

Freedom of Information Publication Scheme			
Protective Marking:	Not Protectively Marked	Publication (Y/N):	Y
Title:	Met Detention Risk Assurance Process		
Summary:	Met Detention Risk Assurance template to record Custody dip-sampling, track actions and ACI quarterly assessments.		
Branch / OCU:	Met Detention		
Date created:	11/04/2016	Review date:	06/04/2017 Version: 1.1
Author:	Met Detention		

Met Detention Risk Assurance Process

Contents:

1. Custody record dip-sampling template
2. Dip-sampling summary
3. Action tracker
4. Quarterly Area Chief Inspector assessment templates

Regarding the Custody Record dip-sampling template, please answer Q12a as appropriate but DO NOT select Good Practice or Management Action Identified as the links no longer exist to this spreadsheet.

Good Practice

12a - Good Practice found - please provide information below

Good Practice or Management Action Identified ?

How to use this process:

1. All CSI/CM dip-sampling to be recorded on the Returns tab
2. Dip-sampling summary tab- enables user to sort dip-sampling results to indicate emerging issues/themes
3. Action tracker to be used to record all notable activity regarding issues/themes relating to compliance/infrastructure/response to inspections etc.
4. ACI to undertake **TWO** light-touch inspections of the custody suite, noting the findings and cross referencing where necessary tasks recorded within the Action Tracker and assign a risk assessment score (BRAG).

Returns

You need to select **Sort** button to ensure data has been updated from the Returns data sheet >>>

Data

Sum of Good Practice found - please provide information below

Sum of CCTV footage reviewed?

Sum of Management Action Identified

Sum of CCTV result - did footage correlate with NSPIS entries and NSPIS expectations?

Sum of PER physical dip sample complete?

Sum of Physical dip sample - PER legible?

Sum of PER completed and recorded in det log?

Sum of PRRA identifies all issues/risk highlighted in detainee's initial risk assessment?

Sum of Physical dip sample - PER conveys risk highlighted in custody record?

Sum of Form 61 given if necessary?

Sum of PRRA identifies all issues/risk highlighted throughout detainee's detention?

Sum of PRRA documents welfare action for detainee on release?

Sum of Are detention log entries detailed enough? (consider multiple & cut and paste entries)

Sum of Cell visits conducted on time? (within 10 mins either side if actual time not recorded)

Sum of If there were delays with HCP, was a 732D/370H submitted?

Sum of PACE Review challenges non-compliance and improvement seen in entries?

Sum of PACE Review - 4Rs detainee is woken during review?

Sum of Form "Exceptional Risk" created

Sum of Appropriate Observation Level Set?

Sum of Has an appropriate Care Plan been put in place?

Sum of Is the Risk Assessment appropriate in relation to risks identified?

Sum of Any language and/or dietary needs were identified and met?

Sum of PACE Reviews consider Risk Assessment and Care Plan?

Sum of PNC updated with any vulnerability or new risk identified?

Sum of Administration of medication is in accordance with legislation and MPS policy

Sum of All DDOs/officers recorded as briefed?

Sum of 4Rs - If the detainee is on 4Rs for longer than 4 hours has medical advice been considered?

Sum of Nature of the supervision (i.e. through the wicket) recorded?

Sum of Visits recorded to detainee on det log, in addition to 57CS log?

Sum of If detainee under influence of alcohol/drugs, were they roused in addition to being on CS?

Sum of Medical needs met

Sum of 4Rs - Was the person roused?

Sum of 4Rs - Were appropriate questions asked and recorded?

Sum of 4Rs - Were appropriate commands asked and recorded?

Sum of 4Rs - Was the detainee's demeanour recorded?

Sum of Herald - Custody Officer confirms Risk Assessment and Care Plan?

Sum of If an incident had occurred where 370C was appropriate, has one been submitted through the Custody

Sum of 4Rs - Was healthcare intervention sought/recorded if detainee could not be roused?

Sum of Form 57CS remote dip sample complete?

Sum of Observation level set at 'Physically supervised' ?

Sum of Recorded details of all DDOs/officers conducting CS?

Sum of Was consideration given to the replacement of CS Officer after two hours?

Sum of If DDO/officer not replaced is there justification recorded?

Sum of Have all Custody Officers involved signed front page of 57CS?

Sum of Have all DDOs/Officers, completing the log, signed front page of 57CS?

Sum of Does the log contain relevant detail of the CS?

Sum of Herald - Custody Officer authorises detention?

Freedom of Information Publication Scheme					
Protective Marking:	Restricted			Publication (Y/N):	N
Title:	Custody Toolkit - Forensic Healthcare Services - Administration of Medicine checklist				
Summary:	Provides instruction and a checklist for the administration of medicine to detainees.				
Branch / OCU:	Met Detention				
Date created:	15/12/2015	Review date:	February 2018	Version:	1.1
Author:	Met Detention, Forensic Healthcare Services				

Forensic Healthcare Services - Administration of Medicine - Checklist

The Custody Officer is responsible for ensuring that the detainee is given the opportunity to receive the medicine prescribed by the HCP within the prescribed time. The medication cabinet must never be opened whilst a detained person is in the HCP room, unless it is a medical emergency and an officer is present.

All medication given to a detainee must be witnessed by 2 people. This also applies to Healthcare Professionals when administering controlled drugs. Removal of medication from the drug cabinet must be witnessed.

No member of MPS staff is permitted to access the drug cupboard to obtain medicines for their own personal use unless they have been formally authorised and an assessment completed by a Health Care Professional.

Prior to the administration of medicine by a non Health Care Professional, the following checks must be made by **two** members of staff, in the following order:

Administering the Medicine

<u>Actions</u>	✓
Check the medicine has not already been administered, if there is any doubt do not give and contact HCP.	
Check that the name, form, strength and dose on the medication paper envelope corresponds with the prescription on NSPIS, if there is any doubt do not give and contact HCP.	
Check the identity of the detainee; ask them to tell you their name and date of birth; do not ask them 'are you Mr Smith, date of birth 20.1.1978?' for example.	
Check the prescription, medical form or medication paper envelope for any special requirements for the medication e.g. take with food.	
Ensure that there is a cup of water available to ensure the detainee swallows the medication.	

Ensure that the detainee is sitting upright prior to the administration of medicine and is responding appropriately to questions.	
Witness the detainee swallow the medication to reduce the risk of hoarding.	
A record must then be made by the person administering the medicine on the 'given section' of the NSPIS medical form. The witnessing member of staff must also put a detention log entry on NSPIS, showing that they were present.	

Refusal to take Medicine / Medicine Not Given

<u>Actions</u>	✓
Any refusal to take the medicine or any other reason why the medicine is not given must also be recorded and brought to the attention of the Custody Officer or FME. Medication must be marked as not given on the NSPIS Medication chart.	

Errors in Administering Medicine

<u>Actions</u>	✓
Should an error occur, such as administering the wrong medicine, the HCP must be informed immediately.	
Carry out emergency action / first aid and complete and form 370C. The dispensing of medicine by custody staff is covered by section 9.10 of the PACE Codes of Practice C.	

Freedom of Information Publication Scheme					
Protective Marking:	Restricted			Publication (Y/N):	N
Title:	Custody Policy Toolkit - Generic Checklist for Pre-planned Closures of Custody Facilities				
Summary:	Provides considerations and a checklist for the pre-planned closure of custody suites				
Branch / OCU:	Met Detention				
Date created:	02/07/2014	Review date:	February 2018	Version:	1.1
Author:	Met Detention Custody Tactical Planner				

Generic Checklist for Pre-planned Closures of Custody Facilities

This checklist relates specifically to pre-planned closures of custody suites, rather than for reasons of short-term staffing, capacity or emergency operating issues, such as a power failure. Such circumstances are governed by the Central Cell Allocation protocol, currently available to read within Met Detention’s A-Z document list.

Other than in the above circumstances, the decision for the closure of a custody suite, whether temporarily or permanently, is the responsibility of the Met Detention Custody Tactical Planning Manager. This responsibility is shared with the local SLT, Custody Manager and other relevant parties, such as the Custody Improvement Team (CIT) under LPM, PSD or DoI, amongst others.

Any indication for the need to close a custody suite, other than those mentioned in the opening paragraph above, should be communicated with the Custody Tactical Planning Manager at the earliest opportunity.

Where the closure of a suite is to be permanent, many of the arrangements affecting other stakeholders will be dealt with by the CIP team and PSD, in liaison with the Tactical Planning Manager and local staff. It should be noted some suites will transform from 24/7 to ‘overflow’ status, whilst others will be decommissioned.

Temporary suite closures will be overseen by the Met Detention Tactical Planning Manager but local changes are the responsibility of the Custody Manager. Much of the local consultation and information sharing will be undertaken by local staff, as directed by the Custody Manager.

The list of actions below (which is not exhaustive) is designed as a guide to facilitate in the closure process and minimise disruption to custody core business. The key to efficiently managing a closure is to allow sufficient lead-time to plan. This will also provide other stakeholders, affected by the closure, the opportunity to take any necessary action.

The following list is designed to assist with requirements and considerations for closures:

Checklist for pre-planned custody suite closures

Temporary move/overflow status	Decommissioned Suite
Advise Custody tactical Planning Manager.	Advise Custody tactical Planning Manager.
A Corporate News item should be created on the Intranet about the closure and interim arrangements.	A Corporate News item should be created on the Intranet, providing details about the custody suite closure and contact numbers and address of alternative suite.
Inform local PSD Facilities Manager.	Inform local PSD Facilities Manager.
NSPIS Helpdesk for NSPIS configuration.	NSPIS Helpdesk for NSPIS configuration.
Bail to return dates to be arranged in advance.	Bail to return dates to be arranged in advance.
	Arrange relocation of Livescan Machine through MPS Livescan lead in CJD.
	Ensure EBM is removed or relocated (Contact SCO4 - <u>SCD4 Mailbox - Breath Analysis Unit</u>)
Consider POLSA search before return to original suite.	POLSA search of new suite before relocation.
	Liaise with the local Financial & Resources Manager to inform contractors about the change with delivery routes for blankets, Ambient meals, detainees clothing and detainee supplies.
Ensure alternative suite has sufficient stocks of medication and detainee supplies.	Arrange for existing stocks of detainee supplies and medication to be moved across to new suite.
	Inform Linguistic Services with change of address of new suite for interpreters.
Inform Legal Services about change of suite affecting Legal Advisors.	Inform Legal Services with change of address of new suite affecting for Legal Advisors.
Inform Forensic Health Care Services regarding FME's and, if applicable, the local Custody Nurse Manager.	Inform Forensic Health Care Service with change of address of new suite.
Inform Independent Custody Visitors.	Inform Independent Custody Visitors.
Inform any local/voluntary Appropriate Adult Schemes.	Inform any local/voluntary Appropriate Adult Schemes with change of address of new suite.
Inform any relevant Local Authority points of contact.	Inform any relevant Local Authority Points of Contact.

If Virtual Courts (VC) suite inform central VC team.	If Virtual Courts (VC) site inform central VC team with new address of new suite.
Inform SERCO Wincanton for prisoner collection.	Inform SERCO Wincanton for prisoner collection and address of alternative suite.
Inform PSD cleaning lead for custody.	Inform PSD cleaning lead for custody with address of new suite.
Consider deep clean (if required) before return to original suite.	
Ensure biometric, drug samples and forensic exhibits samples are collected and access is possible for collection.	Inform Forensic Science Service with the new address of suite for collection of biometric, drug samples and exhibits.
Inform (if affected) local Drugs Intervention Team (DIP) lead.	Inform (if affected) local Drugs Intervention Team (DIP) lead with address of new suite.
Temporarily switch off/disable Custody CCTV.	
Ensure the Property Transit store is emptied.	
	Ensure all confidential material stored in custody is transferred (if relevant) to new suite or moved to an alternative secure area.
	Ensure new suite is equipped with all relevant stencils, stickers and posters (such as 4R's stickers on cell doors and Legal Advice posters). Consult Custody Tactical Planning Manager for further details.
	Ensure custody staff are familiar with lay-out of new suite in compliance with the Police Action Witness Testimony sheet, contained within the Gaoler Duties Training Package.


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EQUALITY IMPACT ASSESSMENT

The Equality Impact Assessment (EIA) Standard Operating Procedure (SOP) must be used when completing this form. Click the link below to view the EIA SOP.

Need some help? If you are unsure of any of the questions, click the 'GUIDANCE' button which provides key information about each step.

You can also contact your Diversity and Citizen Focus Directorate (DCFD) Advisor for guidance and support.

FOIA INFORMATION				GUIDANCE	
Protective Marking	Not Protectively Marked	Publication Scheme	Yes		
Title	Custody Toolkit				
Branch / OCU	Territorial Policing Criminal Justice (TPCJ)				
Date Created	February 2014	Review Date	February 2018	Version	v.1
Author	[REDACTED]				

Please note: The information on this page is retained, it is not published. Make sure you have read and understood the EIA SOP before you start this form. Click the link below to view.

EQUALITY IMPACT ASSESSMENT

STEPS 1 TO 7

STEP 1. Aims and purpose of the proposal / policy	GUIDANCE
<p>This Toolkit addresses the need for a corporate approach to all procedures and processes within Metropolitan Police Service (MPS) custody suites, with an emphasis on the fair and equitable treatment and care of all detainees according to each person's individual needs.</p> <p>It provides instructions for custody officers and those employed within the custody suite, with particular emphasis on risk assessment and the opportunities within the custody environment to improve MPS performance. The custody toolkit will continue to be the overriding policy for the management of the MPS custody practices, procedures and facilities, underpinned by the College of Policing Authorised Professional Practice.</p> <p>The custody toolkit will be reviewed and updated with relevant information as appropriate; however nothing in the toolkit negates the requirement to comply with the provisions of the Police and Criminal Act 1984 (PACE) and its associated Codes of Practice. It should also be noted that the provisions of the Corporate Manslaughter and Corporate Homicide Act 2007 applies to the police service.</p>	

STEP 2. Screening process for relevance to diversity and equality issues	GUIDANCE		
Each "protected characteristic" in Section 5 has guidance as to what implications / issues you may need to consider.			
Does this proposal / policy have any relevance to:	Internal, relevant	External,	Not relevant

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		to staff / or working practices	relevant to service delivery	to either
A	Age	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B	Deaf and disabled / Disability	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C	Gender Reassignment	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
D	Marriage and Civil Partnership (employment only)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E	Pregnancy and Maternity	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
F	Race	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
G	Religion or Belief	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
H	Sex	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I	Sexual Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J	Other Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

STEP 3. If you have ticked yes to any protected characteristic box in Step 3, a full impact assessment is required.		GUIDANCE
Full assessment required? (If Yes, a full EIA is required.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 4. Examination of available information	GUIDANCE
<p>The following sources have been examined and/or consulted in order to develop this toolkit. They are: The previous Equality Impact Assessment (EIA), the existing policy and Standard Operating Procedures (SOP), Association of Chief Police Officers (ACPO) guidance, College of Policing Authorised Professional Practice and Legislation, Custody Directorate and their consultation user groups, Forensic Healthcare Services, Diversity & Citizen Focus Directorate, MPS Trans Staff Support Association, United Kingdom Border Force (UKBF), Directorate of Professional Standards, SERCO/Prisoner Escort Contracted Service (PECS), the MPS Staff Associations via Staff Associations Meeting Up Regularly and Interacting (S.A.M.U.R.A.I).</p>	

If there is anything you are unsure of in this first section you can visit the Diversity and Citizen Focus Directorate (DCFD) intranet site for further information and advice, or contact one of the DCFD Diversity and Citizen Focus Advisors by clicking below.

STEP 5. Full Impact Assessment Process

STEP 5a. Consultation Log

GUIDANCE

Where are the consultation records stored? (e.g. General Registry, S-Drives etc)

OG11/04/138 - General Registry Docket

Name of Business Group / Unit, Association, Stakeholder (External)	Why are you approaching / not approaching them?	Date and method of planned consultation	Outcome of consultation
Disability Staff Association	Consultation for the new toolkit	Email - 23/9/13	No response
Deaf / hearing Impaired / Hard of hearing	Consultation for the new toolkit	Email - 23/9/13	No response
Trans Staff Support Association	Consultation for the new toolkit	Email - 23/9/13	The Association were satisfied by the toolkit and made no comments to the Toolkit.
Black Police Association	Consultation for the new toolkit	Email - 23/9/13	No response
Chinese & South East Asian Staff Association	Consultation for the new toolkit	Email - 23/9/13	No response
Metropolitan Police Service Greek Staff Association	Consultation for the new toolkit	Email - 23/9/13	No response
Muslim Police Association	Consultation for the new toolkit	Email - 23/9/13	No response
Christian Police Association	Consultation for the new toolkit	Email - 23/9/13	No response
Jewish Police Association	Consultation for the new toolkit	Email - 23/9/13	No response

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Name of Business Group / Unit, Association, Stakeholder (External)	Why are you approaching / not approaching them?	Date and method of planned consultation	Outcome of consultation
British Association for Women in Policing	Consultation for the new toolkit	Email - 23/9/13	No response
Police Superintendants Association	Consultation for the new toolkit	Email - 23/9/13	No response
Trade Unions	Consultation for the new toolkit	Email - 23/9/13	No response
ACPO	Consultation for the new toolkit	Email - 23/9/13	No response
Directorate of Legal Services	Consultation for the new toolkit	Email - 23/9/13	DLS raised 4 questions which were all considered and addressed by the Custody Directorate Inspector.
Safety & Health Risk Management Team	Consultation for the new toolkit	Email - 23/9/13	No response
Custody One Day Workshop for Practitioners	Consultation for the new toolkit	25/9/13	Good feedback with minor amendments
Police Federation	Consultation for the new toolkit	Email - 11/11/13	Provided feedback on out of scope Met Detention issues which have been passed to Custody Improvement Team. Typing errors identified and corrected.

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STEP 5b. EIA Action Plan

From your consultation activities and available information explain within the appropriate Action Plan template the potential positive and / or negative impact of the proposal / policy, internally on members of your workforce and externally on your communities / service delivery:

Age	GUIDANCE	Race	GUIDANCE
Deaf and disabled / Disability	GUIDANCE	Religion or Belief	GUIDANCE
Gender Reassignment	GUIDANCE	Sex	GUIDANCE
Marriage and Civil Partnership (employment only)	GUIDANCE	Sexual Orientation	GUIDANCE
Pregnancy and Maternity	GUIDANCE	Other Issues	GUIDANCE

STEP 5c. Action Plan Template Workforce Impacts (Internal)					GUIDANCE
Potential positive / negative issues / impacts	Activity	Role Holder	Action By Date	Progress/Timescale/ Monitoring	
<p>Gender Reassignment Transsexual Officers no longer require a Search Exemption Certificate (SEC) which was issued to transsexual officers who did not have a Gender Recognition Certificate (GRC). This was to prevent breaches of PACE which requires officers of the same gender as the detainee to carry out strip searches and more intimate searches in the custody suite. PACE, Code C, Note L5 to Annex L now has guidance available which means that all transsexual staff and officers with searching duties will be able to search detainees of the same gender as themselves regardless of whether they possess a GRC or not.</p>	Diversity & Citizen Focus Directorate (DCFD) has created a guidance booklet for Custody managers, officers and staff which provides advice on how to manage these situations.				
<p>Pregnancy and Maternity Officers and staff who are pregnant should inform their line manager as soon as possible</p>	Guidance should be sought from the Equality Policy/SOP/T toolkit following a dynamic risk assessment.				

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<p>so that a risk assessment can be carried out in relation to frontline duties and in this instance duties in the custody suite. It is likely that a pregnant officer or member of staff will be removed from the custody suite environment as soon as their pregnancy is known due to the same risks identified for pregnant visitors to custody, i.e. violent detainees and contagious diseases.</p>				
<p>Sex When dealing with transgender detainees experience has shown that it is female searching staff and officers who are called upon most to search detainees who may have genitalia of the opposite sex. Where this happens the searching officers and staff must be advised of the situation and their consent to continue the search recorded to protect them and refute any later challenges.</p>	<p>Advice and guidance is available from DCFD and in the DCFD guidance booklet</p>			

STEP 5d. EIA Action Plan Template Service Delivery Impacts (External)					GUIDANCE
Potential positive / negative issues / impacts	Activity	Role Holder	Action By Date	Progress/Timescale/ Monitoring	
<p>Deaf and Disabled/Disability</p> <p>Disabled people who are being detained in custody have specific needs dependent upon the nature of their disability. The revised toolkit gives specific instructions on how to manage these needs. Included are:</p> <ul style="list-style-type: none"> • Deaf, deafened and hard of hearing • people with epilepsy, diabetes and asthma • people suffering from mental health issues • Acute behavioral disorder related to mental health problems, drugs and/or alcohol • wheelchair users • people who use assistance dogs (i.e, guide dogs, hearing dogs etc) • people who need the assistance of a Familiar Personal Assistant <p>This list is not exhaustive and each detainee with disabilities must be assessed on an individual basis, risk assessed and an individual Care Plan instigated as appropriate.</p>	<p>Deaf/deafened and hard of hearing</p> <p>detainees should where possible be offered the services of a signer if they are able to sign and/or a hearing induction loop where this is fitted. Additionally the use of the Language Kiosk can assist with basic booking in procedures.</p> <p>Epilepsy, asthma, diabetes etc</p> <p>The medical care of people with these types of illnesses must be monitored by an appropriate health care professional/Forensic Medical Examiner (HCP/ FME). Full guidance on these conditions and actions to be taken is in the Healthcare Question & Answer (Q&A) section.</p> <p>Mental Health</p> <p>Where it is suspected that a detainee has suicidal tendencies, the HCP must be called immediately to make an assessment.</p> <p>In such cases consideration must be given to the appropriate level of supervision necessary to reduce the potential risk. Consideration should also be given to removing any article from the detainee that may be used for self-harm. Note: personal effects should not be removed as a matter of course but consideration must be taken of each individual and specific circumstance.</p>				
If the HCP specifies the detainee is fit to be					

	<p>detained at the station, they should be asked for advice regarding the supervision and care required.</p> <p>Special provisions required by the HCP in relation to this subject must be adhered to. If the Custody Officer believes that extra provisions/precautions are required, then these too must be made available. The Custody Officer must make a record of the advice received from the HCP in the detainee's custody record, as well as any extra measures taken.</p> <p>Acute Behavioural Disorder is a condition which can be exacerbated by mental health problems as well as drugs and/or alcohol, all of which pose a risk to the detainee and custody staff. A risk assessment must be done and consideration given to mitigating further decline or danger to life, i.e., by placing detainee on constant supervision, removing items to prevent suicide etc. Comprehensive guidance is in the Detainee Q&A document for dealing with detainees with mental health problems.</p> <p>Wheelchair users</p> <p>Not all custody suites can take detainees in wheelchairs and even those who can may have issues in getting wheelchair users around the different parts of the custody suite. Consideration needs to be given to how detainees in wheelchairs are transported to and from custody, whether reasonable adjustments can be made, i.e. placing extra mattresses on cell benches to raise the level for a wheelchair user to transfer from wheelchair to bench. Consider access to washing facilities and so on. The Disability Staff Support Association is a very good source of advice and</p>			
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	<p>guidance as is DCFD</p> <p>Guide Dogs Where possible an assistance dog should be kept with the detainee. Where this is not possible the guidance given in the Detainee Q&A document must be followed. It must be remembered that assistance dogs belong to the organisation who donated them and not the detainee. They must not be treated like other dogs that are brought into police stations.</p> <p>Familiar Personal Assistants Some disabled detainees may have a familiar personal assistant who helps them with daily tasks and whom they may need the assistance of when in custody. It is up to the custody officer to decide whether the Familiar Personal Assistant can attend and remain in the custody suite but where possible their services should be requested. More information is available in the Detainee Q&A document.</p>			
<p>Age Juveniles (17 and under) will be at increased risk in the custody environment and must have the services of an appropriate adult. They should wherever possible be placed in detention rooms not cells. There are specific procedures and forms to be completed when a juvenile is detained, searched, interviewed and so on. Recent legislation has changed to include 17 year olds as juveniles with most of the required actions for juveniles pertinent to their detention as well.</p> <p>Elderly detainees are at greater risk of self harm and may have a higher instance of age related disabilities and/or illnesses.</p>	<p>In relation to the release of juvenile detainees from custody suites which are a distance away from where they were arrested or where the custody suite is situated away from local transport links then this will be managed by the Custody Officer as part of their Pre Release Risk Assessment. The same will apply to vulnerable adults. In every instance where a child or young person is arrested it is the responsibility of the arresting officer to complete a Pre-Assessment Checklist (PAC) formerly known as a MERLIN CTN (Coming to Notice)/Form 78, and bring it to the attention</p>			

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<p>Consideration must be given to treating them as vulnerable detainees.</p>	<p>of a supervisor for review. Information to be included in a PAC where a child or young person is arrested should include if:-</p> <ul style="list-style-type: none"> • There are concerns about their welfare arising from risk assessments or other available information; • There is a risk of significant harm to the child; • This information may be relevant and allow agencies to protect the welfare of a child. <p>After an interview or any custody related interaction, the custody officer should explicitly ask if any safety or welfare issues, concerning the child or young person were raised.</p> <p>The Children Act 2004 requires police to cooperate with arrangements to improve well-being of children with regards to:-</p> <ul style="list-style-type: none"> • Their physical and mental health; • Protection from harm and neglect. <p>Where concerns arise during a child's detention, and the arresting officer is no longer available, the custody officer must ensure that any concerns arising from the detention of a child or young person are included on a PAC, and communicated to the appropriate agency.</p> <p>Custody staff should provide appropriate adults (AA) with any key information contained in the detention log and the risk assessment. Without this, essential information can sometimes be missed or not relayed, which can lead to the AA being unable to fully support the person they are there to assist and advise. The Home Office, together with the National Appropriate Adult Network (NAAN), have produced an information leaflet for Appropriate Adults. This provides an</p>			
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<p>Religion & Belief Detainees of certain faiths may need specific requirements when detained in custody. Some of these may relate to a specific diet for which the MPS ready meals do cater in the main. Many boroughs have arrangements with local synagogues for example who will supply kosher meals. All details pertaining to this service are in the Detainee Q&Q document.</p>	<p>overview of the role for parents, carers, relatives or friends, who might be called on to act as an appropriate adult for someone they know. Supplies of these leaflets can be found in custody suites.</p>			
<p>Muslim detainees may need to pray whilst in custody and these requirements should where possible be met. Muslims need to wash before praying and this can be accommodated by using the washing facilities available.</p> <p>Custody suites should have a good stock of religious texts for all the major religions kept according to the faith requirements and in good condition. Prayer mats should be available for Muslim detainees who should be informed of the direction of Mecca.</p> <p>Items of religious significance such as Jewellery, and other items of religious significance (i.e., the Sikh Kirpan or dagger) can and must be removed if considered a danger to the detainee or custody staff. They must be handled and stored with respect and the reason for removal explained.</p> <p>Sex (gender) does not just affect women and there are considerations for male detainees which must be given equal consideration such as the opportunity to shave, wash and change underwear.</p>	<p>Further advice and guidance can be accessed via the Diversity & Citizen Focus Directorate or the appropriate Staff Support Association</p>			
<p>Sex</p>				

<p>There are specific actions/considerations to be managed for female detainees in custody. They must be given the opportunity to speak to a female officer or member of the custody team. Their personal hygiene needs must be considered, i.e. women who are menstruating must have access to a hygiene pack and washing facilities. Male officers and staff must not enter the cell of female detainees alone unless it is a medical emergency. Special considerations must be given to female detainees who are pregnant or breast-feeding and in either case a visit by an HCP must be requested.</p>				
<p>Pregnancy and Maternity Pregnant or nursing detainees will need to see an HCP at some point during their detention. Their care especially when moving around the custody suite must be risk assessed so that they are not placed at risk by violent or contagious prisoners. These considerations apply to pregnant visitors to the custody suite such as appropriate adults, solicitors, independent custody visitors and so on.</p>	<p>Further guidance is available in the Detainee Q&A document</p>			
<p>Gender Reassignment Transgender detainees can be at increased risk of self harm and suicide. Often this is related to their current gender status, access to treatment, social support networks, employment and transition related disabilities/illness (such as a colostomy bag, mastectomy etc). Transgender detainees must be afforded respect and privacy where possible when being booked in. This is because custody officers may need to ask sensitive questions about their gender status in relation to searches and other custody procedures. Custody staff must ensure that all detail</p>	<p>Further advice and guidance is available from DCFD and the MPS transgender Staff Support Association</p>			

NOT PROTECTIVELY MARKED

<p>generated about a transgender detainee is secured as confidential information and only shared with those who need to know if relevant (investigating officer, HCP, Dedicated Detention officer (DDO)/Gauler, SERCO etc)</p>				
<p><u>Race</u> Where a detainee does not have English as a first language or cannot speak English at all it may be necessary to use the services of an interpreter through the usual channels. In the first instance during the booking in procedure custody staff should use the Language Kiosk to assist with communications.</p>				

<p>GUIDANCE</p>	<p>STEP 6. Ensure monitoring and review arrangements are put in place</p>
<p>How will the implementation of the proposal / policy be monitored and by whom?</p>	
<p>Territorial Policing Criminal Justice will monitor and review the content of the custody toolkit by a process of environmental scanning, changes in legislation, Authorised Professional Practice, ACPQ guidance and recommendations made by Coroners. Also included are judicial reviews, Her Majesty's Inspectorate of Constabularies (HMIC), Independent Police Complaints Commission (IPCC) and internal organisational learning. The design of the toolkit allows for continual review and amendment.</p>	
<p>All Public Authorities such as the Metropolitan Police Service (MPS) have to comply with section 149 of the Equality Act 2010 more commonly known as the General Duty.</p> <p>The Duty requires us to:</p> <ul style="list-style-type: none"> ▪ Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. ▪ Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it. ▪ Foster good relations between people who share a relevant protected characteristic and those who do not share it. 	
<p>One of the ways we can demonstrate that we are complying with the General Duty is to document how decisions are reached and resulting activities including monitoring and review arrangements. In the MPS, the way we evidence this is by completing EIAs.</p>	
<p>What is the timetable for monitoring, with dates?</p>	
<p>Annually from date of publication or as necessary in light of the information above.</p>	

<p>GUIDANCE</p>	<p>STEP 7. Public availability of reports / result. What are the arrangements of publishing, where and by whom?</p>
<p>The toolkit and EIA will be published on the MPS Policy Pages, the Custody Directorate website and the MPS Publication Scheme.</p>	

Freedom of Information Publication Scheme			
Protective Marking:	Not Protectively Marked	Publication (Y/N):	Y
Title:	Met Detention - Daily Cell Safety Check List		
Summary:	Template to record daily cell safety checks.		
Branch / OCU:	Met Detention		
Date created:	11/04/2016	Review date:	06/04/2017 Version: 1.1
Author:	Met Detention		

Purpose of template:

1. To document the safety checks of every cell in each 24 hour period.
2. All cells must be checked during the 24 hour period. If needs be, temporarily move detainees so cells can be checked.
3. Do not show cells as occupied, leave blank, conduct later or hand over to next shift.
4. Completion of cell safety checks must be supervised.
- 5 Any faults identified must be reported to the appropriate department and NSPIS whiteboard updated.

Freedom of Information Publication Scheme					
Protective Marking:	Not Protectively Marked			Publication (Y/N):	Y
Title:	Custody Toolkit - Met Detention Weekly / Monthly Tasks - Checklist				
Summary:	Met Detention Weekly / Monthly Task lists				
Branch / OCU:	Met Detention				
Date created:	16/01/2015	Review date:	28/02/2018	Version:	1.0
Author:	Met Detention				

Met Detention Weekly / Monthly Task Lists

Freedom of Information Publication Scheme			
Protective Marking:	Not Protectively Marked	Publication (Y/N):	Y
Title:	Met Detention Custody Manager Administration & Weekly Checks		
Summary:	Template to record physical/admin checks within the custody suite to ensure efficient and safe.		
Branch / OCU:	Met Detention		
Date created:	15/04/2016	Review date:	Feb-18 Version: 1.1
Author:	Met Detention		

Met Detention Custody Manager Administration & Weekly Checks

<p>Purpose of this template:</p> <ol style="list-style-type: none"> 1. Custody Manager weekly checks to ensure suite is run efficiently and safely. 2. Where issues or faults are highlighted, CMs to check and ensure appropriate activity is taking place to address the issues/faults and that they are referenced in the Action Tracker. 3. Checklist now incorporates a list of administration tasks which are printed to the rear of the main checklist. 4. Custody Managers who oversee overflow facilities need to conduct these checks on a regular basis depending on how frequently the suite is used. If in regular use then these suites should be inspected weekly. If not, then every two weeks or at least once every month. Each overflow suite must be kept in a condition that it is ready to open within a 2 hour window as agreed in the SLA. 5. ACIs to review completion of weekly checks and progression of highlighted issues.
--

Met Detention - Custody Manager Weekly Check

Custody Suite :		Noted ACI :	Date Checked
Custody Manager :			
Staff Engagement		Tick if correct, if not correct outline shortfalls and action taken.	
1	Daily Cell Safety Checklists - Fully completed and supervised for the last 7 days. Outstanding actions and faults recorded and tasked.		
2	Task Lists (Daily) - Fully completed and supervised for the last 7 days. Outstanding actions and faults recorded and tasked.		
3	Vulnerable Detainees - Speak to staff conducting 4R's and CS's to ensure compliance. (If none underway review expectations with staff).		
4	Staff - Check all staff are wearing standard uniform with correct appointments. (All have keys and ligature cutters are in a sealed bag etc.).		
5	Non Met Det staff - Check they are not unescorted in cell corridors. Challenge those not displaying warrant cards/ID.		
6	Fire - Check staff know what to do if there is a fire, are aware of the Fire Plan Binder, know evacuation points and evacuation box location.		
Charge Area		Tick if correct, if not correct outline shortfalls and action taken.	Date Checked
7	Fire - White Fire Binder - All sections in the binder updated yearly. Responsible Person names current and checklist completed/signed weekly.		
8	Fire - Alarm panel working. Evacuation Box is accessible and meets suite needs. Extinguishers in date and stored properly.		
9	PER/57HG/57CSs - Stored with front sheet and the carbon copies are readable, comply with policy and contain relevant detail.		
10	Cleaning - Check the custody suite (inc. staff only areas) is clean. Check cleaning log and expectations are known, being met or reported.		
11	Charge Area Posters - Mandatory posters displayed - 'Have you swallowed drugs?', 3 types of 'Free legal advice' posters and CCTV poster.		
12	Available - 4R's Posters, Search Wands, Codes of practice, Vulnerable Persons Leaflets and correctly stored religious items and books.		
13	Unavailable - (Remove from suite) - Ceramic mugs, crockery, metal cutlery, glass jars, staples, pins, alcohol wipes and soap bars.		
Communal Areas, Corridors and Cells		Tick if correct, if not correct outline shortfalls and action taken.	Date Checked
14	ALL AREAS - Panic strips/buttons - Ensure they are working correctly and staff aware of various alarms and how to respond?		
15	Communal Areas - Clean and clear - No extra chairs, insecure furniture, rubbish bags or items left insecure in reach of a detainee.		
16	Communal Areas - All doors locked. All cupboards locked.		
17	Cell Doors - Shut - All cell doors shut if empty. (Fire safety requirement for smoke extractors).		
18	Cell Doors - Stickers - 4R's guidance sticker. (Older cell doors should also display the 'Shut the wicket' sticker).		
19	Cells - Empty cells clear of blankets, toilet tissue, rubbish and check for graffiti.		
20	Kitchen - Locked, no crockery, no ceramic mugs, no glass, plastic spoons only in use. All meals/drinks in date. Clean (check microwave).		
21	Forensic & DNA Freezers - Locked. DNA samples no older than 5 days. Forensic Exhibits removed after 24 hours. (Not stored together).		
22	Shower - Working/Clean. White plastic Weekly Discharge Notice (Legionnaires prevention) is signed and dated weekly. Towels available.		
ELS Equipment - Should be stored together- Clearly marked 'First Aid Point'.		Tick if correct, if not correct outline shortfalls and action taken.	Date Checked
23	2 First Aid Kits - Content checked monthly (Sealed in property bags that are signed, dated and shows next item to expire). (Property ratchet seals must not be used)		
24	De-fib - 2 adult pads, blue razor, bandage and spare battery all in date.		
25	Res-q-vac - Made up, working and a spare bottle. Spillage Kits available. Puffer box for plasters (Contains no adhoc or out of date items).		
HCP Room		Tick if correct, if not correct outline shortfalls and action taken.	Date Checked
26	Room - Locked when not in use. Locked drawers and cupboards. Haz Chem sign displayed on the door. Bins appropriately used.		
27	Room - Clean, work surfaces clutter free, paper Hygiene Roll on couch, wipe clean chairs for HCP and detainee, hand soap.		
28	HCP Grab Bag & Oxygen - Bag and Bottle accessible, sealed, signed and expiry date shown.		
29	Drugs - Schedule 4 & 5 drugs - Log book shows correct count. Key managed securely by the Custody Sergeant.		
30	Drugs - Only stored in medical cabinet. Expired drugs disposed of. Stock levels managed.		
31	Other stock (inc. forensic sample kits) - In labelled and managed cupboards. Expired stock disposed of. Stock levels managed.		

Met Detention Custody Manager Admin Checks		Custody Manager _____		Noted ACT
		Complete	Issues	Date Checked
1	Review DNA/Fingerprint Rejects, deal with staff performance, disseminate to staff member's supervisor and then forward requirement to relate to OIC.			
2	Submit 'white copy' of F459A Prescriptions for payment.			
3	Review all Successful Interventions			
4	Review and update Action Tracker			
5	COZART, submit monthly crimint and data re positive COZART tests to PNC -SCD26 (see SLA ref 2.15)			
6	Administration and testing of EBM			
7	Complete/undertake custody record dip-sampling based on identified themes, recording issues and activity required on Compliance and/or Action Trackers (wherever is applicable)			
8	Review H&S and link in with BOCU H&S rep regarding any issues identified, attend local meetings, update Action Tracker with issues to progress.			
9	Review and update Custody Manager themes of the month, checking progress against action trackers/dip-sampling and communicate findings and setting of new themes to all staff.			

