Detainee care

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First published 23 October 2013 Updated 17 April 2023
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36 mins read

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

Management and supervision

Forces must establish clear lines of responsibility and accountability for supervising and managing custody staff, custody suites and detainees. Contracts that apply to police resources, contracted staff and training, and other professionals working within the custody environment are required to detail appropriate actions and liabilities in the event of an untoward incident. **Section 1(2)(c) of the Corporate Manslaughter and Corporate Homicide Act 2007** specifies that its provisions apply to police forces. Forces must, therefore, ensure that there are clear lines of accountability in contracts for employment and services to custody.

Supervision by an inspector

The duty inspector or custody inspector is responsible for the supervision and support of all custody staff. At the beginning of each shift, the custody officer and, where practicable, the inspector should check:

- the welfare of all custody staff
- the number of detainees
- the custody records
- the detainees in cells
- that all risks, vulnerabilities and welfare needs of detainees are being adequately managed
- control measures against identified risks to ensure that they are both proportionate and effective
- review times
- whether the staffing levels are sufficient for the safe and effective operation of the suite

- on any emerging issues
- the physical condition of the custody suite

Section 40, **section 40A**and **section 45A** of **PACE** and **section 15** of **Code C** provide detailed guidance on reviewing detention.

Maintaining custody records

Forces should implement audit and inspection regimes for custody records. These should include checking:

- the legibility, accuracy, appropriateness and quality of entries
- compliance with PACE and the codes of practice
- that all entries are signed, timed and dated
- that the condition of the detainee on arrival, at each check and on release or transfer is accurately recorded (including details of the detainee's actions, mood and emotional state)
- that the waiting time for examination of detainee by a healthcare professional (HCP) is within acceptable timeframes and when escalation procedures were not followed
- that medical needs and administration of medication are being identified and met in accordance with instructions
- the quality of **risk assessment** and that control strategies are commensurate with identified risks
- that the detainee's intelligence records reflect any vulnerability identified in the risk assessment
- that dietary or religious and cultural needs are being identified and met
- the needs of vulnerable or at-risk detainees are considered and appropriate support is made available
- the level of detailed information provided on the person escort record (PER) form, where applicable
- notes are contemporaneous, or recorded as soon as possible

Handover procedures

It is essential that enough time is allowed for a full and effective briefing and debriefing between custody officers and staff when handing over responsibility for detainees, particularly at shift change over. This ensures that all relevant information is passed on and understood by the person taking over responsibility. If handover has to take place in or around the booking-in desks, the

custody suite should be cleared of other personnel. Custody officers and other custody staff should carry out the handover together.

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

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

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

Multiple custody officers on duty

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

Use of whiteboards and wipe boards

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

Monitoring, observing and engaging

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

The custody officer must take into consideration a detailed and up-to-date assessment of the risk that the detainee poses to themselves and others, and any recommendations an HCP has made

following medical assessment. The HCP’s recommendations should be given both verbally to the custody officer and in writing. Identified risks can be mitigated by using the most appropriate and considered control measures, for example CCTV monitoring, replacement clothing and supervised meals.

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

Observation

There are four levels of observation.

Levels of observation

Level 1 general observation

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

- the detainee is checked at least every hour (the risk assessment is updated where necessary)
- checks are carried out sensitively to cause as little intrusion as possible
- if no reasonable foreseeable risk is identified, staff need not wake a sleeping detainee (checks of the sleeping detainee must, however, continue and if any change in the detainee’s condition presents a new risk, the detainee should be roused)
- if the detainee is awake, staff should communicate with them

Level 2 intermittent observation

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

following actions:

- the detainee is visited and roused at least every 30 minutes
- physical visits and checks must be carried out – CCTV and other technologies can be used in support of this
- the detainee is positively communicated with at frequent and irregular intervals
- visits to the detainee are conducted in accordance with **PACE Code C Annex H**

Level 3 constant observation

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

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

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

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

Level 4 close proximity

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

- the detainee is physically supervised in close proximity to enable immediate physical intervention to take place if necessary
- CCTV and other technologies do not meet the criteria of close proximity observation but may complement it
- issues of privacy, dignity and gender are taken into consideration

- any possible ligatures are removed
- the detainee is positively communicated with at frequent and irregular intervals
- review by the HCP in accordance the relevant with service level agreement

Every officer or member of custody staff required to conduct close proximity supervision must be fully briefed by the custody officer with regards their role, the needs of the detainee and the risks presented by the detained person. They must be fully trained and equipped to respond accordingly. If there is a requirement to rouse, this must be done by a trained officer or member of staff. Any changes in the detainee's condition must be brought to the custody officer's attention immediately.

