



**CARE AND WELFARE OF PERSONS IN POLICE
CUSTODY**

Standard Operating Procedures

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CONTENTS

1. PURPOSE
 - 1.1 GENERAL
 - 1.2 GOVERNANCE
 - 1.3 CUSTODY MANAGEMENT AUDIT INSPECTION PROCESS
2. STAFFING OF CUSTODY CENTRES
3. CUSTODY CENTRES
4. HANDOVER PROCEDURES AND BRIEFING OF STAFF
5. INITIAL APPREHENSION AND DETENTION
 - 5.1 CUSTODIES - GENERAL
 - 5.2 INITIAL SEARCH ON APPREHENSION
 - 5.3 CUSTODIES SUFFERING FROM INJURY/ILLNESS/INTOXICATED BY DRINK/DRUGS
 - 5.4 CUSTODIES AFFECTED BY CS SPRAY/CAPTOR PAVA SPRAY
 - 5.5 CUSTODIES AFFECTED BY THE APPLICATION OF X26 TASER
 - 5.6 PERSONS ARRESTED FROM THE ARMED FORCES
 - 5.7 FOREIGN NATIONAL OFFENDERS/CUSTODIES AND ASYLUM SEEKERS
 - 5.8 CUSTODIES CLAIMING DIPLOMATIC IMMUNITY
 - 5.9 COMMUNICATIONS WITH FOREIGN CONSULS (VIENNA CONVENTION)
 - 5.10 NOTIFICATION OF DETENTION OF CERTAIN COMMONWEALTH CITIZENS
6. ESCORTING/CONVEYANCE OF CUSTODIES
 - 6.1 ESCORTING OF CUSTODIES BY POLICE OFFICERS
 - 6.2 TRANSFER OF CUSTODIES WITHIN SCOTLAND
 - 6.3 TRANSPORT OF DISABLED CUSTODIES

- 7. ARRIVAL AT CUSTODY CENTRES
 - 7.1 ROLE OF ARRESTING/ESCORTING OFFICERS:
 - 7.2 ROLE OF THE CUSTODY SUPERVISOR
 - 7.3 USE OF AN INTERPRETER
 - 7.4 DETENTION PROCEDURES UNDER SECTION 14 OF THE CRIMINAL PROCEDURE (SCOTLAND) ACT 1995
 - 7.5 RIGHTS OF ACCUSED/DETAINED PERSON
 - 7.6 INTIMATION TO SOLICITORS
 - 7.7 NOTIFICATION OF REASONABLY NAMED PERSON
 - 7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES
 - 7.9 CUSTODY RELEASED UNDER STATUTORY SUPERVISION / PAROLE / LIFE LICENCE
 - 7.10 DETENTION OF DEFENCE WITNESSES BY SHERIFF OFFICERS
 - 7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)
 - 7.12 ARREST OR DETENTION OF A CHILD UNDER THE AGE OF 16
 - 7.13 TRANSGENDER PEOPLE IN CUSTODY
 - 7.14 CULTURAL AND RELIGIOUS AWARENESS
 - 7.15 TERRORIST DETENTIONS
- 8. RISK ASSESSMENT AND MANAGEMENT
 - 8.1 RISK ASSESSMENT
 - 8.2 CONSTANT OBSERVATION
 - 8.3 PRE RELEASE RISK ASSESSMENTS
- 9. SEARCH OF CUSTODIES
 - 9.1 GENERAL PRINCIPLES
 - 9.2 ALL CUSTODIES
 - 9.3 SEARCHING TRANSGENDER PERSONS IN CUSTODY
 - 9.4 SEARCH PROCESS
 - 9.5 STRIP SEARCHING
 - 9.6 INTIMATE SEARCH
 - 9.7 DNA FORENSIC MARKING PRODUCTS (SMARTWATER)
- 10. PERSONAL IDENTIFICATION DEVICES (PIDs) OR ELECTRONIC TAGS

- 11. CUSTODY'S PROPERTY
 - 11.1 GENERAL
 - 11.2 CUSTODY PROPERTY BAGS
 - 11.3 RETURN OF CUSTODY'S PROPERTY
- 12. CRITERIA FOR DETAINING CUSTODIES IN CELLS
- 13. CARE AND WELFARE OF CUSTODIES
 - 13.1 GENERAL PRINCIPLES
 - 13.2 VISITS TO CELLS
 - 13.3 FREQUENCY OF VISITS
 - 13.4 HEALTH CARE OF CUSTODIES – OBSERVATION CHECKLIST
 - 13.5 DRUNK, DRUG OR SOLVENT CUSTODIES
 - 13.6 RECORDING OF VISITS
 - 13.7 VISITS TO CUSTODIES BY RELATIVES OR FRIENDS
 - 13.8 MOVEMENT OF CUSTODIES WITHIN CUSTODY CENTRES
 - 13.9 FEEDING OF CUSTODIES
 - 13.10 WASHING / SHAVING
 - 13.11 TOILET PAPER
 - 13.12 BLANKETS
 - 13.13 CUSTODY'S CLOTHING
 - 13.14 REPORTING OF ADVERSE INCIDENTS
 - 13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC / CHS
 - 13.16 COMPLAINTS ABOUT THE POLICE
 - 13.17 DEATHS AND SERIOUS INJURY IN POLICE CUSTODY
- 14. CELLS
 - 14.1 DAILY INSPECTION
 - 14.2 NOTES OF GUIDANCE FOR ACCUSED PERSONS
 - 14.3 MATTRESSES
 - 14.4 CONTAMINATED CELLS
 - 14.5 CELL CALL BUTTON
 - 14.6 PANIC ALARM STRIPS
 - 14.7 PRACTICE FIRE DRILLS
 - 14.8 OBSERVATION CELLS
 - 14.9 USE OF CCTV IN CUSTODY AREA
 - 14.10 STRIP SEARCHES IN CCTV EQUIPPED CELLS

- 15. MEDICAL PROVISION
 - 15.1 GEOGRAPHICAL PROCEDURES
 - 15.2 HEALTH CARE PROFESSIONAL (HCP)
 - 15.3 MEDICAL EXAMINATION
 - 15.4 MANAGEMENT OF MEDICATION
 - 15.5 PRESCRIPTIONS
 - 15.6 ADMINISTRATION OF MEDICATION
 - 15.7 RECORDING OF MEDICATION AND DOSAGE:
 - 15.8 DOSSET BOX
 - 15.9 CUSTODY HOSPITALISED
 - 15.10 TRANSFER TO HOSPITAL – PRIOR TO ARRIVAL IN CUSTODY
 - 15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY:
 - 15.12 RETURN FROM HOSPITAL
 - 15.13 REPORTS OF MEDICAL CONDITIONS
 - 15.14 ALCOHOL
 - 15.15 DRUGS
 - 15.16 SUICIDE AND SELF HARM:
 - 15.17 DIABETICS
 - 15.18 EPILEPSY
 - 15.19 HEAD INJURIES
 - 15.20 COMMUNICABLE DISEASES
 - 15.21 CLAUSTROPHOBIA
 - 15.22 ASTHMA
 - 15.23 ANGINA
 - 15.24 PREGNANCY
 - 15.25 METHADONE
 - 15.26 MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003
 - 15.27 MENTAL HEALTH (ABSCONDING BY MENTALLY DISORDERED OFFENDERS) (SCOTLAND) REGULATIONS – 2005
 - 15.28 FURTHER GUIDANCE

- 16. CUSTODY PROCESSING SYSTEMS
 - 16.1 LOCAL CUSTODY PROCESSING SYSTEMS
 - 16.2 CUSTODIES
 - 16.3 RIGHTS OF ACCUSED
- 17. VISITS TO CUSTODIES
 - 17.1 CONDUCT OF SOLICITORS
 - 17.2 ARREST REFERRAL SCHEME
 - 17.3 APPROPRIATE ADULT SCHEME
 - 17.4 INDEPENDENT CUSTODY VISITING SCHEME
- 18. FINGERPRINTING, PHOTOGRAPHING AND DNA SAMPLING OF CUSTODIES
 - 18.1 GENERAL
 - 18.2 PHOTOGRAPHING OF CUSTODIES
 - 18.3 DNA SAMPLES
 - 18.4 USE OF REASONABLE FORCE TO OBTAIN SAMPLES
 - 18.5 POLICE CUSTODY AND SECURITY OFFICER (PCSO) POWERS TO OBTAIN SAMPLES
- 19. LIBERATION OF CUSTODIES
 - 19.1 GENERAL
 - 19.2 LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES RELATING TO LIBERATION BY THE POLICE:
 - 19.3 VERIFICATION OF PARTICULARS
 - 19.4 CUSTODY TO COURT
 - 19.5 UNDERTAKINGS
 - 19.6 REMAND
 - 19.7 YOUNG PERSONS
- 20. MANAGING, AUDITING AND MONITORING PERFORMANCE
 - 20.1 GOVERNANCE
 - 20.2 DAILY VISITS TO PERSONS IN CUSTODY
 - 20.3 CUSTODY MANAGEMENT AUDIT INSPECTION PROCESS
- 21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

APPENDICES

	In Use
Appendix 'A' – Central Scotland Police	Y
Appendix 'B' – Dumfries and Galloway Constabulary	Y
Appendix 'C' – Fife Constabulary	Y
Appendix 'D' – Grampian Police	Y
Appendix 'E' – Lothian and Borders	Y
Appendix 'F' – Northern Constabulary	Y
Appendix 'G' – Strathclyde Police	Y
Appendix 'H' – Tayside Police	Y
Appendix 'I' – List of Associated Legislation	Y
Appendix 'J' – List of Associated Reference Documents	Y
Appendix 'K' – List of Associated Generic PSoS Forms	Y
Appendix 'L' – Glossary of Terms	Y
Appendix 'M' – Training	Y
Appendix 'N' – Custody Centres	Y
Appendix 'O' – Custody Officer Handover Aide Memoire	Y
Appendix 'P' – CS Incapacitant Spray	Y
Appendix 'Q' – National Decision Making Model	Y
Appendix 'R' – Guidance For Officers Undertaking Constant Observation Duties	Y
Appendix 'S' - Electronic Transmitter Removal Guidance	Y
Appendix 'T' - Medical Care	Y

1. PURPOSE

1.1 GENERAL

- 1.1.1 This Standard Operating Procedure (SOP) provides instruction and guidance to staff involved in all aspects of custody care and management.
- 1.1.2 It is essential that the care, welfare and security of persons held in police custody be maintained to consistently high standards. Whilst security is of paramount importance, all custodies are to be treated with care and consideration, ensuring that their fundamental human rights are maintained. No custody should receive less favourable treatment on the grounds of age, disability, gender, race, religion or belief, relationship status, sexual orientation or transgender identity.
- 1.1.3 Each custody must be considered as an individual with specific needs relevant to his or her particular circumstances, health and condition. Reasonable requests, which do not interfere with operational requirements or security, should receive due consideration and should only be refused when there are justifiable grounds.
- 1.1.4 Custody staff throughout PSoS provide care for custodies, many of whom have physical and/or psychological conditions, with drink and drug addiction being a common feature. These difficulties make it particularly important that custody staff are aware of their roles and responsibilities, ensuring compliance with PSoS SOPs.
- 1.1.5 A primary Custody Centre is a centre which is open to receive custodies on a full or part time basis and staffed by trained custody staff. A secondary Custody Centre is a centre which is routinely used and capable of taking custodies at all times. It is staffed whenever custodies are within the centre. A contingency Custody Centre is a Custody Centre which may be opened at short notice due to a pre planned event or shortfall of provision in that area, but is not routinely available for use.
- 1.1.6 Whilst the vast majority of Custody Centres have a Computerised Custody Recording System it is noted that certain areas continue to utilise paper records. For these centres and any other centre that is temporarily unable to utilise their computer records, any reference to the Computerised System also refers to paper records.
- 1.1.7 Any reference to a HCP (Health Care Professionals) includes Doctors, Nurses and Paramedics.
- 1.1.8 Adherence to this guidance will ensure the highest standards of custody care are achieved in Custody Centres across the Service.
- 1.1.9 However, all Police Officers and Police Staff are reminded that failure to adhere to the Police Service of Scotland (PSoS) policy and procedures may render them liable to disciplinary/misconduct, civil or criminal proceedings.

1.2 GOVERNANCE

- 1.2.1 The Strategic Custody Group (SCG) will meet on a quarterly basis and will be responsible for liaison with all partner agencies and stakeholders and will endorse relevant policies and share good practice. The Internal Strategic Custody Forum (ISCF) will also meet on a quarterly basis and be responsible for all strategic / tactical decisions relative to the care and welfare of persons in custody and will identify any emerging trends. This Forum will feed into the Custody Practitioners Group (CPG) to ensure issues relating to the day to day running of custody centres are addressed and monitored.
- 1.2.2 The Custody Division Senior Management Team (CDSMT) will meet on a monthly basis to review performance and staffing issues. They will also feed into the CPG which will meet on 6 weekly basis to discuss all operational matters and tasks as set by the aforementioned groups.
- 1.2.3 The Custody Division Operational Support Team will update Custody Staff through normal means of communication (i.e. Memos sent via email) any relevant issues relating to them. Any advice or guidance documents will also be posted on the PSoS Intranet.

