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CUSTODY MANUAL OF GUIDANCE

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Produced on behalf of ACPOS



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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 compliment 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 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 custody 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

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deaths and adverse incidents and this document sets out to ensure that these are put into practice.

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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SECTION 1 - INTRODUCTION

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.

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.

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.

The Criminal Procedure (Scotland) Act 1995 sets out the legislative framework for dealing with the majority of people who come into Police custody.

SECTION 2 - RISK ASSESSMENT AND MANAGEMENT

This section provides guidance on assessing and managing the custody's risk and on sharing information with other agencies.

2.1 Risk Assessment

Risk assessment means assessing the risk and potential risk that each custody may present to themselves, staff, other custodies, and to others coming into the Custody Suite.

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.

Every 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.

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

The Custody Officer must ensure that those responsible for the custody'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.

Custodies who are transferred from another Police Station or Agency should be searched and their risk re-assessed on arrival at the Custody Suite.

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;
- Other custodies;
- Other relevant bodies and organisations.

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

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.

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.

2.3 Fitness for Interview

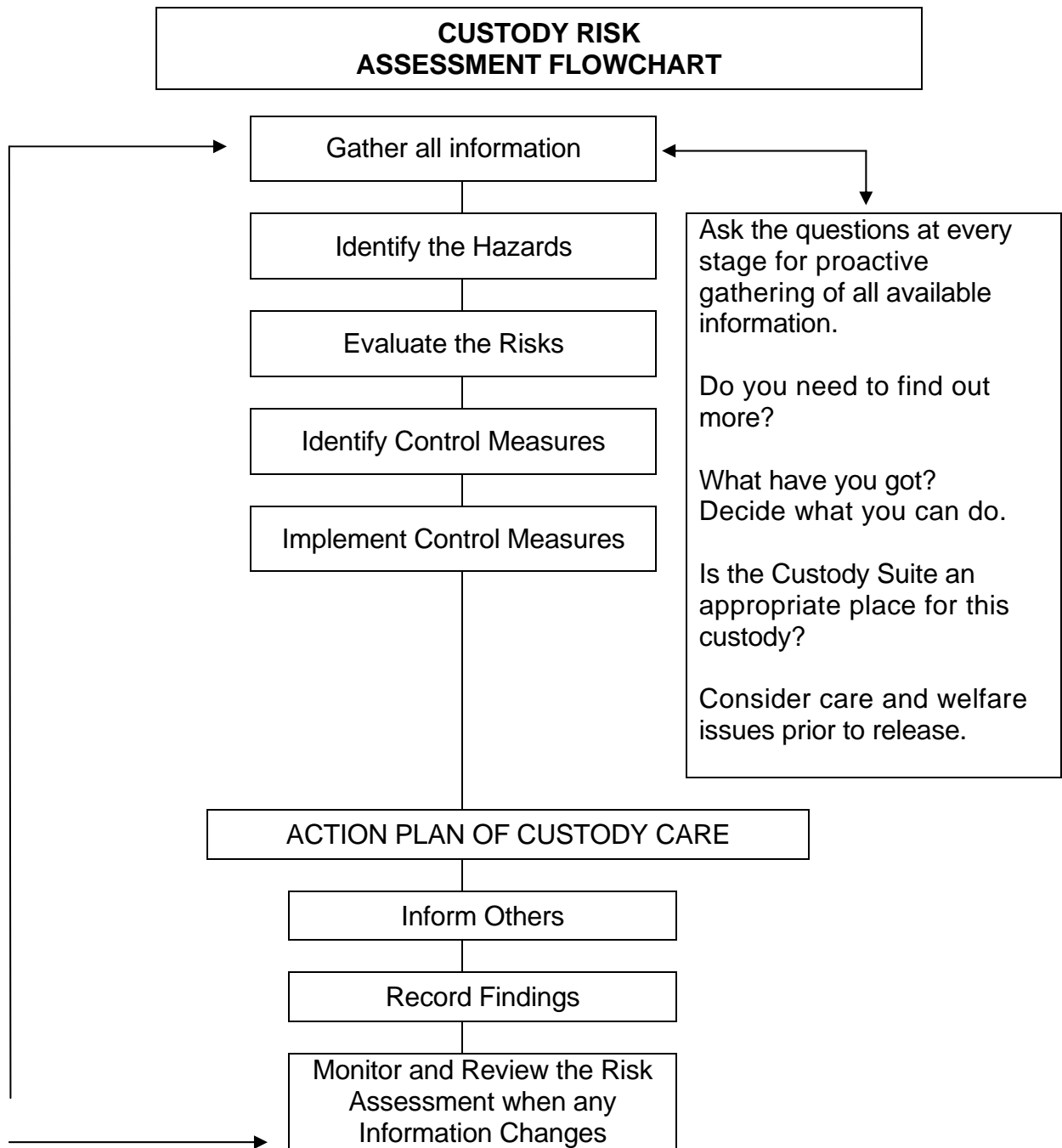
Before an interview takes place, the Custody Officer must assess whether the custody is fit to be interviewed. If doubts are raised about their fitness for interview, they must be assessed by a healthcare professional before it takes place as failure to do so may prejudice subsequent proceedings. The 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.

