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CUSTODY MANUAL OF GUIDANCE

2010

Produced on behalf of ACPOS Criminal Justice Business Area



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This Guidance is not protectively marked. It contains procedures and practical working guides to assist Scottish Forces in dealing with the safer retention and handling of persons in Police Custody Suites.

This document is intended to assist Scottish Forces and their Criminal Justice partners in adopting a standardised approach to the care and welfare of custodies within the custody area. As such, the national Guidance is intended to complement Standard Operating Procedures within individual Forces and to clearly define agreed national minimum standards to which all Forces should seek to adhere.

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FOREWORD

Dealing effectively with people who come into the care or custody of the Police is a key element in:

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

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

This document focuses on practical issues and sets out to provide a definitive guide on how Police Forces in Scotland should put in place strategic and operational policies to help raise the standards of custodial care for those that come into the care or custody of the Police.

The guidance recognises that the core task of the Police is to uphold law and order and to tackle crime and disorder effectively. The evidence gathering process is crucial to this. Ensuring that a person who comes into custody receives the appropriate level of care to determine their fitness to be detained and fitness to be interviewed is a key element in the quality of evidence to assist in prosecuting offenders.

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

The high level of contact for Police Officers and Police staff with custodies who may be violent or vulnerable or both, places significant risk and expectations on them. The guidance has a strong focus in helping staff to identify warning signs and to carry out effective Risk Assessment. Identifying the risks and acting on them in the best way possible should help the individual but equally important, help minimise risk to staff and others who come into contact with those in custody.

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

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This ACPOS Guidance Manual has been produced from an original devised in 2006 by the Home Office and the Association of Chief Police Officers (ACPO) in conjunction with the National Centre for Policing Excellence (NCPE). This manual will be reviewed regularly by the ACPOS National Custody Forum to ensure that the document remains relevant, up-to-date and continues to make best use of the changing good practice and lessons learnt.



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1. INTRODUCTION

- 1.1. The guidance identifies the standards aspired to in the handling of persons who come into Police care or custody. These standards can only be delivered by having strategic policies that support and drive operational good practice and effective training. Recognition is given to the varying demands on individual Police Forces and the way in which they deal with the care, welfare and handling of persons in their custody. It also provides a level of flexibility needed to meet local requirements whilst providing the overarching framework to raise standards and achieve improved custodial care.
- 1.2. This work has drawn on the collective experiences of policing practitioners, stakeholders, academics and current literature to bring together the policies and principles that underpin the appropriate handling of persons within Police custody. It outlines the framework within which the Police and other agencies should operate and sets out the strategic mechanisms that should be in place to deliver the required outcomes. Key management issues are summarised in Appendix 13 within this document.
- 1.3. The guidance is aimed at assisting the Police Service in achieving delivery of targets particularly around the detection of crime, reducing re-offending and increasing public confidence.
- 1.4. The Criminal Procedure (Scotland) Act 1995 sets out the legislative framework for dealing with the majority of people who come into Police custody.

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2. RISK ASSESSMENT AND MANAGEMENT

This section provides guidance on assessing and managing the risks involved when people come into Police custody and on sharing information with other agencies.

2.1. Risk Assessment

- 2.1.1. Risk Assessment means assessing the risk and potential risk that each person in custody may present to themselves, staff, and other custodies and to others coming into the Custody Suite.
- 2.1.2. The assessment must be ongoing. Events and circumstances for the custody and in the Custody Suite may impact on, or contribute to, changes to mood or behaviour.
- 2.1.3. Every person who comes into Police custody is a potential risk. Risk Assessment should be as objective as possible; when assessing risk, assumptions should never be made. For most custodies, Police custody is stressful and for some it is particularly traumatic. Simply being placed in a Police cell may immediately raise the category of risk for a custody. Staff who deal with custodies must be trained and able to recognise risk factors and assess how best to manage those risks.
- 2.1.4. The custody record provides the focal point for recording this information and the Custody Officer must be informed of identified risks or changing circumstances that may lead to additional risk. The Custody Officer must ensure that those risks are documented and managed.
- 2.1.5. The Custody Officer must ensure that those responsible for the individual's custody are briefed about the risks. In addition, staff other than the Custody Officer must make it their responsibility to ensure that they are aware of the current risks associated with custodies in their care.
- 2.1.6. Custodies who are transferred from another Police Station or Agency should be searched and their risk re-assessed on arrival at the Custody Suite.
- 2.1.7. Information is a key element in successfully managing risk. This can be obtained from the following:
- The custody;
 - The custody's friends or relatives;
 - Witnesses;
 - All staff involved in the person's arrest and detention;
 - The Police National Computer (PNC) and local IT systems;

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- Criminal History System (CHS);
- Healthcare professionals;
- Appropriate Adults;
- Other custodies;
- Other relevant bodies and organisations.

2.1.8 The Risk Assessment remains the responsibility of the Custody Officer and should be completed for every person in Police custody. If required this can be completed in consultation with the healthcare professional reflecting the findings of each clinical assessment. The Custody Officer and healthcare professional should agree an action plan for the care of the custody. Any disagreement, along with the decision-making process, should be recorded in the custody record.

2.2. **Fitness to be Detained/Arrested**

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

2.2.2. The Custody Officer must ensure that all relevant information is made available to the healthcare professional and that the healthcare professional makes available all relevant information to the Custody Officer.

2.2.3. Fitness to detain may be affected by certain disabilities or mental health conditions as alluded to in section 3.5.4

2.3. **Fitness for Interview**

2.3.1. Before an interview takes place, the Custody Officer must assess whether the custody is fit to be interviewed. If doubts are raised about their fitness for interview, they must be assessed by a healthcare professional before it takes place as failure to do so may prejudice subsequent proceedings. The reason for doubting a person's fitness for interview, and the result of the healthcare professional's assessment, must be recorded on the custody record.

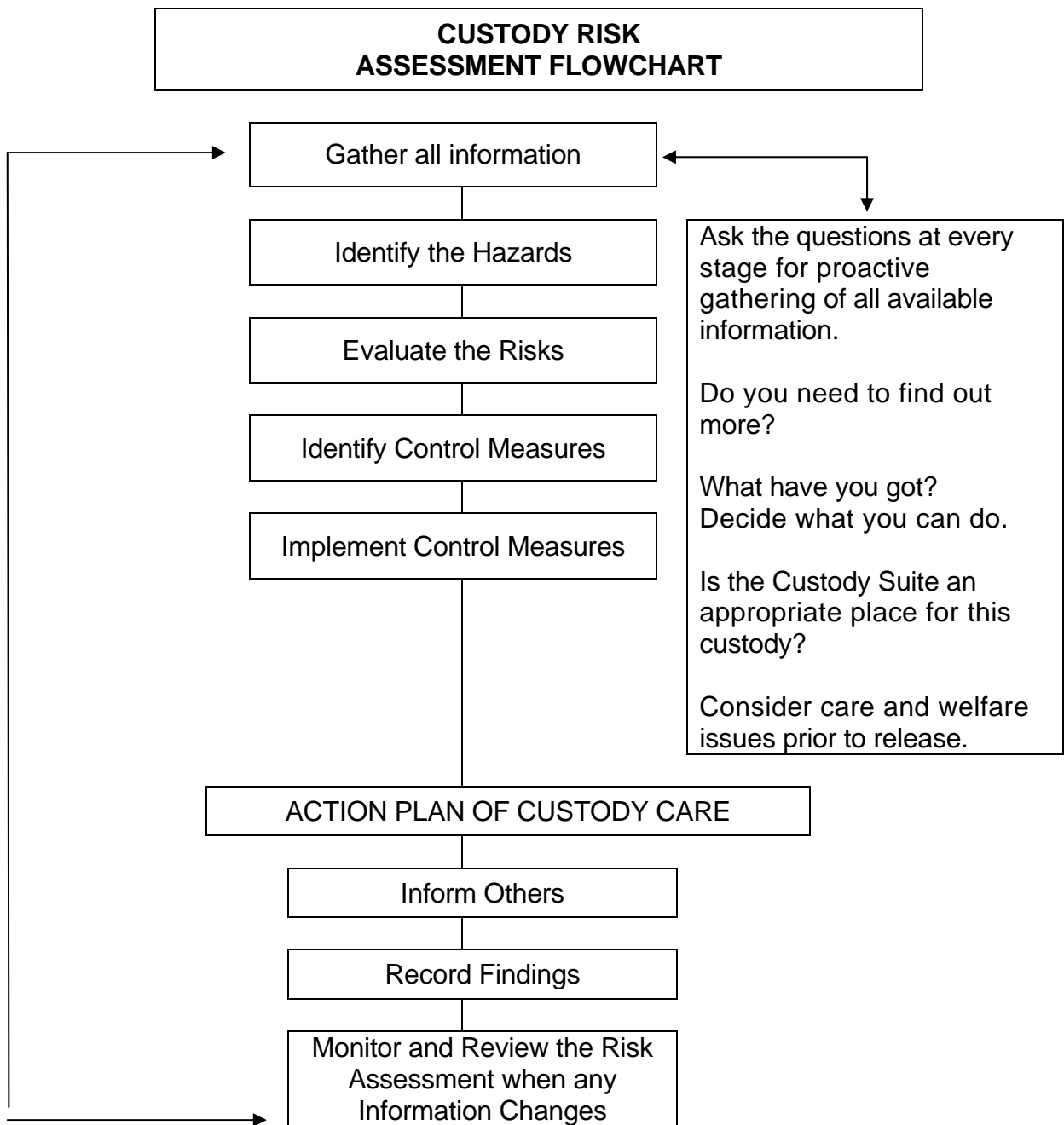
2.3.2. The assessment should identify the risks to the person in custody's physical and mental wellbeing and determine safeguards that may be required during the interview process.

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2.3.3. The Custody Officer must not allow a custody to be interviewed if they believe it would cause significant harm to their physical or mental state.

2.3.4. The following diagram identifies a process that may be used when carrying out the Risk Assessment.

2.3.5. **Figure 1 - Custody Risk Assessment Flowchart**



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- 2.3.6. The Custody Officer is responsible for the risk management process. Part of the Risk Assessment involves the capacity of the Custody Officer to deal with the nature of the risk associated with individual custodies in the Custody Suite at that time. The Custody Officer may consider that the level of risk is such that accepting further custodies would impact on the safety of all those in the Custody Suite. If this happens, the Custody Officer should consider the need for additional staff to manage the risk or, if that is not practicable, whether further custodies should be accepted at the Custody Suite. The Custody Officer is responsible for managing risk in the Custody Suite and must make that decision.
- 2.3.7. When a custody has arrived at a Custody Suite but cannot be held there because of a lack of resources or cell availability, a custody record should be opened and the reasons why they cannot be held at that Custody Suite documented. If a person who is in custody is identified as having medical needs, the Custody Officer must ensure that these needs are acted on as soon as practicable.
- 2.4. **Staff Safety**
- 2.4.1. Staff safety training and the use of conflict management models will help to reduce risks to staff and members of the public whilst minimising the potential risks to people in Police custody. Personal protective equipment should be provided where appropriate.

Checklist: Risk Assessment - Prior to Arrest/Detention

Risk Assessments should take account of:

- What is known or believed to have happened;
- The number of persons involved or capable of becoming involved;
- The condition and behaviour of the people involved or capable of becoming involved;
- Details provided about named individuals, including all intelligence and any warning or information markers, must be notified to the PNC, local Force IT systems and, if applicable, other agency intelligence systems;
- Potential or known risks about the location;
- Concealed weapons or access to weapons within the contact environment;
- Community sensitivities.

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2.4.2. The search of a custody prior to arrival at the Custody Suite does not negate the need for a subsequent search being conducted at the Police Station.

2.5. Information Sources and Management

PNC and Local Force Systems

2.5.1. Accurate and up-to-date recording of warning signs and information markers on PNC is necessary to assist colleagues and other agencies. PNC should be considered the primary reference for recording and accessing risk information. Appendix 1 shows the PNC warning signals and information markers and their meanings. If a member of custody staff believes that a warning signal or information marker is out of date, they should make arrangements to have it modified.

2.5.2. If the Officer is not trained in PNC protocols, they must ensure that a trained member of staff passes on the information.

2.5.3. Similarly the Criminal History System (CHS) should be interrogated to assist in alerting custody staff and Police Officers to warning signs and information that may be relevant when dealing with custodies. Appendix 1 shows the CHS warning markers and their meanings. Other national and Force information systems should also be considered.

2.6. Recording Information

2.6.1. While in Police custody, all Risk Assessments and action arising from them must be recorded in the custody record. The Custody Officer must make or sign the entry to confirm that they are aware of the information and have acted on it.

2.7. Personal Escort Record (PER) Form

2.7.1. The purpose of the PER form is to ensure that all staff transporting and receiving custodies are provided with all necessary information about them, including any risks or vulnerabilities that the person may present. A PER form must be completed whenever the responsibility for a custody is transferred from the Police to the escort service provider.

2.7.2. Forces should consider providing a PER form to all other agencies when a custody is transferred into their care.

Checklist: The PER Form

The PER form should be handled in the following way:

- Where the custody is to be transferred from the Police to the escort service provider, the responsibility for completion of the PER form lies with the first Custody Officer who becomes aware of the transfer. This reduces the risk of important information being lost during any subsequent handovers between Custody Officers.
- It is the responsibility of the Custody Officer who transfers the custody from the Police to the escort service provider to ensure that the PER is up-to-date and contains details of any additional post-charge or other care requirements.
- Custody staff must provide supporting information when ticking a warning marker box.
- All relevant information must be accurately transferred to the PER form.
- Confidential medical information must be attached in a sealed envelope.
- A direct contact telephone number for the Custody Suite should be added to the PER so that escort, Court, probation or prison staff can make prompt contact with the Custody Officer should they need to clarify any information.
- The escorting staff will be responsible for the maintenance of a record of the custody's movements and any occurrences during transit.

2.8. Condition of the Custody

- 2.8.1. All staff should be aware of factors that heighten the risks associated with a suspect or custody. In assessing these risks consideration should be given to a number of physical, mental and medical conditions that may be present. The nature of the offence can also increase the vulnerability of the custody.
- 2.8.2. A vulnerability Risk Assessment should be carried out in respect of each person held in custody. Custody staff should have a plan of action for any sudden collapse of a person in Police custody.

- 2.8.3. Custodies must be asked about any disability, mental or medical conditions they may have. The presence of a health condition and its severity will affect decisions about how and where that person should be treated. If a person will not communicate with staff, it may be because a disability, mental and/or medical condition is preventing them from doing so. Interpreter services should be utilised for custodies who have communication difficulties to ascertain any medical conditions.
- 2.8.4. Custodies requiring urgent medical attention should not be taken to a Police Station. Consideration should be given to the need to take a person directly to hospital having regard to the potential impact of waiting for an ambulance to arrive and the potential risks associated with moving the person. Clinical direction should be sought whenever required. Custody Officers should be aware of the welfare requirements relating to persons in Police custody and in particular any specific requirements custodies with disabilities may require whilst being held in a Custody Suite.
- 2.8.5. Healthcare professionals may refuse to transport or care for a custody who is violent. Forces and healthcare agencies should aspire to have agreed protocols in place to establish respective responsibilities for dealing with such circumstances.
- 2.9. **Alcohol**
- 2.9.1. Alcohol related offending accounts for a significant proportion of all arrests. Staff will often take longer to identify a health problem where custodies are suffering from the effects of alcohol. The health of intoxicated custodies is likely to deteriorate more quickly than non-intoxicated custodies. See also 2.10.1 below as this would also be relevant to people heavily under the influence of alcohol.
- 2.9.2. Appendix 2 - 'Medical Care' contains further information for custody staff when dealing with alcohol related custodies within the Custody Suite.
- 2.10. **Drugs**
- 2.10.1. Consideration should be given to have all custodies who are believed to be under the influence of drugs seen by a healthcare professional as a matter of course. Where the person is judged to be heavily under the influence of drugs should not be accepted at a Custody Suite until seen by a healthcare professional, preferably at the nearest hospital.
- 2.10.2. The custody 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.
- 2.10.3. Drugs pose the following serious risks to people held in Police custody:

- Overdose - including later onset, where the symptoms are not immediately obvious on arrival in Police custody;
- Swallowing or packing;
- Complications linked with alcohol;
- Mental health problems.

2.10.4. The concealment of illicit drugs such as Heroin, Cocaine and Cannabis in the body has become increasingly prevalent among drug couriers (colloquially 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.

2.10.5. If it is known or suspected that a person in custody 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 taken to the nearest hospital. Leakage from a package can prove fatal. If a package is swallowed to avoid detection, it is likely to have been prepared hastily and there is an imminent risk that it may come open or burst inside the person. If this happens, death can quickly follow, particularly when Crack Cocaine has been swallowed (see Appendix 2 - 'Medical Care').

2.10.6. Mandatory drug testing carried out (three Scottish Pilot sites 2007-2009) in response to custodies arrested in connection with trigger offences will indicate whether a custody is at additional risk from drugs but can only detect the presence of specified Class 'A' drugs (Diamorphine and Cocaine).

2.10.7. Appendix 2 contains further information concerning persons in custody with drug related problems.

2.11. **Suicide and Self Harm**

2.11.1. The risk of self harm and suicide is particularly high during periods of custody.

2.11.2. Increased vulnerability during detention may arise:

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

- During liberation on Undertaking;
- Where the Risk Assessment of circumstances of the enquiry suggest, positive consideration should be given to obtaining a healthcare professional's opinion on the suitability of the custody for liberation.

2.11.3. Appendix 2 'Medical Care' contains further information for custody staff with regards to custodies at risk from suicide and self harm.

2.11.4. The following conditions may cause violent or changing behaviour.

2.12. **Diabetes**

2.12.1. Diabetes is a life threatening medical condition and Custody Officers should be aware of the signs, symptoms and treatments for this condition. The following checklist provides custody staff with information on how to deal with a custody suffering from diabetes.

Checklist: Dealing with Diabetes

- Staff should check when the decision to hold someone in custody is made whether the custody has insulin with them or if it can be collected from home.
- Doses and times should be recorded and it should be established when the next dose is due. Information about any possible complications should be obtained from the custody or the healthcare professional.
- The Custody Officer should discuss the management, and fitness for interview, of the custody with the healthcare professional.
- The healthcare professional should attend to assess people with diabetes, who are insulin dependent, where their stay will extend beyond their next medication time.
- Medication should thereafter be administered as directed by a healthcare professional. This must be after having food and be under the supervision of custody staff. The benefit of the meal followed by insulin to avoid hypoglycaemia should be explained to the custody.
- The custody should be given regular meals.
- Glucose tablets or a cold still drink with two teaspoons of sugar should be supplied to the custody, unless there are medical reasons not to.

- Custody staff should be aware that the management of diabetes in children and young people is significantly different and more complex than it is for adults.

If a custody REFUSES insulin

- The healthcare professional should be informed immediately.

2.12.2. Appendix 2 contains further information for custody staff with regards to identifying and managing custodies who have diabetes.

2.13. **Epilepsy**

2.13.1. The custody should be asked about the type of fit they experience, any medication prescribed (whether taken regularly and when next due), how often the fits occur and when the last fit took place.

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

Checklist: Dealing with Fits

- If a fit occurs do not restrain the custody;
- Once the seizure has passed the custody should be put into the recovery position;
- The custody must be sent immediately to the nearest Accident and Emergency Department in an ambulance if:
 - The fit is prolonged;
 - There is more than one fit;
 - There is a failure to become fully lucid after ten minutes;
 - It is the custody's first ever fit;
 - It is a fit following a head injury.

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

Further information on epilepsy can be found in Appendix 2 of this document.

2.14. Head Injuries

- 2.14.1. Staff must be aware of the risks associated with head injuries, particularly when dealing with custodies who may have been involved in a fight or a Road Traffic Collision, a head injury may result in a rapid deterioration in the health of the custody.
- 2.14.2. Further information on head injuries can be found in Appendix 2 of this document.

2.15. Communicable Diseases

- 2.15.1. Whenever a person in custody is known or suspected to have a communicable disease, advice should be sought from a healthcare professional. Some custodies will give information readily about a disease or infection, others will not. Information may be available on PNC, CHS or local Force systems and there may be visible signs such as discolouration of the skin or weeping sores.
- 2.15.2. It is essential that information about communicable diseases is passed on to staff but this needs to be balanced with protecting the custody's privacy. Information should be recorded on the Risk Assessment and the custody's medical report forms. If information is written on a wipe board it should not be visible to anyone other than custody staff. It should be noted that this also applies to all aspects of an individuals personal sensitive data.
- 2.15.3. Forces must have procedures to manage the potential risk of communicable diseases. Where a person with a communicable disease has been in a cell, the cell must be cleaned before another person uses it. Relevant information about communicable diseases must be included on the PER form.
- 2.15.4. Further information on types of communicable diseases that may be encountered in the Custody Suite can be found in Appendix 2.

2.16. Claustrophobia

- 2.16.1. Claustrophobia is a difficult condition to deal with in the custody environment. Custodies may say they are claustrophobic when they are not. There are generally no suitable areas within a Custody Suite to keep custodies with claustrophobia. Each person must be risk assessed and then a decision made on where they should be detained.
- 2.16.2. Further information on Claustrophobia can be found in Appendix 2.

2.17. Asthma

- 2.17.1. Asthma is a very common condition. It causes spasm of the muscles in the air passage and swelling of the passage lining making breathing extremely

difficult. The greater the spasm, the more difficult breathing becomes.

- 2.17.2. Staff can usually ascertain whether a custody has asthma during the booking-in process. In many cases the individual will have an inhaler with them, which they use to control the condition or alleviate their breathing during an asthma attack.
- 2.17.3. Attacks are usually aggravated by stress, heavy exercise, infection or exposure to allergens such as dust or fumes. Many asthma attacks occur during the night. Attacks can usually be dealt with quickly using an inhaler but there may be other occasions when an attack is so severe that it warrants urgent medical attention.
- 2.17.4. People with asthma can usually administer the inhaler without the assistance of others. Unless there is a risk of self harm to the custody, it may be appropriate to allow them to retain their asthma inhaler although this must be properly risk assessed. However, where custody staff are in any doubt or where local procedures dictate otherwise, they should seek the advice of an appropriate healthcare professional.
- 2.17.5. Further information on asthma can be found in Appendix 2.
- 2.17.6. **Appendix 2 - 'Medical Care'** in addition to providing further information on the above subjects, also contains useful information on the following medical conditions that are not covered in this section:
- Mental Health Issues;
 - Acute Behavioural Disturbance;
 - Hypoglycaemia;
 - Strokes;
 - Infections;
 - Angina and other heart problems;
 - Excited delirium;
 - Dehydration;
 - Head Injuries;
 - Heart Disease;
 - Sickle Cell Anaemia.

2.18. Pregnancy

- 2.18.1. It would generally be undesirable to keep a heavily pregnant woman in custody. Where someone claims to be or is obviously pregnant, medical opinion should be sought as to their fitness to be detained. Dependant on medical opinion, they may need assessed as a 'High' risk. Consideration should also be given to releasing the woman on a written Undertaking.
- 2.18.2. Where someone, who is pregnant, indicates that the birth is imminent, or should this appear obvious, medical assistance should be summoned or appropriate arrangements made to transfer the woman to hospital by Ambulance.
- 2.18.3. Where a Warrant is in force for a pregnant woman, the Procurator Fiscal should be advised and instruction sought as to whether the detention should be continued.

2.19. CS Incapacitant Spray - Procedures Following Use

- 2.19.1. Where someone has been exposed to CS Incapacitant Spray, priority must be given to their aftercare, especially where they have been restrained. This is of the utmost importance, not only for those to whom the use of the spray was intended, but also for all of those persons who have been affected, including Police Officers. Those exposed to the spray must be closely monitored for any adverse or excessive reaction. Where an Officer or other member of staff has been affected by CS Incapacitant Spray, an 'Accident/Incident at Work Report' should be completed.
- 2.19.2. Appendix 11 contains further details on decontamination and aftercare procedures.
- 2.19.3. When CS Incapacitant Spray has been used, staff at the location where the person is to be taken, whether that be a Police Station or a hospital, must be forewarned.
- 2.19.4. Any contaminated arrested/detained person brought to a Police Station must be fully decontaminated upon arrival. If the clothing worn by the person is contaminated, they will be provided with a paper suit and the contaminated clothing will be sealed in polythene bags to prevent the spreading of residual CS powder. It will be the responsibility of the arresting Officers to obtain fresh clothing, prior to the person appearing at Court.
- 2.19.5. All persons arrested or detained who have been sprayed with CS will be regarded as 'At Risk or Special Risk Prisoners'. An 'At Risk or Special Risk' form must be completed in their respect and will always accompany the custody, even where they are no longer displaying any obvious effects of exposure. This will alert staff to the fact that the person has been sprayed and minimise the chance of cross-contamination from the custody, the property or

the clothing.

2.19.6. All arrested or detained persons who have been sprayed with CS and who are to remain in custody beyond the time taken for processing and liberation, must only be taken to Police Stations where there is 24-hour custody cover and where there are sufficient resources to conduct the enhanced observation checks that may be required for 'At Risk or Special Risk Prisoners'.

2.19.7. A CS Incapacitant Spray Information Leaflet has been produced by each Force and should be given to:

- An arrested/detained person who has been sprayed with CS, on their liberation from custody;
- Police Officers and other persons who are suffering from the effects of CS and;
- The owner/occupier of any premises where CS has been used (to provide decontamination procedures).

2.19.8. All arrested or detained persons who have been sprayed with CS MUST be seen by a Force Medical Examiner (FME) or other Doctor. Police Officers and other persons who are suffering from the effects of CS MUST be offered the opportunity to be seen by a FME or other Doctor.

2.20. **CS Incapacitant Spray - Cell/Custody Areas**

2.20.1. It is inadvisable to discharge CS Incapacitant Spray within cell/custody areas. It must be remembered that, whilst Police Officers and Support Staff working within a custody environment may use CS Incapacitant Spray, it is a defensive item of equipment and unless a significant or direct threat of harm is being posed to a member of staff, the use of an alternative means of control may be considered to be a more appropriate option.