1.3 CUSTODY MANAGEMENT AUDIT INSPECTION PROCESS

- 1.3.1 Full guidance on all aspects of the audit and inspection process is contained in the [Custody Management Audit Inspection Process](#).

2. STAFFING OF CUSTODY CENTRES

- 2.1 All staff working primarily in custody must be suitably trained to fulfil their role.
- 2.2 Where a primary Custody Centre does not have such trained personnel on duty, every effort should be made for trained personnel to take up duty immediately. Failing which; the custody centre should be closed with custodies transferred to a Custody Centre that does have suitably trained staff.
- 2.3 No one shall be kept in custody at a Custody Centre unless, throughout the entire period in which that individual is in custody, a minimum of two members of staff are on duty, one of whom must be suitably trained and have the relevant custody experience.
- 2.4 Additional required courses are listed in Appendix 'M'.

2.5 KEY ROLES

- 2.5.1 **Custody Supervisor:** Those Police Officers, irrespective of rank, who have attended the Custody Officers course. The term 'Custody Supervisor' refers to the Police Officer, irrespective of rank, responsible for the custody and care of custodies at any particular time.

- 2.5.2 The Custody Supervisor must ensure that the custody area is adequately staffed at all times, arranging for suitably trained relief staff to cover for refreshment breaks, as appropriate.
- 2.5.3 **Police Custody and Security Officers (PCSOs):** PCSOs provide a key role in managing and maintaining the safe custody, care and welfare of custodies including the operation of the computerised custody processing system and other computerised police information systems as required. Those Officers on taking up post will have completed the Custody Officers course and additional courses as listed in the Training Appendix, Appendix M. On completion of training they will be issued with a certificate appointing them to carry out their duties as defined by [section 29 Police and Fire Reform \(Scotland\) Act 2012](#).
- 2.5.4 **Custody Assistants (CAs):** CAs have the same basic roles and functions of a PCSO without the additional powers provided by the Police and Fire Reform (Scotland) Act 2012. The required training courses are listed in Appendix 'M'.
- 2.5.5 **Police Officers:** Those Officers who have completed the Custody Officers course. Ideally these officers would also be trained to the same level as PCSOs to enable them to provide cover for absence, sickness, etc.
- 2.5.6 **Untrained Staff:** With the exception of the Custody Supervisor, PCSOs and CAs, who must always be appropriately trained (as detailed above), there will be occasions when untrained staff will be used to cover for absences, most commonly in the case of a Constable fulfilling the role of a male or female PCSO. This must only happen in exceptional circumstances and where there is a trained member of staff present.
- 2.5.7 There can be no 'one size fits all' model for staffing levels or resource composition. Each area should establish a staffing model which gives consideration to the following:
- The number of custodies processed each year;
 - The number of custodies anticipated in future years;
 - The efficiency of the custody process;
 - Peak times of day, month and year including seasonal variations;
 - Geographical area;
 - Resources for special events;
 - The physical structure and design of the Custody Centres;
 - Staff training;
 - Succession planning; and
 - Operational resilience to allow all custody staff to take breaks out with the custody environment.

3. CUSTODY CENTRES

- 3.1 Persons arrested, detained or attending at a Police Station on a voluntary basis should be taken to a Primary Custody Centre, unless due to geographical location it is preferable to attend at a Secondary Custody Centre and suitably trained staff will be identified to provide the supervision. A list of all Primary, Secondary and Contingency Custody Centres is contained in Appendix 'N'.

4. HANDOVER PROCEDURES AND BRIEFING OF STAFF

- 4.1 The Custody Supervisor has responsibility for all custodies who have been arrested or detained and held within the Custody Centre and should be in possession of all information to ensure the care and welfare of the custodies is maintained as well as the safety and welfare of staff performing this role. All members of staff, both operational or within custody must inform the Custody Supervisor immediately of any information that may have bearing on the care of a custody during their time in custody.
- 4.2 Effective briefing and debriefing of Custody Supervisors and Custody staff is essential when handing over responsibility for custodies. This ensures that all relevant information in relation to the care and welfare of custodies is passed on and understood by persons taking over the responsibility. Custody staff are to refer to Appendix 'O' as a guide to briefing the oncoming staff.
- 4.3 Custody Supervisors are to ensure that full use is made of the hand-over period between shifts, which should incorporate a full and comprehensive briefing, including a check of all custodies by the oncoming Custody Supervisor, prior to the off going Custody Supervisor finishing duty. When this is completed, an entry must be made in the Custody Record in respect of every custody. When a Risk Management Plan is agreed during a handover, the Custody Supervisors are to ensure all relevant details are recorded on the Computerised Recording System.
- 4.4 Following this, the oncoming Custody Supervisor is to ensure that all staff are fully briefed and conversant with the individual needs and requirements of those in custody. Where there are multiple members of custody staff on duty, it is essential that each is aware of their individual and collective responsibilities.
- 4.5 The Custody Supervisor must also make sure that First Aid equipment is available within the custody area and that custody staff are aware of its location. This is particularly important when relief custody staff are on duty; as they may not be aware of the location of this equipment. Staff should also be made aware of procedures to be adopted in the event of a fire evacuation and the fire evacuation plan relevant to their particular holding station.
- 4.6 Custody Supervisors must also ensure that all relief Custody Staff are aware of the location of relevant officer safety equipment, e.g. Ample Probe, anti ligation shears, etc.

5. INITIAL APPREHENSION AND DETENTION

5.1 CUSTODIES - GENERAL

- 5.1.1 Any person is considered to be in custody the moment they are apprehended. At this point Arresting or Detaining Officers should be aware of the ongoing implications for that person's time in custody, e.g. if apprehended from their home address, consider if medication or clothing will be required. Whilst it is appreciated that this is not always possible, it should always be considered.
- 5.1.2 When a person is arrested or detained, the person should be removed to a Custody Centre at the earliest opportunity where appropriate.
- 5.1.3 Any apprehension should be made with the minimum amount of force necessary. If a baton, handcuffs or CS spray are required to affect an apprehension, this must be recorded in the custody record in accordance with the criteria for the use of force contained within the [Use of Force SOP](#).
- 5.1.4 A person apprehended must be promptly informed, in a manner he or she can understand, of the reason for the apprehension. If a person is incapable of understanding the reason for their apprehension or is so violent as to pose a risk to themselves, Police Staff or any other person, this may be delayed until he or she has sufficiently recovered, or an appropriate adult, interpreter or translator is available to achieve this aim.

5.2 INITIAL SEARCH ON APPREHENSION

- 5.2.1 In the interests of personal safety and the safety of the custody, as well as for the preservation of evidence, Arresting Officers must satisfy themselves that custodies are adequately searched at the time of apprehension. This initial search should be conducted thoroughly and discreetly, attempting to avoid public embarrassment or humiliation where possible whilst explaining to the custody the reasons for carrying out a search on them.
- 5.2.2 If it is not possible to conduct a search, due to the particular circumstances of the incident, care should be taken to ensure that the custody has no opportunity to cause injury to themselves, any other person, or dispose of any evidence. In such circumstances, the use of handcuffs should be considered. Further guidance is found in Section 9.

5.3 CUSTODIES SUFFERING FROM INJURY/ILLNESS/INTOXICATED BY DRINK/DRUGS

- 5.3.1 In certain circumstances a custody must be taken directly to a hospital after apprehension rather than being taken to a Custody Centre, to ensure suitable medical assistance is provided at the earliest opportunity. This may require the Arresting Officers to summon an ambulance crew or remove the custody directly to hospital.
- 5.3.2 Any requirement for immediate or urgent medical provision takes priority over apprehension. These circumstances may include where the custody:

- Has suffered a head injury;
- Is, or has been, unconscious;
- Has suffered serious injury;
- Is drunk and incapable; (unless local arrangements are in place to provide care)
- Is believed to have swallowed or packed drugs;
- Is believed to have taken a drugs overdose;
- Is suffering from any other medical condition requiring urgent medical attention;
- Is suffering from any medical condition that the arresting officer believes requires treatment prior to detention in custody; or
- Has been exposed to CS Spray / Pava Spray and they experience difficulty in resuming normal breathing, or if any other adverse reactions are observed.

5.3.3 Where an ambulance crew have examined a custody at the locus of apprehension and deem that the custody does not require medical attention, Arresting Officers must obtain details of the ambulance crew and their opinion of the custody's medical condition. This information must be accurately transmitted to the Custody Supervisor, who will assess if the custody requires any further medical attention. The Custody Supervisor must ensure this information is recorded on the Custody Recording System. In areas where the Scottish Ambulance Service provides written instructions for the custody care, this document is to be taken and presented to the Custody Supervisor.

5.3.4 Where a person in custody is removed from the locus of apprehension directly to hospital, it is the responsibility of the Arresting Officers to ensure that the Custody Supervisor and the Supervisory Patrol Officer are fully informed. A custody record will be opened by the Custody Supervisor to ensure that the custody receives their rights as soon as is reasonably practicable, and allow for all decisions regarding the custody's further detention to be recorded accurately on the Custody Recording System.

5.3.5 When a person is apprehended and removed directly to hospital, and the custody is expected to be detained in hospital for an extended period, whilst remaining under arrest or detention, the Arresting Officers must, as soon as is reasonably practicable, contact the Custody Supervisor and their immediate Supervisory Officer and take instruction from them, in relation to the custody's continued arrest or detention and rights as an accused or detained person.

5.3.6 If there is reason to believe that a child brought into custody is under the influence of alcohol or some other intoxicating substance or, is suffering from an apparent injury or illness he/she should be regarded as a High Risk custody and consideration must be given to taking the child to hospital or summoning a Health Care Professional (HCP).

5.4 CUSTODIES AFFECTED BY CS SPRAY/CAPTOR PAVA SPRAY

- 5.4.1 The Custody Supervisor should be notified immediately of the arrival of a person exposed to CS Spray/Captor Pava Spray and the Computerised Recording System endorsed accordingly. Any person who thereafter has contact with the custody or their possessions should be notified of the custody's exposure to CS Spray/Captor Pava Spray. If the Custody is to attend court their Personal Escort Record form (PER) and property should be clearly marked to highlight the exposure to CS Spray/Captor Pava Spray. For further guidance on CS Spray/Captor Pava Spray decontamination and aftercare procedures refer to Appendix 'P'.

5.5 CUSTODIES AFFECTED BY THE APPLICATION OF X26 TASER:

- 5.5.1 The Custody Supervisor should be notified immediately of the arrival of a person exposed to X26 Taser and the Computerised Processing System endorsed accordingly. Any person who, thereafter, has contact with the custody should be notified of the custody's exposure to X26 Taser. If the custody is to attend court their PER form should be clearly marked to highlight the exposure to X26 Taser.
- 5.5.2 In addition, the following specific procedures will be applied to all people held in custody who have been subject to the effects of a Taser device:
- They must be seen by an HCP as soon as possible, unless they have collapsed or are in shock, in which case they must be immediately conveyed to hospital by appropriate means;
 - If placed in a cell, where at all possible, that cell should be an observation cell and until they are seen by an HCP or treated in hospital, the custody must be subject to a visit at least every 15 minutes. Where an observation cell is unavailable, the Officer-in-Charge of the Custody Centre must err on the side of caution in making an appropriate decision on supervision with a view to ensuring the health and safety of the custody. Following medical examination of the custody the observation regime will be in accordance with the guidance of the HCP;
 - They will not be considered fit for interview until seen by an HCP or treated in hospital.

5.6 PERSONS ARRESTED FROM THE ARMED FORCES

- 5.6.1 Reference should be made to the [Armed Forces Personnel SOP](#).

5.7 FOREIGN NATIONAL OFFENDERS / CUSTODIES AND ASYLUM SEEKERS

- 5.7.1 PSoS are involved in a multi- agency operation involving the Scottish Prison Service, the United Kingdom Borders Agency (UKBA) and the Department of Works and Pensions (DWP).