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

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

The following diagram identifies a process that may be used when carrying out the risk assessment.

Figure 1 Custody Risk Assessment Flowchart



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.

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 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

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 custodies. 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.

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

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.

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

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

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 Prisoner Escort Record (PER) Form

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.

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

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.

A vulnerability risk assessment should be carried out in respect of each custody. Custody staff should have a plan of action for any sudden collapse of a person in Police custody.

Custodies must be asked about any 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 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.

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.

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

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.

Appendix 2 - 'Medical Care' contains further information for custody staff when dealing with alcohol related custodies within the Custody Suite.

2.10 Drugs

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. Custodies 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.

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.

Drugs pose the following serious risks to custodies:

- 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.

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.

If it is known or suspected that a 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').

Mandatory drug testing carried out (3 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).

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

2.11 Suicide and Self Harm

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

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.

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

The following conditions may cause violent or changing behaviour.

2.12 Diabetes

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 persons suffering from 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.

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

2.13 Epilepsy

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.

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

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.

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

2.15 Communicable Diseases

Whenever a 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.

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.

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 custody uses it. Relevant information about communicable diseases must be included on the PER form.

Further information on types of communicable diseases that may be encountered in the Custody Suite can be found in Appendix 2.

2.16 Claustrophobia

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 custody must be risk assessed and then a decision made on where they should be detained.

Further information on Claustrophobia can be found in Appendix 2.

2.17 Asthma

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

Staff can usually ascertain whether a 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.

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.

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.

Further information on asthma can be found in Appendix 2.

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;
- Hyperglycaemia;
- Strokes;
- Infections;
- Angina and other heart problems;
- Excited delirium;
- Dehydration;
- Head Injuries;

- Heart Disease;
- Sickle Cell Anaemia.

2.18 CS/PAVA

CS INCAPACITANT SPRAY - PROCEDURES FOLLOWING USE

Where a custody has been exposed to CS Incapacitant Spray, priority must be given to his/her aftercare, especially where the custody has 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.

Appendix 11 contains further details on decontamination and aftercare procedures.

When CS Incapacitant Spray has been used, staff at the custody's destination, whether that be a Police Station or a hospital, must be forewarned.

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, he/she 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.

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 his/her respect and will always accompany the custody, even where he/she is no longer displaying any obvious effects of exposure. This will alert staff to the fact that the custody has been sprayed and minimise the chance of cross-contamination from the custody, the property or the clothing.

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'.

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 his/her 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).

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.

2.19 CS INCAPACITANT SPRAY - CELL/CUSTODY AREAS

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.

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.

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.

2.20 PAVA

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.

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

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'.

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.

2.21 TASER

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 custody 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.

