



# 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

Version	4.1	Last updated	08/11/2017	Review date	08/11/2018
Equality Impact Assessment			High		
Owning department			Custody		

## 1. About this Procedure

- 1.1. This Procedure provides guidance and instruction as to the actions to be taken by Hampshire Constabulary staff when an arrested person is received at any designated police station in Hampshire and the Isle of Wight.
- 1.2. The legislation underpinning this Procedure is found in the Police and Criminal Evidence Act 1984, Part IV and in Code C to the Act. References and links will be made to this legislation but the content of either the Act or Code C is not reproduced in this Procedure.
- 1.3. This Procedure has been audited against Authorised Professional Practices (APP) – Detention and Custody.

## 2. Risk Assessments / Health and Safety Considerations

- 2.1. All persons detained at a police station must be subject to an ongoing, continuous risk assessment. This process commences at the time of their arrest/detention and continues on arrival in custody and throughout the entire period of their detention (see 32102 Procedure – Custody: Detainee Care – Post Reception).

## 3. Procedure

### 3.1. Arrival at Custody

- 3.1.1. Arrival at a police station includes arrival within the boundary of any building or enclosed yard.
- 3.1.2. All detainees must be seen by the custody officer as soon as practicable after their arrival at a police station. Once a detainee has arrived at a police station it is no longer an option to:
  - a. release them by de-arresting them, or
  - b. Issue them with a Penalty Notice for Disorder (PND) before they have been before the custody officer to have their detention authorised.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.1.3. To take any of these actions after arrival at a police station would be unlawful.
- 3.1.4. Where a significant delay is likely to occur between arrival at a police station and putting the detainee before a custody officer the escorting officer will carry out an assessment of the risks the detainee may present. This assessment will consider not only the risks presented by the individual detainee but will take into account other persons within the custody holding area. The purpose of the risk assessment is to determine the most appropriate place to hold the detainee whilst awaiting the attention of the custody officer.
- 3.1.5. In cases where it is determined that neither a police van or a holding area is an appropriate place to hold the detainee the custody officer should be notified and arrangements made to expedite that detainee's access into custody.
- 3.1.6. Where a violent detainee is brought into the custody area all other detainees and other persons whose presence is not required should be removed from the immediate area.
- 3.1.7. The custody officer will be responsible for checking the correct application of handcuffs and making a decision whether to remove handcuffs from a detainee.
- 3.1.8. Any detainee who has been subject to a TASER discharge prior to arrival in custody should be fast tracked before the custody officer who must be fully informed of the circumstances and the actions detailed at 3.4 below must be followed.
- 3.1.9. In cases where a person has been detained on suspicion of drink/drugs driving offences the custody officer will be notified at the earliest opportunity. Unless it is totally impractical to do so, that detainee will be fast tracked into custody with an absolute minimum of delay. Custody officers will be expected to account for and justify cases where they require such detainees to wait 'in turn' rather than expedite their reception process.
- 3.1.10. There is an expectation that arresting/escorting officers will have obtained an RMS occurrence number before they bring their detainee before the custody officer.
- 3.1.11. Additionally, prior to bringing a detainee before the custody officer the arresting/escorting officer should have:
  - a. obtained an RMS occurrence for the offence arrested;



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- b. contacted CRB by phone and:
- c. linked the detainee to the occurrence as 'arrested';
- d. linked the arresting & escorting officers to the occurrence;
- e. checked the offence has correct 'from' and 'to' times recorded;
- f. checked that the offence location has the correct beat recorded against it;
- g. ensured the current address of the detainee is linked to them on RMS

- 3.1.12. It is accepted that at times, particularly at some of the quieter custody centres, where access to the custody officer may be immediate it may not be practicable to complete all of the above tasks before presenting the detainee to the custody officer. However, if the arresting/escorting officer has not done so and they cannot satisfactorily explain to the custody officer why that have not done so the custody officer may decide, if other detainees are waiting to go through the reception process, to deal with other detainees first.
- 3.1.13. In cases where a detainee is extremely violent the custody officer may decide that that person must be taken immediately to a cell. This decision will be made where, due to the detainee's behaviour, the risk of injury to staff or to the detainee is significant or where due to their condition or behaviour it is not possible to communicate properly with them.
- 3.1.14. In all cases covered by 3.1.13 above the custody officer must place the detainee on at least Level 3, constant observations until such a time as a meaningful risk assessment can be completed and sufficient information regarding the detainee's mental and physical condition and the circumstances surrounding the arrest have been established to allow an informed care plan to be established. A full risk assessment must be conducted at the first opportunity however, even if the detainee refuses or is unable to answer any questions in relation to the risk assessment all reasonable actions to risk assess the detainee must be completed. This process should include:



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- a. Attempting to ask the risk assessment questions (even if through the cell hatch in the case of violent detainees);
- b. Checking the background of any PNC markers or warnings;
- c. A thorough check of RMS in relation to occurrences or intelligence submissions relating to the detainee;
- d. Examining the risk assessments on any previous arrest records for the detainee;
- e. In the case of juveniles, speaking to their parents.

3.1.15. In all cases where the risk assessment tab on RMS cannot be fully completed on initial reception the custody officer must complete a detention log detailing what enquiries they have made to assess the level of risk and their directions for the level of supervision the detainee will receive. Under no circumstances should a detainee be in custody without any assessment of risk being recorded on the custody record. It should be remembered that those under the influence of drink or drugs or those that are particularly violent or highly stressed present more risk due to their conditions. As soon as it is practical to do so the detainee should be asked the questions on the risk assessment tab and their answers recorded. This will often coincide with the formal issuing of rights. In all relevant cases a care plan (under Care Plan tab) must be completed as soon practicable.