- 5.7.2 As a result of this partnership, an agreed protocol has now been developed to ensure the timeous identification of foreign nationals entering the Criminal Justice System, who meet the criteria for deportation and will provide an auditable and accountable process that will withstand external scrutiny.
- 5.7.3 In order that PSoS can comply with the agreed protocol, all Foreign National Offenders (FNOs) who come to the attention of the police and meet the stated criteria will be identified to the UKBA via the agreed contact details by the arresting/reporting officer (see section 5.7.6 below).
- 5.7.4 This information will thereafter be inserted in the Scottish Standard Prosecution Report within the “Antecedents” Section and recorded in the relevant areas Crime Reporting Systems. An agreed form of words has been provided which officers must adopt in all instances. In addition to this, both the ‘crime report’ and the computerised processing record, if appropriate, must contain the contact details of the UKBA staff member who was informed of the FNOs arrest/charge.
- 5.7.5 Criteria – the following procedures must be adopted in all instances where police officers identify a FNO who has committed a crime or offence and is:
- Over 17 years old;
 - Reported for an offence punishable by imprisonment;
 - To be prosecuted in the Sheriff or High Court (Justices of the Peace cannot recommend deportation); and
 - There are reasonable grounds for believing the accused is a foreign national.
 - If the FNOs first language is not English, consideration should be made to contacting an interpreter (see [Interpreting and Translating Services SOP](#)).
- 5.7.6 Initial Action: Once it has been identified by the Arresting/Reporting Officer that an offender meets the above criteria, the officer must contact the UKBA on XXXX (Glasgow Local Enforcement Office) between 0730 and 1930hrs (7 days), or at all other times on the 24hour help line – Tel No. 0161 261 1640.
- 5.7.7 If the FNO is registered within the UKBA database, they will provide the police with any antecedent details of the offender that they hold, including the 3 digit nationality code. If the FNO is not on the UKBA database they will assist with the identification of the FNO, which may, depending on the circumstances, result in representatives from the UKBA attending at a nominated police office to interview the FNO. The information provided by UKBA will populate the standard paragraph within the SSPR.
- 5.7.8 Scottish Standard Prosecution Report: Once the Immigration and Nationality Directorate (IND) has confirmed the FNOs details, the Reporting Officer must insert the following standard paragraph. This must be inserted in the antecedents section:
- “The now accused has been identified by the United Kingdom Borders Agency (UKBA) as being eligible for the service of Form F96 (notice of liability to deport) as a national of _____”***

- 5.7.9 When the FNO is presented to the Officer in Charge of the Custody Centre at the place of detention, the arresting officers should highlight that a check is required with the UKBA regarding the immigration status of the offender. This should be recorded on the Computerised Recording System as appropriate and updated with the relevant information when UKBA has been contacted.
- 5.7.10 Asylum Seekers: If an asylum seeker is arrested or detained for committing a crime or offence, they should be treated in the same manner as any other person. Notification of the arrest or detention should be given to the UKBA.
- 5.7.11 All arrested asylum seekers will be photographed, fingerprinted and subject to the taking of samples in the same way as any other arrested person. When an asylum seeker's fingerprint impressions have been obtained, the relevant duty officer should contact staff at the Scottish Police Authority (SPA) and arrange for a copy of the fingerprints to be sent to New Scotland Yard.
- 5.7.12 In accordance with Lord Advocate's Guidelines relating to the liberation by the police and The Criminal Procedure (Scotland) Act 1995, the relevant custody supervisor should decide whether an arrested asylum seeker will remain in custody or be liberated for report by summons or undertaking.
- 5.7.13 For contacting Consulates refer to section 5.9.

5.8 CUSTODIES CLAIMING DIPLOMATIC IMMUNITY

- 5.8.1 In terms of the Diplomatic Privileges Act 1964, any person who is entitled to diplomatic immunity is exempt from the criminal jurisdiction of the Courts. This exception may be total, extending to all criminal and civil matters or partial and limited to immunity in connection with official duties.
- 5.8.2 Any such person should not be arrested or unnecessarily detained by the police. It is therefore essential to verify claims to diplomatic immunity at the earliest opportunity.
- 5.8.3 Verification of Immunity: Verification requests should be passed by telephone or Command and Control to the Duty Officer, Communications Centre, or similar, who will be responsible for a check to be made against the Police National Index of Privileged Persons and Diplomatic Vehicles, maintained on a 24 hour basis by the Metropolitan Police Diplomatic Protection Group (DPG). It should be noted that production of an embassy identification card is not in itself proof of immunity.
- 5.8.4 **Procurator Fiscal:** Proceedings are not to be taken against any person entitled to diplomatic immunity but if it is alleged that a crime or offence has been committed by any such person, their spouse/civil partner or minor child, the facts are to be reported to the Procurator Fiscal immediately by telephone or outwith office hours to the Duty Fiscal by the investigating officer(s) supervisor.
- 5.8.5 Prevention of Further Offences: It is well established in International Law that the host country does not give up its right to protect the safety and welfare of its populace. Police authorities may intervene where public safety is in

imminent danger (i.e. drink driving offences), or it is apparent that a serious crime or offence may otherwise be committed. This includes the power of the police to defend themselves from personal harm.

5.9 COMMUNICATIONS WITH FOREIGN CONSULS (VIENNA CONVENTION)

- 5.9.1 Article 36 of the Vienna Convention on Consular Relations by which the United Kingdom is bound, requires that a foreign national who is "arrested" or "detained in any other manner" be informed immediately of his/her right to communicate with his/her consul and if the national so desires his/her consul is to be informed of his/her arrest or detention. There is also a requirement for any communication addressed by the person concerned to the consul to be forwarded without delay. If the national does not, after having been informed of such rights, request such notification or communication there is no obligation to inform the consul concerned, however notable exceptions are listed below.
- 5.9.2 If the nationality of an arrested person is a country with a bilateral consular convention, custody staff must inform the relevant consulate of their arrest (except where the prisoner is a political refugee/asylum seeker) even if they are not in agreement.
- 5.9.3 Countries with bilateral consular conventions:

Armenia,	Georgia	Romania
Austria	Germany	Russia
Azerbaijan	Greece	Serbia
Belarus	Hungary	Slovak Republic
Belgium	Italy	Slovenia
Bosnia-Herzegovina	Japan	Spain
Bulgaria	Kazakhstan	Sweden
China	Mexico	Tajikistan
Croatia	Moldova	Turkmenistan
Cuba	Mongolia	Ukraine
Czech Republic	Montenegro	USA
Denmark	Netherlands	Uzbekistan
Egypt	Norway	
France	Poland	

5.10 NOTIFICATION OF DETENTION OF CERTAIN COMMONWEALTH CITIZENS

- 5.10.1 Particulars of the detention of citizens of member countries of the Commonwealth will be notified to the High Commission involved.
- 5.10.2 The High Commissions do not require to be notified of the detention of any of their citizens who are also United Kingdom citizens.
- 5.10.3 A person's citizenship should be accepted as that which they claim and as that indicated by any available documents or other information.

- 5.10.4 Any Commonwealth citizen being held in Police custody for more than 24 hours must be told that if they wish, the relevant High Commission in London will be informed of their detention as well as brief details of the circumstances.
- 5.10.5 A note will be made of the time when they were so informed and whether they did or did not wish a message to be sent.
- 5.10.6 The following countries are Commonwealth members:

Antigua and Barbuda	Jamaica	St. Lucia
Australia	Kenya	St. Vincent and the Grenadines
The Bahamas	Kiribati	Samoa
Bangladesh	Lesotho	Seychelles
Barbados	Malawi	Sierra Leone
Belize	Malaysia	Singapore
Botswana	The Maldives	Solomon Islands
Brunei	Malta	South Africa
Cameroon	Mauritius	Sri Lanka
Canada	Mozambique	Swaziland
Cyprus	Namibia	Tanzania
Dominica	Nauru	Tonga
Fiji	New Zealand	Trinidad and Tobago
The Gambia	Nigeria	Tuvalu
Ghana	Pakistan	Uganda
Grenada	Papua New Guinea	Vanuatu
Guyana	Rwanda	Zambia
India	St. Christopher and Nevis	

6. ESCORTING/CONVEYANCE OF CUSTODIES

6.1 ESCORTING OF CUSTODIES BY POLICE OFFICERS

- 6.1.1 The requirement to wear a seatbelt does not apply where a vehicle is being used for Police purposes for carrying a person in lawful custody, however, seatbelts should be worn whenever possible.
- 6.1.2 Only Police Officers and Police Custody and Security Officers designated under the [Police and Fire Reform \(Scotland\) Act 2012](#) should be used to transport custodies.
- 6.1.3 All Police vehicles used to convey custodies must be equipped with a First Aid kit. Door locks, windows and cage, if fitted, must be in good working order.
- 6.1.4 A vehicle used to convey a custody should be searched prior to its use to ensure its integrity for evidential purposes. Following its use to transport a custody, the vehicle will again be searched, where possible in the presence of the custody and prior to entering the Custody Centre.

- 6.1.5 Every custody should be searched prior to being conveyed or placed in to a Police vehicle.
- 6.1.6 The type of vehicle used for transportation will vary and will be influenced by availability. Ideally, a vehicle equipped with CCTV should be used. A dynamic risk assessment must be carried out when determining the most appropriate form of transport taking account of all the circumstances, including the weather conditions. This risk assessment will also determine whether the Escorting Officer should sit within the cage with the custody or not.
- 6.1.7 Custodies will not be placed in the front seat of a vehicle but must be placed in the rear of the vehicle, in the seat furthest from the driver. The escort should sit beside the custody and be directly behind the driver. The use of seatbelts should be encouraged.
- 6.1.8 Child locks must be used on the rear doors of all vehicles whilst conveying prisoners and it will be the responsibility of the driver to check they are operating.
- 6.1.9 Vehicles should not exceed their design capacity and under no circumstances should two or more custodies be transported in any vehicle other than those specifically adapted for this purpose.
- 6.1.10 Windows will remain closed at all times whilst a prisoner is in transit.
- 6.1.11 At no stage should a custody be left unsupervised in a Police vehicle and Officer(s) must be able to observe and monitor the custody and react to any situation that may arise.
- 6.1.12 When a cage, which is designed for more than one custody, is already occupied, Officers must consider whether placing a second custody in the cage would present an increased risk and must be able to justify this action.
- 6.1.13 Where a cage van is being used for the carriage of custodies, the escort will ideally occupy the seat nearest the cage so that they may keep the custody under observation at all times.
- 6.1.14 Ideally, a compliant custody will sit on one of the bench seats provided. However, situations will sometimes arise where they refuse to do so.
- 6.1.15 In such situations, the ideal position for his/her safety will be the seated position with their back against the cage leading into the passenger compartment and with their legs facing towards the rear door. This will ensure the minimum amount of movement should the driver of the van be forced to brake sharply.
- 6.1.16 A custody will not be transported in any vehicle where there is only one Escorting Officer who is also required to drive the vehicle.

- 6.1.17 Drivers of caged vans should be mindful that any sharp braking may cause the custody to fall. Protecting themselves in these instances, whilst handcuffed, may make them susceptible to injury.
- 6.1.18 Custodies who are, or have been violent or assessed as presenting a continuing risk and those suffering from mental health problems, must not be placed in a cage or containment area with another custody.
- 6.1.19 Custodies should not be transported in a van cage with custodies of the opposite sex (unless they are related or there is an Escorting Officer present).
- 6.1.20 Escorting Officers must investigate any suspicious noise or movement among custodies and call for assistance, if required, without delay.
- 6.1.21 A custody must never be handcuffed to a vehicle.
- 6.1.22 PSoS does not give a blanket directive that every custody will be handcuffed as the application of handcuffs is the use of physical force and as such it must be justified. However, Officers are encouraged to consider the use of handcuffs whenever it may be necessary to ensure their own safety, the safety of others or the safety of the custody.
- 6.1.23 At all times Officers must be aware of the risks associated with positional asphyxia. Therefore, transportation of custodies in the prone position, face down, or any other manner which is likely to increase this risk, should be avoided. If it is unavoidable, the custodies should be constantly monitored.
- 6.1.24 Where a custody becomes violent, Officers should, where practicable, stop the vehicle in order to prevent injury to the custody and themselves and only resume the journey once it is safe to do so. It may be more appropriate to call for assistance and to change to a vehicle specifically designed for prisoner transportation.
- 6.1.25 When vehicle CCTV is available it should be switched on when a custody is within the vehicle.

6.2 TRANSFER OF CUSTODIES WITHIN SCOTLAND

- 6.2.1 When a custody is to be transferred to another Custody Centre within Scotland, the Transfer section of the Custody Record is to be completed.
- 6.2.2 The forms, plus the custody's property, will then accompany the custody to the centre concerned. Details of the Escorting Officers are to be entered on the custody record.
- 6.2.3 Before accepting the custody's property bag, the Escorting Officers should satisfy themselves that the seal is intact and corresponds to the serial number of the property bag recorded on the Property Record.
- 6.2.4 There is no requirement for the Escorting Officer to sign for the custody/property.