Custody Suite: Met Detention - Custody Manager Theme Of the Month

Month	Theme 1	Theme 2	Theme 3	Theme 4
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Purpose of this template:
 1. Custody Manager/C SI/ACI to list key areas for focused activity throughout each month.
 2. Themes

Policy Area: TPCJ
Toolkit Title: Custody
Policy Manager's Declaration
I confirm that:

1. All development documentation and consultation responses have been attached to
Registered File Number: OG11/04/138

2. Legal implications of this Toolkit have been fully considered and addressed.
Name of Legal Services advisor consulted: [REDACTED]

3. This Toolkit complies with MPS Information Management requirements:
 a) Data Protection b) Information Security c) Information Sharing
 d) Records Management e) Data Management
Name(s) of advisor(s) consulted:

4. The Toolkit contains an explicit health & safety impact statement. Any identified health & safety impacts have, where appropriate, been risk assessed and the risks suitably managed. The Safety & Health Risk Management team (SHRMT) have been consulted and have endorsed the safety relevant aspects of this Toolkit.
Name of SHRMT Advisor consulted: [REDACTED]

5. Any available learning from academic research or organisational learning has been incorporated.
Name of Evidence Base Policing team member consulted: N/A
Name of Organisation Learning team member consulted: [REDACTED]

6. Relevant staff associations have been consulted (e.g. Police Federation, Trade Unions)
List staff associations consulted See list below

I am satisfied that this Toolkit complies with policy development guidelines, all necessary requirements above have been met and it is now suitable for formal approval:
Name of Policy Manager: [REDACTED]

Unit or Department: TPCJ Policy

Contact Tel. No.: 783025

Associations Consulted
Disability Staff Association
Deaf / hearing Impaired / Hard of hearing
Trans Staff Support Association
Black Police Association
Chinese & South East Asian Staff Ass
Metropolitan Police Service Greek Staff Association
Muslim Police Ass
Christian Police Association
Jewish Police Association
Hindu Ass
British Ass for Women in Policing
Police Superintendents Ass
Trade Unions
ACPO
Directorate of Legal Services
Safety & Health Risk Management Team
Police Federation

Freedom of Information Publication Scheme					
Protective Marking:	Not protectively marked			Publication (Y/N):	Y
Title:	Custody Policy				
Summary:	This policy addresses the need for a corporate approach to all procedures and processes within MPS custody suites, with an emphasis on the fair and equitable treatment and care of all detainees according to each person's individual needs.				
Branch / OCU:	Met Detention				
Date created:	02/07/2014	Review date:	February 2018	Version:	1.1
Author:	[REDACTED]				

Application

- **When?** The Custody Policy applies with immediate effect.
- **Who?** All police officers and police staff, including the extended police family and those working voluntarily or under contract to the Mayor's Office for Policing and Crime (MOPAC) or the Commissioner must be aware of, and are required to comply with, all relevant Metropolitan Police Service (MPS) policy and associated procedures.

Notwithstanding the above, this policy applies in particular to officers and staff in the following roles:

- Custody Officer
- Gaoler
- Designated Detention Officer
- Custody nurse
- Arresting officer
- Witnessing officer
- Escorting officer
- Investigating officer
- Custody Manager
- Custody Support Inspector

N.B. This list is not intended to be exhaustive.

- **What?** The policy applies from the time an arrested person arrives at a custody suite, through to the point where that detainee is released from the custody of the police.

Policy Principles

All persons working within the custody environment must:

- Treat detainees according to their individual needs, ensuring they are treated fairly, in a professional and dignified manner irrespective of race, gender, sexual orientation, disability, age, religion or belief;
- Assess all detainees' welfare and medical needs pertinent to their detention in police custody and manage those issues appropriately. This is a continuous process;

- Comply with the Police and Criminal Evidence Act, the associated Codes of Practice and Human Rights legislation;
- Ensure all processes are executed diligently and expeditiously;
- Take steps to ensure the safety of all persons in the custody environment, including: police officers, police staff, detainees and other custody users.

Purpose and Benefits

The Custody Policy is designed to ensure a corporate approach within the custody environment. The policy is also designed to ensure all detainees are treated according to their individual needs.

The benefits of this policy will be:

- Greater corporacy of the processes within the custody environment;
- An increase in the confidence of detainees and the public in the way in which police demonstrate fairness in the treatment of all detainees and the upholding of their rights whilst in custody;
- A safer custody environment for all.

Associated Documents and Policies

Custody Policy Toolkit

Notices to be Cancelled/Amended

Cancel:

- Item 2 of Notices 31/07 of 1 August 2007
- Item 1 of Notices 25/08 of 18 June 2008
- Item 1 of Notices 11/09 of 11 March 2009
- Item 1 of Notices 31/09 of 29 July 2009
- Item 1 of Notices 22/11 of 1 June 2011
- Item 1 of Notices 09/12 of 29 February 2012
- Item 2 of Notices 44/12 of 31 October 2012
- Item 1 of Notices 45/12 of 7 November 2012

GLOSSARY

The following is a list of terms that may be referred to throughout the toolkit:

ACPO	Association of Chief Police Officers
ASW	Approved Social Worker
BTP	British Transport Police
CA	Custody Assistant
CAD	Computer Aided Dispatch
CCTV	Closed Circuit Television
CJU	Criminal Justice Unit
CPS	Crown Prosecution Service
CRIS	Crime Reporting Information System
CS	Corson & Stoughton - the eponymous developers of CS Incapacitant Spray
DDO	Designated Detention Officer
DIP	Drugs Intervention Programme
DPG	Diplomatic Protection Group
DPP	Director of Public Prosecutions
EAB	Evidence and Action Book
EBTI	Evidential Breath Test Instrument
FME	Forensic Medical Examiner
HCP	Healthcare Professional
ICV	Independent Custody Visitor (formerly known as a Lay Visitor)
LAS	London Ambulance Service
LFMS	Linguistic and Forensic Medical Services
LIN	Local Information Notepad
Merlin	A computerized system that provides information on missing persons, the protection of young people, and prevention of youth offences
MHA	Mental Health Act
MPS	Metropolitan Police Service
OCU	Operational Command Unit
OIC	Officer in Charge/Officer in the Case
PACE	Police and Criminal Evidence Act 1984
PECS	Prisoner Escort and Contract Service
PER	Prisoner Escort Record
PNC	Police National Computer
PNCB	Police National Computer Bureau
PNCID	Police National Computer Identification

PSD	Property Services Department
SDHPPC	Safer Detention & Handling of Persons in Police Custody
SERCO	Prisoner Escort Service
SLO	Stores Liaison Officer
SOP	Standard Operating Procedures
SRO	Station Reception Officer
URN	Unique Reference Number
YOT	Youth Offending Team.

Freedom of Information Publication Scheme					
Protective Marking:	Not Protectively Marked			Publication (Y/N):	N
Title:	Processing Border Force detainees suspected to be internally concealing drugs for the purpose of drug trafficking checklist				
Summary:	Describes the actions which must be taken when a Border Force detainee is brought into a MPS custody suite for the purpose of charging.				
Branch / OCU:	MPS, Met Detention				
Date created:	22/10/14	Review date:	22/10/14	Version:	1.0
Author:	[REDACTED] Met Detention				

Processing Border Force detainees suspected to be internally concealing drugs for the purpose of drug trafficking checklist

This checklist has been created to mirror the nationally agreed Memorandum of Understanding (MoU) between the Police Service and Border Force (BF) and it outlines the key responsibilities of both MPS and BF staff. It will not apply to detainees who have spontaneously swallowed or ingested drugs. These individuals shall be treated as a medical emergency and the usual protocols will apply.

The MoU seeks to establish a process for the charging and post-charge detention of BF detainees who are believed to have controlled drugs internally concealed. While keeping the safety of the detainee as a priority, the aim is to reduce the time the detainee will be away from the BF sanitation facility.

Border Force, manage the border control for the UK and enforce immigration and customs regulations. Persons detained by BF staff are dealt with under current legislation, the Police and Criminal Evidence Act 1984 (PACE) and PACE Codes of Practice. BF detainees must therefore be charged or released within the statutory time limits set out in PACE.

BF operate a number of their own custody suites, located at or near major ports and airports throughout the UK. These suites are operated in accordance with the statutory requirements set out in PACE and in particular Code C of the Codes of Practice. The majority of persons detained by UKBF, on Suspicion of Internally Concealing Drugs for the purpose of trafficking (SIDT) are normally in the first instance processed at a BF custody suite.

BF custody suites are not designated police stations and BF staff, despite operating in accordance with PACE, do not have the legal capacity to charge or grant bail in relation to persons detained by them. During an investigation, if BF believe there is sufficient evidence to charge a detained person, the case will be reported to the Crown Prosecution Service (CPS). If the CPS then decide that the person should be charged, BF are required to liaise with their local police force to facilitate the above processes.

The police are responsible for accepting the charge of a person for offences and the custody officer is empowered after charge to make a decision to bail, bail with conditions or remand the detainee in police/customs custody to attend court. It is a common occurrence in the investigation of these cases for court to further remand the detainee in customs detention for up to 192 hours [Section 152 of the Criminal Justice Act 1988].

When a detainee is presented to police to be charged, with the intention of applying for a remand into customs detention, it will be because they are suspected of having drugs internally concealed (packers). These circumstances will be in conflict with current police national guidance which would normally require the police officer to take the detainee straight to the nearest hospital as a medical emergency. To address this conflict, and ensure the safety of the detainee is carefully balanced against the administration of justice, the following process has been agreed.

All Actions are Mandatory

<u>Action</u>	✓
<u>Border Force (BF) staff will:</u>	
1. Obtain relevant charging authority from the Crown Prosecution Service (CPS).	
<p>2. Ensure that the detainee has been medically examined by a BF healthcare professional (HCP) and certified as fit to be detained, charged and transported on a journey to the police station, (where applicable) court and return to the BF custody suite. BF will ensure that the relevant local forms are completed.</p> <p>NB: A medical examination should take place no more than four hours before departing the BF custody suite.</p>	
<p>3. Contact the appropriate custody centre by phone and speak with the duty custody officer to agree that the detainee can be processed.</p> <p>This in the first instance will be West Drayton Custody based at Polar Park, Heathrow. [Should West Drayton Custody be closed or unable to assist, the Police custody officer will identify, contact and arrange for an alternative suite to process the detainee on behalf of BF.]</p>	
<p>4. BF will:</p> <ul style="list-style-type: none"> - inform them of the intention to present the detainee for charge, - advise police of an approximate arrival time, - include court information as appropriate, - confirm the individual has been medically examined within the relevant time frame and is fit to detain, charge and transport, - provide a contact telephone number for the BF HCP, - confirm that sufficient relevant time is available to allow the charging process to be completed, - ensure that the local A&E department has an agreement to receive a detainee who deteriorates, - ensure BF HCP liaises with the on duty Police HCP regarding the health of the detainee and the proposed activity. 	
<p>5. Email or fax the following information to the custody officer:</p> <ul style="list-style-type: none"> - CPS charging authority. - Remand application. - Copy of complete medical examination and certification. - Copy of custody record, including risk assessment and medical records. - Confirmation of suitable transport. - Confirmation of the time when the PACE clock started, to include any suspensions and the remaining PACE time. - Confirmation of when any extension(s) to detention would be required. 	

6. Transport in an appropriate vehicle, equipped with an appropriate medical grab bag and defibrillator.	
7. Supply sufficient staff (depending on risk assessment) to ensure that the detainee is safely transported to and from the custody suite, supervised at the custody suite and court. The detainee will be escorted by at least two BF officers at all times.	
8. When required, ensure that services of an appropriate adult and/or interpreter are secured for the police custody processes and court, as necessary.	
9. On arrival at the police custody centre the BF officer will present the detainee, associated paperwork, Person Escort Record (PER) and copies of the documents listed at 5, to the nominated custody officer.	
10. Once the detainee has been charged, transport the detainee to the court or back to the BF facility to await the court appearance.	
11. Recover any exhibits presented during transit or during the custody process at police or court premises.	
12. If the health of a charged detainee in the custody of BF significantly deteriorates, do not transport them to a MPS custody but transfer to nearest appropriate hospital and inform the charging station.	
<u>MPS Custody Officers will:</u>	
1. Upon receipt of a call from BF agree to process the detainee or make provision for them to be processed at another nearby police custody suite.	
2. During the call from BF examine the emailed/faxed paperwork and confirm that the detainee is suitable for the expedited process.	
3. Wherever practical generate custody record prior to detainee arrival in order to reduce time spent in custody or make similar administrative preparation.	
4. In addition to the medical emergency grab bag brought by BF ensure that there is readily available a functional defibrillator and suction available.	
5. Will accept the detainee for the expedited process if they have been certified as fit to travel and for detention by the BF HCP.	
6. Custody officer will contact the local police HCP and instruct them to liaise with BF HCP regarding the health of the detainee and the proposed activity.	

<p>7. If detainee is unwell arrange for immediate transfer to an Emergency Department with acute surgical facilities.</p>	
<p>8. Police HCP at conclusion of the medical review will re-contact police custody, advise them of the outcome and make provision for an entry to be made on police custody record and attend where possible.</p>	
<p>9. Will prioritise the processing of the detainee, if necessary obtain assistance from additional custody staff, to minimise time spent in police detention. If at any time the detainee shows signs or symptoms that may be attributable to the leakage of controlled drugs they must be treated as a medical emergency.</p>	
<p>10. Will book in the detainee and authorise detention for the purpose of charging. Although the person is escorted by BF staff and will not be placed in a cell, consideration should be given to searching the detainee.</p>	
<p>11. Will ensure that the detainee is given all rights and entitlements in accordance with PACE.</p>	
<p>12. Charge the detainee on behalf of the BF and should the requisite grounds for refusing bail be present, authorise them to be kept in customs detention and hand them over to the custody of designated customs officials for the purpose of bringing them over before a Magistrates' Court to request a remand to customs detention under s.152(1) CJA 1988.</p>	
<p>13. Will ensure that the appropriate fingerprint, photograph and DNA samples are taken.</p>	
<p>14. Facilitate the use of the package retrieval system within the BF transport vehicle should this be required.</p>	
<p>15. Return the PER, associated paperwork and any new paperwork to the BF officer and close the custody record when the detainee leaves police detention.</p>	

Freedom of Information Publication Scheme			
Protective Marking:	Not protectively marked	Publication (Y/N):	Y
Title:	Custody Policy Toolkit - Detainees - Questions and Answers (Q&As)		
Summary:	Frequently Asked Questions - Detainees		
Branch / OCU:	Met Detention		
Date created:	22/07/2016	Review date:	February 2018
		Version:	1.9
Authors:	Met Detention – Business Improvement Team		

Met Detention Questions and Answers (Q&As)

The following Q&As include important guidance and advice and give greater detail than the toolkit flowcharts.

The Q&As have been split into four categories. This document deals with detainees. By the nature of custody business subject areas overlap therefore each category should not be referred to in isolation.

All instructions and guidance contained within these Q&As should be regarded as mandatory.

Detainees

Index

- Risk Management
- Cells
- Conditions of Detention
- Young and Vulnerable People in Custody
- Special Groups - Assistance
- Female Detainees
- Transgender Detainees
- Foreign Nationals
- Searching and Property
- Successful Interventions & Adverse Incidents
- Case Disposing Detainees
- Pre-Release Risk Assessments

RISK MANAGEMENT

D1 - How should I carry out a detainee risk assessment?

There are two separate parts of an NSPIS risk assessment:

Self Assessment - Questions asked of the detainee to gather information.

The wording of the NSPIS Risk Assessment is designed to be as straightforward as possible, but the Custody Officer or DDO is responsible for proactively seeking the necessary answers from, or on behalf of, the detainee. If there is insufficient space to record the reply or it needs to be recorded in detail, this should be done in the main body of the custody record. Words such as "illness", "injury" and "condition" should be given a wide interpretation and anything that may have a bearing on the health or care of a detainee should be investigated.

Custody Officer Assessment - Observations based on the demeanour.

This is a critical area of the risk assessment and is **MANDATORY TO COMPLETE**. The Custody Officer or DDO must indicate any knowledge, belief or suspicion that the detainee has any health care issues, in particular whether the detainee has previously done, or is likely to do, any act that will result in deliberate self-harm. Indications of their history or current disposition towards self-harm will arise from a variety of factors including their known or admitted behaviour history, their stated intentions, their mood, their demeanour or the circumstances of their arrest.

It should be remembered that deliberate cases of self-harm frequently occur soon after arrest and that many of those cases occur within the first hour of detention. Other times of increased detainee vulnerability are:

- After interview
- Upon further arrest
- After being charged, or otherwise dealt with, e.g. adult caution
- After a visit by relatives
- Upon refusal of bail
- During the period from release on bail until their return to the police station or appearance at court.

Such occasions for potential heightened vulnerability should be influential in determining risk management action plans. Consideration should also be given to any need for referral to support agencies, e.g. mental health trusts, Samaritans, etc., after the detainee's release.

D2 - Can I use PNC to assist in risk management?

A PNC check must be completed within the NSPIS Custody Record as soon as practicable. It is important that PNC warning signals are identified and acted upon as soon as possible after the detainee's arrival. The Custody Officer is responsible for ensuring that any new risks identified are updated on the PNC system as soon as practicable to help prevent future risks, difficulties or problems with the detainee. **If the detainee has no PNC record**, they should be checked against local intelligence systems and an entry made on those systems in relation to their current arrest and any known warning signals or other pertinent information. It is good practice to check local intelligence systems for all prisoners, regardless of whether or not they have a PNC record. A further PNC check should be considered prior to the release of a detainee.

D3 - Are there any indicators that show a higher chance of detainee risk?

The following factors may indicate an increased risk:

- Mental illness, including depression, personality disorder, anorexia and schizophrenia

- Drug, alcohol or substance abuse or withdrawal or self administered hormone/steroid therapy
- Breakdown of social support and isolation - students, habitual prisoners, the homeless, immigrants, the elderly and refugees are at particular risk
- Unemployment
- Previous episodes of deliberate self-harm, especially if it occurred within a custodial environment
- Chronic disabling pain or illness
- A family history of suicide and/or mental illness
- Recent loss such as bereavement, divorce, separation or redundancy
- Adverse childhood experiences
- People arrested in relation to violent or sexual offences, especially those involving children, a close friend or family member.

Additional factors that may affect young persons are:

- Impaired parent-child relationships, including poor family communication, extremes of high and low parental expectations and control
- Parental separation or divorce
- Young gay, lesbian or bi-sexual people often experience social exclusion and the withdrawal of the support of their families and friends - particularly if they have only recently 'come out'.
- Mental illness in parents
- Refusal of bail, which may prevent the detainee from attending a planned event.

D4 - As a Custody Officer what immediate action should I take to manage detainee risk?

In relation to risk assessment and risk management, the Custody Officer is responsible for:

- Determining what immediate and/or further action is needed to avert or reduce the risk of harm to the detainee
- Implementing that action
- Determining if the detainee is in any way vulnerable and in need of any additional care measures
- Bringing all relevant risks and action to be taken to the attention of staff employed in the custody area and any other officer who has custody of the detainee. Where a risk has been identified, this must also be brought to the attention of any person coming into contact with the detainee, such as a Healthcare Professional. This includes any new risk(s) and further action to be taken. Where a detainee is an 'exceptional risk', the detainee's name should be highlighted on the NSPIS 'whiteboard' (click the Custody menu at the top of the screen, then click 'exceptional risk' and complete the details).

At no point should a detainee be left unaccompanied anywhere within the custody suite other than a cell or detention room.

D5 - What should I do if a detainee has swallowed illicit drugs?

If it is suspected that a detainee has swallowed or ingested drugs they must be treated as a medical emergency and an ambulance called as a priority. The detainee must be placed on constant supervision and their condition monitored until medical assistance is obtained. If on the arrival of the ambulance detainee refuses to go to hospital, and declines any medical assistance, their condition must be closely monitored for signs of deterioration in line with their risk assessment and management plan. In all such circumstances, the HCP must be called immediately. The refusal and all actions must be noted on the custody record.

Detainees, under investigation by Her Majesty's Revenue and Customs (HMRC) or UK Border Agency (UKBA) as being suspected of importing drugs through ingestion, who are brought to an MPS custody suite for charging, will have already been seen and x-rayed at a hospital and examined by an HMRC/UKBA FME. In these circumstances, custody officers will fast track such detainees whilst bearing in mind the potential risk they pose. Such detainees will need to remain under constant supervision by their respective HMRC and/or UKBA officers. Custody officers need to bear in mind the need to preserve evidence and liaise with HMRC/UKBA officials in order to ensure critical timing of laying the charge and arranging transportation to court.

A checklist to deal with detainees who are involved in the pre-planned 'stuffing & packing' of drugs can be found in the 'checklist' section of the toolkit.

D6 - What are the MPS levels of observation?

There are four levels of observation.

- 60 minutes
- 30 minutes
- 30 minutes and rouse (Code C, Annex H also referred to as 'the 4Rs')
- Constant Supervision (Close Proximity)

60 minutes - Following a full risk assessment, if no reasonable foreseeable risk is identified, this is the minimum acceptable level of observation required for any detainee. Any changes in behaviour/condition must be reported to the custody officer immediately and added to the custody record and risk assessment reviewed as appropriate.

30 minutes - Following a full risk assessment, this level of observation should be used where a detainee is considered to be more vulnerable, e.g. juveniles, mental health issues. Any changes in behaviour/condition must be reported to the custody officer immediately and added to the custody record and risk assessment reviewed as appropriate.

30 minutes and rouse - Following a full risk assessment, this is the minimum acceptable level for those who are under the influence of alcohol or drugs, or whose level of consciousness causes concern. Any changes in behaviour/condition must be reported to the custody officer immediately and added to the custody record and risk assessment reviewed as appropriate. See Code C, Annex H for further information.

Constant Supervision (Close Proximity) - If the detainee's risk assessment indicates a heightened level of risk to the detainee e.g. self-harm, suicide risk, this level of observation requires the detainee to be physically supervised in close proximity (to enable immediate physical intervention to take place if necessary) at all times.

D7 - How should checks on detainees be conducted?

All checks must be conducted professionally and issues of privacy, dignity and gender are to be taken into consideration. Positive engagement [conversation] with the detainee must occur at frequent and irregular intervals. This allows the detainee's welfare to be better monitored and helps to ensure that they are less able to identify a period or 'window' in which to self-harm. The exception to this would be when a detainee is clearly sleeping and is not subject to an observation level requiring them to be roused (4Rs). Where a cell is fitted with a cell intercom, this must NEVER be used in place of a physical cell visit.

In relation to a detainee who has been placed on standard 60 or 30 minute checks without rousing, a normal response to questions and conversation must be apparent in all cases. This means that a detainee must be engaged with and spoken to and the officer conducting the check must be satisfied that they are breathing, safe and well. This must be reflected in the detention log. If the officer cannot clearly see this from an open wicket then they will have to enter the cell.

It is NOT sufficient to use the 'Spy Hole' alone (including the louvre type design) when undertaking a cell check on a detainee.

The 'Spy Hole' is there to establish where the detainee is in the cell for officer safety reasons prior to the wicket being lowered/cell entered. Custody Officers must ensure that staff undertaking the role of gaoler (DDO/PCs) are competent in how to conduct a cell check. The Custody Officer must also ensure that each cell check is fully documented on the NSPIS custody record.

Best practice dictates that a Custody Officer, from time to time, observes and supervises their staff conducting these checks and on occasions conduct these checks themselves.

A male officer or member of staff must not enter the cell of a female detainee unaccompanied, unless it is a medical emergency.

D8 - How should a detainee under the influence of alcohol or drugs be cared for?

All detainees under the influence of alcohol and/or drugs must be visited at least every 30 minutes and have their condition assessed in accordance with PACE Codes of Practice, Code C, Annex H (4Rs). Detainees who do not show any sign of improvement/sobering up after a minimum of four hours, must be assessed by a Healthcare Professional (HCP). A HCP must be called in any event, where there are concerns. *Remember the 4Rs = 4 Hours rule.*

D8A - What if my detainee has been drinking but I do not consider them to be under the influence of alcohol or drugs?

A person is under the influence of drink or drugs when, as a result of consuming any amount of drink or drugs, his mental or physical faculties are so impaired as to reduce his ability to think and act with ordinary care. Generally police officers are good at identifying these signs and are considered to be expert witnesses in drunkenness matters. If a detainee has been drinking **but is not drunk**, they do not need to be placed on the 4Rs. However it is important to include an explanation in the risk assessment, e.g. *'D/P has been drinking but is not drunk'*. Detainees who appear to be drunk, in the everyday meaning of drunk, **MUST** be placed on the 4Rs. If in any doubt the 4Rs should be applied and then reviewed as necessary.

D9 - How do I conduct a 4R check?

A record of how the check was conducted must be comprehensively recorded on the custody record.

Codes of Practice Annex H states:

1. If any detainee fails to meet any of the following criteria, an appropriate healthcare professional or an ambulance must be called. When conducting such a visit, **all** of the '4Rs' must be considered and **all** of the first three sections below must be evidenced in the detention log - it is not a choice of one or the other. If there is doubt about the detainee's welfare, following a response or lack of response to any of the checks, then an appropriate healthcare professional or an ambulance must be called.

2. When assessing the level of rousability, consider:

Rousability – can they be woken?

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

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

- What's 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!

3. Remember to take into account the possibility or presence of other illnesses, injury, or mental condition, a person who is drowsy and smells of alcohol may also have the following:

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

Rouse- Detainees on the 4Rs must be roused. Detainees should be roused by calling the detainee's name, if this is unsuccessful the detainee should be shaken gently by the shoulder, the detainee's eyelids may also be gently opened using the index finger. Excessive pain inducing techniques, should not be used.

Response to questions- Questions are asked of a detainee to establish their orientation to time and place. Asking questions is intended to test a detainee's neurological responses i.e. is their brain functioning as expected? Questions should always be 'open' questions, i.e. questions that cannot be answered with just 'yes' or 'no' for example 'Tell me how you are feeling?' *not*, 'Are you OK?' Questions such as "Where do you think you are?" or, "Where do you live?", are more likely to be useful in determining an ability to respond appropriately. Whatever questions you ask, make sure they are 'open' and are simple enough for the detainee to understand them. The response to questions must be relevant and appropriate to the questions being asked.

Response to commands- A detainee's "Response to commands" can highlight problems which affect the brain and the spinal cord. Commands should be asked that compare both sides of the body. This is because serious brain injuries or conditions which affect one side of the brain, often display signs of weakness on the opposite side of the body; for example strokes or bleeding in the brain following trauma. This can be done, firstly by asking the detainee to point to the light or door or toilet with one hand. Then ask them to wave with the other hand or lift the other leg. Any combination of commands can be given, provided the detainee demonstrates that both sides of the body are functioning normally.

Remember- Remember "Are you ill or injured?". Never assume that a detainee who appears to be drunk is that or that alone. Always consider the presence of other aggravating factors such as an illness, injury or mental condition. Consider that the person may have a head injury, diabetes, or a stroke (think F.A.S.T - Face dropped, Arms cannot be raised and held there, Speech slurred, Time to call an ambulance). Those who are drowsy and smell of alcoholic substances can be difficult to assess as often their behaviour and responses are attributed solely to being drunk. However, there are other serious conditions which detainees can have, in addition to being drunk, which can result in detainees displaying similar symptoms, for example, diabetics can sometimes smell as though they have consumed alcohol. Epilepsy and drug intoxication can also have similar presenting symptoms and can be masked by alcohol, which is why you must "Remember" to take into account the possibility or presence of other illnesses when observing detainees.

D10 - What if a detainee's behaviour or condition changes?

The purpose of visits to detainees is to assess their condition. Changes in a detainee's condition must be reported **immediately** to the Custody Officer, as early intervention is vital in the event that a detainee's condition deteriorates. If there is a delay in being able to speak with the Custody Officer

and immediate medical intervention is required, then medical intervention must take precedence. The Custody Officer must also be informed of improvements in a detainee's condition, as care plans must be frequently reviewed and proportionate to their circumstances.

D11 - How should checks on a detainee be documented?

All checks must be recorded on the detainee's custody record and reflect who conducted it and at what time the check took place. The entry must reflect the condition/demeanour of the detainee. In the event of an adverse incident, a detainee's custody record will be scrutinised.

An example of a 4Rs entry should read similar to the following:

Roused - Action taken: Called name from wicket, no response. Entered cell and shook by shoulder gently - woke quickly.

Response to questions: Correctly answered where he was and what month it is.

Response to commands: On request opened eyes and raised both legs.

Record of detainee's demeanour: Still under the influence of alcohol but coherent and improving. No signs of illness or injury.

D12 - How do I manage potentially suicidal or self-harming detainees?

Where it is suspected that a detainee has suicidal tendencies, the HCP **must** be called immediately to make an assessment.

In such cases consideration must be given to the appropriate level of supervision necessary to reduce the potential risk. Consideration should also be given to removing any article from the detainee that may be used for self-harm. Note; personal effects should not be removed as a matter of course but consideration must be taken of each individual and specific circumstance.

If the HCP specifies the detainee is fit to be detained at the station, they should be asked for advice regarding the supervision and care required.

Special provisions required by the HCP in relation to this subject must be adhered to. If the Custody Officer believes that extra provisions/precautions are required, then these too **must** be made available. The Custody Officer must make a record of the advice received from the HCP in the detainee's custody record, as well as any extra measures taken.

D13 - How should Constant Supervision be conducted?

Constant supervision is defined as supervision by a designated member of staff on a **one-to-one** basis, remaining within eyesight at all times and within a suitable distance to be able to physically intervene quickly. Officers engaged in the constant supervision must be appropriately briefed by the Custody Officer prior to undertaking the responsibility in order that they are fully aware of the risks posed to or by the detainee. The fact that this briefing has taken place must be recorded on the custody record or the Form 57CS.

The officer conducting constant supervision of a detainee **must** ALWAYS have the detainee within their line of sight; ideally this will be through an open cell door. If a detainee is violent and it is not possible to have the cell door open, observation can take place through the wicket. The constant supervision officer must have the ability to immediately access the cell.

The officer conducting the constant supervision **must** be able to see what a detainee is doing, particularly with their hands, i.e. a detainee who has one or both hands under a blanket cannot be properly observed. Detainees who are subject to constant supervision should not be allowed to cover their head with a blanket or item of clothing, as this would also indicate they could not be properly supervised. Detainees at the highest level of risk of harming themselves should be supervised within arms-length.

The officer supervising is not expected to simply observe the detainee, i.e. they must take appropriate action in the event that the detainee may attempt to harm themselves. Any incidents

must be brought to the attention of the Custody Officer. Attempts should be made by the officer supervising to establish a rapport with the detainee and engage them in conversation to gauge their demeanour and state of mind. The investigation must not be discussed with them. If the detainee makes any unsolicited comments or significant statements these must be recorded on the Form 57CS.

Officers supervising must remain constantly vigilant and not allow themselves to be distracted, either by other incidents within the suite or by self-generated distractions i.e. by using a phone, reading, listening to music, etc. It is recognised that conducting a constant supervision can be stressful and tiring, therefore, it is recommended that an officer conducting a constant supervision should when possible only do so for a maximum of two hours, before being relieved. That member of staff may resume the supervision after a suitable break away from the custody suite. Consideration should be given to issues of privacy, dignity and gender, when allocating an officer for constant supervision. CCTV and other technology must never be used as the sole form of constant supervision, but can be used to complement this level of observation.

D14 - Should an 'under the influence' detainee on constant supervision be roused?

Yes. If a detainee is under the influence of alcohol and/or drugs, or have swallowed drugs, or whose level of consciousness causes concern AND they are also on constant supervision, the 4Rs as per PACE Code C Annex H must still be completed every 30 minutes. These checks should be shown on NSPIS and therefore should be conducted or witnessed by an officer other than the constant supervision officer.

D15 - Should a detainee subject to a PACE review be woken?

This depends on the level of observations the detainee is on. Sleeping detainees need not be woken for the purpose of a review, they must be informed of the review and reminded of their right to legal advice once they are awake. However, inspectors conducting PACE reviews must ensure a detainee who is subject to 30 minute rousal observations (4Rs) is roused and responds appropriately as part of their review, this could be done by the inspector or it can be used as an opportunity to supervise a 4R check being conducted by a DDO. They must also consider as part of their review of the care plan whether this level of observation is still appropriate.

D17 - What equipment is required while conducting a constant supervision?

The officer supervising must be in possession of a ligature cutter and a cell key (if the door is to be kept closed - or alternative means of cell entry, for 'prox & pin' enabled cells) and Personal Protective Equipment (PPE).

D18 - How should a constant supervision be recorded?

For every occasion where constant supervision is instigated, a 57CS log must be opened and maintained by the officer conducting the supervision. The Custody Officer must brief the officer supervising the detainee and make sure they are aware of any risks. The 57CS must be endorsed to record this fact. If the detainee makes any unsolicited comments or significant statements these must be recorded on the 57CS and offered to the detainee to sign as a correct record of what was said. Details of the officer conducting the supervision, the fact that they have been briefed and that a 57CS log is being completed should be entered into the detention log of the NSPIS custody record.

D19 - What are the responsibilities of a Custody Officer when a constant supervision (CS) is implemented?

- The Custody Officer must create an NSPIS exceptional risk form, where the detainee has been placed on CS for self harm issues.
- The Custody Officer must ensure that any officer supervising the detainee is aware of the risk and their role and responsibilities.

- The Custody Officer must ensure the detainee's PNC record is updated.
- The Custody Officer must monitor the welfare of the supervising officer.
- The Custody Officer must ensure that the 57CS is being updated as required.
- The Custody Officer must record details of the officer conducting the constant supervision, that they have been briefed accordingly, that a Form 57CS is in use and any on-going supervision of staff involved in the CS.

D20 - Can checks be carried out via CCTV or the intercom?

CCTV can provide an additional measure by which detainees can be monitored. Checks by CCTV alone are not acceptable and use of the technology does not negate the need for physical checks and visits. Where Constant Supervision of a detainee is required, CCTV cannot be used in place of a member of staff being physically in the presence of the detainee. In these circumstances, CCTV may be used to enhance such physical supervision but never replace it.

Likewise, the intercom may be used to contact the detainee as a result of them pressing the call button or to put through a telephone call (other than one relating to their right to legal advice). The intercom must not be used to replace a physical visit to the detainee as part of their care plan.

D21 - Can I isolate a detainee's cell call alarm/call buzzer?

The cell call can be subject to misuse by some detainees; in these circumstances it may be isolated but only on the authority of the Custody Officer. The decision and rationale needs to be recorded in the detainee's custody record. Isolation of the cell call button must be reviewed regularly and its use reactivated, once the misuse is believed to have stopped.

The detainee must be informed that the cell call is being isolated and the reasons for the decision being made. Depriving a detainee of the use of the cell call alarm is a serious measure and will mean the detainee is not able to summon assistance in emergency. Custody staff must be aware of the risks in isolating a cell call button and should consider additional visits to the detainee during the period of isolation. Where available and appropriate, consider use of CCTV to provide additional monitoring capability.

N.B. Deaf or hard of hearing persons may not be aware that the buzzer has been sounded and will need to be reminded of its correct use. Extra vigilance may be necessary; consider use of CCTV cells in these circumstances.

D21A - Can I turn off the lights in a cell at night time?

PACE Code C 8.2 states - *Cells in use must be adequately heated, cleaned and ventilated. They must be adequately lit, subject to such dimming as is compatible with safety and security to allow people detained overnight to sleep.* MPS policy is that the minimum lighting level in a cell shall be dimmed but never off. Therefore, cell lights should either be in the fully on or dimmed position. If you consider that even in the dimmed position the cell lights are still too bright, this should be reported as a fault to MPIC for investigation.

CELLS

D22 - How do I decide which cell to put a detainee in?

Where only a proportion of cells have CCTV, custody staff must prioritise the use of CCTV-equipped cells.

The decision to place a detainee in a CCTV-equipped cell must be taken by the Custody Officer, based on the risk assessment. It should be subject to continuous assessment, throughout the period of detention.

Where the decision is taken to use a CCTV-equipped cell, the Custody Officer must:

- Inform the detainee of the decision and the reason for it;
- Document this decision in the custody record and ensure that other custody staff are informed of this decision.

A CCTV equipped cell **should not** be used for a consultation between a detainee and their legal representative. For guidance on strip searching in CCTV cells see D77D.

D23 - How should I document why a person is in a police cell who has been detained under S136 MHA?

It is MPS policy and a requirement of the MHA code of practice that a police station should only ever be used on an exceptional basis. A police station may be used where the detainee's behaviour poses an unmanageably high risk to other patients, staff or users of a healthcare setting. On the very rare occasions where a police station is used, the MHA code places two clear responsibilities upon health and social care agencies:

1. They should work with the police to arrange transfer to a more suitable place of safety
2. They should work to locally agreed target times to either transfer the person or attend the police station and start assessment.

When a person is detained under the MHA and brought to a custody suite, the 'circumstances of arrest' field on NSPIS should give details that would explain why a detainee has come to a police station, rather than another place of safety, i.e. a hospital.

Additionally, **WHENEVER** a person is brought to a custody suite having solely been detained under S136 MHA, a form 370C must be submitted to Met Detention Mailbox – F370C with brief details of the circumstances, the detainee's name and custody number. This will enable the MPS Mental Health Team to monitor the numbers of S136 MHA detainees being brought into custody.

A Form 370C should also be submitted in the event that health and social care agencies do not respond to a request for assistance after two hours since the request was made. This also enables the MPS Mental Health Team to monitor timescales and challenge Health Care Trusts over response times where appropriate.

D24 - Can I place more than one detainee in a cell?

No more than one person should be placed in the same cell unless there are **exceptional** circumstances when to detain more than one person in a cell is absolutely necessary or desirable. 'Exceptional', although not defined here, should be taken to have its usual dictionary definition.