2.20.2. If it is considered necessary to resort to the use of CS Incapacitant Spray within cell/custody areas, an assessment of risk must firstly be undertaken. Officers must take into consideration such factors as the known medical history of the person who is to be sprayed and the potential effects the spray may have on other custodies and persons within the cell/custody area.

2.20.3. If CS Incapacitant Spray is used within a cell/custody area, Supervisors must arrange for the decontamination of the person sprayed and for the subsequent ventilation of the building. A check must be conducted in order to ascertain whether or not any other custody or other persons within the building have been affected by the discharge of CS. Where any other persons are found to be affected, decontamination procedures must also be carried out on those persons.

2.21. **PAVA**

2.21.1. PAVA (Pelargonic Acid Vanillylamide) Spray is an incapacitant spray similar to CS Spray and is used by a number of other Police Forces, including British Transport Police. It is possible that Officers from another Force will present a custody at one of the Force's custody facilities who has been subject to the effects of PAVA Spray.

2.21.2. In such circumstances, procedures for de-contaminating the custody will be the same as those adopted in respect of custodies who have been subject to CS spray.

2.21.3. Custodies who have been subject to PAVA Spray may only be held in a custody facility where there is 24 hour cover and sufficient resources to conduct the checks required of an 'At Risk or Special Risk Prisoner'.

2.21.4. On arrival at the Custody area, process as normal, but first:

- Ascertain that the spray has actually been used;
- Check the condition of the prisoner;
- If the prisoner has not recovered from the immediate effects, arrange for the prisoner to wash (under supervision) with copious amounts of running, cold water. Irrigation of the eyes WILL only be undertaken by the prisoner themselves or other suitably trained personnel;
- Arrange for examination by a Medical Practitioner if in your opinion the subject is in distress or the subject requests it;
- The subject should be segregated from other prisoners;
- If the breath test procedure is to be used, ensure that a minimum of 30 minutes has expired since being sprayed;
- As a safeguard, ensure that any directly contaminated clothing is kept away from any breath measuring instruments and that the subject has been given the opportunity to wash their face/hands before submitting to the procedure;
- The prisoner should be subjected to enhanced cell supervision as for prisoners who are under the influence of alcohol or drugs;
- Prior to release the prisoner should be handed a leaflet informing them of the spray which has been used and action to be taken if they suffer any additional problems;

- Ensure that full details are included on the custody record including the Serial No of the spraying Officer's canister and that the Officer is directed to complete the required procedures pertaining to the canister as per local instructions.

2.22. **TASER**

2.22.1. Any custody who has been subject to the effects of a 'Taser' device will be regarded as an 'At Risk or Special Risk Prisoner'. It will be the responsibility of the arresting/escorting Officer to ensure that custody staff are made aware that the person has been subject to the effects of a 'Taser' device. In accordance with established procedures relating to 'At Risk or Special Risk Prisoners', the Custody Officer will ensure that the Custody Recording System is updated to reflect the custody's risk status. The Custody Officer will also complete an 'At Risk or Special Risk Prisoner' form in respect of the custody.

2.22.2. In addition, the following specific procedures will be applied to ALL people held in custody who have been subject to the effects of a 'Taser' device:

- They **MUST** be seen by a Force Medical Examiner (FME) as soon as possible, unless they have collapsed or are in shock, in which case they must be immediately conveyed to hospital by appropriate means;
- If placed in a cell, where at all possible, that cell should be an observation cell and until they are seen by an FME or treated in hospital, the custody must be subject to an observation at least every 15 minutes; where an observation cell is unavailable, with a view to ensuring the health and safety of the custody, the Officer-in-Charge of the Custody Centre must err on the side of caution in making an appropriate decision on supervision; following medical examination of the custody the observation regime will be in accordance with the guidance of the medical examiner;
- They will **NOT** be considered fit for interview until seen by an FME or treated in hospital.

2.22.3. Notwithstanding the above, reference should also be made to the national Guidelines in the use of TASER.

2.23. **Disability**

2.23.1. It is believed that as many **as one person in four** has a disability as defined by the Disability Discrimination Act (DDA) 1995. Where appropriate the needs of all custodies must be considered to ensure compliance with this legislation. Responsibility extends to addressing the needs of all others who may be using the premises, for example, legal professionals, Appropriate Adults and other visitors. As a Police Service we must not discriminate against people

with disabilities when delivering our service.

- 2.23.2. The Police are under legal obligation to make reasonable adjustments to ensure people with disabilities receive the same level of service as those who are non-disabled, even if that means treating a person with a disability more favourably. Reasonable adjustments are varied and can range from renovating Public Offices to providing information in different formats such as large text or Braille if requested.
- 2.23.3. The DDA defines disability as 'A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.
- 2.23.4. Examples of 'physical and mental impairment' include:
- Deafness or hearing impairment;
 - Blindness or visual impairment;
 - Restriction of mobility;
 - Learning disability;
 - Speech impairment;
 - Facial disfigurement;
 - Mental ill health (see separate section on mental health).
- 2.23.5. Cancer, HIV and AIDS and multiple sclerosis are also listed under the definition of disability and are covered from the point of diagnosis. The Act also includes examples of 'day to day activities':
- Mobility - moving from place to place;
 - Manual dexterity;
 - Physical co-ordination;
 - Continence;
 - Ability to lift and carry or move ordinary objects;
 - Speech, hearing or eyesight;

- Memory or ability to concentrate, learn or understand. Ability to recognise physical danger.

2.23.6. It must never be assumed that, just because someone doesn't appear to be disabled, that they aren't. There are a number of disabilities that are not obvious and this should be borne in mind when dealing with someone who, perhaps may not be responding to you in the manner you expect. This may be compounded by the fact that due to society's attitude towards disability, people may not be prepared to disclose their disability to you and may, for example, put their visual or hearing impairment down to old age.

2.23.7. Please remember do not make assumptions about someone's capabilities just because they have a certain disability as individual needs can be very different. Ask if there is any further assistance required.

2.23.8. **General Advice when Dealing with Someone with a Disability:**

- Ensure the person you are dealing with is aware you are a Police Officer or member of Police staff;
- Speak directly to the individual - not through a third party - even when a third party is there for communication purposes, eg a Signer or Interpreter;
- Only ask questions about, or refer to, a person's disability if it is relevant;
- Avoid behaviour that could be seen as patronising or impatient, eg finishing sentences for someone with speech impairment, leaning on a person's wheelchair or moving someone's walking stick without asking;
- Avoid using discriminatory or insensitive language. Don't use words like cripple, retarded, defective, handicapped, affliction or incapable, etc;
- Don't use phrases like blind as a bat, deaf and dumb, victim, mentally deficient, confined to, wheelchair bound, suffering from, crippled by, etc;
- Do keep it simple and clear, eg 'A person with learning difficulties' or 'A person who uses a wheelchair';
- Be specific, eg 'Rachel has Epilepsy' or 'Richard has MS'.

2.23.9. **People who have a Significant Hearing Loss**

2.23.10. Deafness is not visible as many deaf people do not wear, or would not benefit from wearing, a hearing aid. However, if you see someone wearing a hearing aid, do not assume they can hear you. Some profoundly deaf people wear a hearing aid to assist in monitoring their own voice.

2.23.11. Not all deaf people use sign language and not all deaf people are expert lip-readers. Lip-reading is largely intelligent guesswork and made difficult because only about 30-40% of what people say is visible on the lips.

2.23.12. **Consider:**

- Is there the requirement for a British Sign Language Interpreter (ensure they are a Member of the Register of Sign Language Interpreters (MRSLI) or the Scottish Association of Sign Language Interpreters (SASLI), if there is a possibility of further legal proceedings)?;
- Do you need to use a hearing loop/induction loop?
- Does the person understand what is being said, especially if they are lip-reading?
- Does someone who is deaf need their glasses to lip-read?
- The continued use of handcuffs. If a detained person uses sign language handcuffing them will severely restrict their communication. This can lead to frustration and further communication difficulties.
NOTE: Officer Safety is paramount.

2.23.13. **When Assisting Someone who has a Significant Hearing Loss:**

- Make sure you attract their attention first to get eye contact - this may be by waving or gently tapping the person's shoulder or arm;
- Be patient;
- Cut down on background noise where possible;
- Speak clearly, maintaining normal rhythm;
- Remember that the optimum distance for lip reading is two metres;
- Don't exaggerate words as this distorts your lip pattern;
- Don't chew gum or eat sweets as this, again, will distort lip pattern;

- Don't shout - you will look angry;
- Don't turn away or cover your mouth whilst talking;
- Don't simply repeat the same sentence over and over again. If you are not being understood, rephrase or find another way to make your point - writing or drawing could be alternative options;
- Beards and moustaches can mask lip pattern. If this applies to you, be patient;
- Consider lighting. If you stand with your back to a window your face may be in shadow, move around. In the dark (such as the roadside at night), it may be too dark to read your lips. Consider shining a torch on your face when talking;
- Gestures can aid communication;
- Do not refer to someone who is deaf and cannot speak as 'deaf and dumb' as this is offensive. 'Deaf and without speech' is acceptable;
- Consider using a pen and paper, **but be aware** that deaf sign language users' first and preferred language is BSL meaning that English is a second language to them. This leads to a possibility of misunderstandings. Best practice is to arrange communication support.

2.23.14. **People who have a Significant Sight Loss**

2.23.15. Very few people see nothing at all; most have some vision however limited. The majority of people with a significant sight loss do not read Braille.

2.23.16. **Consider:**

- Has any relevant documentation been produced in a font size and style suitable for the individual? P16 Arial Bold is recommended;
- Will any documentation need to be produced in Braille or in an audio format?
- Do they need assistance to read and/or sign any documents?

2.23.17. **When Assisting Someone who has a Significant Sight Loss:**

- Use speech and if possible a light touch to attract attention or advise them you are there;

- When offering assistance, ask what they would like you to do. If you are required to guide them, firstly offer your arm (the person will normally grasp it around the elbow region), walk slightly in front, allowing the person to follow at a comfortable pace for them. Tell them about steps (going up or down) and other obstacles as they occur;
- When welcoming individuals into an unfamiliar room, give a brief description of the layout relative to their position. Point out potential hazards such as steps, hot radiators or waste paper bins, also mention if there is anyone else in the room;
- If you are required to assist individuals in sitting down, place the person's hand on the seat of the chair so they can gauge the height. Hold the chair steady if it has wheels;
- If the person uses a guide/assistance dog never pat, stroke or feed it without first asking the owner and never fuss over the dog when it is wearing a harness;
- Remember that a person may fully rely on an assistance dog. Removal of such a dog away from the person must be fully appropriate and justified;
- When meeting, always introduce yourself and any other people present, asking them to say something. This will enable the person to match the voice to a name;
- Use the person's name before asking questions. Without visual clues it can be difficult for individuals to realise that a specific question or comment is actually directed at them;
- Let people know if you intend moving away to avoid the potential embarrassment of them talking to an empty space.
- See also 2.23.20 below.

2.23.18. People with Mobility Impairments

2.23.19. Mobility impairments can stem from a wide range of causes and be permanent, intermittent or temporary. Conditions such as respiratory and cardiac diseases may also impair mobility. Any mobility conditions may impair someone's strength, speed, endurance, co-ordination and dexterity. The effects of mobility impairments may be visible or invisible and include the inability to walk and/or use the arms, hands and fingers, which can result in the use of aids such as wheelchairs, callipers, crutches or walking sticks.

2.23.20. **Consider:**

- Are the premises accessible?
- Is the cell/detention room allocated suitable?
- Are the toilets accessible?
- Are the cell call buttons accessible?
- Do you need to consider constant supervision to avoid injury or undue distress?
- Will further assistance be required when writing or filling in forms?
- Will they need an assistant and will further arrangements need to be made to accommodate them?

2.23.21. **When Assisting Someone with a Mobility Disability:**

- Ensure there is a suitable chair available, preferably without wheels, for someone to sit down;
- Do not lean on a person's wheelchair, it is part of their body space and it may move;
- When talking to a person who is either seated or using a wheelchair, get down to the same level to avoid them getting a stiff neck;
- Come round to their side of any desk or high counters;
- Offer to help with heavy doors or with carrying bags or other belongings;
- If pre-arranging a visit to a Police Station, consider and discuss the options for entering the building beforehand;
- If the person will be required to write, offer a firm surface for them to press on;
- If the person has an assistant with them, remember to talk to the person and not the assistant.

2.23.22. **People with Learning Disabilities**

2.23.23. All levels of learning disability are points on a spectrum and there are no clear dividing lines between them or between people with mild learning disabilities

and the general population. Most can communicate using spoken language and have reasonable skills. Some people with mild learning disabilities may not be diagnosed because they function and adapt well socially. People with moderate to profound learning disabilities, however, often need more care and support. This may include special help with communication, a higher degree of Risk Assessment and protection and more physical help with mobility, continence and eating. The causes of learning disabilities are not fully classified but are mainly environmental or genetic factors or chromosomal abnormalities. Having a learning disability is not the same as having a mental illness.

2.23.24. Consider:

- Does the person understand what is happening or is being said to them?
- Is there a need for an Appropriate Adult to be present?
- A person with a learning disability may be inclined to answer questions even if they have not understood or agree with everything to please.

2.23.25. When Assisting Someone with a Learning Disability:

- Be patient;
- Relax and make eye contact;
- Give the person plenty of time if there are decisions to be made;
- Start by thinking that you will be understood;
- Always be prepared to explain more than once;
- Ask the individual what helps them to remember or learn;
- Remember to smile to re-assure if appropriate;
- Even if accompanied by a friend or relative, ensure that you talk directly to the person and not the companion;
- Use Appropriate Adults if necessary when interviewing vulnerable/at risk adults.

2.23.26. People with Speech Impairment

- There are different types of speech impairment and these can occur individually or in combination. The causes also vary. In some cases it

is a 'primary disorder' (no obvious other cause for the impairment) while a 'secondary disorder' means the impairment is caused by another factor such as an accident, condition or disease.

- It is possible when dealing with people with speech impairment that communication can breakdown and this can cause frustration on all sides. Breakdown can consist of the basic gist of the conversation being understood while details remain unclear, or in extreme cases, the opposite meaning to that intended being drawn due to a misunderstanding of a few vital words.
- A common misconception is that speech impairment or a difficulty in communicating suggests a lack of intelligence. Often those with communication difficulties have alternative methods of expressing their thoughts, feelings and ideas.
- When speech impairment is severe, normal communication may be totally disrupted. This may be most noticeable in front of strangers or when the person is conscious of the attention of others. It may lead to the person trying to avoid speaking altogether.
- Speech impairment can be exasperated in stressful situations and therefore there is the potential for this to happen for people taken into custody.

2.23.27. **Consider:**

- Is there a need for another type of communication support to be used, e.g. Makaton? (This is an internationally recognised system of communication which combines spoken words with commonly used British Sign Language gestures);
- Is there a pen/pencil and paper available for the person to use if required?

2.23.28. **When Assisting Someone with a Speech Impairment:**

- Be patient;
- Be encouraging. Stammering can undermine confidence so it is important to focus on it positively;
- Concentrate on **listening** to what is being said rather than **how** it is being said. Don't correct or speak for the other person and don't be tempted to finish their sentences;

- If you do not understand completely, don't pretend. Repeat what you do understand and let the person's reaction guide you;
- Avoid barriers like glass partitions;
- Try to create as relaxed an atmosphere as appropriate so those concerned can feel confident about speaking as stress and attention can exacerbate the impairment. If possible, use a private room or an area where there is less distraction and noise;
- Try to ask questions that only require short answers or a nod or shake of the head;
- Be aware of the speed of your own speech - if it is too fast, you may need to slow down a bit.

2.23.29. People with Facial Disfigurement

- At least 400,000 people in the UK have disfigurement, some of whom have been born with the disfigurement and other who have acquired it through an accident, burns, disease or illness. Due to prevailing beliefs and social attitudes, living with a disfigurement can be a major challenge for many individuals, with staring, curiosity, teasing and name-calling being common experiences. Facial disfigurement does not mean that the individual is less able than anyone else.

2.23.30. Custody Issues

- Make eye contact but don't stare;
- If you feel awkward and uncomfortable, try not to let the person see this;
- Concentrate on what they are saying and respond naturally, ignoring any curiosity you may have;
- Don't ask 'What happened to you?'
- Someone with a disfigurement may also have a speech impairment so take into consideration the above advice;
- Please remember that the above are examples and offer practical suggestions but it must be borne in mind that the list of disabilities is endless. Don't be embarrassed to ask individuals if there are any special requirements they need.

2.24. Religious Considerations

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

2.24.2. Further information if required is available within the ACPOS Diversity Handbook, which can be accessed using the following web link.
<http://www.acpos.police.uk/busareas/diversitybook.html>

2.25. Other Vulnerable Groups

2.25.1. Careful consideration needs to be given to all vulnerable groups including children and persons with mental health problems.

2.25.2. The Mental Health (Care and Treatment) (Scotland) Act 2003 requires the presence of an Appropriate Adult in order for the interview and other stages of detention process to be undertaken.

2.25.3. Section 43 of the Criminal Procedure (Scotland) Act 1995 provides the legislation in relation to children and young persons in custody and this is fully detailed in Section 13 of this document.

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

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

2.26. Transgender Custodies

2.26.1 A transgender person may be heterosexual, lesbian, gay or bisexual. Their sexual orientation is determined in relation to their gender identity rather than their physical body. For example, a male-to-female transsexual woman living as a woman (regardless of whether or not she has undergone any surgery) may identify as a straight woman if attracted to men, as a lesbian woman if attracted to women or as a bisexual woman if attracted to men and women.

2.26.2 Distress is likely to be caused to transgender people if mistakes are made about the type of transgender identity they have. In particular, a transsexual person undergoing gender reassignment is likely to be upset if incorrectly

referred to as a cross-dressing or transvestite person.

- 2.26.3 Some transgender people may look androgynous or have obvious physical characteristics which mean that their transgender status might be noticeable to others. However, most of the time it is not possible to determine that someone is a transgender person from their appearance while clothed.
- 2.26.4 Inappropriate questions about a transgender person's physical body, gender history or transition (gender reassignment) process will insult the person and may impact negatively on their willingness to co-operate. Only questions that are essential for the investigation of a crime
- 2.26.5 For further information, please see the ACPOS document relative to this subject entitled ACPOS Transgender People in Custody.

NOT PROTECTIVELY MARKED

27.

NOT PROTECTIVELY MARKED

3. INITIAL CONTACT AND ARREST

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

3.1. Introduction

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

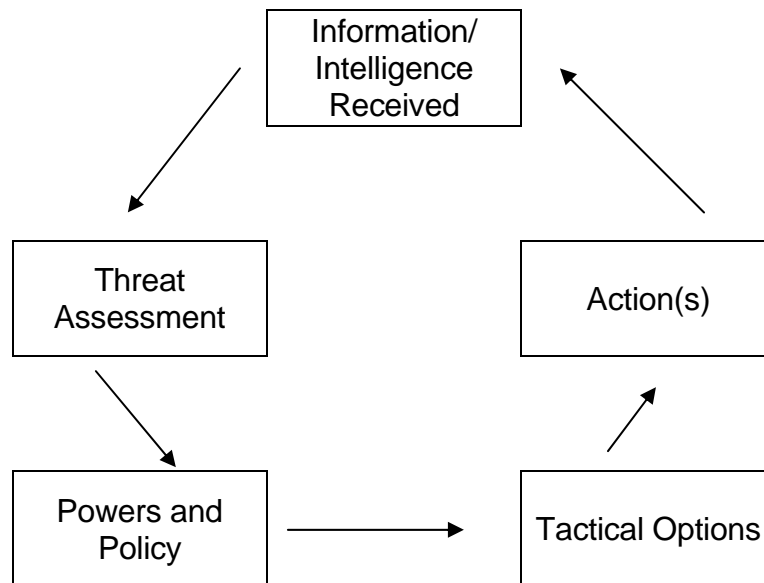
3.1.2. A Risk Assessment should be carried out at suitable times during the contact and arrest phase.

3.1.3. Officers must always consider whether a person's arrest is necessary and proportionate. Alternatives to Police custody should always be considered.

3.2. Conflict Management Model

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

3.2.2. **Figure 2 - Conflict Management Model**



3.2.3. All staff dealing with custodies should be alert to any information that may impact on a person's period in Police custody. They must also be vigilant in identifying risk factors and referring them to the Custody Officer who has responsibility for the risk management process within the custody area.

3.3. **Options Other than Police Retention**

3.3.1. **Release**

3.3.2. Should further information come to light that indicates that a suspect is not responsible for the offence for which they were detained, or the grounds for detention otherwise cease to exist, Officers must liberate the person.

3.3.3. **Hospital**

3.3.4. Consideration should be given to transporting a custody directly to hospital if they:

- Have suffered a head injury;
- Are or have been unconscious;
- Have suffered serious injury;
- Are drunk and incapable and treatment centres are not available;
- Are believed to have swallowed or packed drugs;
- Are believed to have taken a drugs overdose;

- Are suffering from any other medical condition requiring urgent attention;
- Are suffering any condition that the arresting Officer, or transporting staff, believes requires treatment prior to being held in Police custody.

3.3.5. Where a person is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, consideration should be given to transporting them directly to a hospital, as a place of safety, where possible. The national form POS1 should be completed in this instance.

3.3.6. If someone has been arrested for a criminal offence and has been taken to hospital, staff should follow local standard operating procedures to ensure that they do not escape from custody.

3.4. **Alcohol Treatment Centres (ATCs)/Drunk Tanks**

3.4.1. Police Officers should escort a person found drunk and incapable to an ATC or drunk tanks where available, as opposed to Custody Suites.

3.4.2. A drunk and incapable person should only be taken into Police custody if no other suitable place is available and no other suitable person can be traced to care for the person. In this circumstance consideration should be given to having the person assessed by medical staff prior to arrival at the Custody Suite.

3.4.3. All Forces should seek to pursue alternatives to Police custody with their respective local authorities.

3.5. **Place of Safety**

3.5.1. The Mental Health (Care and Treatment) Scotland Act 2003, Section 300 defines a place of safety as:

- (a) Hospital;
- (b) Premises which are used for the purpose of providing a care home service (as defined in section 2(3) of the Regulation of Care (Scotland) Act 2001); or
- (c) Any other suitable place (other than a Police Station) the occupier of which is willing temporarily to receive mentally disordered persons.

3.5.2. A Police Station may only be construed as a place of safety if no place of safety is immediately available - Section 297(5) of this Act.

3.5.3. The Police power to remove a person from a public place is bestowed by Section 297 in Part 19 of the Act.

3.5.4. Police cells are not suitable places for holding people with mental health problems and being held in such conditions can sometimes exacerbate a person's condition. Forces must engage with Mental Healthcare Trusts and Primary Care Trusts and should in partnership with such Trusts work towards developing protocols identifying a first choice place of safety and the criteria for their use.

3.5.5. Issues to be considered include:

- Arranging an appropriate place of safety for individuals held in Police custody;
- Arranging assessments for individuals being held in Police custody;
- The handover procedures between the Police and mental health practitioners for patients who may be violent;
- Police escorting and/or transporting individuals to places of safety and mental health facilities;
- The agreed handover procedures for patients and custodies with mental health problems;
- Whether an approved mental health worker should accompany Police when escorting people with known or suspected mental health problems.

3.6. **Mental Health (Scotland) Act 2003 Assessment**

3.6.1. The purpose of removing a person to a place of safety is to enable them to be assessed by a registered Medical Practitioner and interviewed by an Approved Social Worker (ASW), if required.

3.6.2. Ordinarily, neither a hospital nor the Police should discharge a person held in custody without the required assessments being completed by a Doctor and an ASW. The exception is where, having examined the individual, the Doctor concludes that they are not mentally disordered within the terms of the Act; the custody can no longer be detained under this Section and must be immediately liberated.

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

4. CONTROL AND RESTRAINT WITHIN THE CUSTODY SUITE

This section provides guidance on the control and restraint of custodies in Police custody and the causes of conflict and methods of prevention. It also gives guidance on the documentation and management of the use of force.

4.1. Arrival at the Custody Suite

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

4.2. Within Custody

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

4.3. Placing Violent Custodies in Cells

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

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

4.3.3. When placing someone violent in a cell, only the approved techniques and methods should be used.

4.4. Restraint

4.4.1. When restrained, the individual should be monitored for signs of distress and appropriate intervention made if a medical emergency arises.

4.4.2. This supervision may also involve:

- Being in the cell with the restrained custody;

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

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

4.4.4. The use of restraints in a locked cell should only be permitted in exceptional circumstances and where so deployed the subject should be kept under constant observations.

4.5. **Cell Relocation**

4.5.1. Moving violent custodies from place to place carries a high risk of injury and should be avoided. If, however, this becomes necessary consideration should be given to using public order trained staff wearing full protective equipment.

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

4.5.3. 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 person in custody.

5. TRANSPORTATION

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

5.1. Introduction

5.1.1. Only authorised trained staff should be used to transport custodies. When a Custody Officer transfers a custody to any agency there remains a duty for the receiving agency to ensure that the individual continues to be treated in accordance with the highest levels of security and welfare.

5.2. Seatbelts

5.2.1. The requirement to wear a seatbelt does not apply where a vehicle is being used for Police purposes or for carrying a person in lawful custody. This is a statutory exemption in terms of the Wearing of Seat Belts Regulation 1993. However, the wearing of seatbelts is encouraged and should be considered on a case by case basis.

5.3. Police Staff and Others Involved in Escorts

5.3.1. Chief Officers must be satisfied that escort Officers are suitable, trained and competent to carry out the duties prescribed for them in terms of the Police (Scotland) Act 1967.

5.3.2. Appropriate Risk Assessments must be made before considering escorts.

5.3.3. 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; it should be noted that individual carriers might have their own requirements with regards to transporting a custody.