3.1.16. Where it is necessary to restrain a person it must be remembered that there is a risk of positional asphyxia. The use of the prone position should be avoided if possible or the period for which it is used minimised. Custody staff must be alert to the following factors, which can contribute towards a death during restraint:

- a. Where the body position of a person results in partial or complete obstruction of the airway and the subject is unable to escape from that position;
- b. Where pressure is applied to the back of the neck, torso or abdomen of a person held in the prone position;
- c. Where pressure is applied restricting the shoulder girdle or accessory muscles of respiration while the person is lying down in any position;



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- d. The person is intoxicated through drink or drugs;
- e. The person is left in the prone position;
- f. The person is obese (particularly those with large stomachs and abdomens);
- g. The person has heightened levels of stress;
- h. The person may be suffering respiratory muscle failure related to earlier violent muscular activity (such as after a struggle);
- i. Bodyweight should not be used on the upper body to hold down the detainee.

3.1.17. The custody officer should direct officers/staff involved in any control and restraint and ensure that this is carried out in a proportionate and approved manner and by the most appropriately trained officers/staff.

3.1.18. In cases where it is necessary for the detainee to be restrained in the cell using any restraint device (eg handcuffs or fastwraps). The detainee will be under constant observation or close proximity observation to allow for vital signs to be monitored and restraint should be removed as soon as it is considered safe to do so.

### 3.2. Custody Officers Initial Responsibilities

3.2.1. The custody officer must ensure that the following activities are carried out in relation to each detainee (whilst it is not necessary for the custody officer to personally complete all the tasks detailed below - many can be delegated to the detention officer - he/she remains responsible for the care and treatment of the detainee whilst in police detention):

- a. Commence a custody record (see 3.5 below).
- b. Consider and record the grounds for detention/issuing of bail.
- c. Check that anyone who has had contact with the detainee has passed on any relevant information about the detainee to the custody staff.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- d. Check PNC, RMS and any other local intelligence systems, recording relevant warning markers.
- e. Visually assess the detainee's general health and any injuries, recording and interpreting behaviour in the context of health and risk issues.
- f. Detainees should be asked if they have any disability.
- g. Where there is doubt about the identity of a detainee, reasonable efforts should be made to identify the detainee. The use of LIVSCAN or other technologies to assist should be considered.
- h. Where detainee is a foreign national, an I 24/7 check is carried out and a PNC 19 is subsequently completed.
- i. Authorise or refuse detention.
- j. If the detainee has been in custody before, check the RMS Person Record, particularly with regard to flags and warnings.
- k. Determine, in consultation with healthcare professionals if necessary, if the person is fit to be detained and fit to be interviewed.
- l. Consider the need for attendance of an appropriate adult for vulnerable detainees.
- m. Check with the detainee whether they have any specific sole care responsibilities (i.e. children, elderly relatives or disabled persons).
- n. If the detainee has been brought to the custody suite by Prisoner Escort Contractors from court or prison, or by police from another police station, check the PER assessment and take any action necessary. Make an entry on the custody record including the risk assessment detailing the actions taken.
- o. Arrange for PNC warning markers to be added where appropriate.
- p. Record and act on behaviour or information that may suggest a detainee is likely to harm themselves.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- q. Search for and remove items in accordance with PACE, Code C (see 3.6 below regarding the searching of detainees).
- r. Ensure that information about a detainee's welfare and risk is communicated to relevant staff and, where appropriate, other agencies.
- s. Check that only approved restraint techniques and equipment have been used and whether any injuries have resulted.
- t. When in doubt, consult a healthcare professional and monitor the detainee's condition.
- u. Ensure that detainees are checked at intervals dictated by their condition and the risk assessment.

3.2.2. This checklist is not exhaustive and all relevant factors should be considered.

3.2.3. In cases where the custody officer refuses to authorise detention PACE requires that a custody record still needs creating as the detainee will have been detained up until that point at a police station. The custody officer will:

- a. Select 'Detention not authorised' under the reason for detention on RMS;
- b. Fully explain the rationale for not authorising detention on a detention log;
- c. Provide the detainee with a full explanation including whether they are to be released NFA or not (where detention is not authorised for health reasons an immediate bail would normally be more appropriate than refusing detention);
- d. Provide guidance to the investigating officer on how they should now proceed with the matter in light of the refusal of detention.

### 3.3. Risk Assessment

3.3.1. It is the custody officer's responsibility to ensure that a comprehensive risk assessment is carried out in respect of each



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

detainee. Adherence to 3.1 and 3.2 above will help to ensure that this occurs.

