STAFFORDSHIRE POLICE

Criminal Justice Department

Custody Procedures

(Adopted from the College of Policing Authorised Police Practice - APP)

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1. Introduction

APP

This Policy is aligned with the College of Policing Authorised Professional Practice (APP) Detention and Custody module, which details the procedures to be followed. APP guidance should be referred to in the first instance and be read in conjunction with this policy.

Detention and Custody APP

The attached link to the College of Policing site can be accessed by 'Ctrl+Click', which will take you to the front page of **Detention and Custody.**

Key elements accessible within the AAP page are:

- Custody management and planning
- Response, arrest and detention
- Moving and transporting detainees
- Detention and custody risk assessment
- Suicide prevention and risk management for perpetrators of child sexual exploitation and indecent images of children
- Control, restraint and searches
- Deaths in Custody
- Buildings and facilities
- CCTV
- Terrorism Act 2000 (TACT)

PACE 1984

Importantly, the custody policy and procedures for any police force in England and Wales has to conform with the Police and Criminal Evidence Act 1984, hereto referred to as PACE, and the PACE Codes of Practice.

PACE and the associated Codes form the bedrock of how the police service must respond to the arrest, search and safe detention of offenders.

The attached link, through 'Ctrl+Click', will take the reader straight to the UK Gov. Website for the updated codes. These are refreshed regularly, and are the most up to date source.

PACE 1984 Codes of Practice

2. Custody Provision

Information Sharing in Custody

The Independent Advisory Panel on Deaths in Custody (IAP) Information Sharing Statement has been agreed by the Ministerial Board on Deaths in Custody and the General Medical Council.

Police forces and all those working in custody should pay due regard to this statement where there is any potential conflict between confidentiality and preventing harm.

Although medical confidentiality is supported by the right to respect for private life under Article 8 of the European Convention on Human Rights, the state has positive obligations under Article 2, the right to life, to protect a detainee from the risk of suicide or self-harm. Effective information exchange, in accordance with privacy rights, between the police, prison, immigration service and health services, on the vulnerability of a detainee to suicide or mental illness, or the threat which he or she may pose to others, is crucial to establishing an individual approach to detainee care in accordance with the positive obligations under Article 2.

Designation and Availability of Custody Suites

The status and availability of Custody provision within Staffordshire Police is as follows:

Designated Custody facilities as 'certificated' by the Chief Constable are:

- Northern Area Custody Facility;
- Watling House Custody Facility;

These facilities are the mainframe of the Custody provision, open 24 hours a day and staffed and managed by Criminal Justice.

Contingency Planning

Refer to Business Continuity Management, dealing with Infectious diseases and death and serious injury policies and procedures

Custody Officer

It is a statutory requirement under PACE section 36 that a chief officer (or other officer as directed by the chief officer) appoints a custody officer in a designated police station.

The custody officer must be of at least the rank of sergeant (including Sergeants temporarily promoted – not 'acting') but in all cases they must have received formal custody officer training.

The custody officer has specific responsibility and authority for the custody and protection of the detainee and the progress of the investigative process in the police station.

The custody officer must be able to direct and call upon resources to protect and provide safe detention.

The custody officer also has personal responsibility for the safe and lawful operation of activities in the custody suite. This may include delegating some tasks and functions to officers and staff to assist them. Where this is done, the custody officer must be satisfied that

the officers or police staff concerned are suitable, trained and competent to carry out the task or action in question (PACE Code C).

Custody Training and Learning

Following the delivery of formal, structured initial custody training, the practice of shadowing experienced members of staff is recommended as an effective means of improving staff competence prior to starting work in the custody suite.

- All custody sergeants and staff working in custody, receive approved and accredited training which meets the standards as set out in the NPC before they commence their role. They also undertake refresher training whilst in post.
- Designated and contracted staff must be adequately trained and able to undertake their role within custody.

Custody sergeants and custody detention officers complete a custody workbook which is a record of their development and competency after their initial training

3. Police Approach and Decision Making

Lawful Arrest

Under the Police and Criminal Evidence Act 1984 (PACE), a lawful arrest by a police constable requires two elements:

- A person's involvement, suspected involvement or attempted involvement in the commission of a criminal offence
- Reasonable grounds for believing that the person's arrest is necessary. Both elements must be satisfied.

Officers must always consider whether a person's arrest for an offence is lawful in accordance with section 24 of PACE and necessary under paragraph 2.9 of Code G of PACE. Necessity Criteria accessed here – 'Ctrl+Click':

PACE Code G Revised

Diversity and Inclusion - Arrest

In all instances, arresting officers and custody officers must review and monitor the impact of the Public Service Equality Duty (PSED) requirements at the point of arrest and subsequent admissions into custody for persons with protected characteristics. In context, there is a need for all arresting officers, custody officers and custody detention officers to understand the impact of the arrest and detention requirements, and ensure that there is absolute elimination of any discrimination, harassment, victimisation, and any other conduct that is prohibited by the Equality Act 2010.

The NPCC 2018 -2025 Diversity and Inclusion (DEI) toolkit emphasises that regular cultural audits of teams and departments should be made to eliminate discriminatory attitudes, and inclusive and culturally sensitive team/units should be developed. Officers exercising the power of arrest must understand the impact of arresting someone in the community, and therefore should be reflective and sensitive to the need for greater integration, engagement with all communities resulting in enhanced trust and confidence.

The College of Policing and the NPCC have produced a ***Police Race Action Plan*** – ***Improving policing for Black people*** which emphasises strongly what the police service must accomplish with its plan to ensure that Black people are not under-protected, over policed, and not under represented or involved in matters of police governance and dealing with racial disparities. The context and importance of the Police Race Action Plan should be read and understood by all police officers and staff.

Link Here:

Police Race Action Plan

De-arrest

If an officer receives information that indicates the suspect is not responsible for the offence for which they were arrested, or the grounds for arrest otherwise cease, the officer must release that person. If a person is de-arrested prior to the arrival at a police station, the officer must record the detail on a STORM serial and within his/her electronic PNB.

If the person is to be de-arrested whilst at a police station, they must be brought before the custody officer where a custody record will be commenced.

Where a person has been arrested or detained solely to prevent a breach of the peace, the detainee must be released once the breach, or potential breach, has ended and is not likely to reoccur.

Hospital Procedures – Arrest/Detention

A detainee must be transported directly to hospital if the person is:

- Showing any symptoms of head injuries
- Unconscious, or has been unconscious.
- Suffering from serious injury
- Drunk and incapable, and treatment centres are not available
- Believed to have swallowed or packed drugs
- Believed to have taken a drugs overdose
- Suffering from any other medical condition requiring urgent attention
- Suffering from any condition that the arresting officer or transporting staff believes requires treatment prior to detention in custody.

The Healthcare Professional (HCP) who assessed the detainee will provide a completed summary of the medical treatment of the detainee whilst in custody for the information of the hospital. This is in addition to the Person Escort Record (PER) form. The medical summary document facilitates the hospital to record their treatment regime of the detainee for the information of the Custody Officer when they are brought back to custody.

Where a person is detained under section 136 of the Mental Health Act 1983, they should be transported directly to a hospital as a place of safety by ambulance. Officers must complete the section136 forms (Form L9) and provide these to the hospital staff. They must hand over all relevant information, including information triggering police attendance, to healthcare staff.

Is a custody record required to be opened if a person is arrested and is taken directly to hospital for treatment, without first being taken to a police station?

In such circumstances the Code C of PACE does not demand that a custody record be opened. The Code stipulates that a separate custody record must be opened as soon as practicable for each person who is brought to a police station under arrest or is arrested at the police station having arrived there voluntarily.

Although the arrested person is not in police detention for the purposes of section 118(2) of PACE, the fact remains that the person remains under arrest. Best practice (and Staffordshire Police policy) is that a custody record is opened so that matters concerning such a person in particular their welfare can be recorded, monitored and audited, is well established. Once the record has been opened the detention clock should be suspended.

As a result of the person not being in police detention within the terms of section 118(2) of PACE, the provisions of section 40 (reviews of police detention) and section 41 (limits on period of detention without charge) are of no application, although in practice it is suggested it would be wise for periodic reviews of the arrested patient's progress to be conducted.

Hospital Procedures - Review of detained persons in Hospital

The following applies to persons who are arrested and are taken to hospital for 'TREATMENT' whether without being taken to the custody facility first or having arrived at the custody facility or been held in police detention at a custody facility are then taken to hospital for treatment.

The following terms are used -

- The detention clock - this covers the period which PACE allows a suspect to be kept in police detention. Officially this is called the 'Relevant Time' and for most offences has a 24 hour limit;
- The review clock - this covers the initial 6 hour and subsequent 9 hour periods before which a review of detention must be carried out. It continues for the whole period that the suspect is in police detention.

Hospital Procedures - Detention Clock

Section 41(6) of PACE 1984 provides for the temporary suspension of the detention clock if the suspect requires 'HOSPITAL TREATMENT'. Even when in hospital, a suspect is still in police detention except if the suspect is arrested and taken straight to the hospital or is released.

NB - The detention clock starts or restarts if it is necessary to interview the suspect whilst at hospital or during the journey to or from it (this may be necessary because of the urgent nature of the enquiry). In such circumstances, the detention clock is suspended once the questioning has ceased. In the case of a suspect taken straight to hospital if they are questioned/interviewed at hospital and/or during the journey then it is necessary to treat the suspect as being in police detention and a custody record is required to be opened and the detention clock started.

The terms questioned or interviewed are used but if the hospital visit is for some other investigative purpose and not treatment then the Detention clock is not suspended. It should be noted that the hospital examination of persons suspected of swallowing drugs for evidential purposes is not supported by the force and such situations are to be treated as medical emergencies. This aspect is covered in more detail in this policy under the heading of Drugs.

Hospital Procedures - Review clock

PACE is silent as to whether the review clock should be suspended in line with the detention clock in the above circumstances. Although not explicit in PACE best practice is that the review clock should continue and reviews are carried out as and when necessary. In that way a detained person is still actively managed even when in hospital for treatment.

Continuing the review clock in these circumstances is approved force policy.

If the suspect is in hospital awaiting or undergoing treatment, a review officer has three practical options;

1) Invoke section 40(4)(a) and postpone the review;
2) Visit the hospital and carry out a full review in person (with any other interested parties such as a lawyer);
3) Conduct the review at the police station in the absence of the suspect.

This is possible because of paragraph 15 of Code of Practice C states which states that whilst the review officer is responsible for determining whether or not a person's detention continues to be necessary in reaching a decision they shall provide an opportunity to the detained person himself to make representations unless they are unfit to do so because of their condition.

The circumstances of each case will dictate what is the most appropriate option and factors such as the health of the suspect, the seriousness of the offence and the likely delay in conducting the review. Option 1 is likely to be appropriate if the suspect will not be long at hospital, option 2 caters for when the situation makes it necessary to explain the situation to the suspect and option 3 may be utilised in consultation with the suspect's lawyer, appropriate adult or other concerned friend/relative, particularly if the suspect is too ill to be troubled by a review.

It is impossible to cater for all situations in policy and reviewing officers must use their professional judgement as to which review option is most appropriate. However, whichever option is decided upon, a full entry in the custody record is vital. It would be sensible to review the necessity for detention if there is to be any substantial period of hospitalisation and if appropriate bail should be considered. In any case if any events occur which mean that the suspect should be released, then their release should not be delayed until the next formal review is due and/or brought back to the police station simply to take the appropriate steps.

Vulnerability

Vulnerability assessments should take account of the appearance and behaviour of the detainee, any signs of illness or injury, their style and level of communication, collaborative information from all sources and the circumstances and environment in which they were found.

Initial response risk assessment

Initial risk assessment should take account of:

- What is known or believed to have happened
- Number of persons involved or capable of becoming involved – see condition of the detainee
- Details provided about named individuals, including all intelligence and any warning signals or information markers recorded on force or agency crime and/or intelligence systems
- Potential or known risks about the location
- Concealed weapons or access to weapons in the contact environment
- Community sensitivities.

Medication and other substances on or shortly after arrest

It is not uncommon for officers to allow arrested persons to take their lawfully prescribed medication at the point of arrest or shortly after or to smoke etc., and prior to arrival at the custody facility. Officers should be aware that there have been occasions when people have taken an overdose of their medication (this included an incident when a diabetic double dosed using their pen style device) or have smoked unlawful substances secreted in their tobacco products or e-cigarettes which have led to subsequent medical emergencies.

Officers must be very mindful of this situation and unless there is some urgent need for medication to be taken prior to examination by an HCP in custody then it may be more

appropriate for any use of medication to be delayed until an HCP has had the opportunity to assess the condition of the arrested person and the medication. What is stated on the bottle may not always be accurate as to what is in it. Similarly as regards smoking products officers should be careful before allowing arrested persons to smoke. If an arrested person is known or believed to have taken any medication, prescribed or otherwise or other illicit drugs then this MUST be reported to the Custody Officer when presenting them in custody and the Custody Officer should as a consequence arrange for an examination by an HCP without delay.

4. Transport of Detained Persons

Only police officers, escort officers designated under the Police Reform Act 2002 - section 38 (police authority employees) or 39 (contracted-out staff) should be used to transport detained persons. When a custody officer transfers custody of a detained person to any of the above, the duty to ensure that the detained person 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.

UNDER NO CIRCUMSTANCES ARE PCSOs TO BE USED FOR ESCORTING ARRESTED/DETAINED PERSONS.

Search on arrest

Section 32 of PACE sets out the powers of a police officer to search a person on arrest. Officers may use reasonable force to conduct such 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 from the incident and then conduct the search.

Paragraph 34(2) of Schedule 4 to the 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.

For detailed guidance on intimate and strip searches, see PACE Code C Annex A.

Arresting officers are required to carry out adequate searches on arrest and prior to transportation to ensure:

- Evidence is secured;
- The arrested person does not have anything on or about their person that can cause injury or harm to themselves or anyone else. This includes anything that is or could be used as a weapon or any substance either illicit drugs or lawful medication.

They should not be allowed access to any substance or medication on or after arrest until after they have been detained in custody and access to a Healthcare Professional is available.

Search of a police vehicle

Officers must search vehicles used to transport detainees before and after use and, where practicable, in the presence of the detainee. (APP section Inspection of Vehicles)In unmodified vehicles, officers should give attention to the area down the back of the seats and the foot wells, as these are the most likely places for items to be concealed. Officers should take particular care to avoid sharp objects, including syringes, when searching this area.

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). However, the wearing of seat belts is encouraged but must be considered on a case-by-case basis.

Vehicle selection

The type of police vehicle used for transportation will vary and will be influenced by availability, whether the transport is planned or spontaneous, and by the risks associated with the detained person.

Assessing the risks for the journey

During the time from first point of contact with the detained person to arriving at a custody suite officers should always constantly monitor them, even when the risk assessment suggests they are compliant etc., and even when the detained person is in the confines of an appropriate caged vehicle. Detained/arrested people must not be left unattended even when in a caged vehicle and at least one officer must be in a close position to respond to the person if needed. Such situations are dynamic and can change with little or no warning.

Factors to be considered when determining the level of restraint and number of escorts required to convey the detained person will include;

Condition of the detained person especially:

1. Drug, Medication & or Alcohol considerations (particularly if they are alcohol dependant);

2. Potential for self-harm;

3. Violent or known to be violent;

4. Warning markers such as whether they are known to conceal weapons and/or drugs;

5. Injuries sustained by the detained person (in particular head injuries);

6. Has an increased susceptibility to positional asphyxia;

7. Whether the person is already restrained using handcuffs or leg restraints;

8. Whether a Spit Guard has been applied to the person;

9. Whether they have been subject to PAVA or TASER.

f any of the above applies then constant monitoring is even more important and in the case of 4 to 8 inclusive is mandatory. Also officers should consider whether it is appropriate to transport the detained person without medical advice and should consider calling medical assistance to the scene. An ambulance must be called for any detained person who appears to be unconscious. The following should also be considered.

- 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 detained person;
- Information from friends, family & witnesses;
- History of violence, in addition to the above sources;
- Extent and result of search of the detained person;
- Use of weapons by the detained person on this or previous occasions;
- Assessment of escape risk;
- Length of journey;
- Vehicles available;

- Physical disabilities;
- Actual or perceived mental state.

There may be exceptional circumstances where a less appropriate police vehicle has to be utilised to prevent unacceptable delay and an increased risk by not removing the detained person from the scene. In these circumstances the rationale for using the vehicle should be recorded in the escorting officers' pocket note book at the earliest opportunity. Whilst a detained person may appear to be compliant, staff must never be complacent. The advantages of removing them 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, the use of a Force approved vehicle equipped with a cage/cell should be given proper consideration.

Arrangements should be made to keep adults separate from young person's wherever possible.

In longer journeys detained persons MUST be offered comfort breaks. These should be offered at intervals of no longer than a maximum of 2.5 hours bearing in mind the particular needs of the individuals concerned.

All police vehicles used to convey detained persons must be equipped with a first-aid kit.

Safety of staff & detained persons

Detained persons 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. In vehicles equipped with cages/cells a clear panel is fitted to enable the escorting officer to observe detained persons whilst in transit.

DO NOT GAMBLE WITH SAFETY

Always:

- **A**ssess - risk to determine the level of restraint and number of escorts required.
- **C**onsider - what type of vehicle is to be used in the circumstances.
- **E**nsure - that you are in a position to react to any situation which may arise whilst escorting the detained person.
- **S**taff - must remember that detained persons always have the potential to cause injury or escape.

Placement of detained persons

When placing a detained person in a vehicle, care must be taken with individuals who are restrained with handcuffs or leg restraints, as this can increase the risk of injury. In unmodified vehicles detained persons must be placed in the rear of the vehicle in the seat furthest from the driver and the escorting officer must be seated alongside them and to the rear of the driver so as to be in a position to prevent risk to the driver whilst in transit. If the vehicle is fitted with a cage/cell it should be used. Detained persons who are, or have been, violent and are assessed as presenting a continuing risk as well as those suffering from mental health problems, should be transported individually and should not be placed in a cage/cell with another detained person.

Control and restraint in transit

A detained person must never be secured to a vehicle in which they are carried using handcuffs or any other restraints.

Extreme caution must be used where a detained person 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 unless it is unavoidable, in which case the subject must be closely and constantly monitored. Where a detained person 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.

Transport of a person detained in a public place under S136 MHA 1983

When an officer detains an individual in a public place using their power under section 136 MHA 1983, they must request an ambulance. The ambulance service is required to transport all section 136 detentions. If the individual is also being restrained due to their behaviour, this will be escalated to an immediate, high-priority response time as ambulance services recognise the increased risk this presents to the individual. This commitment is detailed in the National Ambulance section 136 Protocol 2014.

It is for the paramedics to decide, having assessed the individual's health, whether the individual should go directly to the appropriate hospital Emergency Department (ED) or to the place of safety (if they are different). Police custody should only be used in exceptional circumstances and the health needs of the individual must always come first.