In addition, the following specific procedures will be applied to ALL custodies who have been subject to the effects of a 'Taser' device:

- A custody MUST be seen by a Force Medical Examiner (FME) as soon as possible, unless he/she has collapsed or is in shock, in which case he/she must immediately be conveyed to hospital by appropriate means;
- If a custody is placed in a cell, where at all possible, that cell should be an observation cell, and until he/she is seen by an FME or treated in hospital, the

custody must be subject to an observation at least every fifteen 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;

- a custody will NOT be considered fit for interview until seen by an FME or treated in hospital.

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

2.22 Disability

Where appropriate the needs of all custodies must be considered to ensure compliance with the Disability Discrimination Act 1995. Responsibility extends to addressing the needs of all others who may be using the premises, for example, legal professionals, appropriate adults and visitors.

2.23 Religious Considerations

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

2.24 Other Vulnerable Groups

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

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.

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.

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.

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.

2.25 Transgender Custodies

There is no universally agreed usage and definitions for some of the following terms.

Transsexual

A transsexual person's self-perceived gender is opposite to the gender they were assumed to be at birth (on the basis of their physical characteristics). Transsexualism is medically recognised, and is also called 'gender dysphoria' or sometimes 'gender identity disorder'. Many transsexual people find it impossible to continue to live as the gender on their original Birth Certificate and choose to make the transition to living full time in the opposite gender, which is their self-perceived 'true' gender. Many, but not all, will then have medical treatment, such as hormone treatment or surgery, to bring their physical appearance more into line with their self-perceived true gender.

The Gender Recognition Act 2004 has made certain provisions regarding the legal alteration of a person's gender. Persons may apply to a panel for an Interim Gender Recognition Certificate or a Gender Recognition Certificate and subject to a number of aspects on both medical and lifestyle issues they may be granted with such a certificate. Although this is not a common occurrence, custody staff may be presented with a person in possession of such a certificate and in this case, that person should be treated in accordance with the gender shown on the certificate.

The European Court of Human Rights has ruled that the true gender of transsexual people must be respected by law, and the UK Government proposes to change the law to allow transsexual people's true gender to be recognised for all legal purposes.

Transvestite/Cross Dresser

A Transvestite or Cross Dresser is someone who presents, some of the time, through their clothing or other changes to their external appearance, as the opposite gender to their legal gender.

Transgender

The all-embracing term for those whose gender identity or presentation conflicts with the 'norms' expected of the society they live in. Included in the overall transgender category are transsexual people, transvestite/cross dressers, intersex people and others.

2.26 Searching of Transvestite/Cross Dressers Custodies

If any custody is known to be, or is reasonably thought to be, a transvestite/cross-dresser, that person must be treated with the respect and dignity afforded to any other member of the public. It is recognised that this sensitive subject also impacts on the dignity of the Police Officers and the custody care staff that are required to attend to a transvestite/cross-dresser custody's needs whilst they are in custody and, therefore, the guidance is also intended to minimise the potential for the embarrassment of, or misunderstanding by, those staff. Sensible application of the principles laid out in this

instruction should limit the potential for confusion, and should help to protect Police Officers and custody care staff from accusations of insensitivity or poor professional practice.

A transvestite/cross-dresser is **not** a transsexual person and vice versa. A transvestite/cross-dresser is a person who dresses in the clothes of the opposite gender for part of their lives. Any member of staff dealing with a custody who shows clear signs of being a transvestite/cross-dresser, or a transsexual person, (and who has not already declared it) should ask the custody what lifestyle he or she follows. If a person is unwilling to make such a declaration, Police and custody care staff should try to determine the principal lifestyle of the person. In recognition of information to hand, and in accordance with all of the guidance available, the duty supervisory Officer will make a considered decision as to how the person will be treated. **A person who is reasonably believed to be a transvestite/cross-dresser who comes into Police custody will be treated as their actual gender.**

It is clear that, in dealing with such circumstances, there is potential for conflict and embarrassment. However, persons following a transvestite/cross-dressing lifestyle can be expected to co-operate with searches involving physical contact and, usually, will have no desire to embarrass either themselves or the Police staff dealing with them. Where at any stage in the custody process a member of staff encounters a difficult situation created by a custody who is failing to acknowledge the steps that are being taken to accommodate them, that staff member must contact the duty supervisory Officer. That Officer will attend to the situation in an appropriate manner, ensuring that the person concerned is made aware of the difficulties that they are causing, as well as attempting to address any specific area(s) of difficulty identified by the custody and/or the custody staff concerned.