- 3.3.2. The risk assessment in relation to each detainee must be ongoing throughout their entire time in police detention. Changing events and circumstances individual to the detainee and more generally within the custody suite may impact on, or contribute to, changes in the detainee's mood or behaviour.
- 3.3.3. Every detainee is a potential risk. Risk assessment must be objective and assumptions should never be made when assessing risk.
- 3.3.4. Custody officers must be very careful when assessing the effects of alcohol on a detainee arriving in custody. Some detainees who have consumed alcohol will not display any signs and symptoms of impairment. Where there is any doubt about the level of intoxication rousing checks should be instituted along with the appropriate level of observation.
- 3.3.5. In all Child Sex Exploitation (CSE), Indecent Images of Children (IIOC) cases and other cases alleging indecency with children it is well established that suspects present a significantly heightened risk of self-harm and suicide. The custody officer must liaise closely with the arresting and investigating officers in order to establish ongoing risks to the suspect. Additional support should be sought from those with expertise in mental ill health and other vulnerabilities. Custody officers should consult with the Liaison and Diversion team (where available) and an HCP regarding all such suspects as soon as practicable after arrival in custody. The Liaison team can then support the custody officer and HCP in decisions around risk and vulnerability both during their time in custody and, following their release from custody. The custody officer is responsible for the decisions in custody but joint discussions regarding the care plan with the HCP and if available, a Liaison and Diversion practitioner is likely to lead to a more robust and comprehensive risk assessment. The custody officer must personally conduct the above consultation and cannot delegate it to a detention officer. See Procedure 32109 – Custody: Pre-release Risk Assessment for further advice regarding allegations of CSE, IIOC and other indecency with children.
- 3.3.6. All identified risks will be recorded on the custody record and where any staff identify risks or changes in circumstances which may lead to additional risk they will ensure that the custody



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

officer is notified. The custody officer must ensure that those risks are documented and managed.

- 3.3.7. It is the responsibility of the custody officer to ensure that all relevant staff are briefed about any risks. Additionally it is the responsibility of all custody staff to ensure they are aware of the current risks associated with detainees in their care.
- 3.3.8. Accessing all available information is key to successfully managing risk. Information may be obtained from a wide range of sources, including:
- a. the detainee
  - b. detainee's friends or relatives
  - c. witnesses
  - d. all staff involved in the arrest and detention
  - e. PNC, PND, ViSOR and RMS
  - f. healthcare professionals (including GPs)
  - g. legal representatives
  - h. appropriate adults
- 3.3.9. other detainees

### 3.4. Post TASER Discharge Actions

- 3.4.1. When a Taser device has been discharged on a person prior to or on arrest and on arrival in custody there is any sign of an adverse or unusual physical reaction they should be treated as a medical emergency and an ambulance called.
- 3.4.2. Where a detainee has sustained a head injury as a secondary effect of the Taser discharge they should be transported to hospital to medically assess the injury.
- 3.4.3. All detainees (except those transferred to hospital) who have been subjected to the discharge of a Taser device must be examined by a **doctor** as soon as practicable after coming into custody.
- 3.4.4. It has been shown that persons most likely to be at greatest risk from the harmful effects of the device are those suffering from the



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

effects of drugs/alcohol or those who have been struggling violently.

- 3.4.5. In addition to 3.4.4 above, particular attention should be given to detainees who have been subjected to the discharge of a Taser who are known to have or are suspected of suffering from diabetes, asthma, heart disease, fitted with a cardiac pacemaker or epilepsy.
- 3.4.6. It is important that a detainee is closely monitored following the discharge of the Taser. They should be monitored and observed at level 3 until seen by a doctor in accordance with 3.4.3 above. After being examined by a doctor a care plan with the appropriate observation level will be decided by the custody officer, in consultation with the doctor.
- 3.4.7. Where a detainee still has Taser barbs that need removing they will be on level 4 close proximity until a nurse or doctor can remove the barbs. In cases where a nurse is available to remove the barbs there is still a requirement for a doctor to examine the detainee. In a case where there is an operational necessity for a barb to be removed before a nurse or doctor is available then it may be removed by a Taser operator (not by custody staff).
- 3.4.8. As soon as practicable after arrival in custody a detainee who has been subjected to a Taser discharge should be given an information leaflet on the effects of Taser use. This leaflet is available on the Force Intranet on the Force Custody Team pages.
- 3.4.9. In all cases where a Taser device is discharged post arrival in custody the following steps must be taken:
  - a. The Taser operator will be responsible for the recovery of all 'discharge debris', ensuring that nothing is left in the cell/custody area.
  - b. The above guidance in respect of the care of the detainee must be followed.
  - c. The use should be fully documented on the custody record along with supporting rationale.
  - d. The discharge must be referred to an officer of the rank of Inspector or above who must refer it PSD for them to review the incident.
  - e. Any CCTV footage of the incident must be secured.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- f. Where deployment occurs in an area where there is no CCTV coverage where practicable the incident should be recorded using body worn video.

### 3.5. Custody Records

- 3.5.1. The custody officer must ensure a custody record is created in respect of each detainee brought into police detention. This will normally be created on the RMS but in the event of this system not being available a paper version will be created and will later be back record converted onto the RMS.
- 3.5.2. A part of the creation of the custody record is the initial custody risk assessment of the detainee.
- 3.5.3. In cases where a person has been detained under section 23 of the Misuse of Drugs Act, and has been brought to a police station to enable them to be searched, that person is not under arrest and a custody record will not be created.
- 3.5.4. The custody record must be used to record all matters relating to the detainee. The custody officer is responsible for the accuracy and completeness of the custody record. Entries must include:
  - a. grounds for detention;
  - b. reason(s) why arrest was necessary;
  - c. search (level of search and property withheld from /kept by detainee after search);
  - d. risks identified and control measures;
  - e. level of observations required;
  - f. time placed in cell, cell number, cell searched;
  - g. call system within each cell checked and operational;
  - h. medical treatment and care plan;
  - i. use of any force and/or restraints that have been used and the justification;
  - j. action taken if detainee is incapable of understanding English because they speak another language;