It is the responsibility of the police to phone the relevant section 136 MHA 1983 suite to ensure that there is space for the individual. If there is not a space, the relevant mental health trust will inform police of where the ambulance is to take the individual.

It is not a police responsibility to find an alternative place of safety and it is not appropriate for police officers to simply take the person to the nearest place of safety.

*An exception to the above is in cases of physical medical emergency, the ambulance, or if not readily available the police, should take the individual experiencing mental ill health immediately to a hospital emergency department (ED). In such circumstances, treating the person's physical needs takes priority over mental healthcare. Where necessary, a mental health assessment will be arranged once the individual's condition has been stabilised.

Requests from External Agencies to Transport Mental Health Act detained persons People with mental ill health or vulnerabilities should not usually be transferred in a police vehicle. The National Ambulance section 136 Protocol 2014 states that ambulances services across the country will transport all section 136 cases, unless the individual is violent, in which case ambulance staff will accompany police in a police vehicle.

An external agency may ask the police to assist in moving a violent or potentially violent person to a mental health establishment after they have been detained under section 135 or section 136 MHA 1983. Officers and staff should assess the needs of the individual and the circumstances to determine the safest method of transport. At least two staff should be involved in transporting such detainees. Where a person has been sedated or given medication by healthcare professionals before being transported, this may influence the decision-making process above.

Supervising and monitoring a detained person in transit

The following principles should be applied:

- No more than one detained person should be conveyed in an unmodified police car;
- Modified vehicles must not carry more persons than they are designed for;
- High risk persons will require more resources to monitor them;
- Every detained person must be supervised and monitored while in transit;

An escorting officer may be responsible for more than one person and must be in a position in the rear of the transport vehicle (not in the cage/cell) to be able to monitor the detained persons' activity and be able to communicate with both the driver and the subjects at all times.

Transfer of detained persons whilst in custody

When a detained person is transferred from a custody suite, a PER (Person Escort Record) form must be completed and accompany them. Included on or with the PER form should be any medical/mental health assessments, details of any recommended or actual care plans, risk assessments and any other information such as warning markers in order to properly brief the recipient of the issues with the individual. This includes transfer to:

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

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 detained person, and comply with individual carriers' own requirements.

5. Arrival at the Police Station (Detainee)

All detainees must be seen by the custody officer as soon as practicable after arrival at the police station.

Every detainee should be brought into the custody area on arrival at the police station and supervised in either a holding cell or another suitable and safe area until such time as they can be formally booked in. Where practicable, detainees should not be made to wait outside the police station in vehicles as a method of queuing. Appropriate supervision of the welfare of a detained person is paramount in such circumstance.

Search of a detainee in custody

Arrested persons must be searched on arrest and they should not be left unsupervised until they have been presented to the custody officer, who will decide whether or not a further search is necessary. Such decisions, and any searches arising from them, must comply with PACE and the codes of practice. The search, the extent of the search and the subsequent retention of any article that the detainee has with them, depend on the decision made by the custody officer.

Metal Detecting Arches

The metal detecting (search arches) at both custody sites (NACF, Watling) have been procured by the Force to assist with the detection of metal objects, concealed by detained persons. They are there to improve the detection of metal objects which may be used to cause harm either to the detained person by them 'self-harming' or to any other person whilst in police detention/custody. They provide an invaluable extra layer of safety especially in detecting more closely concealed items.

It is a Force requirement that ALL detained persons MUST be put through the 'search arch' on EVERY occasion when arriving at a suite or on return from being elsewhere than at the suite even if this was under escort to court. This is in an effort to ensure that the all persons within the custody suite environs are better protected at all times.

Set out below is an explanation of how the 'search arch' works and what the visual and audible indicators mean:-

- On the front, top left-hand side there are two sets of lights which have been factory set to indicate the mass/density (or size) of the metal object passing through the arch. Normally there will be 4 green horizontal lines indicating nothing in the arch. It may oscillate between 1 green star and the lines but, will return. This is normal.
- When any small items such as, metal studs on jeans or a zip slider on joggers enter the arch, the green lines will change (in the GREEN zone) to a SINGLE green star. No sound will be heard at this point. This must NOT be ignored. The indication still means there is potential for harm. Check the person again.
- The more stars in the GREEN zone indicates the greater the mass of the object. When 4 GREEN lights have illuminated then it will extend into the RED zone ONLY and a RED star will illuminate (or more if the object has a greater mass). So the bigger the object or the more dense/bigger mass it has, the more it will indicate.
- if the arch bleeps it will show RED stars and the strip on the right hand side will light up. If it does not; check the GREEN stars, as it will still indicate there is metal present. If it still does not light up at all and you are sure there is something there then contact the custody manager (via e-mail) and report the matter as a fault.

- If there is any doubt place the detainee in a paper suit, keep constant observation on them and put them through again. If the arch does not respond, revert to a hand machine.

Operation of the arch process

1. Ask the detainee to remove all (none clothing) items from their pockets and/or person.

2. When satisfied they have done so ask them to walk slowly through the arch. Note the stars in the area above.

3. Once through; tell them to stop, turn around and remain there. It is vitally important to allow the arch a few seconds to reset or it will add the first detection to the second and a false reading will display.

4. When 4 GREEN lines have returned, then ask the detainee to walk back through. Note the stars and deal with as above. If in any doubt, use the hand machine to localise the source of the problem and search more closely if required.

Violent detainees

Officers transporting a violent detainee to the custody suite should inform custody staff of their impending arrival. Violent detainees should be prioritised in any queuing situation and brought into the station as quickly as possible.

Custody 'Red Card'

This is the term used within Staffordshire Police Custody Suites when for whatever reason, a Detained Person (DP) is taken straight to a cell and not properly presented and risk assessed at the custody desk. Where these circumstances exist, the following procedures must be applied;

a) Upon initial arrival at the custody facility, escorting officers must attempt to present the arrested person at the custody desk.

b) The Custody Officer receiving the arrested person is the only person that can authorise detention and authorise the now detained person (DP) being taken straight to a cell. The Custody Officer must be satisfied that the DP is fit to be detained at the facility and does not require immediate removal to hospital. It may not be possible to complete this action if the detainee is violent.

c) The full rationale justifying any decision to 'red card' the DP must be recorded in the detention log in the custody record by the Custody Officer making the decision.

d) If the DP is not known to the police due to the lack of knowledge of the arresting officers from the scene/relatives or custody staff or from research on systems then proper completion of the risk assessments is not possible at the time of initial presentation, the appropriate use of Level 3 observations with 30 minute rouses or, if the behaviour of the DP suggests that level 3 may not be appropriate then level 4 observations may be considered. The rationale for level 4 must be recorded.

e) If the DP refuses details but information can be obtained from the arresting officers either from the scene or from relatives/friends of the DP and from researching systems then any such information obtained should be used to inform an appropriate observation level. The Custody Officer must use their professional judgement in setting appropriate

observation levels recording their rationale on the custody record using the information to hand.

f) Where d or e above applies, use of the 'exceptional risk' application that shows the details of the detainee in red on the whiteboard will be considered.

g) Intrusive Section 40 Inspector's reviews must refer to the incomplete risk assessments and what further action should be considered and, what action is taken following those considerations and the outcome of those actions.

h) Any DP in a cell who is, or appears to be under the influence of intoxicants or drugs and where any part of the risk assessment is not thoroughly completed, must be on Level 3 observations with 30 minute rouses. It is important to note that some illnesses can present themselves with similar affects as intoxicants and/or drugs and more importantly intoxicants and drugs can mask underlying illnesses which may require medical attention. Great care must be taken with any DP who has not been properly risk assessed. As a consequence Custody Officers should consider having the DP medically examined at an early stage as part of the ongoing risk assessment.

i) Where any risk assessment has not been fully completed, Custody Officer's must regularly make further attempts to complete the risk assessment. A detention log must be made on each occasion fully explaining why it has not been possible to carry out/complete the review, and what action has been considered and what action taken as a consequence and the outcome of those actions.

j) A full and comprehensive update must be included in the handover of the DP to any other Custody Officer.

Vulnerable detainees

Custody officers and staff should prioritise and triage vulnerable detainees as part of the booking-in process. Where practicable, officers should inform the custody suite of their impending arrival.

Presenting officers should inform the custody officer at an early stage if the use of discreet booking in facilities is required.

Separation of young persons from adults

Section 31 of the Children and Young Persons Act 1933 requires forces to separate children and young persons from adults while in a police custody suite. The UK is also a signatory to a number of treaties dealing with detention standards.

In order to aid compliance with treaty commitments and the law in England and Wales, officers should be mindful of allowing suitable separation between adult males, adult females and children and young people and as far as possible control movements within the Custody area to allow for this.

Female Detainees - access to female staff

Female detainees should have access to a female member of custody staff responsible for checking on their welfare needs. Forces should provide this access promptly and as soon as practicable.

If a female member of custody staff is unavailable, a female police officer or female member of police staff (preferably designated as a detention officer) who is on duty at the station or unit should be assigned this role.

Detainees with caring responsibilities

Any person who comes into custody may have caring responsibilities for another person or responsibilities for animals (pets and livestock). The level of caring/responsibility can vary considerably and staff must be aware of the potential implications of detention for each detainee.

Custody staff should ask detainees about any responsibilities they may have during the booking-in process. They must record this information in the risk assessment or other appropriate place in the custody record. If a detainee is identified as having dependents or animals for whom arrangements are required then appropriate arrangements should be arranged whilst they remain in detention/custody.

Detainees with caring responsibilities are likely to worry more as their time in detention increases. Staff should be proactive in their enquiries. A few minutes during the booking in process to resolve issues can reduce the time taken later when the person is in detention. Staff should be careful to ensure the accuracy of information when passing updates to detainees about their detention.

Detainees may be reluctant to identify themselves as carers because of the embarrassment of their arrest. They may have concerns about how those they care for or others associated with them will view the detention.

Failure to acknowledge the concerns a detainee has for a third party increases the stress associated with their detention. Even if no action is possible, or efforts to resolve the concerns fail, it is still important to respond. For example, a parent may be convinced that they must be released to care for a child. If, however, the seriousness of the case prevents this, staff should acknowledge that there are concerns and take time to explain the police response.

Formal and informal caring relationships

Detainees may have a formal or informal relationship with their dependents. Carers may support any individual whether they are related or not. Children and young people in custody may have caring responsibilities for a sibling, parent or family member.

Multiple phone calls

A detainee may wish to make multiple phone calls to arrange alternative care arrangements. Staff should facilitate these calls, provided there is no investigative impediment.

Detainees – pets and/or livestock responsibilities

It is important to ascertain from a detained person whether they have any responsibilities for the care and welfare of pets and/or livestock etc. If they do, then they must be asked what arrangements are required to ensure the welfare of those pets or livestock. They should be reminded they have a legal responsibility to make appropriate arrangements, this is particularly important if they are likely to be remanded in custody or sentenced to an immediate custodial sentence. Failure to ask the detained person and address the requirements of the pets or livestock concerned to prevent any suffering the police may be deemed responsible and legal proceedings may ensue.

Transvestite and transsexual detainees

It is important that transsexual and transvestite detainees receive the same respect and dignity as any other member of the public. There is also a requirement to be sensitive to the dignity of police officers called upon to carry out procedures such as strip searches.

The PSED is clear, and all officers and staff must be aware of and correspond to the function of the Duty under the Equality Act 2010, thereby eliminating any discrimination, harassment and victimisation, and any other conduct that is prohibited under the Equality Act. It is important that good relations are fostered with people who share a relevant protected characteristic and those who do not share it. Discriminatory attitudes will not be tolerated, and cultural/individual sensitivities must be exuded by police personnel when dealing with transvestite and transsexual detainees.

Strip searches of Transgender people

The following approaches should be followed when establishing whether the person concerned should be treated as being male or female for the purposes of strip searches and procedures.

Detainees should not be asked to squat during a strip search.

Male or Female?

If there is no doubt about whether the person concerned should be treated as being male or female, they should be dealt with as being of that sex. If at any time there is doubt about whether the person should be treated, or continue to be treated, as being male or female, the following stages should be considered.

1 **Ask the detainee**

The person should be asked what gender they consider themselves to be. If they express a preference to be dealt with as a particular gender, they should be asked to indicate and confirm their preference by signing the custody record. Subject to 2 below, the person should be treated according to their preference (The person must not be asked whether they have a Gender Recognition Certificate).

2 **Grounds for doubt**

If there are grounds to doubt that the preference in 1 accurately reflects the person's predominant lifestyle, for example, if they ask to be treated as woman but documents and other information make it clear that they live predominantly as a man, or vice versa, they should be treated according to what appears to be their predominant lifestyle and not their stated preference.

3 **Detainee unwilling to express their preference**

If the person is unwilling to express a preference as in 1 above, efforts should be made to determine their predominant lifestyle and they should be treated in accordance with this. For example, if they appear to live predominantly as a woman, they should be treated as being female.

4 **None of the above apply**

If none of the above apply, the person should be dealt with according to what reasonably appears to have been their sex as registered at birth.

Respect and consideration

Once a decision has been made about which sex a transsexual or transvestite is to be treated as, the officer or staff member who will carry out the search should be advised of that decision, and the reasons supporting it, prior to the search being carried out. This is important in order to maintain the dignity of the officer or staff member concerned. Sensible application of the above principles should protect officers and minimise the risk of conflict and embarrassment.

Gender Recognition Act (GRA) 2004

Section 9 of the GRA provides that where a full gender recognition certificate is issued to a person, for all purposes that person's gender becomes their acquired gender.

In practical terms, legal recognition under this Act has the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman in English law. On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender (provided a UK birth register entry already exists for the person). They will be able to marry someone of the opposite gender to his or her acquired gender.

Section 22 of the GRA defines any information relating to a person's application for a gender recognition certificate or to a successful applicant's original gender as 'protected information'. It is not authorised or permitted for any police officer or any member of police staff who has acquired information relating to this legal change (while performing their official duties) to disclose that information to any other person. To do so constitutes an offence in contravention of the GRA.

Disclosure will have occurred if a record of this protected information is read by others. For example, if the existence of a Gender Recognition Certificate (GRC) - (that states that the detainee is transgendered) is noted on the relevant custody record then when that custody record is viewed later by anyone for any purpose then this may constitute an unlawful disclosure and an offence may have been committed under s 22 of the GRA.

6. Mental Health and Custody

This information should be read in conjunction with the Mental Health Act, APP and Code of Practice.

Section 136 – Place of Safety

A child must never be taken to a police station as a Place of Safety – this means no-one under 18yrs. NB: this is not a ban on using custody; it is a ban on using any part of a police station. If there is no identified Place of Safety available, consider an Accident & Emergency Department or refer to local policy / supervisors for guidance.

- An adult can only be detained in a police station in 'exceptional circumstances' – this means someone who poses an imminent risk of serious injury or death, to themselves or another and where it is authorised by an officer not below the rank of inspector.
- A person may only be detained in a Place of Safety for 24hrs – unless a Doctor authorises an extension up to 36hrs. They can only extend this period if there was a delay in undertaking the assessment because of the condition of the person: the DR cannot authorise extension because they're struggling to find a bed for admission.

Three criteria must exist in order to allow police stations to be used: NB, this is about police stations as a whole, not just police custody areas –

- The detaining officer must reasonably consider that the behaviour of the person poses an imminent risk of serious injury or death, either to themselves or another person; AND
- The officer must believe that no Place of Safety in the police force area could safely manage that risk; AND
- The decision to rely upon a police station must be authorised by an officer at the rank of inspector – unless the detaining officer is already of that rank, in which case no further authorisation is required.

Once the person arrives in police custody, there are several things to bear in mind –

- Use of police custody is still subject to the custody officer's normal set of considerations in terms of authorising detention.
- It is the custody officer's legal decision to detain further and if the inspector who authorised use of the police station disagrees with any decision by the sergeant, PACE states this must be referred to an officer at the rank of superintendent.
- Once detained, the custody officer must ensure several things happen —
- A check by a healthcare professional every thirty minutes.
- Wherever possible, there should be a constant healthcare presence throughout the duration that person is detained.
- If the original grounds for using the police station cease to apply, the person must be transferred elsewhere; unless the s136 assessment is imminent and transferring the person would delay things to their disadvantage.
- If the custody sergeant is not able to ensure the relevant frequency of health checks, the person must be transferred elsewhere; again, this is unless the assessment is imminent and transfer would delay things to the person's disadvantage.

The Inspector's Authority

Firstly, any officer at this rank expected to authorise use of a police station should consider the matter very carefully: by virtue of the two other criteria required prior to them considering giving their authority, the person concerned may be significantly ill and particular care should be taken to ensure that intoxication by drugs or alcohol or any resistance, aggression or violence are not symptomatic of something serious that would require medical clearance by a paramedic or an emergency department. There are medical guidelines from the Royal College of Emergency Medicine as well as from the Faculty of Forensic and Legal Medicine on Acute Behavioural Disturbance as well as a Patient Safety Alert from NHS England that have bearing on the medical needs which may be overlooked if the inspector authorises things too quickly. All inspectors likely to undertake 'duty inspector' roles or custody review officer roles are advised to take to time to understand this provision because it is a crucial decision which will be scrutinised closely in the event of a serious untoward incident.

Detention in Custody

Some police forces will be unable to comply with these Regulations or use police stations, ever. Some do not have a constant healthcare presence in any of the custody areas and cannot guarantee thirty-minute checks under their existing healthcare arrangements.

Considerations:

- NHS partners willing to provide a healthcare professional to undertake this function, then they could use the police station.
- Will the ambulance service be willing to leave a paramedic in custody?
- Liaison and diversion service in custody

All local discussions to be had, but without those thirty-minute checks: the custody officer is obliged to transfer the person elsewhere.

The Regulations are focused on police stations, not just on police custody, but they repeatedly refer to the custody officer which is a position only relevant in police custody. What happens in the rest of the station is a matter for the officer in charge of it. So the ability to ensure the thirty minute checks will determine whether a particular police station can act as a Place of Safety, and not all (PACE) designated custody areas will be able to do so.

Monitoring in Custody

The healthcare checks that are required, must occur every thirty minutes – the Regulations don't specify who should do this, as long as it is a 'healthcare' professional, as defined by health legislation. For police purposes, this simply means, doctor or nurse. An AMHP would not be able to do this, unless they were also a registered nurse – most AMHPs are mental health social workers, and not healthcare professionals for the purposes of these Regulations. In addition, the custody sergeant must undertake an hourly check of the detainee in the normal way and is at liberty to impose a regime of enhanced observations, as they see necessary and influenced by healthcare advice. This could mean, 1-to-1 observations by a police officer; or even 2-to-1 observations, if necessary – all supplemented by those healthcare checks.