- 6.2.5 Wherever possible each centre will transfer the Custody Record to the receiving office in the relevant electronic format. Where full electronic record transfer is not available, a full print of the Custody Record must accompany each custody /detainee transferred between custody centres. On arrival at the receiving custody centres, staff must check the paper record against the computer generated Custody Record to ensure all information has been transferred.
- 6.2.6 On arrival at the centre concerned, the Custody Supervisor will satisfy himself/herself as to the identity of the custody and enter the time and date the custody arrived at the centre. In addition, the Custody Supervisor should be satisfied that the unique reference number on the property bag corresponds to the number recorded on the Property Record and that the seal is intact.
- 6.2.7 When a custody is received from an office which does not have the computerised system i.e. football stadia, the information from the accompanying written record must be entered in the system. Care should be exercised in ensuring that the default times are replaced with the original apprehension times as shown on the written record.
- 6.2.8 On temporary transfer between Custody Centres, an entry should be made on the Custody Processing System, showing the custody's temporary place of detention. The Custody Supervisor should record the reason for the temporary holding.
- 6.2.9 Custody Records should accompany custodies between areas for identification parade purposes. (Property need not normally be transferred for such temporary movements).
- 6.2.10 Escorts must be provided with details of warning signals, risk management plan and medical care plan to ensure that the custodies wellbeing is continued throughout their period in custody.
- 6.2.11 Where a custody has no property in their possession and is going to be transferred to another custody centre or to court, a property bag should accompany the custody with the Property Record endorsed 'No Property'.
- 6.2.12 Custodies that are being transferred from one Custody Centre to another should ideally have all their custody and care issues addressed prior to transfer. Some areas which should be considered prior to transfer are:
- Custodies should have seen the HCP (Health Care Professional), if required;
 - Medication should be provided (Obtain medication from pharmacist or home if required prior to transfer). Ensure that no medication is given prior to seeing the HCP;
 - Clothing/footwear should be obtained if required and the old clothing / footwear returned to the person providing same;

- Criminal Justice Samples have been taken (Fingerprint/photograph/D.N.A.);
- Solicitor has been contacted (if requested);
- Reasonably named person has been contacted (if requested);
- Both of the above should be updated with location on the custody being transferred;
- Ensure Custody record is fully updated, (including reason for Custody status, Risk Management Plan and Medical Care Plan.);
- A photocopy of the HCP's examination notes, accompany custody, if appropriate;
- A completed Personal Escort Form (PER Form) is supplied, suitably updated in line with the guidelines for data protection.

6.2.13 The transferring Custody Supervisor, as a matter of courtesy, should contact the receiving Custody Supervisor to discuss transferees and agree on a transfer time.

6.3 TRANSPORT OF DISABLED CUSTODIES

6.3.1 Where a custody / detainee is disabled and requires vehicle transport from the point of arrest or detention to custody facilities, consideration should be given as to the 'suitability' of the associated vehicle in terms of accessibility, personal safety and the dignity of the individual.

6.3.2 Where a standard police vehicle is assessed to be 'unsuitable', the Arresting/Detaining Officer should consider the use of an alternative vehicle such as a taxi that provides wheelchair access where appropriate. All areas should have arrangements in place for the transport of disabled custodies. Local procedure will dictate the process to follow.

7. ARRIVAL AT CUSTODY CENTRES

7.1 ROLE OF ARRESTING/ESCORTING OFFICERS:

7.1.1 Arresting/Escorting Officers must inform Custody Staff of the impending arrival of a custody as soon as is reasonably practicable.

7.1.2 This is particularly relevant when the custody is violent, as Custody Staff can prepare by ensuring the charge bar is clear of other custodies or staff, to prevent injury.

7.1.3 All custodies should be properly restrained and under proper control at all times for the protection of staff and the custody. If the custody can not be processed immediately, Arresting/Escorting Officers must remain with their custody and ensure that he or she is properly controlled and monitored.

7.1.4 The Custody Supervisor is responsible for the care and welfare of the custody from the point that the custody arrives at the Custody Centre.

Arresting/Escorting Officers must adhere to instructions given by the Custody Staff. No custody should ever be taken directly to a cell without the knowledge and permission of the Custody Supervisor.

- 7.1.5 Persons apprehended must be informed, in a manner they can understand, of the reason for their apprehension. If a person is incapable of understanding the reason for their apprehension, this may be delayed until an appropriate adult, interpreter or translator is available to achieve this aim or until they have recovered sufficiently to understand.
- 7.1.6 Arresting/Escorting Officers must inform the Custody Staff of any issues they have knowledge of that may affect the care and welfare of the custody whilst in Police custody.

7.2 ROLE OF THE CUSTODY SUPERVISOR

- 7.2.1 The Custody Supervisor, must be aware of all custodies being processed and carry out the risk assessment, or review the risk assessment plan as soon as is reasonably practicable thereafter. The Custody Supervisor must make a timeous entry in the custody system to record this review. The actual functions involved in the initial booking-in process, using the computerised Custody Processing System, can be carried out by other trained members of the Custody Staff.
- 7.2.2 The Custody Supervisor must satisfy himself/herself that proper grounds exist for the arrest or detention of an individual prior to accepting that person into Police custody. In areas where currently grounds for arrest and detention are authorised by Patrol Supervisors, the Custody Supervisor must satisfy themselves of the grounds to continue the detention.

7.3 USE OF AN INTERPRETER

- 7.3.1 When a person whose first language is not English is taken into custody, the services of an approved interpreter should be obtained / considered in line with local procedures. Refer to [Interpreting and Translating Services SOP](#).

7.4 DETENTION PROCEDURES UNDER SECTION 14 OF THE CRIMINAL PROCEDURE (SCOTLAND) ACT 1995

- 7.4.1 [The Criminal Procedure \(Legal Assistance, Detention and Appeals\)\(Scotland\) Act 2010](#) was introduced in October 2010 allowing suspects detained under Section 14, Voluntary attendees and persons arrested but not charged, the right to personal consultation with a solicitor. This Act also extended the period of detention to 12 hours.
- 7.4.2 A Custody Review Officer (CRO), who must be minimum rank of Inspector, can also authorise the extension of the detention period beyond 12 hours, to a maximum of 24 hours, but only under set circumstances.

7.5 RIGHTS OF ACCUSED/DETAINED PERSON

- 7.5.1 In terms of the Criminal Procedure (Scotland) Act 1995, the Custody Officer must explain to every person, adult or child (see conditions below), who has been apprehended and is in custody at a custody centre that he or she has the following rights as an accused or suspected person:
- The right to have intimation of his/her arrest or detention communicated to a solicitor of his/her choice; **and**
 - The right to have one other reasonably named person informed of his/her arrest or detention.
- 7.5.2 If an arrested person is under the age of 16 or between the ages of 16 and 18 and under a supervision order, his or her parent or guardian must be informed.
- 7.5.3 If a detainee, is under the age of 16 or between the ages of 16 and 18 and under a supervision order his or her parent or guardian must be present prior to him/her being interviewed. Depending on the circumstances, that parent or guardian may or may not be permitted access to the child:
- If it is suspected that they are involved in the alleged offence;
 - That there are reasonable grounds to suspect that they may hinder the investigation;
 - If it is felt that contact with the child will result in an assault;
 - Have a serious emotional or psychological effect.
- 7.5.4 Although children have no statutory right to have a solicitor or reasonably named person informed, there would appear to be no reasonable or justified reason for not doing so.
- 7.5.5 Police Officers must advise custodies of their rights in respect of arrest and detention. PCSOs and CAs cannot undertake this task. The times when the custody was informed of his/her rights of arrest and the answers provided must be recorded on the Computerised Processing System and the recording of this information can be completed by PCSOs and CAs.

7.6 INTIMATION TO SOLICITORS

- 7.6.1 Where a custody has requested that a solicitor be informed, this intimation should be carried out as soon as practicable unless there are justifiable grounds for withholding the intimation.
- 7.6.2 The grounds for refusal should be communicated to the Custody Officer as soon as practical. The grounds for delaying notification to a solicitor should be recorded on the Custody Processing System as appropriate.
- 7.6.3 A person who has been apprehended is to be given the opportunity to nominate a solicitor of his or her choice.

- 7.6.4 Where the person's nominated solicitor cannot be contacted by the Police, the Custody Officer is to inform the individual concerned, who is to be offered the opportunity of having the duty solicitor informed.
- 7.6.5 If the person is unable to name a solicitor, he/she is to be offered the services of a nominated solicitor from the duty rota for legal aid solicitors.
- 7.6.6 Police Officers are not to nominate solicitors from any other source.
- 7.6.7 Custodies have the right to a private interview with a solicitor prior to their appearance at court.
- 7.6.8 All reasonable steps should be taken to ensure the custody's solicitor is contacted as soon as possible. There is no definition of what is a reasonable time scale and a court considering this issue would look at the particular circumstances in each individual case. It is therefore necessary for Custody Officer and Custody Staff to comprehensively record on the Custody Processing System all efforts that have been made to contact a solicitor.
- 7.6.9 If a solicitor attends at a Custody Centre to see a custody, having been contacted by that person's family, the custody must be asked for his/her consent to a visit from the solicitor. If he/she refuses, the solicitor cannot have an interview with the custody. Where a visit is requested and the custody has previously requested another solicitor and/or duty solicitor the attending solicitor should be asked to contact that other solicitor.
- 7.6.10 If a solicitor telephones the Custody Officer at a Custody Centre regarding a custody who is normally his/her client, no information should be passed to the solicitor until the custody intimates that he/she would like that solicitor informed.

7.7 NOTIFICATION OF REASONABLY NAMED PERSON

- 7.7.1 A detainee who is in custody at a police station or other premises, is entitled to have intimation that he/she is in custody and of where he/she is being held communicated to a relative or other person reasonably named by him/her.
- 7.7.2 Under normal circumstances, such notification to the reasonably named person is to be carried out without delay. However, it may, on rare occasions, be prudent to delay this notification in the interest of the investigation, to prevent crime or to facilitate the apprehension of offenders.
- 7.7.3 The Officer in Charge of the Case (OICC), with the knowledge and permission of the Custody Supervisor, may delay such intimation, but for no longer than is necessary. Since any delay may have to be justified at a later date, it is necessary for the Custody Supervisor to comprehensively record on the Custody Processing System the reason for such a delay.
- 7.7.4 It is the responsibility of the OICC to notify Custody Staff when the delay is no longer relevant and notification to the reasonably named person can be carried out.

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

- 7.8.1 All persons attending at a Custody Centre as a voluntary attendee must be recorded on the Computerised Processing System, and sign the relevant local voluntary attendance form which can be lodged for any future court hearing. Refer to Geographical Appendices ('A'-'H') for details of local forms.
- 7.8.2 This does **not** include persons who are attending for the purpose of caution and charge.
- 7.8.3 The Custody Supervisor must be made aware of voluntary attendees; however, the primary responsibility for that person remains with the Escorting Officers. The Escorting Officers are to present the voluntary attendee at the custody processing area prior to them leaving the office to ensure their attendance is accurately recorded.
- 7.8.4 The Custody Supervisor will clearly advise the person of the reason for the interview and that he/she is free to leave at any time, and have the person sign the relevant voluntary attendance form. They must also be offered the opportunity to consult with a solicitor as per detainees under Section 14 Criminal Procedure (s) Act 1995. See [Police Information Net for Scotland \(PINS\)](#), [Criminal Procedure \(Scotland\) Act, 1995: Part II – Police Functions](#). The right of accused procedure does not require to be completed for a voluntary attendee.
- 7.8.5 If the person is under 16 years of age, the signing must be done by a parent or guardian and the interview of such persons conducted in terms of the procedure relating to interviews of children.
- 7.8.6 Refusal to sign the relevant voluntary attendance form will result in the person being required to leave the Police Office, unless there are sufficient grounds to justify his/her arrest or detention under Section 14 Criminal Procedure (Scotland) Act 1995.
- 7.8.7 It is good practise to consider asking a voluntary attendee to submit to a search prior to being taken into an interview room however this is to be risk assessed and is not necessary on every occasion.
- 7.8.8 A full formal risk assessment is not required and no risk management plan need be added to the Custody Record.

7.9 CUSTODY RELEASED UNDER STATUTORY SUPERVISION / PAROLE / LIFE LICENCE

- 7.9.1 The Scottish Government is to be notified as soon as possible when a custody who has been released on statutory supervision/parole/life licence is arrested or charged with an offence, however trivial. During office hours contact:

- Breach of Parole Licence 0131 244 8529
- Breach of Life Licence 0131 244 8543 or 8535
- Young Offender Aftercare Licence 0131 244 8536 or 8537

7.9.2 In emergency outwith office hours, contact the Custody Guards at St Andrew's House (0131 556 8400).

7.9.3 Notification is to be included in the Police report to the Procurator Fiscal. The social worker supervising the accused is to be notified, if possible.

7.10 DETENTION OF DEFENCE WITNESSES BY SHERIFF OFFICERS

7.10.1 Sheriff Officers are responsible for the execution of apprehension warrants for defence witnesses who have failed to appear at court. The Sheriff Officers must have the warrant or a certified copy of the warrant in their possession. The identity of the persons apprehended must be certain, and it is the responsibility of the Sheriff Officers to provide the court escort on the next lawful day.

7.10.2 In terms of the Computerised Processing System, the rights of accused are **not** to be read to the custody. They may be asked if they wish a solicitor/relative informed, but entries are to be made in the remarks/notes section and **not** in the Rights of Accused section. If medical assistance is required, then the HCP should attend as normal. Again, if the custody is required to go to hospital, a Police escort is required as he or she is still in Police custody.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

7.11.1 PSoS can recover costs at a rate of £250 per day for each person apprehended under immigration legislation in Police holding facilities. This rate does not include any additional costs incurred, i.e. health provision, special dietary requirements, etc, and these additional costs should be invoiced using the relevant form. Refer to geographical appendices ('A'-'H') for details of local forms.

