1. About this Procedure

1.1. This Procedure provides instruction and guidance to Hampshire Constabulary staff on actions that must be taken when a detainee is removed to a hospital. This may take place either immediately after arrest (before being taken to a custody centre) or after being received at a custody centre at a police station. It includes actions to be taken where a detainee is returned from a hospital back into a custody centre.

1.2. Many of those detained will be more vulnerable, than the population at large, to sudden illness or death. Such vulnerability will be due to dependence on drugs and/or alcohol, mental illness, history of self-harm, involvement in violence before or during arrest, or pre-existing medical conditions which may be exacerbated by the stress of custody.

1.3. The Procedure additionally provides instruction to be followed when a detainee is transferred from one police station to another (whether within the Constabulary or not) or is transferred to a court, prison or other place of lawful detention.

2. Risk Assessments / Health and Safety Considerations

2.1. All persons detained with a view to being taken to 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 (see 32101 Procedure – Custody: Detainee Reception) and throughout the entire period of their detention.

3. Procedure

3.1. Transfer to Hospital – Prior To Arrival in Custody

3.1.1 In certain circumstances a detainee must be taken directly to a hospital after arrest rather than taken to a police station. These circumstances include where the detainee:
a) Has suffered a head injury;

b) Is, or has been, unconscious;

c) Has suffered serious injury;

d) Is drunk and incapable;

e) Is believed to have swallowed or packed drugs;

f) Is believed to have taken a drugs overdose;

g) Is suffering from any other medical condition requiring urgent medical attention;

h) Is suffering any condition that the arresting officer or transporting staff believes requires treatment prior to detention in custody.

3.1.2 The only exception to this is where a health care professional (e.g. paramedic) has examined the person and deems that it is not necessary to take the person to a hospital and they have provided the police with written confirmation that this is the case.

3.1.3 If a detainee has been arrested for a criminal offence transporting officers must remain with that person to ensure they do not escape. If it is both practical and appropriate to street bail the detainee then they will be so bailed, thereby releasing the transporting officers.

3.1.4 Transporting officers will make early contact with their supervisor or the relevant custody officer to seek advice regarding the appropriate supervision of the detainee.

3.1.5 In cases where the detainee cannot quickly be released from hospital and the seriousness of the offence makes street bail inappropriate an officer of the rank of sergeant or above will attend the hospital. The detainee will be given, if practicable, their PACE rights and a paper custody record will be commenced. The detainees PACE clock (relevant time) will not commence until such a time as they are taken to a police station after their release from hospital.
3.2. Transfer to Hospital – After Arrival in Custody

3.1.6 This Procedure should be read in conjunction with 32101 Procedure – Custody: Detainee Reception, and 32102 Procedure – Custody: Detainee Care – Post Reception

3.1.7 In any medical emergency an ambulance should be called and the detainee taken to hospital. Except in exceptional circumstances police transport should not be used as a substitute for an ambulance. At least one police officer will accompany the detainee to hospital.

3.1.8 In cases where on arrival at custody after arrest there is a need to urgently transfer to hospital before the booking in process is completed then a custody record should be commenced albeit at this stage it will only be a partial record. The custody officer will make a decision regarding the authorisation of that person’s detention applying the standard tests under section 37 of PACE. This process will not delay the request for an ambulance or alternative transportation if no ambulance is available and subsequent transfer of the person.

3.1.9 If detention is authorised (as it will be in most cases) this provides that the person remains in the lawful detention of the police whilst at hospital. If detention is not authorised that person is no longer under arrest or in police detention and is free to leave. In the latter case an ambulance will still be requested and the health care issues addressed by the paramedic who attend.

3.1.10 Where a HCP has conducted a medical examination of a detainee and indicates that the person is unfit to be detained at a police station their instructions regarding the removal of that detainee to a hospital should be followed.

3.1.11 The custody officer must ensure that a form C86 (Return from Hospital) is commenced and a PER form is completed and accompanies the detainee to hospital – see 3.5 below for more detail. In emergency cases it may not be possible to prepare a PER form and in such cases the escorting officer(s) will be verbally briefed and a PER form passed to them at the hospital as soon as practicable.

3.1.12 In cases where a detainee is refused admission into a hospital the police retain a duty of care for that person. If all efforts to have a detainee examined and assessed fail the person will be returned to the police station. Clear instructions as to their care and transportation must be requested from healthcare staff.
Where possible this will be in writing and will include reasons why admission and/or treatment have been refused. If a custody officer remains concerned as to the fitness to detain such a person he/she will on their return contact a HCP.

3.1.13 Staff who are tasked with hospital supervision duties must be properly briefed regarding their role. This briefing must include the following:

a) The known risks associated with the detainee and the risk management plan;

b) Actions to be taken to prevent the detainee’s escape;

c) Actions to be taken to preserve evidence;

d) Actions to be taken to prevent obtaining and retaining items that may cause harm to the detainee or others;

e) Actions to be taken in the event of an incident involving or affecting the detainee;

f) The requirement to fully brief staff taking over their role;

g) The use of handcuffs or other form of restraint.

h) The need to maintain a detention log.