5.4. Prisoner Escort and Court Custody Service (PECCS)

5.4.1. The Prisoner Escort and Court Custody Service (PECCS) is responsible for the management of contracts awarded to the private sector for escorting custodies to designated Courts from custody, to prison from Court and for the transfer of custodies between prison establishments.

5.4.2. Any concerns about the service provided through the PECCS contracts must be raised immediately with the local PECCS Contract Manager, details of which are listed in Appendix 3.

5.5. Vehicle Selection

5.5.1. The type of vehicle used for transportation will vary between Forces and will be influenced by availability, whether the transport is planned or spontaneous and by the risks associated with the custody. The Risk Assessment must be considered when determining the most appropriate form of transport.

5.5.2. For spontaneous incidents the type of vehicle already at the scene may influence the choice of vehicle. This could include:

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

5.5.3. Any vehicle used for the escort of custodies should be properly searched before and after use.

5.5.4. All Police vehicles used to convey custodies must be equipped with a First Aid kit.

5.6. Custody Safety

5.6.1. Custodies should not be left in vehicles alone and unsupervised.

5.7. Transporting Mental Health Act Custodies

5.7.1. Consideration should be given by Forces to establish procedures for dealing with requests for the transportation of custodies with mental health conditions, in consultation with the appropriate medical authority.

6. ARRIVAL AT THE POLICE STATION

This section provides guidance on the procedures to be followed upon arrival at and the safe operating capacity of, a Custody Suite.

6.1. Introduction

6.1.1. A custody record must be initiated in respect of any person who is arrested or detained, under any enactment (for example Section 23 of the Misuse of Drugs Act 1971 or Section 14 of the Criminal Procedure (Scotland) Act 1995) and is taken to Police premises. Such persons should be afforded their legal rights as appropriate.

6.2. Voluntary Attendances

6.2.1. A voluntary attendee who is in Police premises is not deemed to be in Police custody; however, Forces must ensure the person's details are recorded in line with local procedures.

6.2.2. The Custody Officer must be made aware of voluntary attendees; however, the duty of care for that person remains with the escorting Officers.

6.2.3. Voluntary attendances are recorded on the national custody system.

6.3. Cell Capacity Issues

6.3.1. Single cell occupancy is the preferred option. However, it is recognised that there are cell capacity issues throughout Scotland and as such it is anticipated that there will be occasions when multi-occupancy of cells will be necessary.

6.3.2. On occasions when multi-occupancy is deemed necessary the decision must be properly risk assessed and the custody record for each person sharing the cell should be endorsed accordingly.

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

6.3.4. If a Custody Suite has reached its safe operating capacity then arrangements must be made for additional custodies to be accommodated elsewhere.

6.4. Cell Occupancy

6.4.1. Home Office approved cells and detention rooms are designed for single occupancy. Cell sharing is not considered appropriate if:

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- Custodies are not of the same age group (i.e. juveniles should not be placed with adults);
- Custodies are not of the same gender;
- A custody is under the influence of alcohol, drugs or other intoxicants;
- A custody is violent or aggressive;
- The custodies are associated with the same case (subject to Risk Assessment and/or SIO approval);
- A custody is suspected of offences which may attract an adverse reaction from other custodies (e.g. child abuse, sex offenders);
- A custody is mentally or physically vulnerable;
- A custody is vulnerable to attack for other reasons (e.g. Police or Prison Officers, CHIS or reputed CHIS);
- A custody is vulnerable on the grounds of different race, culture, colour, religion, sexual orientation or any other source of potential conflict or hatred.

6.4.2. The decision to multi-occupy cells rests with the Custody Officer. Forces must ensure they have a referral system in place in the event there is a dispute over any decision to multi-occupy a cell. Such a referral should be made to the Duty Senior Officer for immediate resolution. Multi-occupancy must be justified; risk assessed and recorded on the relevant custody records.

6.4.3. The Risk Assessment should consider the following:

- Any warning markers that the custodies may have;
- Medical conditions;
- Demeanour on arrival;
- Current demeanour;
- Known or suspected hate crime attitudes;
- Other discriminatory attitudes;
- Custody's response on sharing.

- 6.4.4. A person held in Police custody should not share a cell with another person when a significant risk has been identified.
- 6.4.5. Consideration may be given to using a CCTV equipped cell (where available) in accordance with Force procedures.
- 6.4.6. When a decision has been taken to multi-occupy a cell, any requests made for private toilet facilities must be granted.
- 6.4.7. Custody Officers must respect a person's right to basic human dignity and any delay or refusal of such a request must be recorded on the individual's custody record. The privacy of the custody must be preserved whilst they are using the toilet in a cell fitted with CCTV.
- 6.4.8. Monitoring regimes will need to be considered when cells are being shared. The Custody Officer should increase the frequency of checking people held in multi-occupancy cells.
- 6.4.9. A person's reaction to being held in a cell with someone else cannot be precisely gauged in advance, but the risk of one person harming another must always be considered. Custody staff, including healthcare professionals, must keep the Custody Officer informed of any noticeable changes in behaviour, which could alter the Risk Assessment.
- 6.4.10. Under final analysis, cell sharing should only be permitted in exceptional circumstances, where there is no reasonable operational alternative.
- 6.5. **Entry to the Custody Suite**
- 6.5.1. Custodies under escort should enter through the custody vehicle docks, where available. Other visitors such as family members, Appropriate Adults and Solicitors should come through a public entrance. When custodies that have been exposed to CS Spray enter the Custody Suite, contamination issues must be addressed.
- 6.5.2. All visitors entering the Custody Suite may only do so on the authority of the Custody Officer. All visitors should be aware of their role and responsibilities prior to gaining access to persons in custody. Custody areas must not be seen as a gathering point for visitors and only those with legitimate reasons should be present. If an individual is denied access to a Custody Suite or a particular cell, the reason must be recorded. Similarly any visits to persons in custody must be recorded on the custody recording system.

6.6. Holding Areas

- 6.6.1. On arrival at the Police Station all custodies must appear before the Custody Officer as soon as practicable. It is sometimes necessary for staff to wait with custodies until they can be seen by custody staff. At this stage responsibility for the care of that custody remains with the escorting Officers.
- 6.6.2. A custody only becomes the responsibility of the Custody Officer when they are presented at the Charge Bar. Prior to this the escorting Officers have responsibility for the control and restraint of the individual.

6.7. Arrival at the Custody Suite - Violent Custodies

- 6.7.1. Officers transporting a violent person to the Custody Suite should inform custody staff of their impending arrival. People should be removed from reception areas to prevent them being involved with or injured by the custody.
- 6.7.2. Health and Safety issues should be adhered to in all Custody Suites.

6.8. Custody not Authorised

- 6.8.1. Where a custody record has been opened and the Custody Officer believes that there are insufficient grounds for detention or arrest, the reasons must be recorded and the custody liberated.
- 6.8.2. It may be appropriate to review cases where detention or arrest has been refused.

6.9. Initial Action

- 6.9.1. Procedures must be established to ensure that when a custody arrives at the Police Station a complete vulnerability Risk Assessment is completed and an associated care plan initiated.
- 6.9.2. Consideration should be given to carrying out the following activities for each custody:
- Check the grounds for detention or arrest;
 - Check that anyone who has had contact with the custody has passed on any relevant information about the custody to the custody staff;
 - Check PNC, CHS or other Force IT systems and record relevant warning markers.
- 6.9.3. These activities are not exhaustive and all relevant factors should be considered in conjunction with local Force guidelines.

6.10. Search and Seizure of Articles

6.10.1. Custodies must be searched on detention and arrest. All custodies must be subjected to a more thorough and methodical search on arrival at a Custody Suite. This should ensure they are not in possession of any articles which are capable of causing injury to themselves or others and that they would not normally be allowed to keep because the article:

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

6.10.2. The Custody Officer (local Force guidelines may vary) should decide the extent and location of a search. There are three levels available:

- Standard search;
- Full body search (requires the authority of a Supervisory Officer - local Force guidelines may vary);
- Intimate body search (in the first instance this requires the authority of a Supervisory Officer (local Force guidelines may vary), or the authority of a Warrant). The search must only be conducted by a Doctor. If at any stage in the proceedings the person in question refuses to consent to this procedure the search must not be undertaken. Intimate body searches, appropriately authorised, can be undertaken in an effort to recover any commodity and are not restrictive to the recovery of controlled drugs.

6.10.3. Further information is available in relation to intimate body searches in the Appendix section of this document (Appendix 4) or at the following website:

<http://www.bma.org.uk/ap.nsf/Content/intimate2007?OpenDocument&Highlight=2,intimate>.

6.10.4. The decision making process must be documented on the custody record and include the reason for the search, those present during the search, those conducting the search, and a record of any items found or seized.

6.11. Cell Searches

6.11.1. All cells and detention rooms must be visually inspected and searched, on liberating a custody and before new occupancy, to ensure that:

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

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

- Work from the ceiling down to floor level;
- Start with the ventilation grilles through to light fittings, checking that the sealant has not been picked out and that holes are not too big;
- Check the light fittings and smoke detectors. Are they fitted securely and is the sealant intact?
- Check toilet bowls where the filler between the bowl and seat might have been removed, enabling laces or belts to be pushed through. Is the sealant intact?
- Check the bench underneath the mattress to see if any gaps would permit laces or belts to be threaded through;
- Check mattresses and blankets to ensure that they are not damaged so that the custody can tear them up 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 custody bangs on it while it is fully closed;
- Check the spyglass is not broken.

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

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

6.12. **Ligature Points**

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

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

- 6.12.2. People who are determined to self harm will go to extreme lengths to do so. They can and will be ingenious in the methods they use. Items such as the mattress and pillow (if provided) should be checked for damage to ensure they do not provide potential ligature material.
- 6.12.3. To commit suicide by ligature a person requires both the means of forming the ligature and the means of attachment, normally to the structure. Removing one or preferably both opportunities minimises the risk of suicide or self harm.
- 6.12.4. Staff inspecting cells must be aware that ligature points can be found at both high and low levels. They can take any form, eg cracks, gaps in benches, any pipe, tube, bar or similar fittings. Inspections should be conducted methodically, working from the ceiling to ground level. They are not just a problem in older Custody Suites. They can equally occur in new buildings.
- 6.12.5. Poor repair work can create ligature points. Repairs must be undertaken professionally, with material appropriate to the specific situation. The higher initial cost of safer materials will be offset by their longevity and safety.
- 6.12.6. General finishing should be of the appropriate fire rating and should be non-pick, non-peel, non-toxic and non-abrasive and resist the embedment of blades and needles. Floor surfaces must be non-slip when wet but must not otherwise provide an abrasive surface that could cause injury. All surfaces and features should be capable of being easily cleaned and sterilised.
- 6.12.7. If a potential ligature point is identified, the relevant area must be taken out of use immediately and must not be used for securing any custody until remedial work has been completed. The problem must be reported in the same way as all other maintenance issues.
- 6.13. **Searching Custodies in Cells**
- 6.13.1. Custody Officers should be trained to supervise the searching of custodies in cells, with specific regard to thoroughness, control and restraint and diversity issues (age, disability, ethnic origin, gender, religion or belief, sexual orientation and transgender status).
- 6.14. **Property Removal and Storage**
- 6.14.1. During the Risk Assessment process Custody Officers should be aware that items such as ties, belts, shoelaces and cords can be used as ligatures. All staff have a duty of care and must do all that is reasonably possible to protect the right to life under Article 2 of the European Convention on Human Rights. The decision to withhold articles from the custody must be based on a Risk Assessment of each individual and should be recorded.

- 6.14.2. Staff must bear in mind the potential impact that the detention and interview processes may have on an individual and how it may affect the changing level of Risk Assessment for that individual. Adequate storage and security should be provided for custody's property.
- 6.14.3. Where a person brought into custody has been sprayed with CS or PAVA, property should be double bagged and a decontamination/washing instruction attached thereto. The application of hazard tape or self-adhesive labels displaying the international hazard diamond and the qualifier 'irritant' should likewise be attached.
- 6.14.4. Application of the tape or label will greatly assist RCS, the Scottish Prison Service or any other Criminal Justice partner if the person is transferred into their care.
- 6.15. **Clothing**
- 6.15.1. Any item of clothing can be used as a ligature. Belts, ties, cords and shoelaces are obvious and more readily available as ligatures. The decision to remove these items should be made after conducting a Risk Assessment and the Custody Officer must balance any risk with the need to treat custodies with dignity.
- 6.15.2. If a custody is believed to be at risk of suicide or self harm, the seizure and exchange of clothing may not remove the risk but may increase the distress caused to the individual concerned and, therefore, increase the risk of the custody self harming. Leaving someone in their own clothing may help to normalise their situation. Constant observation or within close proximity may be a more appropriate control measure in these circumstances.
- 6.15.3. Clothing is often taken from a custody in the course of an investigation as evidence or for hygiene purposes. In all cases replacement clothing must be provided and if appropriate this should be sought from friends or relatives.
- 6.15.4. People held in Police custody deemed to be at high risk of suicide by using their own clothing must be closely or regularly observed depending on the Risk Assessment.
- 6.15.5. Forensic paper suits are not safe for 'at risk or special risk' custodies and should not be used. Where available suicide resistant clothing should be provided but it should be noted that no clothing is totally safe, although some are more difficult to use in self harm attempts than others.
- 6.15.6. Removal of clothing must be justified and recorded on the Risk Assessment and custody record.

6.15.7. All Custody Suites should arrange for the replacement of clothing to custodies as necessary. They must be provided with alternative clothing if their own clothing is wet as they will be at risk from hypothermia.

6.15.8. Where clothing has been seized for forensic reasons, replacement clothing should be provided as soon as is reasonably practicable to ensure that the person's dignity and welfare needs are met.

6.16. Recorded information

6.16.1. Forces should have custody systems in place that are capable of recording and recalling all actions, issues and incidents involved in the custody process and of providing efficient and effective; analytical, investigative and management information in relation to each action, issue and incident.

6.16.2. Local Force guidelines will determine whether a record should be made of the property a detained or arrested person has with them or had taken from them and whether or not a custody should sign the property record.

6.16.3. A property record will always be compiled when a detained or arrested person is presented at the Charge Bar. The property record should show the property a custody has with them and any article they have had taken from them. Local Force guidelines will determine whether or not a custody should be given the opportunity to sign the property record.

6.17. Consular Communication

6.17.1. Article 36 of the Vienna Convention on Consular Relations by which the United Kingdom is bound, requires that a foreign national who is arrested or detained in any manner be informed immediately of their right to communicate with their consul and if the national so wishes for their consul to be informed of their arrest or detention. There is also a requirement for any communication addressed to the person concerned to the consul to be forwarded without delay. If the national does not, after having been informed of such rights, request such notification or communication there is no obligation to inform the consul.

6.17.2. Articles 36(1)(b) of the Vienna convention states:

'If he so requests, the competent authorities of the receiving state shall without delay inform the consular post of the sending state if, within the consular district, a national of that state is arrested or committed to prison or to custody pending trial or is so detained in any other manner. Any communication addressed to the consular post by the person arrested, in prison, custody or detention shall be forwarded by the said authorities without delay. The said authorities shall inform the person concerned without delay of his rights under this sub paragraph:

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Consular Officers shall have the right to visit a national of the sending State who is on prison, custody or detention, to converse and correspond with him and to arrange his legal representation. They shall have the right to visit any national of the sending state who is in prison, custody or detention in their district in pursuance of a judgment. Nevertheless, Consular Officers shall refrain from taking action on behalf of a national who is in prison, custody or detention if he expressly opposes such action'.

NOT PROTECTIVELY MARKED

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NOT PROTECTIVELY MARKED

7. **CUSTODY CARE**

This section provides guidance for all staff involved in the care and detention of people in Police custody. It identifies good practice designed to minimise deaths and adverse incidents.

7.1. **Management and Supervision - Roles and Responsibilities**

- 7.1.1. Clear lines of responsibility and accountability must be established for the supervision and management of custody staff, Custody Suites and custodies.
- 7.1.2. The Duty Custody Officer or responsible Officer (as per local Force procedures) should undertake the supervision and support of custody staff. At the beginning of each shift Custody Officers and, where practicable, the Duty Custody Supervisor or responsible Officer should visit and check the cell areas. Checks should include:
- Welfare of custody staff;
 - Whether staffing levels are sufficient;
 - Numbers of custodies;
 - Custody records;
 - Establishing vulnerabilities of custodies;
 - Ensuring that measures are in place to manage any vulnerabilities identified;
 - Review times;
 - Discussions with staff on any emerging issues;
 - Visiting custodies in cells;
 - Checks on the physical condition of the Custody Suite.
- 7.1.3. Custody Officers must check the custodies in their cells following, during, or as part of the handover process by the outgoing Custody Officer.
- 7.1.4. **Force Custody Manager**
- 7.1.5. The appointment of a Senior Officer with lead responsibility for all Force Custody issues is recommended. This Officer should report to the ACPOS member of the Force with Executive lead for custody.

7.1.6. The definition of the roles listed below has been provided by the National Custody Project Team. They avoid differences in rank and individual job titles, which may not be shared between Forces. They are defined as follows:

- Custody Supervisor - The person with direct supervisory responsibility for the operations of a Custody Suite;
- Custody Officer - The person involved in processing persons brought into custody, taking decisions concerning a custody's status as well as monitoring custodies;
- Custody Assistant - A person involved in the supervision of persons brought into custody.
- Where multiple Custody Officers are on duty it is essential that each is aware of their individual responsibilities.

7.2. **Hospital**

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

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

7.2.3. The Custody Officer must ensure that any escort Officers are properly briefed in terms of the Risk Assessment associated with a particular custody before accompanying them to hospital.

7.2.4. In the event a custody is admitted to the hospital and is likely to be there for a prolonged period of time and requires an escort, arrangements should be made to brief each change of escort with regards to the Risk Assessment associated with the custody.

7.2.5. On returning to Police detention from hospital, the custody 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.

7.2.6. Any case notes or items of information from hospital medical staff relevant to the continuing treatment of the custody should be passed to the Custody Officer at the Police Station. This should include the results of any tests such as CT scans in the case of a head injury, information on how to care for the individual and any care plan. This should be obtained in writing.

7.2.7. The Police retain a duty of care for custodies who are refused admission to hospital or treatment by ambulance staff. Efforts should be made to have them examined and assessed but if healthcare services still refuse to accept them, they should be taken to the Police station. Clear instructions about their care and transportation should be requested.

7.2.8. If the Custody Officer has any doubt about an individual's fitness to be detained or interviewed following their return from hospital, a healthcare professional should reassess them.

7.3. **Supervision and Security**

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

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

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

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

7.4. Documentation

7.4.1. Medical notes or other personal sensitive information are not part of the custody record and care must be taken to ensure they are not disclosed to Solicitors and Independent Custody Visitors while they are examining a custody record.

7.5. Out of Cell

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

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

7.5.2. If there are concerns that a person in custody has not been adequately supervised outside a cell, for example, during consultation with a Solicitor, they should be thoroughly searched before being returned to the cell.

7.6. Interview

7.6.1. Investigating staff are responsible for the supervision of custodies when they are being interviewed.

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

7.6.3. The Custody Officer must be informed by the investigating staff of any noticeable changes in the custody's behaviour that could alter a Risk Assessment.

7.7. Investigation

7.7.1. All staff involved in investigating offences has a duty to inform the Custody Officer of any further information they discover which may affect the person in custody's Risk Assessment. This includes any statements made by the

custody during interview, while on escorted visits outside the Police Station or made about the person in question by others who know them.

7.7.2. If for any reason a custody is taken out of the Police Station by investigating staff they must supervise them at all times. They must also monitor their welfare and ensure that they do not gain access to items that could be used as weapons.

7.7.3. When a decision has been taken to charge a person and they cannot be liberated for summons or on Undertaking, the person will be kept in custody until the next available Court sitting. The Risk Assessment must be reviewed when such a decision is made as they are at a higher risk of suicide or self harm at this time. People held in these circumstances should be monitored for changes in behaviour that may indicate an increased risk of self harm or suicide. Access to external support can be effective at this stage.

7.8. Monitoring and Observations

7.8.1. The level of observation will be dependent on the circumstances of the individual and should be made in accordance with local Force Policy. It is important to recognise that the ability of staff to adhere to Force instructions around custody observation intervals will be determined by a number of factors.

7.8.2. Under normal circumstances it will be sufficient to conduct observations on people held in custody that pose no special risks on an hourly basis. More frequent observations should be conducted for individuals under the influence of drugs or alcohol or those where medical circumstances dictate.

7.8.3. Should the Risk Assessment so dictate, custodies should be placed under constant observation. Suggested observation criteria are detailed below, however, local Force guidelines must be adhered to.

7.8.4. **Figure 3 - Levels of Observations**

General Observation	Frequent Observation
<p>This is the minimum acceptable level for all people held in custody. It requires the following:</p> <ul style="list-style-type: none"> • They are checked at least every hour; • Checks are carried out sensitively in order to cause as little intrusion as possible; • If no reasonable foreseeable risk is identified, staff need not wake a sleeping custody; • If awake, the Officer should engage with them; • Their behaviour/ condition is valuated during observations and recorded in the custody record; • Any changes in behaviour/ condition must be reported to the Custody Officer immediately. <p>The use of technology does not negate the need for physical checks and visits.</p>	<p>If the custody's Risk Assessment indicates the likelihood of self harm they should be observed at this level. It requires the following:</p> <ul style="list-style-type: none"> • They are under frequent observation and accessible based on their Risk Assessment/care plan; • Issues of privacy, dignity and gender should be taken into consideration; • They are positively engaged at frequent and irregular intervals; • Their behaviour/ condition is valuated during observations and recorded in the custody record; • Any changes in behaviour/ condition must be reported to the Custody Officer immediately; • Consider a review by the healthcare professional. <p>The use of technology does not negate the need for physical checks and visits.</p>

Intermittent Observation	Constant Observation
<p>This is the minimum acceptable for those suspected of being intoxicated through drink, drugs, inhalants or having swallowed drugs, or whose level of consciousness causes concern, subject to clinical direction. It requires the following:</p> <ul style="list-style-type: none"> • They are visited and roused at least every 30 minutes; • They are positively engaged at frequent and irregular intervals; • Their behaviour/ condition is valuated during observations and recorded in the custody record; • Any changes in behaviour/ condition must be reported to the Custody Officer immediately. <p>The use of technology does not negate the need for physical checks and visits.</p>	<p>Custodies at the highest risk of self harm should be observed at this level. It requires the following:</p> <ul style="list-style-type: none"> • They are supervised constantly; • Issues of privacy, dignity and gender are taken into consideration; • They are positively engaged at frequent and irregular intervals; • Full record of Risk Assessment and care plan is included in the custody record; • Their behaviour/ condition is valuated during observations and recorded in the custody record; • Any changes in behaviour/ condition must be reported to the Custody Officer immediately; • Consider a review by the healthcare professional. <p>The use of technology does not negate the need for physical checks and visits.</p>

7.8.5. The Custody Officer should record the custody care plan in the custody record.

7.9. **Visits to Cells**

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

Checklist: Visits to Cells

Staff undertaking visits or observations must:

- Be appropriately briefed about the custody's situation, Risk Assessment and particular needs;
- Take an active role in communicating with the individual and building a rapport;
- Be familiar with the Custody Suite emergency procedure and aware of equipment available.

7.9.2. When cell checks and visits are carried out it is not sufficient to record 'visit correct' or 'checked in order' on the custody record. More detail is required, for example, 'awake, reading, spoken to, offered drink, drink refused', or 'asleep under blanket facing door, breathing regular, not roused'.

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

7.10. **Rousing**

7.10.1. All staff involved in checking and rousing custodies must follow these guidelines. The frequency of rousing determined by a care plan must be adhered to unless the Custody Officer directs that rousing should be more frequent.

Checklist: The Rousing Procedure

- Can they be woken?
- Enter the cell, summoning assistance if required prior to entering;
- Call their name;
- Shake them gently;
- Response to questions - can they give appropriate answers to questions such as:
 - What is your name?
 - Where do you live?
 - Where do you think you are?

- Response to commands - can they respond appropriately to commands such as:
 - Open your eyes;
 - Lift one arm, now the other arm.
- Remember - take into account the possibility or presence of other illnesses, injury, or mental condition. A person who is drowsy and smells of intoxicants may have:
 - Diabetes;
 - Epilepsy;
 - Head injury;
 - Drug intoxication or overdose;
 - Stroke.

7.10.2. Deaths occur in custody every year where alcohol or substance misuse masks another condition.

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

7.11. **Use of Technology**

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

7.11.2. Technology can only be used to enhance the monitoring of an individual's welfare. Monitoring devices installed within cells must not be used as the sole means of monitoring a clinical condition.

7.12. **Welfare and Safety**

7.12.1. Meeting the welfare needs of people in custody involves providing various items, some of which are routinely taken into cells but which can be used to self harm. Custodies who are determined to self harm have been known to adapt items in unusual ways.

7.13. **Blankets**

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

7.13.2. Suicide resistant blankets should be issued to high-risk, if not to all custodies.

7.14. **Mattresses**

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

7.14.2. Staff should also be alert to the possibility of bedding material being deliberately set alight by custodies who may have concealed a lighter or matches as these products are never entirely fireproof.

7.15. **Toilet Paper**

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

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

7.15.2. The additional needs of custodies who, for example, are menstruating or who have fibroids, bowel disease or colostomy bags should be taken into consideration on an individual basis. Hygienic wipes should be kept for these purposes.