If during the course of processing a custody, an Officer or member of custody care staff becomes aware that the custody may be a transvestite/cross-dresser, or a transsexual person (that information not being previously available), that member of staff should bring the matter discreetly to the attention of a supervisory Officer.

If a transvestite/cross-dresser custody is to be placed in a cell, no other person should occupy that cell. Custody care staff should be aware of the potential for the custody to be the subject of verbal abuse and/or physical attack from other custodies, and do whatever is possible to ensure the comfort and safety of the person concerned.

In transporting a transvestite/cross-dressing custody, custody and escorting staff should again be mindful of the possibility of abuse or assault by other custodies, and must take appropriate steps to ensure the custody's safety.

It is essential that all actions and decisions relating to transvestite/cross-dressing custodies are recorded in the 'additional information' section of the person's custody record.

Searching of Transsexual Custodies

If any custody is known to be, or is reasonably thought to be, a transsexual person, that person must be treated with the respect and dignity afforded to any other member of the public. While the guidance contained herein cannot cater for every possible set of circumstances, the decisions of Police staff must be seen to be honestly made, and their actions seen to be fair. It is recognised that this sensitive subject also impacts on the dignity of the Police Officers and the custody care staff that are required to attend to their needs whilst they are in custody and, therefore, the guidance is also intended to minimise the potential for the embarrassment of, and/or misunderstanding by, those staff. It is clear that, in dealing with such circumstances, there is potential for conflict and embarrassment. Sensible applications of the principles laid out in this instruction should limit the effects of such actions, and should help to protect Police officers and custody staff from accusations on insensitivity or poor professional practice.

A transsexual person is **not** a transvestite/cross-dresser and vice versa. A transsexual person has the physical characteristics of one gender but has certain characteristics of the other. Surgery may have taken place, and a person may exhibit the features of both the male and female genders. Potentially there is a wide variation in the stages of change from one gender to the other. To limit the potential for confusion, any member of staff dealing with a custody who shows clear signs of being either transsexual or transvestite/cross-dresser (and who has not already declared it), should ask the custody what lifestyle he or she follows. If a person is unwilling to make such an election, Police and custody care staff should try to determine the predominant lifestyle of the person, and **if they appear to live predominantly as a certain gender, then they should be treated as such.**

Previously, in law, the gender of a person was that which was registered at the time of birth. However, the Gender Recognition Act 2004 provides Transsexual people with full legal recognition in their acquired gender. Legal recognition follows from the issue of a full gender recognition certificate by a Gender Recognition Panel. Where a certificate is granted, legal recognition will have the effect that, for example, a male to female transsexual person will be legally recognised as a woman. In terms of searching transsexual persons, if a person has been afforded legal recognition and has been granted a Gender Recognition Certificate, they will be treated as that gender for search purposes. As such, a staff member who is the same gender as their acquired gender will search them.

To maintain the dignity of staff that become involved with such a custody, once a decision has been made about which gender a transsexual is to be treated as, and before physical search of the person, those staff should be advised of the doubt as to the custody's gender, and be made aware of the potential for encountering the unusual or unexpected. The information should also be made readily available to all staff that will be involved in the care of the custody while they are in custody.

If during the course of the booking in stage a Police officer or member of custody staff becomes aware that a custody may be a transsexual or a transvestite/cross-dresser (that

information not being previously available), that member of staff should bring the matter discreetly to the attention of a supervisory Officer.