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

Checking of visits and rousing

Forces should have auditable systems that specifically inspect that staff adhere to observation levels. This should include using recorded CCTV to check timing of visits and rousing.

Written record

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

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

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

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

Officers and staff should not use the phrase 'continue observations at the current level'. HCPs and custody sergeants should specify the level of observation precisely at each review, to prevent any ambiguities.

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

Signs indicating increased risk

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

Where the custody officer is satisfied that the risk to the detainee has decreased, they should reduce the level of monitoring accordingly. They should carefully consider, apply and record this change.

Medication

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

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

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

For further information, see **Faculty of Forensic and Legal Medicine (FFLM) guidance on the safe and secure administration of medication in police custody**.

Managing medication

HCPs must provide clear written instructions for custody staff. These should be recorded on the detained person's medication form (form 450a). Instructions should include:

- the detainee's name
- the name of the prescribing HCP
- medication strength and quantity (number of tablets or capsules) required at stated times
- written instructions, for example to be taken with or without food
- disposal of unused medication, for example when released or transferred from custody

Forces must establish procedures for the safe storage and handling of medication. This should include systems for auditing, managing and appropriate reporting of successful interventions, errors and adverse events. All custody staff must be trained in these procedures.

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

Quantities of medication

Adequate quantities of medication should be available to cover the likely length of detention in police custody and any known transfer time. Where a detainee is being transferred to court, officers should transfer sufficient medication with clear instructions for the time spent in court custody. They must record details concerning this provision on the PER form or medication form as appropriate.

Detainees retaining medication

Depending on the risk assessment, it may be appropriate, for example, to allow detainees with asthma to keep their inhalers and detainees with angina to keep their angina sprays so that they can administer them as necessary.

A detainee may, in certain circumstances, self-administer drugs under the personal supervision of the HCP authorising their use.

Unused medication

When the detainee is released, custody staff should ensure disposal of unused medication in accordance with the instructions provided, recording the method of disposal on either the custody record or medication form.

For further information, see **PACE Code C, paragraphs 9.9 to 9.12** and **Note 9A**.

Responsibility for medication in custody

The custody officer is responsible for:

- ensuring that the correct medication at the right dosage is available to the detainee
- safekeeping of the medication by storing it in a locked receptacle to prevent unauthorised access
- appropriate storage of medication, for example some insulin and other drugs must be stored in a fridge
- providing the detainee with the opportunity to self-administer the medication at the prescribed intervals
- recording information in the custody record (including a record of all consultations with HCP)

The medication may not be what the detainee, friends or family say it is, or what is recorded on the packaging, and it can be used to conceal other items. The medication should never be distributed to the detainee for self-administration before it has been physically checked by an appropriate HCP. In exceptional circumstances where a dosage may have been missed, to prevent any harm to the detainee, officers should consult with an HCP before taking any action.

Medical documentation

Medical notes are not part of the custody record. Officers and staff must not disclose these to solicitors and independent custody visitors while they are examining a custody record.

Forces may adopt the detained persons medical form (DPMF/form 450) and the detained persons medication form (450a). These forms have been produced to provide a minimum acceptable standard, but forces may decide to use a locally agreed version with additional detail.

Existing copies of both forms should be made available to the HCP immediately on arrival. They should be available at all times to all custody officers, staff and HCPs involved with the care of the detainee while they are in police custody. This is particularly important at shift handover. Staff should provide copies to ambulance or hospital staff if the detained person is being transferred to

hospital and record this in the custody record.

HCPs should ensure, where practicable, that detainees sign a declaration form to give consent for sharing information relevant to their care and welfare.

HCPs should endorse the forms as required in clear and unambiguous writing and bring the content and detail of their report to the attention of the custody officer before leaving the police station. Any requests made by the HCP (such as collection of prescribed drugs) should be recorded in the custody record. Custody officers should record subsequent actions or decisions taken as a result of the request in the custody record (and PER form and/or detained persons medication form 450a as appropriate).