The Regulations do allow for this one-hourly check to be relaxed on healthcare advice, to three hourly checks if the person is sleeping. Whilst this should be based on healthcare advise, it should also be borne in mind that if someone is sleeping, the arguably the criteria for removing them from the police station are met and they should be moved. We should also be wary of someone who may have previously been noisy, frightened and distressed

now being silent in a sleeping position: is the person now lying on the floor actually asleep, or are they unconscious or worse?!

Legal Time Limits

The limit for holding someone in a Place of Safety is 24 hours – see s136(2A) MHA. We know there are reasons why assessments under current legislation exceeds 24hrs on a fairly frequent basis; and occasionally exceeds 72hrs, usually because of difficulties securing beds for patients requiring admission.

- AMHPs – there are problems in some areas securing AMHPs for an assessment. Any delay because of AMHP non-availability will not allow extension of the 24hrs up to the 36hrs limit.
- DRs – there are difficulties in some areas securing a s12 doctor to assess with the AMHP. In law, any Registered Medical Practitioner can undertake a s135/6 assessment, it is the Code of Practice which suggests a s12 doctor as best practice. As with AMHPs, any delay because of problems securing any kind of doctor, is not grounds for extending 24hrs up to 36hrs.
- Beds – the police service has a lot of experience in managing situations after arrest for an offence, where an admission to hospital under the MHA is required, but where no bed can be identified. In this case a discussion with the AMHP must take place for them to arrange (where safe to do so) the transfer of the person to a more appropriate place of safety whilst awaiting bed allocation, this will include conveyancing using either ambulance or private ambulance. (Please note a person is not legally SECTIONED until a bed has been identified and this information placed on the relevant paperwork).

If difficulties arise with any of the above then local escalation processes need to be used (please see local policies).

Extension of Detention

The 24hrs time limit can be extended in limited circumstances to the actual maximum of 36hrs. This may only occur where the condition of the person prevents an earlier assessment –

“S136B(2) – an authorisation may be given only if the registered medical practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of section 135 or 136 to be carried out before the end of the period of 24 hours.”

Four points to emphasise –

- The DR who is conducting the s136 assessment must authorise the extension before the 24hrs is complete.
- The DR can only extend detention where there is difficulty in arranging the assessment ‘because of the condition of the person’ – they CANNOT extend detention because there is difficulty, for example, in finding a bed or finding professionals.
- If the person is detained in a police station as a PoS, the DR may give this authorisation only if a police officer at the rank of superintendent approves it – there is no contingency for an inspector to authorise this where no superintendent is available, although nothing prevents the superintendent authorising this verbally by

telephone. It is not in any way related to superintendents' extensions under s41 PACE.

- Where an extension is authorised, the DR (and superintendent) must specify how long they are authorising beyond 24hrs. It's not an automatic entitlement to a further twelve hours every time – see s136(2A)(b).

Where someone is intoxicated and assessment is delayed; OR where it is necessary to take someone to an Emergency Department for urgent medical treatment before assessment: these situations would allow the DR to extend detention.

Powers of criminal arrest – if there is an offence or attempted offence – but this has to be because there is a genuine intention to investigate the allegation with reference to use of these powers and the necessity criteria in PACE must be satisfied.

Section 136 following release from Custody

Section 136 can only be lawfully used if the officer thinks there is an immediate need for care or control, in that person's interests or the protection of others.

The Code of Practice to the Mental Health Act makes it clear (para 16.21 (England); para 16.27/8 (Wales) that s136 should not be used as a route to access mental health services.

This pre-136 consultation is a legal requirement, but only where practicable – you either must do it, or be able to justify why you have not done it – you cannot simply use s136 and not be prepared to explain why you had to act. This justification will need to be documented for future reference because you can anticipate the legality of s136 being questioned if an officer has made no effort to consult and also provided no justification for why they did not. In areas of the country where there is pressure on the capacity of PoS services, it may also be anticipated NHS staff will question officers about the consultation requirement as part of agreeing to allow access.

Officers should either document –

- Who you spoke to, along with what information they shared with you and what opinion they offered about your actions, if any; OR
- You document why you felt it was not practicable to consult before having to make the decision to detain.

The law says –

"Section 136(1C) Before deciding to remove a person to, or to keep a person at, a place of safety under subsection (1), the constable must, if it is practicable to do so, consult — (a) a registered medical practitioner, (b) a registered nurse, (c) an approved mental health professional, or (d) a person of a description specified in regulations made by the Secretary of State."

- So this is a requirement to consult before you detain – if you have to detain someone to ensure their safety and there is no time to consult, there is no legal requirement to consult after the detention so proceed to the relevant PoS in your area.
- The law specifies five kinds of mental health professional who could satisfy this requirement: a DR, a nurse or an AMHP are specified in the Act itself; paramedics and occupational therapists are specified within the Mental Health Act (Place of Safety) Regulations 2017.

Mental Health identified for a detainee when presenting in Custody

When a person in custody either discloses mental health issues or there are concerns regarding somebody's mental health then the following options are available locally:

- Nurses –Some Nurses within Custody may be in a position to undertake an initial mental health screening, this will help to support conversations with the Custody Sgt as to what action needs to be taken.
- Liaison & Diversion – Will be able to undertake initial mental health screening as well as taking in to consideration wider vulnerabilities that may be present.
- Access/Crisis Teams – These are available 24/7 across Staffordshire & Stoke on Trent and can provide information if the person already has a care plan.
- EDT/EDS – Via the Local Authority, AMHP's can conduct initial assessments/advice as well as arrange for Mental Health Act assessments to take place.

BEST PRACTICE – Always good to ask the person if they are known to any mental health services and if they have a care plan, if so the details of their care co-ordinator can be asked for, which in some cases will provide a quicker route to gaining information that may be of consideration for the detention period and any actions that follow. If it is not appropriate to gain this information from the person then lateral checks (justification required) can be made with either the Access/Crisis Team or the Triage Service (everyday 3pm-2am) to see if the person is known.

7. Custody Capacity

Cell capacity is based on single cell occupancy in accordance with PACE Code C. The safe operating capacity of a custody suite depends on a number of factors:

- Number of detainees currently being held
- Level of monitoring required for those detainees being held
- Identified risks
- Number of trained and competent staff available on duty
- Operational commitments of the area
- Actual number of cells in operation.

Where the custody officer determines that level of risk within the custody suite cannot be sufficiently reduced and/or mitigated to a safe operating level, then the custody officer may decide not to accept any further detainees. This is to avoid compromising the safety and welfare of the detainees and staff, in accord with their legislative responsibilities under PACE.

When a detainee cannot be detained

When a detainee has arrived at a custody suite but cannot be detained owing to a lack of resources or cell availability, a custody record must be opened to document the reasons why they cannot be detained at that custody suite.

Necessity to detain

The custody officer needs to consider:

- The grounds for detention
- Whether to authorise or refuse detention.

Detention is always the last resort and custody officers should authorise detention only when it is necessary to detain rather than when it is convenient or expedient. The decision should not be seen as a rubber-stamping of the necessity to arrest but as a separate independent decision.

In any case whether detention is authorised or not then a custody record will be opened and the circumstances and reasons for the arrest must be recorded as part of that record.

The custody officer must also ascertain from the officer if force has been used during the arrest. If so, this must be recorded. The custody officer must also ascertain whether the arresting officer is aware of any other issues which have arisen during arrest and transporting which may require immediate attention and need to be taken into account in any risk assessment.

Multi-occupancy

PACE Code C states that “So far as it is practicable, not more than one detainee should be detained in each cell”. However multi-occupancy of cells may be appropriate in some circumstances on an exceptional basis. It is NOT appropriate where:

- A detainee requires special provisions for any reason, e.g., disability or healthcare requirements
- There are diversity issues that would make cell sharing inappropriate, e.g., religion and the inability to meet religious obligations
- Detainees are not the same gender

- The detainee is a young person (aged 17 years or under)

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 on call superintendent, in accordance with PACE. Multi-occupancy should be justified and recorded, using a joint risk assessment, on the relevant custody records. A detainee should not share a cell with another person if any of the above risks apply to either of them.

Custody officers and staff should consider using a CCTV-equipped cell. They must make private toilet facilities available. Expecting detainees to share open toilet facilities may breach Article 8 of the European Convention on Human Rights (the right to respect for private and family life).

When it has been deemed necessary to use multi-occupancy, there should be an organisational review of the circumstances to ascertain if this can be avoided in the future.

Joint risk assessment

Custody officers and staff must always consider the risk of one person harming another when sharing a cell. The custody officer should increase the frequency of checking detainees in multi-occupancy cells. Custody staff, including HCPs, must keep the custody officer informed of any noticeable changes in behaviour which could alter the risk assessment.

Officers and staff should consider the following:

- Warning markers that the detainees may have including medical conditions
- Demeanour on arrival
- Current demeanour
- Known or suspected racist or homophobic attitudes
- Other discriminatory attitudes
- The views of both detainees on sharing a cell.

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, they must record the reasons and release the detainee. Cases where detention is refused should be reviewed by the manager with responsibility for custody.

Common Law Police Disclosure – Formerly Notifiable Occupations

The purpose of the Common Law Police Disclosure (CLPD) Scheme is to notify regulatory bodies that a person employed in a particular occupation has been arrested and/or convicted of a specified offence to enable them to undertake their regulatory functions to prevent events such as the Soham murders.

Recording of Employers' details for Relevant Occupations within Niche Custody allows the Force to notify the governing agencies/employers to enable them to conduct their own risk assessments promptly and to implement any necessary public protection actions or investigations.

It is vital that when a Notifiable Occupation is identified, employers' details, including the employers address, are recorded within the arrest summons document.

As PNC is updated automatically from Niche, it is important that such updates are accurate only the Custody Officer should complete the necessary fields as regards Notifiable Occupations.

If during the detention of a suspect an officer or other member of the custody staff becomes aware that a person may have a notifiable occupation or carries out voluntary work they should inform the Custody Officer without undue delay. The Custody Officer should then update Niche accordingly.

The CLPD (formerly the Notifiable Occupations) Scheme also applies to all voluntary work and so during completion of any Arrest Summons Report all detainees must be asked if they undertake any voluntary work.

8. Fitness for Detention

The custody officer may decide that medical assessment and/or treatment 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 a hospital.

Medical attention

The custody officer must, in accordance with PACE Code C and the Mental Health Act 1983, ensure that appropriate medical attention is given as soon as practicable to any detainee who:

- Appears to be physically ill or injured
- Appears to be, they suspect, or have been told may be, experiencing mental ill health (or disablement or difficulty that means that the detainee is likely to be vulnerable or require additional support)
- Appears (or is known) to have a drug or alcohol dependence or withdrawal likely to affect safety
- Appears to need medical attention
- Requests a medical examination.

Health and any injuries

It is important to:

- Visually assess the condition of the detainee, including their general health and any injuries, and to record and interpret their behaviour in the context of health and risk issues
- Seek medical attention from an HCP where there are any medical concerns
- Determine if the person is fit to be detained and fit to be interviewed
- Record and act on behaviour or information that may suggest a detainee is likely to harm themselves (risk of suicide and self-harm)
- Establish a care plan for monitoring any risks to the detainee
- Manage appropriate monitoring, observation and engagement.

Actions

The custody officer must ensure that all relevant information is made available to the HCP, and that the HCP reciprocates. Detained persons are not obliged to submit to an examination or to supply information.

The custody officer is responsible for initialising the ongoing risk assessment of all detainees. The initial risk assessment should consider the circumstances of the arrest and any relevant use of force, restraint and physical or mental health issues that the detainee may have.

After examining a detainee, the HCP should record any clinical findings relevant to their custodial healthcare and directions in the custody record. If there is information that must remain confidential and is not relevant to the effective ongoing care and wellbeing of the detainee, the HCP should make an entry in the custody record indicating where the clinical findings are recorded.

Directions concerning the frequency of visits and any concerns must be clear and precise. The custody officer must ask the HCP for clarification if any oral or written clinical directions are unclear.

Where a custody officer has concerns about the clinical direction received, they are at liberty to escalate the matter to a senior member of healthcare staff or seek a second medical opinion.

As the thresholds for fitness for detention and fitness to plead are different, prosecution may still be appropriate if a person is assessed as not fit for detention.

Welfare and safety of others

Custody officers should consider the overall risk assessment for the custody suite, taking into consideration the needs and safety of all those within the custody environment.

All visitors, including solicitors, HCPs, appropriate adults, Independent Custody Visitors or interpreters, should be aware of their role and responsibilities prior to gaining access to custody. Only those with legitimate reasons should be present in custody. If an individual is denied access to a custody suite or particular cell, the reason for this must be noted in the relevant custody record.

An overriding principle for the custody officer is that those detained within custody must be treated with dignity and respect, and that their individual welfare needs are paramount (subject to specific risk assessment) during their period of detention.

9. Rights and Entitlements

Continued Rights

PACE Code C states that when a person is brought to a police station under arrest or arrested at the station having gone there voluntarily, the custody officer must make sure the person is told clearly about their continuing rights. These rights may be exercised at any stage during the period in custody and comprise the following:

- Right to have someone informed of their arrest
- Right to consult privately with a solicitor and have access to free independent legal advice
- Right to consult the PACE codes of practice
- Where applicable, the right to interpretation and translation
- Where applicable, the right to communicate with their high commission, embassy or consulate
- Right to be informed about the offence and (as the case may be) any further offences for which they are arrested while in custody and why they have been arrested and detained.

Written Notice

Under PACE Code C the detainee and appropriate adult if applicable, must be given a written notice of rights and entitlements (also available in a number of foreign language versions).

This written notice contains information on:

- Their rights under PACE Code C
- Obtaining legal advice
- Obtaining a copy of the custody record
- Their right to remain silent
- Their right to materials and documents to challenge the lawfulness of the arrest and detention
- Their right to medical assistance
- If prosecuted, their right to have access to evidence in the case before the trial
- Provisions relating to the conduct of interviews while in custody
- Circumstances in which an appropriate adult should be available
- Their right to make representations whenever their detention is reviewed
- Reasonable standards of physical comfort, e.g., food, drink, toilet and washing facilities, clothing etc.

The detainee must be given an opportunity to read the notice and should be asked to sign the custody record to acknowledge its receipt. Any refusal must be recorded on the custody record.

Custody Officers are required to facilitate the communication of a detainee's rights and entitlements under PACE to each detainee in a way that allows them to understand.

Examples of methods of communication include audio recording or verbal explanation, use of a hearing loop, provision of foreign language or easy-read versions of the notice, or use of a two-way handset for translation.

Custody officers and staff must record any request by a detainee for an appropriate adult that is refused in the custody record.

Supply of Information & Custody Records to Legal Reps, Appropriate Adults etc.

Representations

The following procedures should be followed by Custody Officers in dealing with legal representatives, Appropriate Adults etc., when they attend to represent a detainee in police detention/custody.

PACE Code C outlines when the detainee, their solicitor, appropriate adult etc., can view or obtain a copy of the custody record:

A solicitor or appropriate adult must be permitted to consult a detainee's custody record as soon as practicable after their arrival at the station and at any other time whilst the person is detained. Arrangements for this access must be agreed with the custody officer and may not unreasonably interfere with the custody officer's duties.

When a detainee leaves police detention or is taken before a court they, their legal representative or appropriate adult shall be given, on request, a copy of the custody record as soon as practicable. This entitlement lasts for 12 months after release.

The detainee, appropriate adult or legal representative shall be permitted to inspect the original custody record after the detainee has left police detention provided they give reasonable notice of their request. Any such inspection shall be noted in the custody record.

Exemptions for the debriefing of offenders assisting investigations and prosecutions under the Serious Organised Crime and Police Act 2005

There may be occasions when a person is produced from a prison establishment to be held in police custody for interview by specialist debriefing teams. Persons produced from prison establishments for interview under the terms of sections 71–74 of the Serious Organised Crime and Police Act 2005 (SOCPA) have their conditions of detention dictated by the Crime (Sentences) Act 1997 and by the requirements of the relevant prison governor, not by PACE. That said they will still be booked on to the custody system to cater for and record proper risk assessment and management whilst at the custody suite.

In such circumstances, the custody officers or custody manager should meet the senior debrief officer and agree a memorandum of understanding regarding the person's care in custody.

10. The Custody Record

The following information must be recorded in the custody record:

- Grounds for arrest
- Grounds for authorising detention
- Search (level of search and persons present) and property withheld from or kept by the detainee following search
- Replacement clothing supplied to the detainee
- Risks identified and control and/or support measures
- Level of observation required for a detainee (see levels of observation)
- Medical questionnaire
- Time placed in cell, cell number, cell searched
- That the cell call system within each cell has been checked to ensure it is fully operational for each detainee
- The reasons for a child or young person being placed in a particular cell
- Medical treatment and care plan
- Use of any force and/or restraints that have been used and the justification for doing so
- The fact that documents and materials essential to understanding their legal rights and entitlements have been made available to the detainee or their solicitor, in accordance with PACE
- Other relevant information, (e.g., details of the detainee's actions, mood and emotional state).

(Any controlled drugs which are the legal property of the detainee must be carefully recorded and secured separately.)

The detainee's solicitor and appropriate adult must be allowed to inspect the whole of the detainee's custody record as soon as practicable after their arrival at the station, and at any other time on request while the person is detained. This includes, in particular:

- The information about the circumstances and reasons for the detainee's arrest as recorded in the custody record
- The record of the grounds for each authorisation to keep the person in custody.

11. Risk Assessment

When an officer makes an arrest, they are personally responsible for the risk assessment and welfare of the detained person. This responsibility continues until the suspect is handed over to the custody officer for a decision regarding detention.

Risk assessment means assessing the risk and potential risk that each detainee presents to themselves, staff, other detainees and other people coming into the custody suite. The dynamic nature of the incident and the process of arrest may have a bearing on the assessment which, by its very nature, is likely to be continuous and needs to respond to changing situational requirements. It may be impractical for this assessment to be written, but must be documented at the earliest opportunity.

Officers must be aware that they have a continuing responsibility and duty of care to the detained person and must assess their environment and the impact of their actions.

Assessment and monitoring

Assessment must be ongoing and be reviewed throughout the period of detention.

The risk that a detainee may pose to themselves and others may alter when a detainee is charged, refused bail or released on bail. The custody officer must, therefore, review the risk assessment at these stages and prior to handover or release or transfer.

Escalation and de-escalation of the level of observation appropriate for each detainee (i.e., level 1 general observation, up to level 4 close proximity) must be based on a current risk assessment that has been appropriately and thoroughly reviewed. Officers must record all risk assessments in the custody record.

Risk assessment should be as objective as possible and officers should never make assumptions 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 raise the category of risk immediately for a detainee.

Recording information

Officers and staff must record all information regarding risks to the detainee in the custody record. The custody officer must be informed of identified risks or changing circumstances that may lead to additional risk and ensure that those risks are documented and managed.