If a transsexual custody is to be placed in a cell, it should be in a cell corridor appropriate to the custody's accepted gender. The cell should not be occupied by any other person. Custody staff should be aware of the potential for the custody to be subject of verbal abuse and/or physical attack from other custodies, and must do whatever is possible to ensure the comfort and safety of the person concerned.

In transporting a transsexual custody, custody and escorting staff should again ensure that the person is treated as their accepted gender. They must be mindful of the possibility of abuse or assault by other custodies, and must take appropriate steps to ensure the custody's safety.

It is essential that all actions and decisions relating to transsexual custodies are recorded in the person's custody record.

SECTION 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

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.

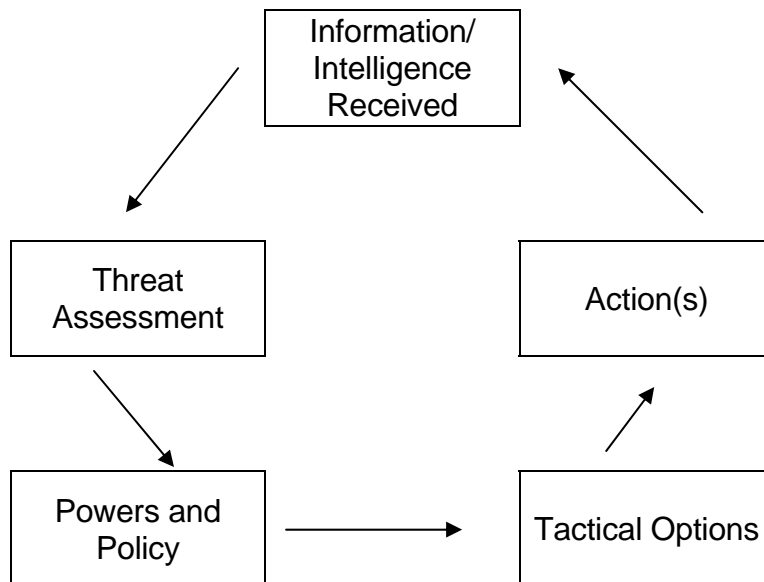
A risk assessment should be carried out at suitable times during the contact and arrest phase.

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

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

Figure 2 Conflict Management Model



All staff 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 with in custody.

3.3 Options other than Police Retention

Release

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.

Hospital

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.

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.

If a custody 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

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

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.

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

3.5 Place of Safety

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.

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.

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

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.

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

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.

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 he or she is not mentally disordered within the terms of the Act; the custody can no longer be detained under this Section and must be immediately liberated.

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

SECTION 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 Custody

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

4.2 Within Custody

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

4.3 Placing Violent Custodies in Cells

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

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

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

4.4 Restraint

When restrained a custody should be monitored for signs of distress and appropriate intervention made if a medical emergency arises.

This supervision may also involve:

- Being in the cell with the restrained custody;
- Being in the cell with the custody and physically restraining them;

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- Being outside the cell and observing the custody through the open cell door or a see-through door.

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.

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

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.

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.

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 custody.

SECTION 5 - TRANSPORTATION

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

5.1 Introduction

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 custody continues to be treated in accordance with the highest levels of security and welfare.

5.2 Seatbelts

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 seat belts is encouraged and should be considered on a case by case basis.

5.3 Police Staff and Others Involved in Escorts

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.

Appropriate risk assessments must be made before considering escorts.

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 Services (PECCS)

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.

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

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.

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);

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

All Police vehicles used to convey custodies must be equipped with a first-aid kit.

5.6 Custody and Staff Safety

Custodies should not be left in vehicles alone and unsupervised.

5.7 Transporting Mental Health Act Custodies

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.

SECTION 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

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

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.

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

Voluntary attendances are recorded on the national custody system.

6.3 Cell Capacity Issues

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.

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

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.

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

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

- A custody requires special provisions for any reason, eg, disability;

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- There are diversity issues that would make cell sharing inappropriate, eg, religious beliefs and the inability to meet religious obligations;
- Custodies are not the same gender;
- The custody is a child.