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- k. The requirement for and arrangements made to secure the attendance of an appropriate adult;
  - l. details of any injuries/ailments or disabilities;
  - m. subsequent requests for legal advice and/or notification of friend;
  - n. cultural, faith, religious, dietary requirements
  - o. washing facilities or exercise offered;
  - p. cell visits/observations/rousing in accordance with risk assessment;
  - q. reviews of detention, both before and after the charge, including representations made by prisoners;
  - r. details of release from custody, including final disposal, e.g. charged, released, bailed, etc. and the full rationale behind the disposal decision;
  - s. pre-release risk assessment.
- 3.5.5. The above list is not exhaustive, any relevant events or incidents must be recorded.
- 3.5.6. Each entry on the custody record detention log must be signed, timed and dated by the member of staff carrying out the visit or action.
- 3.5.7. Whilst a detainee is in custody a solicitor or appropriate adult will be permitted access to that detainee's custody record as soon as practicable after they make such a request.
- 3.5.8. After a detainee leaves police detention they, their legal representative or appropriate adult will be given, on request, a copy of the custody record as soon as practicable. This entitlement lasts for 12 months from the detainee's release.
- 3.5.9. A detainee, their legal representative or appropriate adult will be permitted to inspect the original custody record after the detainee has left police detention provided that they give reasonable notice of their request. In these cases they will not be entitled to view the electronic version of the custody record but will be provided with a hard copy version printed whilst they are present.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

### 3.6. Searching Of Detainees

- 3.6.1. The custody officer has a responsibility to ensure that he/she knows everything that a detainee has in their possession when they are brought to a police station after being arrested or after being arrested at a police station.
- 3.6.2. In order to be able to comply with 3.6.1 above the custody officer will cause the detainee to be searched to the extent believed necessary. The rationale behind this decision must be recorded on the custody record.
- 3.6.3. Any search of a detainee will be by a police officer or detention officer who must be the same sex as the detainee. If the member of staff searching has any doubt over the gender of the detainee they must immediately address their concerns to the custody officer.
- 3.6.4. In any case where a person who has been arrested and is detained in custody is to be **strip searched** the search must be authorised by the custody officer. The criteria is that it is considered necessary to remove more than outer clothing to remove an article which a detainee should not be allowed to keep and is suspected to have concealed.
- 3.6.5. Custody officers must ensure that the rationale supporting the need for a strip search is recorded on the custody record in a meaningful way (ie 'nature of offence' is not sufficient). The bespoke dropdown detention log entry should be used.
- 3.6.6. The search must be conducted in accordance with Annex A of Code C (manner of search, presence of AA etc).
- 3.6.7. Before a strip search is carried out on a detainee **under the age of 18**(subject to 3.6.8 below) the authority of the custody officer must be ratified by an officer of the rank of Inspector or above. The custody record must be endorsed to this effect. The only exception to this is where the custody officer considers the need to conduct the strip search is urgent (ie there is a risk of serious harm to the detainee or others). In that case there if an Inspector is not immediately available there is no requirement to delay the search in order to ratify the decision to search but an Inspector must, as soon as practicable, be notified that the search has taken place.
- 3.6.8. The decision to remove clothing from a detainee on the grounds of reducing risk of self-harm is considered, by case law, to be a strip search and must be recorded as such on the custody



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

record. In such cases where the detainee is a juvenile there is no requirement for a custody officer to seek prior ratification from an Inspector or to notify an Inspector. Additionally, there is no requirement for an AA to be present as this does not involve the exposure of intimate parts.

- 3.6.9. It may be that a detainee is identified as a **transvestite** (person who dresses in clothes of the opposite sex) or a **transgender** (a person who is experiencing gender dysphoria in that they identify as a gender different to their birth gender – surgery may or may not have taken place and a person may exhibit characteristics of both genders). Where a detainee possesses a full Gender Recognition Certificate (issued under the Gender Recognition Act 2004) they must be treated as being the gender specified in that certificate.
- 3.6.10. If there is doubt about the detainee's gender they should be asked what gender they identify themselves as and what gender they would be preferred to be treated as. If a detainee expresses a preference to be dealt with as a particular gender this should be recorded on the custody record.
- 3.6.11. If the detainee is unwilling to make such an election they should be treated as the gender that they present as.
- 3.6.12. Before any search (routine custody search or strip search) takes place the custody officer shall consult with the detainee regarding the manner in which it may be conducted. The detainee may state a preference as to the gender of officer who conducts the search and this preference may be for officers of different genders to conduct different parts of the search (one example being: male officer below waist and female officer above waist). The final decision as to the manner of the search remains that of the custody officer but every reasonable effort must be made to accommodate a detainee's preference. It is important, both for the dignity of the police officer / detention officer and the detainee, that any officer involved in the search is properly briefed and fully understands their role.
- 3.6.13. The Constabulary accepts that there is a possibility that a technical breach of section 54 of PACE and Code C may take place. It is considered that any such breach would be justified and unlikely to result in the any subsequent exclusion of evidence under section 78 of PACE. However, any such action will be fully detailed in the custody record and the detainee asked to sign to the effect they consent to the conditions of such a search.