7.16. **Food and Drink**

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

- 7.16.2. Foodstuffs for people in custody must never be accepted from their relatives or friends as drugs are commonly smuggled in by such means.
- 7.16.3. Technology is widely available to reseal food packaging. Consideration should, therefore, be given to banning any food being passed on to a custody from an external source other than for strict dietary or religious requirements.
- 7.16.4. All items connected with meals and drinks should be removed from cells as soon as practicable after use to prevent them from being used to cause injury or damage. Where appropriate kitchen areas must be kept secure.
- 7.16.5. Forces should establish a policy on the provision of food to people in custody from external sources.
- 7.16.6. Forces should bear in mind their responsibilities to provide foodstuffs appropriate to the dietary requirements of a custody's religious beliefs.
- 7.17. **Choking**
- 7.17.1. Choking on foodstuffs can occur by accident or it can be a deliberate attempt to self harm. This condition can be difficult to diagnose and may not always be observed until it is too late. Where practicable, visiting the custody when they are eating may reduce the risk of them choking to death.
- 7.18. **Cutlery and Crockery**
- 7.18.1. Appropriate crockery must be safe for hot food but provide the least risk of being misused. All cutlery and crockery must be removed as soon as practicable to prevent it being used for self harm, to choke on, as a weapon or to cause damage. Consideration should be given to the issue of finger food for high risk, if not all custodies.
- 7.19. **Hygiene and Community Health Issues**
- 7.19.1. The preparation and supply of food to custodies can carry the risk of food poisoning. Custody staff should ensure that all appropriate measures are taken to eliminate these risks. Care must be taken to ensure that all hot meals are properly heated through. Care must also be taken with hot food to prevent scalding. Additionally, the food container should not provide an easy source for self harm.
- 7.19.2. Care should also be taken when preparing meals for people with food allergies and/or specific religious or cultural requirements.
- 7.20. **Handover Procedures**
- 7.20.1. Effective briefing and debriefing of Custody Officers and staff is essential when handing over responsibility for custodies, particularly at shift change

over. It ensures that all relevant information is passed on and understood by the person taking over the responsibility. The information must include the risks, vulnerabilities, emerging issues, control strategies and welfare needs of each person in custody as well as the known status of the related investigation and the actions required to achieve effective and lawful resolution of the matter for which they have been detained. The fact that information has been passed over should be recorded on the custody record.

- 7.20.2. The use of wipe boards can assist in the handover process but to comply with Data Protection, must be out of sight of non-custody staff.
- 7.20.3. Forces must ensure that procedures allow sufficient time for full and effective handovers; this may require consultation with the staff associations if changes are to be made to the duty day.

7.21. **Independent Custody Visitors**

- 7.21.1. Independent Custody Visitors (ICVs) are volunteers whose role is to attend Police Stations to check on the treatment of people held in custody and the conditions in which they are held and to establish that their rights are being observed. This protects both custodies and the custody staff, and provides reassurance to the community at large. Responsibility for organising and overseeing the delivery of independent custody visiting lies with Police Authorities in consultation with Chief Constables.
- 7.21.2. ICVs can visit Police custody facilities at any time and must be given immediate access to all custody areas unless doing so would place them in danger. A Custody Officer can delay but not deny access. A full explanation must be given for the delay and the explanation recorded by the ICVs in their report. Where there is a reasonable belief that there is a danger to the visitor or that access could interfere with the process of justice, the custody supervisor or above can limit or deny access to a specific custody.
- 7.21.3. Such a decision must be recorded in the person's custody record and by the ICV in their report of the visit.
- 7.21.4. During a visit the Custody Officer or member of custody staff must escort the ICVs and advise them of any specific health and safety risks they may encounter. ICVs may have access to all parts of the custody area and associated facilities eg food preparation areas and medical rooms. They may also, **subject to the consent** of the custody speak with them about the adequacy of the detention facilities. It is the responsibility of the Custody Officer to speak to the custody to outline the function of the ICV, and to ascertain whether they are prepared to speak to them. ICVs may review the depersonalised details of a person's custody record, but they may not view their medical notes.

- 7.21.5. At the conclusion of every visit a copy of the ICVs report is left for the attention of the Officer-in-Charge of the station. The findings from visits should be discussed by ICV groups and fed back to the Police at local, area and Force level. There must also be regular feedback to the Police Authority.
- 7.22. **Independent Custody Visitors Access to CCTV**
- 7.22.1. 'Independent custody visitors should carry out their functions in person and not by viewing either live CCTV pictures or recorded footage. Their role is fundamentally interactive with both prisoners and Police staff and cannot be discharged remotely. There may also be issues about infringing the privacy of prisoners who have not consented to visitors observing them using CCTV. However, where specific incidents or circumstances arise as issues and have been captured on CCTV, visitors might reasonably be allowed access where both the Police and the custody/custodies concerned consent. Visitors should be able to ask the Custody Officer whether the CCTV is working and be given a demonstration if necessary'.
- 7.22.2. Excerpt from Paragraph 30 National Standards on Independent Custody Visiting.

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8. **DEPARTURE, TRANSFER AND LIBERATION**

There are ongoing risks when someone is liberated from Police custody or responsibility for control of the individual is passed from the Custody Officer to other agencies. This section discusses these risks and gives guidance on managing them.

8.1. **Introduction**

8.1.1. A person in custody may be liberated with or without Undertaking, with or without charge, or through transfer into the custody of any other agency.

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

8.1.3. A person brought into Police custody may remain within the Criminal Justice System for a long time through involvement with the Courts and other agencies. The Police Service is the first point of entry to the Criminal Justice System and what happens during that Police contact can set the tone and influence a custody's demeanour during later detention in Court cells, prison and beyond.

8.2. **Risk Assessment**

8.2.1. The risks associated with a person in custody are assessed on arrival at the Police Station and throughout their period in Police custody. Being charged and reported for summons, liberated on Undertaking or held in custody to appear at Court can alter the custody's risk profile so the Custody Officer must review the Risk Assessment at this stage.

8.3. **Liberation from Custody**

8.3.1. People who can no longer be lawfully held in Police custody but are considered to be at risk should be provided with appropriate advice and options to support their welfare on liberation. The practical interventions open to the Police are limited. The Custody Officer should refer to the Risk Assessment and decide what action, if any, is appropriate.

8.3.2. It is unlikely that a referral will be permitted without the explicit consent of the custody unless there is a legal obligation to inform others.

8.3.3. Good practice suggests that this is an opportune time to offer the support of other organisations whether that is for example mental health issues or drug addiction. (See 8.5.1 below).

8.4. **Transfer of Custody**

8.4.1. A custody being transferred to Court by PECCS is still in lawful custody, but the responsibility for the custody's welfare is transferred to the PECCS staff.

Checklist: Transfer of custody

Prior to transferring a custody, the Custody Officer must:

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

8.4.2. A custody may be restrained when being transferred by the Police if there are reasonable grounds to believe that an unrestrained custody will use violence against escorts or bystanders, or that they will try to escape.

8.4.3. Where restraint is to be applied, it is important to communicate to the custody what is happening and why. When they are passed to another agency, responsibility for restraint no longer rests with the Police.

8.4.4. Transportation of multiple custodies may increase risk and should be subject to a Risk Assessment prior to transfer.

8.4.5. Custody staff may also receive custodies from prison. They must, therefore, be aware of the forms used by public and private prisons to deal with self harm and risk.

8.5. Agency Referral

8.5.1. The duty to act on foreseeable risks can extend beyond liberation. Referrals to other agencies following liberation or transfer from Police custody may prevent deaths following Police contact or incidents of self harm and can break the re-offending cycle.

8.5.2. Agency referral presents a number of issues:

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

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

8.5.4. The main triggers for referral may include:

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

- 8.5.5. Persons held in custody can be referred to external support agencies but contact may be impractical until after they have been liberated. Forces should consider facilitating access to external support workers for persons who have been retained in custody.
- 8.5.6. The use of templates for agency referral should:
- Ensure appropriate information is captured;
 - Act as an aide-memoir, with regards to the rules;
 - Provide the opportunity for electronic exchange;
 - Offer a method for capturing consent in a structured manner.
- 8.5.7. Forces should consider developing policies and protocols for sharing information with other agencies, supporting the use of the templates and the provision of directories of suitable agencies for referral, for example, local NHS directories. Directories should be made readily available in Custody Suites.
- 8.5.8. Information obtained by the Police while dealing with someone in custody is confidential. Forces may face civil claims for breach of confidentiality if this information is disclosed to a third party without consent. Disclosure can be justified if it can be shown that public interest outweighed the duty of confidentiality. For further information see the Data Protection Act 1998. Provisions are made for sharing information in specific situations in the Crime and Disorder Act 1998 and the Antisocial Behaviour etc (Scotland) Act 2004.
- 8.5.9. Forces should consider establishing protocols that inform custody staff of the procedure for communicating identified risks to the relevant persons or agencies.

9. **STAFFING**

This section covers the staffing of Custody Suites, supervision, and management and the provision of medical support.

9.1. **Resources**

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

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

9.1.2. The following resources may be available when required:

- Custody Officers;
- Detention staff (Police Officers/staff/private);
- Healthcare provision - forensic and clinical;
- Interpreters via telephone/videophone or in person.

9.1.3. The following resources would be desirable when required;

- Referral scheme workers (Court diversion/drug/alcohol schemes);
- Legal advice;
- Appropriate Adults for children or people with mental health problems.

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

9.2. **Recruitment**

9.2.1. Forces must have policies and procedures to ensure that staff in custody roles are suitably trained and competent. Where possible, all staff should be trained prior to commencing a custody role.

9.3. **Healthcare Provision**

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

9.4. **Factors to Consider in Determining Type of Healthcare Provision**

9.4.1. Forces should consider the following points when allocating healthcare provision for their Custody Suites:

- The healthcare professional needs to be allocated resources to enable them to do their job efficiently. Nurses should be given suitable equipment to allow procedures such as suturing to be done at the Custody Suite removing the need for custodies to be escorted to hospital for routine procedures.
- Healthcare professionals should be based in busy Custody Suites at times of high demand to minimise the need to call them out.
- All Risk Assessment documentation must be retained by Police for internal and external inspection, and monitoring of services provided.

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- The presence of healthcare professionals in Custody Suites increases the chances of identifying custodies who may be at risk and improves the coordination of care for vulnerable persons.

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10. **TRAINING**

This section gives guidance on the training and learning policies and practices that must (unless specified otherwise) be adopted for custody staff. It also advises on the subject areas that should be covered within learning programmes.

10.1. **Training and Learning Provision**

- 10.1.1. Forces must satisfy themselves, where possible, that all staff working in the Custody Suite are trained and competent before being appointed or allocated tasks within the Custody Suite. The practice of shadowing experienced members of staff is recommended as an effective means of improving staff competence.
- 10.1.2. There must be continuing access to refresher training and learning opportunities whilst in post. The period required for refresher training should be determined by the content and delivery methodology. A training needs analysis of existing custody staff should be the subject of continuous management.
- 10.1.3. All designated and contracted staff must be suitable, trained and able to undertake their role within Police custody.
- 10.1.4. Custody Officers, detention Officers, escort Officers and Custody Assistants must also receive training and refresher training in first aid, staff safety, and control and restraint.
- 10.1.5. There are mutual benefits to be achieved by joint agency training, for example staff from mental health teams could deliver inputs to custody staff on dealing safely with custodies with mental health issues.
- 10.1.6. In addition to formal training, staff retain individual responsibility for their own professional and personal development.

10.2. **Custody Officer Training Programme**

- 10.2.1. All Forces should have a training programme for custody staff in accordance with their local operating procedures, but this should be based on any national training package.

10.3. **Risk Assessment**

- 10.3.1. Staff must be trained in Risk Assessment, as it is fundamental to the welfare of custodies and all those present within the custody environment.

10.4. Control and Restraint

- 10.4.1. All custody staff must be trained in personal safety. Additional provision should be made for joint training for groups of custody staff that regularly work together.
- 10.4.2. Forces must provide personal safety and refresher training for custody staff, which is appropriate to their role.

10.5. IT Systems

- 10.5.1. Custody staff, where required, should be trained in the use of IT systems relevant to their role such as the National Custody Application and Livescan.

10.6. First Aid

- 10.6.1. Custody staff should receive refresher training in accordance with the certificate issued. Consideration should be given to providing all custody staff with HSE First Aid at work training, diabetic awareness and other specialised medical training such as in the use of defibrillators.

10.7. Health and Safety

- 10.7.1. All staff should be trained to meet their obligations under Health and Safety legislation. Initial Health and Safety training must be specific to the role as well as giving an overview of Health and Safety legislation.
- 10.7.2. Attack alarm systems, which allow immediate assistance to be summoned, must be available and staff trained in their use. Care should be taken not to place additional furniture or technical equipment in locations that might hinder access to alarms.

10.8 Diversity and Equality

- 10.8.1 All staff should be Diversity and Equality trained so they are aware of their responsibilities.

10.9 Cleaning

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

10.10 Storage for Protective Equipment

10.10.1 Protective equipment, including shields and helmets, may be needed in custody. Storage should be close, but external to the custody area to enable a prompt response but it should be outside the immediate charge area.

10.11 Food Hygiene

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

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11. **DEATHS AND ADVERSE INCIDENTS IN CUSTODY**

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

11.1. **Deaths and Adverse Incidents**

11.1.1. Within this guidance a death in custody is where any of the following circumstances apply:

- The death occurs in a Police Station (including such temporary Police accommodation at, for example, a football ground);
- The death occurs in hospital, the deceased having been taken there from a Police Station because of apparent injury or illness;
- The deceased was taken direct to hospital after being arrested or detained, for example, in the street because of apparent injury or illness;
- The deceased was in Police custody at Court;
- In any other case where at the time of death the deceased was in the care of the Police, for example, death occurring in a Police vehicle.

11.1.2. For the avoidance of doubt all Forces should consult with the Area Procurator Fiscal following a death in Police custody.

11.1.3. An adverse incident is one which, if allowed to continue to its ultimate conclusion, would have resulted in the death, serious injury or harm to any person.

11.2. **First Actions**

11.2.1. Responsibility for managing the first action following an adverse incident lies with the Custody Officer.

Checklist: Actions to be Taken When an Adverse Incident Occurs

- Check for vital signs and consider first aid;
- Call for medical support if available within the Custody Suite;
- Consider the need for an ambulance;
- Call an ambulance if considered appropriate;

- Allow the person to be taken to hospital if required;
- Where possible a Police Officer(s) not involved in the incident or directly responsible for the detention or arrest of the person to accompany the custody to hospital;
- Do not delay their departure to hospital if it is not immediately possible to find a suitable Officer(s) to accompany the custody to hospital.

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

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

If death is confirmed:

- Secure the scene;
- Ensure that an incident log/report/serial is created and commence a scene log;
- Inform the Duty Inspector/Custody Inspector who will inform Custody Command or similar as per Force structure;
- Inform Criminal Investigation Department (CID) as applicable;
- Inform Professional Standards Department as applicable;
- Consider moving those custodies who may be witnesses;
- Consider closing the Custody Suite and transferring all the custodies;
- Arrange a critical incident debrief for staff involved.

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

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

11.3. Learning the Lessons

- 11.3.1. Following a death or adverse incident, Officers should, where appropriate, be debriefed. A thorough investigation and evaluation must be conducted. The type and extent of investigation will depend on the seriousness of the incident. The Procurator Fiscal and Scottish Executive Justice Division must be informed of any death in custody.
- 11.3.2. Forces must have policies and procedures to ensure deaths and adverse incidents are reported, recorded, investigated and analysed. They must ensure the lessons learnt are disseminated and implemented.
- 11.3.3. Staff should be encouraged to report adverse incidents so that information can be used to prevent further similar incidents and enhance the potential learning opportunities.
- 11.3.4. Two timeframes exist for learning to emerge from adverse incidents or deaths in custody:
- Fast-Time Learning;
 - Slow-Time Learning.

11.4. Fast-Time Learning

- 11.4.1. Learning points may emerge immediately after the incident is reported. This information should be disseminated without delay and could include:
- Reinforcement of procedures that have been identified as not being complied with;
 - Design issues or modifications in relation to buildings, fixtures, fittings, facilities or equipment;
 - The identification of new procedures required to tackle an issue not previously identified;
 - Custodies behaving in a way that has not been previously encountered by custody staff;
 - Custodies using substances, materials or implements in ways that have not previously been encountered by custody staff.

11.5. Slow-Time Learning

- 11.5.1. Learning points which were not obvious immediately following the incident, may emerge over time as a result of the ongoing investigation or enquiries. A

pattern may be identified where the single issues seem innocuous but when combined have a significant impact. Lessons may also be identified from longer-term published research, including reports findings from fatal accident enquiries or issues emerging from the investigation of complaints against the Police.

- 11.5.2. Any fast-time or slow-time learning points that emerge should be disseminated nationally.

11.6. **Communicating Learning**

- 11.6.1. Forces must ensure procedures exist to communicate learning to all operational staff. Holding regular meetings with representatives from all Custody Suites in a Force area may assist with this. They should also ensure appropriate attendance at the ACPOS custody forum.

11.7. **Other Agencies**

- 11.7.1. The cross sharing of lessons with other stakeholder and practitioner groups will help raise understanding, minimise deaths in custody, and reduce the occurrence of adverse incidents.

12. **BUILDINGS AND FACILITIES**

The 'Home Office Police Custody Buildings Design Guide' details the basic standards and criteria for custody facilities. This Guide comes in two volumes, the first being a policy document and the second a best practice document. These were developed by the Home Office in conjunction with the Police Property Service Management Group, which principally comprises representatives from Police Forces in England and Wales. Some aspects of the guidance consequently reflect practice south of the Border, although there is a Scottish representative on the group who can influence the content. Given the significance of people coming to harm in Police custody, and the impact that Custody Suite design has on safety, the Scottish role in this group is important.

The Guide and its accompanying best practice document are intended to help Police Forces to develop briefs when building new Custody Suites or refurbishing existing facilities. The document is not overly prescriptive and recognises that alternative approaches can be successfully incorporated into custody design; it is for Forces to decide which design features best suit their needs.

12.1. **First Aid Equipment**

12.1.1. All first aid equipment should be suitably stored and properly identified. First aid containers should be placed conveniently and, where possible, close to hand washing facilities.

12.1.2. The contents of first aid containers should be examined frequently and they should be restocked as soon as possible after use. Care should be taken to discard items safely after the use-by date has passed. See Appendix 4 for recommendations for contents of first aid kits.

12.1.3. Consideration should also be given to introducing other life saving equipment such as defibrillators into Custody Suites.

12.2. **Suicide Intervention Kit**

12.2.1. Custody Suites should be equipped with a suicide intervention pack. For further information see Appendix 4 for recommendations for contents of suicide intervention kits.

12.2.2. Forces should consider issuing all custody staff with ligature knives which should be carried at all times when in the Custody Suite. See Appendix 8 for examples of approved ligature knives and emergency cut down tools.

12.3. **Technology**

12.3.1. CCTV can be used for both monitoring the welfare of custodies and the prevention and detection of crime.

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

12.4. **Medical Room**

12.4.1. The medical room within each Custody Suite should have the following requirements:

- The room should be locked when not in use;
- The room should only be used for medical purposes;
- The room must be fitted with an emergency call system;
- All surfaces (including the floor) should be cleaned daily. Any windows or other surfaces that could collect dust or detritus should be cleaned at least once a week. A suitable disinfectant should be used as a general cleaning agent, as directed on the product's usage information, for other surfaces and sinks. White paper towels should be used to clean surfaces and suitable cleaning products are to be used for cleaning vinyl floors.

12.5. **Photography, Fingerprint and Criminal Justice Sampling Room**

12.5.1. Facilities should be identified for Livescan fingerprinting, custody photographing, Mandatory Drugs Testing (if applicable) and DNA sampling.

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

12.5.3. Issues of privacy should be considered in relation to Mandatory Drug Testing, fingerprinting and DNA sampling.

12.6. **Custody Food Preparation Room**

12.6.1. Where there is a need for food preparation, a suitable room should be identified and made available.

12.6.2. Separate facilities should be provided for custody staff to store and prepare their own refreshments.

12.7. **Custody Suite Design**

12.7.1. The design of Police custody facilities is influenced by legislation and a number of key documents.

12.7.2. Guidance is provided within Appendix 15 to assist Forces building or refurbishing Custody Suites.

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13. **TERRORISM ACT 2000 CUSTODIES**

This section should be read in conjunction with the following:

- **Force Standard Operating Procedures relating to the custody, care and welfare of custodies;**
- **Terrorism Acts 2000 and 2006, collectively referred to as TACT;**
- **Guidelines on the Detention, Treatment and Questioning by Police Officers of Persons Arrested Under Section 41 and Schedule 8 of the Terrorism Act 2000 produced by the Crown Office and Procurator Fiscal Service (COPFS), these guidelines can be found in the 'Publications' area of www.copfs.gov.uk and are available to the public and;**
- **The Guide to the Terrorism Act 2000, produced by the National Joint Unit (NJU) at New Scotland Yard.**

These documents will assist in identifying the essential differences between detention under TACT and the Criminal Procedure (Scotland) Act 1995.

Person(s) held in custody under TACT are subject to specific conditions of detention.

The NJU is available 24 hours a day for advice and guidance on legal and procedural matters relating to TACT.

The NJU must be notified of any persons detained under TACT. In Scotland, Special Branches are responsible for making these notifications with the exception of Strathclyde where the responsibility lies with the Major Crime and Terrorism Investigation Unit (MCTIU).

13.1. **Introduction**

13.1.1. Scotland has a purpose built facility for TACT detentions, the Scottish Terrorist Detention Centre (STDC), which is located at:

- **Strathclyde Police, 'G' Division, Divisional Headquarters, 923 Helen Street, Glasgow, G52 1EE.**

13.1.2. The Major Crime and Terrorism Investigation Unit (MCTIU) is responsible for ensuring the STDC is maintained in a state of readiness.

13.1.3. Elsewhere in Scotland, some Forces have identified other Police Offices, which could be used for TACT detentions depending on the nature of the

operation. These range from Lerwick in the Northern Constabulary area to Stranraer in the Dumfries and Galloway Constabulary area. It is anticipated that the STDC will be used in the majority of operations.

- 13.1.4. When an arrest is the result of a pre-planned operation, there will be an opportunity to consider in advance all of the requirements and ensure that they are in place. Spontaneous arrests are more difficult to manage, but generic planning and preparation for such an event will make it easier to achieve compliance.
- 13.1.5. **The Force's Counter Terrorism Intelligence Section (CTIS) and Major Crime and Terrorism Investigation Unit (MCTIU) must be notified of any TACT arrests as soon as possible.**

13.2. **Custody Areas**

- 13.2.1. Persons detained under TACT must be taken to a suitable Police Office as soon as practicable after arrest. Custody areas for the handling and detention of persons arrested under TACT should be capable of being made secure and dealing with the demands of detaining such persons. Obtaining forensic samples from the custody is often a vital factor in their detention and avoiding contamination is essential. Custody areas nominated for use must be assessed in the light of this; for example, consideration must be given to the location of firearms ranges as residue from these areas could suggest the presence of contamination.

13.3. **Cells**

- 13.3.1. Ideally, a Suite will be identified for the sole use of TACT custodies. It is likely to be beneficial to the investigation if there is the capability to accommodate suspects in a way that prohibits them from communicating with each other while in their cells. This can be achieved by identifying cells that are remote from each other. Alternatively, secondary doors that are soundproofed can be fitted for this purpose. Locating custodies at different stations may address this problem but could create severe difficulties for investigating Officers and place a strain on custody and support resources. In order to avoid issues of contamination, it may be necessary to forensically clean cells prior to the arrival of custodies.
- 13.3.2. Ideally, cells should be set aside, cleaned and sealed in readiness for use. This may, however, be impractical and provision must be made for doing this at short notice before the arrival of the custody. The Counter Terrorism Intelligence Section (CTIS) and Major Crime and Terrorism Investigation Unit (MCTIU), Scottish Police Services Authority Forensic Services or the Counter Terrorist Command (SO15) of the Metropolitan Police will be able to advise accordingly. Forensic cleaning may not be required for some offences, for example, those relating to fundraising.

- The STDC is maintained so that it has a mixture of cells, including a number which have been forensically treated. The Senior Investigating Officer (SIO) is responsible for setting a Forensic Strategy for the operation which will dictate procedures and types of cell to be used.

13.4. Custody Staff and Training

13.4.1. The unique nature of dealing with this category of custody means that it is essential for custody staff to be appropriately trained.

13.4.2. If the STDC is activated, in addition to the Duty Officer, 'G' Division, Strathclyde Police provides a Security Team of appropriately trained uniformed Officers who become responsible for the custody, care and welfare of custodies.

13.5. Religious Considerations

13.5.1. Early consultation with Force Diversity Units is advisable, as is the maintenance of good relations with trusted community representatives.

13.6. Security in Relation to Custody

13.6.1. The security risks posed by those detained or arrested under TACT are potentially significant. Each case will have to be reviewed and assessed. The formal security Risk Assessment process and the custody's Risk Assessment must take place as soon as possible after detention. In the case of pre-planned operations, security must be considered as part of the planning process. The type of activity that terrorists engage in means that they are likely to pose different threats from other detainees. Extreme acts such as suicide bombing may lead to increased security risks.

13.7. Arrest Procedures

13.7.1. As previously highlighted, the SIO is responsible for setting a Forensic Strategy. In pre-planned operations Arrest Team(s) will be identified, briefed and deployed. Where the Forensic Strategy dictates, Arrest Teams may be issued with 'Prisoner On Arrest Kits' which contain equipment to assist in the preservation of forensic evidence. In spontaneous incidents and depending on the circumstances advice should be sought from a Crime Scene Manager as soon as possible. The detention clock starts at the time of arrest, which should be noted by a member of the Arrest Team.

13.7.2. The same applies under Schedule 7 at a port. It is important to note that Schedule 7 of TACT allows an examining Officer up to nine hours to complete their enquiries before they must decide to liberate or arrest.

13.8. Prior to Arrival at Custody Location

- 13.8.1. The custody area should be thoroughly searched before the custody(s) arrive. The cell(s) to be used should be forensically cleaned as appropriate.
- 13.8.2. Consideration should be given to whether other non-terrorism custodies should be relocated to another custody area and whether further custodies should be accepted.