In the very unlikely event that these rare or extraordinary circumstances occur, then the risk assessment for such a decision will need to be far more considered than that for single-cell occupancy. Both the individual, *and* any combined factors, must be borne in mind. This additional risk assessment will need to be recorded in the detention log of each detainee, giving specific and detailed explanation as to the rationale and need for the sharing of a cell and the measures taken to mitigate the increased risk this may pose.

D25 - What should I do when a detainee is ready to go to their cell?

When a detainee is taken to their allocated cell, a visual inspection of the cell should be undertaken in the presence of the detainee. Check the cell for cleanliness, graffiti, damage to pillow, mattress, toilet and grouting around cell. There should be toilet paper in the cell.

DO NOT place yourself in a position where a detainee may be able to shut you into the cell. Think officer safety.

The NSPIS entry 'Cell Inspection Prior to Placement in Cell' should be completed. The detainee should be informed that any incidence of criminal damage to the cell or police property may leave the detainee liable for prosecution.

The detainee's attention should be drawn to the cell call button or intercom system and they should be advised as to its use [e.g. for medical attention, to request toilet paper, refreshments, or, etc.]

The cell door must be locked [unless detainee is on constant supervision]. Ensure there are no obstructions to door closing [e.g. fingers]. The wicket must be in the 'SAFE' position. A magnetic 4Rs notice should be affixed to the cell door where the detainee is under the influence of alcohol and on enhanced observations e.g. 30 min rousals.

Faith requirements relevant to the detainee should be considered. [e.g. Bible, Qur'an, prayer mat, washing facilities, direction of Mecca, etc]

During the detention of the detainee, the cell should be inspected for damage/defects every time they come out AND checked for criminal damage prior to the release of the detainee.

D26 - Can I place a juvenile in a cell as opposed to a detention room?

Consideration should be given to placing a juvenile in a detention room, rather than a cell, whenever this is possible (See PACE Code C8.8). Detention rooms in the MPS are now no different in their structure or design to other cells. However, in general detention rooms are closer to the booking in area of the custody suite. This could suggest that more vulnerable detainees, such as juveniles, may feel less isolated whilst in detention.

D27 - How frequently should a juvenile be visited?

Juveniles should be checked at least every 30 minutes.

D28 - When should a detainee be fingerprinted?

If a detainee has been arrested for a recordable offence they may be fingerprinted without consent. Their fingerprints will normally be captured on LiveScan - a Live ID search will give a quick and early indication of whether the detainee has given false personal details which may in turn have resulted in earlier obtaining inaccurate information from the PNC, particularly in relation to known warning signals. It is imperative that the result of the Live ID search is accessed promptly as part of the detainee's risk assessment in case it provides hitherto unknown information on the detainee.

The requirement of PACE Code D 2.15 that an appropriate adult must be present must be complied with in regard to any detainee who is mentally disordered, otherwise mentally vulnerable, or a juvenile.

D29 - What should I do if a Police Officer / Member of staff or high profile individual (due to their status or heightened public interest) is arrested?

A custody record must be completed for every detainee and given the next consecutive custody number. MPS Custody facilities currently operate the NSPIS system, which automatically generates consecutive numbers.

NSPIS must be used to create custody records for **ALL** detainees in the MPS (with the exception of those detained for terrorism offences) and a PNCID is automatically generated as part of the arrest summons procedure. The use of paper custody records to remove the prospect of the officer, staff member or high profile receiving a PNCID may be seen as treating them more favourably than others, without justification, and damage confidence in the organisation's reputation.

PACE Code C 2.1 states '*A separate custody record must be opened as soon as practicable for each person brought to a police station under arrest or arrested at the station having gone there voluntarily or attending a police station in answer to street bail.*'

Currently a 'custody record' is completed only using NSPIS. In the event that NSPIS goes down, and paper custody records are used, this is still back-record converted onto NSPIS. There are no special circumstances when a custody record should not be created, using NSPIS, giving **full** identification of the detainee, including their name.

D30 - How do I make a record of use of force?

There are three NSPIS predefined declarations for recording any use of force. These are:-

Force/Restraint used - Officer Declaration 1 (Pre-Custody)
 Force/Restraint used - Officer Declaration 2 (In-Custody)
 Force/Restraint used - Officer Declaration 3 (Other)

For any use of force or restraint prior to the detainee's arrival in the custody suite the 'Pre-Custody' declaration MUST be used. Here the arresting or escorting officer will inform the custody officer of any use of force or restraint that has been deployed and will sign the declaration to this effect.

If force or restraint is used in the custody suite during the detention the 'In-Custody' declaration must be used.

If force or restraint is used whilst a detainee has been taken away from the custody suite, for example during a s18 search, an ID procedure, or to be taken to hospital, the 'Other' declaration shall be used to record this by the escorting officer upon their return to the custody suite.

It is still the responsibility of the officer who used force or restraint to justify that use in their notes. The use of the predefined declarations is to ensure the custody officer is always informed when force or restraint has been used. This in turn will inform the custody officer's risk assessment. Information about the use of force is vital for Custody Officers, enabling them to make informed risk management decisions and to set appropriate care plans to manage detainee welfare.

Use of force includes taking fingerprints by force, cell relocations, and detainees who need to be forcibly placed into a cell.

Supervising detainees

When taking charge of an incident, the custody officer, or other supervisor if involved, must ensure that the health of the detainee is monitored and that the degree of restraint being applied is proportionate and reasonable. Monitoring should include assessing the detainee's breathing and heart rate following the incident.

Detainees under the influence of alcohol or drugs, those who have a mental health issue or those who have a medical condition, are particularly vulnerable to the impact of being restrained. Responsibility for the use of force rests with the police officer (or DDO) exercising that force. They **must** be able to show that the use of force was reasonable, lawful, proportionate and necessary in the circumstances and they **must** make a written record of the force used.

Close supervision of detainee health and welfare must be maintained during periods of prolonged restraint and during rapid initial restraint. Individuals may react differently to restraint, especially if held in the prone position.

An officer must be able to observe and monitor the person and react to any situation which may arise. A detainee should not be left alone and unsupervised whilst in any form of restraint. Officers observing or monitoring must have possession of first aid bag.

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

Prolonged restraint and struggling can, particularly when the lungs are being squeezed while empty, result in exhaustion. This can be without the detainee being aware of it and can lead to sudden death.

Factors that can contribute towards death during restraint

This includes situations where:

- the body position of a person results in a partial or complete obstruction of the airway and the subject is unable to escape from that position
- pressure is applied to the back of the neck, torso or abdomen of a person held in the prone position

- pressure is applied which restricts the shoulder girdle or accessory muscles of respiration while the person is lying down in any position
- the person is obese (particularly those with large stomachs and abdomens)
- the person is a child or small adult
- the person has a heightened level of stress
- the person may be suffering respiratory muscle failure related to earlier violent muscle activity (such as a struggle).

HCP assessment after restraint

When a detainee is subjected to force that either causes, or is likely to have caused, some injury (even a minor or trivial injury), then consideration must be given to having that detainee seen by an HCP. If this option is not taken, the Custody Officer must record their rationale on the custody record.

Detainees who are in mental health crisis and have been subject to prone restraint should be treated as a medical emergency.

D30A - Can TASER be used in a custody suite?

Appropriately trained officers who have been issued with TASER will be permitted to carry it in MPS custody suites unless there is a specific risk to those present;

- Met Detention staff will not be issued with or have access to TASER;
- TASER will only be used in direct response to a violent or potentially violent incident that the officer can justify as a use of force within the law having considered all their tactical options within the framework of the National Decision Making Model:
- TASER **will not be used** to facilitate a custody procedure e.g. taking of fingerprints;
- TASER may be deployed on a pre-planned basis in custody by authorised firearms officers or TSG officers deployed through Met CC in response to a specific threat or incident;
- TASER may be deployed by borough Specially Trained Units in custody suites as a result of a spontaneous incident only when its use is proportionate, lawful and necessary, and the use of other control measures or tactics have been considered unsuitable or ineffective.

Any use of TASER on a detainee or within the custody suite must be reported to the custody officer and appropriate aftercare provided as soon as is practicable. The custody record must record if TASER has been used on a detainee before or whilst in custody.

Where TASER has been deployed in a custody suite CCTV of the incident will be preserved for use in any subsequent investigation in relation to the detainee.

For further information on TASER please refer to the MPS Firearms SOP.

CONDITIONS OF DETENTION

D31 - Should there be a blanket in every cell?

Blankets must only be given to a detainee upon request or if an HCP or Custody Officer feels it is necessary after a risk assessment. They should not be left in cells or detention rooms as a matter of routine.

D32 - Which cutlery should I be giving a detainee?

Spoons are the only cutlery currently available to be given to detainees. There should not be any other form of cutlery in use.

To minimise risk of self-harm, detainees should only be supplied with a spoon.

As with anything we give to detainees, a dynamic (there-and-then) risk assessment must be conducted to minimise the likelihood of misuse.

Disposable beakers, insulated polystyrene hinged boxes and cutlery are provided for the use of detainees. Canteen crockery and utensils are not to be used. The following instructions apply:

- Under no circumstances will a used beaker be issued to another detainee;
- The Custody Officer is responsible for the cleanliness and safe keeping of all disposable equipment, beverages and ambient meals;
- Food utensils and containers are to be removed from cells and detention rooms as soon as possible after the detainee has finished eating/drinking (Such action should be recorded in the detainee's detention log.);
- In the interest of personal hygiene, it is recommended that custody staff wear disposable, sterile gloves when removing articles from cells.

All detainees are to be provided with new disposable utensils for all meals. This is in the interests of both safety and health. Consideration should be given to recording in a detainee's custody record what utensils have been provided. This will assist staff when retrieving used items. Generally, spoons are the only item of cutlery needed to eat the meals detainees are provided with and these are likely to be the only cutlery available in custody suites.

D33 - How can I obtain Kosher food for a detainee?

The Society for the Welfare of Jewish Prisoners (SWJP) is able to provide any detainee who is an Orthodox Jew with kosher food, free of charge, at any time other than on the Jewish Sabbath and Festival Holy days. The SWJP currently has two members, who may be contacted on the following numbers:



During the Jewish Sabbath and Festival Holy days consideration can be given to food being provided to a detainee from an external source, only for strict dietary or religious requirements.

D33A - Under what circumstances can food be bought for a detainee and how do I obtain it?

Due to food handling restrictions detainees will not be allowed food that has been brought to the police station on their behalf by a family member, friend or other associate.

However it is appreciated that on occasions detainee's needs may vary. For example where there is a clear need to provide food to a detainee in particular circumstances such as a detainee being held for extended periods or a detainee who has very specific dietary needs.

Subject to risk assessment pre-prepared food maybe therefore be purchased for a detainee by MPS staff. As part of their risk assessment Custody Officers must take into consideration the type of food to be purchased and its packaging and record all decisions on the custody record.

D34 - Under what circumstances should replacement clothing be provided and how do I obtain it?

If a detainee is in wet clothing when they are arrested they must be provided with replacement clothing as soon as practicable. This is due to the real risk of hypothermia if they are left in their wet clothing.

If any article of clothing worn by a detainee on arrest is removed for examination or seized as an exhibit, police must ensure that the detainee is adequately clothed when appearing in court.

Efforts should be made to obtain a detainee's own replacement clothing before they are provided with replacements from the custody suite's stock.

Replacement clothing (t-shirts and jogging bottoms) and plimsolls are available if it has been necessary to seize a detainee's clothing and footwear, e.g. for evidence or forensic examination.

Disposable suits (also known as "white suits") are not "safe suits" and they are no safer than conventional clothing. Therefore, if a detainee has had their clothing removed in order to reduce the risk and opportunity to self-harm, these suits must not be given to them as a device to prevent that risk. The same applies to any other clothing given to a detainee.

If it is considered that the risk of the detainee self-harming is high enough to refrain from giving them a disposable suit, serious consideration must be given to placing them under constant supervision.

D35 - Can I send a detainee to court wearing a paper suit?

No. Detainees must not appear at court wearing a disposable suit, nor should they be released from custody in such clothing as it is not considered to be sufficiently decent or appropriate, outside the custody suite. Current contractual arrangements stipulate that SERCO WINCANTON staff must not collect and transfer to court any detainee who is wearing a disposable suit.

D36 - How can I obtain replacement underwear for a detainee?

HMIC/P have made a recommendation that replacement underwear should be made available for female detainees and this is also supported by the Safer Detention Working Party (SDWP). An evaluation took place to identify suitable female underwear for the Boroughs to purchase through their Resources units. From this, it was concluded that the underwear will not be available through the EBP system, due to the small quantities required, as the underwear should only be required in exceptional circumstances and not given out as a matter of routine. This decision has been made in conjunction with Uniform Services, TP Resources and Met Detention.

The female underwear can be purchased from a local Primark, Asda, Tesco or equivalent supplier.

Please contact your Resources Manager to make arrangement for a small stock of the underwear to be purchased, it is envisaged that as they come in packs ranging from 4-6 pairs in each size, that two packs of each size (S M L) should be sufficient, which is a total cost of less than £25.

Similarly, suitably plain, inexpensive male underwear can and should be purchased for 'emergency situations' to maintain the decency of detainees. The same potential suppliers can be utilised.

D37 - Can I give a detainee toilet paper in their cell?

A supply of toilet paper should be available in each cell when a detainee is first placed into it. For reasons of hygiene, toilet paper should be freshly provided at the time a detainee occupies a cell (subject to any restrictions identified in a risk assessment, as below). A detainee should be informed that they can request more toilet paper. As with anything we give to detainees, a dynamic (there-and-then) risk assessment must be conducted to minimise the likelihood of misuse.

D38 - What washing facilities should be available for detainees?

Washing facilities in the form of hand basins and/or showers are available for the use of detainees at all police stations with cells. If a detainee asks for a shower they must be allowed to have one, unless there is a good reason why this cannot/should not happen. Any request and/or any refusal (including the reason(s) for a refusal) must be fully documented in the Custody Record.

Custody Officers should ensure that adequate time is set-aside for detainees to wash and clean their teeth (and shave if appropriate) before transfer to court or the business of the day is commenced.

All personal ablution items are suitable for use by vegan prisoners, and members of certain faiths.

If a detainee is to be held for an extensive period of time, e.g. immigration prisoners or others held in excess of 24 hours, and they are at a custody suite that has no showering facilities, if they request a shower they must be moved to a custody suite that has adequate facilities.

Consideration should be given to members of certain faith groups who express a desire to wash before prayers. Although this shouldn't be allowed to interfere with the efficiency of the custody suite, requests of this nature should be accommodated where possible.

As with all such activities, a dynamic (there-and-then) risk assessment must be conducted which may preclude some facilities or items being made available to a detainee. Such decisions should be justified in the custody record detention log.

D39 - Should towels be available in custody for detainees who wish to shower?

Yes. Cotton towels must be available in all custody suites in the MPS with shower facilities. Towels must only be used once, before laundering. The laundering of towels will be achieved as per the laundering of blankets. Boroughs must ensure that the number of towels sent for laundering matches the number of towels they receive in return. Replacement Custody Towels can be ordered by calling the PSD Helpdesk on Ext. 782222 Option 3 Option 1. You will be asked for your pay or warrant number, location, contact details and a cost centre. Marshalls is the contractor that provide this service and replacement towels are normally delivered in a few working days. They also launder the towels, collecting dirty/delivering clean on a once or twice a week basis (depending on the number of cells). If you have any queries regarding this service, please contact your local PSD Building Resources officer.'

D40 - What if a detainee wants to shave / clean their teeth/ has other hygiene needs?

Each custody suite should have its own stock of single use razors and toothbrushes. Staff supervising detainees' ablutions will ensure that all razors are returned immediately after use, with the blade intact. Razors and toothbrushes are to be allocated to detainees individually. A record of the offer to use these facilities and whether accepted or not, must be made on the custody record. All toiletry requisites must be securely stored and disposed of out of sight and reach of detainees.

As with all such activities, a dynamic (there-and-then) risk assessment must be conducted which may preclude some facilities or items being made available to a detainee. Such decisions should be justified in the custody record detention log.

The additional needs of detainees who for example are menstruating or who have bowel disease or colostomy bags should be taken into consideration on an individual basis. Feminine hygiene products must be available at each custody suite.

YOUNG AND VULNERABLE PEOPLE IN CUSTODY

D41 - Are there any special considerations for young/vulnerable people in custody?

In every instance where a child or young or otherwise vulnerable person is arrested it is the responsibility of the arresting officer to complete a Pre-Assessment Checklist (PAC) formerly known as a MERLIN CTN (Coming to Notice)/Form 78, and bring it to the attention of a supervisor for review.

The Vulnerability and Adults at Risk Toolkit is now available via **Policy Pages > Neighbourhood Policing > Vulnerability and Protection of Adults at Risk >** (See General Q&As)

Information to be included in a PAC where a child, young or vulnerable person is arrested should include if:

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

The responsibility for completing a PAC lies with the arresting officer if the vulnerability is apparent when they arrive in custody, and by the investigating officer if the vulnerability becomes apparent during their time in custody. If the arresting officer or investigating officer is no longer on duty when it becomes apparent that a PAC needs to be created, the custody officer will direct another officer to complete a PAC.

After an interview or any custody related interaction, the custody officer should explicitly ask if any safety or welfare issues, concerning the child, young or vulnerable person were raised.

The Children Act 2004 requires police to cooperate with arrangements to improve well-being of children with regards to:-

- Their physical and mental health;
- Protection from harm and neglect.
- Where concerns arise during a child's detention, and the arresting officer is no longer available, the custody officer must ensure that any concerns arising from the detention of a child or young person are included on a PAC, and communicated to the appropriate agency.

Custody staff should provide appropriate adults (AA) with any key information contained in the detention log and the risk assessment. Without this, essential information can sometimes be missed or not relayed, which can lead to the AA being unable to fully support the person they are there to assist and advise. The Home Office, together with the National Appropriate Adult Network (NAAN), have produced an information leaflet for Appropriate Adults. This provides an overview of the role for parents, carers, relatives or friends, who might be called on to act as an appropriate adult for someone they know. Supplies of these leaflets can be found in custody suites.

D42 - Do 17 year-olds need an appropriate adult?

Yes.

D43 - Why?

The definition of juvenile was extended as of 31st October 2015 to include 17 year olds.

D44 - What does it mean?

Most of the safeguards provided to juveniles have been extended to 17 year-olds. This includes the requirement to transfer a 17 year-old to local authority accommodation if charged with an offence and refused bail

D45 - Is a 17 year-old a 'juvenile'?

Yes. The definition of juvenile was extended as of 31st October 2015 to include 17 year olds.

D46 - Must a 17 year-old be put in a Detention Room instead of a cell?

Yes. C8.8 applies to 17 year-olds if a Detention Room is available then they should be placed in that subject to operational need and risk assessment (i.e. if a more vulnerable detainee arrives they could be placed in the Detention Room instead of the 17 year-old).

D47 - Do I need to contact the 'person responsible for the welfare' of a 17 year-old detainee?

Yes.

D48 - Does a 17 year-old need to have an appropriate adult present to give consent to intimate samples or searches?

Yes. An appropriate adult must be present but currently only the 17 year-old would be asked to consent to the procedure.

D49 - Does the appropriate adult need to be present for fingerprints, samples and photographs from a 17 year-old?

Yes. Code C Note 1M(d)(i) states that the appropriate adult must be present for procedures in Code D involving witness identification, taking fingerprints, samples footwear impressions and photographs and when evidential searches and examinations are carried out.

D50 - What about strip searching?

C1.5A extends the requirement to the appropriate adult being present unless the detainee signifies in the presence of the appropriate adult that they do not want them to be present during the search and the appropriate adult agrees.

Code C Annex A allows for a strip search to be carried out prior to the arrival of an appropriate adult in cases of urgency, where there is risk of serious harm to the detainee or others. Attempts to secure the immediate attendance of an appropriate adult must be made prior to the search taking place in order that one can be present. These efforts must be recorded in the detention log using the 'Strip Search – Juvenile – Urgent Search – Risk of Serious Harm' entry.

D51 - What level of checks should a 17 year-old be placed on?

They should be checked at least every 30 minutes as per Code C Note 9B.

D52 - Do I have to contact the local authority for accommodation for a 17 year-old if I refuse them bail?

Yes. This is as a result of the definition of 'juvenile' being legally amended to mean a person arrested with or without a warrant who appears to be under the age of 18.

The juvenile detention certificate will need to be created for a 17 year-old who is not transferred to local authority accommodation, and must only be produced using NSPIS (the Form 57J/400 must not be used).

D53 - When must an appropriate adult be present?

Code C, Note 1M(d) says when:

- They are informed of their rights and entitlements and the grounds for detention;
- They are cautioned or given a special warning;
- They are interviewed unless an urgent interview authority is given by a superintendent;

- Detention is reviewed or an extension is being considered; (See Code C 15.3(c) & Note 15CA)
- They are charged and related action is taken;
- When samples to test for Class A drugs are requested;
- An intimate search is carried out;
- A strip search is carried out (except for the Annex A exceptions stated above);
- An x-ray or ultrasound is carried out;
- Procedures in Code D involving identification, fingerprints, samples, footwear impressions and photographs and when evidential searches or examinations are carried out (D2.14 and D2.15).

D54 - If a juvenile says they don't want legal advice can the appropriate adult still request it?
Yes. C6.5A allows the appropriate adult to ask for a solicitor to attend, but the person cannot be forced to see the solicitor.

D55 - Can a juvenile be interviewed prior to arrival of an appropriate adult?
Only if a superintendent or above authorises it as an urgent interview (C11.18) and they are satisfied it would not significantly harm the person's physical or mental state.

D56 - Copy of charge sheet?

If an appropriate adult is not present at the time a juvenile is charged their appropriate adult must be provided with a copy of the charge/MG4.

D57 - What information should an appropriate adult (A/A) be given?

Where an A/A is used the custody officer should engage with them as much as possible over their role, and ensure that they have sufficient knowledge relevant to the detainee to properly prepare themselves for their role. A/As are normally only provided with the 1st page of the custody record, which contains limited details. Key information contained in the detention log, and the RA, are not normally reviewed and essential information can sometimes be missed or not relayed. Where the A/A is focused on the welfare of the detainee, has sufficient knowledge of their needs and personal history, and understands their own role in the criminal justice system, they are able to take a more active role in the detainees' welfare.

D58 - Can I still refuse to grant bail to a juvenile?

Yes, but the custody officer must make every attempt to arrange local authority accommodation, recording all attempts made in the custody record, and making and recording follow up enquiries with the local authority if no response is obtained. Attempts to obtain local authority accommodation must be made, unless it is impracticable to do so. There is no legal requirement or obligation to transfer a juvenile to local authority accommodation if they have been arrested under the Bail Act or on a no bail warrant issued by a court.

D59 - When would it be impracticable not to obtain alternative accommodation?

Not sufficient time to arrange before court, adverse weather, no available beds within a reasonable distance would be good reasons.

D60 - How do I deal with a juvenile who is being detained after charge?

There is a statutory requirement contained within s.38(6) PACE that the 'Custody Officer shall secure that the arrested juvenile is moved to local authority accommodation'. S.38 PACE does provide for exceptions where the juvenile may not be moved to local authority accommodation.

The requirement does not apply to juveniles who are being detained for court for breaching post-charge bail conditions, if they have been arrested on a no bail warrant, or they are detained to prevent a breach of the peace.

If the juvenile cannot be moved to local authority accommodation a Juvenile Detention Certificate must be created using NSPIS. This certificate should be converted to an xps file and sent to the officer in the case to add to the digital case file, if the officer in the case is not available the custody officer may have to add it to the case file themselves using COPA.

D61 - Is the local authority obliged to provide accommodation?

Yes. Section 21 of the Children Act 1989 provides that local authorities have an absolute duty to provide accommodation for juveniles who are either being held if they have been refused bail after being charged with an offence or are in police protection. However there may be occasions when there is no accommodation available in which case the juvenile may have to remain in police custody.

PACE states that following the transfer of a juvenile to the local authority it shall be lawful for any person acting on behalf of the authority to detain him.

D62 - Does local authority accommodation always have to be secure?

No. There is often a misunderstanding around this issue. Consequently staff often mistakenly request 'secure' accommodation. The accommodation **ONLY** needs to be secure if the juvenile is **aged 12 years or over AND there is a need to protect the public from serious harm** from the juvenile. Serious harm means death or serious personal injury, whether physical or psychological, as a result of further such offences committed by him.

Custody staff should not routinely ask for secure accommodation.

D63 - Where can I find the Juvenile Detention Certificate (JDC)?

The form can be found on NSPIS via 'Offences'; '>'Other Disposal Options'; '>'Juvenile Detention Certificate'.

The NSPIS Detention Log entry 'Juvenile – Bail Refused and Local Authority Accommodation' must also be completed recording the attempts of custody staff to contact the local authority for accommodation and the creation of the Juvenile Detention Certificate.

The JDC is not required where the juvenile is detained and there is no requirement to move them to local authority i.e. they have breached court bail conditions.

SPECIAL GROUPS - ASSISTANCE

D64 - Is there any information for detainees in an easy read format?

Yes, follow the link to our [Custody Easy Read - Leaflet](#).

D65 - What is a Familiar Personal Assistant?

A Familiar Personal Assistant is someone who helps a disabled person carry out everyday tasks such as getting up, using the toilet, washing, getting around, etc.

A disabled detainee may need the help of a Familiar Personal Assistant whilst they are in police custody.

This specific role is different from that of an appropriate adult. However, a detainee's Familiar Personal Assistant may perform both roles if appropriate.

Any action taken to secure the services of a Familiar Personal Assistant must be recorded in the detainee's custody record.

Access to the custody suite for a Familiar Personal Assistant should be allowed where reasonably possible to ensure that the dignity of the detainee is maintained. The decision to admit a Familiar Personal Assistant rests with the Custody Officer and should be made with reference to the detainee's specific needs, their risk assessment and the existing custody suite activity.

A decision to refuse a Familiar Personal Assistant access to a custody suite must be recorded in the custody record along with the reasons for that decision being made.

D66 - What is the meaning of Chosen Appropriate Advocate?

In this context, *advocacy* is about taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.

Advocacy can assist detainees by:

- Helping them to clarify their own views and wishes
- Helping them to express those views and wishes in a way that ensures they are understood by others
- Providing them with all the options so they can make decisions and take their own action.

The role of a Chosen Appropriate Advocate is very similar to that of an appropriate adult, and a Chosen Appropriate Advocate could generally perform both roles for the detainee.

D67 - Should I allow assistance dogs into custody?

There are currently 6 different organisations that train dogs to assist deaf and disabled people; they range from guide dogs and hearing dogs, those that support people with autism and physical disabilities as well as those that alert persons with epilepsy of an on coming seizure. Full details of the dogs and the organisations can be obtained from the UK Assistance Dogs umbrella organisation, 'Assistance Dogs UK': <http://www.assistancedogs.org.uk/>

If a detainee's dog cannot be kept in the cell, the lead should be used to secure it nearby. Under no circumstances should the dog be placed in police kennels or with other dogs.

A bowl of water and a (clean) blanket should be provided for the dog. Only food supplied by the owner should be given to the dog. If the owner is unable or unwilling to supply food, the local [Guide Dogs Local Team](#) will assist. The dog will need to be allowed outside at certain times to relieve itself.

If it is not possible to allow the dog to stay in the cell with the detainee for some hours; it appears likely that the detainee will remain in custody for up to 24 hours; or police are seeking to have the detainee remanded in custody, long term arrangements for the dog will have to be found, either

through the detainee's family and friends, the appropriate organisation or the local Guide Dogs Local Team.

Other dogs

If a person claims that their own dog is an assistance dog and it has not been trained by an organisation accredited to Assistance Dogs UK, careful consideration should be given before allowing the owner to retain the animal while in custody; this is because the animal's behaviour and health will be an unknown factor.

Foreign Assistance Dogs

Advice on foreign assistance dogs can be obtained from Assistance Dogs UK or Assistance Dogs International Inc. <http://www.assistedogsinternational.org/>

FEMALE DETAINEES

D68 - Are there any special considerations when dealing with female detainees?

PACE requires that female officers must conduct searches of female detainees. However, they should not be posted to the custody suite solely to look after the welfare of female detainees. Whilst women officers must take their turn in the custody suite in accordance with normal practice, to employ a woman officer in this way each time there is a female in custody may be considered discriminatory.

Female detainees must be asked if they wish to speak to a female member of staff in private. If a female member of staff is required, every reasonable effort must be made to make this possible. This member of staff does not need to be a police officer or a member of custody staff. They must, however, be able to adequately represent the MPS in relation to the detainee's care. The female member of staff should not be involved in the investigation of the case but can be the Custody Sergeant.

A male officer or member of staff must not enter a cell or detention room in which a female is detained, except when accompanied by some other person, unless absolutely necessary, for example, to foil a suicide attempt.

Routine visits and the provision of refreshments may be conducted by a lone male member of custody staff provided that there is no need to enter the cell/detention room. Only in special circumstances will the presence of a female member of staff be necessary, for example, if the detainee asks to speak to a woman officer.

The above procedure protects male staff from allegations, and vulnerable female detainees from unintended but possibly very real intimidation. It is not there to protect the sensibilities of the staff. However, female officers/staff may enter a cell or detention room in which a male is detained.

If, however, a DDO or officer is uncomfortable entering a cell containing a detainee of the opposite sex for reasons of decency, they should inform the Custody Officer and request an officer of the same sex deal. In deciding whether to agree to such a request, in every case the duties of care to the detainee and/or colleagues must take precedence. If the Custody Officer feels that it is impracticable or unreasonable to agree, then the member of staff will still be required to deal.

Pregnancy

Should the detainee indicate that she is pregnant they should be asked if they have had any problems with the pregnancy. Any issues raised should be brought to the attention of the HCP. If a pregnant detainee states that they have experienced vaginal bleeding or pain, transfer to hospital should be arranged as soon as possible. Where foetal movement has previously been present but no movement has been felt in the normal manner or at all, arrangements for their transfer to hospital should be arranged as soon as possible. This should **NOT** be delayed pending the arrival of a HCP as they are not able to provide any diagnostic evaluation.

Breastfeeding

Additional consideration must be given to female detainees who are breastfeeding. For instance, they may need equipment brought to the custody suite to assist with expressing milk for their baby. The Custody Officer should seek advice from the HCP in all such circumstances.

Menstrual bleeding

Female detainees who are undergoing active bleeding from periods should be offered sanitary towels/tampons. They may request the HCP for analgesia.

Juvenile Female Detainees

Section 31 Children & Young Persons Act 1933 requires police to ensure any "girl" under the age of 17yrs who is in police custody is, whilst so detained, "*under the care of a woman*". Compliance with this requirement takes precedence over the above directions concerning the Equality Act 2010 and the supervision of female prisoners.

The care may be provided by any female police officer or police staff member and it is necessary to ensure that a female is assigned responsibility for each girl detainee whilst they are in police custody. On being so assigned, they should arrange with the Custody Officer to visit the girl and check on her welfare needs. Nothing prevents the responsibility from being shared by more than one female officer or staff.

A 'carer' need not be physically present with the girl at all times but must be readily available. They must be informed of any matters affecting the well being of the girl and should regularly check on her welfare. The girl should also be told that she may ask to see the 'carer' at any time. Each case must be treated individually and consideration should always be given as to whether a female should be physically present.

TRANSGENDER DETAINEES

D69- What are meanings of the terms 'Transsexuals' and 'Transvestites/Cross- Dressers', and are there any special measures I need to consider?

Transsexual means a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of gender reassignment. It is a protected characteristic under the Equality Act 2010.

Transvestite/Cross-Dresser means a person of one gender who dresses in the clothes of a person of the opposite gender.

These principles are very broad and cannot cater for every possible circumstance. The actions of officers must be shown to be fair and respectful of the detainee's dignity.

Except as provided for under section 9 of the Gender Recognition Act 2004, in law, the gender of a person is that which was registered at the time of birth. This fact remains unchanged regardless of any subsequent medical treatment or surgery. However, a rigid adherence to this principle has been found to be too inflexible and has led to unnecessary confrontations. Experience has shown that where a person whose gender is unclear is treated according to their preferred gender, they are more likely to be co-operative during the course of their dealings with police. The following guidance should be followed:

- If there is no doubt as to the gender of a person, or there is no reason to suspect that the person is not the gender that they appear to be, they should be dealt with as that gender.
- If there is doubt as to a person's gender, they should be asked what gender they consider themselves to be and what gender they would prefer to be treated as. If the person expresses a preference to be dealt with as a particular gender, they should be asked to sign the custody record to indicate their preference. This can be achieved by using the 'unsolicited comment' page within the NSPIS application.
- If a person is unwilling to make such an election, efforts should be made to determine the predominant lifestyle of the person. For example, if they appear to live predominantly as a woman, they should be treated as such.
- If there is still doubt, the person should be dealt with according to the gender that they were born.
- Transvestites/cross-dressers and transsexuals must always be accommodated in a cell or detention room on their own.
- Once a decision has been made about which gender a transsexual is to be treated as, where possible before an officer searches that person, the officer should be advised of the doubt as to the person's gender. This is important so as to maintain the dignity of the officer(s) concerned.
- Transvestites/cross-dressers should be photographed as they would normally 'present'. They can be photographed '*en femme*' too if there is some legitimate intelligence reason (for example, a male detainee regularly commits crime dressed as a woman and that a photograph of the detainee so dressed will assist in the prevention or detection of crime). Although there is a power under [PACE Code D 5.14](#) to ensure a person removes their wig, there is no power to ask someone to put one back on.

In dealing with such circumstances there is potential for conflict and embarrassment. It is also recognized that there is an opportunity for some transgender detainees to attempt to 'manipulate' their stated gender in an attempt to embarrass and discredit the Service. Sensible application of the principles laid out above should minimize the risk of such action and protect officers and staff.

Section 22 of the Gender Recognition Act, 2004 creates a criminal offence for an individual who has acquired "protected information" (i.e. information relating to a person who has made an application under the act) in their official capacity (including as a police officer or police staff) if they disclose this to any other person.

It is vital; therefore, that gender change information is handled sensitively and professionally and is **not communicated** to any person inappropriately, where the purpose of the disclosure is not in accordance with the legislation above. This will be particularly important where a transsexual detainee is kept in custody for court.

Their gender history must not be divulged on the PER Form unless there are health reasons [hormone medication, catheters, and post operative surgery requiring medical attention] related to their gender status. Any such disclosures must be made in consultation with the detainee and the NSPIS pre-defined declaration used. See Flowchart D6 for further guidance.

D70 - Who should search a Transgender detainee?

A detainee should be searched according to the gender they present as; e.g. If the detainee presents as a female, they should be searched by a female officer. If there is any doubt over the gender of the detainee, they should be asked which gender they wish to be treated as.

If an answer is given that appears to differ from any indication of their 'predominant lifestyle', then the detainee is to be dealt with as their predominant lifestyle gender, not their declared gender.

If NO answer is given, efforts should be made to determine the 'predominant lifestyle' of the detainee, and then deal with accordingly. If no such evidence is provided, then deal with the detainee according to what reasonably appears to have been their gender at birth.

Once a decision is made, all officers involved in the search must be made aware of the situation. The detainee must also be informed that the officers involved have been made aware. Full details of the decision making process to be recorded in the custody record, or searching officer's notebook if no record has been created.

If the detainees self-declared gender differs from the gender decided by police, this is to be recorded, along with full reasons as to why.

D71 - Who can a transgender officer search?

Generally speaking an officer or member of police staff of the same gender as the prisoner will be asked to search that individual. This decision is based on how that individual looks i.e. do they look male or female. We must treat people according to the gender they present and where there is an objective, honestly held doubt about a person's gender then every effort must be made to establish that individuals own gender definition.

D72 - Replacement clothing (Transgender detainee)

Transvestites/Cross-Dressers arrested 'en femme' should be given an opportunity to remove any make up and to change into clothes different to those in which they were arrested. This should be conducted with the added consideration that the detainee's family or friends may be unaware of his/her alter-ego.

FOREIGN NATIONALS

D73 - How do I obtain copies of the rights and entitlements and the essential documents in other languages?

The PACE Codes of Practice state that the rights and entitlements, and certain 'essential documents' must be translated in to foreign languages. The Form 3053 - Rights & Entitlements can be printed from the intranet 'Forms' page, where it is listed under '3053' or 'Notice to Detained Person'.

Foreign language versions of the Rights & Entitlements leaflet are available by following this link: [Criminal Justice - Notice of Rights and Entitlements](#)

The translated templates of the essential documents required in Annex M can be found on the link below:

[Criminal Justice - Code C 2013 - 17 year-olds and Foreign Languages](#)

D74 - How do I notify an Embassy, High Commission or Consulate when I have a foreign national detainee?

[PACE Code C.7](#) must be complied with. Notification can be by fax or email using [Form 9802](#). The confirmation message should be retained with the detainee's custody record. Where 'hard copies' of paperwork related to an NSPIS Custody Record exist, the front sheet of the NSPIS Custody Record should be printed and kept in the custody suite with those related documents attached to it. The appropriate box should be ticked in Section 12 of the Custody Record.

D75 - What do I do if a detainee is claiming diplomatic immunity?

Detained persons claiming diplomatic immunity must be treated as any other detainee, until confirmed they are entitled to immunity. When a diplomat is arrested and taken to the police station, a custody record will be opened. In all cases, an immediate check must be made with the "Royalty and Diplomatic Protection Intelligence Unit" (RDPIU) or "Ranger Control" on 020 8721 7970 so a Privileged Persons Index check can be completed and a folio number obtained. The Diplomatic Protection Group will inform the relevant Mission who will be asked to contact the police station at which the person is being held to verify their identity and arrange to have them taken home. Under no circumstances should a person entitled to Diplomatic immunity be charged with an offence without seeking advice from the CPS and FCO.

D76 - How should I deal with immigration offences?

When a detainee has been arrested for an immigration offence, it must be emphasised that they have been arrested for an offence. Both relevant and review times must be conducted according to PACE, until such time that a Notice of Intended Deportation (IS91) is served by the UK Border Force (UKBF). Unless the MPS is undertaking a criminal prosecution for the offence for which the person has been detained, the immigration offences should be document disposed as 'NFA' on the NSPIS Offences page.