## **32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION**

- 3.6.14. Any search of a detained person, to whatever extent, must be done thoroughly and the importance of that thoroughness cannot be over emphasised.
- 3.6.15. The use of a hand-held metal detector should be considered to assist in the search of all detainees.
- 3.6.16. The use of Ample Probes should also be considered to assist in the searching of detainees, as should the use of protective gloves (latex and/or Kevlar).
- 3.6.17. The custody officer will authorise the seizure and retention of any article(s) possessed by the detainee if there are reasonable grounds for believing the article:
- a. May be used by the detainee to harm themselves or others;
  - b. Is evidence of an offence;
  - c. Could be used to interfere with evidence;
  - d. Requires safekeeping;
  - e. May be used to aid an escape or cause damage.
- 3.6.18. Custody staff shall record details of and handle a detainee's property in accordance with 32104 Procedure – Custody: Detainees Property.
- 3.7. Feminine Hygiene Kits
- 3.7.1. All female detainees must be offered a feminine hygiene kit. This offer will be made, where possible by a female member of staff, discretely (i.e. on the way to the cell) and as soon as practicable after the initial booking in procedure.
- 3.7.2. This offer must be repeated regularly throughout a female detainee's time in custody.
- 3.7.3. A record must be made, in the custody record, of the making of this offer.
- 3.7.4. A feminine hygiene kit comprises of a sanitary towel, a tampon, a sterile wipe and a disposable sanitary towel bag all contained in a sealed plain bag labelled Feminine Hygiene Kit.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.7.5. Each custody centre must make arrangements to have a suitable container available within the custody area where used sanitary towel bags may be disposed of.

### 3.8. Medical Treatment & Attention

- 3.8.1. The custody officer is responsible for ensuring a detainee receives medical attention, as soon as reasonably possible, if it appears that that person is:

- a. Suffering from a physical illness; or
- b. Injured; or
- c. Suffering from a mental disorder; or
- d. Failing to respond normally to questions (otherwise than through alcohol intoxication alone); or
- e. Otherwise in need of clinical attention.

- 3.8.2. In addition to 3.8.1 above if a detainee exhibits any of the following symptoms or behaviours that cannot be easily explained while in custody the custody officer should consider immediate transfer to hospital or as a minimum the detainee should be examined by a healthcare professional:

- a. Unconsciousness or lack of full consciousness
- b. Any confusion (not knowing where they are etc)
- c. Unexplained apparent drowsiness or sleepiness that continues for over an hour
- d. Problems understanding or speaking
- e. Loss of balance/problems walking
- f. Weakness in one or more arms or legs
- g. Problems with vision
- h. Persistent painful headache
- i. Vomiting
- j. Fits/collapsing/passing out
- k. Clear fluid from ear or nose
- l. Bleeding from one or both ears
- m. New deafness in one or both ears
- n. Abnormal breathing

- 3.8.3. The custody officer's responsibility at 3.8.1 and 3.8.2 above applies even if the detainee makes no request for medical attention and whether or not they have received medical attention elsewhere (eg hospital).



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.8.4. In cases where it appears that the need for medical attention is urgent the custody officer will immediately cause an ambulance to be called.
- 3.8.5. The custody officer's responsibility to seek medical attention does not automatically extend to minor ailments or minor injuries, albeit any doubt must be resolved in favour of calling a HCP. The custody officer must record all such ailments and injuries on the detainee's custody record together with what action was taken or why no action was taken.
- 3.8.6. Notwithstanding 3.8.4 above, in cases where the detainee requests a medical examination the custody officer will ensure that a HCP is required to attend as soon as is practical.
- 3.8.7. In all cases where the custody officer decides that a person requires medical attention he/she will record on the custody record the reasons why that decision was taken, the time/date medical attention was requested and the time/date that medical attention was delivered.
- 3.8.8. Where a detainee has been examined by an HCP that HCP will record any clinical findings and directions in the custody record unless there is information which must remain confidential and is not relevant to the effective ongoing care and well-being of the detainee. In such cases an entry must be made in the custody record indicating where the clinical findings are recorded.
- 3.8.9. In addition to custody staff endorsing the custody record the HCP will complete a Form G15Y on every occasion where a detainee is examined. The completed G15Y will be retained within custody throughout that person's detention period. After the person is released or transferred from custody the person's custody record number and the RMS occurrence number will both be added to the form G15Y. This form will then be scanned onto RMS for inclusion on the Documents tab on the relevant custody record.
- 3.8.10. Directions concerning the frequency of visits, medication prescribed and other care must be clear and precise. The custody officer must ask for clarification if any oral or written clinical directions given are unclear.
- 3.8.11. The ongoing risk assessment relating to the detainee remains the responsibility of the custody officer and must be considered in consultation with the HCP. An action plan for the detainee should be agreed. Any disagreement, along with the decision making process, must be recorded in the custody record.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.8.12. The detainee may request to be examined by their own doctor, at their own expense. It is important that medical examination of a detainee should not be delayed because of the non-arrival of the HCP or of the private doctor. The examination by either doctor should therefore take place as soon as possible after the first doctor/Custody Nurse arrives at the station.
- 3.8.13. An examination by a private doctor will usually be conducted in the presence of the HCP, but if they are not in attendance at the time it should be conducted in the presence of a police officer of the same sex as the detained person.
- 3.8.14. An HCP who completes an examination before the arrival of the private doctor must be requested to await the examination of the latter. A private doctor who completes an examination before the arrival of the Police Surgeon must be informed of the impending examination by the latter, and may properly decide to be present.
- 3.8.15. An appropriate adult may not be given access to a detainee's medical records unless the detainee has given express permission for them to do so.