Detained person medical form

The purpose of the detained person's medical form (DPMF/form 450) is to highlight areas of medical concern to custody staff and to provide, where necessary, a chronological medical report relating to a detainee's period of detention. The information contained in the form is required for the detained person's welfare and is disclosed only to hospital and ambulance staff. If, however, the detainee has been assessed as being at risk of suicide or self-harm, the DPMF should accompany the detainee when they are transferred to court, hospital or prison.

The DPMF is completed for any person who is detained or brought to a station who:

- answers 'yes' to any of the medical history questions
- is experiencing any physical or mental medical illness that is apparent at arrest or while in detention
- requires any non-urgent first-aid treatment
- is seen, or will be seen, by an HCP

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

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

Examination and assessment

The recommendations section (section 12) of the DPMF deals with the HCP's overall assessment of the detainee's fitness to be detained and interviewed and, if they are not, gives an estimate of when such fitness may be expected. It also allows for medical opinion on whether an appropriate adult may be required, which helps the custody officer make this decision.

Staff should note recent self-inflicted injuries that become apparent during the detainee's assessment on the body map section of the form. This helps to identify any new injuries that occur after the form has been completed, at a later assessment, or on transfer to hospital, court or prison.

Staff should record the time the assessment was completed on the form. The HCP should add the proposed time of any further examination or assessment if they believe one is necessary. This should also be noted in the custody record (and PER form if appropriate). The HCP who conducts the further examination or reassessment should read and consider the original DPMF and complete a new DPMF that relates to the later assessment.

The unique reference number of the new form should be recorded on the original form and the custody record. The DPMF should not include any confidential observations or notes. Such notes or observations should be recorded separately and kept by the HCP.

Detained person medication form

The purpose of this form (form 450a) is to detail the prescribed medication and clarify how to administer it to the detainee. The form is self-explanatory and includes sections for single 'once only' prescriptions and sections for repeated or regular administration of prescribed drugs. More specific instructions on the general provision of drugs can be given to custody staff. The final section allows for an explanation of the reasons why prescribed drugs were not administered as required.

The form also includes the HCP's authority to transfer prescribed drugs to prisoner escort custody services personnel or to the detained person on release.

The information contained in form 450a must only be disclosed to hospital and ambulance staff for the purpose of the detained person's welfare.

Medical emergencies

See also **medical emergencies during transport**.

In medical emergencies, officers should call an ambulance immediately to convey the detainee to hospital as soon as possible. If an appropriate HCP is available at the police station, they should be asked to attend the detainee while awaiting the ambulance. Where forces do not have HCPs permanently based within custody suites, they must ensure that arrangements are in place to enable prompt access to an NHS triage service, which can help to alleviate well-intended but potentially inappropriate accessing of specific medical services.

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

The detainee must be searched again on return to police detention from hospital, to ensure that they have not acquired items that could be used to cause harm to themselves or others, or to damage property.

Appropriate care

The police retain a duty of care for detainees who are refused admission to hospital or treatment by ambulance staff. They must make every effort to have the detainee examined and assessed. The **Mental Health Crisis Care Concordat** makes it clear that violence and/or intoxication should not be an automatic bar to admittance to a health establishment. However, if healthcare services still refuse to accept the detainee, they may be taken into custody at the police station. Officers should request clear instructions about their care, ongoing treatment and transportation from healthcare staff. This should preferably be in writing and include the reasons for refusal of admission or treatment.

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

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

- discussion with an appropriate HCP
- request a second opinion

- request that an appropriate HCP discusses the issue with the accident and emergency consultant

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

Case notes

Officers should pass any case notes or items of information from hospital medical staff relevant to the continuing treatment of the detainee to the HCP at the police station.

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

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

Supervision and security in hospitals

Forces should establish local protocols with hospital trust managers that specify how responsibility for security is assigned between police officers and hospital trust security staff.