Where applicable, NSPIS detention log entries must be made to show:-

- Immigration Contacted
- Immigration - IS91 Served
- Immigration - IS96 Served
- Authority - Insp/Immigration Officer S44-47 UK Borders Act 2007 Search

A person liable to deportation under the *Immigration Act* may be detained in police custody on the written authority of a chief immigration officer (this authority may be issued and signed on his behalf by an immigration officer).

Initially the person may be detained for up to five days, beginning on the day on which a written authority is served. They may also be detained for an additional two days if, before the end of the five-day period, directions for deportation are to be issued and made effective at any time during those two extra days.

However, an HCP may advise that police custody facilities are not suitable for detention for this length of time. In these circumstances the UKBA must be informed immediately so that they can take any action as they deem necessary.

Where the written authority is served during a period of detention for any other reason (for example, the person has been arrested for theft) the day of service will be the first day of detention under the Immigration Act. This is to help calculate the starting date of the written authority.

Custody Officers must contact the UKBA at regular intervals to expedite the removal of the detainee, by them, and to inform them that the detainee will be released from police custody after the expiry of the five or seven days, without further notice.

All action taken, including the day and time and the immigration officer's name and rank, must be noted on the custody record.

If police are required on behalf of the UKBA to serve a detainee with immigration papers and the detainee has an inadequate understanding of English, an interpreter must be called to assist in the service of papers.

The detention of people solely on immigration matters must be authorised by an Immigration Officer of the rank of HMI or above if the detainee is aged 17 or less.

Special consideration should be given to immigration - or any other - detainees who may be held far in excess of the usual amount time. This may be reflected in food, visits or facilities (washing, blankets etc.). Guidelines must still be adhered to and safety and security must still be paramount.

SEARCHING AND PROPERTY

D77 - What is the procedure for strip searching of non-detainees?

Searches brought to the station under Code A 3.6-7 should not be routinely conducted in the custody suite. BOCUs should endeavour to provide more suitable facilities.

D77A - What is the procedure for strip searching of detainees?

In line with Code C PACE Annex A para 10, a strip search may take place only if it is considered necessary to remove an article which a detainee would not be allowed to keep and the officer reasonably considers the detainee might have concealed such an article. Strip searches shall not be routinely carried out if there is no reason to consider that articles are concealed. Where a strip search is being conducted in a cell, a 'Cell in Use' magnetic sign should be applied to the cell door to prevent unauthorised or unnecessary access to the cell. Replacement signs are available via Met Detention - email TP Mailbox - Met Detention Business.

D77B – How many people are required to conduct a strip search?

Except in cases of urgency, where there is risk of serious harm to the detainee or to others, whenever a strip search involves exposure of intimate body parts, there must be **at least two** people present other than the detainee, and if the search is of a juvenile or mentally disordered or otherwise mentally vulnerable person, one of the people **must** be the appropriate adult. For information on strip searches of 17 year olds, see question D50.

Code C Annex A allows for a strip search to be carried out prior to the arrival of an appropriate adult in cases of urgency, where there is risk of serious harm to the detainee or others. Attempts to secure the immediate attendance of an appropriate adult must be made prior to the search taking place in order that one can be present. These efforts must be recorded in the detention log using the 'Strip Search – Juvenile – Urgent Search – Risk of Serious Harm' entry.

D77C – Can I require a detainee to 'squat' during a strip search?

No. Cases have recently been lost at court where a detainee has been requested to squat as the search has been deemed to be unlawful. Code C PACE Annex A para 11 (e) *states if necessary to assist the search, the detainee may be required to hold their arms in the air or to stand with their legs apart and bend forward so a visual examination may be made of the genital and anal areas provided no physical contact is made with any body orifice.*

The search shall be conducted with due regard to the sensitivity and vulnerability of the detainee.

D77D – Can I conduct a strip search in a cell that is equipped with CCTV?

Directorate of Legal Services (DLS) advice on this is that there may be occasions when the conduct of a strip search in a CCTV cell is desirable for the protection of staff, however, a CCTV cell should not be regarded routinely as a suitable place for a strip search unless suitable control measures are implemented. Conducting a strip search in a CCTV cell is not precluded by legislation, however consideration must be given to PACE Code C, Annex A 11(b).

The recording of the search must be shown to be necessary and proportionate in the circumstances. The advice from DLS is that strip searches can lawfully be conducted in cells covered by CCTV monitoring, provided control measures are implemented to ensure the requirements of Code C Annex A are met. The custody officer will ensure that cells equipped with CCTV are not be routinely used to conduct a strip search without justification.

D77E – What control measures are available to me when conducting a strip search in a CCTV cell?

- If CCTV is in operation in a cell or room utilised for such searches, then the custody officer, whenever practicable, should explain to the detainee that CCTV operates within that room but that the detainee will not be remotely monitored during the search.
- To avoid accidental monitoring of the cell used for the strip search the monitor should be deselected from the cell where the search is taking place. Where this is not possible no one of the opposite gender to the person being searched will be able to view the monitor. This should also be explained to the detainee. Monitors should not be turned off or covered.

The custody officer will ensure full justification for conducting the strip search in a CCTV cell is recorded in the detainee's custody record. The custody officer must record in the custody record the control measures taken to protect the detainee's privacy and dignity.

D78 - Can a detainee keep their shoes, glasses, jewellery etc?

Each detainee should be treated on a case by case basis, and anything that they are allowed to keep with them should only be allowed based on the information obtained about the detainee. Any item that is retained by police must be recorded on the appropriate NSPIS property page, where the reasons for retention are shown. If NSPIS is unavailable and paper records are used, the property must be shown as "KEPT BY POLICE", with the reasons why it has been retained, and the detainee must be invited to sign that the list is correct. The searching officer must then add their signature.

N.B. It is the Custody Officer's responsibility to authorise the retention of property, not the DDO's.

A detainee's property **must not** be retained and placed outside their cell or detention room.

Coins and Keys

Custody Officers and DDOs must keep all coins and keys from all detainees who are to be placed in a cell or detention room. Amongst other reasons, this is to prevent the items being placed in recesses and used as a ligature point.

Clothing

If a detainee is believed to be at risk of suicide or self-harm, the seizure and exchange of clothing will not remove the risk but may increase the distress caused to the detainee and, therefore, increase the risk of the detainee self-harming. Leaving a detainee in their own clothing may help to minimize, or even remove, the risk.

Personal Cash

When personal cash is retained by police, the respective amount in figures **must** be entered on the '**GENERAL RECORDING**' tab of the NSPIS property screen. Do not use the 'CASH TAB'. Cash that is the subject of investigation **must** be entered separately in a similar manner unless it is necessary for evidential reasons to list bank notes or coins in more detail. If requested by the detainee, personal cash may be handed over to a third party against receipt on the NSPIS 'Subtraction Authorisation' page.

Where a detainee's personal cash is less than £20, this may be retained with his/her other property. Where the amount exceeds £20, the cash must be bagged separately and stored in the custody office safe. Further details regarding cash handling can be found in Item 1, Notices 32/09.

D79 - How should a detainee's property be recorded?

When recording a detainee's property, an accurate description must be made. Metal must be described as 'white metal' or 'yellow metal', never silver / gold etc., as police officers / staff are unable to act as experts in this identification. Equally, detainees may believe or state that their possessions are of greater value than is the case, therefore the same caution must be applied to 'branded' property; e.g. One (1) watch with a 'Rolex' label with a white metal strap.

Similarly, caution should be taken when describing items that may appear to be leather or fur, etc; it is better to describe an item as 'One black wallet' than 'One black leather wallet'

D80 - What is the Book 105 used for in custody?

The Book 105 is the Custody Officer's transit property book. It is used to record all items that are held in the custody suite transit cupboard.

At the commencement of a tour of duty the Custody Officer will check the number of items in the Transit cupboard. This activity may be delegated to the Gaoler, although the *ultimate responsibility* for the property rests with the Custody Officer.

The DDO, Custody Assistant or Gaoler is to review the Book 105 and ascertain the 105 number of the property items which have yet to be shown 'out' on the right hand box as restored or to the property store, and should therefore be present in the Transit cupboard. These 105 numbers will then be checked against the numbers on the individual bags of exhibits held in the Transit cupboard.

Any items which are not shown as being booked 'out' and not actually in the Transit Cupboard are effectively 'missing'. Any such items are to be brought to the attention of the Custody Officer who will make enquiries as to its whereabouts.

D81 - What do I do if a detainee disputes possession of an item of property?

If a detainee disputes their possession of an article, or alleges that it has been deliberately put into their possession by police, the Custody Officer should require them to state in the presence of the arresting officer and/or searching officer(s) whether they accuse any particular officer.

Any refusal by the detainee to sign for an item of property on the NSPIS property page should be adequately documented on the Custody Record.

The matter must be treated as a complaint if:

- The detainee repeats their complaint after the court case is completed;
- The court expresses doubt, or asks for further police enquiries; or
- The disputed article is one that is not relevant to an offence.

D82 - What if property is brought in to the police station for a detainee?

If a family member, friend or other associate of a detainee brings items of property to the station for delivery to that detainee. The following items will **NOT** be accepted under any circumstances:

- Alcoholic drinks;
- Food (see below);
- Bulky items such as suitcases or bedding;
- Any type of aerosol.

Due to food handling restrictions, detainees will not be allowed food that has been brought to the police station on their behalf, unless purchased by police. (See D33A)

The following items should be accepted:

- A change of clothing provided that there is a need for it and the person is prepared to wait to take away the detainee's dirty clothing;
- Medicines but only under the directions of a Healthcare Professional;

Cash may be accepted but should be discouraged whenever possible. Cash will be specific to the immediate requirements of the detainee and limited to what is reasonable in the circumstances. A receipt will be issued and the receipt number entered onto the custody record.

Care must be exercised on all occasions when property is brought to the station for a detainee. On no account will items be passed to the detainee without the authority of the Custody Officer. All such items should be carefully examined and recorded before handing them to the detainee.

All property will be subjected to a visual risk assessment and thoroughly searched for drugs and other unlawful items in the presence of the person delivering them to the station and before being handed to the detainee. Property handed in by solicitors on behalf of friends or family will be subjected to the same stringent search criteria.

D83 - What do I do if property needs to be transferred?

Whenever a detainee and their property is transferred to another police station within the MPS, to another police force, to court, to any other agency such as SERCO, or to a community home or hospital, the Custody Officer or DDO must ensure that the escort signs for the detainee and any property on the NSPIS 'Receipt for property and person' page.

If police are transferring property with a detainee to a non-NSPIS station, the escorting officer(s) should:

- Take two copies of the NSPIS 'Receipt for person & property form' to the receiving station/agency
- Obtain a signature for the person and any property from the receiving Custody Officer, or responsible person at another agency, on the signed copy
- Hand the transfer copy of the NSPIS 'Receipt for person & property form' to the Custody Officer at the receiving station, or a responsible person at another agency
- Return with the signed NSPIS 'Receipt for person & property form' copy and file it with the original record

In all other cases use the standard NSPIS prisoner transfer procedure.

A Custody Officer receiving a detainee in a case **where NSPIS is not being used** must (after ensuring that the property is correct) sign the receipt on this copy of NSPIS 'Receipt for person & property form' and file it in the custody record at the receiving station. In NSPIS cases, use the normal NSPIS procedure.

Property for Detainees Being Transferred to Prison

The prison establishment prohibits certain items of property within their environment and exercises strict control over others. In the spirit of assisting the Prison Service, custody staff should carefully consider which items of a detainee's property are transferred with them when it is likely or known that the detainee will be transferred to prison either directly or indirectly from police custody.

Items **prohibited** within the prison environment include:

Aerosols	Alcohol	Explosives	Drugs *	Magnets
Metal Cutlery	Toy guns	Wax	Weapons	Wire

* (unless prescribed by the prison health centre)

Items **controlled and monitored** within the prison environment include:

Alarm clocks	Cameras	Chewing Gum	Clingfilm	Food
Glass	Glue	Matches	Mobile phones	Rope
Solvents	Syringes	Tin foil	Tools	Vinegar
Yeast				

SUCCESSFUL INTERVENTIONS & ADVERSE INCIDENTS

D84 - How do I report a 'near miss' in custody? (Referred to as 'successful interventions'.)

To assist with organisational learning and the safer detention of detainees, all incidents which, if allowed to continue to their ultimate conclusion, would result in the death, serious injury or harm to any person occurring in custody must be reported on Form 370C. This includes incidents from the point of arrest and any unforeseeable ones within the custody environment. Such incidents are referred to as a 'Successful Intervention' or SI.

The primary purpose of reporting any such incidents is to provide a learning opportunity for others (organisational learning) and to put appropriate measures in place to mitigate a repetition. Such learning is incorporated into all sorts of areas from bulletins and news articles to staff, training course material and changes to building/fittings or equipment. The full reporting of an incident, the potential learning that has come from it and the following management actions are a vital tool for the continued improvement in the care and management of detainees and the safety of those managing them.

Form 370C should be completed electronically and submitted by the Custody Officer, to the Custody Manager, for the inclusion of any borough actions and organisational learning.

On completion the Form 370C should be submitted by the Custody Manager to Met Detention via **Met Detention Mailbox – 370C** within 10 days of the incident. Copies should be sent to the local Police Federation, Police Staff Union safety representative and the BOCU Health and Safety lead.

The PNC must be updated immediately with the risk details, through NSPIS, for all recordable offences or by means of Form PNCB 3 for all non-recordable offences.

If a detainee has a record on PNC, that PNC record must be updated with the risk details as a matter of urgency. The PNC record is updated with information of this type on page one of the Arrest Summons report. This action should be included in Form 370C.

D85 - What should I do in the event of there being a death or serious injury to a detainee in custody?

For information on the processes and procedures that will be adopted when a person dies or suffers serious injury following contact with the police please refer to the Professional Standards policy pages.

CASE DISPOSING DETAINEES

D86 - How do I cancel a PNC wanted/missing record for a detainee?

The Custody Officer will ensure that any circulation on the PNC wanted/missing record relating to the detainee is cancelled by telephoning PNC Bureau [T62284], who will provide a folio number for the cancellation. Where possible, this is to be done before the detainee's release, noting the folio number on the Custody Record using the NSPIS drop down list (cancellation folio number). The officer in the case will also update the relevant entry on the Emerald Warrant Management System (EWMS).

D86A – I have a detainee on a 'Recall to Prison', but they are also under arrest for an offence. Can I still deal with the offence?

Where a detainee is arrested for a recall to prison, and where there are other 'live' crime matters to be dealt with, the crime matters should take primacy and the full extent of the PACE clock, can be used. There is no urgency to get the detainee back to prison. Detainees who are subject to a recall to prison **must not** be released.

D87 - What do I need to know about charging and other case disposal options?

The charge(s) must always be read over to the detainee to inform them of the nature of the offence(s).

Where more than one detainee is charged with the same offence this should normally be reflected in the charge, for example, "*On (date) at (place) together with 'A.B.' you did*" and so on.

In non-contentious cases or those cases requiring protracted enquiries, the arresting officer or the officer in charge of the case need not be present when the detainee is subsequently charged and cautioned, provided that the officer's evidence is recorded in an Evidence and Action Book (EAB). In such instances, the Custody Officer will note and sign any reply made by the detainee in answer to the charge(s) in the arresting officer's EAB. In the event of a 'not guilty' plea the charging officer will refer to the EAB for their evidence. The officer providing the evidence for the charge is to sign as the person charging on the MG4.

D88 - What if no court is sitting on the day a detainee has been charged?

When no court is sitting either on the day of charge or on the next day, the Legal Advisor to the Court must always be informed so that a special sitting can be arranged. The Custody Officer is responsible for informing the Legal Advisor to the Court through local court arrangements. In reckoning for the purposes of this, no account shall be taken of Sunday, Christmas Day or Good Friday.

D89 - Can I refuse bail if the detainee refuses to sign for their bail?

No. There is no authority to detain in custody a person granted bail who refuses to sign the record of bail but who verbally undertakes to surrender at the appropriate time and date at the court specified.

D90 - How should a 'surety' be dealt with?

The decision as to the need or otherwise for a surety, is a matter for the Custody Officer. Section 3(5) of the Bail Act 1976 provides that if it appears that a detainee is unlikely to surrender to bail in criminal proceedings they may be required, before release on bail, to give security for their surrender to custody. The security may be given by them or on their behalf. The MPS only accepts cash as security.

There will be few cases in which securities are required by police under s.3(5). Securities will not be taken from persons bailed to surrender to custody for further investigation at police stations. Before any security is taken, the authority of an Inspector will be obtained

Cash securities received by police will be recorded on the Custody Record. The NSPIS page for detailing securities can be accessed via the Court Bail option on the 'Offences Disposal' page. The

'Security' page must be fully completed and the person providing the security must sign to acknowledge their responsibilities. Details of the securities (including depositor's details) will be fully recorded on the property page under "Property retained by Police".

A security taken in respect of a person bailed from a police station will be sealed separately from other property and retained in the property store safe. If the defendant appears at court, the security will be restored to the depositor at the police station against receipt.

Status of surety

As a rule, sureties should be householders and persons of respectability and substance. Their character and position are to be considered in assessing whether they are likely to secure the attendance of the accused, or are merely being used as a method of assisting their escape. A person under 18 **must not** be accepted as a surety. Officers making enquiries about sureties are to ensure that the person wishing to stand as a surety can meet the financial obligation should the principal abscond.

All action taken with regard to sureties must be recorded on the custody record.

Surety Taken at Another Police Station

When a Custody Officer receives notification that a surety has been taken at another police station, they will immediately telephone the Station Reception Officer of that station to verify the information.

Details of this action along with any reference numbers will be recorded on the detainee's custody record.

When Form 616 (Recognizance of Surety) is received, it will be filed with the detainee's custody record (front sheet - printed and stored).

D91 - How should a 'Breach of the Peace' be dealt with?

When a person has been brought to the station for breach of the peace, it will be a matter for the Custody Officer to determine whether the situation is likely to be repeated once the person is eventually released. This may hinge on the attitude of the detainee and whether or not they are likely to be involved in a similar incident in the future. The fact that the other party has left the area and is unlikely to return or that the arrested person is expressing remorse for their actions may be grounds for the person's release without any further proceedings other than a warning.

Purpose of Taking a Person Before the Court

Officers must appreciate that the purpose of bringing a person before the court following arrest for breach of the peace is to allow the court the opportunity of binding that person over to be of good behaviour. If police have no reason to believe that the person's previous behaviour will be repeated, then proceedings will be of no benefit and should not be instigated.

Where the person's attitude has not altered, and there is a likelihood that a repetition may occur if released, the Custody Officer must consider whether or not the threat of such a recurrence is immediate or whether any future disturbance would only occur after the date of a court appearance.

When it can be reasonably assumed that a repetition will not occur before the person's appearance at court, the person should be released to attend the magistrates' court on the date of its next sitting. Release will of course be allowed only once the danger of repetition has subsided.

There is no power to bail the person under the *Bail Act 1976*, and release **must** therefore be on the person's own undertaking to appear at the court.

Only where there is a real possibility that release will result in a recurrence of the original situation before the court hearing, should the person arrested be detained in custody for appearance at court. This may, for instance, be necessary where there has been a domestic dispute between members of the same family.

In the event of a person being taken to court, the arresting officer(s) will be required to attend court.

Juveniles

Juveniles must not be taken before the court for breach of the peace, as a sentence of imprisonment cannot be imposed on a juvenile who refuses to be bound over. They must be released once the Custody Officer is satisfied that there is no likelihood of a further breach of the peace or in any case within 24 hours.

The Custody Record must be closed using the 'Refused Charge' option.

Fitness to Understand Charge

No detainee who is unfit to such an extent that they are unable to appreciate the nature of the proceedings should be charged or cautioned whilst in that condition.

When a detainee has recovered sufficiently to understand the nature of the proceedings they will be dealt with in the normal way.

Cancellation of PNC Entries

The Custody Officer will ensure that any circulation on the PNC wanted/missing record relating to the detainee is cancelled by telephoning PNC Bureau, who will provide a folio number for the cancellation. Where possible, this is to be done before the detainee's release, noting the folio number on the Custody Record using the NSPIS drop down list (cancellation folio number). The officer in the case will also update the relevant entry on the Emerald Warrant Management System (EWMS).

D92 - Is NSPIS always used to open a custody record?

With the exception of terrorism related arrests, an electronic custody record **must** be opened for every arrest [including where detention is not authorised]. Custody records for sensitive and high profile detainees, e.g. police officers/staff, celebrities, etc, **will** be created on NSPIS.

In the event of NSPIS being offline, a paper custody record will be used. This must always be 'back record converted' onto NSPIS when it becomes available. Further details are held on the Criminal Justice - NSPIS intranet site.

D93 - What should I do with other paperwork generated when someone has been in custody?

The use of NSPIS has removed the routine requirement to keep 'hard copies' of Custody Records. If, however, a person's detention has generated some paperwork that is not contained on the NSPIS Custody Record (e.g. PER & RA forms, DT/1s, etc.) then the front sheet of the NSPIS custody record should be printed and any paper relating to that record attached. This should then be stored locally in numerical order. These abridged records should be removed only after 12 months for storage. There is **no** requirement to keep a hard copy of the front sheet of every custody record - only those where paper is generated that is not stored electronically. Retention periods for such documents are determined by the Management of Police Information (MOPI) regulations, see the Records Management Toolkit.

If it is necessary to remove any of this paperwork the Custody Officer must be informed and the person removing the record must place a photocopy in its place and note on the copy the date and time the original was removed and the details of the person who removed it.

Note: It is the direct responsibility of the person who removes a custody record to return it, as soon as practicable. Any copies made must then be removed and destroyed as confidential waste.

D94 - How should custody records and associated documents be stored?

The use of NSPIS has removed the routine requirement to keep 'hard copies' of Custody Records. If, however, a person's detention has generated some paperwork that is not contained on the NSPIS Custody Record (e.g. PER & RA forms, DT/1s, etc.) then the front sheet of the NSPIS custody record should be printed and any paper relating to that record attached. This should then be stored locally in numerical order.

D95 - How should I deal with a remand into police custody?

Under Section 128 Magistrates' Court Act 1980, a magistrates' court may remand a person into police custody for up to three clear days [often referred to as a 'lay down']. A person remanded on a warrant must be treated in accordance with section 39 *PACE*, even though they are not in 'police detention' as defined by s.118(2) *PACE*.

A new custody record must be opened and, apart from the time limits on detention, the person must be dealt with according to the appropriate provisions of *PACE*.

Reviews must be carried out at the intervals specified in s.40 *PACE*. The purpose here will be to determine if the need for such detention still exists, and if not, to ensure the detainee's prompt return to court. An Inspector will undertake such reviews until such time as investigations are complete and a decision is made to return the detainee to the magistrates' court. At this point an entry will be made in the log of the detainee's custody record to that effect and the Custody Officer may carry out reviews from that time.

When a detainee is remanded to police custody by a court under s.128(7) *Magistrates' Courts Act 1980*, the Custody Officer must, at the end of the period of remand, return the warrant of commitment endorsed to show the number of days actually spent in police custody, whether or not the defendant was in custody for any other reason, to the Legal Advisor to the Court before which the detainee appears.

A photocopy of the warrant must be filed with the front sheet of the custody record and an entry made in the detention log.

D96 - What do I need to know about solicitors?

Identity cards for solicitors visiting police stations are not mandatory. However, identity cards are issued by the London Criminal Courts Solicitors' Association (for London) and the Criminal Law Solicitors' Association (for London and the provinces) to assist in the identification of their members.

If a solicitor attending the station does not have a card with them, it is important to realise that this is not a reason for preventing their access to the detainee. Nothing in this instruction affects Code C, paragraphs 6.12 to 6.13, which deals with clerks and legal executives relating to the provision of legal advice.

It must always be remembered that a custody suite is a secure environment. Custody staff must take all reasonable measures to satisfy themselves as to the identity of visiting solicitors, particularly in the absence of an identity card. If all other avenues of enquiry prove inconclusive, the Defence Solicitor Call Centre may be called on 020 8763 3195 to verify the status of legal advisors attending police stations.

It is also essential that all solicitors be escorted at all times whilst in the custody area in order to maintain security.

Mobile telephones, Lap-top Computers and other Electronic Communication Devices

It is for the Custody Officer to decide which articles may or not be taken into the custody suite. The following procedures have been agreed by ACPO and the Law Society, however nothing contained therein prevents the Custody Officer from refusing to permit any visit where the visitor is in possession of anything which may compromise the safety or security of the custody suite.

Unless there is good reason to prevent a solicitor from retaining their mobile telephone and other electronic communication or recording devices such as laptop computers, the presumption should be to allow the solicitor to retain and use these devices.

The custody officer will determine on a case by case basis whether mobile telephones and other electronic communication or recording devices such as laptop computers will be surrendered either:

- on entering custody area; or
- before any private consultation with a detainee.

The custody officer will only seek surrender of any such device where there are reasonable grounds to believe that surrender is necessary to prevent unauthorised communications being made by or on behalf of any detainee and must inform the solicitor of the grounds for the decision.

Where the custody officer has concerns about allowing any such device to be retained, the solicitor must if requested, explain to the custody officer why it is necessary for them to retain possession of it whilst they are in the custody area or during any contact with their client, whether in a private consultation or otherwise.

If the custody officer decides to allow the solicitor to retain any such device, the solicitor must agree that they can retain it on condition that they will:

- Not allow any detainee to have access to the device; and
- Not use that device to communicate with anyone on behalf of any detainee.

A decision not to allow a solicitor to retain and use any relevant device should be recorded in the custody record of each detainee to whom that solicitor has been called to give advice.

A solicitor who is not allowed to retain any communication device must be allowed to make appropriate contact arrangements, for example, with the Duty Solicitor Call Centre (DSCC) or their office, to cover the period for which they will not have access to it.

A solicitor who is told that they are not allowed to retain any communication or recording device must be asked to hand the device over:

- on or before entering the custody suite, or
- before any consultation with a detainee.

The device must be placed in a tamper proof bag or locker and the custody officer will be responsible for its safe custody and prompt return.

A decision not to allow a solicitor to retain any communication or recording device should not prevent the solicitor from giving legal advice to their client and failure to comply with a request to hand over any such device would not be considered as justification for claiming that a detainee's access to legal advice has been denied or delayed. **For this reason, when informing a solicitor that they may not retain any such device and of the grounds for this decision, the custody officer should point out that it is the device which is not allowed into the custody area but they are not being prevented from advising their client provided that they surrender the device.** If the solicitor refuses to accept this condition of entry and decides not to visit their client, the custody officer must inform the DSCC of the circumstances so that alternative arrangements can be made to secure legal advice for the detainee.

Non-Compliance by Solicitors

Any breaches of the requirements placed on solicitors, which would include attempts not to disclose possession of a telephone or communication or recording device and any false declarations to the custody officer, should be reported to the Solicitors Regulation Authority to consider disciplinary action and if the solicitor is attending the station under Duty Solicitor Scheme, also to the Regional Office of the Legal Services Commission.

Access to Custody Records

See [PACE Code C, paragraphs 2.4/2.4A](#). A solicitor must be permitted to inspect a detainee's custody record as soon as practicable after their arrival at the station and at any other time whilst the person is detained.

The Defence Solicitor Call Centre number is currently: **03457 500 640**

Conduct of Solicitors/Legal Representatives

Where an officer believes that the conduct of a solicitor or their representative should be brought to the attention of the Legal Complaints Service, a docket should be submitted to the Superintendent in charge of Met Detention via their own BOCU Commander.

If a duty solicitor is involved in matters such as a long delay in attending the station for interview or refusing to attend the station for interview, the local Custody Manager should send a full report to the Superintendent in charge of Met Detention for consideration for a referral to the Legal Services Commission.

Safety of Solicitors/Legal Representatives

The Home Office have published detailed guidance on the subject of 'Safety of Solicitors in Police Stations' (including the responsibility to Solicitors and their employers) but, in essence, Custody Officers are reminded of their responsibility under the Health & Safety at Work Act 1974 and Health & Safety at Work Regulations 1999, specifically the need to ensure that they do not expose others to risk by their conduct. This means, in practice, that Custody Officers need to conduct individual risk assessments when solicitors are left with detainees which may involve an information exchange between the professionals and should include the whereabouts of safety features (such as panic strips) in the place where the consultation is to take place. **This will be particularly relevant for solicitors who may be pregnant.**

Consultation in cells should only take place as a last resort and the Custody Officer must ensure that adequate safety arrangements are in place. The solicitor must be informed of these arrangements.

Details of our responsibilities relating to the safety of solicitors and legal representatives can be found [here](#).

Third Party Referrals

If a detainee has elected not to have a solicitor or has declined legal advice, what should I do if a solicitor is nominated by a third party? The detainee should be informed of the third party referral, and asked if they wish to have the services of the solicitor that has been contacted on their behalf. If the detainee then decides to use that solicitor, the detainee should be allowed to consult with the solicitor. If the detainee still declines a solicitor or access to legal advice, the process will continue without. In any event where a third party referral is made the detainee should be informed and NSPIS updated to reflect what action was taken.

D96A - What can I do when a duty solicitor appears to have too many clients?

A duty solicitor representing a number of clients within one custody suite is not necessarily an issue. However, if the custody officer is concerned that the number of clients being represented is hindering or causing a delay in dealing with a detainee they should bring this to the attention of the solicitor. [i.e. solicitor has four separate clients, officers are ready to interview a detainee but the solicitor is in interview with another.]

The Custody Officer should explain to the solicitor their concerns, about them having to 'juggle' a number of detainees, and that this will cause one or more to be kept in custody longer than necessary - assuming that our OICs aren't in the same position and are in a position to deal.

The next step is to call the Defence Solicitor Call Centre give the same explanation; that is outline the issue, affect/delay it is having on persons detained and request that another solicitor attends from the firm to assist the first solicitor. This action should then be recorded in the custody record.

D96B - What happens if, after being appointed a duty solicitor, a detainee wants their own solicitor instead - and not the duty?

If a detainee elects to have legal advice a solicitor must be called for them using the Defence Solicitor Call Centre. This applies if they nominate their own solicitor, or if they require a duty solicitor. If, having spoken to the solicitor, the detainee decides they don't want to use that solicitor, and they require another one, the detainee should be informed they would have pay for an alternative solicitor, or go without, unless the first solicitor is prepared to relinquish the case to the alternative solicitor, which the first solicitor is not obliged to do (This would be unlikely unless there is a conflict of interest).

D97 - Are visits allowed for detainees?

Visits to a cell or detention room by friends or relatives of a person detained must be made in the presence of a member of custody staff and care must be taken that the detainee does not escape and that articles that may assist them to do so are not passed to them by the visitors. Casual or frivolous requests for visits by members of the public, or visits by members of the press, must NOT be allowed in any circumstances. Greater care should be considered if a visitor to custody is or may be pregnant.

Armed Forces Custody Procedure**D98 - What do I do if I have military personnel in custody who have been arrested?**

If you have any service personnel or an individual whom you believe to be a serviceman/woman in custody, further advice is available from the Service Police Crime Bureau (SPCB) 24hr Operations Room on [REDACTED]

D99 - What if I have visitors to the custody suite?

All visitors, eg, solicitors, Healthcare Professionals (HCPs), appropriate adults, or interpreters, should be made aware of their roles and responsibilities prior to gaining access to the custody suite.

General Guidance

Custody areas must not be seen as a gathering point and only people with legitimate reasons should be present.

Custody Officers are reminded of their responsibility, under the Health and Safety at Work Act 1974 and Health and Safety at Work Regulations 1999, to ensure that they do not expose other people to risk by their conduct. This means, in practice, that Custody Officers need to conduct individual risk assessments when all visitors are in the custody suite and when they are left alone with detainees. Details of steps taken (for example - panic alarms pointed out) and risk assessments decisions should be recorded on the relevant detainees custody record. Consideration should be given to preparing a Personal Emergency Evacuation Plan (PEEP) for visitors to the custody, particularly those with a disability and/or pregnant.

A notice to this effect should be displayed at the public entrances to the custody Suite. It should also highlight the requirement placed on visitors to inform the Custody Officer if they have in their possession any communication device.

All visitors, including solicitors/legal representatives must be told that they are not to hand any item to a detainee. This includes business cards. This is a Health and Safety requirement.

All decisions and actions must be recorded on the custody record.

Contractors

All contractors visiting the custody suite are to read and sign the Custody Safety Checklist for Contractors and a Custody Contractors Attendance Register, which are both mandatory when working in custody. These forms will be located in section 6 of the Custody Suite Fire, Emergency, Evacuation and Maintenance Log Book. This is a white binder currently located within every Custody Suite and is managed by the Custody Manager.

Searching of Visitors to the Custody Suite

Custody Officers must ensure that any person entering the custody suite understands that they are liable to be searched as a condition of entry. The search can be conducted before the visitor is admitted to the custody suite or at any time whilst the visitor is in the custody suite. All searches must be conducted with the consent of the visitor (unless any power in law exists) and must be proportional - not only to the situation but also to the visitor.

Any visitor who has not been searched presents a potential risk. The Custody Officer should assess this risk and put in place appropriate control measure(s). For example:

- Supervision of the visitor and their contact with the detainee
- Searching the detainee before and after the visit / contact.

All visitors must be told they are not to give any item to any detainee at any time.

Solicitors/Legal Representatives Attending Police Stations

Station Reception Officers must inform the Custody Officer of the arrival of a solicitor. With the agreement of the Custody Officer, the solicitor should be shown to the custody suite as soon as practicable. If there is a delay in admitting a solicitor to the custody suite, they should be informed of the reason why and how long the delay is likely to be. The delay and the reasons for it must be recorded in the detainee's custody record.

Pregnant Visitors

The Custody Officer must ensure that, where known, the existence of any condition within the custody suite, that may pose any potential risk to a pregnant visitor, is brought to the visitor's attention at the earliest opportunity and if practicable, before the visitor enters the custody area. This may include for example, detainees who are suffering from infections or illnesses or who are violent or likely to become violent and who may be in contact with the visitor. Having been informed of such a risk, the visitor may wish not to enter the custody suite and, instead, make alternative arrangements in relation to the detainee.

D100 - Can I search visitors to the custody suite?

Custody Officers must ensure that any person entering the custody suite understands that they are liable to be searched as a condition of entry. The search can be conducted before the visitor is admitted to the custody suite or at any time whilst the visitor is in the custody suite. All searches must be conducted with the consent of the visitor (unless any power in law exists) and must be proportional - not only to the situation but also to the visitor.

Any visitor who has not been searched presents a potential risk. The Custody Officer should assess this risk and put in place appropriate control measure(s). For example:

- Supervision of the visitor and their contact with the detainee
- Searching the detainee before and after the visit / contact.

All visitors must be told they are not to give any item to any detainee at any time.

D101 - Can Independent Custody Visitors have access to custody records?

The following paragraphs of the Code of Practice on Independent Custody Visiting give guidance on access to custody records by Independent Custody Visitors (ICVs).

52. *Subject to obtaining the detainee's consent to examine their custody record, the independent custody visitors should check its contents against what they have been told by the detainee. Visitors may also have access to other relevant documentation, which relates to a detainee e.g. risk assessment. All such information must be treated confidentially.*

53. *If a detainee is for any reason incapable of deciding whether to allow access to their custody record, the presumption must be in favour of allowing the independent custody visitors to examine it.*

However, it should be noted that ICVs have no right to medical records:

54. *Independent custody visitors have no right to see the detainee's medical records, even where these are attached to the custody record. However, key points relevant to medical treatment should be recorded in the custody record itself.*

Consideration should be given to asking a deaf detainee or a detainee who needs an interpreter, if they give their consent for an ICV to examine their custody record, whether or not an ICV is visiting

the custody suite at that time or not. This could save time later, should a visit occur and the interpreter is unavailable.

Where a detainee is incapable of giving consent, whether through intoxication, behaviour or for other reasons, a printout of the custody record must be redacted to remove all references to the detainee's identity and offences before it is given to ICVs (to ensure compliance with the Data Protection Act 1998).

D102 - Can detainees smoke in custody?

No. Since the introduction of the Smoke Free (Premises and Enforcement) Regulations 2006 there has been some confusion over whether detainees in custody can smoke on MPS premises. The current legislative position is that all MPS custody areas will be smoke free in accordance with the regulations. This includes any outside cage or holding areas. This is reinforced by Authorised Professional Practice (APP) though ACPO and the College of Policing.

'Forces should legally apply a no smoking policy to custody areas. Local force policy and procedure will need to direct custody officers and staff on the use of appropriate nicotine substitutes.

A Health Care Professional should be consulted prior to any nicotine replacement therapy being utilised. In the absence of any nicotine replacement therapy, there may be exceptional occasions when it could be considered necessary to allow a detainee to smoke, for example if they are considered to be an extremely high risk of suicide or self harm, they are difficult to manage solely by using constant supervision and the only way to keep them calm and manageable is to permit them to smoke a cigarette.

This should be the absolute exception, and should only be considered as a last resort after all other control measures have apparently failed.

Under such exceptional circumstances, control measures must be applied. Such control measures should include, although not exhaustive or prescriptive:

- PNC checks re possible escape risk,
- Smoking only in a secure area i.e. custody cage/holding area (NOT an open yard),
- Detainee must be closely supervised at all times (bearing in mind they would be perceived to be high risk),
- No other detainees to be allowed to be present at the time,
- Use of handcuffs, etc.
- The health and welfare of any officer engaged in supervising a detainee who is being permitted to smoke, should also be taken into consideration, eg non-smokers exposed to second-hand smoke are at risk for many of the health problems associated with direct smoking, and therefore under these circumstances a non-smoker should not be used.

A detailed rationale in the custody record justifying the circumstances of allowing a detainee to smoke should also be included.

Prison Productions - Prison Productions, can create a separate issue in that while they are in their cell in prison it is treated as their place of residence, where they are *'living'* temporarily for the duration of their sentence, therefore whilst they are in their prison accommodation they are allowed to smoke. However, a police cell in a custody suite is merely a temporary holding place, not a residence.