3.1.14 Staff engaged on hospital supervision must be contacted by a supervisory officer at least once during their tour of duty. This contact is to ensure:

a) The safety and welfare of the member of staff;

b) The safety and welfare of the detainee;

c) Consultation with the hospital and medical staff;

d) Compliance with instructions and guidance given on the detention and care of the detainee.

3.1.15 A detainee’s PACE clock will be suspended from the time of their departure from a police station to the hospital, throughout their stay at the hospital and until the time of their return to a police station. The only exception to this is where during the course of a journey to or from the hospital or whilst at the hospital the detainee is questioned for the purpose of obtaining
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evidence relating to the offence for which they have been arrested. In such a case the interviewing officer must note the time taken in such interview and notify the custody officer as soon as practicable who will ensure that the custody record is updated and the period of time is deducted from the total time the detainee may be kept in custody.

3.1.16 An arrested person detained at a hospital may be not interviewed without first obtaining the agreement of a responsible doctor.

3.1.17 Where a person is transferred from police detention in a police station to a hospital the requirement to conduct reviews of that persons detention in accordance with section 40 of PACE continues, despite 3.2.8 above. Where possible such a review should be carried out in person rather than by telephone. This allows the reviewing officer to personally assess the condition of the detainee and also allows an assessment of security arrangements and a check on the escorting officer’s welfare.

3.1.18 Whenever a person is detained for a serious offence and is taken to a hospital or other institution and has to remain there for medical treatment, a police officer is to be deployed to guard the detainee at all times, unless the detainee is physically incapable of escape. The officer guarding must always be of the same sex as the detainee. If necessary an officer of a different sex may be stationed outside the room or ward to assist the guarding officer in restraining the detained person.

3.1.19 A detainee presenting a special security risk must be constantly guarded throughout the period of hospitalisation by two police officers. They are to be fully briefed in their responsibilities by a supervisory officer and provided with a copy of the Prisoner Escort Record (PER) in support of that briefing (see 3.5 below for more detail of PER).

3.1.20 The guarding officers must maintain a record of all meals, interviews, visits, examinations, treatment and other relevant matters affecting the detained person that occur during their period of supervision. They must sign each entry. Responsibility for maintaining the record must be assumed by each succeeding officer.

3.1.21 Where a detainee requires lengthy hospital treatment a custody officer, in consultation with the duty Inspector, will decide whether it is practicable and necessary to keep that person under constant guard. If not, consideration should be given to
granting that person pre-charge bail. Where this is the case a sergeant should attend the hospital and bail the detainee.

3.1.22 Where escorting staff do not agree with hospital staff that a detainee should be released from hospital the following options may be taken:

a) Request a second opinion;

b) Discuss options with a HCP;

c) Request that a HCP discuss the issue with the Accident and Emergency consultant;

d) If a HCP is not available the detainee may be taken to another hospital for a second opinion.

3.3. Return from Hospital

3.1.23 Escorting officers will ensure that the Form C86 (Return from Hospital) is completed, detailing care instructions from hospital staff, and returned with the detainee.

3.1.24 Any additional medical notes or information from the hospital relevant to the care of the detainee must be given to the custody officer who will pass them to any HCP at the police station.

3.1.25 The escorting officer(s) will return the PER form to the custody officer and inform him/her of any additional risks identified.

3.1.26 On returning to police detention from a hospital a detainee must be searched to ensure that they have not acquired items that could be used to harm themselves of others.

3.1.27 At the point of arrival at the police station after return from hospital the PACE clock calculating the detainee’s period of time in custody is re-commenced.

3.1.28 In any case where the custody officer has any doubt about a detainee’s fitness to be detained or interviewed following their return from hospital a HCP should reassess the detainee.

3.1.29 In addition to 3.3.6 above in all cases where a detainee, having been taken to hospital after a HCP has stated they are not fit to be detained, has refused hospital treatment and is returned they must be seen by a HCP and a Care Plan agreed.
3.4. Transfer to another Police Station or Court

3.1.30 Before transferring a detainee to another police station outside Constabulary area or transferring a detainee into the care of a Prisoner Escort Contractor (PECS) the custody officer must perform the following tasks:

a) Review the risk assessment, custody record and attachments;

b) Review any medical notes;

c) Review the Prisoner Escort Record (PER) form and ensure that it contains all the relevant information and clearly identifies any risks that detainee may present towards themselves or others – see 3.5 below;

d) Speak to the detainee and establish their 'pre-release risk level'.

e) If satisfied that the ‘pre-release risk level’ is either level 1 or 2 then the custody officer may delegate to a detention officer the explanation of the PER content and the handing over of the detainee to the escorting officers.

f) If satisfied that the ‘pre-release risk level’ is either 3 or 4 then the custody officer is responsible for personally explaining the content of the PER to the escorting officer but may delegate the handing over of the detainee to a detention officer.

g) Ensure the detainee has appropriate clothing;

h) Check any medication;

i) Consider the appropriate level of restraint;

j) Consider the number of detainees being transferred.