13.9. Procedure on Arrival at Custody Location

- 13.9.1. A TACT trained Custody Sergeant and Constable should be allocated to each custody.
- 13.9.2. The procedures may take place in a cell and will take a considerable amount of time due to the immediate non-intimate samples that may be required by the SIO. Once the booking-in procedure is complete, the Constable may be replaced by custody staff, if the Risk Assessment favours this.
- 13.9.3. The booking-in procedure should be conducted in the cell and is to be completed manually, ie a handwritten custody record. Only the shoulder numbers and the Station or Unit of Officers should be recorded on the custody record. A manual wipe board should be used to record a custody's details and they should be identified by a colour rather than by name. This board should be located in a discreet place away from the view of anyone but the custody staff and investigating Officers. The number of persons arrested may provide important information to a custody and should not be divulged lightly.
- 13.9.4. The custody's rights are to be given by the Custody Sergeant and it must be pointed out to the custody that some rights under the Criminal Procedure (Scotland) Act 1995 do not apply, and that others under the Criminal Procedure (Scotland) Act 1995 are amended.
- 13.9.5. Seizure of property is in accordance with normal custody procedures.
- 13.9.6. The custody is to be medically examined to determine if they are fit to be held in custody and also to be interviewed. This must be repeated every day that they are in custody.
- 13.9.7. **There is no suspension of the detention clock if the custody has to be taken to a hospital.**
- Arrangements along the lines of the above guidance are in place at the STDC. As indicated at paragraph 13.4, if the STDC is activated, Strathclyde Police provides a Security Team of trained uniformed Officers who become responsible for the custody, care and welfare of custodies.

13.10. **Review of Detention**

- 13.10.1. TACT provides that a review must be carried out as soon as reasonably practicable after arrest. An Inspector, who has not been directly involved in the investigation in connection with which the person is in custody can carry out a review of the detention during the period of 24 hours beginning with the time of arrest. Beyond 24 hours the review Officer must be of at least the rank of Superintendent.
- 13.10.2. The next review and subsequent reviews must be carried out at intervals of not more than 12 hours. The review process ceases when a Warrant of Further Detention is granted.
- At the STDC, a Superintendent from Strathclyde Police, 'G' Division undertakes **all** review(s) of detention.

13.11. **Extension to Initial Detention Period**

- 13.11.1. TACT currently gives Police powers to hold suspects in custody for periods from 48 hours up to 28 days. Detention beyond the initial detention period, of 48 hours and up to 14 days must be authorised by a Sheriff through application(s) to the Court. Beyond 14 days application(s) must be made to a High Court Judge. There are specific forms that must be used in relation to the extended detention of person(s) under TACT.
- At the STDC, MCTIU staff prepare these forms on behalf of the SIO.

13.12. **Security in Relation to Courts**

- 13.12.1. Agreement needs to be reached with the courts regarding the security aspects of any appearance by the custody. The Risk Assessment relevant to their detention should be reviewed and any further developments taken into consideration. If the custody falls within the higher levels of risk, it may be appropriate to arrange the appearance outside normal Court hours.
- 13.12.2. At the STDC, a temporary court is established with the assistance of a Divisional Procurator Fiscal from the Glasgow Office of the COPFS. A Sheriff attends from Glasgow Sheriff Court to hear the application for Warrant(s) of Further Extension or extensions to the original Warrant(s) for periods up to 14 days.
- 13.12.3. **Note: Discussions have taken place between DCI Martin Quinn and Mr David Green, Divisional Procurator Fiscal, COPFS, Glasgow with a view to establishing if High Court Judges would be prepared to attend at the STDC. As at 29 May 2007, Mr Green has advised that this matter rests with the office of the Lord President to make a decision.**

13.13. Court Appearances as Part of the Detention Process

13.13.1. The process of placing custodies before the Court requires special arrangements. It is essential that early consideration be given to making a Court application as it can take a considerable amount of time for the necessary arrangements to be made. The Superintendent making the application at Court should be warned well in advance of the impending Court application, to ensure their timely involvement and to allow thorough preparation for the case.

- CTIS has experience in making these arrangements and preparing applications and associated documentation on behalf of Superintendent(s) making application(s).

13.14. Independent Custody Visitors (ICV)

13.14.1. Guidance can be found at Section 7, Paragraph 7.21 regarding ICV.

13.14.2. A policy decision to allow or deny ICV access to TACT custodies will be made by the SIO.

13.15. Liberation From Custody/Charges Preferred

13.15.1. Investigations must be conducted diligently and expeditiously. Detained persons must be liberated from detention as soon as the need for detention no longer applies.

13.15.2. In the event that charges are preferred the custody should be processed in line with existing Force procedures taking cognisance of any security risk they may pose.

- At the STDC custody(s) are put before the Duty Officer 'G' Division within the Custody Suite in the STDC, processed and then returned to their cell within the STDC pending arrangements being made to transport them to other Police cells/Court.

13.16. Transfer of Custodies/Court Appearances

13.16.1. Detailed planning requires to be undertaken, including appropriate Risk Assessments, as to how person(s) accused of TACT or TACT related offences are to be transported to other Police Offices or Court. In addition, this planning process must also consider security arrangements at the Sheriff/High Courts which are to be used for initial and subsequent Court appearances.

14. **YOUNG PERSONS IN POLICE DETENTION**

This section details the specific requirements relating to the detention of young persons. It should be read in conjunction the Criminal Procedure (Scotland) Act 1995.

14.1. **Policy**

14.1.1. The law in Scotland requires that children must not be deprived of their liberty and must not, in particular, be detained in Police custody for any period unless there are exceptional circumstances.

14.2. **Risk Assessment**

14.2.1. When carrying out the Risk Assessment consideration must be given to specific areas that could adversely impact upon young persons. For example, the risk to a young person from excessive alcohol consumption is likely to be much greater than to an adult. Young persons who are heavily intoxicated should not be detained in custody but should be taken to the nearest Accident and Emergency Department.

14.3. **Detention Rooms and Cells**

14.3.1. The retention of a child in a place of safety or Police custody should always be viewed as a measure of last resort. Any such retention is governed by the Lord Advocates Guidelines to Chief Constables on the reporting to the Procurator Fiscal of offences alleged to have been committed by children in conjunction with Section 43 of the Criminal Procedure (Scotland) Act 1995.

14.3.2. Custody management regimes should clearly identify the rooms to be used to retain young persons. The placement of a child in Police custody should depend on the needs and welfare of the child and the decision on where the child is to be placed should be at the discretion of the Custody Officer. The following factors are not exhaustive, however, they should be considered prior to deciding where a child is to be retained;

- The seriousness of the crime:
- The demeanour of the child;
- The length of time they are expected to be in Police custody.

14.3.3. Lodging a child in a Police cell is an acceptable option, providing the decision can be accounted for and is proportionate to the circumstances.

14.4. Transportation of Children

14.4.1. Children should not be allowed to associate with adult custodies. Arrangements to prevent this should be made when the child or young person is:

- Within a Police Station; or
- Being conveyed to or from any Police Station or Court.

14.5. Appropriate Adults

14.5.1. Forces should establish policies and protocols for providing Appropriate Adults for young persons in Police custody.

14.6. Children and Young Persons - Legislation

14.6.1. The Protection of Children (Scotland) Act 2003 requires Police Authorities and Chief Officers to co-operate with arrangements to improve the wellbeing of children with regards to:

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

14.6.2. In Scotland, the Lord Advocates Guidelines to Chief Constables on the Reporting of Offences alleged to have been committed by children dictate that children should not be reported to the Procurator Fiscal except in exceptional circumstances.

14.6.3. Special rules apply to children with regards to retention in a place of safety or Police custody and are contained in Section 43 of the Criminal Procedure (Scotland) Act 1995. These pieces of legislation must be read and applied in tandem.

14.6.4. Where a child is to be reported for prosecution as referred to above, retaining them in custody is only one option. Section 43(3) of the Criminal Procedure (Scotland) Act 1995 dictates that retaining a child in custody (in a place **other** than a Police Station) will only be considered where:

- The charge is one of homicide or other grave crime; or
- It is necessary in the child's interests to remove them from association with any reputed criminal or prostitute; or

- There is reason to believe that liberation would defeat the ends of justice.

14.6.5. Once the decision has been taken to retain a child in custody, the reporting Officer will be responsible for advising the child's parent, guardian, or other responsible person.

14.6.6. Where a child is to be retained in custody, it will normally be to a 'Place of Safety' as defined in the Children (Scotland) Act 1995. This does not necessarily mean secure accommodation.

14.6.7. A child will not be retained in custody in a Police Station unless:

- The other criteria of the Lord Advocate's Guidelines to Chief Constables on the Reporting of offences alleged to have been committed by children are met. That is:
 - (a) Crimes which fall to be prosecuted on indictment or under solemn proceedings;
 - (b) Crimes and offences committed by children aged 15 years or more and where disqualification from driving is likely;
 - (c) Crimes and offences committed by children aged 16 or 17 years and who are subject to a supervision requirement; and
 - (d) Breaches of Antisocial Behaviour Orders allegedly committed by children aged 12 to 15 years **AND**
- There are exceptional circumstances (as defined in Section 43 of the Criminal Procedure (Scotland) Act 1995).

14.7. **Retention In Custody**

14.7.1. Children who are not liberated shall be kept in a place of safety other than a Police Station until they can be brought before a Sheriff unless:

- It is impracticable to do so;
- They are so unruly a character that they cannot safely be so detained;
- By reason of their state of health of their mental or bodily condition it is inadvisable to so detain them.

14.7.2. In these circumstances a Child Retention/Detention Certificate should be produced to the Court before whom they are brought.

- 14.7.3. Where a decision is taken to retain a child in a place of safety or at a Police Station, this must (if appropriate to Force Policy) be endorsed by a Police Officer of Superintendent or higher rank.
- 14.7.4. Whenever a child is held in custody at a Police Station, as a minimum, a formal review should be carried out:
- By custody staff, every four hours;
 - By a Police Inspector or higher rank, every 24 hours;
 - By a Police Superintendent or higher rank, every 24 hours and that, where appropriate, all these reviews are conducted in consultation with Social Work or other agency staff.
 - A detailed record of each review should be recorded on the custody system.

15. **ASSISTED OFFENDER PROVISIONS**

This section offers guidance on the Police, Public Order and Criminal Justice (Scotland) Act 2006, Sections 91-97.

15.1. **Background**

15.1.1. The above legislation, enacted on 1 April 2007, introduced important new provisions designed to assist Police and Law Enforcement Agencies in Scotland to investigate, disrupt and prosecute serious organised crime more effectively, by establishing a statutory framework around the provision of assistance by offenders.

15.2. **Impact on Facilities**

15.2.1. The main issues assessed as being most likely to impact on custody facilities and the staff who work within are as follows:

- Requirement for use of paper custody records in AO debrief operations;
- Removal of Force crests and other identifying insignia from custody areas to prevent identification of debrief facility;
- Use of pseudonyms (AOs/Police Officers/staff);
- Observance of prison rules etc in custody arrangements (access to fresh air/daylight/exercise/mail etc);
- Physical alterations to custody facilities (where necessary - isolation from other prisoners etc);
- Clearance of custody area to enable processing/removal of AO, welfare visits, etc;
- Facilitation of telephone calls;
- Liaison with AO debrief team;
- Contingency Planning in respect of;
 - Any accident to the subject necessitating emergency treatment at hospital (including short term detention re same);

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- Emergency dental treatment;
- Bereavement;
- Fire in Custody Suite;
- Attempt to free AO;
- Premises/staff becoming unavailable;
- Death in custody;
- Escape;
- Provision of food, cooking facilities, etc;
- Welfare needs (association, recreation, etc);
- Drug testing and search;
- Access by SPS representatives;
- Adoption of 'need to know' principle in respect of AO and AO debriefing operations;
- Dedicated custody staff;
- Religious and cultural needs of AO;
- Medical conditions or disabilities relating to AO;
- Indemnity (liability for the AO rests with the chief Constable of the Force hosting the debriefing operation).

15.2.2. Whilst the foregoing list is not intended to be exhaustive, it provides an indication of the range of issues which will require to be considered by the debrief SIO/debrief manager and Officer-in-Charge of the custody facility in advance of, and during, AO debriefing operations.

15.2.3. In this regard, it has been identified as best practice that an operational order be developed which the debrief SIO and Officer-in-Charge of the custody facility will agree and observe, in terms of the management of the operation and the interaction between Police custody staff, the debrief team and AO throughout the duration of any such operation.

16. **ADMINISTRATION**

This section offers guidance on administrative systems to Police Staff in their duties.

16.1. **Strategic Direction**

16.1.1. ACPOS should identify a member as the portfolio holder for custody, with responsibility for strategic direction.

16.2. **Custody Records**

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

- The legibility, accuracy and appropriateness of entries;
- Compliance with the Criminal Procedure (Scotland) Act 1995;
- That all entries are timed and dated;
- That the condition of the custody on arrival had been accurately recorded;
- That the waiting time for examination of custody by a healthcare professional had been within acceptable timeframes;
- That medical needs had been identified and met;
- The administration of medication and that it had been in accordance with instructions;
- The quality of Risk Assessment;
- That control strategies were commensurate with identified risks, for example, constant observation, CCTV monitoring;
- Compliance with risk management measures;
- That the custody's intelligence records reflected any vulnerability identified in the Risk Assessment;
- That dietary or religious or cultural needs had been identified and met;
- The timing of cell visits;
- The quality and frequency of rousing visits to intoxicated custodies;

- The quality of PER form, where applicable.

16.3. **Condition Audit for Cells**

- 16.3.1. Forces should ensure that routine checks by custody staff are supplemented by a regular regime of cell inspections and inspections of equipment.
- 16.3.2. The designated Safety Officer, who is aware of the specific risks associated with holding persons in custody, should be identified. They must have the authority to declare cells fit for occupation or to close them should they not meet Health and Safety requirements. This should be carried out in consultation with the Custody Officer.
- 16.3.3. Cells, which have been taken out of use for safety reasons, must be inspected after remedial work has been completed and before they can be reused. This includes cells which have been taken out of service after ligature points have been found.
- 16.3.4. Cells should be professionally deep cleaned before any redecoration takes place.
- 16.3.5. A maintenance log should be created in each Custody Suite covering the following minimum areas:
- General condition;
 - Lighting and power;
 - Call alarms;
 - Heating;
 - Ventilation;
 - Sanitation;
 - Fire protection;
 - CCTV.

16.4. **Stock Control Systems**

- 16.4.1. Forces should establish stock control systems taking into account projected demand and realistic lead times.
- 16.4.2. Items likely to be required by custodies in connection with their faiths, such as prayer mats, should also be kept in stock.

16.5. CCTV in Cells

CCTV in cells can afford the following benefits:

- Enable early intervention in self harm attempts;
- Allow for monitoring of vulnerable custodies;
- Provide an opportunity to view the behaviour of an individual and enable a more accurate Risk Assessment;
- Permit custody staff to perform other duties while maintaining general and intermittent observation;
- Provide an additional management tool, for example, checking that visits have been carried out as stated on the custody record or checking the standard of rousing visits.

16.5.2. Where only a proportion of cells have CCTV, guidance must be given to custody staff about prioritising the use of CCTV equipped cells. The decision to place a custody in a CCTV equipped cell must be taken by the Custody Officer based on the Risk Assessment; it should be subject to continuous assessment throughout the period of detention.

16.5.3. Where the decision is taken to use a CCTV equipped cell, Custody Officers should:

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

16.5.4. A member of staff who is appointed to monitor custodies continuously via CCTV should not be expected to view more than four cells simultaneously on a split screen display. In terms of constant supervision this is considered best practice provided the member of custody staff monitoring the custodies is not distracted by other tasks.

16.5.5. The use of CCTV monitoring or cell intercoms must not replace visits to custodies or other physical checks for wellbeing.

- 16.5.6. Cells equipped with CCTV should not generally be used to conduct strip searches or consultations between custodies and their legal representatives.
- 16.5.7. The use of CCTV within the Custody Suite should be covered in Force policy.
- 16.6. **Contingency Planning**
- 16.6.1. Forces should establish protocols with other Emergency Services to respond to emergency situations in custody.
- 16.7. **Fires, Fire Alarms and Fire Drills**
- 16.7.1. There is an exemption for Custody Suites permitting fire doors to be secured by locks but there must be processes in place to unlock them when necessary. In all other respects Custody Suites must be compliant, eg escape routes, signposting, fire fighting equipment, training, information notices, etc.
- 16.7.2. A Fire Risk Assessment must be undertaken and a Fire Plan established. The procedures must be specific to the premises.
- 16.7.3. Custody staff are **not exempt** from holding or taking part in fire evacuation drills. Forces must ensure that all custody staff are trained in the procedures to be followed in the event of a fire or other emergency requiring evacuation of the Custody Suite.
- 16.7.4. It is not necessary to involve prisoners in a drill but they must be advised that it is only a drill.
- 16.7.5. A number of factors must be taken into account when determining how to deal with an emergency in a Custody Suite. These include the:
- Extent and proximity of the hazard;
 - Number and status of prisoners in custody (taking cognisance of mobility etc);
 - Training in dealing with the hazard;
 - Layout of the premises;
 - Availability of alternative holding areas;
 - Number of personnel available;
 - Availability and type of handcuffs for an evacuation;

- Availability of additional assistance;
- Potential for multi-occupation of cells.

16.7.6. Suitable assembly points must be identified and a procedure established for checking that everyone is accounted for. Preserving current and open custody records should not be a requirement of an Evacuation Plan if to do so would expose personnel to an avoidable risk. It should be encouraged, however, if prevailing circumstances allow it to be done safely.

16.7.7. The priority in an evacuation must be the safety of all concerned. In extreme circumstances consideration may be given to releasing prisoners rather than exposing them to unnecessary risk.

16.8. **Other Contingencies**

16.8.1. Contingency plans should be established for the following scenarios:

- Major incidents resulting in high volume arrests;
- Death in custody;
- Terrorist custodies;
- High profile custodies likely to attract media and public attention;
- Other sensitive custodies.

16.8.2. All Force's business continuity plans should include the custody area.

16.9. **Complaints About the Police**

16.9.1. Custodies may raise issues regarding their general care whilst in custody. Some will relate to their physical conditions, hygiene etc and may be resolved relatively quickly by explanation or provision.

16.9.2. Where the issue amounts to a Complaint about the Police and cannot be resolved or where it is a Criminal or Misconduct/Disciplinary matter, reference should be made to the relevant 'Complaints About The Police' Policy and an appropriate Supervisor contacted.

16.9.3. Where a custody is drunk or under the influence of drugs and makes a minor complaint, this should be noted and the Complainer seen again when sober, to confirm whether or not a complaint is still being made.

16.9.4. The appropriate Supervisor should, however, be advised in cases where a drunk person has made a serious complaint or allegation(s) so that they may

make an assessment as to whether enquiry should be made immediately to capture any evidence which may prove or disprove the allegation(s).

16.9.5. Criminal allegations should be dealt with by the Officer-in-Charge, who should arrange for clothing and or CCTV to be seized and injuries to be photographed as appropriate.

16.9.6. In general terms, it should be ensured that any evidence is secured whenever a complaint is made.

16.9.7. The following are examples of the types of evidence, which should be secured.

- Complainer's statement;
- Cell Block CCTV tapes;
- Vehicle CCTV;
- Medical Examination Forms;
- Statement of Examining Doctor;
- Photographs of Prisoners' injuries;
- Photographs of Officer's injuries;
- Baton/CS Spray.

16.10 National Custody System

16.10.1 The National Custody System has been designed for use by all Forces. It allows staff to record all elements of a person's time in custody and enables the sharing of relevant information to mitigate risk.

16.10.2 The system provides the capability to control the viewing and access of records based on authorisation levels.

16.10.3 Any restriction to a record requires a reason to be provided with the application maintaining an appropriate audit trail.

16.10.4 Whilst not a prescriptive list, the following are occasions when a custody officer may deem it appropriate to restrict a record.

- Person in custody is a Police Officer or member of Police Staff

NOT PROTECTIVELY MARKED

100.

- Person in custody for terrorism
- Person in custody is an Assisting Offender
- Person in custody for serious crime

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

101.

NOT PROTECTIVELY MARKED

17 MONITORING AND REVIEW

17.1 Position Statement

17.1.1 The effectiveness and ongoing relevance of this Policy (Version 7) will be subject to review by the ACPOS Criminal Justice Business Area. The next review of this Policy is due by August 2011.

NOT PROTECTIVELY MARKED

103.

NOT PROTECTIVELY MARKED

PNC INFORMATION MARKERS AND WARNING SIGNALS

Taken from the PNC Training Guide.

OUTPUT

MEANING

UD Unconfirmed Dead

The subject has been reported dead but the report has not yet been confirmed.

CD Confirmed Dead

The subject has been reported dead and that report has been confirmed. A 'CONFIRMED DEAD' marker can only be input if an UNCONFIRMED DEAD marker already existed on the record.

OB Offends on Bail

The subject is known to have committed an offence during a period whilst remanded on Bail by a Court.

FA Fails to Appear

The subject has failed to appear in answer to a summons or Undertaking.

BB Breaches Bail

The subject has in the past breached Court Bail conditions such as a curfew etc.

MO Modus Operandi

The subject is recorded at the Method Index Section of the NIS.

LL Life Licensee

The subject has been liberated on Licence following a sentence of life imprisonment.

UN Uses Nominal Details

The subject is known to use the nominal details of another person (who is NOT a PNC subject) when arrested or dealt with. An ALIAS NAME/DATE OF BIRTH **MUST** be added to the record, if not already present. The UN marker **MUST NOT** be linked more than once to the same non PNC subject.

AS Asses Information Sought

The subject has an undischarged confiscation order following a drugs conviction.

DP Deportee

A Deportation Order is currently in effect for the subject.

NL No Licence

The subject does not have a DVLA issued Driving Licence.

2.

OUTPUT

MEANING

FL Foreign Licence

The subject holds a Driving Licence that was not issued in the United Kingdom. The FOREIGN LICENCE marker can only be created if a Disqualified Driver report exists on the record.

RE Manual Weed Review

The record is to be retained for (number) years before it is weeded.

DR DNA Required

DNA sample for the subject is required for investigative or elimination purposes. If arrested and offence is one for which a DNA sample may be taken, then a sample should be taken even if the offence is not included in your Force Policy. Proceed with sample in the normal way and contact Force owning the marker for its removal. (DR cannot be used when DNA confirmed is shown).

OV Offends Against Vulnerable People

Person convicted of or cautioned for an offence against a child, young person, and one who is elderly or mentally/physically disabled and may present threat to any such person.

SO Sex Offender

Subject to Sex Offenders restrictions.

VS Visor Subject

Subject has a nominal record on the VISOR system. Can only be created and updated through VISOR.

HD Home Detention Curfew

Subject has home detention curfew conditions issued by the Prison Authorities as a condition of early liberation from prison, or have been subject to those conditions (to be input by NIS only).

DNA Confirmed

Pseudo information marker which displays on the Nominal Screen only, to show that a DNA sample has been profiled and confirmed by a conviction. It is not necessary to take further DNA samples for this subject. Details can be accessed from the DN page.

Persistent Offender

Pseudo information marker which displays on the Nominal Screen only, to show that the subject has been convicted of six or more offences within one year from the date of the search.

3.

PNC WARNING SIGNALS

There are 14 different Warning Signals. A maximum of 20 may be added to any one Names Record therefore some may be duplicated.

Male Impersonator and Female Impersonator may not be duplicated on a single record. **For data protection purposes it is important to note the word 'MAY'.**

If one or more of these signals have been entered onto a record they will be displayed in prioritised order, accompanied by up to 30 characters of explanatory text, a Force Station Code and a Source Reference Number. These will be reviewed/weeded at five yearly intervals.

The signals available are:

FIREARMS	MAY possess firearms
WEAPONS	MAY possess firearms
VIOLENT	MAY resort to violent behaviour
ESCAPER	MAY attempt to escape
MENTAL	MAY suffer from a mental disorder
EXPLOSIVES	MAY possess explosives
ALLEGES	MAY make false allegations against the Police
CONTAGIOUS	MAY be a hazard to others as a carrier of disease
AILMENT	MAY suffer from a medical disorder and/or require medication, eg heart condition, claustrophobia
SUICIDAL	MAY attempt suicide
DRUGS	MAY be in unlawful possession of a controlled drug
M/IMPERS	MAY impersonate a male
F/IMPERS	MAY impersonate a female
SELF-HARM	MAY harm self whilst in custody.

CHS WARNING SIGNALS

There are now 18 different warning signals that can be placed on a nominal's record on CHS to advise other Officers and Police staff of dangers or concerns that may be encountered in dealing with any individual. It is of the utmost importance that Police Officers consider these warning signals during the custody process and request that Custody Officers input relevant warning signals at the time a custody is processed.

4.

FIREARMS (FI)	MAY possess in the commission of a crime
WEAPONS (WE)	MAY possess weapon
VIOLENT (VI)	MAY resort to violent behaviour
ESCAPER (ES)	MAY attempt to escape from lawful custody
MENTAL (MN)	MAY suffer from a mental disorder
CONTAGIOUS (CO)	MAY be a hazard to others as a carrier of disease
ALLEGES (AG)	MAY make false allegations against the Police
AILMENT (AT)	MAY suffer from a medical condition and/or require medication
EXPLOSIVES (XP)	MAY possess explosives
SUICIDAL (SU)	MAY attempt suicide
DRUGS (DR)	MAY be in unlawful possession of a controlled drug
M/IMPERS (IM)	MAY impersonate a male
F/IMPERS (IF)	MAY impersonate a female
CLAUSTROPHOBIC (CL)	MAY suffer from claustrophobia
TAPES (TP)	MAY attempt to tape conversations with employees of Police
SELF-HARM (SH)	MAY harm self whilst in custody
UNREGSO (UO)	Unregistered sex offender
REGSO (SO)	Registered sex offender.

In addition to these warning signals, there may be other additional signals that can be used within individual Force information systems. These will not appear on the nominal's CHS record. Such examples include:

CONCEALS	MAY deliberately conceal items of personal property;
APPROPRIATE ADULT	MAY require an appropriate adult to be present during interview.

MEDICAL CARE

MEDICATION

Where it is known that a custody requires medication, the Custody Officer is responsible for the safekeeping of the medication, which should be held in a locked receptacle to prevent unauthorised access.