Using smoking to build a rapport - In the recent past smoking has been seen as a valuable part in building a relationship or a rapport with a detainee in order to *"get them on side"*. There has been a suggestion that allowing a detainee to smoke may assist in persuading or influencing them to provide TIC opportunities. However, allowing a detainee to smoke, in order to obtain any information that they wouldn't normally provide, would amount to coercive persuasion i.e. the use of coercive tactics such as smoking to bring about changes in the detainee's behaviour, attitude, and ideology in order to encourage them to provide information.

Allowing a detainee to smoke in order to obtain their co-operation in an investigation should NOT be promoted.

It is important to maintain consistency across the MPS, and therefore in line with the Association of Chief Police Officer's guidance, detainees in custody will not be allowed to smoke in cells, exercise yards, inclusive of cages, custody suites or rooms associated with the custody procedure, except in the exceptional circumstances outlined above and even then not in a cell.

D103 - Can detainees use e-cigarettes in custody?

Detainees cannot use electronic cigarettes for two reasons. Firstly, it cannot be ascertained what is in the cartridge used to refill the electronic cigarette - they can be refilled with anything; Secondly, they are usually easily breakable creating unnecessary risk of self harm/injury. As always, in some rare circumstances, custody sergeant can allow their use under supervision. A detailed rationale in the custody record justifying the circumstances of allowing a detainee to use an e-cigarette should also be included.

D104 - I have a detainee in a wheelchair. Can they be taken to any custody suite?

When asking for cell space for a detainee who is a wheel chair user it is important to consider whether local custody suites have wheelchair access. The majority of custody suites in the MPS do have wheelchair access, with the exception of Hackney (GD), Chelsea (BC), Limehouse (HH), Bethnal Green (HT) & Battersea (WA).

In order to cause the minimum amount of distress to a disabled detainee, consideration should be given to the most suitable mode transport needed to convey a wheel chair user detainee to a custody suite, i.e. a taxi instead of a station van. Every licensed London taxi is wheelchair accessible and features a host of accessibility aids, including wheel chair ramps.

D104A – What are the instances when a PER form needs to be completed?

A Person Escort Record (PER) form must be completed for every detainee being transferred to:-

- Another police station
- Court
- Prison
- Immigration Detention Facility
- Hospital (if likely to be transferred to another agency)
- Military Police

D104B – Who can complete the PER form?

The PER may be completed by the custody officer or a trained and competent DDO. However, the responsibility for the PER content and sign off will remain with the custody officer. This reduces the risk of important information being lost during any subsequent handovers.

D104C – When must a PER form be available?

The PER form must be complete and readily available for the transfer of the detainee upon arrival of the collecting agency, currently SERCO. This means that either the custody officer first aware of the transfer must initiate the PER form **OR** completion of the PER form must be done by night duty staff. Ultimately the PER **must** be fully complete and up to date when SERCO arrive. SERCO typically arrive in MPS custody suites between 0645hrs and 0730hrs, however, these times can vary.

D104D – What must be done prior to the transfer of the detainee?

Night duty staff must email a form 2282 (prisoner collection form) by 0400hrs. To ensure the correct version of the form is always used the form 2282 **must only** be accessed from the MPS forms page.

Night duty staff must check that ALL detainees who are for transfer, have a completed PER form. The PER must be up to date, and have all associated paperwork enclosed.

D104E – What paperwork must accompany a PER form?

Paperwork to accompany a PER should be:-

- Print of risk assessment (all versions);
- Print of property sheets;
- Print of medical forms (where applicable);
- PNC print of warning signals (where PNC access is available);
- Print of 'exceptional risk' form (where applicable);
- Juvenile Detention Certificate (where appropriate).

Where documents are attached these should be indicated on the ESCORT HANDOVER DETAILS page of the PER.

D104F – What about property that needs to be transferred with a detainee?

Property that is required to be transferred with the detainee to court must be identified, checked and readily available to be handed to SERCO upon their arrival in custody. All property bags handed over to SERCO must be sealed and the seal numbers recorded on the relevant PER. The integrity of the property bag is essential, i.e. the bag must not have been breached in any way.

D104G – What if the detainee has medication?

If the detainee has been prescribed medication during their period of detention, and they would be due the medication after transfer, the medication should go with SERCO for ongoing administration. SERCO staff will continue to administer medication according to the instructions given by the HCP in the medical form.

If the detainee arrived with their own prescribed meds, they are the detainees property, and should be dealt with as personal property, i.e. in a sealed bag recorded on NSPIS and entered onto the PER form.

D104H – Who has responsibility for the procedure when a detainee is transferred?

It is the responsibility of the custody officer who transfers the detainee from the police station to the escort to complete a final check of the PER to ensure it is up to date and contains details of any additional post-charge or other care requirements.

D104I – How do I know when SERCO will arrive?

SERCO are contractually required to ring the custody suite 15 minutes before they are due to arrive. The purpose of this call is to make custody staff aware of SERCO's forthcoming arrival and therefore to allow custody staff to ensure they are ready and have staff allocated to assist SERCO when they arrive.

If, when the SERCO crew call, custody staff are of the opinion they may not be ready within the timescale given, the SERCO crew should be advised as such to enable them to reroute to an alternative suite and return at later time.

D104J – What happens if it's busy when SERCO arrive, or there is a handover taking place?

There should be few occasions when custody staff are not be able to facilitate SERCO upon their arrival, examples being a medical emergency or other incident happening in the custody suite that may render **all** custody staff being unavailable to assist.

Due to the times that SERCO generally arrive at custody suites, a custody handover may be in progress. In this event it will be necessary for one member of staff to 'breakaway' from the handover to assist SERCO. Prior to their arrival an officer must be nominated to assist SERCO when they arrive. It should only take a minimum of one member of staff to facilitate SERCO upon their arrival, and once SERCO have been engaged, it is extremely unlikely they will leave. SERCO should not be left waiting for periods in excess of ten minutes.

D104K – What else do I need to know about PER forms and transferring detainees to SERCO?

Detainees must not be sent to court in a white paper suit. Prior to arrival of SERCO the detainee must have been provided with appropriate replacement clothing and footwear where necessary.

Detainees who are for transfer to court should be woken prior to SERCO arrival and offered breakfast and washing facilities.

Handwriting in the PER must be legible. When completing the PER you must ensure the text is coming through to the blue carbonated copy so that it can still be clearly read.

Pull out pages of PER (blue sheets) must be stored locally with print of front sheet of the custody record

There is a comprehensive PowerPoint presentation on 'How to Complete a PER Form' on the [Met Detention](#) intranet site.

PRE-RELEASE RISK ASSESSMENTS

D105 - What is the purpose of a Pre-Release Risk Assessment (PRRA)

The police have a duty of care to detainees and this extends beyond their detention.

The meaningful completion of a PRRA is a mandatory process at the conclusion of a custody record. The PRRA was introduced in response to a Coroners' ruling and the Corporate Manslaughter and Corporate Homicide Act 2007 which applies to deaths in police custody, or following police contact. The MPS may commit an offence under the Act in the event of a death in custody, or following police contact, where there are deficiencies in processes or practices.

Appropriate completion of a PRRA may identify risk and vulnerability for detainees, and allow for the implementation of control measures to assist the detainee and attempt to prevent them from coming to harm. The Metropolitan Police Service (MPS) Directorate of Professional Standards and the Independent Police Complaints Commission will examine whether a PRRA has been completed and whether custody staff did everything they were reasonably able to do to prevent an adverse incident occurring.

D106 - How do I complete a Pre-Release Risk Assessment (PRRA)

If a risk is identified during any stage of a detainee's detention, from arrival to release, some appropriate action must be taken.

The PRRA is expected to be appropriate and meaningful to a detainee's circumstances, and in context with any events that may have taken place during their detention. Where self harm or attempts to complete suicide have been made and a detainee is subsequently released, the releasing officer should suggest agencies on the Form 61 that could offer assistance. It may be prudent to advise the detainee that if they feel they are going to further self harm or attempt suicide they should go to a hospital.

The Form 61 - Support Agency Referral Leaflet should be issued/offered to every detainee upon their release. Consideration should also be given to issuing the form earlier in the person's detention if the ongoing risk assessment identifies the individual as a risk, as this will afford them the opportunity to identify support early.

It is important to understand that the process of completing a PRRA is a separate procedure to the issue of the Form 61. The Form 61 is one control measure for a person who has been identified as a risk. However, simply giving the leaflet to the detainee, whether at the time of booking them in, or at any other point during the detainee's detention, does not absolve the Custody Officer of their obligation to complete a thorough PRRA at the point that a detainee is released.

D107 – How do I record a Pre-Release Risk Assessment (PRRA)?

All custody records, including those where the person has been transferred to a Prisoner Escort Collection Service (e.g. Serco) must include a PRRA. PRRA does not sit in isolation it is part of the ongoing risk assessment required by Code C.

A standard template has been created to assist staff in identifying and highlighting risks. The **HARD FACTS** template must be used in all cases. Consideration must be given to all the points this should be recorded along with any relevant action taken to address the risk. Considerations below may or may not apply and the follow up points are not exhaustive.

Health (physical and mental) – where a medical or mental health risk has been identified has the detainee been seen by or need to see an appropriate HCP? Are they in need of medication? Etc...

Alcohol/Drugs/Substance misuse – have they seen a drugs referral worker?

Referral – has the OiC been tasked to complete a Merlin report for a MASH referral, have they been referred by the Liaison and Diversion worker, has a Samaritans referral been offered/accepted.

Domestic circumstances – is the allegation domestic abuse related, domestic abuse related cases have an elevated risk of suicide following release? Does the suspect have somewhere to live? Has a DVPN been served?

Foreign National Offender – have all the appropriate checks been recorded? Has the detainee been offered contact details for their High Commission, Embassy, or Consulate?

Allegation – certain allegations are likely to carry additional risk of suicide following release especially sexual offences and drink drive.

Cash – does the detainee have sufficient funds to get home? Are they likely to lose their job as a result of their arrest (see Common Law Police Disclosure)?

Time, weather, location – is the detainee suitably dressed for release? Are they in a location which places them at risk? e.g. rival gang members or a vulnerable person being released late at night.

Support – have they been provided with Form 61/61A? Have they been offered the opportunity to make a phone call to an agency or family/friend?

All facts that are known about the detainee should be taken into consideration when completing the PRRA, this will require the custody officer completing it to be aware of the contents of the risk assessment.

The custody record must be reviewed for any incidents that may have occurred during the detainee's detention, and anything that arises from these reviews must be recorded when completing the PRRA.

Where the detainee is being transferred to a PECS contractor risks that are known must be recorded in the PER form. The *ISSUES IDENTIFIED* or *NO ISSUES IDENTIFIED* NSPIS fields should still be used accordingly at the time of completing the PRRA with **HARD FACTS** completed for whichever option is selected.

The Form 61 (and where relevant the 61A) shall be given to every detainee. Where appropriate custody staff should highlight agencies to the detainee that could help them; for example, for a detainee arrested for a domestic violence matter, highlight the domestic violence help agencies to them; those arrested who are substance abusers should have the relevant drugs agencies pointed out to them, etc.

The Samaritans

The MPS have a Memorandum of Understanding with the Samaritans where they will accept referrals from the MPS. If the detainee consents their first name and contact telephone number will be passed to the local Samaritans team who will attempt to contact them.

D108 – When a detainee has been to virtual court do I still need to complete a PRRA?

Yes. It would be best practice for the custody officer to make note of any outcome from the virtual court as this may have a bearing on an individual's demeanour upon release.

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Met Detention - Questions and Answers (Q&As)

The following Q&As include important guidance and advice and give greater detail than the toolkit flowcharts.

The Q&As have been split into four categories. This document deals with buildings. By the nature of custody business subject areas overlap therefore each category should not be referred to in isolation.

All instructions and guidance contained within these Q&As should be regarded as mandatory.

Buildings

B1 - How do I know if my police station is designated or non-designated?

Every police station in the MPS with a custody suite that is equipped and maintained in accordance with MPS police station design specifications for use in detaining arrested persons is designated.

B2 - Can I take my detainee to a non-designated police station?

Whilst it is not unlawful for an arrested person to be taken to, and dealt with at a MPS police station that is not designated, such police stations do not have custody suites that meet the minimum standards. The expectation of the MPS is that arrested persons are taken to an operational custody suite.

B3 - Why do British Transport Police (BTP) bring their detainees to MPS custody suites?

BTP do have their own custody facilities in London but these are smaller in number than MPS custody estate. As BTP do not have their own geographical force area the relevant time for a BTP arrest will be dependent on the local force covering the environs of where the BTP arrest was made.

B4 - What do I need to know with regard to fire safety in a custody suite?

To find out about fire safety in the custody suite visit the Resources Directorate Intranet site [\[Resources - Resources Directorate - Property Services - Divisions - RCOS - Compliance - Fire\]](#)

B5 - What do I need to know about custody CCTV?

See [Special Police Notice 20-01](#) of 23 November 2001 and [Item 2, Notices 14-10](#) of 31 March 2010.

B6 - Should I close the custody suite if the CCTV fails?

If CCTV fails there is no reason to close custody. However, in this event, additional control measures should be adopted for detainees who present as a risk, such as more frequent checks.

B7 - What is the retention period for custody suite CCTV?

The current period for the retention of CCTV media from custody suites is one year. Disposal is being managed centrally by a 'stepped process' starting with CCTV that is over three years old.

B8 - Should a risk assessment be carried out for the custody suite?

It is a requirement that a risk assessment is completed for every custody suite - specifically for and pertaining to that individual custody suite. The corporate custody risk assessment template assists in completing this process but relying solely on this is not appropriate, as each individual custody suite has its own individual hazards. The corporate custody risk assessment template can be found at: S:\Corporate Risk Assessment\TP Operational then select TP Ops 11 Custody RA3 2012 FINAL.

B9 - Which posters and signs should be displayed in custody?

A self-adhesive *aide-memoire* (Form 3027) for the 4Rs guidance on checking detainees must be affixed to every cell and detention room door. A self-adhesive "Shut that Wicket" notice (Form 3026) must be affixed to each cell and detention room door. Stocks of these forms can be obtained via Met Detention.

Posters asking, "Have you swallowed drugs?" to highlight the risk to detainees who may have ingested drugs prior to their arrest or their arrival at the station should be displayed prominently (downloadable from the Met Detention Intranet site).

A *Legal Services Commission* poster advertising the right to legal advice must be prominently displayed in the custody suite of police stations. Posters containing translations should also be displayed wherever they are likely to be helpful and where it is practicable to do so. Stocks of these forms can be obtained via Met Detention.

Signs indicating the direction of Mecca are not a requirement.

B10 - What is the definition of a ligature and a ligature point?

A ligature is anything made or adapted to tie or bind, such as a belt, laces, clothing or blankets and a ligature point is anything to which a ligature may be affixed in order to cause self-strangulation.

B11 - How do I check cells for defects and ligature points?

Guidance on how to systematically check a cell is held on the TPCJ Safer Cells web page - Checking & Searching Cells. Where a cell requires general cleaning, e.g. removal of food cartons, this should be completed by custody staff to ensure cells are readily available. More thorough cleaning should be facilitated via daily cell maintenance and cleaning regimes.

B12 - What should I do if I find a defect or ligature point?

The Custody Officer must be informed. Remedial action must be taken when a cell is found to be damaged or defective. If the increased risk caused by the cell defect cannot be managed the cell should be taken out of service. Examples of how this risk could be managed include, enhanced

level of checks/supervision, increased use of CCTV, removal of all potential ligatures e.g. laces, belts etc or using the affected cell for detainees deemed to be 'no known risk'.

B13 - What is the procedure for the use of ligature cutters?

A safety ligature cutter must be used only once and then disposed of in the following manner:

- If it is required for evidential purposes, for example as a consequence of a death in custody, it should be treated as a sharp instrument exhibit and packaged appropriately.
- If it is not required for evidential purposes, it should be treated as a 'sharp instrument' and should be disposed of in a sharp instruments disposal container.

All custody staff working in the role as either gaoler or Custody Officer must be in possession of an appropriately sealed ligature (plastic integrity bag) cutter in a pouch and also have ready access to a cell passage and cell door key whenever they perform gaoler duties. This will ensure in the event of an incident that the gaoler staff can gain immediate access to the cell passage and cells.

Custody Managers and Custody Support Inspectors who may frequently visit cells must also be in possession of a ligature cutter and cell key, whenever they conduct such visits.

The ligature cutters will be enclosed in an integrity sealed bag, this bag **MUST NOT** be removed unless the cutter is used in an emergency. This will ensure the user can be confident that the blade will be sharp and will perform as expected. When the cutters are returned they must be checked by the custody officer to ensure the integrity seal (plastic wrapper) is still in place and sealed.

The safety ligature knife should be grasped firmly in the user's hand and, where possible, used in a downward motion to avoid jabbing the knife into soft tissue. The blade is between two prongs of the handle that protect the user and ensure the safety of the person at risk. These prongs must be on either side of any ligature. If the safety ligature cutter is unsuitable, for example if the ligature is too thick, then the Tuff-cut scissors (found in every custody first aid kit and with every defibrillator (AED) can be used.

B14 - What should I do if someone makes a 'dirty' protest in their cell?

If a detainee has deliberately smeared themselves and / or the cell with excrement or other bodily fluids, the Custody Officer should contact the appropriate contractors to arrange a clean of the cell and any adjacent affected area(s) by calling the ICC on Ext. 782222 Option 3 Option 1.

If a toilet has been blocked by a detainee consideration must be given to the use of a specialist camera, requested from DOI (via POLSA), to see if the blockage was the result of the disposal of prohibited articles. This is not solely an evidential requirement but a health and safety one too.

Where a cell requires general cleaning, e.g. removal of food cartons, this should be completed by custody staff to ensure cells are readily available. More thorough cleaning should be facilitated via daily cell maintenance and cleaning regimes.

When dealing with a detainee who has smeared themselves in excrement, officers should wear suitable protective clothing. Consideration should be given to using level 2 trained officers with full personal protective equipment (PPE).

B15 - How should I arrange cleaning of a cell contaminated with blood/saliva or other hazardous fluids?

The cell must be taken out of service immediately. The facts are to be reported to the cleaner on their next daily routine cell cleaning visit or by telephone to contractors appointed by Property Services Helpdesk who will arrange for the necessary cleaning to be carried out.

B16 - What if an infectious detainee is or has been held in a cell?

When a detainee, who may be infected with lice or have any other contagious condition or communicable disease or infection, has occupied a cell it must be taken out of service and arrangements must be made to have it cleaned as soon as possible. There is no necessity to specially clean a cell or detention room solely due its being occupied by a detainee who is believed to have a blood borne virus such as HIV or Hepatitis.

B17 - How should I deal with cells damaged by graffiti?

Cells that are daubed or etched with grossly offensive graffiti must be closed until the graffiti is removed by calling the PSD Helpdesk on Ext. 782222 Option 3 Option 1. The presence of gang tags or similar 'territory' markings should also be monitored and removed as soon as possible. Where staff are sure that damage did not exist, prior to a detainee being placed in a cell, consideration should be given to prosecuting the detainee.

B18 - What do I do if a contractor attends my custody suite?

All contractors visiting the custody suite are to read and sign the Custody Safety Checklist for Contractors and a Custody Contractors Attendance Register, which are both mandatory when working in custody. These forms will be located in section 6 of the Custody Suite Fire, Emergency, Evacuation and Maintenance Log Book. This is a white binder located within every Custody Suite, and is managed by the Custody Manager.

Remedial action must be taken when a cell is found to be damaged or defective. If the increased risk caused by the cell defect cannot be managed the cell should be taken out of service. Examples of how this risk could be managed include, enhanced level of checks/supervision, increased use of CCTV, removal of all potential ligatures e.g. laces, belts etc or using the affected cell for detainees deemed to be 'no known risk'.

Where a cell requires general cleaning, e.g. removal of food cartons, this should be completed by custody staff to ensure cells are readily available. More thorough cleaning should be facilitated via daily cell maintenance and cleaning regimes.

B19 - How can I obtain further towels, blankets, mattresses etc?

Cell blankets, mattresses, pillows and towels can be ordered by calling the PSD Helpdesk on Ext. 782222 Option 3 Option 1. You will be asked for your pay or warrant number, location, contact details and a cost centre. Marshalls is the contractor that provides this service and replacements are normally delivered in a few working days. Any blankets that are found to be heavily worn should be replaced as heavily worn blankets could be susceptible to tearing.

B19A – What should I do if I find that a blanket has been torn?

Cell blankets used by the MPS are intended to resist ripping by a person of normal strength and the properties of the blanket should inhibit the tearing of the blanket into parallel strips.

Any blankets that are found to have been torn should be packaged up and sent with an explanatory note (Form 370C) via the internal despatch to [REDACTED] - Property Services –11th Floor West, ESB. Upon receipt of the blanket a joint investigation with the manufacturer can be launched to identify any previously unknown weaknesses or learning to be obtained.

B20 - Do phones in the custody suite need to have an induction loop system fitted for hard of hearing detainees?

There should be a hearing loop available in the booking-in area. Their provision, where reasonably possible, is required by the Equality Act 2010. Signage indicating that a hearing loop is available should be on display close to the phone concerned.

B21 - Why do cell doors have to be kept shut?

Due to the way that custody fire alarm and smoke extraction systems are designed, cell doors are required to be shut at all times even when the cell is not occupied. This does not apply when a detainee is subject to constant supervision.

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Met Detention Questions and Answers

The following Q&As include important guidance and advice and give greater detail than the toolkit flowcharts.

The Q&As have been split into four categories. This document deals with healthcare. By the nature of custody business subject areas overlap therefore each category should not be referred to in isolation.

All instructions and guidance contained within these Q&As should be regarded as mandatory.

Healthcare

H1 - How should the Healthcare Professionals room be maintained?

The HCP rooms are intended solely for use by HCPs to carry out clinical examinations and/or retrieval of forensic samples. They must be kept locked when not in use and maintained, cleaned and supplied by each respective Borough.

All medicines must be stored in accordance with the MPS Security, Administration and Disposal of Medications in Police Custody Guidance.

First Aid equipment - comprising of a minimum of two first aid kits - must be readily available in all custody suites. These must be sealed, with the earliest expiry date clearly visible. Custody Management may wish to consider having one first aid kit in the HCP room. The minimum standard for these First Aid Kits is available in the "[\(MPS First Aid and Emergency Life Support SOP\)](#)". Additionally, the items listed within that SOP for Custody suites must also be readily available. Custody Managers must ensure that their Custody Suites comply with these minimum standards.

Blue plasters must be available and worn by all personnel, whilst they are preparing or handling detainees' food.

Unless the material is required for evidential purposes, the used First Aid equipment must be disposed of as clinical waste. Replacements should be ordered through the Stores Liaison Officer (SLO) as a matter of urgency.

H2 - Can I access the HCP room drug cabinet to get medicine for my own use?

No member of MPS staff is permitted to access the drug cupboard to obtain medicine for their own personal use. Any member of staff who believes that they may need access to medicine must have had a full assessment completed by a Health Care Professional.

MEDICATION

H3 - How do you monitor controlled drugs kept in custody?

All custody suites must keep a Custody Controlled Drugs Book (CCDB). This must be a book, not loose leaf, which contains records of the receipt, supply and administration and disposal of **Dihydrocodeine (DHC)** and **Diazepam**, which are controlled drugs. Receipt of new controlled drugs stock must be entered, signed & recorded in the New Stock In column. A separate CCDB is used for each type of medication. Rectal Diazepam does not get recorded in a CCDB.

The total amount of controlled drugs stored within the medicines cabinet must be checked a minimum of once a day, however best practice is that medication management forms part of the handover process. The Custody Manager is responsible for ensuring that this process is completed, audited and recorded in the Controlled Drug Book.

When a HCP requires access to the Controlled Drug Safe, they request the key from custody staff. Custody staff provide the key and remain with the HCP. Amounts removed from the Controlled Drug Safe must be clearly recorded in the corresponding CCDB. Witnessed & counter signed by Custody staff.

If a discrepancy occurs, this must be brought to the attention of the Custody Manager, if on duty, or the Custody Support Inspector (CSI) to investigate locally. Recheck the totals and search the Controlled Drug Safe. They should assess the risk associated with the nature and quantity of drug involved and conduct an initial investigation on behalf of the Met Detention. If the medication remains outstanding, report the incident on a Form 370C.

H4 - How is oxygen stored?

Medical gas cylinders shall be stored securely, either in the case provided or restrained unless they are designed to be free standing. They must be kept under cover and not subjected to extremes of temperature. The storage area must be clean, dry and well ventilated so that cylinders do not become rusty. Medical gases must be kept away from highly flammable liquids and other combustible materials or sources of heat and ignition. Full and empty cylinders must not be stored together. Empty cylinders must be returned to the supplier as soon as possible. Cylinders must be clearly marked to show what they contain and the hazards associated with their content. The local fire officer must be made aware of the store. Warning notices must be clearly displayed around the storage area, for example to prohibit smoking and naked lights.

H5 - Who can administer oxygen?

Oxygen shall be administered according to the British Thoracic Guidelines and only by a Health Care Professional.

H6 - How should medication be disposed of?

Out of date medicine or medication left over from a detainee, shall be placed in the blue topped pharmaceutical waste bin which will be disposed of according to local arrangements. A detainees own medication needs to be returned.

Custody Staff must contact SCD 3 Drugs Directorate [REDACTED] to dispose of large quantities of controlled drugs. The controlled drugs should be counted, bagged sealed in an exhibit bag and placed in a locked cabinet with appropriate entries into the CCDB. Enter the exhibit bag seal number in the custody number column and record the destruction or removal of drugs when SCD 3 attend.

H7 - Can FMEs carry their own medication?

FMEs must not carry, prescribe or dispense their own medication on MPS property. Only an FME can prescribe controlled drugs listed in Schedule 2 or 3 of the Misuse of Drugs Regulations 2001.

H8 - Where can I find information about administration of medicine or medication?

Please refer to the [Safe and Secure Administration of Medication in Police Custody](#)

H9 - Can a detainee self administer medication?

Detained persons are not permitted to self-administer medication until examined and authorised by a HCP. All medication must be shown to HCPs.

H10 - What happens if friends or relatives bring in medication for a detainee?

Medication that is brought in by detainees or their friends or relatives **must** be

- Verified by the HCP;
- Stored within the detainee's property and entered as such on the custody record.

H11 - Do you need to witness medication being given to detainees?

All medication given to a detainee must be witnessed by 2 people. This also applies to Healthcare Professionals for controlled drugs.

H12 - Can a FME give a verbal instruction to give medication?

Verbal authorities to administer medication are not acceptable and must not be acted upon.

H13 - When can a non healthcare professional administer medication?

An FME must administer the medication personally or, if not due at the time, place it into the labelled Medication paper envelope for administration by custody staff in accordance with PACE.

H14 - Can the medication cabinet be opened when the detainee is present?

The medication cabinet must never be opened whilst a detained person is in the HCP room, unless it is a medical emergency and an officer is present.

H15 - How do FMEs administer medication?

An FME must administer the medication personally or, if not due at the time, place it into the labelled medication paper envelope for administration by custody staff in accordance with PACE.

The label must state the following:

- Name of detainee;
- Custody Number;
- Prescribing Doctor;
- Date issued;
- Type, strength and quantity of medicine;
- Dosage instructions including date and time it is to be given;
- Any special instructions, e.g. after food.

The FME must complete the label in print with no abbreviations and sign it. A separate medication paper envelope must be used for each dose and each type of medicine.

H16 - Can a Custody Nurse Practitioner delegate the administration of medicine?

A CNP cannot delegate the administration of medication to another person. A CNP will not be permitted to administer medication via a medication paper envelope.

CLINICAL INCIDENTS & DISPUTES**H17 - Who are HCPs accountable to?**

Forensic Medical Examiners and the Medical Director roles are accountable to the Commissioners Representative via the Forensic Healthcare Services department Met Detention

Custody Nurse Practitioners and Custody Nurse Practitioner Area Managers are accountable to Forensic Healthcare Services department Met Detention.

H18 - What should I do if I am not happy with the advice given by an FME or CNP?

Custody Healthcare Professionals have a vital role in keeping detainees and staff safe. They are a key part of the custody team. There may be occasions when custody staff are not in complete agreement with the actions or recommendations from a HCP. This may be due to a misunderstanding or conflicting information but whatever the issue, it must be addressed at that time as the detainee's welfare is of paramount importance. Custody staff should consult with the HCP and if concerns remain discuss this further with a 2nd HCP on duty. If there are still concerns the LAS should be called and the Custody Support Inspector / Duty Inspector informed. If the medical condition is serious an ambulance should be called and a Form 370C completed.

During office hours FHS can be contacted on [REDACTED]

H19 - How can I raise a concern about a Healthcare Professional?

Procedural, clinical concerns or attendance issues should be raised by completing form 370C.

H19A - I have called an ambulance for a detainee, but they haven't arrived and the detainee is deteriorating. What can I do?

In the event that an ambulance has been called to the custody suite and the call needs to be upgraded because the detainee has deteriorated, an escalation process can be started via the MetGrip C/Insp on the following number:

MetGrip C/Insp - 796515

MetGrip Insp - 796530

The MetGrip C/Insp will update the LAS Operations Centre Manager with a view to an ambulance attending more rapidly. This process is detailed in a Memorandum of Understanding (MoU) document between the LAS and the MPS.

The full MoU document can be found on the '[Command and Control](#)' intranet site.

If for any reason, an incident involving LAS in custody causes concern, please report it to Forensic Healthcare services as a near miss on form 370C to the **TPHQ Mailbox - Forensic Healthcare Services** mailbox, who will progress it on your behalf.

H20 - If a detainee needs to see an HCP, can they request to see their own doctor?

- Examinations on behalf of the police will ordinarily be made by the HCP. However, if one is not available, and the circumstances so require, the services of the nearest suitable doctor should be obtained, and references to an HCP should be read as covering any doctor whose services are so obtained.
- Whenever a request for an examination by a private doctor takes place, an HCP must be called on behalf of police.

- HCPs (and private doctors if requested) must be called immediately the necessity for an examination arises.
- The examination by either an HCP or private doctor should take place as soon as possible after arrival at the station. The examination should not normally be delayed because of the non-arrival of either party.
- **If the examination is solely for road traffic impairment assessment, and the person requests their own doctor, it is advisable that both doctors are in attendance, while the FME conducts the examination.**
- An examination by a private doctor must be conducted in the presence of the HCP or, if not immediately available, a police officer of the same sex as the person to be examined.
- **The detainee will be responsible for the fee of a private doctor attending at their request.**

Where a private doctor is requested and completes the examination before the arrival of the HCP, they should be informed of the impending examination by the latter so they may be present if they wish. If the HCP completes the examination before the arrival of the private doctor, they should be requested to wait a reasonable time for the examination by the private doctor.

If the HCP has left the station before the arrival of the private doctor, they should be recalled or the services of another HCP obtained. Meanwhile the private doctor may examine the detainee in the presence of the officer, but should be informed that the HCP has been recalled and be invited to remain if they wish so as to be present at the HCP's further examination.

On completion of their examinations, both the HCP and private doctor must be asked to certify their findings in writing. The Custody Officer must make it clear to the doctor called on behalf of the suspect that it is only a request, and that they need not make any written entry, if that is their wish. The HCP called on behalf of the police is expected to record their entry on the National Medical Form. The private doctor can dictate their findings to the Custody Sergeant who, after recording them in the free text field, should enter the Doctor's name under 'other', and then invite them to sign.

MEDICAL CARE OF DETAINEES

H21 - How should I call an ambulance from the custody suite?

Police are responsible for facilitating the provision of medical care to a detainee through the local Healthcare Professional. They are expected to make a judgment as to whether **an ambulance is required**, prior to the detainee being assessed by the Healthcare Professional. If an ambulance is considered necessary, **999 should be dialled from the custody suite** itself. You must explain to the operator that you are first aid trained. This will allow the ambulance service to ask questions and provide advice with the understanding that you already have a basic knowledge of emergency life support. The ambulance service will require information on the detainee's welfare and current condition. Where an ambulance is requested, police have a responsibility to provide the Ambulance Control with appropriate information in respect of a detainee. Where an ambulance attends a custody suite, staff must ensure that its access to the suite is unimpeded; i.e. it can enter the yard and its crew can access the suite as soon as they arrive.

H22 - How should I manage a detainee who has a medical condition?

i) Epilepsy

Anyone suffering from epilepsy should be placed on 30 minutes observation. Their medication should be obtained prior to calling the HCP. If the detainee is going to be bailed before the next required dose, and there are no other health issues, further medical requirements should be discussed with HCP on the phone.

ii) Alcohol Dependency

Detainees who are believed to be alcohol dependant are at risk of withdrawal seizures. If they are still drunk this is highly unlikely to occur until 6-8 hours after their last consumption of alcohol. In this situation a HCP should be called 6 hours after they have been booked in unless there are other problems.

Signs of alcohol withdrawal are tremor of hands, nausea and vomiting, anxiety. If there are signs of confusion, hallucinations or fits then an ambulance must be called immediately

iii) Positional Asphyxia / Acute Behavioural Disorder

When a detainee has been involved in a violent struggle prior to, at the time of, or subsequent to, arrest, the possibility of positional asphyxia or acute behavioural disorder (ABD) should be considered. See the Officer Safety Toolkit Safer Restraint Q&As for more information.

This risk is increased with a history of mental health illness or recent ingestion of crack/cocaine like substances. Signs are a state of high mental and psychological arousal, agitation, high temperature associated with sweating, violence, aggression and hostility with insensitivity to pain and to incapacitant sprays.

The detainee's response, airway and breathing must be monitored closely and an ambulance called immediately. A defibrillator should be readily at hand if available

iv) Unconscious Detainees

An ambulance **must** be called **immediately**.

If a person is unconscious, a check must be made for a response, an airway, and that they are breathing. If breathing, they should be placed in the recovery position on the floor to ensure an open airway and prevent inhalation of vomit. An unconscious detainee **must not** be left unattended, and first aid **must** continue to be given until the ambulance arrives. The detainee should also be examined for any hidden injuries e.g. stab wound under their clothing. Custody staff dealing with an unconscious detainee must be in possession of a valid Emergency Life Support certificate, issued by the MPS.

v) Detainees Who Have Been Subjected to Taser

Any detainee who has had a Taser device used on them must be seen by a HCP but treatment must not be delayed whilst awaiting their arrival. An HCP or other medically trained person must have access to administer any necessary medical assistance. All officers, police staff and HCPs dealing with the detainee must refer to the MPS Taser Information Pack.

The Custody Officer is responsible for ensuring that the detainee is provided with the Information for Persons Subjected to Taser Leaflet as soon as possible, which is available in the MPS Taser Information Pack.

Barbs which have penetrated the skin of a subject, following a Taser deployment, should normally be removed by a medical professional either at the scene, at a hospital or in the custody suite. In

the best interest and well-being of the subject or in the event of an operational necessity, it may be necessary for Taser trained police officers to remove the barbs themselves. Care should be taken to ensure the barb is complete following its removal. Needles / Barbs in particularly sensitive and vulnerable areas, such as the face or genital region, should be removed by medical staff only.

vi) Detainees Who Have Been Subjected to CS Spray

See SC&O22 Officer safety Unit CS Irritant Spray - Custody Officer Checklist

vii) Asthma/Angina Inhalers/Sprays

Detainees suffering from asthma or angina can be adversely affected by having their inhalers/sprays withheld. Therefore, save in exceptional circumstances, such detainees should be allowed to use their inhalers/sprays on request without delay, whilst awaiting assessment by the HCP.

The frequency of use should be noted as it provides an indication of urgency. Examples of exceptional circumstances include:

- Risk of self harm from the container;
- Possible use of the container as a weapon;
- Possibility of inhaler containing unknown substance.

A Healthcare Professional must always be consulted regarding such detainees, and informed whether or not they have retained the inhaler. This advice may be given over the telephone. The above actions must be fully recorded in the custody record. The inhaler/spray should be examined to ensure, as far as possible, that it has not been tampered with or used to conceal other substances. Any detainee who uses an angina spray (GTN) must be sitting down as the medication can cause them to faint.

viii) Diabetes

When a person suffering from diabetes is detained, an HCP **must** be called so that treatment can be discussed and agreed regarding their diet, medication and ongoing management whilst in custody. Their medication **MUST** be obtained as soon as possible and the HCP advised of the ETA.

If a diabetic has their own blood glucose monitors they should be allowed to measure their blood sugar. This reading **MUST** be recorded on NSPIS and the HCP informed of the result. They should not be allowed to keep their monitors in the cells. If a diabetic feels unwell a HCP should be called and the detainee may be given a drink with sugar, sweets or Glucogel from the 1st Aid bag. Diabetics **MUST NOT** be allowed to self administer their own insulin without a HCP being present.

ix) Insulin Pump Controlled Diabetes

Insulin pump therapy is also known by the longer name of Continuous Subcutaneous Insulin Infusion (CSII) and is used in the treatment of type 1 diabetes. Insulin pumps work by continually infusing insulin into the subcutaneous tissue just below the skin via a thin plastic tube usually connected to a very thin, plastic tube called a cannula inserted under the skin.

Pumps are about the size of an average mobile phone. They run on batteries and have safety features to warn the user if the power is running low, or if the pump is running out of insulin. Pumps can be safely and discretely attached in lots of different ways, such as to a belt or the waist of

trousers. They can also be placed in a small bag that is attached to the arm or leg, if the insulin is being administered via these sites.

Pumps should not be removed from a wearer without the approval of an HCP, and even then for no longer than one hour at a time. Should it be deemed that a person is fit for detention the pump must remain with them at all times and they must be kept under constant supervision as it is possible for them to overdose on insulin or use the thin plastic tube as a ligature. The HCP should be advised of all risk before they can make an informed decision on leaving the pump with the detainee.

x) Contagious Detainees

Custody Officers must seek advice from an HCP in any case where a detainee is suspected of being infected with any communicable disease or infection. This advice should detail what action is necessary to safeguard the needs of the detainee and for all persons likely to come into contact with that detainee. This information **MUST** be passed onto escorting officers when the detainee is transferred. A police van may be used to transport such detainees, but the vehicle is to be thoroughly cleaned afterwards. There is no necessity to specially clean a cell or detention room solely due its being occupied by a detainee who is believed to have a blood borne virus such as HIV or Hepatitis.