### 3.9. Medication

- 3.9.1. Where it is known that a detainee requires medication the custody officer is responsible for:
- a. The safekeeping of the medication in secure facilities.
  - b. Providing the detainee with the opportunity to take the medication at prescribed intervals.
  - c. Ensuring the correct medication is given and at the right dosage.
  - d. Recording relevant information on the custody record.
  - e. Medication may have been brought in by any of the following means:
    - By a detainee, friend, relative or by police officers when arresting/detaining the person.
    - Provided by the police in accordance with directions from an HCP.
    - Provided by an HCP.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- Collected by the police via a private prescription.
  - Provided by hospital staff when a detainee has been in hospital for treatment while in police detention.
- 3.9.2. In none of the cases set out in 3.9.1 above will any medication be administered to a detainee prior to it being checked by an HCP and in accordance with the directions of that HCP. The only exception to this is where the police collect a prescription, issued in custody to a detainee, directly from a chemist on behalf of that detainee.
- 3.9.3. Clear written instructions must be provided by the HCP on Form G15W. These instructions must include:
- a. The name of the detainee, the prescribing doctor, medication name, strength and quantity (number of tablets or capsules) required at stated times;
  - b. Special instructions, e.g. taken with/before/after food;
  - c. Disposal of unused medication, e.g. action to be taken on detainee's release or transfer from custody.
- 3.9.4. A small stock of Ventolin inhalers must be retained securely in Custody Suites, to be accessed by the custody officer. Custody officers may not allow a detainee to use any stored inhaler without prior reference to a HCP.
- 3.9.5. Arrangements must be made to try and obtain the detainee's inhaler from home, thus verifying the medication they claim to be on. Where the HCP considers the administration of an asthma inhaler or angina spray may be appropriate, the HCP must speak directly to the detainee in the presence of, and under the supervision of the custody officer. On no account must this discussion be unsupervised.
- 3.9.6. If the HCP is fully satisfied that an asthma inhaler or angina spray is appropriate, s/he will advise the custody officer. The inhaler/spray must not be left with the detainee (even if a HCP request this) and the detainee must be supervised using the inhaler/spray at the prescribed times.
- 3.9.7. All actions taken in relation to the inhaler/spray must be recorded on the custody record. HCP's are responsible for their actions,



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

and are aware that all advice/instructions given by them will be recorded on the custody record.

- 3.9.8. Other than the limited use of an asthma inhaler or angina spray, as described above, all medication will be administered by custody staff or supervised with the authorisation of a HCP.
- 3.9.9. Custody staff must check that the correct medication is given to the right detainee at the appropriate time. Where practicable two members of custody staff should undertake this task. This action must be recorded on the custody record and on form G15W.
- 3.9.10. Custody staff must take care to ensure that medication is actually taken and that the detainee is prevented from hoarding it.
- 3.9.11. Controlled drugs can only be administered in custody by an FME. However, in certain circumstances the detainee may self-administer drugs under the personal supervision of the FME authorising their use.
- 3.9.12. The Central Custody Team, together with the Force health care provider, are responsible for establishing procedures for the safe storage and handling of medication. These measures must include auditing, management and prevention of errors.
- 3.9.13. Where a detainee is released or transferred from custody any remaining medication will be disposed of in accordance with the instructions contained on the G15W (see 3.9.3 above). Any unused medication will be placed in the Pharmi-bin when a detainee is released.

### 3.10. Vulnerable Detainees – Alcohol / Drugs / Illness

- 3.10.1. In all cases where, at any stage throughout their detention, it is identified that a detainee is vulnerable due to any of the following:
  - a. Under the influence of alcohol or drugs;
  - b. Dependency upon alcohol or drugs;
  - c. Swallowing/packing of drugs;
    - i) Illness, including –
    - ii) Sudden collapse;
    - iii) Mental health;



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- iv) Diabetes;
- v) Epilepsy;
- vi) Strokes;
- vii) Excited delirium;
- viii) Head injuries;
- ix) Angina and heart problems;
- x) Claustrophobia;
- xi) Asthma;
- xii) Sickling Crises;

3.10.2. Custody staff have serious ongoing responsibilities and should immediately refer to 32103 Procedure – Custody: Vulnerable Detainee's – Alcohol/Drugs/Illness for detailed advice and guidance.

3.10.3. It must be remembered that many of the above may cause violent, aggressive or changing behaviour and confusion which can easily be mistaken for the effects of alcohol and or drugs.

### 3.11. Fit To Be Detained / Interviewed

3.11.1. The custody officer has a responsibility to ensure that any detainee is fit to be kept in police custody.

3.11.2. Where a custody officer has decided that medical attention is required before a decision may be made as to whether a detainee is fit to be detained he/she will ensure that a HCP is called and that detainee is examined.

3.11.3. Where a HCP indicates that the detained person is fit or is unfit to be detained in police cells, the HCP must complete form G15Y. Any medical directions or treatment required must also be recorded on the custody record and must be followed.

3.11.4. For action to be taken where a HCP indicates that a person is not fit to be detained in police cells please refer to 32102 Procedure – Custody: Detainee Care – Post Reception.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.11.5. For a custody officers responsibility to determine a detainee's fitness for interview see 32102 Procedure – Custody: Detainee Care – Post Reception.