ALCOHOL - Further Information

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

- Alcohol is a poison in its own right and custodies can die of alcohol poisoning;
- Head injury victims and persons with diabetes may appear to be drunk;
- The risk to a young person from excessive alcohol is likely to be much greater than to an adult;
- Those who misuse drugs may appear to be drunk when they have overdosed.
- Custodies should be able to walk to the cell and say a few words. If not, they should not be put in a cell but transferred to hospital.
- The PNC may show that other serious medical conditions are present.
- Custodies who are intoxicated are at increased risk of self harm.

If there is a need to consult with a healthcare professional, then this should be done as soon as practicable.

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

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

2.

If an intoxicated person appears to have collapsed they should be put in the recovery position and their breathing and pulse monitored. An ambulance should be called. If breathing or pulse stops they should be laid flat on a firm surface with the head raised slightly. Check the airway and remove any obvious obstruction from the mouth including loose dentures. Open the airway by using the head tilt/chin lift manoeuvre and begin CPR.

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

- Where a person becomes harder to rouse the change may be due to a serious unidentified medical condition such as a stroke;
- Where they are quiet or snoring, which can be a significant indicator of risk; they should be roused and checked at least every 30 minutes until they are talking coherently. Further guidance on this subject can be found within individual Force Standard Operating Procedures with regard to custody's security and welfare;
- If there is a decline in the level of consciousness on rousing, for example, if speech becomes incoherent, a healthcare professional should be informed or the custody sent directly to hospital.

DRUGS - Further Information

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

Features of toxicity include:

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

3.

As soon there is a suspicion that packages have been ingested, the custody should be taken to the nearest Accident and Emergency Department (A and E), preferably by ambulance.

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

When persons who have swallowed drugs are returned to custody from hospital the following should be considered:

- Before leaving the hospital with the custody, the Escorting Officers should request the Doctor immediately in charge of the custody or the A and E Manager provide clear written advice to inform them of the custody's care plan;
- Custodies may still have drug packages in their bodies and hospital tests and observation will not always detect them;
- The custody will continue to be at risk of deterioration, which may be either slow or sudden.

CHECKLIST - DEALING WITH SUDDEN COLLAPSE

- The vital actions are:
 - Call an ambulance;
 - Put the custody in the recovery position;
 - Monitor breathing and pulse.
- If either breathing or pulse stops turn the custody onto their back and lift the chin to open an airway;
- If breathing stops give mouth-to-mouth resuscitation;
- If heart stops begin cardiac massage (defibrillate if available);
- If the custody is returning from hospital the duty healthcare professional and the Officer in the case should be informed of the custody's return. The healthcare professional will check the 'cause for suspicion' and what procedures and observations were carried out in the Accident and Emergency Department.

The custody must be subject to constant or regular observations until a healthcare professional advises otherwise. Custody staff should:

- Observe the custody, recording all events and changes in the custody record;

4.

- Talk to the custody so that they speak back and observe for mood, lucidity and slurred speech;
- Rouse the custody at least every 15 minutes or in line with local procedures unless a healthcare professional instructs otherwise;
- Be aware that sealed packages can cause gut symptoms such as pain, nausea, vomiting or diarrhoea;
- Tell the Custody Officer immediately if any minor changes occur as they may be significant.

SUICIDE AND SELF HARM - Further Information

The following factors may indicate an increased risk:

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

5.

Cutting the skin is probably the most common form of self harm. Other forms of self harm include burning the skin, especially with cigarettes, hitting or punching themselves, hitting themselves with an object, picking at the skin, pulling out hair and breaking bones. Self-harm is more common among girls than boys, often starting in adolescence at about 15 years of age. Fear of discovery and shame often cause people to conceal self-injury.

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

POTENTIALLY VIOLENT INDIVIDUALS

Chief Officers are encouraged to establish a local protocol with the Social Services, Local Authorities and Health Trusts for dealing with potentially violent individuals.

The following areas must be considered when developing such policies:

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

MENTAL HEALTH ISSUES

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

6.

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

When a person is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, they must be taken to a place of safety for an assessment under Section 298 of the aforementioned Act. They cannot be transferred from one place of safety to another. The national form (POS1) should be completed if the person is detained under the above section of the Mental Health Act 2003, ie solely on concerns for his/her mental state. There is no need to complete a POS1 form when someone is suspected of suffering from a mental health disorder comes into Police custody having committed a crime.

A Police Station may only be construed as a place of safety 'if no place of safety is immediately available' (Section 297(5) of this Act). Therefore, a Police Station should be considered an undesirable facility to be used and as such an alternative should be sought. See individual Force Standard Operating Procedures for more detailed guidance.

ACUTE BEHAVIOURAL DISTURBANCE

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

DIABETES - Further information

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

Signs, Symptoms and Treatment of Hypoglycaemia

- May include sweating, aggression, stubbornness, anxiety, pallor, trembling, confusion, hunger, sleepiness and lack of co-ordination;

7.

- Immediate action - give the individual a sweet drink or three tablets of glucose or chocolate immediately. When recovered, a meal or bowl of cereal should be offered;
- The advice of a healthcare professional should be sought;
- If the custody is slipping into unconsciousness an ambulance must be called immediately.

Signs, Symptoms and Treatment of Hyperglycaemia

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

EPILEPSY - Further Information

Following an epileptic fit there is often a period, during which a person feels tired and confused, speaks incoherently and may act in a strange way. This normally lasts no more than a few hours, but in rare cases can persist for up to 24 hours. People with epilepsy will often have a bracelet or necklace or carry a medical card detailing their medical condition.

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

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

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

GTN spray, which is used to combat the effects of angina, can be given to a custody suffering from angina if they request it. The recommended dose to be given is three puffs and if the custody's condition has not improved they should be taken to the nearest hospital.

In the event the spray has had the desired effect, a healthcare professional should be informed retrospectively that it was administered so that an appropriate care plan can be put in place for this custody.

8.

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

HEAD INJURIES - Further Information

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

CHECKLIST - DEALING WITH HEAD INJURIES

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

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

9.

- Any evidence of scalp or skull damage, especially when the skull has been penetrated;
- Any convulsions or fits.

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

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

When carrying out the risk assessment, the Custody Officer should be aware there may be an underlying cause for a custody's aggression and should consider whether the onset of violence was sudden, unpredicted or irrational. Violence can also be an indicator of an increased risk of self harm.

COMMUNICABLE DISEASES - Further Information

Common communicable diseases include:

- **Hepatitis:** Hepatitis A is transmitted through contamination of food and water with faeces, poor personal hygiene or sanitation. Hepatitis B is spread through exchange of blood and body fluids. Hepatitis C is also spread through exchange of blood or blood products, commonly through sharing needles and accidents with sharps or needles. Vaccination is available for Hepatitis A and B for workers who may be at risk of contact with contaminated blood or body fluids. Staff should take precautions to minimise the risk of transfer of body fluids by keeping any open cut or sore covered.
- **Tuberculosis (TB):** Pulmonary tuberculosis is usually caught from someone coughing and sneezing tubercle bacilli. The TB germ has a thick protecting capsule, which can survive dry and hostile conditions. Vaccination is available.
- **HIV and AIDS:** Staff should take precautions to minimise the risk of transfer of body fluids by keeping open cuts and sores covered.
- **Scabies:** Is highly contagious and is spread by close physical contact, especially in overcrowded living conditions. When dealing with custodies who have scabies, contact should be kept to a minimum and hands should be washed following every contact with them. When a custody leaves the Custody Suite all clothing, towels and bed linen should be machine-washed (at 50 degrees Celsius or above). Staff should be advised to wash their clothing using the same method. Items that cannot be washed, such as upholstery, should be kept in plastic bags or covered in plastic for at least 72 hours to contain the mites until they die. Symptoms can take up to six weeks to emerge so all staff are advised to seek medical advice if a rash appears within that time.

10.

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

For further information see <http://www.nhsdirect.uk>.

CLAUSTROPHOBIA - Further Information

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

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

In extreme cases symptoms may be accompanied by:

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

11.

CHECKLIST: DEALING WITH CLAUSTROPHOBIA

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

ASTHMA - Further Information

CHECKLIST: DEALING WITH ASTHMA ATTACKS

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

12.

HEART DISEASE

PEOPLE WITH HEART DISEASE PRESENT A SIGNIFICANT RISK OF SUDDEN DEATH IN CUSTODY. INTERVIEW SITUATIONS MAY CAUSE STRESS AND TRIGGER AN ANGINA ATTACK. ANXIETY OR CLAUSTROPHOBIA MAY ALSO CAUSE CHEST PAIN. A LACK OF OXYGEN TO THE HEART MAY CAUSE A SUDDEN HEART RHYTHM PROBLEM OR CARDIAC ARREST.

CHECKLIST: DEALING WITH HEART DISEASE

- Discuss all cases with the healthcare professional; they should attend to assess the custody in all cases;
- Consideration should be given to allowing angina sufferers to keep angina sprays with them unless they present a risk of self harm;
- Do not interview the custody until the healthcare professional has been consulted.

A healthcare professional should be consulted in the following circumstances;

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

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

- Have pain persisting for more than 15 minutes despite using medication;
- Appear to be unwell, eg look cold, sweaty, grey or pale and are clutching their chest;
- Feel sick or are vomiting;
- Are not fully conscious.

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

13.

SICKLE CELL ANAEMIA

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

When sickling crises occur, the main symptoms are worsening joint pain, severe pain to the abdomen, fever and breathing difficulty.

- If the brain is affected, seizures and possible weakness on one side of the body;
- Pain in the upper abdomen from the liver and the spleen;
- Blood in the urine from kidney damage;
- Persistent and painful erections in men.

CHECKLIST: DEALING WITH SICKLING CRISES

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

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

PRINCIPAL PECCS CONTACTS

SCOTLAND: Scottish Prison Service
Prisoner Escort and Court Custody Service
SPS Headquarters
Calton House
Calton Road
EDINBURGH
EH12 9HW
Telephone: 0131 244 6970
Fax: 0131 244 6980
E-mail: escort.monitor@sps.gov.uk

The PECCS Escort Monitors have statutory duties in terms of the Public Order and Criminal Justice Act 1994. They conduct a programme of audits on all aspects of Reliance Custodial Services work to ensure contractual compliance on behalf of the Scottish Prison Service and the Scottish Ministers through the Justice Secretary. They rely on the partner agencies to identify areas of concern and have an agreed protocol for the reporting of failures of service.

Where partners perceive that there is a failure to provide the required service there should be an attempt at local resolution with Reliance Custodial Services at the local level. Thereafter, there is an escalating process through the supervisory channels of the agency concerned to that agency's PECCS Liaison Officer. Depending on the agency, the Escort Monitors may be copied in from the outset.

While individual Escort Monitors have responsibility for a geographical area and you may possess personal contact details, it is preferable that all formal e-mail and faxes are routed through or copied to the above e-mail address or fax number so that they can be collated centrally and allocated appropriately.

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

BMA GUIDELINES FOR PRACTICE - INTIMATE BODY SEARCHES**Ethics Department**

Guidelines for Doctors asked to Perform Intimate Body Searches
Guidance from the British Medical Association and the Faculty of Forensic Medicine

Consent

Legal Provisions

- England and Wales
- Northern Ireland
- Scotland

Guidelines for Practice
November 2007

Guidelines for Doctors asked to perform intimate body searches 2007.

Doctors are sometimes asked to perform intimate body searches of people in Police custody, prisoners or people suspected by HM Customs and Excise of smuggling drugs or other goods. The British Medical Association (BMA) and the Faculty of Forensic and Legal Medicine (FFLM) believe that detained individuals and suspects who are capable of considering the issues and reaching a decision should always be invited to give consent irrespective of the fact that, in certain circumstances, consent is not a legal requirement. At its Annual Representative Meeting in 1989, the BMA discussed this issue and passed the following resolution, which became the formal policy of the Association:

'That this meeting believes that no medical practitioner should take part in an intimate body search of a subject without that subject's consent'.

This guidance specifically addresses the situation where an intimate examination is proposed which is not primarily for the medical benefit of the individual. Where valid consent is obtained Doctors may undertake such examinations although, as the search will not be for the benefit of the patient, particular attention needs to be given to the potential pressures on the individual's consent.

1. What is an 'intimate' search?

An intimate search is a search which consists of a physical examination of a person's body orifices other than the mouth.

2.

2. **Consent**

A fundamental ethical principle guiding medical practice is that no examination, diagnosis or treatment of a competent adult should be undertaken without the person's consent. The ethical obligation to seek consent applies even where this is not a legal requirement.

In order for consent to be 'valid' the individual must have been given sufficient, accurate and relevant information; the individual must have the competence to consider the issues and to reach a decision; and that decision must be voluntary in terms of not being coerced. There are a number of ways in which the ability of detainees to give consent may be compromised:

- The individual's competence to make a decision may be affected by illness, fear, fatigue, distress or by the effects of alcohol or drugs;
- The lack of privacy during the consultation may affect the individual's willingness to ask questions in order to receive sufficient information to make an informed decision;
- The individual may give general consent to anything proposed in the hope of being released more quickly without considering the actual procedure to be undertaken;
- The fact that a refusal to permit an intimate search may be seen to imply guilt may pressurise the patient to give consent;
- In limited circumstances (see below) the individual has no choice about whether the search will proceed, only the choice of whether it is carried out by a Medical Practitioner or by a Police Officer.

It has been suggested that, because of these pressures, a detainee will never be capable of giving consent which is truly 'valid'. This purist position, however, does not reflect reality in the sense that most people can make valid choices even in situations of crisis. There are other situations where pressure is clearly exerted on the individual but the consent is still considered to be valid. It is important that the Doctor assessing the validity of the consent is aware of the ways in which the individual's ability to consent may be compromised and has taken these factors into account.

2.1 The Doctor's Ethical Duty

Some Doctors may decide that, because of the pressures on detainees, they will not undertake intimate body searches even where the individuals give apparent consent. It is important to recognise, however, that despite the inevitable pressures imposed by the nature of being detained, the individual is still likely to be able to make valid choices.

3.

An individual may, for example, have no option about whether the search will be undertaken but may, nevertheless, wish to express a preference between the search being undertaken by a medically qualified practitioner rather than by a Police or Prison Officer (where this is the only other option).

An individual suspected of concealing drugs in the rectum may prefer to have an intimate search undertaken, in the hope of being released sooner, rather than being detained for a longer period (see other options below). Ironically, attempting to safeguard the patient, by refusing to comply with a consent whose validity is not beyond doubt, could, in some circumstances, be contrary to the patient's interests.

The BMA and FFLM advise Doctors working in, or contracted to, an institution where intimate searches are likely to be undertaken to seek agreement with the appropriate Officers that, except in emergencies, the Doctor will always be called, and attend, when an intimate search is proposed. This does not commit the Doctor to carrying out the search but allows the Doctor to talk to the detainee in order to ascertain his or her wishes about the conduct of the search and to establish whether the patient gives consent to the procedure being carried out.

The Doctor has an important role to play in ensuring that whatever decision the individual makes, it is based on accurate information about the possible consequences and options. So, for example, the individual should be informed:

- That, in some limited circumstances (see below) refusal to give consent may result in the search being carried out by a Police Officer rather than a Medical Practitioner;
- The health risks, if any, of refusing the search, eg the risk of a package of drugs concealed in the rectum splitting and the drugs being absorbed into the blood stream causing an overdose;
- The risks associated with the search being carried out including, where appropriate, the possibly greater risk of the search being carried out by a person who is not medically qualified;
- Any different procedures which may be used (see below).

Based on this information it is for the subject to make a decision about whether to consent to the Doctor carrying out the search. If the Doctor is satisfied the subject has understood the implications and given valid consent, despite the pressures, the search may proceed.

4.

When consent is withheld, this should be recorded in the notes and the BMA and FFLM advise Doctors not to participate. There may be very rare circumstances where an intimate search may be justified in order to save the individual's life, notwithstanding that the patient had previously refused consent to the search for forensic purposes. This situation could arise, for example, if the suspect collapses and there are reasonable grounds to believe that he or she may be carrying a toxic substance. In such circumstances the search is no longer for forensic purposes, but in order to save the individual's life.

2.2 Young People and individuals with a mental disorder or disability

The law is clear that an intimate search of a child or young person, or of an individual with a mental disorder or disability may take place only in the presence of an appropriate adult of the same sex (unless the person specifically requests the presence of a particular adult of the opposite sex who is readily available).

The search of a juvenile may take place in the absence of the appropriate adult only if the young person states, in the presence of the appropriate adult, that he or she would prefer the search to be done without that person present and the appropriate adult agrees.

The BMA and the FFLM, however, advise Doctors not to participate in an intimate body search in the absence of valid consent. If an adult or young person lacks the capacity to consent to an intimate body search, their consent will not be valid. If the procedure is not in the subject's best interests, the BMA and the FFLM advise Doctors not to participate, regardless of the presence of an appropriate adult.

3. **Other Options**

The Police may, in certain specified circumstances, detain a suspect in custody for up to 28 days by applying for Warrants for further detention. Where an extended period of detention has been authorised and it is suspected that an object is concealed in the subject's rectum, or has been swallowed, unless there are compelling reasons for immediate action, a search can often be avoided by using this time to allow for the body's natural processes to either pass or dislodge the concealed object.

The time interval is of less practical benefit where it is suspected that the object is concealed in a woman's vagina. There are, however, less invasive means of searching which should be used wherever possible although the use of such techniques also presents problems. Ultrasound or x-ray is the most suitable alternative technique and it can demonstrate masses of small density, for example in the vagina, but it requires the individual's co-operation (see Section 4.1.2).

5.

4. **Legal Provisions**

Various pieces of legislation (see below) permit some intimate body searches to be undertaken without the need for the subject's consent. Whilst these statutory provisions permit Doctors to undertake such searches, without fear of legal recourse, they do not oblige Doctors to do so. The BMA and FFLM do not consider it appropriate for Doctors to be involved in forced intimate searches and believe that Doctors should only agree to participate where the individual has given consent or where the situation is life-threatening (see above). For information, the relevant legislation is summarised below.

4.1 Intimate Searches

Where an intimate search is considered necessary in Scotland in the interests of justice and in order to obtain evidence, this may lawfully be carried out under the authority of a Sheriff's Warrant. The BMA and FFLM consider that such searches should be carried out by a Doctor only when the individual has given consent. If consent is not given, the Doctor should refuse to participate and have no further involvement in the search.

4.2 Customs and Excise Management Act 1979

Legal provision is also provided for intimate searches authorised by HM Customs and Excise; these searches are for investigative purposes and may be carried out before or after arrest. There is no legal requirement to obtain the individual's consent to the search although the BMA considers there to be an ethical obligation for Doctors to do so. An intimate search carried out under the Customs and Excise Management Act must be:

- based on an assessment that there are reasonable grounds to suspect that the individual is carrying an article which is chargeable with a duty which has not been paid or secured or on which there is a prohibition or restriction on importation or exportation;
- authorised at Senior Executive Officer level;
- carried out by a suitably qualified person (a registered Medical Practitioner or registered Nurse).

The individual has the legal right to appeal to a Justice of the Peace or to a superior of the Officer who authorised the search. The person hearing the appeal will consider the grounds for suspicion and decide whether the suspect is to be submitted to the search.

6.

5. **Other Places of Detention**

Doctors may also be asked to participate in intimate body searches in other circumstances, such as searches of people detained in prison or under the Mental Health Act. Regardless of the circumstances or premises in which the search is requested, the same ethical standards apply and the BMA considers that Doctors should only agree to undertake such searches with the individual's consent or, in relation to an adult lacking capacity, if it is in his or her best interests.

6. **Guidelines for Practice**

The BMA and FFLM advise Doctors working in, or contracted to, an institution where intimate searches are likely to be undertaken to seek agreement with the appropriate Officers that, except in emergencies, the Doctor will always be called, and attend, when an intimate search is proposed. Agreement should also be reached, wherever possible, with the senior staff at a local hospital or other medical premises so that appropriate facilities are available when a search is required.

When faced with a request for an intimate body search, Doctors are advised to take into account the following factors.

The Doctor should satisfy him or herself that proper authorisation for the search has been obtained and that the authorisation, and the patient's consent, has been recorded in the custody record. If the Doctor is not satisfied, he or she should refuse to perform the search.

The Doctor should always speak to the suspect when an intimate body search has been proposed. Arrangements should be made to permit the greatest degree of privacy possible without putting the Doctor at risk. The procedure for undertaking the search should be explained as well as the grounds on which the search was authorised and what the options are. Where refusal is likely to be seen to imply guilt, this should be explained to the detainee and, similarly, where the search has been authorised for something that could and might be used to cause injury, and the alternative is for the search to be carried out by a Police Officer, the detainee should be informed of this.

If the patient consents to the search and the Doctor is satisfied that the consent is valid - despite the obvious pressures on consent (see above) - the search may proceed. The Doctor should speak to the senior staff at a local hospital or medical premises to seek permission for the use of appropriate premises to undertake the search (unless prior agreement has already been reached).

7.

If the patient refuses consent and has been informed of the consequences and options, the refusal should be respected and the Doctor should withdraw from any further involvement with the search. The Doctor should explain to those requesting the search why he or she will not comply with the request. It may be helpful, as part of this explanation, to refer to these guidelines.

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Requests for further information and all enquiries should be directed to the Medical Ethics Department at the British Medical Association or to the Faculty of Forensic and Legal Medicine.

BMA members may contact:

Ask BMA on 0870 60 60 828, **or**

British Medical Association
Department of Medical Ethics
BMA House Tavistock Square
London
WC1 H 9JP
Telephone: 020 7383 6286
Fax: 020 7383 6233
[Email: ethics@bma.org.uk](mailto:ethics@bma.org.uk)

Non-members may contact:

British Medical Association
Public Affairs Department
BMA House Tavistock Square
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WC1 H 9JP
Telephone: 020 7387 4499
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Faculty of Forensic and Legal Medicine Third Floor
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RECOMMENDATIONS FOR CONTENTS OF FIRST AID KITS

Prepared by Doctor Kranti Hiremath, Forensic Force Medical Examiner,
Fife Constabulary.

General Kit

Green protective box (wall mounted but capable of detachment)
BLS protocol card
Germicidal wipes (individual (10 of)
Latex gloves (3 pairs)
Face mask (1 of)
Tuff-cut shears (1 of)
Mepore dressing
Wound dressings eye (2 of)
Wound dressings medium (6 of)
Wound dressings large (2 of)
Wound dressings extra large (3 of)
Mellolin dressings
Individual sterile plasters (pack of 20)

Vehicle Kit

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

Suicide Kit - Custody Staff

Red soft case (reduces injury potential and promotes recognition)
Face mask (1 of)
Latex or Latex free gloves (3 pairs)
Protective edge blade (seat belt cutter)
Wound dressings extra large (2 of)
Hand suction (1 of)

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

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RISK ASSESSMENT OF PERSONS ENTERING POLICE CUSTODY

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

Such assessments are primarily the responsibility of the Custody Officer, but it will frequently be necessary to consult others such as the Arresting Officer and the Police Surgeon.

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

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

Specific risk categories, which must always be considered, are as follows:

- Medical/Mental Condition/Disability;
- Medication Issued;
- Specific Needs;
- First Aid Given;
- Violence;
- Conceals Weapons;
- Escape Risk;
- Hostage Taker;
- Stalker/Harasser;
- Hate Crime;
- Sex Offence;
- Drug/Alcohol Issues;
- Injuries;

2.

- Vulnerable;
- Force/Restraint Used;
- Incapacitant Spray Used.

The following questions must be asked of every person entering Police custody. They form the current vulnerability risk assessment as per the National custody system.

- Do you have any injuries?
- Are you dependent on alcohol?
- Have you used alcohol in the last 24 hours?
- Are you dependant on drugs or other substances?
- Have you used drugs or other substances in the last 24 hours?
- Are you suffering from or have you previously suffered from withdrawal symptoms?
- Have you ever attempted self harm or suicide?
- Do you have any thoughts at present of self harm or suicide?
- Do you have any mental health problems or have you ever received treatment for mental health problems?
- Are you suffering from any ongoing medical condition, allergies or infectious diseases?
- Are you currently taking any other medication that you haven't mentioned already?
- Do you have any dietary requirements?
- Are you pregnant?
- Are there any compliance or other issues that might affect the care of this custody?

It is the Custody Officer's responsibility to determine the response to any specific risk assessment. For example, in terms of calling the Police Doctor or instigating extra levels of monitoring or observation.

QUALIFICATIONS FOR CUSTODY HEALTHCARE PROFESSIONALS

Forensic Physicians:

Forensic Physicians (FPs) must be qualified Medical Practitioners who ideally should have achieved additional competencies and qualifications. These could initially include the Diploma in Forensic Medicine followed by membership of Faculty of Forensic and Legal Medicine.

Nursing Schemes:

The following criteria are essential when recruiting custody Nurses:

- A Registered General Nurse with a minimum band six grading with Agenda for Change, therefore will be able to assess and provisionally diagnose;
- Has five years post-registration experience;
- Has three years Accident and Emergency, prison, custody or mental health experience;
- Dual qualifications desirable but not essential;
- Intermediate Life Support course desirable but not essential, however all Nurses must have basic life support skills.

Paramedic Schemes:

Essential criteria when recruiting Paramedics are:

- Paramedic qualifications;
- Two years post-qualification experience;
- Custody or mental health experience.

A further desirable criterion is:

- Emergency care practitioner qualification.

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**PROCEDURES/DUTIES WHICH MAY BE UNDERTAKEN BY
HEALTHCARE PROFESSIONALS IN THE CUSTODY ENVIRONMENT**

Note: Any healthcare professional working in a custodial environment must be adequately trained before undertaking any of the procedures listed below. This applies equally to Doctors, Nurses and Paramedics. Some of the procedures and duties listed will also require specialist competencies or statutory powers. Healthcare professionals should not be required to work outside the scope of their professional competency or clinical guidelines. The most appropriate level of competencies for a Custodial Nurse should be that of Charge Nurse Level.