Content of risk assessments

Officers and staff must record identified risks and control measures in the custody record, as covered by the Police and Criminal Evidence Act 1984 (PACE) Code C.

Officers must comply with the principles of the Data Protection Act 1998. However, they should not withhold information from any person acting on the detainee's behalf, for example, an appropriate adult, solicitor or interpreter, if to do so might put that person at risk.

Responsibility for risk management

The arresting or escorting officer should monitor the welfare of the detainee that they are responsible for until such time as they bring them before the custody officer. The custody officer is responsible for documenting and recording the risk assessment for every detainee in the custody record in accordance with PACE Code C.

The custody officer must ensure that all those responsible for the detainee's custody are briefed about the risks. They should ensure their responses to risk are dynamic, reviewed and communicated to all people involved in the care of the detainee, including relevant healthcare staff.

The arresting or escorting officer should make checks with any immediately available sources of information relevant to the welfare of the arrested person. This may include:

- The detainee
- The detainee's friends or relatives
- Witnesses
- All staff involved in the person's arrest and detention
- PNC, PND and other local IT systems
- Healthcare professionals (HCPs), including GPs
- Legal representatives
- An appropriate adult
- Other detainees
- Other relevant bodies and organisations, e.g., youth offending team.

Information from family members or dependents

Family members or dependents may be able to provide further information on a detainee's risk assessment and staff should consider asking them appropriate questions. Similarly, they may provide information without being prompted. In these cases it is essential that staff record the information they give and amend the risk assessment accordingly.

Offences that involve other family members or dependents

Offences which involve an allegation by one family member against another can create additional stress for a detainee. They may have concerns about the reception they might receive on release and the effect the allegation may have on any relationships. Staff must be aware of these additional risks and consider them in the initial and ongoing risk assessments. Parents or guardians who are involved in the allegations cannot act as appropriate adults.

Person Escort Record (PER) form

The PER form provides staff transporting and receiving detainees with all necessary information. This includes any risks or vulnerabilities that the person may present.

Officers must complete a PER form whenever a detainee is escorted from a police station to another location. This includes movement or transfer between separate custody suites (police stations) and other custody accommodation (courts, prisons and immigration detention facilities) and from custody to hospital.

Identifying a risk of suicide or self-harm is one of the prime purposes of the form. Staff must indicate both a current risk and any known past risks.

PER form requirements

Where the detainee is to be transferred from a police station, the responsibility for the PER form lies with the first custody officer who becomes aware of the transfer.

The form may be completed by a trained and competent custody detention officer, but responsibility for the form content and sign off remains with the custody officer. 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 officers must provide supporting information when ticking a warning signal box.

Officers should attach copies of risk assessment forms and medical examination records that are not confidential to the PER. They should also enter relevant information onto the PER in case any of the attached information is lost. Confidential medical information must be attached in a sealed envelope. Information relating to self-harm or suicide cannot be deemed confidential and should always be on the PER form.

Staff should add a direct contact telephone number for the custody suite 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 are responsible for maintaining a record of the detainee's movements and any occurrences during transit.

Production prisoners ' at risk ' & ACCT plans

While the detainee is in police custody, officers and staff should:

- Maintain the assessment, care in custody and teamwork (ACCT) plan (this can provide important information for staff at the prison/young offender institution (YOI) that the detainee is returned to)
- Document relevant conversations, observations, significant events, changes in mood, behaviour or circumstances on the PER form and on the ongoing record.

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. Officers and staff should continue to follow policies for receiving and caring for an at risk detainee.

They should remember to:

- Talk to the detainee
- Send the ACCT plan with the escort staff to the prison/YOI that the detainee is being returned to, and note this on the PER form
- Keep a copy of the ACCT plan with the custody record.

Receiving an at risk prisoner

There are occasions when the police take people into custody who are already serving a prison sentence. They could be on a care or support plan, having been identified as being at risk of suicide or self-harm. Some examples are when a prisoner is:

- Lodged overnight in police cells because of the distance of the court from a prison, and they are due back in court the following morning
- Released to police custody (sometimes referred to as a police presentation) because of outstanding elements of an investigation or new charges
- Arrested on release from prison (known as a re-arrest or gate arrest).

It is, therefore, possible that police custody staff have an at risk prisoner temporarily in their custody, but have no information on how to maintain the care/support plan that is already in place for them. To assist police custody staff in these circumstances, the following information details the current systems used in prisons and YOIs and the signals that police custody staff need to look for.

At risk status

When taking over responsibility for prisoners, officers and staff should always make an immediate check for at risk status.

All public and private prisons use the ACCT system to identify and care for prisoners thought to be at risk of suicide or self-harm. It is an assessment and care planning tool.

There are two reasons for providing the police with the ACCT plan:

- Custody staff are made aware of the risk and of what can be done to support the detainee and keep them safe
- When the detainee is returned, staff at the prison/YOI have information about any important events that occurred while in police custody, thereby aiding them to continue to care for the detainee.

If the ACCT plan is not returned to the prison/YOI, the second aspect is lost.

ACCT plan

Officers and staff should check the information on both the front and inside front cover of the ACCT plan if the detainee is on an open ACCT plan. In particular, they should 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
- 'Concern and keep safe form' (page 3 of the ACCT form) to learn why the ACCT plan was opened.

Officers and staff should look at the current CAREMAP (pages 13 and 14 of the form) to see what action is required to keep the detainee safe.

Occasionally, where the ACCT plan has only just been opened, there may not be anything written on the CAREMAP. In this case, staff should look at the immediate action plan (page 4 of the form) to see what action to take.

They should also look at the On-Going Record (pages 21 and 22 of the form) to see what has recently happened.

They should check the PER for any further information and, if anything is unclear, ask the staff handing over the detainee for more information.

12. Condition of the Detainee

Officers should seek advice from an appropriate HCP if they have concern that a detainee has an injury, medical condition or a mental illness, appears to be experiencing mental ill health or otherwise requires medical attention. This does not apply to minor injuries or ailments, but officers should still note those in the custody record. If unsure of the nature of a condition, officers should call an HCP.

Wherever possible, officers must ask detainees about any current or recent mental health or medical conditions. They should also ask detainees about any medication they are currently taking. Items in a detainee's possession should also be checked as they may indicate a medical condition, e.g., insulin syringes, inhalers or other medication. The presence of a health condition and its severity affects decisions about how and where a person should be treated.

Vulnerable detainees

A HCP may provide advice to a custody officer as to the needs and requirements of any suspect who they believe may be vulnerable. The decision to request an appropriate adult is for the custody officer.

'Do not resuscitate' orders (DNR) and 'do not attempt resuscitation' orders (DNAR) may be presented by people with terminal illnesses to police and custody officers. A custody officer should carefully consider the necessity to detain someone with a DNR or DNAR and in all cases they should call a medical practitioner. The prevailing responsibility of the custody officer and staff is to keep the detainee alive and safe while in custody.

Detainees requiring urgent medical attention

Such detainees should not be taken to a police station. Detainees suspected of swallowing unknown quantities of drugs should be taken to hospital immediately.

Symptoms or behaviours

If a detainee exhibits any of the following symptoms or behaviours the officer responsible for the care of the detainee should consider immediate transfer of the detainee to hospital. As a minimum the detainee should be examined by an HCP.

These include:

- Unconsciousness or lack of full consciousness (e.g., problems keeping their eyes open)
- Confusion (not knowing where they are, getting things muddled up)
- Apparent drowsiness or sleepiness which goes on for more than one hour when the detainee would normally be wide awake
- Difficulty waking
- Problems understanding or speaking
- Loss of balance or problems walking
- Weakness in one or more arms or legs
- Problems with vision
- Very painful headache that does not go away
- Vomiting (unexplained)
- Fits (collapsing or losing consciousness suddenly)
- Clear fluid coming out of their ear or nose

- Bleeding from one or both ears
- New deafness in one or both ears
- Abnormal breathing
- Chest pain.

Risk of suicide and self-harm

Custody officers need to be aware of the enhanced risk of suicide and self-harm during periods of detention. Detainees who are deemed to be a high risk of suicide or self-harm must be seen by a HCP and kept under close proximity supervision. This allows officers and staff to engage with the detainee and intervene if required.

In all cases, the HCP should provide a care plan that will specifically identify their assessment of the risk and any mitigating measures in all cases of suicidal ideation and self-harm. If the person has disclosed to them issues of self-harm or suicide, these will be mentioned in the care plan.

This care plan should also give the custody officer adequate information on which to base a pre-release risk assessment from custody and the care plan should be included in any PER documentation.

Factors which may indicate an increased risk include:

- Mental ill health including depression, personality disorder, anorexia and schizophrenia
- It is the first time the person has been arrested and detained
- Drug, alcohol or substance abuse or withdrawal
- Breakdown of social support and isolation (military service veterans, students, prisoners, homeless people, immigrants, older 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, e.g., 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 ill health
- 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.

Young people may be more at risk of suicide or self-harm when the following factors are present:

- Impaired parent-child relationships (including poor family communication styles and extremes of high and low parental expectations and control)
- Parental separation or divorce
- Mental ill health in parents (e.g., depression)
- History of parental substance use disorders and antisocial behaviour.

Self-harm

Increased vulnerability to self-harm may arise:

- After interview
- On being charged with an offence
- After arrest for further offences
- Following a visit by family, friends or others who have taken an interest in their welfare
- Post inspector's review where detention is further authorised
- After refusal of bail
- While on bail.

Potentially violent individuals

Chief Officers must establish local protocols with social services, local authorities and health trusts for dealing with potentially violent individuals, in line with local service availability.

HCPs 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 occurrences.

13. Detainee Care

Police and Criminal Evidence Act 1984 (PACE) Code of Practice C sets out the statutory framework for custodial care and the rights and entitlements of a detainee in police custody.

Meals

The PACE Act and in particular PACE Code C stipulates that a person held in Police Detention/Custody should have their dietary needs catered for.

The MINIMUM requirement as stated in Code C is that a DP is offered at least two light meals and one main meal in any 24 hour period. This is particularly important in those cases where DPs are held for extended periods. Code C goes on to state that so far as practicable, meals should be offered at recognised meal times, or at other times that take account of when the detainee last had a meal.

The PACE requirement is a MINIMUM and so if in the interests of an individual DP more than the minimum number of meals being offered is appropriate then further meals may be supplied subject to an ongoing risk assessment and account being taken of forensic and other operational/medical reasons.

It is important therefore that CDOs are properly briefed by Custody Officers concerning DPs they are responsible for so that they are able to make informed decisions concerning the offer of, and supply of, refreshments including meals appropriate to the requirements of the individual.

Handover procedures

It is essential that enough time is allowed for a full and effective briefing and debriefing between custody officers and staff 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 responsibility. If handover has to take place in or around the booking-in desks, the custody suite should be cleared of other personnel.

Custody officers and other custody staff should carry out the handover together.

Officers and staff should communicate information verbally. Where CCTV exists in the custody area, handover should take place in sight and sound of an appropriate camera and microphone. If CCTV is not available, there should be written acknowledgement that all custody officers and staff have been fully briefed on the risks and needs on each detainee's custody record.

The information entered should include the risks, disabilities, medical needs, vulnerabilities, emerging issues, control strategies and welfare needs of each detainee. It should also cover the status of each investigation, including the actions required to achieve effective and lawful resolution of the matter for which the person has been detained. The incoming shift of custody officers and staff must ensure that they are aware of all of this information.

Custody officers should ensure that rousing checks are completed on all detainees, during, or as soon as practicable after, handover.

The 'handing over' of a detained person between Custody Officers is identified as an area of risk if pertinent information is not passed on. The 'hand-over to/summary' detention log already on NSPIS has been amended to reflect the detail required (we are unable to enhance NSPIS functionality to the 'hand-over tab' and therefore the detention log is

necessary to retain the hand-over information within the custody record). The hand-over detention log must be completed by the Custody Officer preparing to hand-over responsibility of any detainee to another Custody Officer.

Multiple custody officers on duty

Where multiple custody officers are on duty, each must be aware of their individual duties and responsibilities and ensure that this information is recorded and kept up to date. Local force policy may provide clarity about who is acting as the designated custody officer for each detainee at any given time.

Use of whiteboards and wipe boards

These can assist in the handover process, but to comply with data protection legislation, they must be out of sight of non-custody staff.

Monitoring, Observing and Engaging

The custody officer is responsible for managing the supervision and level of observation of each detainee and should keep a written record in the custody record. They should specifically check that officers and staff are adhering to the timing of levels of observation and carrying out rousing.

The custody officer must take into consideration a detailed and up-to-date assessment of the risk that the detainee poses to themselves and others, and any recommendations an HCP has made following medical assessment. The HCP's recommendations should be given both verbally to the custody officer and in writing. Identified risks can be mitigated by using the most appropriate and considered control measures, e.g., CCTV monitoring, replacement clothing, supervised meals.

Custody staff are directly responsible for observing and supervising detainees. They should be aware of the risks that have been identified, and the purpose of the allocated level of supervision that is deemed necessary. Staff must note all visits and observations, (especially the detainee's behaviour/condition) in the custody record. They must report any changes in the detainee's behaviour/condition to the custody officer immediately and review and update the risk assessment as appropriate. The use of technology does not remove the need for physical checks and visits.

Calls to custody from family members or dependents

Family members or dependents may ring custody for information. Data protection legislation and the Police and Criminal Evidence Act 1984 (PACE) limit the information that can be given to them without the detainee's consent. Staff should, therefore, make an agreement with the detainee about these calls and must record this agreement in the custody record.

14. Levels of Observation

When authorising the detention of any individual the Custody Officer will determine the observation level for that individual having carried out a risk assessment. The minimum level to be set will be Level 1, with 60 minute visits.

When as a consequence of an initial risk the observation level is set at Level 3, the Custody Officer must inform the detention officer carrying out camera observations of the requirement to monitor the detainee and the circumstances of the requirement. The Custody Officer must endorse the custody record to this effect by completing the camera observations detention log.

Where a change is made to an observation level, the change must be recorded in the custody record by the Custody Officer responsible for that detainee by updating the observation levels as part of the risk assessment and by adding the below 'a, b, and c (c - where relevant)', in the 'Risk Assessment Observation Update' detention log.

The Custody Officer must record;

a) The circumstances describing why the change has been made;

b) Who has been informed in relation to the detainee's treatment and welfare;

c) Any requirement for 'rousing' MUST be recorded by the Custody Officer in the body of the custody record

The person/s responsible for the welfare and treatment of the detainee must acknowledge in a (new) detention log within the custody record;

a) The fact that they have been informed of a change to the observation level;

b) Who they have been informed by;

c) What the new level is;

d) The rationale for the change.

Where a CDO/Police Officer/HCP/Mental Health Team has any concerns whatsoever regarding any detainee for whose welfare and treatment they are responsible, they must inform the Custody Officer who is responsible for the detention of the detainee immediately. They must also ensure that the concern is recorded in the custody record together with the details of the Custody Officer they have informed.

A Custody Officer responsible for the detention of any detained person who is informed by any other person of any concern regarding that detained person must acknowledge in the custody record the detail of any concern brought to their attention and what considerations/action have been given/taken by them.

Custody Officers and CDOs must ensure that they obtain regular updates (i.e. at least every 30 minutes) from any person responsible for carrying out Level 4 observations on any detained person, and record the update on the custody record. This will not negate the requirement for CDOs to carry out visits/checks/rousing as required.

Level 1 general observation

Following full risk assessment, this is the minimum acceptable level of observation required for any detainee. It includes the following actions:

- The detainee is checked at least every 60 minutes (the risk assessment is updated where necessary)
- 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 (checks of the sleeping detainee must, however, continue and if any change in the detainee's condition presents a new risk, the detainee should be roused)
- If the detainee is awake, staff should communicate with them.

Level 2 intermittent observation

Subject to medical direction, this is the minimum acceptable level for detainees who are under the influence of alcohol or drugs, or whose level of consciousness causes concern. It includes the following actions:

- 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 support of this
- The detainee is positively communicated with at frequent and irregular intervals
- Visits to the detainee are conducted in accordance with PACE Code C Annex H.

Level 3 constant observation

If the detainee's risk assessment indicates a heightened level of risk to the detainee (e.g., self-harm, suicide risk or other significant mental or physical vulnerability) they should be observed at this level. It includes the following actions:

- The detainee is under constant observation and accessible at all times
- Physical checks and visits must be carried out at least every 30 minutes
- CCTV is constantly monitored (other technologies can also be used)
- Any possible ligatures are removed
- The detainee is positively communicated with at frequent and irregular intervals
- Review by the HCP in accordance with the relevant service level agreement.

The purpose of CCTV cell monitoring should be recorded in the custody record together with the name of the designated officer or member of custody staff who is responsible for the monitoring.

Officers and staff must consider issues of privacy, dignity and gender.

Level 4 close proximity

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

- The detainee is physically supervised in close proximity to enable immediate physical intervention to take place if necessary
- CCTV and other technologies do not meet the criteria of close proximity observation but may complement it
- Issues of privacy, dignity and gender are taken into consideration
- Any possible ligatures are removed
- The detainee is positively communicated with at frequent and irregular intervals
- Review by the HCP in accordance the relevant with service level agreement.

Every officer or member of custody staff required to conduct close proximity supervision must be fully briefed by the custody officer with regards their role, the needs of the detainee

and the risks presented by the detained person. They must be fully trained and equipped to respond accordingly. If there is a requirement to rouse, this must be done by a trained officer or member of staff. Any changes in the detainee's condition must be brought to the custody officer's attention immediately.

HCPs may work across different forces and be familiar with different categories or levels of observation. Custody managers should ensure that HCPs working within their force are aware of local procedures.

Written record

Officers and staff must make a written record in the custody record following each and every visit/check/rousing completed for each detainee.

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

- The level of observation required for a detainee (using consistent terminology within the record, e.g., level 1, or level 2 checks)
- The reasons for the decision
- Clear directions that specify the name and title of the persons carrying out the observations.

HCPs should ensure that their recommendations for custody staff on the frequency of checks and/or any recommendations on the rousing of a detainee are written in the custody record, in addition to being verbally passed on.

Officers and staff should not use the phrase 'continue observations at the current level'.

HCPs and custody officers should specify the level of observation precisely at each review, to prevent any ambiguities.

Officers must endorse the custody record every time the detainee leaves or is returned to their cell.

Signs indicating increased risk

Custody officers and staff should be familiar with the signs or behaviours of a detainee that may indicate an increased level of risk and/or requirement for a higher level of monitoring. An increased level of risk, illness or change in behaviour should always be brought to the attention of the custody officer and included in the ongoing risk assessment of the detainee. Repeated or continual use of a vulnerability tool may assist in recognising changes.

Where the custody officer is satisfied that the risk to the detainee has decreased, they should reduce the level of monitoring accordingly unless the level was set by an HCP in which case the advice of an HCP should be sought before lowering the observation level. They should carefully consider, apply and record this change.