In addition to the above, please see the [Infection Control](#) and [HIV](#) guidance on People Pages.

In the event of exposure to body fluids, with a potential risk of infection from HIV, you or your line manager should contact St. Thomas' Hospital Occupational Health Department, St. Thomas' Hospital on 0207 188 3142 or 0207 188 7399. Office hours are, 0900 – 1700 hrs.

For out of hour's assistance, attend the accident and emergency department at St. Thomas' Hospital or phone 020 7188 7188, which is the main switchboard number.

There is a very low risk of contracting TB from a detainee unless you have a weakened immune system from AIDS, chemotherapy etc and in very close prolonged contact with an infected person. For more information see the [MPS TB page](#).

For further advice on procedures needed to manage potential risk, advice on infectious and communicable diseases and advice on cell cleaning, please refer to [APP](#).

xi) Medical Alert Bracelets

Some people wear a medic alert bracelet to highlight their medical condition. These should never be removed, unless absolutely necessary, and only for reasons of safety. Should this appear necessary, the custody record must be noted accordingly. In all cases, an HCP must be informed. The details on the alert bracelets or necklaces **MUST** be recorded on NSPIS and handed over to all HCPs.

xii) Steroid Therapy

A person believed to be receiving steroid therapy, or found in possession of an identification card showing they are receiving steroid therapy, may be endangered if medical advice is not sought as soon as possible, therefore a Healthcare Professional should be consulted immediately for advice - this may on occasion be achievable by telephone rather than a visit to the custody suite.

xiii) Pregnancy

Should the detainee indicate that she is pregnant they should be asked if they have had any problems with the pregnancy. Any issues raised should be brought to the attention of the HCP. If a pregnant detainee states that they have experienced vaginal bleeding or pain, transfer to hospital

should be arranged as soon as possible. Where foetal movement has previously been present but no movement has been felt in the normal manner or at all, arrangements for their transfer to hospital should be arranged as soon as possible. This should **NOT** be delayed pending the arrival of a HCP as they are not able to provide any diagnostic evaluation.

xiv) Breastfeeding

Additional consideration must be given to female detainees who are breastfeeding. For instance, they may need equipment brought to the custody suite to assist with expressing milk for their baby. The Custody Officer should seek advice from the HCP in all such circumstances.

xv) Menstrual bleeding

Female detainees who are undergoing active bleeding from periods should be offered sanitary towels/ tampons. They may request the HCP for analgesia.

H23 - What is the Book 83 and when should it be used?




The Book 83 must only be used when the NSPIS National Medical Form is unsuitable or unavailable. The Book 83 will continue to be used for non-detainee cases, e.g. officers injured on duty and victims of assault. Book 83B is used to record medication.

H24 - Can I transfer a detainee who appears to be unwell?

If a detainee who is due to be transferred appears to be unwell or otherwise gives concern as to their suitability for transfer, e.g. a pregnant detainee, a Healthcare Professional must be called to certify their fitness to be transferred and the suitability of the transport to be used.

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Author:	[REDACTED]				

Custody Policy Toolkit - Useful Resources

Subject & description	Hyperlink address / Attachment
<p>Form 988B</p> <p>Aide Memoire - Taped Interview of Detained Person</p>	<p>http://mpsweb.intranet.mps/forms/forms-n.html#10</p>
<p>Guidance on the deployment of Expectant or Recuperative Custody Staff</p>	<p> Guidance Document for Expectant Custod</p>
<p>Met Detention Service Level Agreement (SLA):</p> <p>A document which explains the service provided by Met Detention to all users of the custody service.</p>	<p> Met Detention SLA v2.1</p>
<p>Met Detention Mental Health Detainee Toolkit</p> <p>Information provided to support custody staff who must take care of detainees in custody with mental health issues.</p>	<p> MH Detainee Toolkit.pdf</p>

B3

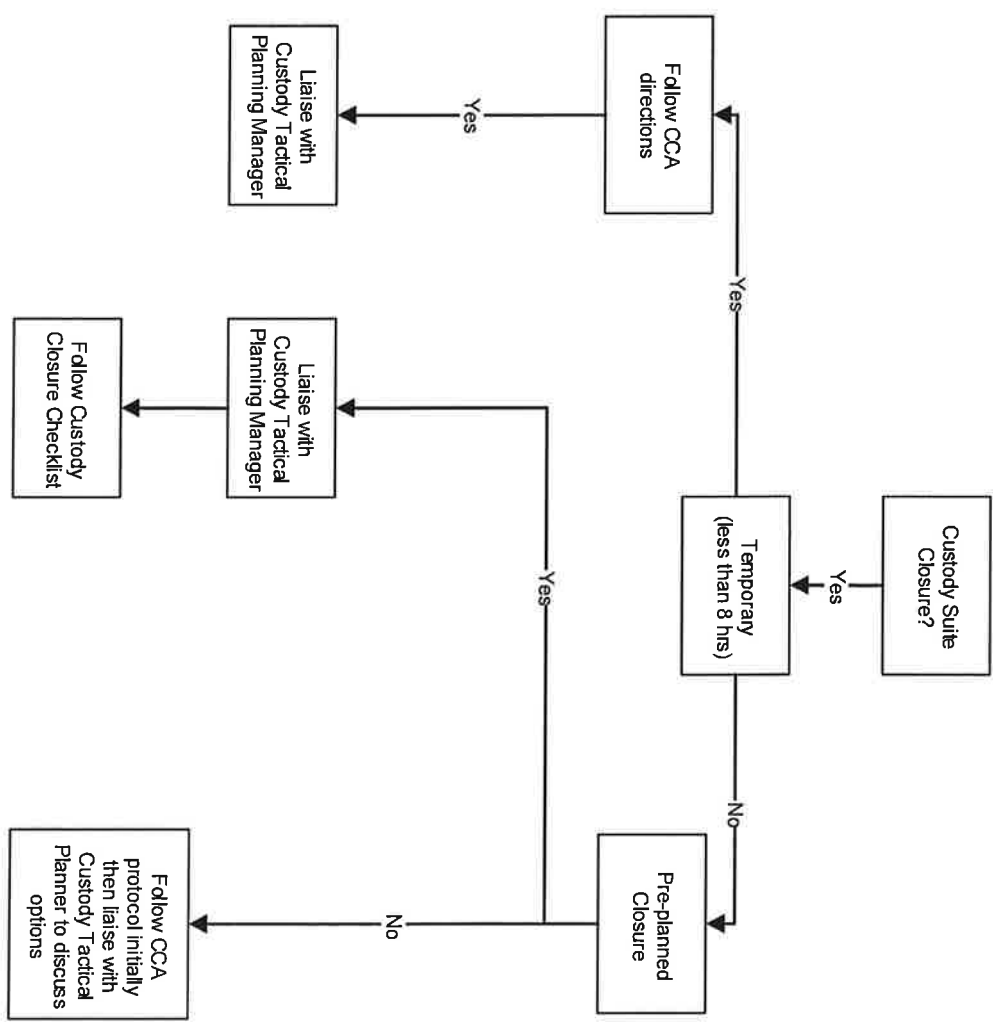
Custody Suite Closure

Freedom of Information Publication Scheme Protective Marking: Not Protectively Marked. Publication (Y/N): Y
 Branch/OCU: Met Detention, Authors: [REDACTED]
 Page Date: 02/07/14 Page Version: 1.1 Review Date February 2018

B3.1 The pre-planned closure of a custody suite can have a significant detrimental effect and steps should be taken to avoid it, whenever possible.

B3.2 The Custody Officer is responsible for the safety and security of detainees and must take into account a variety of considerations related to these areas when contemplating closing the custody suite. A supervisor must be consulted as soon as practicable when a decision is made to close a custody suite and should consider all options available in order to keep the suite open. Failing that, the supervisor will endorse the custody officer's decision or attempt to find a solution agreeable to the custody officer. Section 39(6) PACE should not be rushed into but may be applicable to this situation.

B3.3 Pre-arranged closure. Close liaison should be maintained with the TPCJ Custody Tactical Planning Manager who will co-ordinate activity in circumstances where a suite is to be closed for pre-arranged maintenance/upgrade work. See the Met Detention website for further information and a Custody Closure checklist.

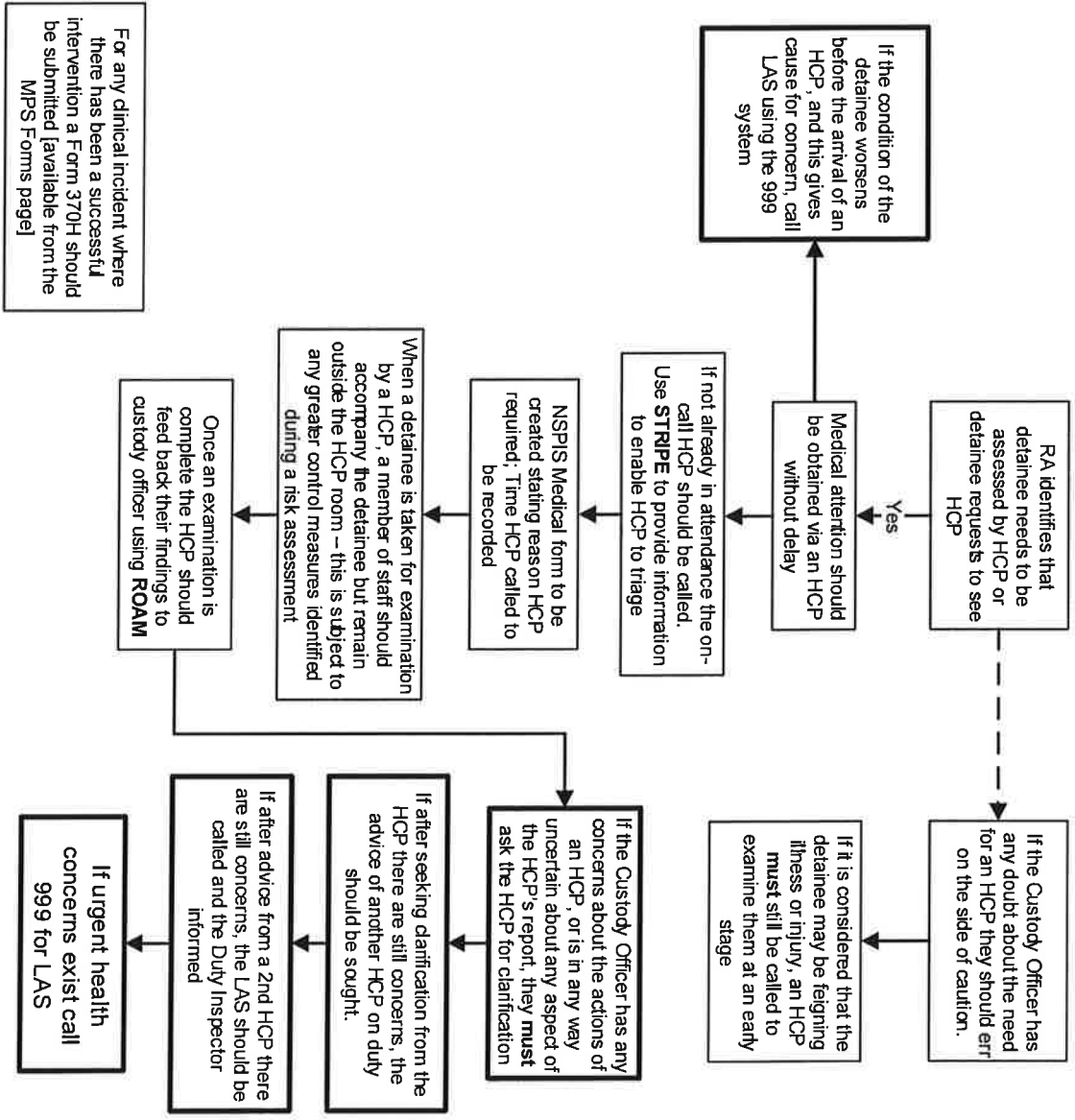


H2

Calling a Healthcare Professional (HCP)

Freedom of Information Publication Scheme Protective Marking: Not Protectively Marked. Publication (Y/N): Y
 Branch/OCU: Met Detention, Authors: lisp
 Page Date: 02/07/14 Page Version: 1.1 Review Date February 2018

- H2.1 Whenever a Healthcare Professional (HCP) is called to examine a detainee, the Custody Officer **must** bring to their attention the information contained on the NSPIS Risk Assessment
- H2.2 Custody Officers should use the mnemonic **STRIFE** to convey information to an HCP :-
 - S** – Station – State which station you require the HCP to attend
 - T** – Time – of arrival of detainee in custody
 - R** – Reason for call
 - I** – Injury or Illness – provide details from risk assessment
 - P** – Person to be seen – detainee’s name
 - E** – Exceptional circumstances – any high risk issues e.g. alcohol withdrawal
- H2.3 The HCP should use the mnemonic **ROAM** to feed back their findings to custody staff :-
 - R** – Review – is a HCP needed for a review prior to interview etc, if so what time.
 - O** – Observations eg 60, 30, 30Rouse, Constant Supervision
 - A** – Appropriate Adult required Y/N
 - M** – Medication required
- H2.4 If following to a risk assessment, a member of staff is required to be present during an examination, consideration should be given to the member of staff being the same gender as the detainee.
- H2.5 If the Custody Officer has any concerns about the actions of an HCP, or is in any way uncertain about any aspect of the HCP’s report, they **must** ask the HCP for clarification. If after seeking clarification from the HCP there are still concerns, the advice of another HCP on duty should be sought. The Forensic Healthcare Services helpdesk can facilitate this (0700-1930hrs Mon-Fri, 0700-1500hrs Saturday on 782008). If after advice from a 2nd HCP there are still concerns, the LAS should be called and the Duty Inspector informed.
- H2.6 In the event of there being a dispute between custody staff & a HCP, steps should always be taken resolve the matter locally. The health care of the detainee will always remain a priority. Consultation with an additional HCP for a second opinion may be required. Where a dispute cannot be satisfactorily resolved a Dispute Resolution/Feedback Form 732D should be completed & emailed to **TPHQ Mailbox – Forensic Healthcare Services**.





Central Cell Allocation Process

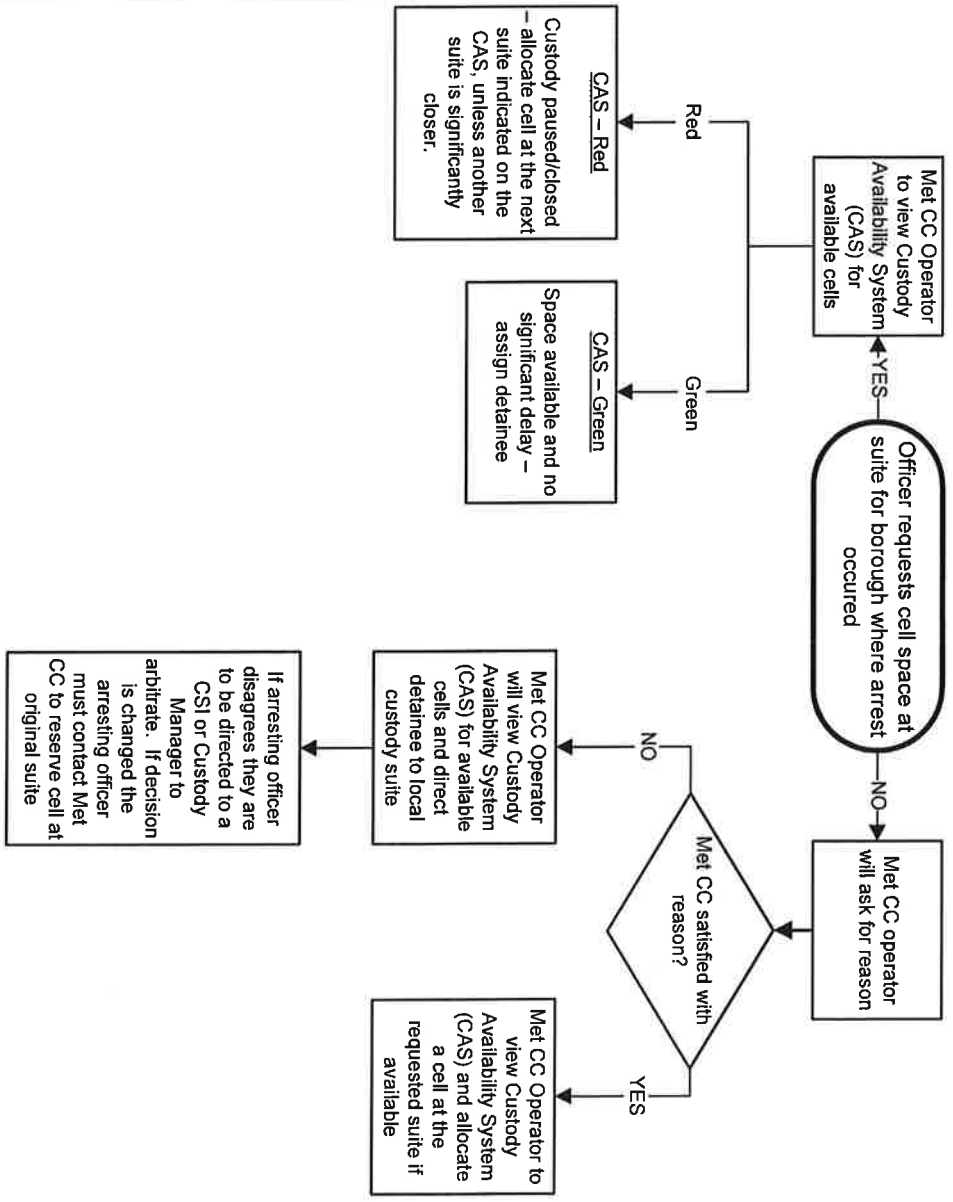
1. Custody suites will maintain up to date information regarding cell space availability across the MPS through the Custody Availability System (CAS). Met CC will use CAS to identify and allocate cells. CAS will assist Met Detention staff by indicating their suite's capability to accept detainees at that time. Unnecessary delay and transportation of detainees exposes both the detainee and officers to an increased risk of harm.

2. Custody Officers will, in consultation with the Custody Support Inspector or Custody Manager, be able to temporarily decline detainees if a dynamic risk assessment determines that this is necessary (for a period of up to 2 hours with Inspector's authority, ongoing with Chief Inspector or above). This process should not be used at the start of a tour of duty in order to justify the blanket closure of a number of cells based on the number of detainees that a set number of staff can deal with. This risk should be subject to a dynamic risk assessment and only when the point is reached where no further detainees can be safely managed, should this process be invoked. There is no set ratio between the number of staff in a suite and the number of detainees that can be safely managed.

3. CAS is a simple traffic light based system which is intended to display the capability of custody suites to accept further detainees:
Green – Open, allocate detainees;
Red – Paused/closed, do not allocate detainees. This will be up to 2 hours on the authority of Met Detention Inspector or up to 12 on the authority of Met Detention Chief Inspector or above.

In addition a Chief Inspector or above can limit the number of cells available for staffing issues. This authorisation will be recorded in the remarks field with their name and the duration of the specific cell closure.

4. Where the closure is due to a lack of resources in the custody facility e.g. sickness, the CSI in charge of the facility must immediately (having first tried to resolve this issue by using other staff within the cluster/area) consult with the SC022 Mailbox - Resourcing HQ during officer hours, or the Real Time Resources Desk outside of office hours, who will take any reasonable steps to ensure the facility is fully functional as soon as possible. Any such decision to close a suite must be authorised by the Met Detention Area Chief Inspector or on call SLT member/MPS Night duty superintendent who will review this decision.



Suites are permitted to 'pause' custody for up to 120 minutes with the authority of a Met Detention Inspector. This is to enable a short 'catch up' within the suite without new detainees being allocated, during periods of exceptional demand.
 Once 120 minutes have elapsed the suite will open again automatically, unless the Met Detention Area Chief Inspector/on call SLT member or night duty cluster superintendent authorises a full closure.

D8

Code C Annex H – The 4Rs

D8.1 All detainees who are suspected of being under the influence of drink and drugs must be checked in accordance with the 4Rs to ensure they do not have a potentially fatal illness or injury which could be masked by or mistaken for alcohol or drug consumption. *If a person has a head injury or where there are concerns over their level of consciousness an ambulance must be called*. They may be placed on 4Rs checks following medical assessment.

D8.2 Performing and recording these checks accurately and comprehensively will also identify signs of improvement or deterioration in the detainee's condition.

D8.3 When asking questions to a detainee to establish their orientation to time and place, make sure the questions are simple enough so there can be no undue concern for their mental state. Questions such as "Where do you think you are?" or "Where do you live?", are more likely to be useful in determining orientation and an ability to respond appropriately. Given the nature of the custodial environment you may have to judge the response along with other communication signs.

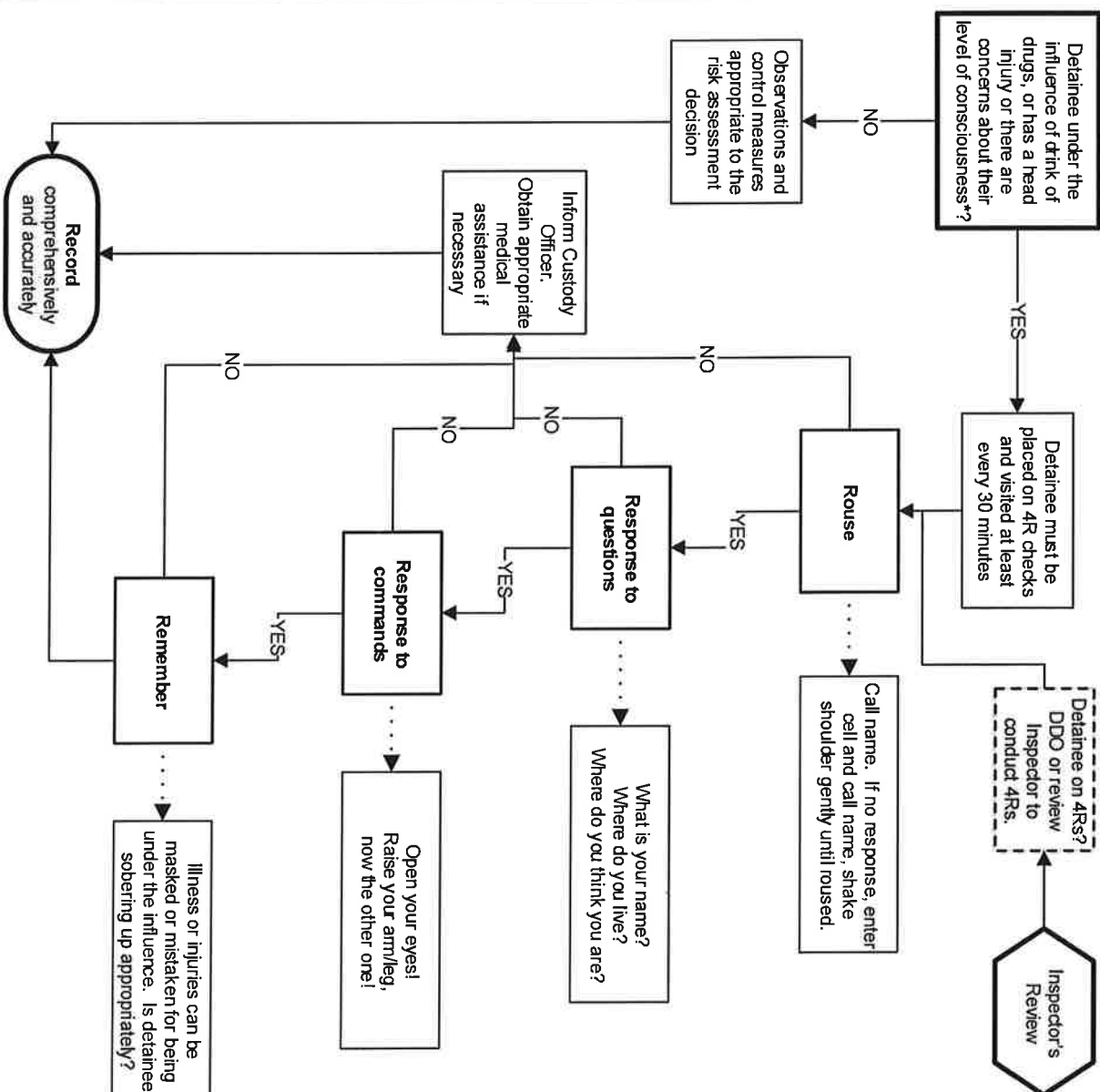
D8.4 A detainee's "Response to commands" can highlight neurological problems which affect the brain and the spinal cord. Initial questions such as "open your eyes" should be used to establish understanding and ability to respond. Even if this response is appropriate it is important to continue questions which compare both sides of the body.

D8.5 Medical conditions - such as head injuries, diabetes, epilepsy, strokes - may be masked by or mistaken for intoxication due to similar/shared characteristics. A person who is subject to 4Rs checks must show signs of improvement. If no improvement is observed after four hours a healthcare professional must be called to examine the detainee.

D8.6 The outcome of a visit must be recorded fully in the detainee's detention log entry to ensure that other staff are aware of the detainee's condition and any changes in it

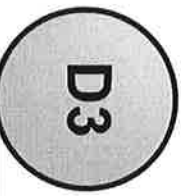
D8.7 Custody Officers are responsible for ensuring that checks are conducted properly. Supervision will include occasional observation of checks being conducted and supervision of subsequent detention log entries

D8.8 Inspectors conducting PACE reviews must ensure a detainee who is subject to this level of observation is roused and responds appropriately as part of their review, this could be done by the Inspector or is an opportunity to supervise a 4R check being conducted by a DDO. They must also consider as part of their review of the care plan whether this level of observation is still appropriate.



D3

Constant Supervision (CS)



D3.1 If the Custody Officer considers that the level of risk indicated in respect of a detainee is so high that it cannot be adequately addressed by frequent or random visits, retaining items which it is believed may be used to cause injury, etc then the Custody Officer should consider placing that detainee under constant supervision.

D3.2 If a detainee's medical condition has deteriorated to such an extent that they require urgent medical attention then they must be subject of constant supervision pending the arrival of the LAS. Constant supervision may be used where a detainee has a condition that requires monitoring but which is not a medical emergency e.g. Sleep Apnoea.

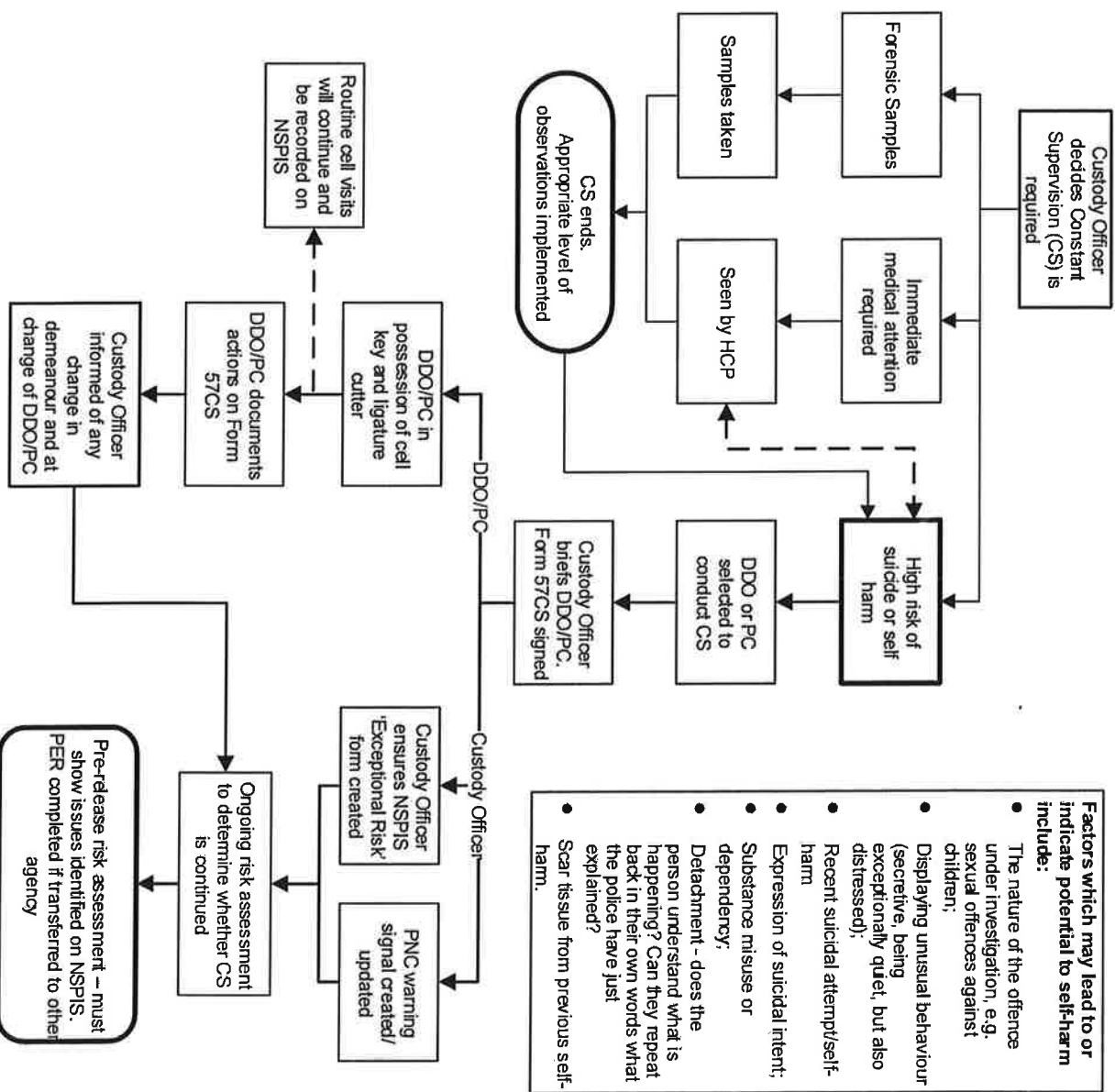
D3.3 CCTV and intercoms have strict limitations on their capabilities and hence **must not be used to conduct constant supervision** of a detainee. The member of staff supervising the detainee:

- Cannot interact with the detainee;
- Cannot hear what is happening in the cell;
- Cannot readily establish whether the detainee is breathing;
- Will not be able to observe the detainee if they are concealed by a blanket or CCTV blind spot such as the lavatory area.

D3.4 Due to the demanding nature of constant supervision a person should where possible be relieved after a maximum of two hours. After a meaningful break from the custody suite that officer may resume the supervision, this can be especially effective where the detainee and the officer have established a rapport.

D3.5 A person who is or has been subject to constant supervision in order to prevent self-harm must be highlighted on NSPIS as an 'Exceptional Risk'. The NSPIS Prisoner Exceptional Risk form must be printed off and passed to the prisoner escort contractor along with the PER.

D3.6 Where the person is being transferred from the custody suite to another location the Person Escort Record (PER) must document that the person has been subject to a period of constant supervision. The PER must include the rationale and relevant information regarding the period of constant supervision. **More information on constant supervision can be found in Detainee Q&A's D13 – D19**



D3A

Constant Supervision - Request for non-Met Detention Staff

It has been recognised as necessary to require a Met Detention CSI to review all requests for a Police Officer to staff constant supervisions in custody. The aim of this protocol is to assure our Borough Command Units (BCU) partners that all our requests for a BCU resource are subject to an appropriate level of scrutiny and review.

Where possible DDOs should be used to conduct constant supervisions, however there will be occasions that this will not be possible without affecting the efficient and safe management of the custody suite and associated risks. In those circumstances it is expected that the local borough will provide a police officer to conduct the constant supervision.

The process promotes a partnership discussion between BCU and Met Detention Inspectors to review said requests for a Police Officer to staff a constant supervision. It is intended that the policy will go some way to strengthening BCU confidence and support for such constant supervision requests for extra staff.

It is expected that this process will enable custody officers and DDOs to continue their day to day management of detainees and be assured that they have the support of their Inspector and any such requests for staff is being actively pursued.

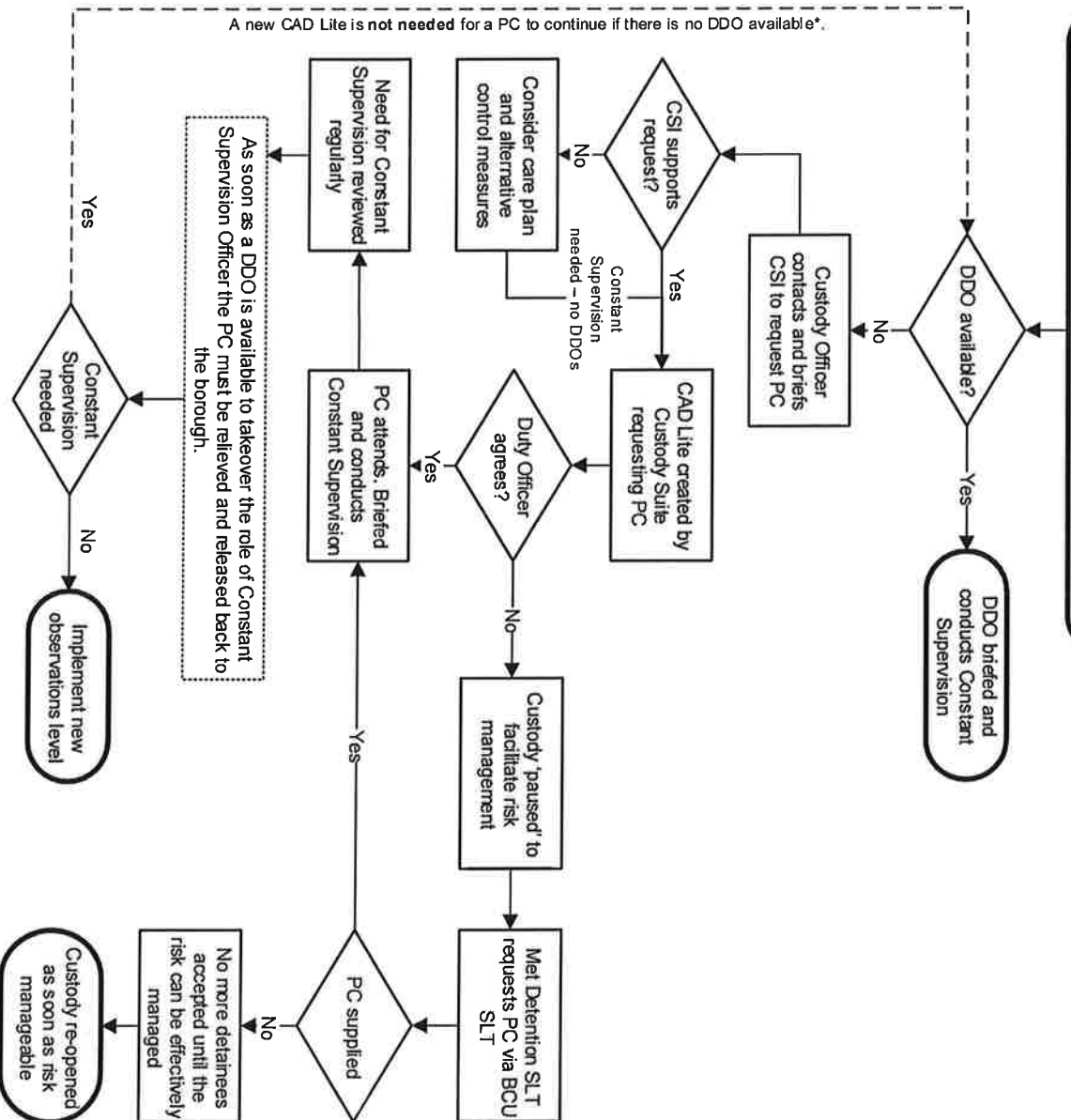
Outside of CSI staffing hours 5am to 7am the On Call Superintendent is the referral authority for any requests for BCU staff.

This process should be read in conjunction with flowchart D3 Constant Supervision.

This process does not alter the principle of PACE Code C that the custody officer is responsible for implementing the response to the risk assessment. The custody officer should only consider requesting a constant supervision if the risk is so great that it cannot be managed through alternative less intrusive or resource intensive control measures, e.g. CCTV cell, 30 minute observations, removal of items which could cause harm (not stripping a detainee of all clothing), regular interaction with staff or allowing them out of their cell for fresh air.



Custody Officer determines Constant Supervision required. Once the risk or number of detainees exceed current staffing capability of the suite.