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

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

Police supervision

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

- details of the detainee they are guarding
- the known risks associated with the detainee (including any medical conditions they may have) and the risk management plan
- actions to be taken to prevent the detainee’s escape (such as the use of handcuffs)
- preservation of evidence

- actions to be taken to prevent the acquisition or retention of items that may cause harm to the detainee or others
- actions to be taken if there is an incident involving the detainee or affecting the detainee
- any available and relevant information on the medical condition of other patients on the premises who may be located nearby or are likely to be affected by any actions of the police officers or detainee
- the requirement to fully brief staff who take over the role from them

Cell checks

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

Officers and staff undertaking visits or observations must:

- be appropriately briefed about the detainee's situation, risk assessment and particular needs
- take an active role in communicating with the detainee and establishing a rapport
- be familiar with the custody suite emergency procedure and aware of equipment available
- ensure that each check is recorded in the custody record and that relevant information is captured and applied as part of the ongoing risk assessment process
- be in possession of a cell key and ligature cutter

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

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

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

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

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

Misuse of the cell call system

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

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

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

Rousing

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

The purpose of rousing is to determine whether a person who appears to be sleeping is slipping into a more unconscious state. It therefore requires careful application of the principles outlined below. In particular, officers must personally see the detainee in the cell, question them and elicit and record specific responses.

Police forces should adopt procedures to ensure that custody officers and staff adhere to the rousing procedures outlined in **Annex H of PACE Code C**.

Forces must have audit procedures in place to monitor these checks regardless of whether CCTV is in use.

Rousing involves the use of a stimulus designed to elicit a response from the detainee. Only when the detainee has given a comprehensive verbal response can they be considered as adequately roused. If a detainee cannot be roused, they should immediately be treated as a medical

emergency.

Officers and staff should adhere to the frequency of rousing advised by an HCP, unless the custody officer directs that rousing should be more frequent. Where an HCP is working in a custody suite, and it is practicable, they should accompany custody staff on cell visits to those detainees presenting any risk or identified vulnerability.

There is a risk of death in custody where the use of **alcohol and drugs** has masked another medical condition. The following actions may help to avoid this:

- officers should risk assess all detainees on arrival at the custody suite and throughout their detention, regardless of their level of intoxication
- a detainee's unwillingness or inability to participate in a risk assessment should be viewed as a possible warning of risk
- officers must complete cell visits and checks at intervals that are in accordance with the appropriate levels of observation and record these in a timely and accurate manner

Checklist: rousing procedure

Can they be woken?

- go into the cell
- call their name
- shake them gently

Response to questions – can they give appropriate answers to questions such as:

- what is your name?
- where do you live?
- where do you think you are?

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

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

- open your eyes

- lift one arm
- now the other arm

PACE Code C Annex H requires that: ‘If any detainee fails to meet any of the criteria’ (as stated above), ‘an appropriate healthcare professional or an ambulance must be called’. This is the law. However, the College recommends a more cautious approach. The College advice is to treat the incident as a medical emergency and call an ambulance if a person cannot be roused. If an appropriate HCP is available at the police station, they should also be asked to attend the detainee while waiting for the ambulance.

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

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

- diabetes
- epilepsy
- head injury
- drug use or overdose
- stroke

Dirty protests

Sometimes detainees decide to foul their own cells. In such cases, the detainee should be extracted from the cell for it to be cleaned and placed in another cell.

It is for the custody officer to determine whether this action is proportionate. The custody officer should take specialist advice from an HCP and tactical adviser as to the best course of action using the National Decision Model.

They must record their considerations and decisions in the custody record.

Using technology

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

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

For further information, see **CCTV**.

Out of cell

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

- harm themselves or others
- interfere with evidence
- damage property
- assist an escape

If there are concerns that a detainee has not been adequately supervised outside a cell, for example, during consultation with a solicitor, officers should thoroughly search the detainee before returning them to the cell.

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

Exercise

Detainees are entitled to brief, daily outdoor exercise where practicable. Exercise should be provided individually and be adequately supervised. Officers should thoroughly search exercise areas for any potential hazards prior to use. Constant supervision may be necessary depending on the design of the exercise area, the nature of the exercise and the detainee's risk assessment. Officers should give consideration to the appropriate arrangements necessary to meet the needs of men, women and children, for example by providing adequate clothing.

Reading materials

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

Visits to detainees

Children and vulnerable adults likely to be detained for over 24 hours (or overnight) should have the opportunity to have visits from parents or carers.