15. Visits to/Observations of Detained Persons

Where practicable, the person who carried out the last visit should conduct the next visit. Continuity in checking allows evaluation of any changes in the detainee's condition and potential risks involved.

Officers and 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 establishing a rapport
- Be familiar with the custody suite emergency procedure and aware of equipment available
- Ensure that each visit is recorded in the custody record and that relevant information is captured and applied as part of the ongoing risk assessment process
- Be in possession of a cell key and ligature cutter.

When visits are carried out, it is not sufficient to record 'visit correct' or 'checked in order' in the custody record. More detail is required. A check through the cell spyhole does not constitute an acceptable welfare check under any circumstances. Checks are required even where the detainee is awake and has been engaging in conversation.

If custody staff are unable to clearly see the face of a sleeping detainee because their view is obscured by a blanket, the blanket should be adjusted so as to allow an adequate welfare check.

Where a decision has been made to monitor the detainee's welfare using continual CCTV cell observation, officers should record the reasons for taking this measure in the custody record along with the name of the person(s) responsible for the monitoring. CCTV monitoring does not negate the need to make regular physical checks of the detainee and update the custody record accordingly.

If it is decided that the detainee needs to be roused (see below) on each visit, officers must do so and record the detainee's responses in the custody record.

Accurate entries in the custody record are essential, including a record of who has conducted each check.

Rousing

Rousing is one of the key measures designed to protect detainees in custody. Rousing must be carried out properly.

Checklist: 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?

Officers must record the specific answer(s) to the question(s) in the custody record.

Response to commands – can they respond appropriately to commands such as:

- Open your eyes
- Lift one arm
- Now the other arm.

Officers must call an appropriate HCP or an ambulance if a detainee cannot be roused in accordance with the above criteria.

Officers must remember to take into account the possibility or presence of other illnesses, injury or mental ill health/learning disabilities.

A person who is drowsy or who smells of alcohol may have one of the following conditions:

- Diabetes
- Epilepsy
- Head injury
- Drug use or overdose
- Stroke.

Using technology

Technology can assist in monitoring vulnerable detainees, but officers and staff should still make physical checks and visits.

Over-reliance on CCTV monitoring creates an increased risk to the health and safety of detainees. Technology must only be used to enhance the monitoring of a detainee's welfare. CCTV and monitoring devices installed in cells may be effective in alerting staff to self-harm or suicide attempts, but officers cannot rely on them to monitor a detainee's medical condition.

Detainees out of cell

Custody staff must always observe the detainee through the spyhole or cell hatch prior to opening the cell door. Whenever a detainee is allowed out of a cell, officers and/or staff must adequately supervise them at all times to prevent them from obtaining an item or doing anything that could:

- Harm themselves or others
- Interfere with evidence
- Damage property
- Assist 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 custody officer should arrange for a thorough search of the detainee before returning them to the cell.

Officers must endorse the custody record when a detainee leaves and returns to their cell.

Exercise

Detainees are entitled to brief, daily outdoor exercise where practicable. Exercise should be provided individually and be adequately supervised. Officers and/or staff should thoroughly search exercise areas for any potential hazards prior to use. Constant supervision may be necessary depending on the design of the exercise area, the nature of the exercise and the detainee's risk assessment. Officers and/or staff should give consideration to the appropriate

arrangements necessary to meet the needs of men, women and children, for example, by providing adequate clothing.

Reading materials

Staff should offer reading material to detainees where appropriate. The available selection of literature may include text in an easy-read format and in a suitable range of languages.

Interviews

The custody officer handing over the detained person for interview should check:

- If the person has requested legal representation
- Whether access to legal representation has been delayed by an officer of superintendent rank.

The interviewing officers must accept responsibility for the detained person and make an appropriate entry in the custody record. This is signed (warrant number only) by the custody officer who delivers the detainee to the interviewing officers.

At the conclusion of the interview, the detainee is returned to the custody officer by the interviewing officer. Any irregularities are noted in the custody record and signed by all officers concerned.

Increased risk of self-harm post-interview

Detainees are at an increased risk of inflicting self-harm in the period immediately following an interview, especially if they have been arrested for a serious offence or rearrested 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. This also applies to detainees who have been refused bail.

When a decision is made to charge a person and bail has not been granted, the detainee may be kept in custody until the next available court sitting, with notable exceptions such as transfer to local authority care in the case of a child or young person. Custody Officers must review the risk assessment at this point because the detainee is at a higher risk of suicide or self-harm. They should, therefore, monitor the detainee for changes in behaviour that may indicate an increased risk of self-harm or suicide.

Fit to be interviewed

The custody officer must assess whether the detainee is fit to be interviewed. If there are doubts about their medical fitness for interview, an HCP must assess the detainee before the interview. Should a detainee's condition change, an HCP may need to review the detainee. Failure to do this may prejudice subsequent proceedings. The assessment should identify the risks to the detainee's physical and mental wellbeing, and determine safeguards that may be required during the interview process.

Considerations for decision making (urgent interviews)

Some groups of detainees may not be interviewed unless an officer of superintendent rank or above considers delay will lead to the following consequences:

- Interference with, or harm to, evidence connected with an offence
- Interference with, or physical harm to, other people, or
- Serious loss of, or damage to, property
- Alerting other people suspected of committing an offence but not yet arrested for it

- Hindering the recovery of property obtained in consequence of the commission of an offence.

Interviewing in any of these circumstances shall cease once the relevant risk has been averted (e.g., additional suspects arrested) or the necessary questions have been put in order to attempt to avert that risk.

Record the decision

PACE Code C requires that a record must be made of the grounds for any decision to interview a person.

Custody records should show whether officers and staff have assessed a person's fitness to be detained or interviewed, any reason for doubting a person's fitness for interview and the result of any HCP's assessment. Where this detail cannot be added in full to the custody record, officers and staff should enter a reference to its location.

These records should be made available to the Crown Prosecution Service so that they are aware of any potential mental ill health and/or learning disability affecting the detainee.

16. Information/Advice regarding Common Illnesses and Conditions

Alcohol & drunkenness

Police officers are expert witnesses in presenting evidence of drunkenness and should apply the same process used at operational incidents to the custodial process.

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.

Custody staff considering the risk assessment and care plan for a detainee should assess the level of effect the alcohol has on the individual in order to ensure the correct assessment and care plan are put in place.

The custody officer is responsible for ensuring that the correct level of observation and monitoring is carried out.

In the case of R v Tagg (2001) the Court of Appeal determined that the everyday meaning of 'drunk' should be used as it is not defined by statute. They were happy to accept that the Collins English Dictionary and Oxford Dictionary definitions were materially the same. They were:-

- Intoxicated with alcohol to the extent of losing control over normal physical and mental functions (Collins); and
- Having drunk intoxicating liquor to an extent which affects steady self-control (Oxford).

However there are differing levels of drunkenness that pose different risks to the detainee. Alcohol can be lethally toxic in itself, as well as masking the effects of head injury or drug intake, which could also have lethal consequences. The most serious risk is posed by a person who is drunk and incapable.

There is often confusion (understandably) by Custody Officers between the required care of a heavily intoxicated person and an alcohol dependant person. Both can present significant health care risks, and both can make a person un-fit to detain. It is recommended that all self-confessed and suspected alcoholics are assessed and reviewed regularly during their detention, and ideally as part of the pre-release risk assessment.

Additional risks associated with 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 experiencing the effects of alcohol.

The health of a detainee who has consumed alcohol is likely to deteriorate more quickly than that of a detainee who has not. The detainee may also have consumed alcohol or be experiencing alcohol withdrawal which, in addition to complicating other presenting signs and symptoms, carries a significantly increased risk of morbidity and mortality if left untreated.

When dealing with persons believed to have consumed alcohol, staff must pay attention to these key risks:

- Alcohol is a poison in its own right and detainees can die of alcohol poisoning;
- Head injuries are often masked by drunkenness – symptoms of a serious injury to the head are the same as common signs of drunkenness (e.g. slurred speech, drowsiness and vomiting);
- People with diabetes may behave in such a way that they appear to be drunk and/or aggressive;
- Drug misusers may appear to be drunk when they have overdosed;
- Where an individual is well known or familiar there is an increased risk that symptoms of serious illness or injury may go unnoticed, e.g. regular detainees associated with alcoholism or drug abuse;
- The PNC may show that other serious medical conditions are present;
- Detainees who have consumed alcohol, are withdrawing from alcohol or who are problematic users are at an elevated risk of suicide or self-harm;
- Detainees should be able to stand and walk unaided and say a few words. If not, then consideration should be given to removing the person to hospital or to having a medical examination as soon as is practicable;

PNC warning markers include:

- AT – may have a medical condition.
- MN – may suffer from a mental disorder.
- CO – contagious.

Custody staff considering the risk assessment and care plan for a detainee should assess the level of effect the alcohol has on the individual in order to ensure the correct assessment and care plans are put in place.

The custody officer is responsible for ensuring that the correct level of observation and monitoring is carried out.

Drunk and Incapable

For the purposes of this procedure, a person who has consumed alcohol to the point of being unable to either:

- Walk unaided; or
- Stand unaided; or is
- Unaware of their own actions; or
- Unable to fully understand what is said to them.

It is suggested that if someone appears to be drunk and showing any 'aspect' of incapability which is perceived to result from that drunkenness, then that person should be treated as drunk and incapable.

Drunk and incapable persons are in need of medical assistance at hospital and an ambulance should be called

If a drunk and incapable person declines or is refused medical treatment, they should, only 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 or the medical services of their responsibility.

Under the Influence – Alcohol and/or Drugs

Where a risk assessment shows that the person is not drunk and incapable but that they have a degree of impairment from alcohol or drugs, the minimum requirement is for level 2 rousing checks for all persons under the influence and subsequent escalation depending on the perceived level of intoxication. Even with level 3 and level 4 observation/supervision, rousing is still required at appropriate intervals (PACE Code C).

The amount of alcohol and/or drugs that a detainee has taken cannot be readily confirmed and their reaction to them is also unpredictable. Monitoring the response to Annex H rousing checks helps ensure that any underlying medical condition (such as head injury or undeclared drug abuse) is identified as soon as practicable.

A detainee's unwillingness or inability to participate in a risk assessment should be seen as an additional risk factor. Where necessary, officers should consult a healthcare professional (HCP).

Officers must always consult an HCP if:

- The risk assessment indicates that level 3 or level 4 monitoring is required
- A person detained for an evidential breath test registers more than 150 micrograms of alcohol
- A custody officer has particular concerns about a person who is believed to have consumed alcohol or drugs and has been physically restrained
- The person experiences an epileptic seizure
- The detainee shows signs of alcohol withdrawal, especially delirium tremens (DTs) – if an HCP is not immediately available to assess a detainee who has fitted or has DTs, officers should immediately transfer the detainee to hospital.

Rousing detainees who are under the influence of alcohol involves using a stimulus designed to elicit a response from the detainee. This method of managing detainees who have consumed alcohol and/or drugs minimises the possibility of missing a more serious underlying medical condition.

Initial care

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
- Hypoglycaemia (low blood sugar) - may result in brain damage.

Hypoglycaemia (see later) 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 before attempting further resuscitation. An ambulance should be called and where available, the immediate assistance of a healthcare professional should be sought.

Having Consumed Alcohol but not, or no longer 'Under the Influence '

Officers should be very careful when assessing the effects of alcohol on arrival of a detainee in custody. Some detainees who have consumed alcohol will not display any signs or symptoms of impairment, in these circumstances the individual will not be considered to be 'Under the Influence'.

Where there is doubt about the level of intoxication then rousing checks should be instituted, and an appropriate level of observation put in place. Any additional factors identified in the risk assessment (e.g. illness or injury, drug consumption) should always be taken into account when setting or amending a care plan. Persons who have consumed alcohol may still require checking more frequently than those who have not.

Further Risk Assessment

Persons will also undergo a sobering process, which takes place over time. During that period there may come a point where the custody officer no longer has any heightened concerns for a detainee who is not displaying any symptoms of impairment. In this situation the detainee may be considered to be no longer 'Under The Influence' and will not require continued rousing.

All such decisions should be based upon current and up-to-date risk assessment. Decisions should be recorded fully in the custody record and should include the reasons for cessation of heightened checks.

Drugs

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.

Drugs – action re concealment of illicit drugs (swallowers)

The concealment of illicit drugs 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. 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.

- Before accepting a detainee returning to custody, the escorting officers should request that the doctor immediately in charge of them or the A&E manager provide clear written advice to inform their 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.

Claustrophobia

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

- Panic attacks;
- Shaking;
- Rapid heartbeats;
- 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.

Claustrophobia is a difficult condition to deal with in the custody environment. There are generally no suitable areas within a custody suite to keep detainees who do suffer from claustrophobia. Each person 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.

When dealing with a claustrophobic person staff should:

- Be calm;
- Reassure them;
- Take them to a cool, quiet place;
- Encourage them to breathe more slowly;
- Stay with them until they have recovered;
- Call a healthcare professional.

Acute Behavioural Disturbance

People who are violent and agitated may have an underlying medical reason for their behaviour. If there is any suspicion that the violence stems from a medical condition the person must be treated as a medical emergency. Whenever possible, the person should be contained rather than restrained until medical assistance can be obtained.

The following medical conditions may cause violent, aggressive or changing behaviour and confusion:

1. Excited delirium
2. Diabetes
3. Head injury
4. Epilepsy
5. Stroke

6. Infections
7. Angina and other heart problems
8. Dehydration (and salt imbalance)
9. Sickle-Cell anaemia
10. Mental illness
11. Neurological disorders such as dementia and brain injury
12. Learning difficulties
13. Illicit drug taking or adverse effects of medication.

There is an increased risk that symptoms of serious illness or injury may go unnoticed where an individual is well known or familiar to police officers and staff. In particular, when dealing with regular detainees who are known substance abusers and/or known to experience mental illness, it should not be assumed that physical or behavioural signs are due to their being under the influence of a substance/mental illness. They may also be caused by substance withdrawal or other medical reasons, any of which can have serious implications for detainee welfare.

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 their health

17. Medication

The custody officer must consult the appropriate HCP before a detainee takes or applies any medication that was prescribed prior to their detention. They should note this in the custody record. The custody officer is responsible for the safekeeping of the medication and ensuring that the detainee is given the opportunity to use or apply it as prescribed

If the medication is listed in Schedule 4 or Schedule 5 of the Misuse of Drugs Regulations 2001, the custody officer must consult the appropriate HCP (by telephone if necessary) for authorisation to distribute it to the detainee for self-administration. Both must be satisfied that self-administration does not expose the detainee, police officers or anyone else to the risk of harm or injury. If authorisation has been given, the custody officer may distribute the medication or authorise other custody staff to do so.

No police officer or staff may administer or supervise the self-administration of medically prescribed controlled drugs (of the types and forms listed in either Schedule 2 or Schedule 3 of the Misuse of Drugs Regulations 2001). A detainee may only self-administer such drugs under medical supervision.

Managing medication

HCPs must provide clear written instructions for custody staff. These should be recorded on the detained person's medication form. Instructions should include:

- The detainee's name
- The name of the prescribing HCP
- Medication strength and quantity (number of tablets or capsules) required at stated times
- Written instructions, e.g., to be taken with or without food
- Disposal of unused medication, e.g., when released or transferred from custody.

Custody staff must check that the correct medication is given in the correct dosage to the right detainee at the appropriate time. Two custody staff should undertake this task where practicable. This should be recorded in the custody record and medication form. Staff should take care to prevent the detainee hoarding medication. If a detainee refuses medication, staff should inform an HCP.

The custody officer is responsible for:

- The safekeeping of the medication, which should be held in a locked receptacle to prevent unauthorised access;
- 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.

Medical documentation

Medical notes are not part of the custody record. Officers and staff must not disclose these to solicitors and independent custody visitors (unless form ICV2 has been signed by the detainee giving consent) while they are examining a custody record.

Detained person medical examination record

The purpose of the detained person's medical examination record is to highlight areas of medical concern to custody staff, and to provide, where necessary, a chronological medical report relating to a detainee's period of detention. The information is required for the detained person's welfare and any person responsible for their subsequent care. If, however, the detainee has been assessed as being at risk of suicide or self-harm, the PER form must accompany the detainee when they are transferred to court, hospital or prison.

Detained persons are not obliged to submit to a medical examination and assessment or to supply information. If, however, the detainee chooses not to cooperate fully, or there is any suspicion that they are not being truthful in their responses to questioning, this should be recorded on the medical examination record and in the custody record. This applies particularly to assessment, which is when the detainee may try to conceal injuries from self-harm or hide the fact that they may be a suicide risk.

Examination and assessment

The recommendations within the medical examination record should indicate the HCP's overall assessment of the detainee's fitness to be detained and interviewed and, if they are not, should give an estimate of when such fitness may be expected. It also allows for medical opinion on whether an appropriate adult may be required, which helps the custody officer make this decision.

Staff should note recent self-inflicted injuries that become apparent during the detainee's assessment on the Body Map. This helps to identify at a later assessment (or on transfer to hospital, court or prison) any new injuries that occur after the initial examination has been completed. The Body Map can be supplied to the police with the consent of the detainee.

Staff should record the time the assessment was completed in the custody record. The HCP should add the proposed time of any further examination or assessment if they believe one is necessary.

This should be noted in the custody record (and PER form if appropriate). The HCP who conducts the further examination or reassessment should read and consider the original medical examination record and complete a new medical examination record

Medical emergencies

In medical emergencies, officers should call an ambulance immediately to convey the detainee to hospital as soon as possible. If an appropriate HCP is available at the police station, they should be asked to attend the detainee while awaiting the ambulance.

The custody officer must ensure that a PER form (together with risk assessment and medical forms) is completed to accompany the detainee to hospital. In emergencies, however, there may not be sufficient time to do this. In this situation, the escorting officers should be verbally informed and the PER form passed to them at the hospital as soon as practicable afterwards.

On return to custody from the 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. The Detainee must also be referred to see the HCP.

Appropriate care

The police retain a duty of care for detainees who are refused admission to hospital or treatment by ambulance staff. They must make every effort to have the detainee examined and assessed. The Mental Health Crisis Care Concordat makes it clear that violence and/or intoxication should not be an automatic bar to admittance to a health establishment.

An HCP must reassess the detainee if the custody officer has any doubt about whether a detainee is fit to be detained or interviewed following their return from hospital.

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

- Discussion with an appropriate HCP
- Request a second opinion
- Request that an appropriate HCP discusses the issue with the accident and emergency consultant.

If an appropriate HCP is not available, the detainee should be taken to another hospital for a second opinion.

Case notes

Officers should pass any case notes or items of information from hospital medical staff relevant to the continuing treatment of the detainee to the Custody Officer for inclusion as part of the custody record and for the information of any attending HCP.