### 3.12. Communicable Diseases

- 3.12.1. Whenever a detainee is known to have a communicable disease advice will be sought from a HCP. Custody staff must seek early identification of such detainees. Information may be obtained from the detainee, the PNC or local intelligence systems.
- 3.12.2. It is essential that information about any identified or suspected communicable disease is passed on the relevant staff but this need must be balanced with the responsibility to protect the detainee's privacy.
- 3.12.3. Where custody staff identify or reasonably suspect that a detainee may be suffering from a communicable disease that detainee and his/her property may be held in isolation until clinical directions have been obtained.
- 3.12.4. When a detainee is to be transferred all relevant information about identified or suspected communicable diseases must be recorded on the PER form (see 32105 Procedure – Custody: Detainee Transfer (to Hospital or other Custody)) for detailed guidance regarding the PER form).
- 3.12.5. Please go to the guidance on the Intranet for [Exposure to Blood Borne Diseases and Biological Hazards to Health](#) regarding the symptoms, routes of transmission and control measures for the following communicable diseases:
  - a. Hepatitis A, B and C
  - b. HIV
  - c. Infestations: Lice; Scabies; Fleas
  - d. Influenza
  - e. Legionnaire's Disease
  - f. Weil's Disease
  - g. Shingles
  - h. Tetanus



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- i. Lyme Disease
- j. Viral Meningitis
- k. Bacteria Meningitis
- l. Polio
- m. Tuberculosis
- n. Zoonoses

3.12.6. In addition to the above custody staff may come into contact with detainees infected with the following conditions:

- a. **Methicillin-** resistant staphylococcus aureus (MRSA): Staff should always wash their hands thoroughly and wear disposable gloves when handling used dressings. Cuts and broken skin should be covered with waterproof plasters.
- b. **Norwalk virus (Norovirus):** This infection is spread through eating or drinking contaminated food or liquids, or touching surfaces or objects that are contaminated with the virus and then placing the hand in the mouth. When infected people may display symptoms of sudden nausea and vomiting, diarrhoea and stomach cramps.

3.12.7. After a detainee with a communicable disease has been released from custody advice must be sought from a HCP as to what would be the appropriate method of cleaning the cell and any bedding, including the mattress. Once advised arrangements must be made to carry out this cleaning before another detainee uses the facilities.

### 3.13. Hypothermia

3.13.1. Where a detainee is brought into custody wearing wet clothing and they are not to be immediately released (charged/bailed or NFA) then they must be provided with alternative clothing. To fail to provide such a detainee with alternative clothing would be to expose them to the risk of hypothermia. This is a particular risk to detainees who are intoxicated.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

### 3.14. Juveniles

- 3.14.1. When carrying out the initial risk assessment in respect of a juvenile detainee consideration must be given to specific areas which could adversely impact upon young persons. For example the risk to a young person from excessive alcohol consumption is likely to be much greater than to an adult.
- 3.14.2. All detainees under the age of 18 must be referred to HLDS for screening (other than at Newport where no HLDS service currently exists).
- 3.14.3. Juveniles will only be placed in a cell if there is no suitable detention room available at the police station where they are located.
- 3.14.4. All female detainees under the age of 17 will be informed by the custody officer or detention officer that they may, at any time, request to speak to a female member of staff.
- 3.14.5. A record that the detainee has been informed as at 3.14.4 **3** above will be made on the detention log of that detainee's custody record.
- 3.14.6. When such a request is made by the detainee this will be recorded on the detainee's detention log together with the action taken to comply with the request. The request can be complied with in person or by telephone, depending upon the nature of the request. In any case the initial contact with the detainee may be by telephone if the member of staff is not readily available. Where the request is complied with the time and date contact was made with the detainee by the female member of staff, together with the details of the member of staff, will be recorded on the detention log of the relevant custody record.

### 3.15. Appropriate Adults

- 3.15.1. The requirement for the presence of an appropriate adult is governed by PACE and Code C and Code D. It should be remembered that an appropriate adult should be present during the taking of fingerprints and DNA samples from detainees under the age of 18 or persons suffering from mental disorder or who are otherwise mentally vulnerable.
- 3.15.2. It is not the role of a HCP to decide whether an appropriate adult is required. This responsibility rests with the custody officer. A HCP can assist by advising whether there are medical conditions



## **32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION**

which would indicate an appropriate adult may be required but the custody officer must consider all aspects of vulnerability in determining whether the detainee will require the assistance of an appropriate adult whilst detained. The responsibility for any failure to provide an appropriate adult in cases where one is required lies with the custody officer.

- 3.15.3. An appropriate adult is responsible for advising and assisting a detainee and may be allowed private consultation with the detainee at any time.
  - 3.15.4. In cases where a detainee under the age of 18 or a vulnerable adult indicates that they do not want legal advice an appropriate adult has the right to ask a solicitor to attend if they consider it would be in the best interests of the detainee. However, the detainee cannot be forced to see the solicitor if he/she is adamant that they do not wish to do so.
  - 3.15.5. A detainee must always be given the opportunity, when an appropriate adult is in attendance, to consult privately with a solicitor in the appropriate adult's absence if they wish. This is the choice of the detainee and not of either the solicitor or the appropriate adult.
  - 3.15.6. Where an appropriate adult is required for a detainee person over the age of 18 and no parent, guardian or suitable relative is available then telephone contact must be made with the relevant local Appropriate Adult Scheme.
  - 3.15.7. It is the responsibility of each Custody Inspector to ensure current telephone contact numbers for Appropriate Adult Schemes and Emergency Duty Teams are retained and easily accessible to custody staff.
- 3.16. DNA Samples
- 3.16.1. A DNA sample is a non-intimate sample and must be taken in accordance with section 63 PACE and Code D.
  - 3.16.2. For detailed guidance and instruction regarding the taking of DNA samples see 26118 Procedure - Taking and Submission of DNA Samples.
  - 3.16.3. Where a DNA sample is taken from a detainee the following must be recorded on the custody record:
  - 3.16.4. The reason for taking the DNA sample (ie PACE section 63(2A) – arrested for recordable offence).