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.

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 racist or homophobic attitudes;
- Other discriminatory attitudes;
- Custody's response on sharing.

A custody should not share a cell with another person when a significant risk has been identified.

Consideration may be given to using a CCTV equipped cell (where available) in accordance with Force procedures.

When a decision has been taken to multi-occupy a cell, any requests made for private toilet facilities must be granted.

Custody Officers must respect a custody'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.

Monitoring regimes will need to be considered when cells are being shared. The Custody Officer should increase the frequency of checking custodies in multi-occupancy cells.

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

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

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 who have been exposed to CS spray enter the Custody Suite, contamination issues must be addressed.

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

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.

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 custody.

6.7 Arrival at the Custody Suite - Violent Custodies

Officers transporting a violent custody 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.

Health and Safety issues should be adhered to in all Custody Suites.

6.8 Custody not Authorised

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.

It may be appropriate to review cases where detention or arrest has been refused.

6.9 Initial Action

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.

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.

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

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.

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 custody 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.

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>

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

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.

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?;

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- 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.

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.

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

6.12 Ligature Points

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

- Old wooden benches;
- Ventilation or heating grilles where they are poorly positioned or the grille apertures are too large (on new suites this is considered to be any aperture in excess of 2 mm diameter);
- Toilets with filler or sealant missing between the junctions with walls and floors;
- 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

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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).

People who are determined to self-harm will go to extreme lengths to do so. Custodies 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.

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

Staff 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.

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

General finishing should be of the appropriate fire rating and 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.

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

Custody Officers should be trained to supervise the searching of custodies in cells, with specific regard to thoroughness, control and restraint, and diversity issues.

6.14 Property Removal and Storage

During the risk assessment process Custody Officers should be aware that items such as ties, belts, shoelaces and cords can be used as ligatures. All staff have a duty of care and must do all that is reasonably possible to protect the right to life under Article 2 of the European Convention on Human Rights. The decision to withhold articles from the custody must be based on a risk assessment of each individual and should be recorded.

Staff must bear in mind the potential impact that the detention and interview processes may have on an individual and the how it may effect the changing level of risk assessment for that individual. Adequate storage and security should be provided for a custody's property.

6.15 Clothing

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

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 custody and, therefore, increase the risk of the custody self-harming. Leaving a custody 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.

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.

Custodies deemed to be at high risk of suicide by using their own clothing must be closely or regularly observed depending on the risk assessment.

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.

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

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

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

6.16 Recorded information

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.

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.

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.

SECTION 7 - CUSTODY CASE

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

Clear lines of responsibility and accountability must be established for the supervision and management of custody staff, Custody Suites and custodies.

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.

Custody Officers must check the custodies in their cells following, during, or as part of the handover process by the outgoing Custody Officer.

Force Custody Manager

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.

The definition of the roles listed below have been provided by the National Custody Project Team. They avoid differences in rank and individual job titles, which may be 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

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.

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

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 the custody to hospital.

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.

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.

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 custody and any care plan. This should be obtained in writing.

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 the custody examined and assessed but if healthcare services still refuse to accept the custody, they should be taken to the Police station. Clear instructions about their care and transportation should be requested.

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

7.3 Supervision and Security

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 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 the custody;
- The requirement to fully brief staff who take over the role from them;
- The use of handcuffs.

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

- The safety and welfare of the member of staff;
- The safety and welfare of the 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

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

7.5 Out of Cell

Custody staff must always observe the custody through the spy hole or cell hatch prior to opening the cell door. Whenever a custody 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.

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

7.6 Interview

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

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 a custody's demeanour such as their becoming quiet and withdrawn. Similar changes are often seen in custodies when they are held in custody for court.

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

All staff involved in investigating offences have a duty to inform the Custody Officer of any further information they discover which may affect the 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 custody by others who know them.

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

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. Custodies 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

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.

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

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.