They should obtain the results of any tests, such as CT scans in the case of head injuries, information on how to care for the detainee and any care plan in writing.

The escorting officers should return the PER form to the custody officer and inform them of any additional risks identified.

Infectious and 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 and other Force systems, and there may be visible signs such as discolouration of the skin or weeping sores. Information should be recorded on the risk assessment and the detainee's medical forms. If information is written on a wipe board it should not be visible to anyone other than custody staff.

18. Principles of using Force/Restraint in Custody

Use of force

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 (PACE)

Section 76 of the Criminal Justice and Immigration Act 2008 suggests that whether or not the use of force was reasonable in the circumstances will be decided with reference to the circumstances as the officer believed them to be at the time of the force, i.e., when making the arrest.

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. Using handcuffs, for example, may not always be a necessary or proportionate response. Please note, use of force may also engage articles 2 and 5 of the European Convention on Human Rights (ECHR), where the force is deemed unlawful and/or unnecessary.

Officers must be aware of the potential risks to the suspect or detainee when using control and restraint techniques and should be guided by the National Decision Model (NDM) at all times. They should also be aware of the dangers of positional asphyxia and restraining people experiencing acute behavioural disturbance (ABD), which is a medical emergency.

A custody office is a controlled environment and the overriding objectives should be to avoid using force in custody.

Staff should treat detainees with dignity and respect and aim to de-escalate any situations that may lead to force having to be used. Custody officers should manage their environment so that situations where the use of force may be necessary are de-escalated.

When identifying options and contingences, officers are required to apply their training, experience and skill to resolve a situation. They should consider the immediacy of the threat, necessity of their actions, proportionality and the potential community impact. All actions should be subject to continuous review and must be appropriately recorded. Lessons should be learnt, where appropriate.

As soon as possible, the escorting staff must inform the custody officer about any control methods or restraint techniques used. There is also a responsibility on the custody officer to include this as part of the risk assessment. They should ask the arresting/escorting officer if any control measures or restraint techniques were used during arrest and transportation.

The custody officer must be alert to any signs of injury or effect caused by restraint and any behaviour or symptoms of illness that may indicate a need for medical attention. 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 other visible life signs. Officers must record all details of the restraint.

Assessment

Detainees experiencing the effects of alcohol, drugs, a mental health condition or a medical condition are particularly vulnerable to the impact of being restrained.

With specific reference to restraint and drug use, restraint is significantly more likely to be used in a drug-related arrest than during a non-drug-related case. IPCC (2010) Deaths in or following police custody: An examination of the cases 1998/99 – 2008/09 found that of the 56 drug-related cases of death in or following custody, 43 per cent had involved restraint of the individual. Most commonly, the restraint technique involved officers holding down the individual.

The HM Government (2014) Mental Health Crisis Care Concordat indicates that individuals experiencing mental illness who are restrained, particularly due to violence, need to be considered as a medical emergency and taken to hospital as they are at increased risk of ABD.

Warning signs for physical violence

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

- Facial expressions
- 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
- Discontent, 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.

The prone position and positional asphyxia

There is an increased risk of causing positional asphyxia when restraining those of particularly small or large build or those who have taken drugs, medications (anti-psychotics) or alcohol. People restrained in the prone position should be placed on their side or in a sitting, kneeling or standing position as soon as practicable. The IAP has issued advice on restraint and the use of force.

Staff working in a custody environment must be trained in managing violence. Training should include tactical communication skills as well as recognising and managing positional asphyxia and ABD, including excited delirium. Staff should also be trained in techniques for moving detainees and repositioning them from the prone position in accordance with the Personal Safety Manual of Guidance.

Officers and staff should avoid using the prone restraint position unless it is proportionate to the threat and necessary in the circumstances. Officers should keep the period for which it is used to a minimum.

When a detainee is restrained in a prone position, a safety officer should be responsible for monitoring the detainee's conditions, particularly the airway and response, protecting and supporting the head and neck. That person should lead the team through the physical

intervention process and monitor the detainee's airway and breathing continuously. Care should also be taken not to place pressure on a detainee's chest or obstruct the airways.

Prolonged restraint and struggling can result in exhaustion, reduced breathing leading to build up of toxic metabolites. This, with underlying medical conditions such as cardiac conditions, drugs use or use of certain antipsychotics, can result in sudden death with little warning. The best management is de-escalation, avoiding prone restraint, restraining for the minimum amount of time, lying the detainee on their side and constant monitoring of vital signs.

Usually there are no outward signs or symptoms of positional asphyxia. An individual may be overtaken so quickly and completely that there are no indications of distress or time to communicate a need for help.

Principal risk factors that can contribute to death during restraint

This includes situations where:

- The body position of a person results in a 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 which restricts the shoulder girdle or accessory muscles of respiration while the person is lying down in any position
- The person is obese (particularly those with large stomachs and abdomens)
- The person is of small or light build
- Alcohol or drug intoxication (especially stimulants, e.g., cocaine, being on antipsychotic medication – some medications under certain conditions can cause abnormal heart rhythms)
- The person has a heightened level of stress.

Officers should note that the effects of a violent struggle or restraint and build-up of lactic acid can exacerbate the effects of drugs, alcohol or medication.

Mental capacity

There is additional legal provision within the Mental Capacity Act 2005 for the police to intervene to administer or assist in the medical treatment of a person who lacks the mental capacity to know what they need.

Recording the use of force

The arresting/escorting officer must inform the custody officer immediately if any force has been used during the arrest and/or escort of the detainee.

All Use of Force should be recorded on the appropriate use of force form as well as on the custody record. All recorded use of force within custody, should be monitored and reviewed by custody managers

Officers must make a record of any force used on any person who has been arrested (including those detained under the Mental Health Act 1983) for management information.

The supervisor of the arresting officer should compile a narrative report for the senior management team if:

- The force used resulted in any injury to a detainee that requires subsequent significant medical attention, e.g., hospital attendance
- The force resulted in any injury that amounts to at least actual bodily harm under section 47 of the Offences Against the Person Act 1861
- There were any other significant features of the arrest and decision making that would be of management interest, in particular where it may be damaging to the reputation of the service or likely to attract high media interest.

These narrative reports form part of the management information that should be both collated and analysed by forces.

A detainee who is restrained should be under constant observation (level 3) or in close proximity (level 4) so that officers can monitor all vital signs and make appropriate intervention if a medical emergency arises.

Forces should collate use of force data electronically (the Home Office is considering mechanisms for annual data returns in this regard). Forces are expected to record all instances of use of force electronically and in such a way that allows for ready retrieval and analysis of this information. In particular, this data should allow for analysis by age, ethnicity and offence and should form part of the custody record or be explicitly referenced in it.

In recording the use of force, officers and staff should use the following categories as a minimum:

- Baton/asp
- Taser
- Irritant spray
- Handcuffs
- Open hand techniques
- Prone restraint.

Restraint after arrival in the custody suite

A custody officer can require the removal of the handcuffs, although arresting or escort officers may remove them prior to or on arrival at the police station.

Only approved techniques and methods should be used when placing a violent detainee in a cell. A healthcare professional (HCP) should assess and monitor a violent detainee's condition, when the underlying reason for their violence is not apparent.

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

Injury or other effects caused by restraint

The custody officer must be alert to any signs of injury or effect caused by restraint and any behaviour or symptoms of illness that may indicate a need for medical attention. Where necessary, detainees requiring urgent medical attention should be taken to hospital. Officers should update the custody record accordingly.

Officers should share information about injuries caused by restraint with HCPs attending to the detainee. They should note any concerns raised by the HCP in the custody record.

Monitoring restraint in custody

A detainee who is restrained, including restraint using mechanical equipment, should be under constant observation (level 3) or in close proximity (level 4) so that officers and staff can monitor all vital signs and make appropriate intervention if a medical emergency arises. See detainee care and levels of observation.

This supervision may also involve being:

- In the cell with the restrained detainee
- In the cell with the detainee and physically restraining them
- Outside the cell and observing the detainee through the open cell door or a see-through door.

For additional information on the use of restraints in a cell, see PACE Code C.

Leg Restraints

Leg restraints must only be used in accordance with current training and once applied the detained person must be subject of an on-going risk assessment and the restraints removed as soon as the threat level reduces.

Any detained person subject of their use within custody must be under constant close proximity monitoring i.e. Level 4.

When leg restraints are used a full and comprehensive detention log entry must be made on their custody record, stating the reasons for use, by whom, any release of pressure or repositioning in accordance with training and the name of the officer responsible for monitoring the detained person and a 'Use of Force' form must be completed and submitted.

Under no circumstances will leg restraints be used by anyone who has not received training, or whose Operational Personal Safety Training certificate has expired.

The leg restraints are solely for that purpose and should never be used for thoracic or other area of restraint.

Cell relocation

Moving violent detainees from place to place carries a high risk of injury and should be avoided where possible. The procedure must be carried out in line with ACPO (2012) Personal Safety Manual of Guidance (available via NCALT to registered users only) if it becomes necessary.

Supervising cell relocation

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 the safety officer and all other officers and staff involved have a responsibility to be aware of any signs of distress and trauma.

Pre-planned 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.

Use of Taser

The custody officer must be informed when a Taser conductive energy device has been discharged on an individual prior to or on arrest. If there is any sign of an adverse or unusual physical reaction, then medical attention should be provided immediately. Guidance on appropriate post incident procedures following taser deployment is available within APP on Taser. The use of Taser should prompt the custody officer to consider secondary injuries within the risk assessment, eg, head injuries, neck pain, injuries to shoulder, wrists, or hands from falling, and whether the barb is still present. An HCP should be requested to examine the detainee or remove the barb where required.

All persons who have been subject to a Taser discharge must be taken to an emergency department (A&E) as soon as possible and be clinically assessed by a medical doctor who is familiar with the associated risks and complications of Taser use.

Officers who have been issued with a Taser as part of their equipment may be permitted to carry the equipment within custody suites. There are, however, strict guidelines in relation to the carriage, security and deployment of a Taser. Risk assessment and decision making should be guided by the NDM. As with all types of force, the use of Taser equipment must be necessary, fully justifiable and proportionate to the threat faced.

When considering the use of control measures or tactics for control or restraint within a custody suite, officers must give full consideration to the circumstances and which options are the most proportionate.

***Taser should never be used for procedural compliance*.**

FFLM guidance on the clinical effects of Taser and managing those subjected to Taser discharge

All arrested persons who have been subjected to the discharge of a Taser must be examined by a forensic medical examiner as soon as practicable.

Officers and staff should give particular attention to detainees who have been subjected to the discharge of a Taser who are known to have or are suspected to have conditions such as, diabetes, asthma, heart disease, epilepsy or any other condition which may influence the individual's fitness to be detained. This includes the consumption of alcohol and/or drugs.

Monitoring after Taser discharge

Officers must closely monitor a person following discharge of the Taser. If the person is detained in a cell, they should be monitored and observed according to the risk assessment, ie, at level 3 (constant supervision) or level 4 (close proximity). Warning signs include a detainee complaining of chest pain or shortness of breath.

Where a detainee is taken directly to a hospital (under section 136 of the Mental Health Act 1983, or for any other medical reason) the doctor taking charge of the patient at the hospital must be told that a Taser has been discharged on the detainee.

At the earliest opportunity following arrival at the custody suite, officers should give a detainee who has been subjected to a Taser discharge an information leaflet describing the device, its mode of operation and effects. Officers should fully explain this leaflet.

Officers should enter any instance of the use of a Taser on an individual and the fact that an information leaflet has been provided in their custody record and use of force form.

19. SEARCHES

Searching detainees is important as it reduces the risk of harm to staff, protects the safety of detainees and allows material to be seized that may be subject to legal proceedings.

Section 54 of PACE provides a power to search an arrested person on arrival at a police station. There is a separate power to search at any other time, which is described in section 54 (6A) – (6C) and applies where the custody officer believes the detainee is in possession of an item which could physically injure anyone (including the detainee), damage property, interfere with evidence or help the detainee to escape. After arrival and while at a police station both powers apply, but only to constables and designated detention officers by virtue of paragraph 26 of Schedule 4 to the Police Reform Act 2002.

Paragraph 35(4) of Schedule 4 to the Police Reform Act 2002 also confers a power on designated escort officers 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.

When might a strip search become an intimate search?

The touching or applying of bodily force to any orifice (other than mouth) or the immediate surroundings of any body orifice would constitute an “intimate search” for the purposes of PACE. Any intentional physical contact with the genitals (e.g. moving or lifting them) as opposed to a mere visual examination should be considered an “intimate search”.

If necessary to assist the search, the detainee may be required to hold their arms in the air or to stand with their legs apart and bend forward so a visual examination may be made of the genital and anal areas provided no physical contact is made with any body orifice. Detainees should not be asked to squat during a strip search.

Conduct of searches

The custody officer should explain to the detainee why they are being searched and is responsible for the safekeeping of any property taken from the detainee. Staff should also explain why it is necessary to take what may be considered unwelcome actions, such as requiring the removal of items of a detainee’s clothing, for the purposes of a search.

Officers and staff should carry out searches with respect and dignity. They should do so in an area where the detainee can neither be seen by anyone who does not need to be present nor by a member of the opposite sex.

Further information

The custody officer must fully explain the reason(s) for the search. Custody officers should consider repeating this later during custody if the circumstances of the search were volatile.

Where an urgent strip search is conducted of a young person prior to the arrival of an appropriate adult, officers must record the justification along with what action has been taken to secure the immediate attendance of an appropriate adult.

There is stated case law which urges compliance with PACE Code C in dealing with vulnerable adults and children in police custody where it is considered necessary to remove their clothes due to concern for risk of harm.

Officers should not automatically see strip-searching individuals for their own protection as the best way to prevent them harming themselves. Officers must follow the safeguards in PACE to protect vulnerable people and children.

If a strip search is authorised then Detainees should not be asked to squat during such a search.

Property removal and storage

During the risk assessment process, custody officers should be aware that items of clothing such as ties, belts, shoelaces and cords could 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 ECHR.

Withholding articles

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.

Custody officers may (under section 54 of PACE) seize clothing on the grounds that they believe a detainee may use it to harm themselves.

However, custody officers should, when deciding to remove property, balance the imperative to protect the right to life with the importance of ensuring that a detainee's dignity is respected. For example, detainees should be allowed to retain their spectacles if there is no significant indication that they may use them to self-harm.

Section 54(3) and s.54(4) of PACE provide the power to seize clothing which might be used to cause physical injury and s.53(6) and s.53(6A) treat the process by which clothing and other articles might be found and/or seized as a search. Officers should not leave a detainee without any clothing as an alternative to constant supervision.

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. If a detainee has medication with them, this should be retained and only administered after examination and authorisation by an HCP.

Replacement clothing

Officers must respect the detainee's dignity and meet their basic warmth and welfare needs by supplying replacement clothing as appropriate. Officers must provide a detainee with alternative clothing if their own clothing is wet, as they may be at risk from hypothermia.

20. Release/Transfer from Custody and Cell Requirements

When making the decision to release or transfer a detainee, it is essential that custody officers are familiar with the NDM and are able to carry out and justify their decision making.

The custody officer should complete a pre-release risk assessment. They should not leave this until the point of release. Instead, it should be an ongoing process throughout detention and be concluded at the point of release. Custody officers should refer to all existing risk assessment information for the detainee. They should also personally speak to all detainees prior to release. They then need to decide what action, if any, is appropriate to support vulnerable detainees upon release.

In some circumstances it may be appropriate to simply offer an individual appropriate advice and options to support their welfare on release. The options open to the police for onward referral of a detainee vary according to local provision of services in:

- Social care
- Healthcare
- Hostels/refuges
- Charity support organisations (e.g., the Royal British Legion)
- Other agencies.

The custody officer should also ensure that any risk posed by the detainee to other persons has been considered as part of the pre-release process, and, when appropriate, bail conditions are put in place to address any risk identified. They should be mindful of the need to ensure that affected individuals are notified prior to release so that counter measures can be put in place where required. This includes liaising with any other officer responsible for a related risk assessment. This includes liaising with any other officer responsible for a related risk assessment. In cases where a detainee is bailed in one force but transferred to the jurisdiction of another police force, clear lines of communication need to be established to ensure that the victim can be notified when the detainee is finally released. The Code of Practice for Victims of Crime should be referred to and complied with as regards the requirement to keep the victim informed.

There is no requirement to ask every detainee if they intend to self-harm upon release. However custody officers should be aware that there is no evidence that asking a person about thoughts of suicide increases the risk of this occurring.

Risk of self-harm and suicide after release

There are occasions when it becomes apparent through the pre-release risk assessment process that a detainee is extremely vulnerable and that there is a real and credible risk to that individual on release (including the risk of suicide). This risk may not always be apparent during the early stages of detention, leaving the custody officer very little time to make an urgent referral.

An adult detainee charged with an offence can be refused bail and kept in custody under section 38(1)(a)(vi) of PACE if the custody officer has reasonable grounds to believe detention is necessary for his/her own protection. Other grounds for keeping a person in custody may also apply.

The custody officer has no explicit powers to detain a high-risk detainee before/without charge once their detention can no longer be authorised in accordance with Part 4 of PACEor any other lawful power. They may consider using section 5 of the Mental Capacity Act 2005 or, in the case of children, the powers of a police protection order. The custody officer responsible for the duty of care for that detainee has to make a decision on the best course of action for the detainee on release and, under exceptional circumstances, the safest course of action to protect the life of that individual.

Custody officers should take into consideration the duty of a police officer to preserve life. Under section 6 of the Human Rights Act 1998, the police service is prohibited from acting in a manner incompatible with the European Convention on Human Rights (ECHR). One of the obligations under the ECHR is to take feasible operational steps (within the lawful power of the officer) to avert any real or immediate risk of death of which the officer is aware or should have been aware. As such, it may be appropriate in some circumstances to extend the detention period of the detainee for a minimal and limited period.

Similarly a person may be detained if they are in need of mental health assessment and thus detention in custody after the criminal matter has been dealt with.

The reasons for not releasing someone are:

- Police have a common law duty of care to the detainee
- Police have a duty to release into a safe environment.

A person may also be kept for a period of time (which should be strictly proportionate to the risk) to allow for the transfer of care to other appropriate care services, e.g., transfer into social services or local hospital care facilities.

It is unlikely that a referral will be legally permitted without the explicit consent of the detainee unless there is a legal obligation to inform others. Where there is a legal requirement to make a referral but the referral has been made without the consent of the individual, officers should record the reason and justifications for this in the custody record.

Custody Officers must therefore as part of the pre-release risk assessment consider what provision should be made for the released detainee to return to a location where they should be relatively safe. Whether they were charged, bailed without charge or released NFA are not the criteria. It is the risk assessment of the detainee on release that will dictate what police action if any should be taken.