Interview

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

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

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

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

For information on the use of electronic note-taking in interviews, see **ACPO/The Law Society (2011) Mobile Telephones and Laptops being taken into Custody Suites by Solicitors**.

Detainee complaints

Officers and staff should tell detainees how to make a complaint and enable them to do so if they wish. There should be systems in place to facilitate complaints and officers should take detainees' complaints at the earliest practicable time.

The custody officer must be informed if the detainee makes a complaint during the course of interview in relation to any aspect of their arrest and detention. The custody officer should then escalate the complaint by reporting it to an officer of at least inspector rank who is not connected with the investigation. Please see **PACE Code C 9.2.**

Forces may find it useful to identify and track patterns and trends that occur in complaints to focus training and resource management.

Increased risk of self-harm post-interview

Detainees are at an increased risk of inflicting self-harm in the period immediately following an interview, especially if they have been arrested for a serious offence or rearrested for further offences. All staff must be aware of this and watch for changes in a detainee's demeanour, such as their becoming quiet and withdrawn. This also applies to detainees who have been refused bail.

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

Detainee risk assessment while outside custody

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

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

Welfare and safety

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

Clothing

Detainees should be able to remain clean and comfortable while in custody. Changes of clothing, especially underwear, should be facilitated as required. Forces should ensure that alternative clothing is readily available in their custody suites.

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

Officers should make the decision to remove such items after conducting a risk assessment. The custody officer must balance any risk with the need to treat detainees with dignity.

If a detainee is believed to be at risk of suicide or self-harm, seizing and exchanging clothing may not remove the risk but may increase the distress caused to the detainee and, therefore, increase the risk of them self-harming. Leaving a detainee in their own clothing can help to normalise their situation. The use of anti-rip clothing because a detainee is not engaging in risk assessment questions is inappropriate. However, a custody officer may use other available risk information to decide the most appropriate way to mitigate any risk. The use of anti-rip clothing should be documented on the custody record with clear rationale.

Constant observation or observation within close proximity (level 3 or 4) may be a more appropriate control measure in these circumstances than anti-rip clothing.

Clothing may be taken from a detainee in the course of an investigation as evidence or for hygiene purposes. In all cases, replacement clothing must be provided. There are various alternatives to the paper suits that are marketed as being safe for detainees who are at risk. No suit is totally safe, although some are more difficult to use in self-harm attempts than others.

For further information, see **PACE Code C paragraph 8**.

Bedding

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

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

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

A worn or damaged mattress can be torn into strips for use as a ligature or could be used to conceal items. Worn and damaged mattresses must be removed from use immediately.

Toilet and sanitary facilities

Detainees should be able to access and use a toilet in privacy. Forces should provide hand washing facilities. A decision to provide or withhold toilet paper should depend on the detainee's risk assessment. The default position should be that detainees are supplied with toilet paper unless there is evidence that they may try to harm themselves.

The potential risk posed by toilet paper is that detainees may either plait long rolls of paper to make a strong ligature, or soak the paper and force it down their throats causing death by choking. Risk can be minimised by not supplying rolls of toilet paper and supplying a number of single sheets of toilet paper when required.

Hygiene packs should be routinely offered to women on arrival and a variety of menstrual products must be available on request (detainees must be advised they are free). Staff should take into consideration the additional needs of detainees who, for example, are menstruating or have an additional medical need on an individual basis. The manufacturer's instructions for each product should be followed, including replacement timeframes, unless changes are requested more frequently by the detainee. Forces should ensure they have prompt, hygienic and safe means available for the disposal of used items.

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

Food and drink

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

Staff should carefully manage the temperature of food. Providing very hot food and drinks to a detainee risks scalding the detainee and can cause severe injury if thrown at staff. The design of most custody suites means that food and drinks are delivered to cells via the custody area. Additionally, the food container should not provide an easy source for self-harm.

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

Food provided by external sources

Forces should establish a policy on providing and preparing food to detainees from external sources. They should also consider preventing food being provided to a detainee from an external source, other than for strict dietary or religious requirements (except when sourced by the police).

Drugs are commonly smuggled in by these means and items such as cigarettes, matches and lighters can also be concealed in this way. Where a decision has been made to allow relatives or friends of a detainee to bring food or drink into the custody suite, officers should thoroughly search it before offering it to the detainee. See **PACE Code C paragraph 8.6 and note 8A**.