7.12 ARREST OR DETENTION OF A CHILD UNDER THE AGE OF 16

7.12.1 When a child who is under the age of 16 is detained under Section 14 of the Criminal Procedure (Scotland) Act 1995, or is arrested, a parent or guardian **must be** informed without delay. Depending on the circumstances, that parent or guardian may or may not be permitted access to the child:

- If it is suspected that they are involved in the alleged offence;
- That there are reasonable grounds to suspect that they may hinder the investigation;
- If it is felt that contact with the child will result in an assault;
- Have a serious emotional or psychological effect.

- 7.12.2 The provisions of the Criminal Procedure (Legal Assistance, Detention and Appeals) (Scotland) Act 2010 now allow that the access to a solicitor be extended to children.
- 7.12.3 Under no circumstances will child offenders be held within a cell with adult accused. Child offenders may be placed in a cell but preference must be given to the location of a cell that protects the child from surrounding adult custodies. They should be visited at least every 30 minutes, and considered for a visit by the HCP.
- 7.12.4 For further information regarding detention and the retention of juveniles in custody please refer to [Offending by Children SOP](#).

7.13 TRANSGENDER PEOPLE IN CUSTODY

- 7.13.1 A transgender person may be heterosexual, lesbian, gay or bisexual. Their sexual orientation is determined in relation to their gender identity rather than their physical body. For example, a male-to-female transsexual woman living as a woman (regardless of whether or not she has undergone any surgery) may identify as a straight woman if attracted to men, as a lesbian woman if attracted to women or as a bisexual woman if attracted to men and women.
- 7.13.2 Distress is likely to be caused to transgender people if mistakes are made about the type of transgender identity they have. In particular, a transsexual person undergoing gender reassignment is likely to be upset if incorrectly referred to as a cross-dressing or transvestite person.
- 7.13.3 Some transgender people may look androgynous or have obvious physical characteristics which mean that their transgender status might be noticeable to others. However, most of the time it is not possible to determine that someone is a transgender person from their appearance while clothed.
- 7.13.4 Inappropriate questions about a transgender person's physical body, gender history or transition (gender reassignment) process will insult the person and may impact negatively on their willingness to co-operate. Only ask questions that are essential for the investigation of a crime.
- 7.13.5 A person who is undergoing gender reassignment will have changed their name either by deed poll or affidavit. They may also have other documentation, driving license, bank cards, Gender Recognition Certificate etc, which should confirm that person's gender identity.
- 7.13.6 Disclosure Issues – when a custody discloses their transgender identity to a member of staff, the custody should be informed that there is a need to disclose this information for the prevention of crime or investigation of crime against that person. They should be assured that such disclosure will only be made when relevant.
- 7.13.7 The custody should be told to whom the information will be disclosed and the reason for the disclosure.

- 7.13.8 Thereafter, the member of staff must inform the Officer in Charge of the Custody Centre so that the information can be recorded appropriately. A note must be entered into the Computerised Processing Record. For Data Protection purposes this must not be on a sheet which is easily accessible, or placed outside the cell.
- 7.13.9 It may also be necessary to share this information with other custody care related organisations, or other Police Staff. However, such disclosure must only be in cases where the sharing of such information is for the prevention of crime against the custody and is relevant, legal, proportionate, and fair.
- 7.13.10 It should be borne in mind that the Gender Recognition Act 2004 creates a criminal offence for anyone in an official capacity, such as a Police Officer or Police Staff, acquiring the protected information relating to a persons transgender identity and thereafter disclosing it to a third party without the transsexual person's consent.
- 7.13.11 At staff handovers the transgender identity of a custody may be disclosed. Any specific care issues should be recorded and passed on to relevant staff.
- 7.13.12 Searching Transgender Custodies – Guidance can be found in section 9.3
- 7.13.13 Transgender Multi-Occupancy - Where a custody has identified their transgender identity, they must not be placed in a cell or detention room with another custody. Where the transgender custody has been apprehended with other persons, staff must not assume that they would be aware of the prisoner's transgender identity.
- 7.13.14 Reference should be made to the [ACPOS Transgender People in Custody guidance document](#).

7.14 CULTURAL AND RELIGIOUS AWARENESS

- 7.14.1 It is essential that where a person is presented for detention or custody, all religious, cultural, language and dietary requirements must be ascertained from the custody. The general principle, in relation to a custody's care, is to grant any reasonable request which does not interfere with operational requirements or security. In particular, basic human dignity is to be respected. Reference should be made to the [ACPOS Diversity Booklet - A Practical Guide](#).

7.15 TERRORIST DETENTIONS

- 7.15.1 The detention and management of persons suspected of having committed acts of terrorism present significant challenges and calls upon distinct complex legislation, unique arrest methods to maximise the recovery of forensic evidence, specific national documentation and the critical use of trained officers to ensure that all aspects relating to a persons detention stand up to legal scrutiny. In addition such detentions will undoubtedly involve a large scale high profile investigation which will be lead by a Counter Terrorism SIO who has ultimate responsibility to direct all aspects of the enquiry.

- 7.15.2 The power to detain an individual suspected of committing acts of terrorism for extended periods of time and the specific offences are provided by the Terrorism Act (TACT).
- 7.15.3 The Scottish Terrorist Detention Centre (STDC) located in Helen Street, Glasgow is Scotland's purpose built facility for TACT detentions. Elsewhere in Scotland Interim Detention Facilities (IDF) exist for this purpose.
- 7.15.4 The Serious Crime Divisions (SCD), Organised Crime and Counter Terrorism Unit (OCCT) is responsible for the activation of the STDC and interim detention facilities. The STDC can only be activated by the ACC OCCT.
- 7.15.5 In the event of a spontaneous incident specialist advice should be sought immediately. Contact / Communication Centres must be contacted in the first instance. Spontaneous arrests are more difficult to manage, but generic planning and preparation for such an event will make it easier to achieve compliance.
- 7.15.6 The security risks posed by those detained or arrested under TACT are potentially significant. Each case will be reviewed and assessed independently however they are likely to be identified as a high risk.

8. RISK ASSESSMENT AND MANAGEMENT

8.1 RISK ASSESSMENT

- 8.1.1 The risk assessment of a custody starts as soon as the Arresting Officers are in contact with the person. The Arresting Officers have a responsibility to impart all information they have gained about the custody during their enquiry and interaction with them. They should also be mindful of the advantage of gaining information from family and friends if possible, and obtaining any medication required if the apprehension is made at the home address.
- 8.1.2 The mental and physical health of a custody must be ascertained as soon as he/she arrives at the Custody Centre to assess their vulnerability. Relevant questions should be asked by the Custody Staff to ensure that an accurate risk management plan is made about the condition of the custody.
- 8.1.3 Risk assessment involves assessing the risk that each custody presents, not only to themselves, but also to other custodies, members of staff and any other persons entering the Custody Suite. Whilst special risks may be identified on PNC/CHS, these in themselves do not necessarily mean that the custody is high risk. There is a clear distinction between special risks/warning signals being identified, highlighted and taken into account when completing the Risk Management Plan, and assessing the custodies vulnerability as high risk. For example, a custody who is a special risk due to suffering from Hepatitis, and presents with no other risk factors, will competently be assessed a 'special risk' who is a 'low risk' in terms of vulnerability.

8.1.4 Prior to the custody being placed in a cell the risk assessment checks must be completed. These include:

- PNC/CHS Check;
- Local Prisoner Recording System;
- If not a local custody, the relevant Prisoner System;
- Near Miss spreadsheet/Noteworthy Incidents/Lessons Learned systems. See Geographical Appendix;
- The Arresting/Escorting Officers must be asked if there are any compliance or other issues that might affect the care of the custody.

8.1.5 As an aid to ensure all the checks are completed, the Arresting/Escorting Officers / Custody Staff will complete the [Custody Risk Assessment Checklist](#) on arrival at a Custody Centre. Custody Staff can thereafter complete this form prior to the custody being placed in a cell. Where Prisoner Recording Systems already produce a similar document, staff should continue to utilise this whilst ensuring all the risk checks above are carried out.

8.1.6 The [Risk Assessment Question Set](#) is a format of questions that Custody Staff should ask all custodies. All answers must be accurately recorded on all electronic Custody Records.

8.1.7 If the custody answers 'Yes' to any of the questions, then he/she should be asked further questions, as appropriate.

8.1.8 It is recognised that the vast majority of Risk Management Plans will be informed from the information provided by the custody, in response to the questions detailed above, from PNC/CHS checks and from information provided by Arresting Officers. Where there is a need for further information all avenues should be explored which may assist. The following are some examples which should be considered:

- The custody;
- His/her friends and/or relatives, witnesses, Officers involved in the custody's apprehension;
- Other Police systems;
- HCPs (Health Care Professionals);
- Legal representatives;
- Other custodies;
- Other relevant bodies and organisations;
- Significant information may also be held on the Violent and Sex Offender Register (ViSOR). This is indicated by a VS marker on the PNC;
- Whenever it is identified that a Restricted Patient is in custody, the relevant Offender Management Team should be contacted for further information. Outwith office hours Custody Staff should contact the

Scottish Government Reshaping Care & Mental Health Directorate (SG RCMHD) on 0131 244 5203.

- 8.1.9 The PNC and CHS provide accurate and up-to-date recording of warning signals and information markers and should be considered the primary reference for accessing such information. When risk assessing the custody, consideration is to be given to nature, relevance and time lapsed from the date the warning signal was added. See [PNC SOP](#) and [CHS SOP](#) for further guidance.
- 8.1.10 To assist with decision making, the National Decision Making Model is reproduced in Appendix 'Q'.
- 8.1.11 When a custody is transferred from any other Custody Centre, checks should be made to ensure the custody record is up-to-date. Should any details require clarification, enquiries must be made with the transferring centre for any relevant information regarding the custody.
- 8.1.12 It is the Custody Supervisor's responsibility to determine the response to any specific risk assessment. This should be recorded in the form of a Risk Management Plan for each custody, which should be recorded on the Custody Processing System by way of a Note / Event or similar.
- 8.1.13 The Risk Management Plan must record any relevant factors in relation to the care and welfare of the custody and should take into account the following points:

Risk Assessment Level:	Either High or Low
Reason for Risk Assessment Level:	E.g. PNC/CHS check reveals custody has 'Suicidal' warning signal. Prisoner Records check confirms suicide attempt on last period in custody.
Observation Level:	Constant / Frequent/15 min or 30 min/ Standard 60min
Injuries/Illnesses:	Provide explanation for any injuries noted. Was medical assistance sought/provided? Outcome of medical exam and details of Medical Care plan as per Health Care Professionals Examination Form

- 8.1.14 The Custody Supervisor must ensure that all members of staff are fully conversant with the Risk Management Plan and any risks associated with individual custodies and manage them accordingly. It is therefore of the utmost importance that comprehensive and contemporaneous notes are made regarding any relevant information learnt about the custody and his/her time in custody.
- 8.1.15 Assumptions should never be made regarding any custody. Even being placed within a police cell can have a traumatic effect on a custody, and staff must inform the Custody Supervisor immediately of any concerns they have for custodies.

- 8.1.16 Any concerns staff have for individual custodies should be recorded in the form of a Note on the Custody Record within the Custody Processing System and the Custody Supervisor informed immediately.
- 8.1.17 This ensures the Custody Supervisor and all other members of Custody Centre Staff have access to this information.
- 8.1.18 All Officers and members of Police Staff should take cognisance that where a custody meets the criteria of an Adult at Risk then this information is to be recorded on the Custody Processing System. In such circumstances a referral will be submitted by the Arresting Officers to allow this information to be recorded and shared appropriately and the necessary support provided.
- 8.1.19 **Definition of Adult at Risk** – Adults at Risk are adults (aged 16 or over) who:
- Are unable to safeguard their own well being, property, rights or other interests;
 - Are at risk of harm; and
 - Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.

Note: all three elements must be met to be an 'Adult at Risk'. The presence of a particular condition alone does not constitute this.

- 8.1.20 Any person who is **suspected** to be an Adult at Risk should be treated accordingly. For further guidance refer to the [Adult Support and Protection SOP](#).