Checklist: transfer of detention

Prior to transferring the detainee, the custody officer must:

- Review the risk assessment, custody record and attachments
- Review medical notes complete a PER form (which should be accompanied as a minimum by the detainee medical assessment form), under confidential cover, if the detainee is being transferred to hospital.
- Prepare the detainee
- Check the detainee's property and consider authorising an additional search where necessary
- Ensure the detainee has appropriate clothing
- Check that the detainee has access to sufficient medication for their transfer
- Consider whether restraint is necessary and the appropriate level of restraint
- Consider the number of detainees being transferred.

Cell Searches

Officers must visually inspect and search all cells and detention rooms on release of a detainee and before new occupancy, to ensure that:

- Fresh damage is identified
- Defects in cells are identified
- Cell buzzers, intercoms and lights are working and fully functional
- Alarm call systems are working and fully functional
- The cell hatch closes
- No ligature points are available
- The previous occupant has left no items.

Periodical checks

Officers should check all cells and detention rooms 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.

Inspection checklist

Officers should take the following actions when inspecting cells and detention rooms 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.

Immediately after placing a detained person into a cell, custody staff should document in the custody record that the cell has been checked, that it meets the required standards and that the cell call system is in full working order.

Police search adviser

Cells should be frequently searched by licensed search officers under the direction of a police search adviser. This is most effective when carried out on a regular basis, but with

varying lengths of time between searches. Where forces have adopted these procedures, searching by custody staff and officers has improved.

Defective cell

A cell or detention room must be put out of service if the cell call system is found to be defective. This applies until it is fit for use or a suitable control measure has been employed to ensure the detainee's welfare, for example, placing the detained person under close proximity supervision (level 4).

Forces must only use a defective cell as a last resort. If appropriate control measures are not available or possible, it must not be used. Any cell found to be structurally defective or in need of cleaning must be closed for remedial action.

Supervision and Security in Hospitals

A police supervisor should also contact the escorts at least once during each shift of duty to ensure that:

- The member of staff is safe and well
- The detainee is safe and their welfare needs are being met
- There is consultation with the hospital and medical staff
- Officers and staff are complying with instructions and guidance given on the detention and care of the detainee.

Police supervision

Officers supervising detainees in hospital must be fully briefed. This should include:

- Details of the detainee they are guarding
- The known risks associated with the detainee (including any medical conditions they may have) and the risk management plan
- Actions to be taken to prevent the detainee's escape (such as the use of handcuffs)
- Preservation of evidence
- Actions to be taken to prevent the acquisition or retention of items that may cause harm to the detainee or others
- Actions to be taken if there is an incident involving the detainee or affecting the detainee
- Any available and relevant information on the medical condition of other patients on the premises who may be located nearby or are likely to be affected by any actions of the police officers or detainee
- The requirement to fully brief staff who take over the role from them.

21. WELFARE AND SAFETY

Meeting the welfare needs of detainees involves providing various items, some of which are routinely taken into cells but can be used to self-harm. Detainees who are determined to self-harm can adapt items in unusual ways.

Misuse of the Cell Call System

Where a detainee has persistently used the cell call system to gain attention with no genuine need, the custody officer responsible for that detainee may decide to switch off the call system for that cell for a short and limited time (proportionate to the individual).

When this course of action is taken, the custody officer must mitigate the increased risk by implementing control measures. These may include moving the detainee to a cell with CCTV where they can be continuously monitored or increasing the level at which they are being monitored.

Officers must record all such actions and justifications for them in the custody record.

Dirty Protests

Sometimes detainees decide to foul their own cells. In such cases, the detainee should be extracted from the cell for it to be cleaned and placed in another cell. It is for the custody officer to determine whether this action is proportionate. The custody officer should take specialist advice from an HCP and tactical adviser as to the best course of action. They must record their considerations and decisions in the custody record.

Detainee complaints

Officers and staff should tell detainees how to make a complaint and enable them to do so if they wish. Officers should take detainees' complaints at the earliest practicable time.

The custody officer must be informed if the detainee makes a complaint during the course of interview in relation to any aspect of their arrest and detention. The custody officer should then escalate the complaint by reporting it to an officer of at least inspector rank who is not connected with the investigation.

Detainee risk assessment while outside custody

All officers and 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 the detainee makes during interview, while on escorted visits outside the police station, or any made about the detainee by others who know them.

If investigating officers/staff take a detainee out of the police station for any reason, they must supervise the detainee at all times and fully comply with the relevant PACE codes of practice. Officers/Staff must also monitor the detainee's welfare and ensure that the detainee does not gain access to items that could be used to harm themselves or others or to facilitate an escape.

Clothing

Detainees should be able to remain clean and comfortable while in custody. Changes of clothing, especially underwear, should be facilitated as required. Officers must justify

removal of clothing for safety or investigative purposes and record this in the risk assessment and custody record. Any item of clothing can be used as a ligature. Belts, ties, cords and shoelaces are obvious and more readily available.

Officers should make the decision to remove such items after conducting a risk assessment. 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, seizing and exchanging clothing may not remove the risk but may increase the distress caused to the detainee and, therefore, increase the risk of them self-harming. Leaving a detainee in their own clothing can help to normalise their situation. Constant observation or observation within close proximity (level 3 or 4) may be a more appropriate control measure in these circumstances.

Clothing may be taken from a detainee in the course of an investigation as evidence or for hygiene purposes. In all cases replacement clothing must be provided.

Bedding

Mattresses, pillows and blankets supplied to a detainee should be in a clean and sanitary condition. They should be checked and cleaned prior to being used by another detainee. Mattresses should be checked for damage and cleaned as required when a cell is vacated.

No blanket is totally anti-tear and must be checked for signs of damage when being issued, to prevent it being used as a ligature.

Staff should collect blankets when the detainee no longer requires them. Blankets should never be left in a cell when a detainee is moved or released.

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.

High risk blankets are available as an alternative to fleece blankets for detainees risk assessed as being Level 2 or higher.

Toilet and sanitary facilities

Detainees should be able to access and use a toilet in privacy.

Hygiene packs should be routinely offered to women on arrival and available on request. Staff should take into consideration the additional needs of detainees who, for example, are menstruating or have an additional medical need on an individual basis.

Detainees who require a shower should, where appropriate, be offered the opportunity to do so.

Food and drink

Staff should offer adequate food to detainees as required in a timely fashion. The meals should be reasonable and sufficient to meet the dietary requirements of detainees.

Staff should carefully manage the temperature of food. Providing very hot food and drinks to a detainee risks scalding the detainee and can cause severe injury if thrown at staff.

Preparing and supplying food to detainees can carry the risk of food poisoning. Custody staff should take all appropriate measures to eliminate these risks by ensuring that hot meals are properly heated.

Choking on food

Choking on food can happen 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.

Cutlery and crockery

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 keep items of crockery brought into the custody suite for personal use secure to prevent detainees using them as weapons.

Smoking

Smoking (including the use of e-cigarettes) is not permitted in Staffordshire custody facilities by officers, staff, visitors (including contractors) or detained persons. Nicotine replacements for Detainees can be given providing that the HCP is made aware and will recommend the frequency. Detainees are permitted to bring into custody or have delivered to the custody site Nicotine replacements as Staffordshire Police do not supply these.

22. Diversion, Referral and Production Orders

Diversion is a process whereby people are assessed and their needs are identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into account public safety, safety of the individual and punishment of offence.

The duty of the police to act on foreseeable risks can extend beyond the person's release.

Referral to another agency following the issue of a conditional caution, or release or transfer from police custody may prevent deaths following police contact, or incidents of self-harm. It can also help to break the reoffending cycle.

Information obtained by the police while dealing with a detainee is confidential. Recording, retention and deletion of this information must be in accordance with PACE Code C and the Data Protection Act 1998. Provisions are made for sharing information in specific situations in the Crime and Disorder Act 1998.

Liaison and Diversion

This partner agency is embedded at both custody suites, working 7 days a week. Custody sergeants must complete a RAG rated risk assessment for mandatory offences

The below chart details the current process for referring to L&D in custody:-


Process map for L & D.docx

There are support pathways available for detainees with drug and alcohol addiction

Distraction techniques

Both custody suites have available a range of distraction material including colouring items and foam footballs, these items are provided to detainees on a risk lead basis determined by the custody sergeant.

Home Office Production Orders

Governors of HM Prisons have the authority, under Section 41 and Schedule 1 to the Crime (Sentences) Act 1997, to authorise the production of prisoners (Home Office Production Order – HOPO) to the police for any of the following purposes:

a) To answer another charge;

b) To be dealt with for an offence for which he/she was placed on probation or conditionally discharged or for which a suspended sentence was passed;

c) To appear as a prosecution witness;

d) To help recover stolen property or hidden firearms or explosives;

e) To identify premises in connection with criminal investigations;

f) To be interviewed in connection with the investigation of a serious indictable offence as defined by Section 116 of the Police and Criminal Evidence Act 1984;To take part in identification procedures.

Only Prison Governors or Duty Governors can give permission for productions. There are no grounds for appeal if this authority is refused; however, an explanation can be obtained regarding the decision. In authorising production of a prisoner to the police, the governor may request that the prisoner retains any benefit from the Prison Rules whilst in police detention. The extent to which this request is complied with is a matter for the custody officer at the particular police station, as once the prisoner is in the legal custody of the police; the Prison Rules do not apply. However the prisoner should not be treated worse than a remand or sentenced prisoner as the case may be.

Every production of a prison inmate must be to a Police Station, which has been approved and accredited by the Police Advisers Section of the Home Office for the purpose (usually the Governor of a prison in the relevant catchment area). In Staffordshire this is any of the two designated stations:

- NACF – up to Category A prisoners;
- Watling – Category B and below prisoners; this accreditation is completed on a five year cycle.

When a prisoner is removed to a police station under Section 41 he/she is in the legal custody of the police, the authority for custody stemming from Section 41 and Schedule One Crime (Sentences) Act 1997. He/she is no longer in the legal custody of the Governor under Section 13 of the Prison Act 1952.

It is important that all activity and engagements (e.g. risk assessments, feeding, exercise, interviews, medical attention etc.) with such prisoners is properly recorded and be subsequently auditable. Therefore, all prisoners brought into Staffordshire Police Custody under the Prisoner Production Rules will be recorded onto NSPIS and a new custody record commenced even if their presence is just to have their initial VIPER image capture carried out. Their treatment whilst in police custody must be accurately and scrupulously recorded. The NSPIS system is designed just for this purpose. A copy of the custody record will be produced and along with an updated PER form sent with the prisoner back to the prison or to court (see below).

Initially such prisoners are in police custody and Code C PACE does not apply. However, as part of an investigation it may be appropriate to arrest them for new matters. In such cases Code C will apply and all constraints of PACE must be adhered to.

Officers should note:

- A HOPO authorises no more than what is permitted in accordance with the law.
- No prisoner will be allowed social or domestic visits, whether at the police station or elsewhere and will not be permitted to make or receive any telephone calls. No items are to be passed to the prisoner while on production. This includes property handed to police.
- The prisoner will not be placed before a court without additional authority of the Governor and must be returned to the prison by the Police.

Reviews of production prisoners

As mentioned above, a custody record will be opened on arrival at the Police station and maintained while the prisoner is on production. A copy will be returned to the prison with the prisoner. Although PACE reviews of detention do automatically apply, it is good practice to do so and Staffordshire Custody Officers will carry out reviews as this will ensure that: -

- The reason for the production into police custody remains valid;
- The overall period of production allowed under the 1997 Act direction is not exceeded; and
- If operational reasons do call for added time, an opportunity is afforded to make an application to the prison governor.

Charging

Where a decision is made to charge the prisoner with additional offences, it is the responsibility of the Case Officer to inform the relevant Prison Department by completing a Home Office Court Production Order to ensure production of the prisoner to the relevant Court for the first hearing.

23. Deaths in Custody and successful interventions/adverse incidents

There are five categories which define a death in custody or a death following contact with the police.

Category 1 – road traffic fatalities, including deaths of motorists, cyclists or pedestrians arising from police pursuits, police vehicles responding to emergency calls and other police traffic-related activity.

This does not include:

- Deaths following a road traffic incident (RTI) where the police have attended immediately after the event as an emergency service.

Category 2 – fatal shootings, including fatalities where police officers fired the fatal shot using a conventional firearm.

Category 3 – deaths in or following police custody including deaths that occur while a person is being arrested or taken into detention, deaths of people who have been arrested or who have been detained by police under the Mental Health Act (MHA) 1983. The death may have taken place on police, private or medical premises, in a public place or in a police or other vehicle.

This includes deaths which;

- Occur during or following police custody where injuries that contributed to the death were sustained during the period of detention
- Occur in or on the way to hospital (or other medical premises) following or during transfer from scene of arrest or police custody
- Occur as a result of injuries or other medical problems that are identified or that develop while a person is in custody
- Occur while a person is in police custody having been detained under section 136 of the Mental Health Act 1983 or other related legislation.

It does not include:

- Suicides that occur after a person has been released from police custody
- Deaths that occur where the police are called to assist medical staff to restrain individuals who are not under arrest.

Category 4 – apparent suicides that occur within two days of release from police custody and apparent suicides that occur beyond two days of release from custody where the period spent in custody may be relevant to the subsequent death.

Category 5 – deaths during or following other types of contact with the police, including deaths following contact with the police, either directly or indirectly, that did not involve arrest or detention under the MHA 1983 and were subject to an independent investigation by the Independent Police Complaints Commission (IPCC). An independent investigation is determined by the IPCC for the most serious incidents that cause the greatest level of public concern, have the greatest potential to impact on communities or that have serious implications for the reputation of the police service. Since 2010/11, this category has

included only deaths that have been subject to an IPCC independent investigation. This is to improve consistency in the reporting of these deaths. Forces must refer such deaths immediately to the IPCC.

This may include deaths which;

- Occur after the police are called to attend a domestic incident that results in a fatality
- Occur while a person is actively attempting to evade arrest; this includes instances where the death is self-inflicted
- Occur when the police attend a siege situation, including where a person kills themselves or someone else
- Occur after the police have been contacted following concerns about a person's welfare and there is concern about the nature of the police response
- Occur where the police are called to assist medical staff to restrain individuals who are not under arrest.

Adverse Incident and Successful Intervention in relation to the Independent Police Complaints Commission and APP mean any incident which, if allowed to continue to its ultimate conclusion, would have resulted in death or serious injury to any person.

Near Miss Reporting

The near miss reporting process covers all aspects of occurrences in custody that put someone at risk of physical harm. This includes Health and Safety occurrences like trips, falls etc.

The Force has two reporting processes. The first is based within Origin, and caters for near miss issues relating to trips, falls etc., involving employees and reports on this system are automatically notified to the Force Health & Safety Officer.

The second system is custody orientated and based within Lotus Notes and caters for all persons not just employees. The reporting officer should complete the on-line form and this is then automatically forwarded to custody management for investigation and any further action if required.

Steps That Should Be Taken

The following checklists outline the actions that officers and staff should take in different circumstances. The first checklist describes what actions should be taken when a death in custody has been avoided though timely police intervention; this scenario is described as a 'successful intervention'.

When a successful intervention occurs in custody:

When a successful intervention occurs in custody, officers should:

- Check for vital signs and consider first aid
- Call for medical support if available within the custody suite
- Consider the need for an ambulance and call one if appropriate
- Allow the detainee to be taken to hospital if required
- Brief ambulance staff or hospital staff on medical history while in custody
- Decide if the detainee should be accompanied by a police officer
- Authorise a police officer (or officers) not involved in the incident or directly responsible for the detention of the person to accompany the detainee to hospital

- Not delay the detainee's departure to hospital if it is not immediately possible to find a suitable officer to accompany them to hospital.

Immediately thereafter, the officers should inform the duty inspector.

Officers should consider carrying out the following in conjunction with the inspector. These steps are determined by the seriousness of the actual harm and the intended or likely consequences of the actions in question:

- 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 and provide 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 relieving custody staff for remaining shift and their next shift.

Next steps:

- Inform the performance & standards Unit (PSU), which will ensure compliance with the statutory requirement to report the incident to the IPCC – if death or serious injury has not occurred, there is no mandatory referral requirement but voluntary referral may be appropriate
- Inform the relevant Police Federation or staff association representative as they can advise the officers and staff involved and secure legal representation if required
- Consider the welfare of officers and staff who have been present/involved in the incident and may be experiencing the effects of psychological trauma and distress
- Arrange a debrief, which 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 this debrief only takes place following conclusion of the investigation.

These considerations do not preclude speaking to relevant staff on issues of welfare and the next stages of any Performance and Standards Unit (PSU) and IPCC actions.

When an incident occurs following police contact

- Officers should take these actions following a successful intervention when it occurs in a place that is not a police station (incident following police contact):
- Check for vital signs and apply first aid as necessary
- Consider the need for medical support
- Consider whether the detainee should be transported to hospital and call an ambulance if appropriate
- Consider the need for the detainee to be accompanied by a police officer if taken to hospital.

Immediately thereafter, officers should inform the duty inspector, identify all potential scenes and secure as appropriate.

Next steps:

- Inform the Professional Standards Department
- Inform the relevant Police Federation and/or staff association representative, who can advise the officers and staff involved and secure legal representation if required
- Consider the welfare of officers and staff who have been present/involved in the incident and may be experiencing the effects of psychological trauma and distress

- Arrange a debrief, which 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 this debrief only takes place following conclusion of the investigation.

These considerations do not preclude speaking to relevant staff on issues of welfare and the next stages of any PSU and IPCC actions.

When a death occurs in custody:

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

If death is confirmed, officers should:

- 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
- Underline the last entry in the custody record, in red (timed and signed) on paper custody records or secure the electronic record and make a suitable entry on it
- Ensure an incident log/report/serial is created and begin a scene log
- Call an inspector to the scene
- Inform the duty inspector/custody inspector, who then informs custody command or similar as per force structure
- Inform CID as applicable
- Inform the PSU, as applicable, which will ensure compliance with the statutory requirement to report the incident to the IPCC
- 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 and/or staff association representative, who can advise the officers and staff involved and secure legal representation if required
- Consider the welfare of officers and staff who have been present/involved in the incident and may be suffering from the effects of psychological trauma and distress
- Consider moving detainees who may be witnesses
- Consider closing the custody suite and transferring all the detainees
- Arrange a critical incident debrief for staff involved after the officers involved have provided their initial account and the needs of the investigation have been met – it may be that this debrief only takes place following conclusion of the investigation.

These considerations do not preclude speaking to relevant staff on issues of welfare and the next stages of any PSU and IPCC actions.

When a death in custody occurs in a place other than a police station:

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

If death is confirmed, officers should:

- Identify all potential scenes and secure as appropriate
- Inform the duty inspector, who then either attends the scene or nominates an officer of inspector rank or above to attend the scene
- Inform CID as applicable

- Inform the PSD as applicable
- Inform the relevant Police Federation representative and/or staff association representative, who can advise the officers and staff involved and secure legal representation if required
- Consider the welfare of officers and staff who have been present/involved in the incident and may be experiencing the effects of psychological trauma and distress
- Identify witnesses
- Arrange a critical incident debrief for staff involved after the officers involved have provided their initial account and the needs of the investigation have been met – it may be that this debrief only takes place following conclusion of the investigation.