PROCEDURE/DUTY	POLICE SURGEON	NURSE	PARAMEDIC
Taking medical history	Yes	Yes	Yes
Conducting clinical examinations	Yes	Within scope of clinical guidelines	Within scope of clinical guidelines
Diagnosing clinical conditions	Yes	Yes, depending on scope of competence, for some conditions	Yes - within defined competencies
Obtaining consent for treatment	Yes	Yes	Yes
Verifying patient's medication	Yes, with caution	Yes, with caution	Yes, with caution
Prescribing medication	Yes	No (although some Nurses can, depending upon their competence and the type of medication)	No
Administering medication (non-controlled drugs)	Yes	Yes. Named individuals can administer medicines under Patient Group Directions	Yes, within scope of clinical guidelines
Administering medication (controlled drugs)	Yes	Yes	Yes, within scope of clinical guidelines
Assessing alcohol/drug intoxication and withdrawal	Yes	Yes, with appropriate prior training	Yes, with caution
Providing therapeutic interventions	Yes	Yes	Yes

2.

PROCEDURE/DUTY	POLICE SURGEON	NURSE	PARAMEDIC
Obtaining consent for disclosure of medical information	Yes	Yes	Yes
Providing brief health education interventions	Yes	Yes	No
Undertaking mental health assessments under the Mental Health Act 2003	Yes if suitably qualified	No, but community mental health Nurses can undertake pre-assessment screening	No
Assessing fitness to be detained	Yes	With appropriate training	With appropriate training
Assessing requirement for medication	Yes	Yes	Yes
Advising referral to hospital	Yes	Yes	Yes
Assessing fitness to be liberation (alcohol intoxication)	Yes	Yes	Yes
Assessing fitness to be charged (competence to comprehend)	Yes	With appropriate prior training	With appropriate prior training
Assessing fitness to transfer (general clinical assessment)	Yes	Yes	Yes
Assessing fitness for interview	Yes	With appropriate prior training	No, unless appropriate prior training
Advising requirement for Appropriate Adult (vulnerable mentally disordered)	Yes	Yes, with appropriate prior training	No, unless appropriate prior training

3.

PROCEDURE/DUTY	POLICE SURGEON	NURSE	PARAMEDIC
Assessing person's ability to drive a motor vehicle (general clinical assessment)	Yes	With appropriate prior training	With appropriate prior training
Making precise documentation and forensic interpretations of injuries	Yes with suitable prior training	Yes to documentation only. Other aspects - with appropriate training	Yes to documentation. Other aspects - with appropriate training
Undertaking intimate body searches (not on Police premises)	Yes, with consent	Yes, but caution is advised by NMC if no consent	No
Taking forensic samples	Yes	With appropriate prior training	With appropriate prior training
Dealing with Police Officers injured while on duty	Yes	Yes	Yes
Pronouncing life extinct and giving opinion on any suspicious circumstances	Yes	Yes. Opinion only recommended with appropriate prior training and experience	Yes to pronouncing life extinct in any circumstances. Appropriate training would be required for aspects of 'opinion'
Examining adults complaining of serious sexual assault and alleged perpetrators	Yes	No, unless appropriate prior training	No
Examining alleged child victims of neglect, physical or sexual abuse (including joint examinations with Paediatrician)	Yes	No, unless appropriate prior training	No
Liaising with drug referral workers	Yes	Yes	Yes
Liaising with alcohol referral workers	Yes	Yes	Yes

4.

PROCEDURE/DUTY	POLICE SURGEON	NURSE	PARAMEDIC
Providing statements to Police on request	Yes	Yes	Yes
Attending Court	Yes	Yes	Yes
Providing reports (to Solicitors, Social Services, CICA)	Yes	Yes	Yes
Appearing as a witness of fact	Yes	Yes	Yes, within defined competencies
Appearing as Expert Witness	Yes, with suitable training and experience	No, unless has suitable training and experience	No

LIGATURE KNIFE AND 'BIG FISH' EMERGENCY CUT DOWN TOOL

'Hook' Ligature knife used by some Forces and personal issue to all custody staff.



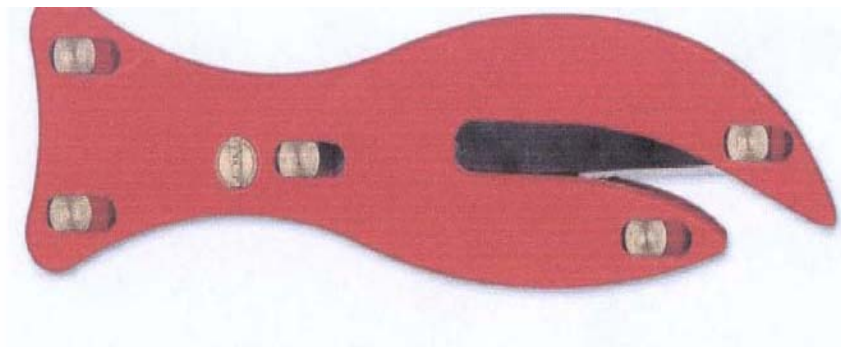
Stainless steel hooked blade has a blunt tip and cutting edge within the hook.

Blade locks in place 4 inch when folded.

Individual serial numbers

Black belt pouch with Velcro fastening.

'Big Fish' emergency cut down tool as used by National Offender Management Service.



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EQUIPMENT AND SUPPLIES FOR MEDICAL ROOMS

The accuracy of the information in this Appendix has been verified by Doctor Kranti Hiremath, Forensic Medical Examiner, Fife Constabulary.

Equipment for Medical Rooms

In addition to the stock items each room should have:

- Desk with laminated surface;
- Three plastic chairs;
- Examination couch;
- Lockable floor units with laminated worktops, labelled to identify what they contain;
- Lockable wall units, labelled to identify what they contain;
- Drawers in the desk or a suitable file for stationery;
- Wash basin with elbow operated taps (preferably mixer) and tiling above wash basin;
- Wall mounted examination light;
- Clock;
- Noticeboard suitable for self-adhesive putty/magnetic contacts;
- Telephone;
- Emergency call system (accessible if sitting or standing);
- Waste bin;
- Clinical waste bin;
- Good heating, lighting and ventilation;
- Access to a small fridge (not used for food purposes) in the Custody Suite;
- Sharpsafe bin;
- Pharmaceutical waste bin;
- Paper towels and soap dispenser.

2.

Medical Rooms Supplies List

Resuscitation Equipment

Custody staff and Doctors must be familiar with any emergency resuscitation equipment that is available and be fully trained to use it. Particular equipment, which MAY be available, includes:

- Bag-Valve-Mask with adult and child size facemasks;
- Oropharyngeal airways (range of sizes);
- Suction equipment (hand operated);
- Pocket facemasks with a non-return valve.

Dressing Bandages and Plasters

- Steristrip closures 6 mm pack 36;
- Two fabric dressing strip 6 cm x 1 m;
- Two fabric dressing strip 8 cm x 1 m;
- 50 Johnson NA dressings 9.5 cm;
- Five Micropore tapes 2.5 cm x 5 m;
- Two elastic adhesive strapping 2.5 cm;
- 30 cotton wool 25G;
- Five x adhesive dressings WIP 20.

Disinfectant and Antiseptics

(Any skin wipes should be alcohol free)

- 30 x antiseptic wipes packet 10;
- 30 x antiseptic sachet 25 ml;

3.

- One x Milton 600 ml;
- Two x liquid soap 250 ml;
- Two x Hibiscrub - consideration should be given to using a non alcohol based hand wash as alcohol based hand wash may affect breath and blood samples taken for analysis under Road Traffic Act 1988 legislation.

Protective Items

- Two Sharpsafe disposal bin 7L (one in use);
- 100 clinical waste bags 200 x 320 mm;
- 50 clinical waste bags 700 x 1000 mm;
- Three boxes non-sterile powder free vinyl gloves - various sizes;
- Five pairs of each size of sterile surgical powder free gloves.

Miscellaneous

- Tablet bags or bottles with labels (100);
- Two x paper towel rolls 250 mm (one in use);
- Two x paper towel roll 500 mm (one in use);
- Two plastic bowls (1 pint) 150 mm;
- Paper cups;
- KY jelly sachets;
- Two boxes tissues;
- 10 x 10 ml disposable syringe;
- Sanitary pads and tampons;
- Low adhesive tape;
- Test strips for blood analysis for glucose;

4.

- Disposable vaginal speculum (medium and small);
- Disposable proctoscopes (medium and small) min. Two of each size;
- Containers and solution for the storage of contact lenses;
- Electric fan x one;
- Saline eye wash x three.

Forensic Kits

- Medical Examination Kits minimum 10;
- DNA II module;
- Blood for Alcohol/Drugs;
- RTA 1988 Blood Alcohol/Drugs;
- RTA 1988 Urine Alcohol/Drugs.

Stationery

- Letterhead, plain paper and envelopes;
- Carbon paper 10 sheets;
- Body diagrams (10 of each view);
- Other stationery as is in local use;
- Head injury instruction pads;
- Custody medical care sheets;
- Proformas: Section 4 RTA 1988, Fitness to Detain and Interview;
- Resuscitation charts;
- OD charts.

CUSTODY SUITE INSPECTION AND MAINTENANCE REGIME

A suggested inspection and maintenance regime for Custody Suites incorporating advice contained in **Custody Policy Document (PD), (February 2004) New Build Only, Home Office**. It is a matter for local policy how it operates.

DAILY

The following could be the responsibility of all custody staff and are in addition to the areas identified in 6.11 Cell Searches and 6.12 Ligature Points.

- Test cell call system where fitted (should be checked when custody is placed in a cell);
- Inspect for damage in custody suite (risk assess for continued use);
- Inspect cells each time they are vacated;
- Clean suites daily, although some areas may need to be cleaned more frequently;
- Check contents of first aid kits and any suicide intervention kits, replacing any used or missing articles;
- Ensure recording equipment is tested before use if it does not have auto-test facility.

AS REQUIRED

- Check and re-set calibration of specialist equipment in line with manufacturers' and force guidelines (for example Livescan, Intoximeter);
- Clean forensic search rooms after use to ensure that they are suitably sterile for the next time they are required.

WEEKLY

The following could be the responsibility of the Custody Manager or equivalent:

- Test the fire alarm;
- Test the emergency call alarm system;
- Check the cleaning of all surfaces;
- Inspect exercise yard/van dock for damage/potential problems.

2.

MONTHLY

The following could be the responsibility of the Custody Manager, Custody Inspector or equivalent to:

- Assess the need for any specialist cleaning regime;
- Check the cleaning and topping up of floor gullies, including exercise yard.

Note: some internal gullies may require more regular topping up due to evaporation;

- Ensure a testing regime for power failure is completed to maintain uninterrupted power supply (UPS) and generator working capability.

QUARTERLY

The following could be the responsibility of a Building Surveyor with the Custody/Custody Manager and the Health and Safety representative with the custody portfolio:

- Quarterly inspection of all areas with the Building Surveyor with the Custody Officer or Custody Manager;
- Checks of operating efficiency of heating, cooling and ventilation plan including filter replacement;
- Health and Safety Risk Assessment 'walk through' - this must be carried out after, for example, each change in layout and change in equipment use.

ANNUALLY

The following could be the responsibility of the Building Surveyor with Custody Officer/Custody Manager and the Health and Safety representative with the custody portfolio:

- Annual checks undertaken by specialist suppliers/manufacturers;
- Decoration check (bi-annually and redecorate as required);
- Annual search of the Custody Suite (this could be an opportunity for the search team to carry out training);
- Calibration check of building management control systems;
- Undertake the testing regime for a power failure to ensure UPS and generator working capability;

3.

- Water testing, disinfecting and certification;
- Deep cleaning of suite by professional cleaning company;
- Practice evacuation drills.

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CS INCAPACITANT SPRAY

DECONTAMINATION AND AFTERCARE PROCEDURES

Premises

If CS has been sprayed within premises, open all doors and windows to allow the air to circulate. The same procedure will apply to contaminated vehicles.

Contaminated surfaces should be washed down with a detergent or hot soapy water and then thoroughly rinsed to remove any CS residue (it is advisable to wear rubber gloves).

Persons

Remove the person sprayed to an uncontaminated area where they can be exposed to fresh air. This will allow the CS particles to be blown from the affected person's body and will normally result in recovery from significant symptoms within 15 minutes.

Where clothing has been contaminated, the affected person should be provided with a paper suit and to prevent the spreading of residual CS powder, the contaminated clothing should be sealed in polythene bags. Upon liberation, the affected person should be advised to hang the clothing on a washing line and expose it to fresh air. The clothing should then be thoroughly washed - separate from other items - before being worn again.

AFTERCARE

Advise affected persons not to rub their eyes or face.

Instruct affected persons to breathe normally. Breathing normally will aid the affected person's recovery and will prevent hyperventilation.

Give reassurance that the effects of the spray are temporary and that they will pass.

Do not apply water to the affected person's eyes. Application of water may provide some immediate relief but can lengthen the overall recovery period. Irrigation of an affected person's eyes should only be undertaken by an FME or other trained medical personnel.

It is essential to monitor an affected person's breathing. If they experience difficulty in resuming normal breathing, or if any other adverse reactions are observed, immediate medical assistance should be obtained.

Ensure that any restraint methods used, and the position that an affected person is placed in, does not affect his/her breathing. Affected persons should not be left, or transported, in the prone position (face down).

2.

Close monitoring of an affected person must be maintained until any significant effects of the CS spray has worn off.

Affected persons who wear contact lenses may experience greater discomfort. They should be permitted to remove the lenses at the earliest opportunity. Police Officers/ Custody staff must not attempt to remove contact lenses from another person. This should only be carried out by the individual concerned or by a Medical Practitioner. Exposure to CS spray may cause damage to certain types of lenses. Individuals who experience problems with contact lenses should be advised to consult an Optician.

MANAGEMENT ISSUES - RISK ASSESSMENT AND MANAGEMENT

- All staff carrying out Risk Assessments should be fully trained;
- Develop and implement a local policy setting the criteria for Custody Suite closure and contingency arrangements for (a) closure and (b) accessing additional capacity if the risks associated with a custody cannot be adequately managed within existing resources;
- All Officers and relevant Police staff must be trained in conducting safe and effective searches;
- Ensure Custody Officers are trained and competent in the completion of the PER form and that procedures are established to audit and assess completed forms;
- Agree local protocols with healthcare agencies to deal with:
 - violent custodies;
 - custodies who require treatment in hospital but cannot be liberated from custody, including circumstances where a healthcare professional advises that the person is not fit to be detained but it is necessary for that person to remain in detention;
 - custodies who are drunk and incapable.
- Develop a local policy with healthcare agencies for the assessment, treatment and observation of cases where drugs have been swallowed or packed, and ensuring that all staff are aware;
- Establish with local Social Services, Local Authorities and healthcare agencies procedures for the management of potentially violent individuals;
- Establish procedures to manage the potential risk of communicable diseases.

MANAGEMENT ISSUES - CONTROL AND RESTRAINT WITHIN THE CUSTODY SUITE

All staff that may be required to use force must be trained and competent in accordance with local Force procedures.

MANAGEMENT ISSUES - INITIAL CONTACT AND ARREST

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

2.

MANAGEMENT ISSUES - TRANSPORTATION

- Designated escort Officers must be suitable, trained and competent;
- Contingency plans must be established for escorting custodies to Court in the event of PECCS contractors failing to deliver this service;
- Vehicle fleets should be regularly assessed for their sufficiency and suitability for purpose;
- All Police vehicles used to convey custodies must be equipped with a first aid kit;
- Ensure vehicles are searched prior to and following the transportation of custodies;
- Establish procedures to deal with requests for the transportation of custodies with mental health problems;
- Establish an inspection programme including examination of vehicle modifications.

MANAGEMENT ISSUES - ARRIVAL AT THE POLICE STATION

- Establish a review process where the Custody Officer has refused detention;
- Ensure that visitors are aware of their roles and responsibilities before they have access to Custody Suites;
- Ensure that adequate storage and security is available for custody's property.

MANAGEMENT ISSUES - CUSTODY CARE

- Clear lines of responsibility and accountability must be established for the supervision and management of custody staff, Custody Suites, and custodies;
- Ensure the provision of adequate healthcare for custodies;
- Ensure that all staff who administer medication to custodies are trained to do so and that a procedure is established for the safe storage and handling of medication;
- Consideration should be given to the use of suitable equipment in Custody Suites to provide the safe disposal of unused medication;

3.

- The healthcare professional should complete the Custody Medical Report Form and the person's medication form where applicable;
- Forces must ensure that custody staff are trained and competent in the use of the observation and engagement model;
- Adequate clothing must be provided to custodies when required;
- Forces should apply a no smoking policy to Custody Suites;
- Establish and implement effective procedures for the transfer of responsibility between Custody Officers and staff;
- Forces must have a system to manage cell capacity, ie a business continuity plan.

MANAGEMENT ISSUES - DEPARTURE, TRANSFER AND RELEASE

- Use of templates for the referral and establishing policy and protocols for sharing of information with agencies within their area. Using directories of suitable agencies for referrals;
- Introduce procedures for custody staff to communicate the identified risks to the relevant persons or agencies;
- Introduce procedures for custody staff to communicate the identified risks to the relevant persons or agencies.

MANAGEMENT ISSUES - STAFFING

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

4.

MANAGEMENT ISSUES - TRAINING

- Forces must ensure that where possible all staff working in a Custody Suite receive training before they commence their role, and refresher training while in post;
- Training requirements for existing staff must be identified by conducting a training needs analysis;
- All designed and contracted staff must be suitable, trained and able to undertake their role within custody;
- Personal safety training must be provided for all custody staff;
- Aspire to have custody staff trained to use PNC, CHS and local IT systems;
- Ensure all custody staff have undertaken SPELS training;
- Ensure all staff are trained in how to respond to deaths or adverse incidents in custody;
- Ensure all staff are trained to meet their obligations under Health and Safety legislation;
- Ensure, where necessary, that staff required to prepare food for others are suitably qualified in food hygiene.

MANAGEMENT ISSUES - DEATHS AND ADVERSE INCIDENTS

- Establish policies and procedures to ensure adverse incidents and deaths are reported, recorded, investigated and analysed;
- Establish a procedure for communicating learning to operational staff for adverse incidents and deaths in custody or during Police contact.

MANAGEMENT ISSUES - BUILDINGS AND FACILITIES

- The Home Office Police Custody Design Guide - Policy Document and the Police Property Service Managers Group (PPSMG) Custody Best Practice should be fully considered when planning adaptations to existing buildings or proposing new builds;

5.

- Consideration should be given to issuing ligature knives to custody staff;
- Consideration should be given to the installation and use of dry and trap cells;
- Attack alarm systems, which allow immediate assistance to be summoned, must be installed and consideration should be given to linking these systems to Force Control Rooms;
- Develop and implement a policy covering the use of CCTV in custody;
- Forces should identify suitable facilities to accommodate a custody's religious needs;
- Develop and implement a policy covering the use of CCTV in custody;
- Forces should identify suitable facilities to accommodate a custody's religious needs.

MANAGEMENT ISSUES - TERRORISM ACT 2000 CUSTODIES

- Forces must comply with COPFS/National Joint Unit guidance;
- Ensure relevant staff receive appropriate training.

MANAGEMENT ISSUES - YOUNG PERSONS IN POLICE CUSTODY

- Ensure staff are aware of and adhere to agreed policies and protocols with regard to children and young persons in Police custody.

MANAGEMENT ISSUES - POLICE STAFF IN CUSTODY

- Ensure staff are aware of and adhere to local arrangements where Police staff are taken into custody. This could include restricting access to the custody record, use of a custody facility outwith the person's normal area of work and placing individual on a constant supervision whilst held.

MANAGEMENT ISSUES - ADMINISTRATION

An ACPOS champion should be nominated as portfolio holder for custody issues within each Force;

6.

- Routine checks of the Custody Suite, conducted by Custody Officers, must be supplemented with a regular regime of inspections of cells and equipment;
- A stock control system must be established for custody requisites and medical supplies;
- Develop and implement policies and procedures for CCTV in custody;
- Establish procedures and plans with other Emergency Services covering responsibilities where there is an emergency situation in custody;
- Establish an evacuation plan for each Custody Suite, and ensure staff are trained in emergency procedures.

LORD ADVOCATE'S GUIDELINES

LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES - LIBERATION BY THE POLICE

1. In terms of Section 22(1) of the Criminal Procedure (Scotland) Act 1995, where a person other than a child has been charged with an offence which may be tried summarily, the Officer who charged the person or the Officer in charge of a Police Station has three options. The Officer may:
 - (a) liberate the person on a written undertaking, or
 - (b) liberate the person without such an undertaking, or
 - (c) refuse to liberate the person, and remand the person in custody so that she/he may be brought before a court not later than in the course of the first lawful day after she/he is taken into custody.

2. In terms of section 22(1A) of the Criminal Procedure (Scotland) Act 1995, where a person has been arrested under Section 21 of that Act (in relation to schedule 1 offences) the arresting Officer or the Officer in charge of a Police Station may:
 - (a) liberate the person on a written undertaking, or
 - (b) liberate the person without such an undertaking, or
 - (c) refuse to liberate the person, and remand the person in custody so that she/he may be brought before a court not later than in the course of the first lawful day after she/he is taken into custody.

3. In terms of Section 22(1B) of the Criminal Procedure (Scotland) Act 1995, where a person has been apprehended under a summary Warrant (as referred to in Section 135(3) of that Act), the apprehending Officer or the Officer in charge of a Police Station may:
 - (a) liberate the person upon a written undertaking, or
 - (b) refuse to liberate the person.

The Written Undertaking

4. Where the Officer decides to liberate the person on a written undertaking in any of the above situations, it is mandatory that the person undertakes to appear at a specified court on a specified day at a specified time. These details will be selected by the Officer, but liberation on undertaking should be for an appearance at court on a date no later than 28 days after liberation.

2.

5. Certain standard conditions may also be attached to the undertaking by the Officer. These conditions are as follows:
- (a) that the person does not commit an offence while released on undertaking;
 - (b) that the person does not interfere with witnesses or otherwise obstruct the course of justice in relation to himself/herself or any other person; and
 - (c) that the person does not behave in a manner which causes, or is likely to cause, alarm or distress to witnesses.

These conditions may be imposed by the Officer, and the person must undertake to comply with any such conditions prior to being released.

6. If the standard conditions are considered necessary, further conditions may be imposed for the purposes of ensuring that the standard conditions are observed. However, the authority of an Officer of a rank no lower than Inspector is required to authorise the imposition of any such further conditions. Examples of further conditions which may be considered appropriate are provided at Annex A.
7. The standard conditions referred to in paragraph 5 above should only be imposed where there is a clear and identifiable benefit in so doing. Where there are no specific circumstances to suggest that these conditions are required, an accused person should be released on a written undertaking to appear to a specified court on a specified day at a specified time only, with no conditions. The further conditions referred to in paragraph 6 must only be imposed for the purposes of ensuring compliance with the standard conditions imposed - they cannot be imposed for any other reason.

General Principles

8. Section 22(1) applies only to offences which may be tried summarily. Accordingly, persons accused of Treason, Murder and Rape, over which the High Court of Justiciary has exclusive jurisdiction, cannot be liberated on an undertaking in terms of that Section. There are many charges which can be prosecuted either on summary complaint or on petition. In cases involving such charges, liberation on an undertaking is competent. If, however, the Officer considers that the Procurator Fiscal is likely to proceed by petition, the Officer should not liberate the accused without first consulting with the Procurator Fiscal.
9. Section 22(1B) relates to summary Warrants and includes witness Warrants issued in summary proceedings.

3.

10. Any decision not to liberate an accused person must be reviewed daily where the accused is detained in custody longer than 24 hours. If the reason for the detention in custody no longer remains (where, for example, an address has been provided and confirmed, or the identity of the accused is confirmed) the Officer should consider whether it would be possible to release the accused person on an undertaking at that time.
11. Where an Officer considers that release on undertaking is appropriate but the person will not undertake to appear in court at a future date or will not accept any conditions proposed, the person should not be liberated. Instead, the person should be remanded in custody and brought before a court not later than in the course of the first lawful day after being taken into custody. (Officers should ask an accused person to be released on undertaking the name of the Solicitor they intend to instruct in respect of the matter. The accused does not, however, require to provide such information, and a failure to do so should not affect the decision to release on undertaking).
12. An undertaking and any related conditions expires either
 - (i) at the end of the day on which the person who gave the undertaking is required to appear at court in accordance with the undertaking; or
 - (ii) if the Procurator Fiscal rescinds the undertaking or revokes or relaxes any conditions imposed, at the end of the day on which the notice to rescind, revoke or relax is sent to the person; or
 - (iii) if that person breaches the undertaking by reason of failing to appear at court and a Warrant is granted in relation to the breach, at the end of the day on which the person is brought before the court in pursuance of the Warrant.

Reasons for Detaining in Custody

13. The Police should not liberate upon an undertaking or for report where there appears to be a substantial risk that the accused will, if released
 - Abscond;
 - Fail to appear;
 - Commit further offences;
 - Interfere with witnesses;
 - Obstruct the course of justice; or
 - In some other way threaten public safety;
 - Fail to comply with the conditions of the undertaking.

4.