8.2 CONSTANT OBSERVATION

- 8.2.1 Constant observations will be carried out on custodies considered by the Custody Supervisor or a HCP to be likely to be dangerous to themselves. Whilst consideration must always be made to placing custodies charged with grave offences under constant observations, to assure their well being at a time when they are potentially vulnerable, whilst also preventing a denial of justice, the decision must always be person centred and based on the vulnerability of that custody. The impact that the offence has on an individual will vary greatly, and the focus must be on the person not the crime. There may also be occasions when constant observations are necessary in the interests of the enquiry.
- 8.2.2 The Custody Supervisor must brief the Officer allocated to undertake the observations to ensure he/she is fully aware of his/her role and to ensure they are suitably experienced to undertake this role. The briefing must emphasise vigilance at all times and highlight that persons likely to self harm can do so very quickly and may use their blanket to conceal themselves in order to attempt self harm. Under no circumstances must the Officer undertaking the observations be distracted by other tasks such as report writing. He/she must be dedicated solely to the constant monitoring of the custody. Constant

observation means constant observation of the custody without distraction of any kind. Consideration should be given to relieving the Officer undertaking the observations on a regular basis i.e. every two hours. [Guidance for officers](#) undertaking constant observation duties is available to view at Appendix 'R'.

- 8.2.3 Where a custody is placed under constant observations, an entry must be added to the custody's record, detailing the reason for constant monitoring. This should also be done when the custody is removed from constant observations, outlining the reason for the change in status. If the custody has been placed on constant observations by a HCP, the custody's Medical Care Plan must indicate under what circumstances the constant observations can be removed, e.g. "Constant observations until sober and calm".
- 8.2.4 The entry must also include full details of the person conducting the observations and that a briefing was provided. The provision of constant observations does not negate the need for cell visits in line with the Risk Management Plan. A visit regime must be put in place for custodies under constant observations, over and above the fact that the custody is under constant observation, and carried out as deemed necessary by the Custody Supervisor i.e. hourly or more frequent visits.
- 8.2.5 Medical conditions and head injuries should not be used as a reason for constant observations unless directed by the HCP. If someone is so ill that they need constant observations they should be taken to hospital.

8.3 PRE RELEASE RISK ASSESSMENTS

- 8.3.1 Whilst there is not the same duty on the police to ensure the safety of prisoners who are released from custody in the same way that there is a duty whilst they remain within our care and under our responsibility, there is a danger that if the police release a custody and there is a foreseeable risk of harm to that person, the organisation will be held to account for its actions. Whilst it is not possible to cover every possible scenario a number of issues should be considered prior to release:

- The time of day;
- Location;
- Weather conditions;
- Clothing;
- Means to get to home address;
- The custody's personal ability to get home;
- Custody's personal vulnerability and/or health.

9. SEARCH OF CUSTODIES

9.1 GENERAL PRINCIPLES

- 9.1.1 Experience has shown that many of the concerns in relation to custody care and welfare result from insufficient attention to the search of custodies. It is the responsibility of the Custody Supervisor, Custody Staff and Arresting / Escorting Officers to ensure that all custodies are subject to a thorough and methodical search.
- 9.1.2 All staff should be regularly reminded of the importance of conducting a proper search and of the need to utilise Ampel Probes and metal detectors.
- 9.1.3 The primary purpose in searching custodies is to ascertain and record everything a person has with him/her when brought to the Custody Centre and to remove any articles that:
- May be used by the custody to harm himself/herself or others;
 - May be used to aid escape or cause damage;
 - Requires safe keeping; or
 - Is evidence
- 9.1.4 Both the extent and location of the search are decided by the Custody Supervisor, who should take into account all the relevant information available to him/her. There are three levels of search available, namely:
- Standard search;
 - Strip search; and
 - Intimate search
- 9.15 Where the Custody Supervisor decides that a strip search or intimate search is necessary, the reasons and justification for this **must be recorded** on the Computerised Custody System. If a strip search is carried out it must be authorised by an Officer holding the rank of at least Sergeant.
- 9.16 Male custodies are to be searched by males and female custodies are to be searched by females. Where the search is to go beyond a normal search of clothing, it is to be conducted in private, away from the charge bar.
- 9.17 At stations where the services of a female Police Officer, female PCSO or female CA are not readily available, and at the approval of senior management, an approved and suitably trained member of the community may be employed for the purpose of searching, escorting and attendance on female custodies.
- 9.18 Where relevant Area Commanders are to compile and maintain an up-to-date list of females who are available to carry out such duties at stations where there is no female Police Officer or PCSO within reasonable travelling distance. The females utilised are to be given the appropriate training to allow

then to search i.e. Ampel Probe and metal detector. Any expense incurred in connection with the employment of a female who is not a Police Officer or PCSOs is to be paid from the local imprest fund at the appropriate rate of allowance. (See [Allowances and Expenses SOP](#)).

9.2 ALL CUSTODIES

- 9.2.1 All custodies must be subjected to a thorough and methodical search on arrival at a Custody Centre, to ensure they are not in possession of any articles that may be capable of causing injury to themselves or others and that they would not normally be allowed to keep.
- 9.2.2 It is essential though that any action should be reasonable and that Officers and staff should at all times attempt to avoid embarrassment or humiliation for the custody.
- 9.2.3 Particular care should be taken when searching custodies who have handed themselves in on warrant. These individuals have had time to prepare for their intended incarceration and items may well be secreted on their person. Consideration should be given to conducting a strip search. If a strip search is undertaken, it must be authorised by an Officer holding the rank of Sergeant or above and the justification must be recorded on the Computerised Processing System.
- 9.2.4 The Custody Supervisor is responsible for causing the removal of any item of clothing with which a person in custody might do harm to himself/herself or others. The following items should always be removed no matter what the circumstances are: ties, belts, cord, etc, (which can be used as ligatures).
- 9.2.5 If a custody's underwear, e.g. bra, tights etc, are removed, the reason for the removal is to be detailed on the Computerised Custody Record.
- 9.2.6 A description of all of the custody's property should be included within the property field of the Custody Record.
- 9.2.7 If a custody normally wears glasses, a hearing-aid, dentures etc, consideration should only be given to removing such items, prior to their being placed within a cell/detention room, if the risk assessment identifies that the custody represents a particular risk. Any items removed should be logged in the Custody Record as the custody's property. If the custody requires these items to understand what is being communicated to him/her, the hearing-aid/spectacles must be returned to him/her for that purpose.
- 9.2.8 All custodies removed from cells for interview, medical examination or any other reason must be searched prior to being returned to a cell and an update to this effect made on the Computerised Processing System.
- 9.2.9 Custodies transferring from another Custody Centre or prison (for an ID parade) must be searched prior to being placed in a cell at the new location.

9.3 SEARCHING TRANSGENDER PERSONS IN CUSTODY

- 9.3.1 If a search has begun without any knowledge that the custody is transgender and it only comes to light in the middle of the search then the searching Officers should continue the search in the usual professional manner, unless the custody requests a different gender of searching Officers to take over the search.
- 9.3.2 However, if a custody is thought or known to be transgender prior to a search being carried out, then they should be searched according to the gender they present and live their lives as. This can be ascertained by asking them and/or checking documentation.
- 9.3.3 A female-to-male trans man who still has breasts and a vagina may identify strongly as a man but may request to be searched by a female Officer. In such a case, the trans man should still be referred to using male pronouns and treated as a man in all other ways except in terms of the gender of Officer who searches him.
- 9.3.4 If a custody is unwilling to provide this information the Officer must determine the predominant gender in which the person lives their life. This is likely to be indicated by their name, title or gender on their main identity documentation such as their driver's license, bank cards, Gender Recognition Certificate, etc. If they appear to live predominantly as a woman, they should be treated as such.
- 9.3.5 Once the custody's gender has been established, normal search procedures will apply and the custody will be searched by Officers of that gender.
- 9.3.6 Once it has been established which gender a custody is to be treated as during the search, the Officers conducting the search should be informed by Custody Staff of the custody's transgender identity. The custody should be informed of the reason for the disclosure. This is the best way to ensure that the dignity of both the Officers and the person is maintained as it reduces the risk of the Officer being surprised if the person has some physical characteristics not usually associated with that gender. The Officers concerned should also be advised not to disclose the custody's transgender identity to anyone not required to know. Reference should be made to the [ACPOS Transgender People in Custody](#) guidance document.
- 9.3.7 Searching and strip-searching can be undignified and difficult both for the custody and the Officers concerned. It is therefore important to minimise any negative impact where possible.
- 9.3.8 There is potential for distress and embarrassment during any search. However, sensible application of the following guidance should minimise the risk and protect all involved.

9.4 SEARCH PROCESS

- 9.4.1 Custody Staff who have any exposed cuts, abrasions or burns must cover them with a waterproof dressing prior to searching custodies and use protective gloves during the search.
- 9.4.2 All personnel conducting searches must remain aware of the dangers of injury and the risk of transmission of diseases. Protective gloves should be worn when thought necessary and must be worn where blood or body matter is present.
- 9.4.3 Appropriate precautions and care should be taken when searching custodies who have been subject of CS/PAVA usage.
- 9.4.4 Before conducting the search, Officers must explain their intended actions to the custody and the custody should be visually examined to identify any likely places of concealment.
- 9.4.5 The custody should be asked if he or she is in possession of any sharp or potentially dangerous items. If possession of any such dangerous item is admitted, the searching Officer must carefully remove the item, restricting the likelihood of being injured or of having the item used as a weapon against him or her. In these circumstances, the use of an Ampel Probe must be considered.
- 9.4.6 The custody should be asked if he/she is secreting any other article, e.g. cigarettes, matches, mobile phone or drugs – on his/her person. Such articles should be removed, and seized, disposed of or added to the custody's property, as appropriate.
- 9.4.7 Discretion should be exercised over the removal of tight-fitting rings or earrings. There is no point in forcible removal unless there is a pressing need for it. Similar discretion should be exercised in relation to other body adornments. Any jewellery/adornments left on the custody should be recorded on the property section of the Computerised Processing System.
- 9.4.8 Hand-held metal detectors and Ampel Probes, which are held at every charge bar, should be utilised when searching all custodies, in particular suspected drug users, who may have in their possession syringes and/or needles.
- 9.4.9 Where a Police Officer, PCSO or CA is injured as a result of a 'needle stick' accident involving a hypodermic needle, the injured party should encourage the wound to bleed and thereafter immediately wash the area with soap and water. Splashes of blood or other body fluids to the face should be rinsed off using water. Where available, a HCP (Health Care Professional) should be consulted prior to the Officer being transferred to the nearest hospital; however this must not delay the Officers attendance at an Accident and Emergency Department. It is essential that any treatment considered necessary be administered without delay. He/she is also to report the incident as an injury in the normal manner and contact Occupational Health (OH) for further guidance. (Reference should be made to the [Body/Fluid Transference from Persons with Infectious Diseases SOP](#)).

- 9.4.10 The confidentiality of medical information of any nature, and the need for care and discretion in its use, cannot be emphasised too strongly. Disclosure and use of such information must not go beyond what is essential in each particular case. The treatment of all persons as potential risks means that there is no need to establish medical conditions unless they have significance in criminal activity or have an impact upon the Risk Management Plan to be put in place relative to that custody.

9.5 STRIP SEARCHING

- 9.5.1 The right to search is generally accepted as extending to a body or strip search, which means the removal and examination, in stages, of all clothing, with a **visual**, external examination of the body.
- 9.5.2 Where it is decided that the custody should be subject to a strip search, the reason for this should be recorded on the Custody Processing Record.
- 9.5.3 The Arresting/Detaining Officers should likewise record all relevant information in their notebooks:
- The reason for the search must be fully explained to the person who is to be searched (refer to the [Interpreting & Translating Services SOP](#) for Custodies whose first language is not English);
 - The search will be conducted by a minimum of two members of staff who are the same gender as the custody;
 - The custody's dignity should be preserved at all times and where possible only one item of clothing should be removed at a time and searched before being returned to the subject and prior to the removal of the next item of clothing in order to maintain the dignity of the subject, unless required for evidential purposes;
 - A **visual** examination only should be conducted for areas of intimate nature and in no way should any attempt be made to remove items which are concealed internally. Reasonable force can be used to facilitate a visual examination only;
 - Such searches must be carried out in private. Cells equipped with CCTV may be used but only if the camera and/or monitor is switched off preventing staff not involved in the search from viewing it (see section 14.10);
 - If it is suspected that a custody has swallowed or packed drugs, all efforts are to be made to take the custody to hospital immediately.

9.6 INTIMATE SEARCH

- 9.6.1 Where, in the interests of justice and to obtain evidence, it is necessary to carry out an intimate search of natural body orifices of:
- A person arrested; or

- A person detained under Section 14 of the Criminal Procedure (Scotland) Act 1995; or
- A person detained at a Police Office for the purposes of search authorised by statute, e.g. Section 23(2) of the Misuse of Drugs Act 1971, the [Terrorism Act 2000](#), etc.

9.6.2 The search must only take place under the authority of a Sheriff's warrant.

9.6.3 Where it is known or suspected that a custody has concealed in a body orifice any article or substance, the custody is to be conveyed to a hospital for treatment. It is emphasised that examination by an HCP in the circumstances can only take place with the consent of the custody.

9.6.4 Where a search warrant is obtained for this purpose, the search is to be carried out by an Authorised HCP, only in hospital premises within an Accident and Emergency Department, for which local arrangements should be in place. The custody should be removed immediately to an Accident and Emergency Department and should not be held at a Police Station pending issue of the warrant.