Choking

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

For further information, see **FFLM guidance on managing choking in police care and custody**.

Cutlery and crockery

Crockery must be safe for hot food but provide the least risk of being misused. All items connected with meals and drinks should be removed from cells immediately after use to prevent them from being used to cause injury or damage.

Kitchen areas must be kept secure. Staff should keep items of crockery brought into the custody suite for personal use secure to prevent detainees using them as weapons.

Smoking

No smoking should be allowed in custody. Local force policy and procedure should direct custody officers and staff on the use of appropriate nicotine substitutes.

Where a decision has been made to allow smoking within a designated area of the custody suite (such as the exercise yard) officers and staff should monitor detainees in line with their risk assessment. Any such decision must take into consideration the safety and welfare of custody officers, staff and other detainees and meet with the requirements of the **Health Act 2006**.

E-cigarettes (vaping)

The main concern with e-cigarettes is that there are no regulatory requirements on the composition of the product. This, together with the different countries of origin, makes it difficult to regulate the various products. There is still the potential for other chemical by-products to be given off as part of the vapour.

Employers are under a legal duty to protect their staff from the risk of exposure to harmful chemicals, including all forms of cigarette smoke, within the workplace. It also has a legal obligation to evaluate the by-products under **Control of Substances Hazardous to Health Regulations 2002**.

Detainees should avoid using e-cigarettes in any internal areas. The e-cigarette contains a battery product – officers should carefully consider detainee's possession and use of the product as part of the risk assessment process.

Diversion and referral

This APP supports the definition of diversion used in Lord Bradley's review of people experiencing mental ill health or who have a learning disability in the criminal justice system: **The Bradley Report (2009)**.

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

The term diversion is predominantly used in the context of those suspected or convicted of criminal offences and can apply at different stages in the criminal justice response. For example:

- diversion from the criminal justice system altogether by a decision not to invoke the criminal law (for example, by concluding that a criminal offence has not occurred), by recording a criminal offence according to the National Crime Recording Standard but not taking any further criminal justice action, or by discontinuing a prosecution (for example, following a decision by the Crown Prosecution Service (CPS) that charging is not in the public interest)
- diversion from prosecution by use of a fixed penalty notice, caution or conditional caution, youth caution or youth conditional caution, or community resolution
- diversion from prison by a hospital order, guardianship order, non-custodial sentence, fine or discharge

Diversion at the first two stages involves decisions by the police and the CPS, but may involve other agencies. Diversion from prison involves decisions by the court, which should be supported by information from the police, the CPS and other relevant agencies.

Triggers for referral

The main triggers for referral include:

- risk of deliberate self-harm
- risk of suicide
- drug abuse
- alcohol or other substance abuse
- risk to others, including domestic violence
- request by the detainee
- risk of attack by others

Others include:

- mental health
- physical health
- family problems or relationship difficulties
- housing, financial or employment problems
- bereavement
- bullying

Benefits of diversion

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

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

Information obtained by the police while dealing with a detainee is confidential. Recording, retention and deletion of this information must be in accordance with **PACE Code C, paragraphs 3.8 to 3.10** and the **Data Protection Act 1998**. Provisions are made for sharing information in specific situations in the **Crime and Disorder Act 1998**.

Care pathways out of custody

There are a number of agencies which assist people needing help or support on release from police custody. These may include statutory agencies such as community mental health teams and general practitioners, or voluntary agencies such as Samaritans and local alcohol and drug diversion workers.

Forces can make arrangements with local agencies to provide alcohol and drug awareness or support programmes on release from custody. Agency referral is also possible through the use of conditional cautions. Both of these methods require consent and a level of commitment on the part of the detainee to be successful.

Forces should also consider:

- facilitating access to external support workers for detainees who have been remanded in custody
- developing policies and protocols for sharing information with other agencies

Staff should use templates and provide directories of suitable agencies for referral (for example local NHS directories) and make these directories readily available in custody suites.

Use of templates

Templates for agency referral should:

- ensure appropriate information is captured
- ensure information pertaining to identified risks is appropriately communicated to agencies
- act as an aide-memoire regarding the rules
- offer a method for capturing consent in a structured manner

- provide the opportunity for electronic exchange

Tags

Detention and custody