3.1.31 Before releasing a detainee into the care of escorting staff the custody officer must be satisfied that adequate arrangements have been made to provide for a safe and secure journey. This will include being satisfied as to the number of escorting staff, whether any restraint is required and the suitability of the vehicle to be used.

3.1.32 A detainee may be restrained while being transferred by the police where there are reasonable grounds to believe that an
unrestrained detainee may use violence against escorts or bystanders or that the detainee will try to escape from custody. Where the detainee is passed to another agency (e.g., Prisoner Escort and Custody Service (PECS)) the responsibility for restraint no longer rests with the police but with that agency.

3.1.33 Where a detainee is to be transferred to another police station, either within Hampshire or in another force, the receiving police station will be notified in advance of any security risk involved so that they are able to make necessary arrangements.

3.1.34 The responsibility for the welfare of a detainee being transferred to court by PECS lies with PECS.

3.5. Prisoner Escort Record (PER) Form

3.1.35 The purpose of the PER form is to ensure that all staff transporting and receiving detainees are provided with all necessary information about them, particularly any risks or vulnerabilities that the person may present.

3.1.36 A PER form must be completed whenever a detainee is transferred from a police station to another location (e.g., other forces areas, into the custody of other agencies, to a hospital etc.)

3.1.37 The responsibility to ensure completion of the PER form is that of the first custody officer who becomes aware of the transfer. The physical completion of the PER will normally be delegated to a detention officer. Once the PER is completed it should be given to the custody officer to review its content and attachments and ensure it is fit for purpose.

3.1.38 From the point of creation to the point where the detainee is transferred into the custody of escorting officers the custody officer has a responsibility to ensure that the PER is kept up to date and any additional relevant information is added to it.

3.1.39 It is the responsibility of the custody officer on duty when the detainee is transferred into the custody of escorting staff to have ensured that the PER form is up to date and contains details of any additional post-charge or other care requirements (see 3.4 above).

3.1.40 The completed PER together with any relevant attachments (i.e., G15Y, G15W, HLDS report etc.) must be placed into an AD361 ‘Person Escort Document Envelope’ before being given to escorting officers.
3.1.41 Prior to the PER being handed to escorting officers it, together with any attached documents, must be photocopied and subsequently scanned onto the detainee’s custody record, on the ‘Documents’ tab.

3.1.42 There is no requirement to complete a PER when transferring a detainee from one police station to another within the Force area. In such cases the custody officer from where the detainee is being transferred from must:

- Ensure that escorting officers are fully briefed and aware of any risks that have been identified. A record of this briefing must be recorded on the custody record.

- Ensure copies of any medical information, authority to give medication and the actual medication have also been passed to the escorting officer.

- Ensure the escorting officer signs a log on the custody record stating they are satisfied with the briefing given.

3.1.43 There is no requirement to complete a PER form where a detainee is taken out of a custody centre but there is no transfer responsibility (e.g. for a house search). In such cases the custody officer is responsible for ensuring that the escorting staff are aware of any risks associated with that detainee.

3.1.44 A fresh PER need not be completed when the detainee is in transit and a form has already been completed by another police officer, the Prison Service or Prisoner Escort Contractor. In such circumstances the existing form will be reviewed and, if necessary, updated.

3.1.45 A direct dial telephone number for the custody suite should be added to the PER form so that escorting staff, court staff, probation or prison staff can make prompt contact with the custody officer should they need to clarify any information.

3.1.46 Escorting staff are responsible for updating the form. They will record key events, such as departures, arrivals and any notable incidents. If a significant new risk is identified details must be recorded.

3.1.47 Escort staff will pass the PER form to the person who receives the detainee. When the detainee is transferred into the custody of the police the PER form must be retained as part of the custody record.
3.1.48 Where a custody officer receives custody of a detainee and is
handed a hard copy of a PER form the custody officer must
add the detainee’s custody record number to the top of the
form. The PER will then be scanned onto the Documents tab of
that detainee’s custody record on the RMS.

3.1.49 The PER form is not part of the custody record and
Independent Custody Visitors must not be given access to it.

4. Roles and Responsibilities

4.1. Individual roles and responsibilities are detailed within section 3 above.

5. Administration

5.1. All administrative tasks concerned with the implementation of this
Procedure are detailed within section 3 above.

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 Custody Inspectors.

8. Related Policies, Procedures and Information Sources

8.1. Related Policies

8.1.1 32100 Policy - Custody

8.2. Related Procedures

8.2.1 32101 Procedure – Custody: Detainee Reception
8.2.2 32102 Procedure – Custody: Detainee Care – Post Reception
8.2.3 32103 Procedure – Custody: Vulnerable Detainee’s
8.2.4 32106 Procedure – Custody: Dealing with Adverse Incidents
8.2.5 32104 Procedure – Custody: Detainee’s Property
8.2.6 01504 Procedure – Response to Death of a Member of the Public During or Following Police Contact

8.3. Information Sources

8.2.7 Authorised Professional Practice – Detention and Custody
8.2.8 AD203 Equality Impact Assessment.

Origin: Custody