9.6.5 A Police Officer of the same gender as the custody is to be present to corroborate the search.

9.6.6 Where, in pursuance of evidence, there is a need to detain an individual beyond the first lawful day following his/her arrest, the Officer seeking such a warrant must ensure that they request the place of detention is a hospital and under no circumstances should they request that the custody be held at a Custody Centre. Medical advice confirms that persons known or suspected of concealing drugs internally must be immediately taken to hospital. The place of detention may be the hospital to which the individual was originally conveyed, and facilities should be made available to allow constant monitoring of the custody/detainee.

9.7 DNA FORENSIC MARKING PRODUCTS (SMARTWATER)

9.7.1 Smartwater is a DNA forensic Marking Product which can be used to mark property. It is a water based solution which contains a unique forensic signature that can be painted onto virtually any item of property and dries to a matt, almost invisible finish. Smartwater also utilise a spray system which can be fitted to houses, commercial premises or even items of property within motor vehicles. The solution contains a fluorescent yellow / green marker which can be detected under ultra violet light. When sampled and analysed its origin can be identified.

9.7.2 Smartwater ultraviolet lamps have been installed in certain Custody Centres. Procurator Fiscals across the country are aware of the product and received a training input from Smartwater, supported by the Area Fiscal.

9.7.3 Other DNA Forensic Marking products are available and can also be seen under ultraviolet lamps.

- 9.7.4 All arrested or detained custodies coming into custody will be scanned for traces of Smartwater if facilities allow. Should a custody show traces of Smartwater, this may provide a reasonable suspicion that they have been involved in criminal activity.
- 9.7.5 Where the custody's clothing is found to be contaminated with Smartwater, this would provide reasonable suspicion that the item provides evidence of a crime – the item will be seized and dried if required, then labelled and lodged in a brown paper production bag. This production will then be sent recorded delivery by the arresting officer to **Smartwater Technology Ltd, PO Box 136, Telford, TF3 3WY**. A printed copy of the forensic examination request should be appended to the production. Where custodies are detained under Section 14 of the Criminal Procedure (Scotland) Act 1995 or arrested in regard to an offence for which the Smartwater may provide evidence, this would allow swabs of Smartwater to be taken from the custody.
- 9.7.6 In the case of a custody who has been in contact with an intruder spray system, in addition to swabs being taken, the custody will require to be photographed under the ultra violet lights in the holding area by an appropriately Smartwater trained Officer.
- 9.7.7 A full length photograph should be taken with photographs showing the spray pattern, in the event that an offender contests that the presence of Smartwater on his person is due to cross-contamination. To refute this claim at court, the photographs obtained and testimony providing evidence relating to the spray patterns present on an offender can assist in showing that such contact was due to direct contact with an active spray system.
- 9.7.8 The Smartwater trained Officer will be responsible for taking a sample by means of a swab as per Section 18 of the Criminal Procedure (Scotland) Act 1995 which states:
- “A Constable may take from the person fingerprints, or require the person to provide him with, such relevant physical data as the constable may, having regard to the circumstances of the suspected offence in respect of which the person has been arrested or detained reasonably consider it appropriate to take from him or require him to provide, and the person so required shall comply with that requirement. A Constable may, with the authority of an officer of a rank no lower than inspector, take from the person from an external part of the body, by means of swabbing or rubbing, a sample of blood or other body fluid, of body tissue or of other material”.
- 9.7.9 The Custody Officer should record on the Computerised Custody System the details of the authorising officer (Inspector or above) who provided the permission to take the samples.
- 9.7.10 Should a custody only have Smartwater spray on their hair, a sample of the affected hair will require to be taken. As per Section 18 Criminal Procedure Scotland Act 1995:
- “A Constable may, with the authority of an officer of a rank no lower than inspector, take from the person from the hair of an external part of the body

other than pubic hair, by means of cutting, combing or plucking, a sample of hair or other material.”

- 9.7.11 One sample of hair will be placed within the relevant production bag and a control sample of unaffected hair will also be taken and lodged in a separate production bag. Both samples will be lodged as productions per normal procedures and the enquiry officer will forward the samples along with an appropriate lab request by recorded delivery to Smartwater Technology Ltd, PO Box 136, Telford, TF3 3WY.

10. PERSONAL IDENTIFICATION DEVICES (PIDs) OR ELECTRONIC TAGS

- 10.1 Persons who have been subject to an electronically monitored movement restriction condition (imposition of bail) and breach same, will come to the attention of the Police and subsequently be apprehended. Once arrested, the individual should be taken to the nearest Custody Centre, where he/she can be afforded his/her rights as an arrested person. Further guidance and contact details is provided in the [Electronic Monitoring of Offenders SOP](#). Guidance is available in Appendix ‘S’ on how a tagging device is removed.

11. CUSTODY'S PROPERTY

11.1 GENERAL

- 11.1.1 The importance of procedures relating to the recording and safe handling of custody's property should not be underestimated, and all Custody Supervisors and Custody Staff must take great care when fulfilling these duties.
- 11.1.2 A custody's property should be checked over in front of the custody and in the sight of the custody CCTV system, where available. All cash sums should be counted out audibly for the benefit of the custody and the audio recording facility on the CCTV system. This is particularly relevant when the custody is under the influence of alcohol or drugs. It is good practice to have this process corroborated.
- 11.1.3 Any property in the possession of the custody which is to be taken as a production should then be seized by the Arresting/Enquiry Officers. This must be recorded on the Computerised Processing System, detailing the item, the name and registered number of the Officer seizing and the name of the Officer in charge of the case. Arresting/Enquiry Officers should also record the details of property retained as productions in their official police notebooks.
- 11.1.4 Once a custody has been searched, comprehensive recording of his or her property must be detailed on the property section of the Computerised Processing System and proper storage methods adopted. Any items which

are being allowed to remain with the custody should be recorded as such and the reason why i.e. glasses

- 11.1.5 Consideration should be given to lodging large sums of money, £500 and over, or small valuable items in the custody area safe. The location and reason for lodging property in this manner must be recorded in the custody's Computerised Processing System.
- 11.1.6 In listing details of a custody's property, generalisations should be used carefully. A 'bag containing clothing' may be an appropriate generalisation, but a 'handbag and contents' would be insufficient, where the handbag contained items such as bank cards, driver's licence or other items of identification or specific use.
- 11.1.7 Detailed recording of custody's jackets and shoes will assist if there is any dubiety on release or to assist in an enquiry. Such items should be listed separately.
- 11.1.8 Property taken possession of by the Police for the custody after he/she has been initially processed, i.e. a change of clothing, must be recorded on the custody's Computerised Custody Record and stored appropriately. Any clothing must be thoroughly searched prior to being given to the custody. The person providing the change of clothing should take away the old/soiled clothing, and the custody record should be updated to record this.
- 11.1.9 With the introduction of the Proceeds of Crime Act 2002 (POCA), it is important that financial intelligence is derived from every available resource and recorded on the Scottish Intelligence Database (SID) for evaluation by various units, such as the Financial Investigation Unit (FIU) of the Fraud Squad. The Arresting Officers will be responsible for updating SID and seizing any articles suspected of being Proceeds of Crime. Further guidance can be found within the [Productions SOP](#).
- 11.1.10 Any property which is contaminated by CS Spray should be clearly marked as such to highlight the risk of cross contamination to other person or external agencies on transfer.

11.2 CUSTODY PROPERTY BAGS

- 11.2.1 Custody property bags which are disposable and have a unique serial number are to be used for custody property. Valuable property and cash (less than £500 – see section 11.1.5 for higher sums of money) are to be placed in the inside pocket of the property bag, which can be sealed separately. It is of the utmost importance that cash and other items of value which have been withheld are properly and accurately recorded on the Computerised Custody Record. The outside pocket is for the storage and transfer of documents that do not require to be sealed.
- 11.2.2 Where property is too large to be placed in a property bag, it is to be placed in the larger heavy-duty bags and secured by means of an individually numbered security seal. This security seal number must be recorded in the Property section of the Custody Processing System.

- 11.2.3 If property has to be removed from the property bag prematurely, the Custody Supervisor is to ensure that the property is placed within a new property bag and the new unique serial number recorded on the Custody Processing System, together with the reason for removing items from the original property bag. The custody's approval must be provided for the handing over of property, such as keys, money etc, to a relative. The custody should sign the property record to confirm his/her approval.

11.3 RETURN OF CUSTODY'S PROPERTY

- 11.3.1 When property is returned to a custody by a Police Officer/PCSO/CA, it is good practice to have the process corroborated or recorded on CCTV where available.
- 11.3.2 In the presence of the custody, the Custody Supervisor or other Officer will:
- Ensure the tamper-proof integrated seal on the custody's property bag is intact and that the unique serial number corresponds with the number on the custody's Computerised Custody Record;
 - Open the property bag and return the property, ensuring that it is checked against the custody's computerised recorded property;
 - Have the custody sign the Custody Record acknowledging receipt of the property;
 - Check that the custody's property bag is empty;
 - Update the custody's computerised Custody Record;
 - Dispose of the property bag appropriately.

12. CRITERIA FOR DETAINING CUSTODIES IN CELLS

- 12.1 Whenever possible, only one custody is to be placed in each cell. Lodging more than one person in a cell must only be considered when absolutely necessary. If it becomes an operational necessity, the Custody Supervisor should consider relevant factors, including:
- Prospective length of stay of custody;
 - The offence committed, particularly if it will attract adverse attention;
 - A custody's demeanour;
 - Medical risks;
 - A custody's mental or physical vulnerability to attack by other custodies;
 - Cultural differences and religious requirements; and
 - The custody's willingness to share.
- 12.2 If single cell occupancy is not practicable, the following criteria are to be adhered to **at all times**:

- The preference will always be to have a minimum of three persons in a multi occupancy cell. It is a fact however, that cells in certain areas will not facilitate more than two persons to a cell. Multi occupancy in these areas will be permitted when necessary, however it requires to be justified on the Custody Processing System on each occasion;
- It may, on occasion, be necessary to give consideration to transferring custodies to Custody Centres in other areas. In such instances co-operation between areas is required. See Section 6.2 of this SOP: 'Transfer of Custodies Within Scotland';
- Custodies apprehended together, co-accused or custodies who for any reason are likely to disagree with each other are not to be placed in the same cell;
- Children must **not** be detained in cells along with adult custodies;
- Male and female custodies are to be kept in separate cells and, wherever possible, in separate areas within the cell accommodation;
- If known, or suspected, of being a carrier of an infectious disease or infestation, or if they have been emitting blood or bodily fluids, a custody should be placed in solitary accommodation;
- Consideration must be given to cultural differences and religious requirements;
- Where a custody has identified their transgender identity, they must not be placed in a cell or detention room with another custody.
- Custodies under the influence of alcohol, drugs or other intoxicants or where they are violent or aggressive should not be considered for multi occupancy.

12.3 Once allocated, the cell or detention room number must be recorded on the Computerised Custody Record.

12.4 When multiple occupancy of cells is necessary the Custody Supervisor must record his/her action on the Custody Processing System, and visits to multiple occupancy cells must be made more frequently than the hourly minimum requirement to ensure the safety and well-being of custodies. In particular, basic human dignity is to be respected, e.g. any request for private toilet facilities should be granted. Care should be taken when liberating or transferring custodies from a multiple occupancy cell to ensure custodies are properly identified. Custody Supervisors must consider staff safety when utilising multi cell occupancy.

12.5 A Risk Assessment must be carried out when the option of multi occupancy is used and recorded on each custody's computer record.

12.6 Where cell multi occupancy is employed, it should only be done for as short a time is practicable in the circumstances and single occupancy resumed where possible.

13. CARE AND WELFARE OF CUSTODIES

13.1 GENERAL PRINCIPLES

- 13.1.1 The general principle in relation to custody care is to grant any reasonable request which does not interfere with operational requirements or security. In particular, basic human dignity is to be respected.
- 13.1.2 Whilst the security of the custody is important, it should be clearly understood that the principal reason for visiting custodies whilst they are in our care is to ensure their physical well-being.
- 13.1.3 The use of restraints in a locked cell should only be permitted in exceptional circumstances and where so deployed the subject should be kept under constant observations.

13.2 VISITS TO CELLS

- 13.2.1 Officers are **not to enter** cells occupied by custodies of the opposite gender as a matter of routine unless:
- Accompanied by a Police Officer/PCSO/CA of the same gender as the custody; or
 - In an emergency under the direction of the Custody Supervisor. In such circumstances, it is preferable that they are accompanied by another Officer.
 - The incident must be recorded on the Custody Recording System.