The following list contains practical examples of situations where it is unlikely to be appropriate to release an accused person for report or on a written undertaking;

- (a) Where the circumstances or nature of the offence are such that there is reason to believe that the accused is a danger to the public;
- (b) Where there are reasonable grounds to suspect that the accused may intimidate or threaten witnesses. Particular attention should be given to any comments which may have been made by the accused person at the time of the offence itself or the subsequent investigation by the Police;
- (c) Where there are reasonable grounds to suspect that the accused may interfere with or dispose of evidence or otherwise prejudice enquiries still to be made if he is released;
- (d) Where from the criminal record of the accused and/or the number of current charges, it is obvious that they are carrying on a career of crime. This may be easier to demonstrate if the accused has been released from prison or convicted within a relatively short time prior to the offence with which she/he is charged;
- (e) Where the criminal record of the accused, the gravity of the offence and probable disposal and/or the full background (including family and community ties) of the accused suggest that there may be strong influences to prevent him/her from attending future court diets, and in particular any trial diet;
- (f) Where the accused has already been liberated on Bail and is charged with a further offence alleged to have been committed during his period of liberation. The nature and gravity of the offences involved, the number of Bail Orders to which the accused is subject and the period of time which has elapsed between the imposition of the Bail Order/s and the new offence may be taken into account by the Officer;
- (g) Where at the time of the new offence the accused was on Licence, Parole, Deferred Sentence, Probation or subject to a Community Service Order;
- (h) Where at the time of the new offence the accused has already been liberated on an undertaking for an earlier offence;
- (i) Where the accused has previous convictions for breaching Bail conditions, undertaking conditions, probation or community service and/or convictions which have involved breaching a Court Order such as disqualified driving, offending while on Bail or failing to appear at court;

5.

- (j) Where the continued detention of the accused is necessary for further enquiry, for example, a medical examination or an identification parade;
- (k) Where the identity of the accused is in doubt;
- (l) Where the accused does not have a fixed abode;
- (m) Where an accused is in possession of or has used a knife in the commission of an offence;
- (n) Where, following consultation between the Police and the local Procurator Fiscal, it is assessed that the use of custody is appropriate to address a particular matter of concern to the community;

Offences Committed while on Bail or Subject to other Court Orders

14. The effect of paragraphs 13(f) - (h) above is that as a general rule persons charged with offences alleged to have been committed while on Bail, or on an undertaking, or otherwise at liberty in a position of trust from the court must be detained in custody. In very specific circumstances it may be appropriate to release such a person on a written undertaking but under no circumstances should they be liberated for report.

Reasons for Liberating on a Written Undertaking

15. Where the circumstances of the offence and/or offender do not justify detention in custody (see above), the accused person should be liberated. If, however, the offence falls within the list contained in Annex B then (assuming the circumstances do not justify detention in custody) it is expected that the accused will be liberated upon an undertaking, and not simply liberated for report to the Procurator Fiscal in the normal manner. Liberation for report in the normal manner of an accused charged with an offence listed in Annex B would require to be justified by reference to the particular circumstances of the case.
16. In addition to the list of offences contained in Annex B, some specific examples of situations in which it may be appropriate to liberate an accused person on a written undertaking are as follows:
- (a) Where a co-accused is detained in custody but there is no justification for keeping all accused in custody (with the undertaking being to appear in court on the same day as those accused detained in custody).
 - (b) Where the accused would normally have been detained in custody but because of personal or other special circumstances an undertaking is deemed appropriate.

6.

- (c) Where local arrangements have been made for specific categories of offence, for example, drink driving or football related offences, to be the subject of undertakings.

Liberation under Section 22(1B)

- 17. Specific considerations apply to the liberation of a person arrested on a summary Warrant or witness Warrant issued in the course of summary proceedings. While the Police do have power to release on an undertaking persons arrested on such Warrants, this should only be done in exceptional circumstances, and the considerations contained in paragraphs 13 - 16 above do not apply in such a situation. There is a presumption that the arrested person will not be liberated on undertaking, but will appear during the course of the next court day to answer the Warrant, particularly where the Warrant relates to a failure to appear by either an accused person or a witness in summary proceedings.
- 18. Examples of exceptional circumstances are;
 - (a) Where the summary Warrant has been issued to initiate proceedings against an accused person and relates to an offence for which a sentence of imprisonment is not competent, such as a contravention of a minor road traffic matter;
 - (b) Where, following execution of the Warrant, the arrested person becomes ill or requires to be hospitalised and as such cannot remain in custody.

Procedure for Undertakings

- 19. If an Officer decides to liberate an accused from custody upon a written undertaking, the Officer must ensure that the terms of the undertaking are clearly noted on the undertaking form. In addition, the Officer should make a clear note of the reason/s for imposing any standard or additional conditions within the appropriate section of the Police Report.
- 20. Prior to release, it must be explained to the accused that failure without reasonable excuse to attend court in terms of the undertaking is an offence which will render him/her liable to arrest and imprisonment. Any conditions imposed must also be explained in ordinary language to the accused person, and the fact that failure to comply with the conditions is an offence which will render him/her liable to arrest and imprisonment.

7.

21. The undertaking form which is attached at Annex C must be signed by the accused in the presence of the Officer and a witness, who will then sign at the appropriate part of the undertaking form. (In those exceptional cases where it is impossible to obtain a witness, a note should be made to that effect on the form). The name of the senior Officer who authorised any further conditions imposed must be noted on the form, but that Officer need not sign the form (that Officer does not, in fact, require to be present to authorise the further conditions - the authority can, if necessary, be provided remotely).
22. Police reports in respect of all persons liberated upon an undertaking are to be submitted to the Procurator Fiscal no later than 14 days from the date of liberation of the accused. The written undertaking form must be submitted on the same day as the report.
23. The report should clearly indicate the court, time and date at which the accused must appear on the undertaking. Any conditions attached to the undertaking, whether they are the standard conditions referred to in paragraph 5 or the further conditions referred to in paragraph 6, must be clearly specified in the report. The identity of the Police Officer who authorised imposition of further conditions (and who must be of a rank of no less than Inspector) must also be clearly specified within the report.
24. In cases of minor crime, where the Officer has decided to liberate on an undertaking to appear in court at a later date, the Officer will require to decide between the Sheriff or District/JP Court as being the suitable venue. The Officer will be guided by their own experience and the advice of the Procurator Fiscal as necessary. The District/JP Court will not be a suitable venue in any case involving a child witness, or an adult accused of committing an offence along with a child. In such cases any undertaking must be to appear in the Sheriff Court.
25. The court, time and date of appearance should be specified, such appearance to take place within 28 days of the date of liberation. Local arrangements will be made between the Procurator Fiscal, the Police and Clerks of Court for the dates and times of court appearances for those persons liberated on an undertaking.

Children

26. Special rules apply to children and reference should be made to Section 43 of the Criminal Procedure (Scotland) Act 1995, and to the Lord Advocate's Guidelines to Chief Constables on the Reporting of Offences against Children.

8.

Offences

27. A person in breach of an undertaking given by him/her under this section without reasonable excuse shall be guilty of an offence and liable on summary conviction to the following penalties;
- (a) a fine not exceeding level 3 on the standard scale; and
 - (b) imprisonment for a period -
 - (i) where conviction is in the JP court, not exceeding 60 days; or
 - (ii) where conviction is in the Sheriff court, not exceeding 12 months.
28. The penalties provided for in paragraph 27 above may be imposed in addition to any other penalty which it is competent for the court to impose, notwithstanding that the total of penalties imposed may exceed the maximum penalty which it is competent to impose in respect of the original offence.
29. Under section 22(3) of the 1995 Act, the refusal of an Officer to liberate a person under this section and the detention of that person until the case is heard in the usual form shall not subject the officer to any claim whatsoever.

Conclusion

30. The above Guidelines are intended to have general application. The circumstances of individual cases may justify action which is at variance with the Guidelines. The Officer in charge of a Police Station must always be prepared to exercise discretion, although any significant departure from these Guidelines will require explanation and justification.

9.

**LORD ADVOCATE' GUIDELINES TO CHIEF CONSTABLES REPORTING TO
PROCURATORS FISCAL OF OFFENCES ALLEGED TO HAVE BEEN COMMITTED
BY CHILDREN**

REVISED CATEGORIES OF OFFENCES

Category 1

Offences which require by law to be prosecuted on Indictment or which are as serious as normally to give rise to solemn proceedings on the instructions of the Lord Advocate in the public interest.

Category 2

Offences alleged to have been committed by children aged 15 years or over which in the event of conviction oblige or permit a court to order disqualification from driving.

Category 3

Offences alleged to have been committed by children as described in Section 93(2) (b) (ii) of the Children (Scotland) Act 1995.

Category 4

Breaches of Antisocial Behaviour Orders allegedly committed by children aged 12-15 years.

EXPLANATORY NOTES

Category 1

1. Offences which require by law to be prosecuted on Indictment fall under two heads - (1) common law offences which are within the exclusive jurisdiction of the High Court of Justiciary namely Treason, Murder and Rape; and (2) statutory offences for which the statute only makes provision for prosecution on Indictment or for a penalty on conviction on Indictment - for example, contraventions of the Firearms Act 1968, Section 16, 17(1) and (2), and 18(1), the Road Traffic Act 1988, Section 1, and the Criminal Law (Consolidation) (Scotland) Act 1995, Section 5(1).

10.

2. Offences of Culpable Homicide, Attempted Murder, Assault to the Danger of Life, Sodomy, Assault and Robbery involving the use of Firearms, Attempted Rape, Incest and related offences (contrary to the Criminal Law (Consolidation) (Scotland) Act 1995 Sections 1 - 3) are offences which are normally indicted in the High Court of Justiciary.
3. Other offences which may fall into this category as being those normally prosecuted on Indictment are Assault to Severe Injury or Permanent Disfigurement, Assault with intent to Rape, Serious Assault and Robbery (in particular involving the use of weapons other than firearms), Assault with intent to Rob involving the use of firearms, Fire-raising and Malicious Mischief causing or likely to cause great damage to property or danger to life, all Misuse of Drugs Act offences involving possession of Class A drugs and possession with intent to supply and supply of any controlled drugs.
4. It should be emphasised that only offences which are normally prosecuted on Indictment are to be reported.

Category 2

5. This category applies exclusively to children aged 15 years or over. Children will be prosecuted for this type of offence only if the Procurator Fiscal considers that it would be in the public interest to obtain a disqualification which would still be in force when the child became 16 and that in the event of conviction it was likely that the court would impose such a disqualification. Minor Road Traffic Act offences carrying a liability to discretionary disqualification should not normally be reported.

Category 3

6. There is no restriction on the forum for the prosecution of children of or over 16 years of age who can be proceeded against in the District Court.

Category 4

7. There is a presumption that the Reporter will deal with these cases, following discussion with the Procurator Fiscal. Therefore, cases where 12-15 year olds have been charged with a separate offence (Section 9(3) of the Antisocial Behaviour etc (Scotland) Act 2004) should not be reported to the Procurator Fiscal unless the separate offence falls to be reported under another part of these Directions. However, children will only be prosecuted where the offending behaviour accompanying the breach is serious.

11.

8. When reporting to Procurators Fiscal cases against adults in which it is alleged that a child also committed the offence (not being an offence specified in categories 1 to 3) along with the adult, the report should state that a copy of the report has been sent to the reporter for action in respect of the child. The Police should not include the child offender as a subject in the Police Report to the Procurator Fiscal.
9. The Lord Advocate's Guidelines to Chief Constables about reporting of Cases involving Antisocial Behaviour do not preclude you from reporting to Procurators Fiscal any other offences, alleged to have been committed by children, where you are of the opinion that, for special reasons (which must be stated in the report) prosecution might be considered.

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

CONSIDERATIONS FOR CUSTODY SUITE DESIGN

GENERAL FINDINGS AND COMMENTS ON GOOD PRACTICE IN THE DESIGN OF POLICE CUSTODY FACILITIES FROM HMICS.

Custody Suite Location

The location of most Police custody facilities tends to have a historical basis. They are often located in Police Stations in the main population centres.

No consistent rationale or formula for calculating the future provision or location of holding centres across the Service has been identified.

Priorities for consideration of sites include:

- Where most arrests occur;
- In the same premises as the majority of Police Officers;
- Near to public transport or in proximity to transport links across a Force area.

Disability Issues

Corridor sizes and door openings must be able to accommodate wheelchair users. Such prisoners may also have difficulty using standard cell toilets and cells with low beds, or reaching cell call buttons if located away from the bed. The needs of people who use a wheelchair or have other mobility problems could be accommodated if beds with a height of approximately 600 millimetres were introduced to some cells. These cells should also include toilets at the raised height of about 470 millimetres, with accessible call buttons near to the toilet and bed.

Not having a hearing loop system could also cause problems for those with a hearing impairment. This is relevant not only for initial processing, but also for later interviewing or processing under drink driving legislation. Some fixed systems could allow another person with a hearing aid to overhear conversations, but portable equipment available with a short range can address potential problems of privacy.

Choices of colour and the colour contrast between the floor and office furniture might further present difficulties for both the visually impaired and people suffering from certain mental illnesses. Some bright colours can trigger an emotional response from people who suffer from some mental illnesses. Police Officers oblivious to such a condition might assess it as aggression and unnecessarily raise the level of force used. Thus, removing such colours might prevent confrontational situations.

Secure Vehicle Dock

Prisoners arriving at holding centres by vehicle should enter the custody facility via a secure vehicle dock. The preferred option is for an **airlock** mechanism on the gates, so that the gate to the vehicle dock cannot open unless the door to the custody suite is closed, and vice versa. This helps to reduce the opportunity for escape.

2.

Another option is one in which vehicles enter through one gate, deliver the prisoners, and then drive out through another gate. While supporting this approach, we recognise the competing factors of cost and space, and consider the greater priority to be a vehicle dock of sufficient size or with sufficient space on the approach, to allow vehicles to manoeuvre safely and without causing damage. The vehicle dock should also be large enough to accommodate more than one vehicle. This is to maintain access to the dock while other Officers are processing their prisoner.

If the vehicle dock is to be used for exercise or fire escape, or if adjacent buildings are able to oversee the area, then some roof cover, at least in part, should be considered.

CS Decontamination

Consideration should be given to using industrial sized fans in vehicle docks. These are used to accelerate the removal of CS particles from prisoners before they enter the custody suite, and also to blow the particles out of vehicles.

Decontamination Room

Whilst the full search of prisoners should normally take place at the charge desk, the exception would be where a separate search area is available as part of a decontamination facility. These facilities are necessary for decontaminating an infested prisoner or one who is in such a soiled or dirty state that using the charge desk area and access routes for searching and processing would require immediate cleaning, placing the custody suite out of commission.

The best approach would appear to be a unit, accessed directly from the vehicle dock and consisting of both a room for strip and search of the prisoner and a deluge shower, following which the prisoner could be placed in a paper suit for processing. Medical guidance should be sought to clarify the situations for which this approach would be appropriate.

Prisoner Holding Area

An identified solution is to have two holding areas located between the vehicle dock and the charge desk. Having two areas allows potentially conflicting factions to be safely separated. It is beneficial for the room to have benched seating with dividers to form booths. A good idea was to have a traffic light system to indicate when the next prisoner could be brought for processing and/or an intercom system.

Another option is to have holding areas that face onto the charge desk area with glass observation windows. This improves the awareness of custody staff of what is happening with prisoners, allowing them to react swiftly to any disorder and helping to inform decisions regarding who would be processed at what stage.

3.

Charge Desk Design

A fundamental feature of custody suite design is the charge desk where prisoners undergo a process, which involves them and their arresting/detaining Officers being examined and providing information for recording and care purposes.

An option to consider is whether custody staff should stand or sit whilst processing. This is particularly pertinent in busy locations where there can be an almost constant stream of prisoners to be processed.

It is appropriate to obtain medical or health and safety assessments of the prisoner processing function to determine whether standing or seating is most appropriate. The outcome of such an assessment will inform the design of the counter and all storage and equipment behind it.

Raised platforms on the custody Officer side allow a better view and consequently better control of prisoners being processed. It also makes it more difficult for a prisoner to assault custody staff. A contrary view is that this could antagonise some prisoners, but we are inclined to support a raised platform. Furthermore, this is essential if a seated position for processing prisoners is to be the standard.

Options for the design of the charge desk counter itself include:

- Charge counter with computer on top with a protective screen built around. The screen protects the computer and also affords some protection to staff;
- Charge counter with the computer situated below it under a glass screen. This ensures that the desktop at which staff work remains clear;
- A split-level arrangement. Here, the counter on the prisoner side is raised to afford protection to custody staff, while the desktop on the custody Officer side was lower to protect the equipment;
- Open counter;

A further key consideration in charge bar design is whether there should be multiple prisoner processing points. Such points are becoming increasingly common, due to the number of people coming into Police custody and the time taken to complete the process. They are essential if the volume of people coming into custody remains the same. However, the need for privacy when information is being exchanged between prisoners and custody staff is also important.

4.

Prisoner Search

Searching of prisoners at the charge bar, under the scrutiny of video and audio recording, is the preferred approach for routine searches. In the case of a strip search, this should take place after a routine search and can be carried out in any cell not covered by CCTV in order to maintain privacy. For some of the busiest custody suites it may be possible to demonstrate the need for a specific search facility, particularly for those people brought into custody solely for the purpose of a full search who therefore may well be released immediately thereafter.

Prisoners' Property

It is important that prisoners' personal items are carefully recorded and stored safely so that they can be returned intact and undamaged. Good practice advocates that prisoners' property be stored at the rear of the charge desk. This should be in an area limited to custody staff, so as to maintain control. The use of a secure locker or, where multiple cell occupancy is anticipated, a number of lockers, for each cell should be considered. Another option is to have a secure room, containing individual receptacles. This removes the need for individual lockers and the problems of having to rely on individual or master lock keys. Having a secure room can also overcome the difficulties encountered by trying to store bulky items. To maintain the integrity of property storage it is good practice to install CCTV in the storeroom. In this way, any further handling of prisoners' property, between the moment they are searched to the time of their release, is recorded.

Bedding Provision

It is desirable to locate an adequate storage area for these items on the route that prisoners will take from the charge bar to the cell. A side benefit of this approach is that giving a blanket to prisoners to hold while walking to their cell reduces their capacity to attack an escorting Officer.

Cells

Modern cells should reflect Home Office Guide advice on features such as door styles. For other aspects of cell construction the Guide's recommendations are less definitive and Forces must make their own decisions.

Cell beds can be low or high. The benefit of lower beds is that they minimise the risk to prisoners falling out of bed, for example whilst drunk. The high bed, however, is easier to use for some people with disabilities and, if prisoners are in custody for a few days, provides greater comfort when used as a seat.

5.

Considerations should be given to incorporating hand-washing facilities and for reasons of hygiene this is recommended. Further options are available, such as hand-drying equipment, soap and the supply of drinking water.

A standard cell includes a toilet of construction that will withstand physical abuse. Flush mechanisms can be either within the cell or operated by custody staff outside.

Consideration should also be given to retaining cells with no toilet. Dry cells are beneficial for the initial detention of prisoners arrested on serious charges to remove any opportunity for evidence to be destroyed or lost. They are also more suitable for prayer than a standard cell.

The installation of call buttons that prisoners can use to summon assistance is beneficial. These tend to be situated next to the cell doors. However, to accommodate people with certain disabilities and any prisoners who become unwell, consideration should be given to affixing these at a reasonable height next to cell beds. The use of intercom systems to allow staff to respond to basic requests without having to visit cells can be advantageous.

Observation Cells

These should ideally be dedicated cells that have viewing windows, either in the wall or door, to allow observation from outside.

The use of CCTV for such cells can be advantageous as a means of achieving constant supervision. This effectively supersedes the viewing window; the major difference being that by using a split screen monitor, up to four prisoners can be viewed by one member of staff.

Interview Rooms

Interview rooms should be situated in custody facilities and custody staff should oversee all movements to and from them. They should have proper soundproofing and located away from noisy systems such as water pipes in the walls or ventilation fans.

Rooms should be equipped with both audio and video recording, with remote viewing facilities in place as required.

Furniture can be either fully fixed to the floor or moveable, albeit fixed furniture is seen as being best practice.

6.

Intoximeter/Fingerprint/Photo/DNA Facilities

Ideally these rooms should be inside the custody suite near to the charge bar, in keeping with the concept of logical prisoner movement. CCTV and affray alarms should be installed in each room for the protection of both prisoners and Police staff. Whether or not to have fixed furniture should be considered, as should the installation of freestanding items that could cause injury.

Prisoner Exit

Options include prisoners exiting via the secure entrance, leaving via access routes used by general Police staff, or exiting directly into the public reception. There is not a single suitable approach, as different prisoners may necessitate alternative approaches, but one principle to be followed where possible should be that any observing members of the public should not know that a person leaving a Police building has been in custody.

Prisoner Visits

Custody suites should consider incorporating closed visit cubicles. These are rooms, divided by a secure screen, with a seat on either side for the prisoner and their visitor/Solicitor. The optimum design allows access to the public side of the room from outside the custody suite, and access to the prisoner side from inside the suite.

Identification Parade/VIPER

The introduction of video identification parades (VIPER) has reduced the need for full identification parades. Custody suites should be able to house VIPER facilities within the secure custody area. Ideally they should be designed to provide witness/Solicitor access and egress directly via a public area. These rooms should also incorporate CCTV and affray alarms, as outlined earlier.

CCTV/Audio Recording

It is standard practice for these systems to cover the charge desk where prisoners are processed and corridors throughout the custody suite. Other considerations are for coverage of ancillary rooms, such as those used for fingerprinting or drink driving procedures. Use of audio recording equipment should be standard practice.

Custody CCTV systems are there to enhance the safety of staff and prisoners and to provide evidence in the case of allegations. Audio recording can help to support or dismiss such allegations.

7.

Provision must also be made for adequate review facilities. These should be easy to use for operational staff, custody staff or those involved in the investigation of Police complaints. They should also be subject to appropriate security, audit and control procedures.

Access Control

The Home Office Guide suggests that custody staff should control access into and through the custody suite. The preferred solution is to install an intercom system for Officers wishing to enter the custody suite. Where access is completely controlled by custody staff, some system of override that allows access to incoming Officers in the event that custody staff require assistance should be implemented.

Affray Alarms

The most common approach to alarm systems is to have strike strips in corridors and ancillary rooms that staff could reach out and activate if in difficulty. Strike buttons are another option but provide a smaller target and introduce a greater risk that someone may not be able to reach the button.

The most readily accessed system is to equip staff with personal alarms that they can pull from their belt if they encounter difficulties. There are, however, some problems in practice with these systems: some sensors can have blind spots; regular testing regimes are required to ensure that they are working properly.

Alarm systems should, when activated, cause the location of the member of staff to be highlighted on a panel at the charge desk. In some larger custody suites it may also be beneficial to have a repeater panel near custody access points so that people coming to the aid of their colleagues know where help is needed.

Religious Needs

The use of a dry cell with no toilet is seen as the best option to accommodate religious needs. Some prisoners may be comfortable using a standard cell for prayer provided the toilet is not located in the direction of prayer. Some prisoners may also wish to wash before prayer and as this can include washing their feet, a standard wash hand basin is inappropriate. Such washing can be facilitated without a physical solution, but these requirements should be considered during design.

Washing Facilities

Custody facilities should provide both showers and wash hand basins for prisoners to use. They should minimise the ligature risk and provide some form of modesty screening to balance privacy with security.

8.

Where showers are provided it is seen as advantageous to incorporate isolator valves to cut the water supply in the event of problems.

Good practice recommends that anti-bacterial dry hand wash for staff be available from wall-mounted dispensers at points of access to the custody block, with suitable signage, to encourage use by escorting as well as custody staff. It is also good practice for prisoners to be given the opportunity to use this cleanser before meals if their cells have no integral hand wash unit.

Medical Facilities

The best arrangement for dealing with medical issues is a dedicated room with en suite toilet facilities, situated within the secure custody facility. Basic design, furniture and equipment specification for these facilities is defined in guidance provided by the Faculty of Forensic and Legal Medicine.

The use of fixed furniture is encouraged as is a layout, which minimises prisoner access to equipment that can be lifted.

Kitchen

Ideally these should be located centrally within a custody suite so that staff preparing meals can react swiftly to any incidents. The equipment required to prepare food also needs to be considered at the design stage and will dictate the size and layout of the room.

General Storage

When designing new facilities it is important to consider the requirements of the custody process and to ensure that sufficient space is built in to store all necessary items and equipment.

Staffing Arrangements

A suitable place in the custody suite for staff to take their break should be provided.

Ideally, these should be separate from rooms designed for locker and changing facilities. Whilst this may be beneficial in some situations, it is not considered a necessity if appropriate facilities are nearby.

9.

Waste and Laundry Management

The disposal of waste and removal/delivery of laundry must also be considered in custody suite design. Suitable storage areas and a clear plan for where waste or laundry is to be uplifted are essential to avoid disruption to the custody process and to maintain security. Facilities with a secure vehicle dock may find this easiest to accommodate; items stored in appropriate receptacles can be left for collection in the vehicle dock, so that contractors have no need to enter the secure custody area.

Cell Cleaning

Suites must have adequate, dedicated cleaning facilities and storage for equipment. Forces should have arrangements in place for prompt specialist cleaning of body fluids and infestations. Annual 'deep cleaning' and at least partial redecoration of cells should also be considered.

Fire Safety

As with other buildings, fire safety requirements in custody suites are governed by the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006. The safety measures to be taken must be driven by a fire safety risk assessment. This will determine what precautions such as smoke detection or sprinkler systems are appropriate.

An indicator panel should be situated at or near the custody staff office to allow any problem to be quickly identified. Noisy sensor equipment should, however, be avoided.

Given the additional need for security, fire escape procedures in custody areas will differ from those in other buildings. Ideally there should be more than one exit route from all parts of the suite, though this is often constrained by limited site space. Sites with vehicle docks will have the most suitable, first choice, evacuation route, provided doors and gates from the dock to the open air do not rely solely on any unprotected electrical power supply to open them.

Drainage Provisions

The frequent need to clean cells because of deliberate soiling, or flooding caused by prisoners blocking toilets, means that good drainage in cell areas is vital. Drains situated inside cells are undesirable because they add to potential safety risks, so suitable drainage should be installed in corridors.

Floor Coverings

Custody suites' floors should deliver a finish that is durable, non-slip, non-abrasive and which cannot be easily damaged by prisoners.

10.

Wall Coatings

The use of anti-graffiti paint on cell walls is the preferred option, with anti-bacterial paint being another.

An important aspect highlighted within the policy is the effect of colour choice in the custody suite.

The Design Guide also refers to the use of psychologically uplifting positive pastel colours. Forces should consider seeking the advice of appropriate experts when choosing colour schemes to reduce the negative impact of custody suites on those with visual impairment or mental illness.