B3

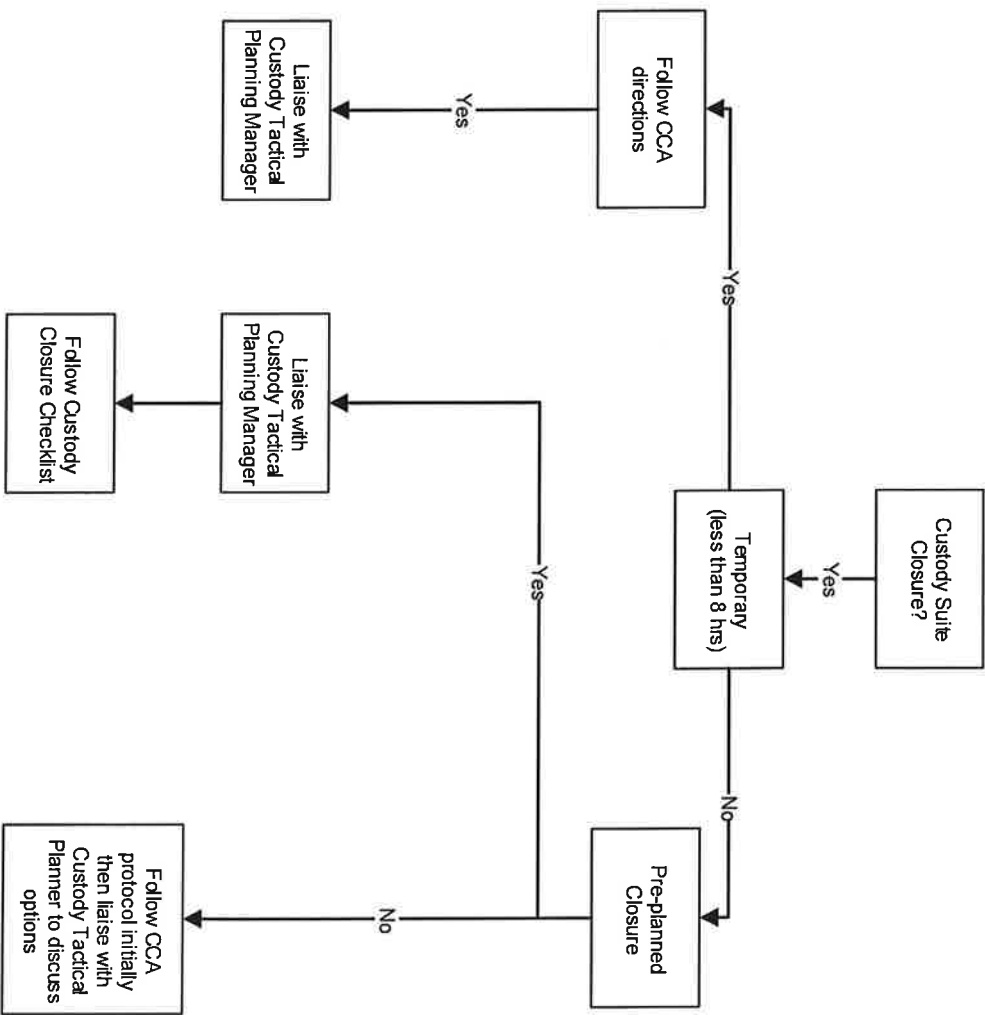
Custody Suite Closure

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 Branch/OCU: Met Detention, Authors:insp
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D9

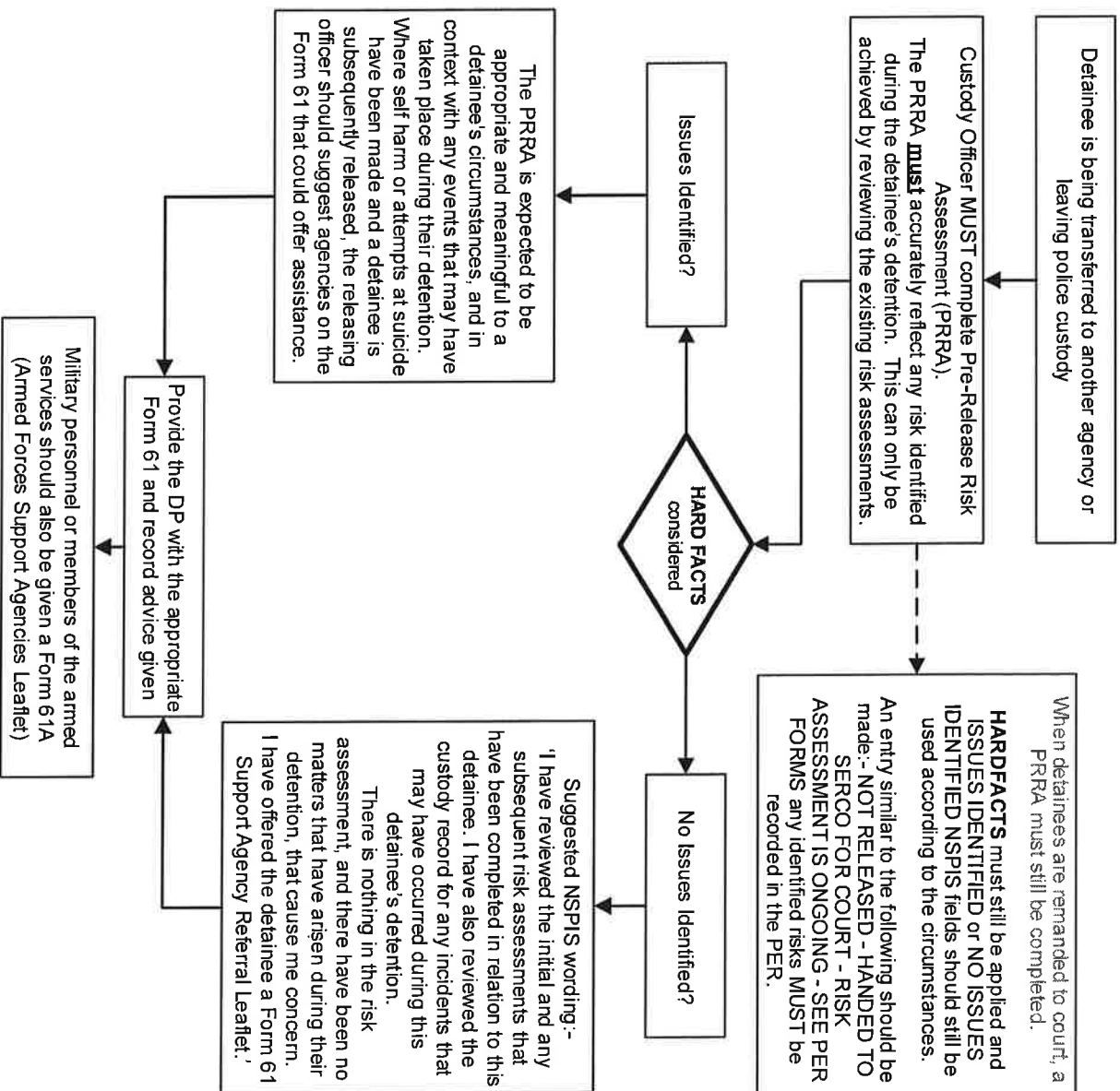
Pre-Release Risk Assessment (PRRA) HARDFACTS

Freedom of Information Publication Scheme Protective Marking: Not Protectively Marked. Publication (VIN): Y
 Branch/OCU: Met Detention, Authors: Business Improvement Team
 Page Date: 21/09/16 Page Version: 1.1 Review Date February 2018



TOTAL POLICING

- D9.1 Ongoing risk assessment is a requirement of the PACE Codes of Practice. Pre-release Risk Assessment (PRRA) should be viewed as the final part of the ongoing risk assessment procedure started during the booking in procedure, it must not be considered in isolation. It is mandatory for ALL detainees being released from police custody or who are transferred to another agency, e.g. SERCO.
- D9.2 The corporate structure for completing PRRA is **HARDFACTS**:
Health – physical and mental, have they been seen by a HCP?
Alcohol and/or drugs misuse – DIP worker, HCP intervention?
Referral to MASH?
Domestic abuse/circumstances – family/friends, Art 8 HRA, DV/PN
Foreign National – CCU and 1247 checks done, embassy details
Allegation – crime type may raise risk of harm e.g. CSE, DA
Cash – means to get home; Common Law Police Disclosure
Time, weather, location
Support agencies – Form 61/61A, Samaritans
- The HARDFACTS template must be used in all cases.**
- D9.3 If a risk is identified during any stage of a detainee's detention, from arrival to departure, appropriate action must be taken. Where the person is considered to be vulnerable a MASH referral must be made through a Merfin Adult Coming to Notice report, this should be completed by the investigating officer on the direction of the custody officer.
- D9.4 A Form 61 – Support Agency Referral Leaflet must be offered to every detainee upon their release or transfer to court. Consideration should also be given to issuing the form earlier in the person detention if the ongoing risk assessment identifies the individual as a risk, as this will afford them the opportunity to identify support early. A Form 61A (Armed Forces Support Agencies Leaflet) should be offered to members of the armed services in addition to a Form 61.
- D9.5 A referral to the Samaritans will be offered to every detainee. If a detainee requests that their name and telephone number is passed to the Samaritans they must sign the pre-defined declaration to that effect.



D10

Transfer of Children in Police Custody After Charge

This process only applies to children charged with an offence and is compliant with the (Draft) Home Office Concordat on Children in Custody. It does not apply to children who have been arrested for breaching post-charge bail or on a court warrant which is not backed for bail(*).

There is a general presumption in law that a person has a right to bail. For children, custody should be used "only as a measure of last resort and for the shortest appropriate period" (UN Convention of the Rights of the Child). If the custody officer has concerns around granting bail, they must give serious consideration as to whether these concerns can be allayed through the imposition of appropriate and proportionate conditions. If these concerns can still not be allayed then the custody officer may refuse bail.

If the custody officer decides to refuse bail, they have a duty to seek the transfer of the child to local authority (LA) accommodation.

Any local authority can be contacted for accommodation, however common sense would dictate that the sensible options would be the authority where the child is normally resident or where the police station is located.

Local authorities must accept requests for non-secure accommodation.

If a child is transferred to a local authority then they assume responsibility for the duty to transport the child to court. They have the power to detain the child. The child is not granted bail and if they abscond then they commit the offence of escaping lawful custody. At the point of transfer and in the presence of the LA staff/representative, the child should be warned that they will commit an offence if they abscond.

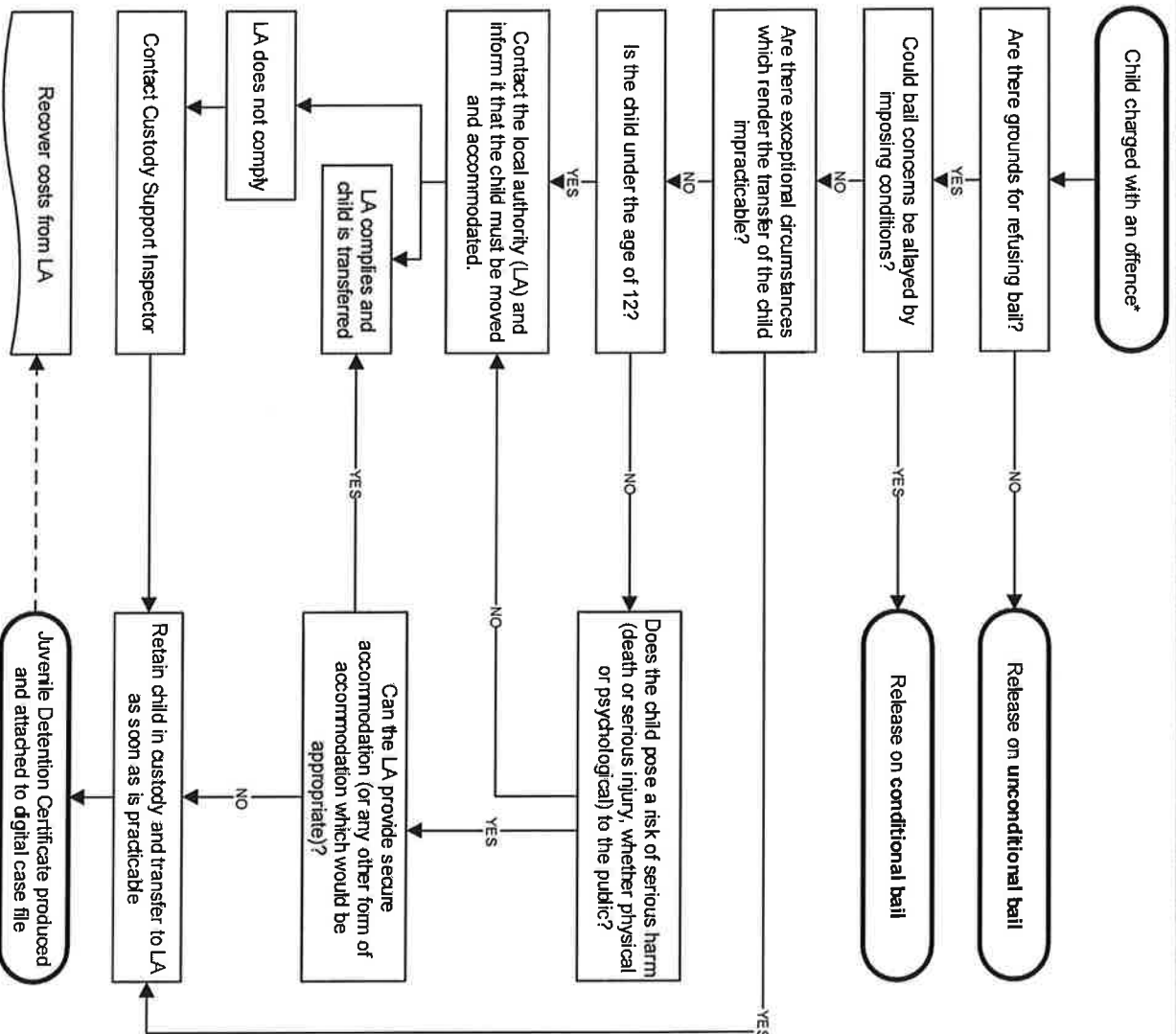
If the LA cannot find accommodation then the matter should be escalated to the CSI to seek a resolution. If accommodation is still not forthcoming and the child stays in police custody then the matter shall be escalated by the CSI.

Secure Accommodation

Secure accommodation (SA) can only be requested if the child has reached the age of 12 and such accommodation is necessary to protect the public from death, or serious physical or psychological harm by them. If the custody officer determines that SA is required the decision should be approved by the custody support inspector. If the local authority cannot find SA then the child will have to remain in police custody.

Where a child is detained in police custody as a result of the failure of the local authority to provide accommodation the custody officer must produce the NSPIS Juvenile Detention Certificate; this must be emailed to the officer in the case (OIC) for addition to the digital case file, or added to the case file by the custody officer if the OIC is not able to do so. Juvenile Detention Certificates must also be emailed to [Met.Detention.Mailbox – Juvenile Certificates](#).

The Children Act 1989 allows police to recover reasonable costs from an LA when they are unable to accommodate the child. Met Detention collate data on the number of children who are not transferred to LA accommodation.



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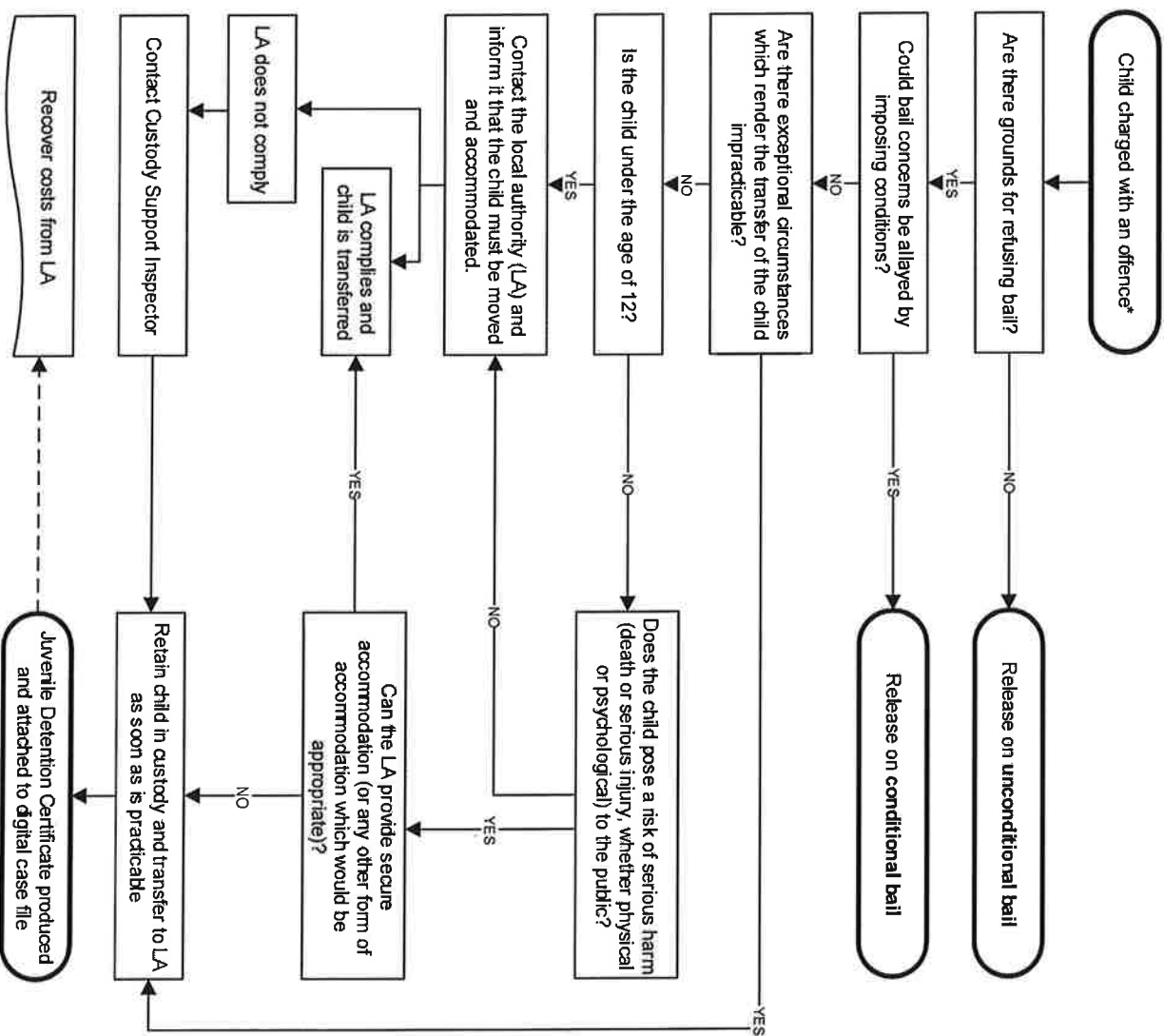
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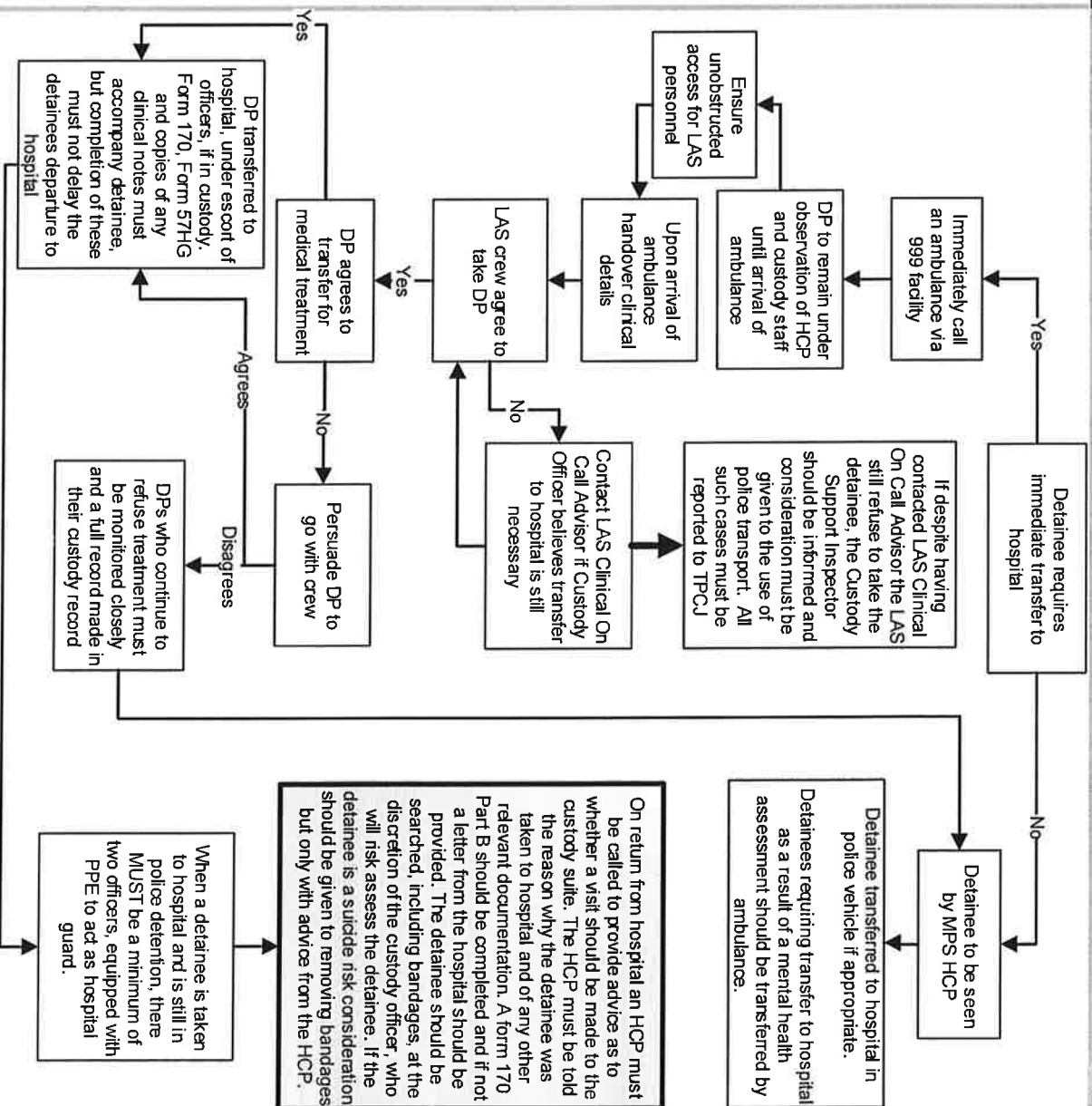
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H1

Detained Person's Healthcare

- H1.1 The Custody Officer is responsible for ensuring that any medical attention needed by a detainee is obtained without delay. If the Custody Officer has any doubt about the need for a Healthcare Professional (HCP) they should err on the side of caution.
- H1.2 If the attending London Ambulance Service (LAS) crew declines to take a detainee to hospital and the Custody Officer is of the opinion that the detainee should receive hospital treatment, the Custody Officer should contact the LAS Clinical On-Call Advisor on [REDACTED]. The LAS Clinical On-Call Advisor will speak to the Custody Officer and the LAS crew, and a decision will be made on whether or not the detainee is taken to hospital. The LAS Clinical On-Call Advisor must not be called by police for any other matter.
- H1.3 Every person is entitled to refuse medical treatment if they have the requisite mental capacity. The Mental Capacity Act 2005 provides a legal basis for providing care and treatment to persons over 16 who lack the mental capacity to give consent. Full details are contained in the Mental Health toolkit [Policy Pages> Neighbourhood Policing>Patrol>Mental Health]
- H1.4 The fact that a person remains under arrest does not entitle police to use force to compel them to accept treatment, provided they have capacity to refuse it, and understand the implications of refusal.
- H1.5 A person refusing treatment could and should still be offered a clinical assessment. If the Custody Officer takes the decision to restrict the HCP's access to a detainee because of their demeanour/stated intent this decision (and the rationale behind it) must be recorded on the custody record. The HCP should then assess the detainee as best they can (probably through the wicket) and advise the Custody Officer accordingly.



Roles and Responsibilities

Where the Custody Officer is concerned that the two required elements for a lawful arrest do not exist [unsuspected involvement in the commission of an offence AND necessity criteria not met], the Borough SLT should be given opportunity to make representations where contested, to provide information to address issues or authorise detention/ continued detention and document rationale.

Initial Detention

When officers present arrested persons the Custody Officer shall determine whether there is sufficient evidence to charge or believe detention is necessary to secure/ preserve evidence or question, this may involve them gathering further information from all relevant parties to inform their decision making. This may include OIC's and others who may not be in custody who could provide crucial information. Custody Officers should give the opportunity to these representations to be made.

If the situation remains contested? The Custody Officer will make contact with the CSI (or CM if unavailable); Duty Officer; or Investigator's line manager (DI). The Custody Officer will facilitate discussion and consider any representations made.

If it is agreed that there is no further information available that necessitates arrest and detention is refused, full circumstances will be recorded on NSPIS by the Custody Officer.

If following discussions the matter remains disputed, Custody Officer contacts local Supt or on-call night duty Supt. The Custody Officer will present facts and facilitate discussion:

- The Supt will review facts and authorise detention or not. In either case, the Supt is responsible and accountable for ensuring that their rationale is recorded on NSPIS;
- If authorised, the Custody Officer is responsible for opening the custody record, managing detainee risk, welfare and all booking in procedure;
- CSI will inform Met Detention SLT of any refused detention via the Pacesetter's report. This process should be expedited and how long this takes will be judged on a case by case basis but should be conducted without delay and take no longer than 30 minutes.

Continued Detention

"All persons in custody must be dealt with expeditiously and released as soon as the need for detention no longer applies" PACE Code C 1.1 PACE does not state how quickly any investigation should progress or how quickly someone should be interviewed and the test will therefore, be one of reasonableness i.e. was a detainee's detention excessive in all the circumstances. If bail is not appropriate it would not be unreasonable to detain a person overnight even though the investigation could not continue until the following day. Where there appears to be inactivity with the investigation, Custody Officer must:

- Make contact with the OIC. If the OIC cannot be located or unsatisfactory explanation is given, the matter must be escalated to the local CSI;
- CSI will undertake a PACE review and discuss with the OIC, DI and/or Duty Officer;
- If it is determined that continued detention is not necessary due to perceived slow progress of the investigation, it is proposed to release the person on bail and an officer of higher rank directs that the person should not be bailed the matter should be referred to the local Superintendent or night duty Superintendent by the Custody Officer or CSI as appropriate;
- If Supt satisfied Code C 1.1 is met and authorises continued detention, they must complete a Supt referral entry on NSPIS (PACE Dispute detention log entry);
- If Supt is NOT satisfied that Code C 1.1 is met, the detainee must be released with or without bail. Supt must complete the Supt referral as above.

Initial Detention

Custody Officer concerned that the arrest is not lawful
 - DPs suspected involvement in the commission of an offence AND necessity criteria not met - but still in information gathering process

Immediate case conference
 - CSI (CM if not available); or
 - Duty Officer; or
 - IO/SLT

Immediate discussions but 30 minutes max

PNC Checks must be conducted before detainee released

All agree insufficient justification – detention refused, detainee released and NSPIS updated

Matter remains disputed. Contact with BOCU or Night Duty Supt. Supt reviews facts presented

Custody Officer accepts detention necessary – business as usual

Matter reported to SLT via Pacesetter report

Supt authorises detention

Supt shown on NSPIS as authorising detention

Yes → Detainee released. NSPIS updated
 No →

Continued Detention

Investigation inactivity? Custody Officer reports to CSI for immediate PACE review

Immediate case conference with OIC, Duty Officer or Borough SLT

Matter remains disputed? Contact with BOCU or Night Duty Supt and request Supt PACE review

Code C 1.1 met?

YES → Continued detention authorised. Referral entry entered on NSPIS
 NO → Detainee is released with or without bail, completing referral entry on NSPIS

D5

Form 370C Successful Intervention

Freedom of Information Publication Scheme Protective Marking: Not Protectively Marked. Publication (Y/N): Y
 Branch/OCU: Met Detention, Authors
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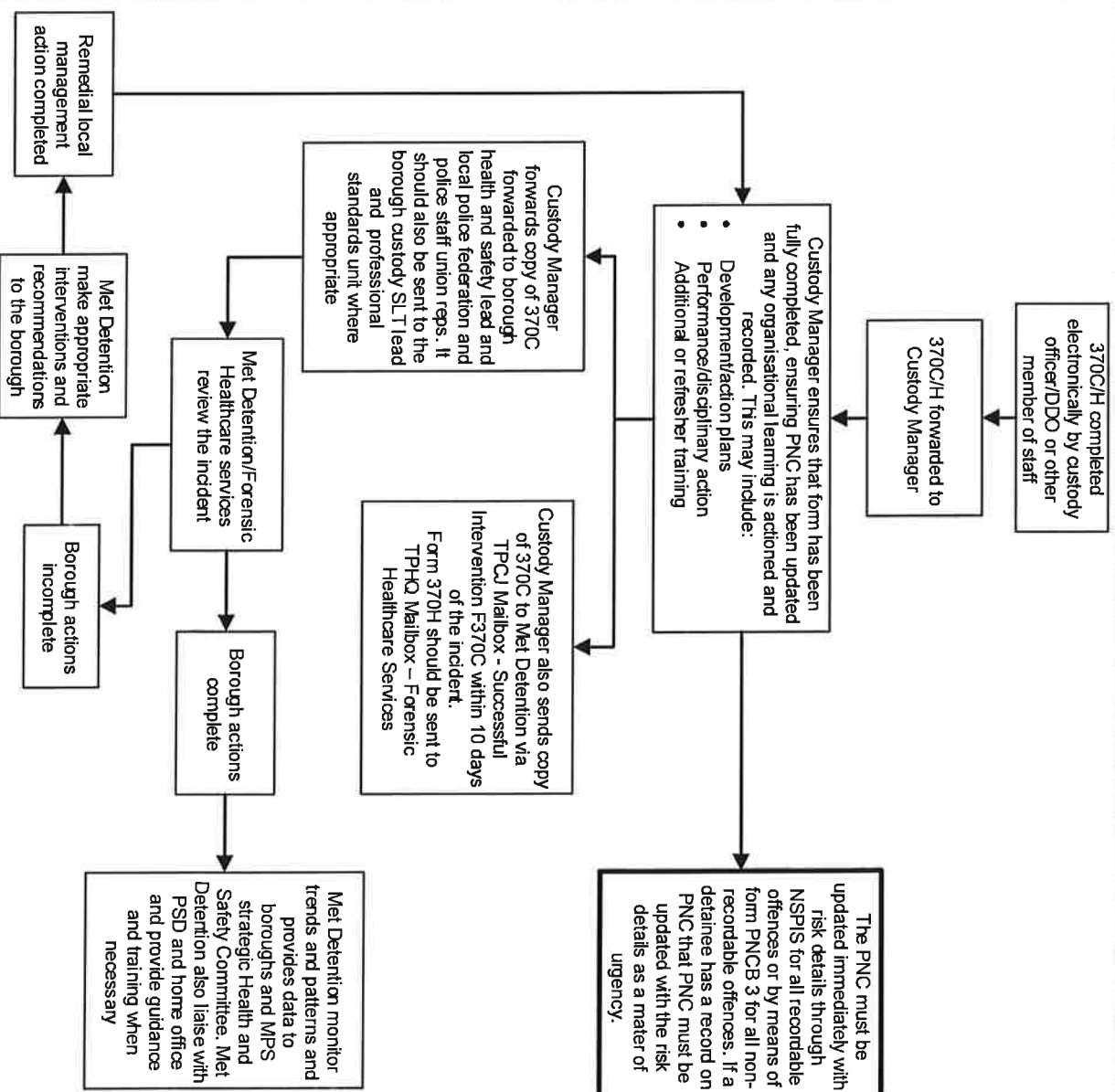
POLICY Pages



TOTAL POLICING

D5.1 To assist with organisational learning and the safer detention of detainees, all incidents, which if allowed to continue to their ultimate conclusion, would result in the death, serious injury or harm to any person occurring in custody, must be reported. This is through Form 370C for custody matters or 370H for custody healthcare matters. This includes events from the point of arrest and any unforeseeable one within the custody environment.

D5.2 The 370C and the 370H are both available from the MPS Forms page.





Management of detainees on dirty protest.

A dirty protest is where a detainee has chosen to either defecate or urinate in a room without using the facilities provided.

In most cases the walls, floor or ceiling are usually affected. Some detainees may choose to cover their clothing and their body with faecal waste. Although some actions may be undertaken as a protest, they may also be as a result of mental health problems.

Met Detention has responsibilities under the Human Rights Act (1998) to have a justifiable and proportionate response in dealing with dirty protests. There are legal duties contained within the Health and Safety at Work Act (1974) together with the requirement to undertake risk assessments under COSHH Regulations (1999).

The procedure to be followed in order to ensure that the health and safety of staff, other detainees, and the detainee protester is set out in this flowchart. The procedure applies to anyone who may come into contact with the detainee protester or any of the articles that have been in the detainee's possession.

Detainees must be encouraged to end the protest and will be asked at least twice per shift to do so. A record of this will be recorded in the custody record. There are no techniques specific to dealing with a dirty protester and standard OST control and restraint techniques should be used.

All items of protective clothing can be ordered via iBuy. These are one size fits all:

Disposable overalls – iBuy code D40261-25

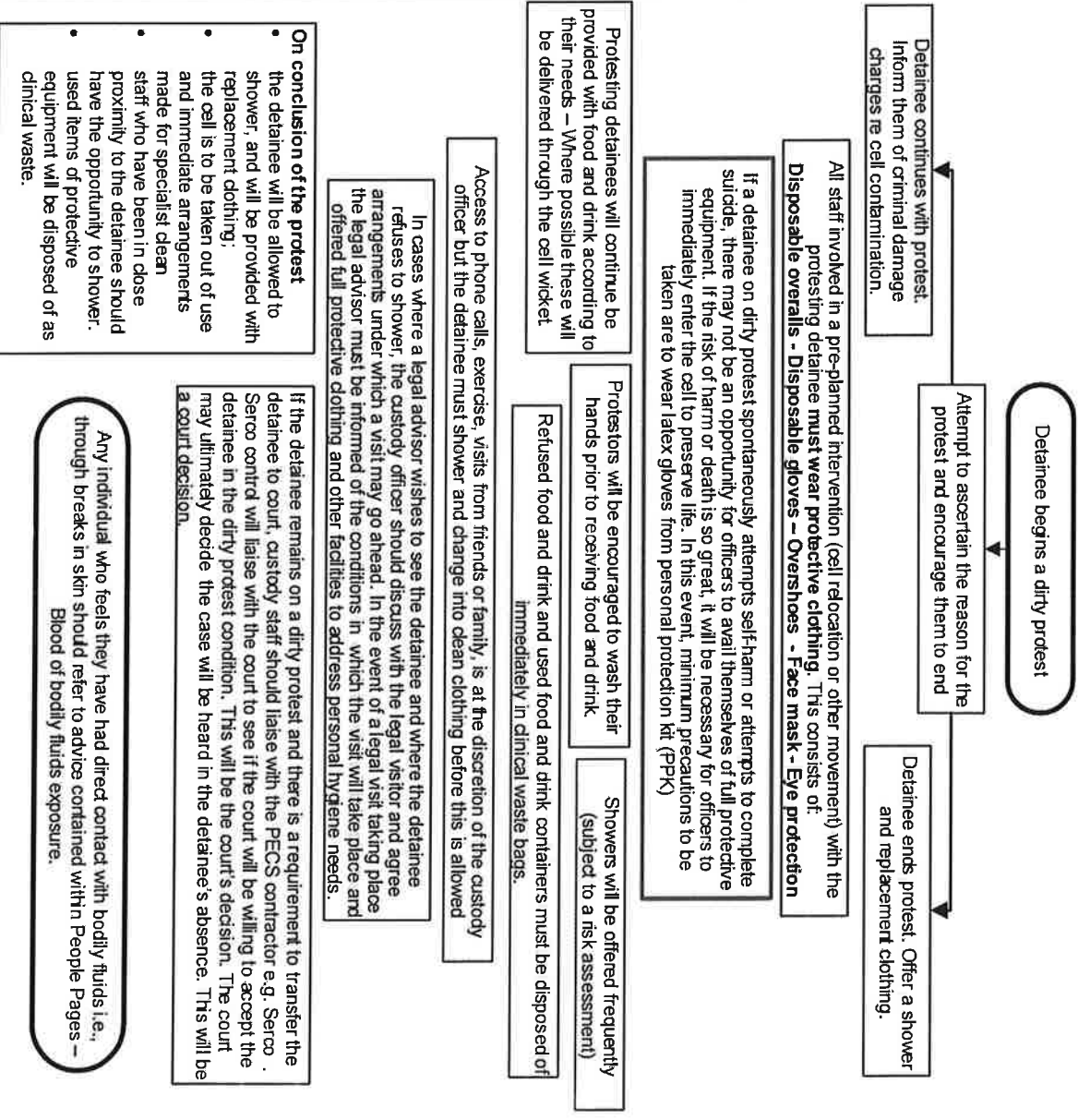
Disposable gloves – iBuy Code AGNEPF02-XL

Disposable Overshoes - iBuy code 29124

Face mask – iBuy code D40609

Eye Protection – iBuy Code D41382

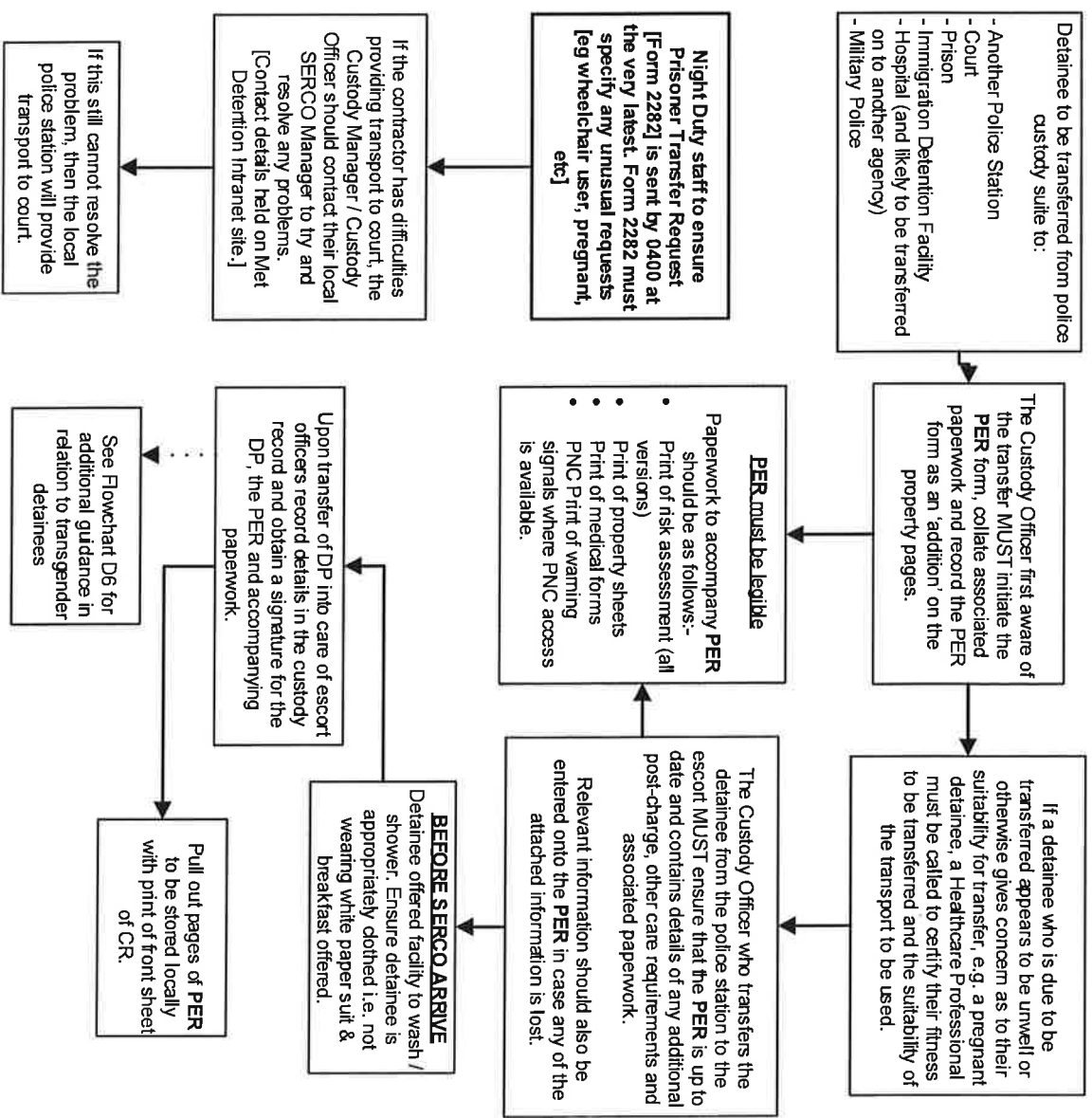
Custody suites should have stocks of the above available for up to five people per dirty protest. Sufficient quantities must be available for ongoing protests.