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- a. If force is used, the circumstances and those present;
- b. DNA barcode number;
- c. Any consent given by the detainee (signed by detainee);
- d. The fact that the person has been informed that the sample will be the subject of a speculative search.

### 3.17. Fingerprints

- 3.17.1. Fingerprints must be taken in accordance with section 61 PACE and Code D.
- 3.17.2. For detailed guidance and instruction regarding the taking of fingerprints see 26104 Procedure – Taking and Submitting of Fingerprints.
- 3.17.3. Where fingerprints are taken from a detainee the following will be recorded on the custody record:
  - a. Any consent given by the detainee (signed by detainee);
  - b. If taken without consent, the reason for doing so (ie PACE section 61(3) – arrested for recordable offence);
  - c. If force is used, the circumstances and those present;
  - d. The fact that the person has been informed that the fingerprints may be subject of a speculative search.

### 3.18. Photographs

- 3.18.1. Photographs of detainees must be taken in accordance with section 64A PACE and Code D.
- 3.18.2. The photographs of all persons detained at a police station, whether arrested for an offence or otherwise, will be taken.
- 3.18.3. The photographing of a detainee is not restricted to head and shoulders only. Consideration should be given to taking full body photographs in cases where clothing worn may be of evidential value.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

- 3.18.4. Photographs taken of a detainee may be retained and used by or disclosed to any person for the purpose of the prevention and detection of crime or the investigation of an offence or the conduct of a prosecution.
- 3.18.5. Where a photograph is taken of a detainee the following will be recorded on the custody record:
- a. The identity of the person taking the photograph;
  - b. Any consent given by the detainee (signed by the detainee);
  - c. If taken without consent, the reason for doing so (ie detained at a police station, consent withheld);
  - d. If force is used the circumstances and those present.

### 3.19. Footwear Impressions

- 3.19.1. Impressions may be taken of a detainee's footwear in accordance with section 61A PACE and Code D.
- 3.19.2. Where an impression is taken from a detainee's footwear the following will be recorded on the custody record:
- a. Any consent given by the detainee (signed by detainee);
  - b. If taken without consent, the reason for doing so (ie PACE section 61(3) – arrested for recordable offence);
  - c. If force is used, the circumstances and those present;
  - d. The fact that the person has been informed that the impression will be the subject of a speculative search.

### 3.20. Consent to take DNA Sample/ Fingerprints/Footwear Impressions

- 3.20.1. Regardless of the statutory powers to take the above without consent the custody officer or detention officer will always seek the consent of a detainee in the first instance. Where consent is withheld any statutory power that exists to take without consent may then be used.
- 3.20.2. During the booking in of a detainee aged 14 years or more the custody officer or detention officer should seek their consent to



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

take a DNA sample, their fingerprints and a footwear impression. Where such consent is given this will be inserted into the custody record (by selecting the appropriate drop-down menu item) and the detainee asked to sign.

- 3.20.3. In the case of a juvenile (under the age of 18) the custody officer or detention officer must again seek the detainee's consent in the presence of the appropriate adult (AA). If the AA is a parent or guardian then they too must provide their consent. If the AA is not a parent or guardian or that parent/guardian will not give consent then the fingerprints/sample/impressions will be taken without consent in accordance with the relevant section of PACE. The reasons for taking the fingerprints/sample/impressions without consent will be recorded on the custody record.

### 4. Roles and Responsibilities

- 4.1. The Custody Inspector must undertake the supervision and support of custody staff.
- 4.2. Other specific roles and responsibilities are detailed at '3' above.

### 5. Administration

- 5.1. The maintenance of and amendment to this Procedure is the responsibility of the Central Custody Team.
- 5.2. There are no other specific administrative functions linked specifically to this Procedure.

### 6. Monitoring and Evaluation

- 6.1. Custody Inspectors are responsible for putting in place measures to monitor the adherence of their staff to this Procedure.
- 6.2. Any difficulties identified in relation to 6.1 above must be brought to the attention of the Central Custody Team who will consider amendments to procedure and practice on a 'force wide' basis.
- 6.3. Custody Inspectors are also responsible for ensuring that no local guidance or instruction conflicts with this Procedure.

### 7. Review

- 7.1. This Procedure will be reviewed annually by the Central Custody Team in liaison with Custody Inspectors.



## 32101 PROCEDURE – CUSTODY: DETAINEE RECEPTION

### 8. Other Related Procedures, Policies and Information Sources

#### 8.1. Related Policies

8.1.1. 32100 Policy – Custody

#### 8.2. Related Procedures

8.2.1. 01504 Procedure – Response to Death of a Member of the Public During or Following Police Contact

8.2.2. 26104 Procedure – Taking and Submitting of Fingerprints

8.2.3. 26118 Procedure - Taking and Submission of DNA Samples

8.2.4. 32102 Procedure – Custody: Detainee Care – Post Reception

8.2.5. 32103 Procedure – Custody: Vulnerable Detainee's

8.2.6. 32104 Procedure – Custody: Detainees Property

8.2.7. 32105 Procedure – Custody: Detainee Transfer (to Hospital or other Custody)

8.2.8. 32106 Procedure – Custody: Dealing with Adverse Incidents

#### 8.3. Information Sources

8.3.1. [Authorised Professional Practice – Detention and Custody](#)

8.3.2. [AD203 Equality Impact Assessment](#)

**Origin:** Custody