These considerations do not preclude speaking to relevant staff on issues of welfare and the next stages of any PSU and IOPC actions.

Statutory duty to refer to the IOPC

There is a statutory duty to refer incidents to the IOPC where:

- Persons have died or been seriously injured following some form of direct or indirect contact with the police
- There is reason to believe that the contact may have (directly or indirectly) caused or contributed to the death or serious injury.

There may be cases that do not involve a complaint or conduct matter when initially referred to the IOPC, but all deaths and successful interventions (untoward incidents) will be investigated. The IOPC assesses the seriousness of the case, whether investigation is in the public interest and determines the appropriate form of investigation. These are as follows:

- Independent investigation
- Managed investigation
- Supervised investigation
- Local investigation.

Further information on investigating complaints and potential misconduct can be found in the IOPC statutory guidance to the police service on handling complaints. Forces must make a mandatory referral without delay and in any case not later than the end of the day after the day it first becomes clear that it is a matter which must be referred.

Regulations 4, 6 and 7 of the Police (Complaints and Misconduct) Regulations 2012 state: 'Without delay' means immediately, which will be as soon as the force becomes aware of the death or serious injury, unless there are exceptional reasons why this is not possible.

The IOPC determine the mode of the investigation, ensuring an independent investigation of the matter and that it adheres to Article 2 ECHR. It is important to immediately assess community impact considerations.

A death in custody should be investigated independently to adhere to Article 2. Police forces need to be aware that they need to refer quickly. If they fail to refer without delay, an inference may be drawn when the IOPC is looking at the time delay as part of its investigations and determining whether there is any misconduct.

Corporate Manslaughter and Corporate Homicide Act 2007

Under the Corporate Manslaughter and Corporate Homicide Act 2007, a police force is guilty of an offence if the way in which its activities are managed or organised:

- Causes a person's death
- Amounts to a gross breach of a relevant duty of care owed by the organisation to the deceased.

A police force will be guilty of an offence under this section only if the way in which its activities are managed or organised by the senior management is a substantial element in the breach.

An individual cannot themselves be guilty of aiding, abetting, counselling or procuring the commission of the offence of corporate manslaughter.

Where suicide has occurred and the judge has found that the police force held a relevant duty of care for the detainee, a jury must decide whether the police force is guilty of corporate manslaughter under the Act.

Duty of care

A relevant duty of care includes a duty owed to a person who, by reason of being a person covered by section 2 of the Corporate Manslaughter and Corporate Homicide Act 2007, is someone for whose safety the organisation is responsible.

A person is owed this duty of care if he or she is:

- Detained at a custodial institution or in a custody area at a court, a police station or customs premises
- Detained in service custody premises
- Detained at a removal centre, a short-term holding facility or in pre-departure accommodation
- Being transported in a vehicle, or being held in any premises, in pursuance of prison escort arrangements or immigration escort arrangements
- Living in secure accommodation in which he or she has been placed
- A detained patient.

Duty of care to officers and staff

Incidents involving death in police custody are likely to attract public and media interest, and can be emotive and stressful for all involved. As a consequence, both the investigative function and the chief officer's duty of care to officers and police support staff involved must be afforded a high priority.

The duty of care to officers and police staff extends to welfare, physical, psychological and medical support. In addition, police staff associations have arrangements for providing advice and support to officers and staff. In facilitating the provision of these services, investigating officers, post-incident managers and staff association representatives have distinct roles. It is, however, essential that all officers, post-incident managers and those involved in any debriefing process are able to demonstrate integrity of purpose in all communications between each other and in record-making and debrief procedures.

Securing Evidence

The responsibility for securing evidence and taking appropriate action in an Article 2 investigation remains with the police service until such time as the IPCC takes over the investigation.

Where death of a detainee in police custody has occurred, officers and staff must take reasonable steps to secure all relevant evidence, including witness testimony and forensic evidence.

For example:

- Identifying and preserving the scene and exhibits
- Identifying immediately available witnesses
- Securing any physical evidence
- Having experienced family liaison officer(s) available or victim and witness support.

Any deficiency in the investigation which undermines its ability to establish the circumstances of the case and any responsibility is liable to fall short of the required measure of effectiveness.

If a death has occurred outside the police custody suite, e.g., at the scene of an incident following arrest, officers must secure the scene as soon as is practicable. This will assist in maintaining the integrity of the scene, defuse any tensions at the scene and enable the force to attend to post-incident issues, including those of evidence and welfare.

Officers and staff involved in the incident should attend a suitable location where post-incident procedures will take place.

Securing a Cell

The following applies where a Detained Person has been taken to hospital from custody and which may result in a referral to the IPCC under the criterion laid down by them.

Where any DP is taken to hospital for treatment to injuries or conditions that appear or have the potential to be life threatening or life changing or are the subject of a complaint relating to the 'use of force', the cell should be secured (closed) and not reallocated until such time as the outcome is known and a decision is made that the cell in question is not a 'scene' with regards to any immediate investigation. The relevant custody record must be marked up indicating that the cell is closed and the reasons why.

Should the cell in question be a cell equipped with CCTV and there is no other CCTV equipped cell available in which to allocate a Level 3 (or Level 4) detainee, the Custody Officer can override the above but will need to justify the requirement to reuse the cell for another DP balanced against the preservation of the cell as a scene. If the decision is made to reopen the cell then the detailed rationale must be fully recorded on the custody record for the detained person who is now in hospital.

On those occasions whereby the closed cell is a CCTV equipped cell and the investigation requires that it MUST be preserved and if there is another DP requiring level 3 or 4 observations and no other CCTV cell is available then a none CCTV cell will have to be used. In such cases Level 4 observations are to be put in place. This would ordinarily be carried out by Resource Group staff, however should the risk assessment justify it, this task may fall to Local Policing.

Initial accounts

Where police officers or staff make an initial account they should, subject to any legal advice that they are given, do this as soon as practicable. Officers should record accounts in writing and time, date and sign them.

This initial account should only consist of their individual recollection of events and should, among other things, state what they believe to be the facts. This account should also provide information on any use of restraint or force (e.g., Pava or Taser conductive energy device) and why it was considered necessary and proportionate to use such force, based on the honestly held belief of the officer.

Officer responsibility

It is the responsibility of each individual police officer and staff member involved in the incident to ensure that any information that may be relevant to the investigation is disclosed, recorded and retained. This information should include the person's own observations relating to the incident and any accounts received from witnesses (e.g., custody staff, other officers, escort staff, court staff, and members of the public and other detainees).

Detailed accounts

Staff involved should not normally make these immediately, but should leave them until they are better able to articulate their experience in a coherent format. This is usually after at least 48 hours.

As a matter of general practice, staff should not confer with others before making their accounts (whether initial or subsequent accounts). The important issue is to individually record what their honestly held belief of the situation was at the time of death. If, however, in a particular case a need to confer on other issues does arise, to ensure transparency and maintain public confidence staff must document that this has taken place. The record should include the:

- Time, date and place where conferring took place
- Issues discussed and with whom
- Reasons for such discussion.

There is a positive obligation on the staff involved to ensure that all activity relating to the recording of accounts is transparent and can withstand scrutiny. See also APP on conferring. Where an officer or staff member has any concerns that the integrity of the process is not being maintained, they must immediately draw this to the attention of the person in charge of the post-incident process, and ensure that this is documented.

Effects of witnessing a traumatic incident

Officers or staff who have been involved in a traumatic incident often experience a range of physiological and psychological responses which may determine their perception of time, distance, auditory and visual stimuli and the chronology of key events. This may affect their ability immediately after the incident to recall what may be important detail.

Where, over time, officers and staff recall more information, they should record this in a further account.

24. Custody Suite – Maintenance, Health & Safety, CCTV.

All new custody suites and cells should meet the standard Home Office design and specification.

Hatches

Cell hatches can present risks. Officers must always leave hatches fully closed after use. If as a result of a risk assessment a decision was made to leave the hatch on the 'Perspex view' (never left open) then the custody record will be marked up to this effect and a note placing on the whiteboard remarks.

Doors

The gap between the cell door and rebate when the door is closed should be no more than 2mm.

Booking-in area

The layout should also allow the detainee a reasonable degree of visual and auditory privacy during the booking-in and charging process. The use of privacy screens or a separate, discreet charging area may help in this regard.

The exercise yard

The custody officer must carry out a risk assessment before a detainee is allowed to use the exercise yard

Cell call systems

All cells should be fitted with a working cell call system. Where the cell call system is found to be defective, the cell must be put out of service until the system is repaired. The cell call controls within the cells must be safe for police custody use.

Entry to the custody suite

Detainees under escort should enter through a custody vehicle dock wherever possible. This provides security and privacy. Other visitors such as family members, appropriate adults, solicitors and those returning on bail should come through a public entrance.

Cell corridors

Cell corridors have CCTV, have the facility for live time monitoring and record the footage. Cell corridor areas have an effective personal attack alarm system.

Alarm systems

Personal attack alarm systems allow immediate assistance to be summoned throughout the custody suite. Staff should be seated closest to the door with an attack alarm call point readily accessible to them.

HEALTH AND SAFETY

There are many aspects of health and safety to consider when detaining a person in custody.

Definition of hazard

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 officers and staff have a responsibility under health and safety legislation to identify hazards and risks.

Ligature points

The most innocuous fixture, fitting or space can provide a ligature point for a person intending to self-harm or take their own life. People who are determined to self-harm may go to extreme lengths to do so. Detainees can be ingenious in the methods they use. Custody staff should check in a cell for damage, including the mattress, blanket and pillow (if provided) to ensure they do not provide potential ligature material. To commit suicide using a ligature, a person requires the means to form a ligature and something to attach it to, normally a structure. Removing one or preferably both opportunities minimises the risk.

Staff who inspect cells must be aware that ligature points can be found at high and low levels. They can take any form, e.g., cracks, gaps in benches, CCTV fittings, WC rims and other features – any pipe, tube, bar or similar fittings. Custody staff should conduct inspections methodically, working from the ceiling to ground level.

Examples of ligature points

These can be created in various places:

- Old wooden benches
- Ventilation or heating grilles where they are poorly positioned or the grille apertures are too large (greater than 2mm diameter)
- Toilets with filler or sealant missing between the junctions with walls and floors
- Washbasin tap fittings or plugholes
- Welding around doors that creates points, blade edges or provides gaps between steel sections
- Poorly fitting doors providing means of wedging a ligature (particularly where the gap narrows as it travels further downwards)
- Cell hatches which are defective or do not shut properly and can be opened by the detainee from inside the cell, thereby providing a gap into which a ligature can be lodged
- Unsuitable door handles, for example, 'T' handles
- Light fittings, CCTV cameras and other similar fittings that provide any means of attaching a ligature
- Walls or tiles with render or grout missing
- Smoke detectors which provide a potential means of ligature attachment
- Cell call buzzers or toilet flush mechanisms that have become loose
- Cell door spy glass (defective glass lenses or casings)
- Cell window fixing points
- Cracks or gaps between cell fittings and walls, floors or ceilings
- Cracks or gaps that have been improperly filled with a soft mastic
- Floor drainage grilles

- Half-height privacy walls which provide access to high-level fittings or themselves provide a means for self-harm
- Hand-wash unit drain points and hand-wash units.

Identifying a ligature point

If officers identify a potential ligature point, they should either remove the detainee from the cell or effectively manage the risk. Where the ligature point has been caused by damage or wear, remedial work must be carried out as soon as is practicable. The custody officer is required to constantly manage the risks associated with that cell until it has been fixed/improved, inspected and declared safe for normal operational use – this will normally involve putting the cell out of use.

First-aid equipment

First-aid equipment is placed conveniently near to cells and, where possible, close to hand-washing facilities. Sufficient quantities of each item should be available in every first-aid container. Staff should examine the contents of first-aid containers frequently and restock them as soon as possible after use. Staff should take care to discard items safely when the use-by date has passed. . This forms part of the Custody Officers daily check regime. All custody suites also have a defibrillator.

Suicide intervention pack

All Tier 1 and 2 custody suites are equipped with a suicide intervention pack. This emergency kit includes the Allen key tool to undo the retaining plate on cell door locks (security strika) in an emergency should a lock jam.

All custody staff are issued with ligature knives or emergency cut-down tools. Staff should carry these at all times when in the custody suite.

CCTV

CCTV can be used for both monitoring the welfare of detainees and for preventing and detecting crime.

Each custody site has a dedicated number of cells that have CCTV facility. This varies between sites.

Potential areas for CCTV

The CCTV for the custody officer's desk and the evidential breath analysis device room must contain audio.

Detainee privacy

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

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

WCs should not be included in CCTV range unless there are exceptional circumstances for doing so, for example, relating to the detainee's safety. If all cells have WCs, the cameras should be positioned so that the WC is not in range or is pixilated.

Requests by detainees to have the CCTV turned off shall be refused in accordance with paragraph 3.11 of the Police and Criminal Evidence Act 1984 (PACE) Code C.

Pixilation

The cell WC area should be pixilated on monitors for privacy reasons. Forces should record the full image without pixilation. Monitoring staff should have the ability both to pixelate for privacy reasons and to remove pixilation (an auditable act on the system) when needed for short periods to check detainee safety.

Responsibility for the CCTV System

Clear lines of responsibility for the ownership and administration of the CCTV system exist, including responsibility for day-to-day operation, the integrity of the system and any recorded footage. They should include a fault-reporting procedure and maintenance programme to maximise the operational availability. Custody managers have an inspection regime for the CCTV system, including both the hardware and software, to ensure the suitability of images. They also check recording quality.

Use and Monitoring of CCTV

Custody staff use cells with CCTV for the safety and welfare of all detainees and not only those who pose specific risks. The requirements of continual observation cannot be replicated by relying on the existence of CCTV.

Continual CCTV cell monitoring

Where a decision has been made to monitor the welfare of the detainee using continual CCTV cell observation, officers must record the purpose of this control in the custody record along with the name of the person(s) responsible for the monitoring.

The decision to use continual CCTV cell monitoring must be based on risk assessment rather than resourcing levels. The officer or member of staff appointed to monitor detainees continuously via CCTV must not be expected to view more than four cells simultaneously on a split screen display, or to carry out additional duties that may distract them from continuously viewing the CCTV.

Wellbeing checks

CCTV must not replace visits to detainees, other physical checks for well-being or the need for close proximity observations for detainees assessed as high risk.

Cells equipped with CCTV

Officers will not use cells equipped with CCTV to conduct strip searches or for consultations between detainees and their legal representative. There may be occasions when recording a strip search via CCTV is desirable for the protection of staff, but officers must consider PACE Code C Annex A paragraph 11(b). The recording of the search must be shown to be necessary and proportionate in the circumstances.

The Custody Record

Detainees, legal representatives and appropriate adults have rights of access to custody records. 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 Code C. People whose images are recorded on custody CCTV systems are, however, entitled under data protection legislation to request access to the CCTV recordings via a subject access request. Subject access requests are also covered in section 5.2.3 of the information commissioner's CCTV code. Officers must process each request on a case by case basis and refer each request to the force data protection officer. Except in very limited circumstances, 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 could identify other detainees whose right to privacy must also be respected. Disclosure of personal information without the consent of those other detainees may constitute an offence. The information could, however, be legally disclosed under section 7(4) of the Act without consent where it is reasonable in all the circumstances to comply with the request without the consent of the other detainees.

25. Immigration Police Station Advice (IPSA)

Glossary;

- ITA: Immigration Telephone Advice
- ILA: Immigration legal Advice
- LAA: Legal Aid Agency – (Executive Agency of the Ministry of Justice)
- CLA: Civil Legal Advice
- DSCC: Defence Solicitor Call Centre
- HGS: Hinduja Global Solutions – (HGS delivers the DSCC Operators Service)

The NPCC and Legal Aid Agency have produced new guidance for the Immigration Telephone Advice (ITA) service and the subsequent Immigration Legal Advice.

Key changes include:

- The police may be required to provide the legal provider with an email
- The new service will operate from 8am to 8pm, 365 days per year. Call backs outside these hours may be subject to delay. If there is a delay, custody officers should contact the DSCC to seek an update.

Please see the attached document for the full advice. Glossary included for ease of reference.

Immigration Police Station Advice (IPSA)

What is happening?

- The Immigration Telephone Advice (ITA) is a service commissioned by the Legal Aid Agency (LAA) via which individuals detained in police custody under immigration powers receive telephone-based immigration legal advice.
- The current ITA contract comes to an end on 31 May 2022 and will be replaced with a different solution, the Immigration Police Station Advice service.
- The new service will continue to ensure that individuals detained in police custody under immigration powers are offered advice that will help them understand what may happen to their case. They will also be signposted to their closest legal aid immigration solicitors so that they may seek legal advice.
- The new service will be delivered under the Civil Legal Advice (CLA), an existing service which is delivered by HGS.
- Custody Officers requesting immigration advice for individuals detained in their police station will be familiar with the current process for requesting ITA advice via the DSCC. This part of the process will not change, past 31 May 2022, and any requests should continue to be logged with the DSCC.
- Clients using the service should then expect a call-back from a CLA operator who will provide them with some advice on their case and will also give them the contact details of their closest immigration solicitors so that they may seek legal advice. Custody officers answering the call-back should note that they may be asked to provide an email address so that the CLA operator may send information that will be helpful to the client.
- The new service will operate from 8am to 8pm, 365 days a year. Call-backs outside these hours may therefore be subject to some delays. Where there is a significant delay in the call-back being received, Custody Officers may wish to get in contact with the DSCC to seek an update.
- Clients contacted by the CLA may need access to writing implements in order to capture any information given to them by the operator. Subject to a dynamic risk assessment, Custody Officers are asked to consider providing them with a pen and paper. Any signposting information the client will have received over the phone will also be emailed to the email address recorded on the case file so that this may be printed and given to the client.
- Individuals may opt to contact one of these immigration solicitors whilst in custody or after their release. Where an individual detained under immigration powers requests access to a telephone in order to contact an immigration solicitor whilst still in custody, efforts should be made to accommodate this where possible.
- If you have any questions, please email [redacted]

Process Changes

- Custody Officers are asked to make a particular note of the following changes to the process:
  1. When answering the phone call-back from CLA, you may be asked to provide additional information, such as an email address.
  2. You may need to consider whether it is possible to provide the client with a pen and paper so that they may write down the contact details of immigration solicitors.
  3. Once the CLA operator has ended the call, they will also send via email to the address provided a list of the contact details for those immigration providers to whom the client has been signposted. Please ensure this is printed and handed to the client before, or at the point of, their release.