D4

Person Escort Record (PER)

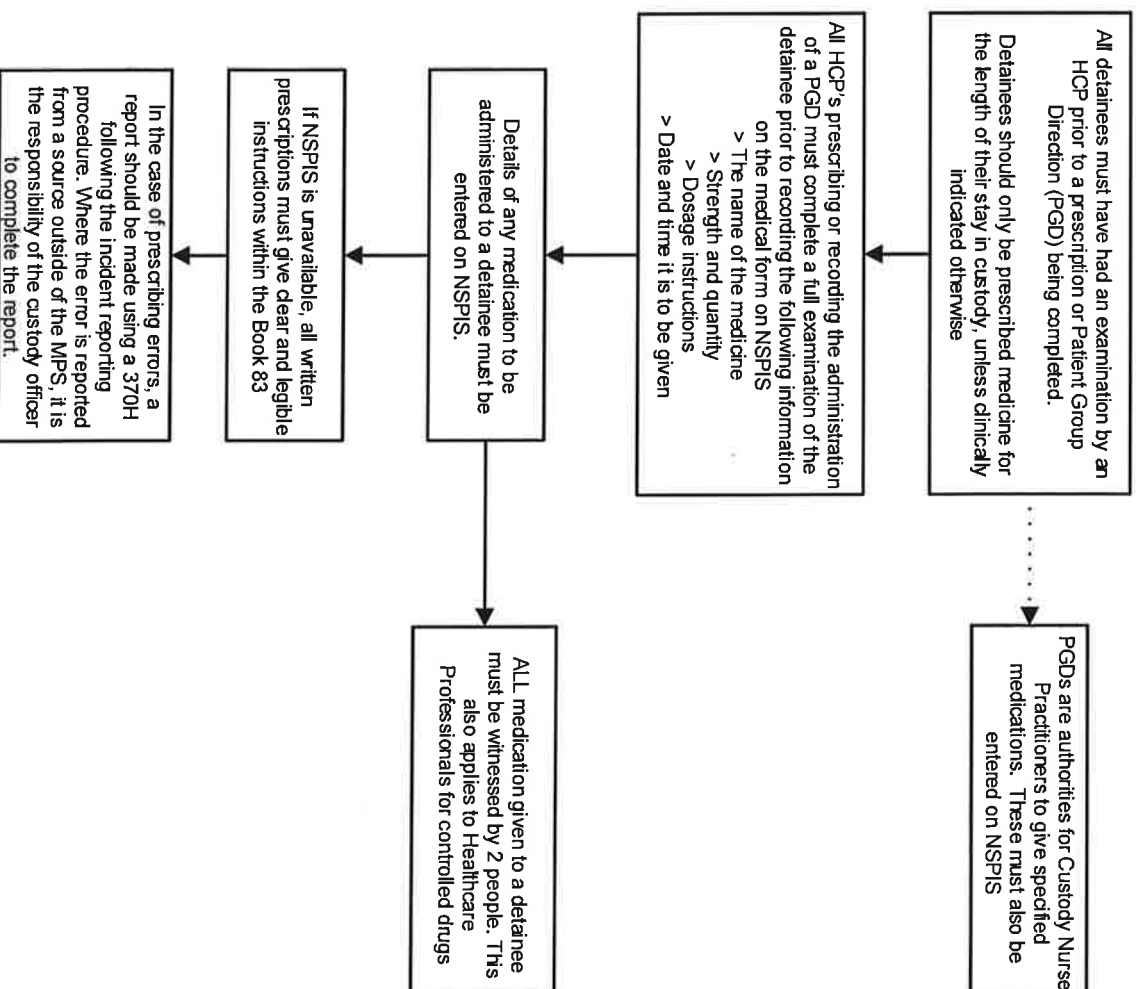
- D4.1 The purpose of the PER form is to ensure that all staff transporting and receiving detainees are provided with all the necessary information they need. This includes any risks or vulnerabilities that the person may present.
- D4.2 There is no longer a requirement to complete a PER form for a detainee who is being transferred to hospital, unless the detainee is likely to be handed to another agency, e.g. SERCO, whilst still being detained. For detainees transferred to hospital from custody a form 57HG must be used.
- D4.3 Identifying a risk of suicide or self-harm is one of the prime purposes of the PER form and staff should note that it is a requirement to indicate both a current risk and any known past risks.
- D4.4 Copies of risk assessment forms and medical examination records that are not confidential should be attached to the PER. Relevant information should also be entered onto the PER in case any of the attached information is lost. The form contains guidance, which must be followed throughout its completion.
- D4.5 PER forms must be shown as 'Additions' to the detainee's property record. This would normally require a signature from the detainee, but in this case the 'Refusal' or 'Incapable' button should be used and an explanation given. An entry such as 'PER FORM ADDED FOR SERCO - NO REQUIREMENT FOR DETAINEE TO SIGN' should be made.
- D4.6 It is also good practice to list what paperwork is accompanying the PER. There is no requirement for the PER to be sealed in a property bag or for it to be given a 105 number.
- D4.7 Where detainees are to be conveyed to court, the services of a contractor (currently SERCO) will be used. The Form 2282 (SERCO Prisoner Collection Form) must be completed by custody staff as fully as possible. Risk assessment categories must be filled in if applicable and additional information or other special requirements must be included.
- D4.8 Flowchart D6 provides additional guidance and Policy in relation to Transgender Detainees.



H3

Prescribing and Administering Medicine

- H3.1 The key principles which govern the management of medicines within the MPS are compliance with current medicines legislation, the Medicines Act 1968, the Misuse of Drugs Regulations 2001, the Codes of Practice of the relevant Health Care Professional bodies, Code C of the Police and Criminal Evidence Act 1984 (PACE), and Authorised Professional Practice (APP) developed and owned by the College of Policing.
- H3.2 It is imperative that all Custody Officers, HCPs and members of custody staff who deal with medicines as part of their role communicate effectively with each other to ensure that detainees' safety remains paramount.
- H3.3 In the event of a medication error a HCP should be contacted immediately and any emergency action/first aid should be initiated. If the HCP is unavailable then an ambulance should be called directly. A Form 370H should be completed in full.
- H3.4 Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines by Custody Nurse Practitioners to groups of patients who may not be individually identified before presentation for treatment.



D2

Risk Assessment (RA)

D2.1 The importance of conducting an effective risk assessment in relation to all detainees in police custody cannot be overstated. Such procedures are essential to ensure the safety and well-being of detainees and others. In addition to this, compliance with PACE Code C3.6-3.10 necessitates that proper and effective risk assessments are carried out and appropriate observation levels and care plans are put into place. **NB:** A care plan is a plan based on the risk assessment of the detainee. The essential components will include identification of issues. It will need to prioritise the detainee's issues and record specific actions and measures taken to address them. The assessment and care plan process should ensure that care is consistent with the detainee's needs and be an ongoing process subject to regular review.

D2.2 All staff are reminded that risk assessment is an ongoing process and full details of it must be entered onto the custody record and brought to the attention of the custody staff and others as necessary.

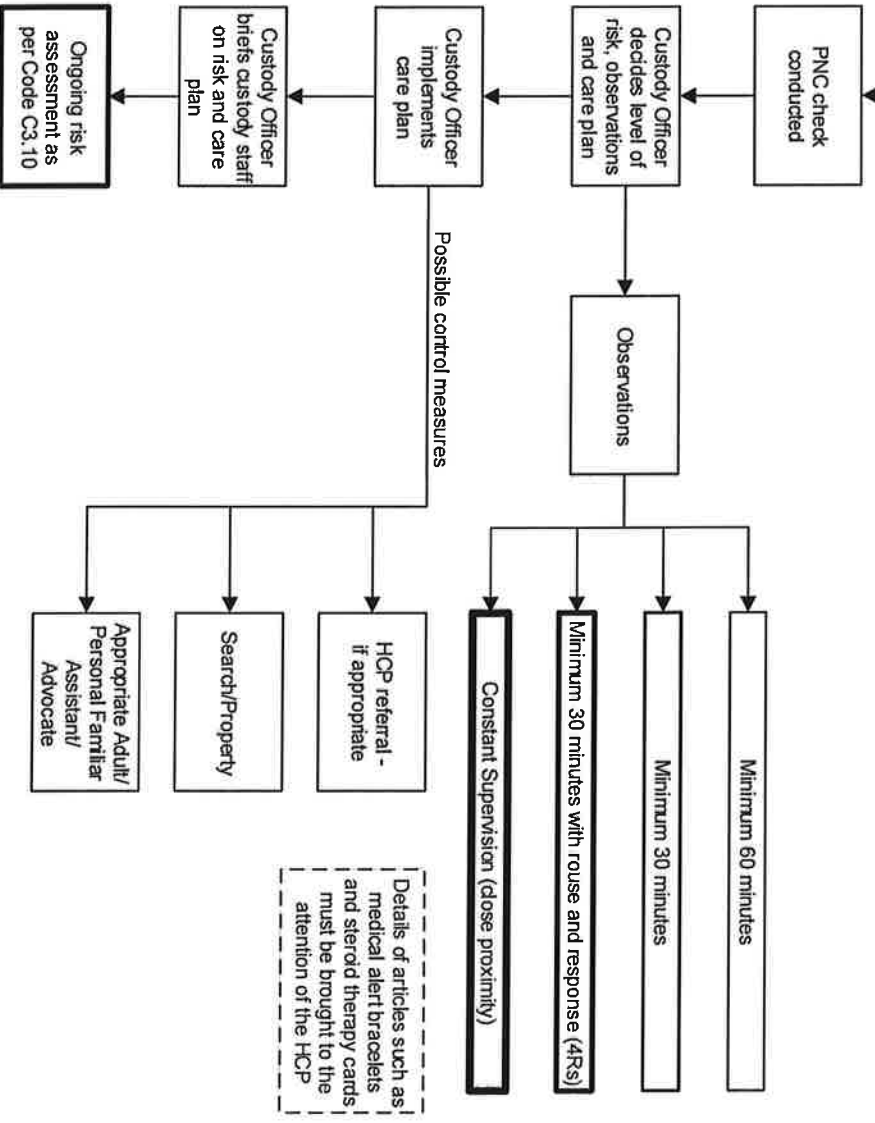
D2.3 All members of staff have a duty to take reasonable care to recognise anything that indicates that a detainee's health and safety may be at risk and respond appropriately to avert or reduce the risk. All personnel having contact with detainees must never ignore any information that comes to light that is, or might be, relevant to a detainee's condition. They must also be alert to the signs and symptoms that indicate that a detainee's physical or mental health may be at risk and take any necessary action. This includes, for example, any statements made by the detainee during an interview, whilst on escorted visits outside the police station, or made about the detainee by others who know them. Any concerns, action taken or information must be brought to the attention of the Custody Officer as soon as possible. To avoid the opportunity for deliberate self-harm, all staff should be alert to any changes which occur to cells, particularly potential ligature points.

D2.4 Further information assisting in the risk assessment process may be gleaned from the detainee's previous custody records and other intelligence systems. For detailed information on observation levels see Q&As.

Custody Officer has primary responsibility for Risk Assessment

Any officer or police staff with relevant information must inform the Custody Officer as soon as practicable

Risk must be based on subjective assessment of a number of factors and not just answers given to the NSPIS risk assessment questions. Answers should be probed as necessary in order to obtain further information/detail.



S1

Staff and Training

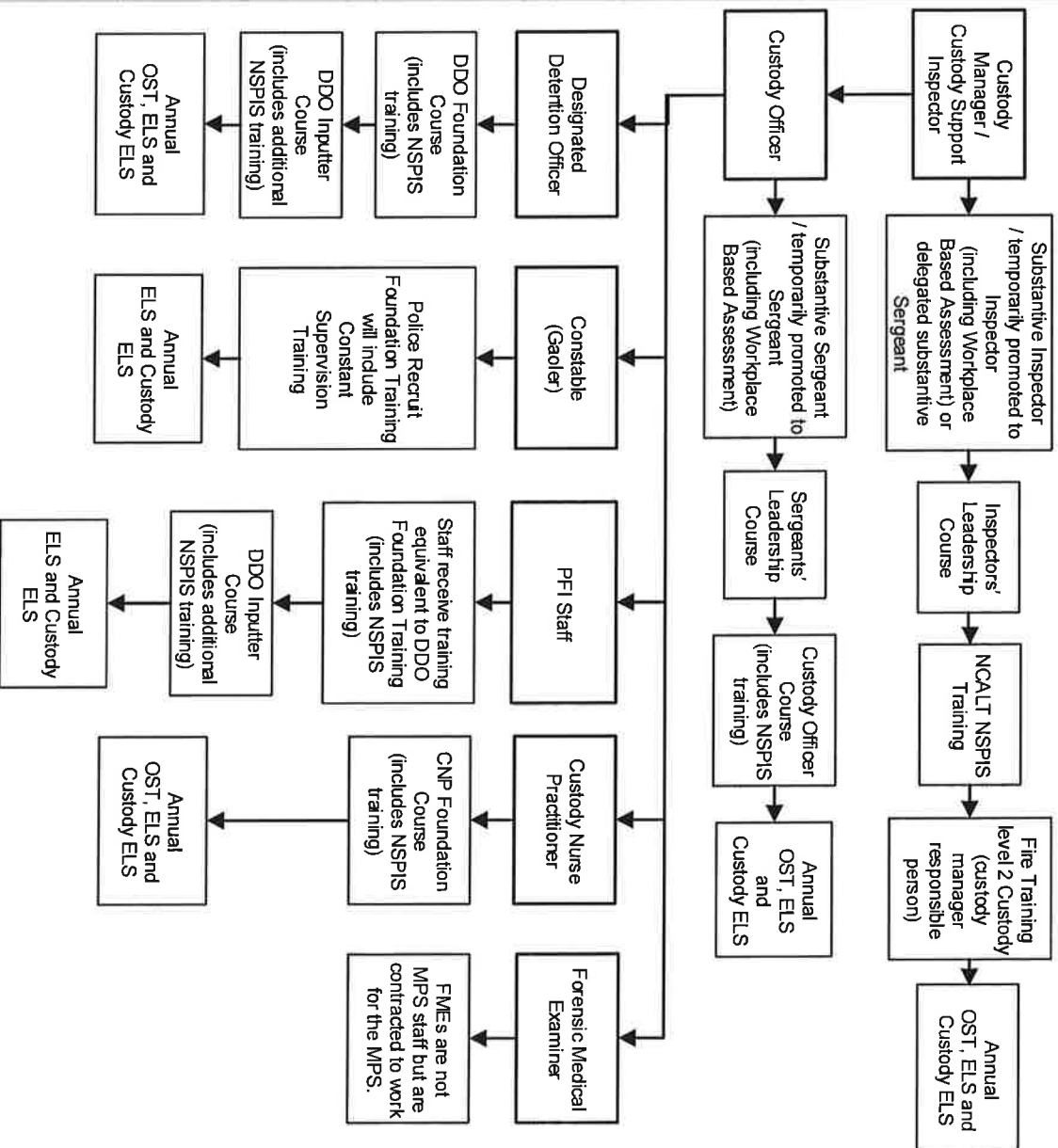
S1.1 Strategic Management of a custody suite is the responsibility of the Met Detention Chief Superintendent. Area Chief Inspectors and Custody Support Inspectors for the suites are responsible for ensuring that the custody suites under their command have appropriate levels of staff, support and supervision.

S1.2 The Met Detention Chief Superintendent is responsible for ensuring that their custody suites are functional, fully equipped and that adequate numbers of staff are appropriately trained and available to enable the safe management of the custody suite.

S1.3 The Met Detention have detailed job descriptions, for the following roles: Custody Manager, Custody Support Inspector and Custody Officer. Current versions are held on the Met Detention Intranet site alongside job and role descriptions for Designated Detention Officers and Healthcare Professionals.

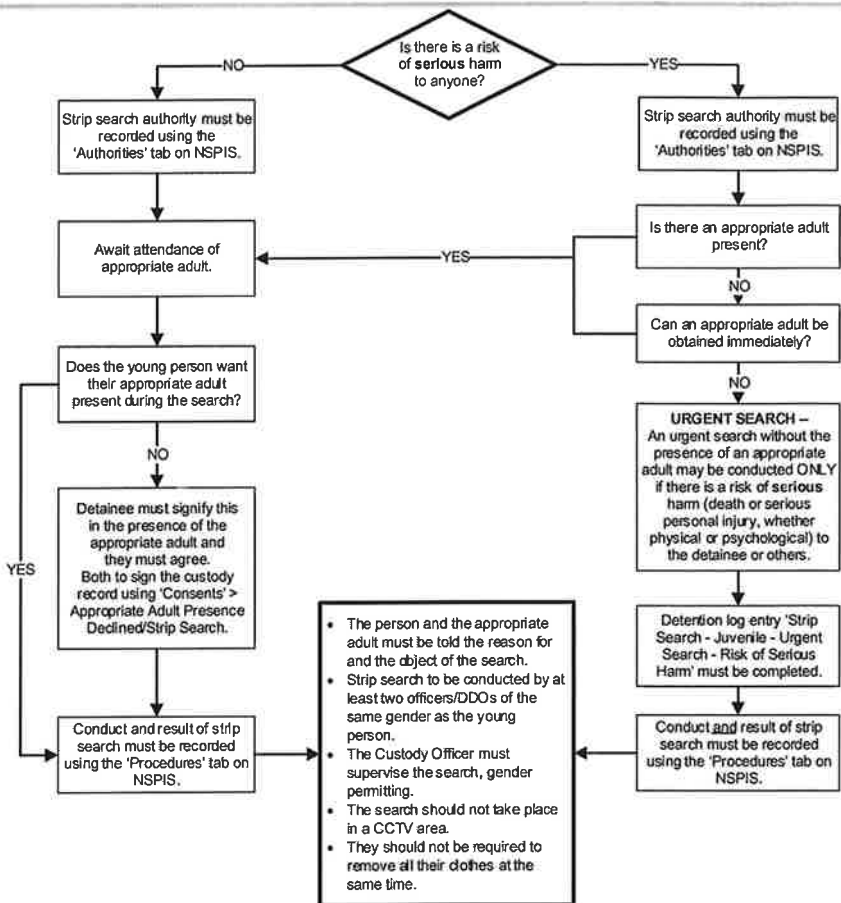
S1.4 Under a Private Finance Initiative (PFI) the boroughs of Bromley, Sutton and Lewisham utilise the services of contracted staff in the role of Custody Assistant within their permanent custody teams. PFI staff are currently being trained as DDOs and there will be no distinction between PFI and MPS DDOs once all are trained.

S1.5 Officers and staff deployed to work in custody suites must take personal responsibility to ensure that their required training is up to date.





- D7.1 The conduct of strip searches is governed by Annex A, Code C of the PACE Codes of Practice. A strip search is one that requires more than the removal of outer clothes (outer clothing includes shoes and socks in custody). A strip search is authorised by the Custody Officer only if it is considered necessary to remove an item which the detainee would not be allowed to keep and the officer reasonably considers the detainee might have concealed such an item. Any strip search must be proportionate to the need to conduct such a search.
- D7.2 A young person is anyone under the age of 18. The safeguards afforded to juveniles were extended to include 17 year-olds in October 2013. These safeguards are necessary to ensure that the interests and welfare of the young person are protected.
- D7.3 A young person can be strip searched, however Code C contains safeguards which must be followed. An appropriate adult must be present unless the young person states in the presence of the appropriate adult that they do not want them present and the appropriate adult agrees – both must sign the custody record to that effect using the 'Consents' > Appropriate Adult Presence Declined/Strip Search.
- D7.4 An urgent strip search may only be conducted prior to the attendance of an appropriate adult where there is a risk of serious harm. Prior to an urgent search taking place the Custody Officer must identify whether an appropriate adult is present at the police station or whether one will be attending imminently. Conducting an urgent strip search without an appropriate adult could be intimidating hence the need must be proportionate and justified. When an urgent strip search is authorised the detention log entry 'Strip Search - Juvenile - Urgent Search - Risk of Serious Harm' must be used and the actions taken to obtain an appropriate adult recorded.
- D7.5 In all cases the young person and appropriate adult must be told the reason for the strip search, this would include an urgent search – the appropriate adult must be informed retrospectively.
- D7.6 The officers/DDOs conducting the search must be briefed appropriately concerning the need, conduct and extent of the search.
- D7.7 The same principles would apply if more than outer clothing were to be seized for evidential reasons from a young person.



B1

Suite Maintenance

The Met Detention OCU commander must ensure that each custody suite has its own individual custody risk assessment.

There is a generic corporate custody risk assessment available on the MPS shared Drive to assist with this process.

S:\Corporate Risk Assessment \ TP Operational \ then select \ TP

Ops 11 Custody RA3 2012 FINAL

Met Detention have produced a number of checklists/templates to support SLT, custody managers and staff in ensuring that Custody Suites and related activities conform with legislation and guidance in terms of suite maintenance and health and safety.

B1.1 Daily template

The importance of daily checks within the custody suite cannot be underestimated and these important tasks should be undertaken to ensure safety and efficiency within the custody suite. This is an addition to each cell being inspected each time a detainee leaves it e.g. for interview, upon the being vacated and before being re-occupied by a new detainee. Every cell **MUST** be checked at least once within any 24 hour period. The Met Detention Custody Suite Daily Checklist has been created to accommodate this process and assist Custody Managers, Custody Officers and Custody Staff comply with the custody suite inspection and maintenance regime.

B1.2 Weekly template

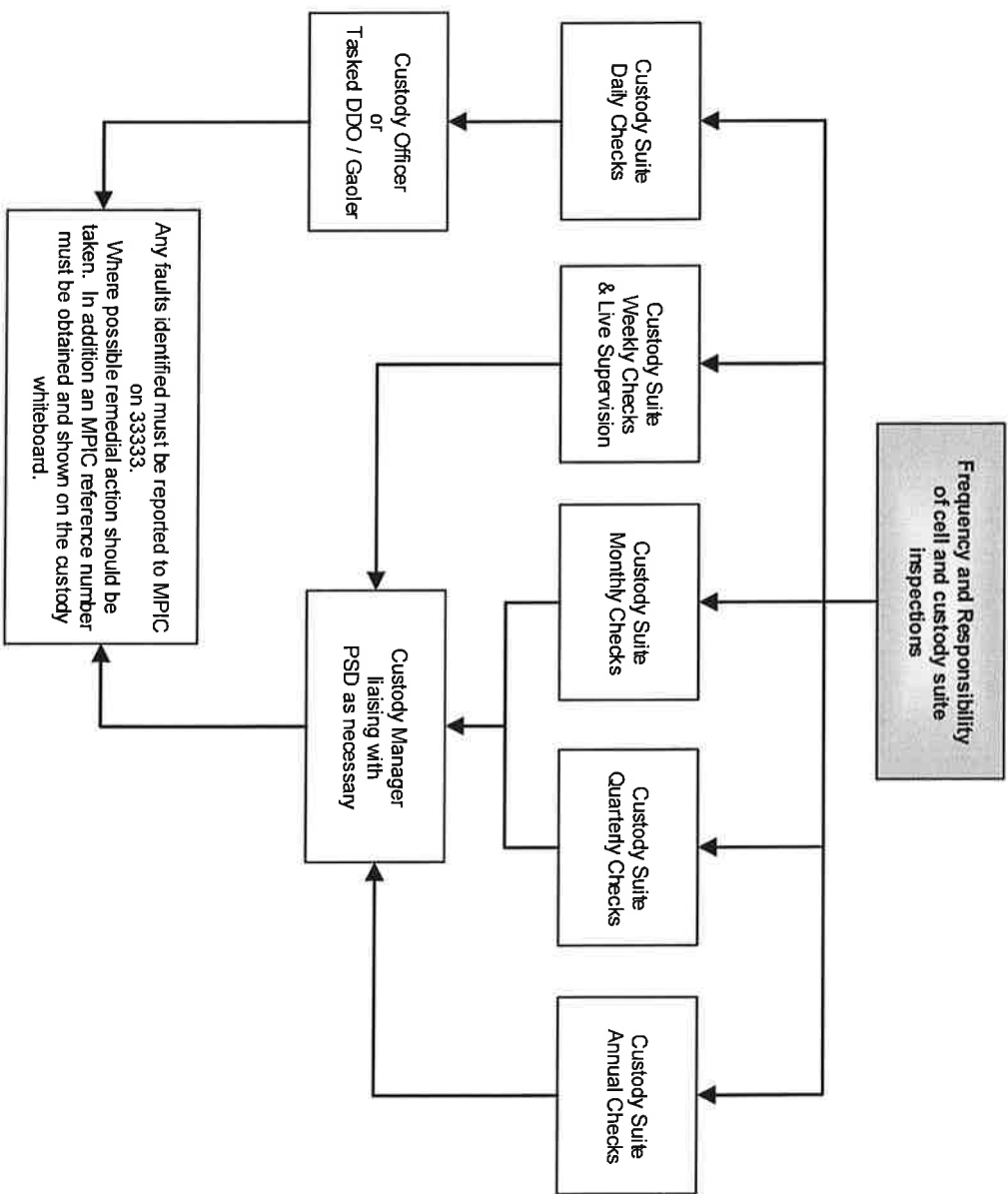
This should be carried out by Custody Managers and provides a template to inspect all aspects of custody, including the healthcare professional's room.

B1.3 Monthly template

This should be carried out by Custody Managers and examines areas such as cleaning and power testing.

B1.4 Yearly template

The yearly inspection which should be carried out by the Custody Managers examines areas such as decorating, power and water testing and deep cleaning.



S2

Supervision



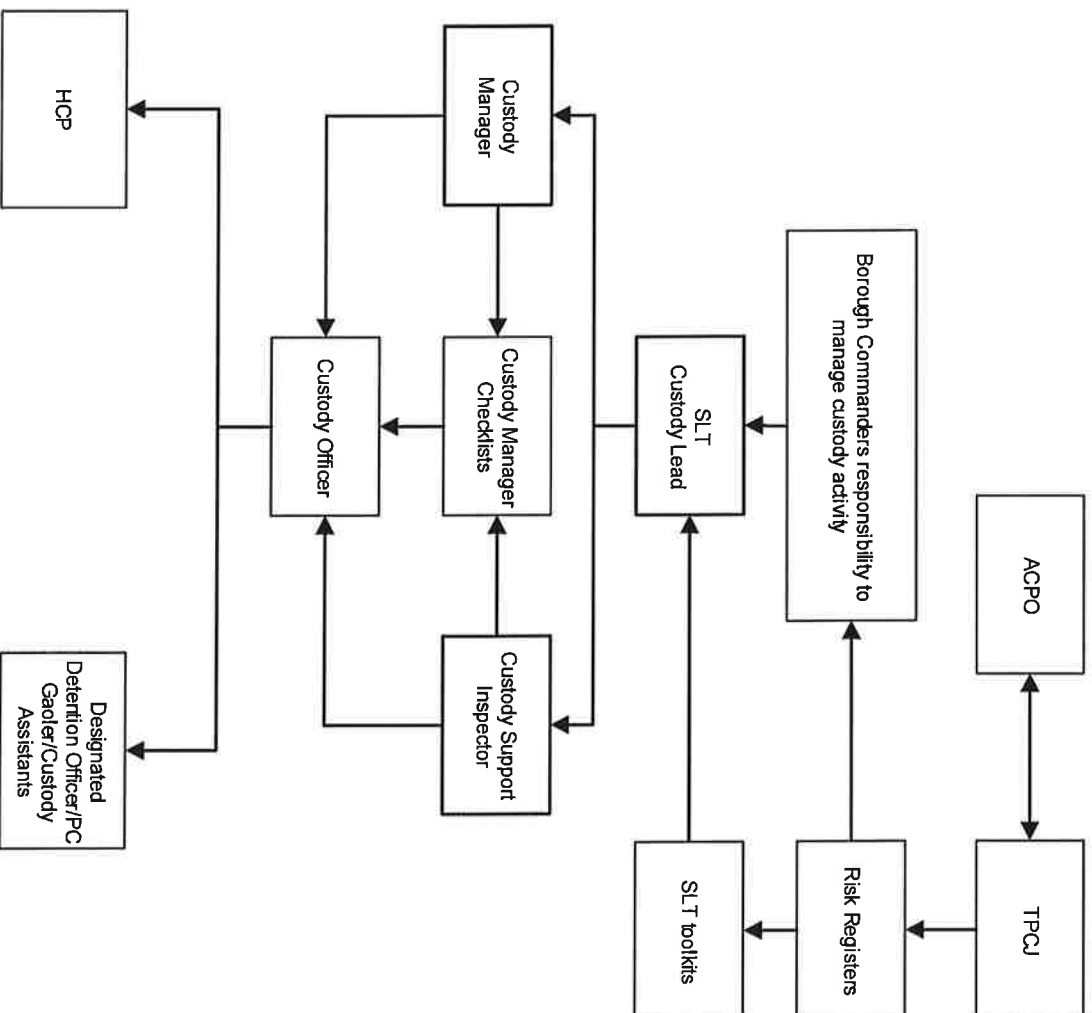
S2.1 Operation Incan is an ACPPO lead Diamond Group which aims to minimise the risk of harm to people in, or released from, police custody. Its focus is risk management, inspection, organisational learning and compliance following deaths in or following police custody and apparent suicides following police custody. It also monitors custody performance through feedback from Met Detention inspection activity, feedback from HMIC/P inspections, and Coroners recommendations.

S2.2 Borough Commanders are responsible for the management of custody suites on their borough.

S2.3 Each borough has a Met Detention risk register which records the boroughs activities and processes which are aligned to the areas of risk identified by Op Incan. The risk registers are reviewed by Met Detention. In addition Met Detention have produced a variety of checklists aimed at supporting ACPPO, SLT and Custody Managers. These can be found in the Custody Toolkit.

S2.4 The continual supervision of custody activity is paramount in ensuring the appropriate management of a custody suite and in particular the level of care given to detainees in custody.

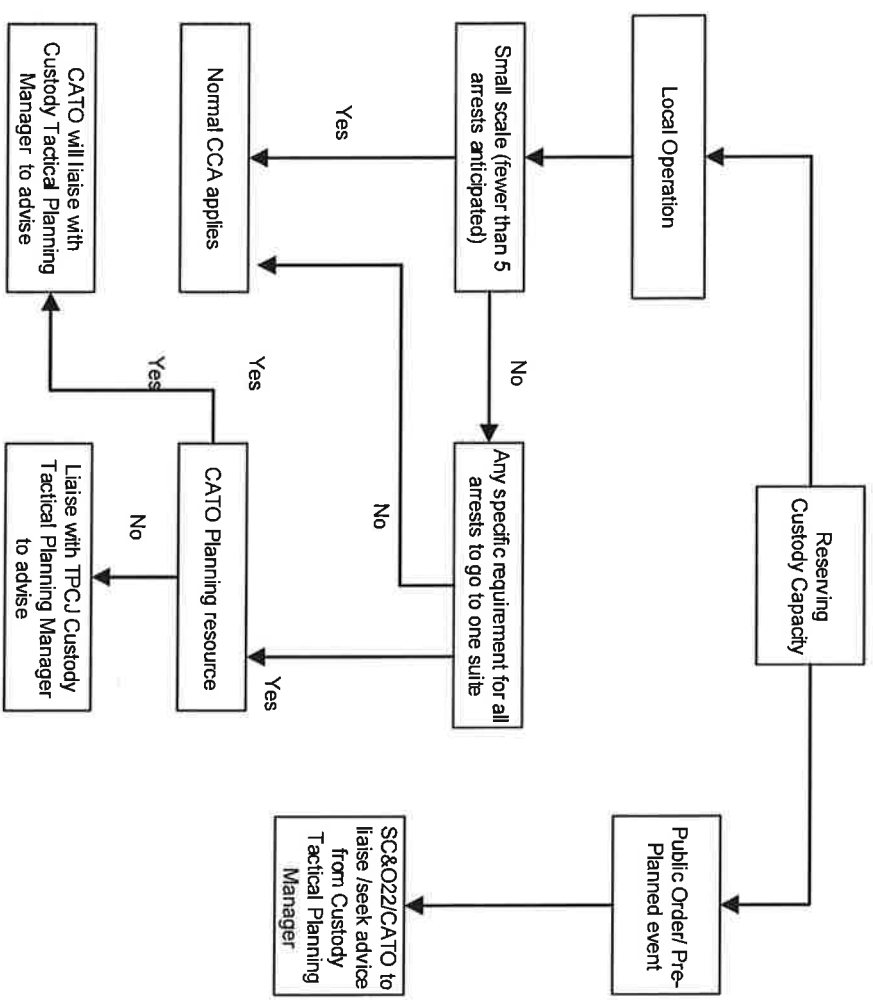
- Methods available to Custody Officers and in fact any supervisor are:
- Monitoring Performance,
 - Intrusive Supervision,
 - Dip Sampling,
 - Visits to Custody Suites and
 - Monitoring of Successful Interventions.



B2

Tactical Planning

- B2.1 If it is anticipated that MPS overflow or 24/7 Custody capacity will be required for a pre-planned event, then the process in the flowchart should be followed. For further advice on any planned event, where it is anticipated that additional cell space may need to be reserved, visit the Met Detention Tactical Planning Intranet page or email TPCJ Mailbox – Custody Tactical Planning.
- B2.2 Pre-planned closures of custody facilities or an intention to utilise an overflow facility must, in the first instance, be notified to TPCJ Tactical Planning Manager (TPM) within Met Detention. The BOCU will advise CCC in respect of the proposed new arrangements for cell allocation, in these circumstances.
- B2.3 Subject to the exceptions listed below, cell space will not be reserved in advance of an arrest being made. Not until such a time as a detainee is placed under arrest will cell space be allocated. Blanket booking of cell space across the MPS for various local operations will cause a failure in the CCA process, resulting in other detainees being displaced off BOCU where space was available, but reserved outside of the CCA process and then not actually used. The exceptions are -
 - B2.4 **Production Order:** Where a production order is in place pertaining to a specific custody suite and a named individual, a cell may be allocated to a prisoner from 0600 on the day named on the order. This will be clearly marked as being allocated for production order purposes.
 - B2.5 **Detainee Transfer:** Where an MPS custody facility receives notification that a detainee in custody elsewhere is to be transferred to their facility, the custody officer may reserve a cell space as soon as notification has been received that transportation has been arranged. This will be clearly marked as being allocated for detainee transfer with an estimated time of arrival for the detainee.



NOTE: The agreed process, for allocation of LOCKOUTS, will be for SERCO (PECS) to contact the most appropriate custody suite directly [via their control centre]. They will state their requirements.

It will be a decision for the Custody Officer, in consultation with the Custody Support Inspector if deemed necessary, to agree to take prison lock-outs after the necessary risk assessments have been completed. No BOCU should accept more than six lock-out prisoners. Upon accepting these prisoners, custody staff should immediately annotate the whiteboard accordingly in order that the cells are not allocated for use by CCC.

D6

Transgender Detainees

D6.1

The Diversity & Citizen Focus Directorate have developed extensive guidance for officers and staff in relation to 'transgender' detainees. This flowchart has been produced to support that guidance in relation to searching. The action in this flowchart should be followed and at all times the DP must be treated with dignity and respect. Staff must endeavour to meet the needs of the DP and recorded all decisions and actions should we be judged to have done the right thing.

D6.2

Transsexual means a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of gender reassignment. It is a protected characteristic under the Equality Act 2010. Transvestite/Cross-Dresser means a person of one gender who dresses in the clothes of a person of the opposite gender.

D6.3

Except as provided for under section 9 of the Gender Recognition Act 2004, in law, the gender of a person is that which was registered at the time of birth. This fact remains unchanged regardless of any subsequent medical treatment or surgery. However, a rigid adherence to this principle has been found to be too inflexible and has led to unnecessary confrontations. Experience has shown that where a person whose gender is unclear is treated according to their preferred gender, they are more likely to be co-operative during the course of their dealings with police.

D6.4

Where a transsexual detainee is refused police bail the PER form must reflect the gender choice of the detainee. If the custody officer is aware that the detainee is not legally the gender they present as you will need make use of the pre-defined declaration on NSPIS. This will allow the detainee to decide if they agree to police disclosing their gender to escort services.