Figure 3 - Levels of Observations

General Observation	Frequent Observation
<p>This is the minimum acceptable level for all custodies. It requires the following:</p> <ul style="list-style-type: none"> • Custodies 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 the custody; • The custody's 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"> • The custody is under frequent observation and accessible based on their risk assessment/care plan; • Issues of privacy, dignity and gender should be taken into consideration; • The custody is positively engaged at frequent and irregular intervals; • The custody's 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

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:

- The custody is visited **and roused at least every 30 minutes;**
- The custody is positively engaged at frequent and irregular intervals;
- The custody's 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.

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

Constant Observation

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

- The custody is **supervised constantly;**
- Issues of privacy, dignity and gender are taken into consideration;
- The custody is positively engaged at frequent and irregular intervals;
- Full record of risk assessment and care plan is included in the custody record;
- The custody's 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.

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

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

7.9 Visits to Cells

Where practicable, the person who carried out the last visit should conduct the next check. Continuity in checks is good practice as it allows evaluation of any changes in the 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 custody and building a rapport;
- Be familiar with the Custody Suite emergency procedure and aware of equipment available.

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

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

7.10 Rousing

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 be suffering from the following:
 - Diabetes;
 - Epilepsy;
 - Head injury;
 - Drug intoxication or overdose;
 - Stroke.

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

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

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

Technology can only be used to enhance the monitoring of a custody'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

Meeting the welfare needs of custodies 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

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 the custody no longer requires them and should never be left in a cell when a custody is moved or liberated. Blankets should be checked and cleaned prior to being used by another custody.

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

7.14 Mattresses

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.

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

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

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

The additional needs of 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

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.

Foodstuffs for custodies must never be accepted from relatives or friends of a custody as drugs are commonly smuggled in by such means.

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.

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.

Forces should establish a policy on the provision of food to custodies from external sources.

7.17 Choking

Choking on foodstuffs can occur by accident or it can be a deliberate attempt to self harm. This condition can be difficult to diagnose and may not always be observed until it

is too late. Where practicable, visiting the custody when they are eating may reduce the risk of them choking to death.

7.18 Cutlery and Crockery

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

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.

7.20 Handover Procedures

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 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.

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.

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

Independent Custody Visitors (ICVs) are volunteers whose role is to attend Police Stations to check on the treatment of custodies 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.

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.

Such a decision must be recorded in the person's custody record and by the ICV in their report of the visit.

During a visit the Custody Officer or member of custody staff must escort the ICVs and advise them of any specific health and safety risks they may encounter. ICVs may have access to all parts of the custody area and associated facilities eg food preparation areas and medical rooms. They may also, **subject to the consent** of the 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 them. ICVs may review the depersonalised details of a person's custody record, but they may not view their medical notes.

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 Visitor Access to CCTV

'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 prisoner(s) concerned consent. Visitors should be able to ask the Custody Officer whether the CCTV is working and be given a demonstration if necessary'.

Excerpt from Paragraph 30 National Standards on Independent Custody Visiting.

SECTION 8 - DEPARTURE, TRANSFER AND LIBERATION

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

8.1 Introduction

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

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.

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

The risks associated with a 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

Custodies 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.

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.

8.4 Transfer of Custody

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 custody'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.

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 the custody will try to escape from custody.

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

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

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

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.

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Agency referral presents a number of issues:

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

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.

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.

Persons retained 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.

The use of templates for agency referral should:

- Ensure appropriate information is captured;
- Act as an aide-memoir, with regards to the rules;

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- Provide the opportunity for electronic exchange;
- Offer a method for capturing consent in a structured manner.

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

Information obtained by the Police while dealing with a 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.

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

SECTION 9 - STAFFING

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

9.1 Resources

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.

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.

The following resources would be desirable when required;

- Referral scheme workers (court diversion/drug/alcohol schemes);
- Legal advice;
- Appropriate Adults for children or mental health custodies.

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

9.2 Recruitment

Forces must have policies and procedures to ensure that staff 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

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

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.
- 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.

