
- Check the cleaning and topping up of floor gullies, including exercise yard. **Note:** Some internal gullies may require more regular topping up due to evaporation;
- Ensure a testing regime for power failure is completed to maintain uninterrupted power supply (UPS) and generator working capability.

QUARTERLY

The following could be the responsibility of a building surveyor with the Custody Officer/Custody Manager and the Health and Safety representative with the custody portfolio:

- Quarterly inspection of all areas with the building surveyor with the Custody Officer or Custody Manager;
- Checks of operating efficiency of heating, cooling and ventilation plan including filter replacement;
- Health and Safety Risk Assessment 'walk though' – this must be carried out after, for example, each change in layout and change in equipment use.

ANNUALLY

The following could be the responsibility of the building surveyor with the Custody Officer/Custody Manager and the Health and Safety representative with the custody portfolio:

- Annual checks undertaken by specialist suppliers/manufacturers;
- Decoration check (bi-annually and redecorate as required);
- Annual search of the custody suite (this could be an opportunity for the search team to carry out training);
- Calibration check of building management control systems;
- Undertake the testing regime for a power failure to ensure UPS and generator working capability;
- Water testing, disinfecting and certification;
- Deep cleaning of suite by professional cleaning company;
- Practise evacuation drills.

APPENDIX 16

ABBREVIATIONS AND ACRONYMS

A&E ..... Accident and Emergency
ABC ..... Airway, Breathing and Circulation
ACCT (plan) ..... Assessment, Care in Custody, and Teamwork (plan)
ACPO ..... Association of Chief Police Officers
ASW ..... Approved Social Worker
CBRN (incident) ..... Chemical, Biological, Radiological or Nuclear (incident)
CID ..... Criminal Investigation Department
CPIA ..... Criminal Procedures and Investigation Act
DTs ..... Delirium Tremens
ECHR ..... European Court of Human Rights
ELS ..... Emergency Life Support
FASC ..... First Aid Skills – Custody
FASE ..... First Aid Skills – Enhanced
FASP ..... First Aid Skills – Police
FP ..... Forensic Physician
ICV ..... Independent Custody Visitor
IPCC ..... Independent Police Complaints Commission
IIMARCH (model) ... Intelligence, Intention, Methodology, Administration, Risk Assessment, Communication and Human Rights (model)
LSCB ..... Local Safeguarding Children Board
MRSA ..... Methicillin-Resistant Staphylococcus Aureus
NCPE ..... National Centre for Policing Excellence
NICE ..... National Institute for Clinical Excellence
NJU ..... National Joint Unit
NOMS ..... National Offender Management Service
PACE ..... Police and Criminal Evidence Act
PCT ..... Primary Care Trust
PECS ..... Prisoner Escort and Custody Service
PER (form) ..... Prisoner Escort Record (form)
PNC ..... Police National Computer
PND ..... Police Notice for Disorder
PPSMG ..... Police Property Service Managers Group
PSD ..... Professional Standards Department
SIO ..... Senior Investigating Officer
TACT ..... Terrorism Act 2000
TB ..... Tuberculosis
ViSOR ..... Violent and Sex Offender Register
YOT ..... Youth Offending Team

APPENDIX 17

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