SECTION 10 - TRAINING

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

10.1 Training and Learning Provision

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.

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.

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

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.

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.

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

10.2 Custody Officer Training Programme

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

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

All custody staff must be trained in personal safety. Additional provision should be made for joint training for groups of custody staff who regularly work together.

Forces must provide personal safety and refresher training for custody staff which is appropriate to their role.

10.5 IT Systems

Custody staff, where required, should be trained in the use of IT systems relevant to their role.

10.6 First Aid

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.

10.7 Health and Safety

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

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 Cleaning

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.

10.9 Storage for Protective Equipment

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.

10.10 Food Hygiene

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

SECTION 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

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.

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

Any incident 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

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 custody 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 the custody's 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.

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

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

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.

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.

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.

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

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

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.

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

11.6 Communicating Learning

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

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.

SECTION 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

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

The 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.

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

12.2 Suicide Intervention Kit

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

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

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

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

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

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

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

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

12.6 Custody Food Preparation Room

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

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

SECTION 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 (NJ U) 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 twenty-four 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.

13.1 Introduction

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.

Strathclyde Police Special Branch (SPSB) is responsible for ensuring the STDC is maintained in a state of readiness.

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.

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.

The Force's Special Branch must be notified of any TACT arrests as soon as possible.

13.2 Custody Areas

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

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.

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. Special Branch, 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

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

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

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

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

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.

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

The custody area should be thoroughly searched before the custody(s) arrive. The cell(s) to be used should be forensically cleaned as appropriate.

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

A TACT trained custody sergeant and constable should be allocated to each custody.

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.

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 letter of the alphabet rather than by name. This board should be located in a discreet place away from the view of anyone but the custody staff and investigating Officers. The number of persons arrested may provide important information to a custody and should not be divulged lightly.

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.

Seizure of property is in accordance with normal custody procedures.

The custody is to be medically examined to determine if they are fit to be held in custody. This must be repeated every day that they are in custody.

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

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.

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

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 fourteen days must be authorised by a Sheriff through application(s) to the court. Beyond fourteen 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, SPSB staff prepare these forms on behalf of the SIO.

13.12 Security In Relation To Court

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.

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.

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

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.

- SPSB 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)

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

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

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

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 to be 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

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.

SECTION 14 - YOUNG PERSONS IN POLICE DETENTION

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

14.1 Policy

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

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

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.

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.

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

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

Forces should establish policies and protocols for providing appropriate adults for young persons in Police custody.

14.6 Children and Young Persons - Legislation

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.

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.

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.

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 homicide or other grave crime; or
- it is necessary in the child's interests to remove him or her from association with any reputed criminal or prostitute; or
- there is reason to believe that liberation would defeat the ends of justice.

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.

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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.

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

- there are exceptional circumstances (as defined in Section 43 of the Criminal Procedure (Scotland) Act 1995); **AND**
- 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.

SECTION 15 - ADMINISTRATION

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

15.1 Strategic Direction

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

15.2 Custody Records

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

- The legibility, accuracy and appropriateness of entries;
- Compliance with 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.

15.3 Condition Audit for Cells

Forces should ensure that routine checks by custody staff are supplemented by a regular regime of cell inspections and inspections of equipment.

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.

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.

Cells should be professionally deep cleaned before any redecoration takes place.

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

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

15.4 Stock Control Systems

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

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

15.5 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.

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.

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.

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 practise provided the member of custody staff monitoring the custodies is not distracted by other tasks.

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

Cells equipped with CCTV should not generally be used to conduct strip searches or consultations between custodies and their legal representatives.

The use of CCTV within the custody suite should be covered in Force policy.

15.6 Contingency Planning

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

15.7 Fires, Fire Alarms and Fire Drills

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.

A Fire Risk Assessment must be undertaken and a Fire Plan established. The procedures must be specific to the premises.

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.

It is not necessary to involve prisoners in a drill but they must be advised that it is only a drill.

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;
- 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.

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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.

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.

15.8 Other Contingencies

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.

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