13.3 FREQUENCY OF VISITS

- 13.3.1 The Custody Supervisor must personally inspect all custodies at the start and finish of each shift and when there is a transfer of responsibility for the custody, i.e. at shift changeover. It is important that shift changeovers include a thorough briefing on custody status; refer to the handover Checklist at Appendix 'O'.
- 13.3.2 All custodies detained in cells are to be visited at least once per hour. It is good practice to conduct visits at irregular intervals, reducing the opportunities for custodies to commit acts that would put their safety at risk. **At each visit, all custodies are to be roused and spoken to and are to give a distinct verbal response.** The only exception will be when an HCP (Health Care Professionals) has given a direction that continued hourly rousing will have a detrimental effect on a custody for a specific medical condition.
- 13.3.3 Where practicable, the person who carried out the last visit should conduct the next check. Continuity in checks is good practice as it allows evaluation of any changes in the custody's condition and potential risks involved.

- 13.3.4 The Custody Supervisor must ensure that custodies who present a high risk are considered for more frequent visits, at 15 minute or 30 minute intervals, depending on the risk management plan and/or medical care plan.
- 13.3.5 The majority of custody checks can be conducted from the cell door hatch, however if the custody cannot be roused and spoken to, from the hatch, in order to obtain a distinct verbal response, then Custody Staff conducting the visit must enter the cell and obtain the necessary response. This entry must be risk assessed at the time and consideration given to the custodies previous demeanour which will determine how many Officers are required. The Health Care Of Custodies – Observation Checklist, detailed below, must be used when entering a cell to assess a custody's level of rousability.

13.4 HEALTH CARE OF CUSTODIES – OBSERVATION CHECKLIST

- 13.4.1 If any custody fails to meet any of the following criteria, medical assistance must be called. When assessing the level of 'rousability', consider:
- (a) 'Rousability' – Can he/she be wakened?
 - Go into the cell;
 - Call his/her name;
 - Shake gently.
 - (b) Response to Questions – Can he/she give appropriate answers to questions? Such as:
 - What's your name?
 - Where do you live?
 - Where do you think you are?
 - (c) Response to Command – Can he/she respond appropriately to commands? Such as:
 - Open your eyes;
 - Lift one arm, now the other arm.
 - (d) Remember – Take into account the possibility or presence of other illnesses, injury or mental condition.
 - (e) A person who is drowsy and smells of alcohol may also have the following:
 - Diabetes;
 - Epilepsy;
 - Head Injury;
 - Drug ingestion or overdose; or
 - Stroke.

<u>IF IN DOUBT, CALL AN AMBULANCE</u>
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13.5 DRUNK, DRUG OR SOLVENT CUSTODIES

- 13.5.1 Custody Supervisors should review all the circumstances pertaining to an individual custody who was initially recorded as being under the influence of alcohol and/or drugs in the Custody Record, prior to updating them as sober on the Custody Processing System.

13.6 RECORDING OF VISITS

- 13.6.1 Every visit made to a custody must be recorded on the Custody Processing System. All verbal interactions with the custody during the course of the visit should be also accurately noted.
- 13.6.2 Any material or unusual change in personality or behaviour of a custody must immediately be brought to the attention of the Custody Supervisor, who should record such information on the Custody Record, together with any action taken. If there is any reason to believe that a custody is suffering from illness or injury the Custody Supervisor is to summon an HCP or arrange for the removal of the custody to a hospital. This is also applicable when the custody has neither complained of his/her condition nor requested the services of an HCP.

13.7 VISITS TO CUSTODIES BY RELATIVES OR FRIENDS

- 13.7.1 Friends or relatives of a custody over 16 years of age have no automatic right of access to the custody. The Custody Supervisor may, at his/her discretion, permit a brief visit. The custody is to be properly supervised during the visit, to ensure that no property is passed without permission. Any visits should be recorded on the Custody Processing System.

13.8 MOVEMENT OF CUSTODIES WITHIN CUSTODY CENTRES

- 13.8.1 All movement of custodies to and from cells for fingerprinting and/or photographing, visits to/from interviews by solicitors, washing facilities etc, must be clearly recorded in the appropriate Custody Record.
- 13.8.2 All custodies removed from cells for any reason must be searched prior to being returned to a cell and the Custody Processing System updated accordingly.

13.9 FEEDING OF CUSTODIES

- 13.9.1 Three meals are provided for persons in Police custody between 0600 hours and 1900 hours. In addition, no person is to be held for more than four hours between 1100 hours and 2300 hours without being offered a meal. Custodies are to be fed at Custody Centres before 0700 hours each court day. Different types of meals are available for custodies with different dietary requirements, i.e. Halal, vegetarian, gluten-free etc. Staff are to ensure that custodies receive sufficient water whilst in custody.
- 13.9.2 In the event that a custody refuses the meal provided, this fact is to be endorsed on the Custody Record along with an explanation for the refusal. If

more than two consecutive meals are refused, or the custody continually declines fluids, consideration should be given to consulting an HCP.

- 13.9.3 Where, owing to any medical condition, special dietary requirements or any religious or moral belief, a custody who is to be provided with a meal requires a particular diet, effort is to be made to provide the custody with a meal which is acceptable to his/her condition or beliefs.
- 13.9.4 Custodies will not be given food provided to Police Offices by friends or relatives.
- 13.9.5 Custodies should be provided with meals served in containers and they will be provided with sporks. Drinking water will be supplied on request and should be served in polystyrene cups. All containers and cutlery should be removed and accounted for as soon as reasonably practical when the custody has finished his/her meal, as there is the potential for these items to be used as a weapon or to self-harm.
- 13.9.6 Cultural and religious requirements will dictate that certain custodies will only be able to eat and drink at particular times of the day or night. Custody Staff involved in the care and welfare of custodies should be aware of this and provide meals at such times as the custody will, according to his/her culture/religion, be allowed to eat them. Reference should be made to the [ACPOS Diversity Booklet - A Practical Guide document](#).

13.10 WASHING / SHAVING

- 13.10.1 Where an arrested person is to be detained in custody for more than a full day, he/she is to be offered facilities to wash and/or shave at least once per day.
- 13.10.2 Where available within the cellblock, this will include shower facilities. Any reasonable requests to wash and/or shave more often than this are to be met, where possible. Facilities are also to be made available to a custody to wash and shave if he/she so desires prior to appearing in court. At all times when a custody is shaving, washing or showering, Custody Staff are to be in attendance to ensure the security and safety of the custody.
- 13.10.3 The offer of a wash must be recorded on the Custody Processing System whether the custody accepts it or not. Towels should be made available for custodies use and checked for damage regularly to prevent the risk of injury or self harm.

13.11 TOILET PAPER

- 13.11.1 Toilet paper is a potential risk, either by plaiting long rolls to make a ligature, by using it to block the toilet or by soaking paper and forcing it down the throat. To avoid these situations arising, toilet paper should be supplied in a number of single sheets, when required.

13.12 BLANKETS

- 13.12.1 Each custody is to be supplied with a mattress and sufficient blankets as may be necessary to maintain him/her in a reasonable state of warmth, having regard for the weather conditions prevalent at the time. These items are to be issued to **all** custodies, whether the custody wishes them or not. Custodies whose condition at the time of detention would make the immediate issue of bedding impracticable due to their unruly behaviour or for other issues relating to their safety are to be supplied with bedding as soon as this is reasonable.
- 13.12.2 No blanket is totally anti-tear and all blankets must be checked when being issued to identify any existing tears and to prevent them being used as a ligature. Blankets with tears should be removed from use immediately and destroyed.
- 13.12.3 Blankets should be removed from a cell when the custody is released or transferred and placed in the dirty blanket store.
- 13.12.4 Where blankets may have become soiled i.e. urine or faeces they should be placed in the soluble bags available for this and forwarded to the laundry in the normal manner.
- 13.12.5 In the event of bedding requiring destruction due to contamination i.e. too heavily soiled to be washed, the items should be placed in a clinical waste bag and collected in accordance with the direction provided in the Geographical Appendices.

13.13 CUSTODY'S CLOTHING

- 13.13.1 During the course of a custody's period in Police custody it may be necessary to seize their clothing, as a production for evidential purposes, or it may be removed because it is damaged, contaminated or to prevent self harm.
- 13.13.2 In these instances, the custody should be issued with disposable prisoner's suit or where available and appropriate, an anti suicide suit.
- 13.13.3 Custodies are not to be taken to court from custody without proper clothing. A disposable prisoner suit is not proper clothing. If required, efforts are to be made by the Enquiry Officer to obtain alternative garments from the person's home or relatives. Where clothing cannot be obtained, suitable garments may be purchased with money obtained from the Police funds.
- 13.13.4 Where clothing is handed over at Police Offices by a third party for the use of a custody, details should be recorded in the Custody Recording System. The clothing must be thoroughly searched before being handed over to the custody.

13.14 REPORTING OF ADVERSE INCIDENTS

- 13.14.1 **Minor Adverse Incident** involving a person in police custody is described as:

‘any unplanned event, incident, accident or emergency which did not result in any injury, but could have done so but for luck, skill judgement, would have become an adverse incident’.

13.14.2 This includes damage to property but not actual injury whether it be to the custody or another. E.g. smoking in the cell: possible lighter, items taken in to cell that can damage them.

13.14.3 **Adverse Incident** involving a person in custody is described as:

“any event that caused/involves **injury** to a person or **could have resulted in injury or illness** but was prevented through the actions of another or good fortune”.

13.14.4 These are incidents that could involve a more serious outcome, i.e. possibility of drugs on the person, punching/head butting the cell furniture, placing blankets/clothing around the neck as a ligature and minor self harm.

13.14.5 **Serious Adverse Incident** involving a person in police custody is described as any adverse incident where a death takes place or where there is serious injury. A serious injury should be considered as:

- Any fracture;
- Deep cut;
- Deep laceration or injury causing damage to an internal organ or the impairment of a bodily function.

13.14.6 Where a ‘minor adverse incident’, ‘adverse incident’ or ‘serious adverse incident’ takes place the following procedure must be carried out:

- **Minor Adverse Incident**

Where such an incident takes place the Custody Supervisor must be made aware and the details recorded on to the custody record featuring the details and what was done to resolve it.

A ‘minor adverse incident Form’ must be completed and sent to the Cluster Manager for the relevant area prior to the author going off duty. The report should also be ‘copied’ to the Support Officer who will deal with it in the absence of the Cluster Manager and ensure that it is included in the daily Divisional Communications Briefing. Where appropriate the information should also be passed the arresting officers and/or Local Policing supervisors.

All such incidents must be recorded on the Adverse Incident Spreadsheet.

- **Adverse Incident**

Where an adverse incident takes place and depending upon the overall circumstances, consideration should be given to informing, immediately, the Cluster Manager for the station concerned or in his/her absence to the on-call Inspector. Depending upon the circumstances consideration will also be given to informing the Head of Custody Division and the on-call

Professional Standards Officer or alternatively it will be referred to Professional Standards for 0800 hours the next working day. An example of such circumstances is where a custody is found unwell within his/her cell and taken to hospital where his/her condition deteriorates.

- **Serious Adverse Incidents**

Where a serious adverse incident occurs the same procedure as per 'adverse incidents' above should take place, plus the securing of the locus. In these circumstances the Cluster Manager or on-call Inspector will be contacted on every occasion and will escalate the information to Custody Division Command, Professional Standards and Local Policing.

Where it is a serious adverse incident consideration should be given to Custody Division Command informing the DCC or out with office hours, the con call ACC.

13.14.7 Please refer to the [Deaths or Serious Injury in Police Custody SOP](#) for further guidance.

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC / CHS

13.15.1 Where a custody has been involved in a 'adverse' incident, e.g. he/she has attempted to commit suicide or self harm in a Police cell, it is imperative that the custody's PNC/CHS record is updated immediately to reflect the risk posed and to ensure any subsequent periods in custody are managed appropriately. To ensure records are updated immediately, refer to the Geographical Appendix for the correct relevant process.

13.16 COMPLAINTS ABOUT THE POLICE

13.16.1 A custody, at any point during his or her incarceration, may wish to make a formal complaint against any Police Officer or Police Staff. The investigation of this should follow the procedure outlined in the [Complaints about the Police SOP](#).

13.6.2 Where the officer who is subject to the complaint is a member of custody staff, the complaint will be dealt with by Custody Division. Where the officer who is subject to the complaint works elsewhere the complaint will be dealt with by Local Policing.

13.17 DEATHS AND SERIOUS INJURY IN POLICE CUSTODY

13.17.1 Reference should be made to the [Deaths or Serious Injury in Police Custody SOP](#).

14. CELLS

14.1 DAILY INSPECTION

- 14.1.1 Custody Managers are responsible for ensuring that all cells are maintained in a safe condition. They are also responsible for ensuring that procedures are in place for all such facilities in their area to be inspected daily, to ensure that they are safe places in which to detain custodies.
- 14.1.2 The most innocuous fixture, fitting or space can provide a ligature point for a person intending to self harm or commit suicide. Previous deaths in custody and adverse incidents have involved ligature points in, on or surrounding the following places within cells or detention rooms:
- Old wooden benches;
 - Ventilation or heating grilles where they are poorly positioned or the grille apertures are too large (in new Custody Centres this is considered to be any aperture in excess of 2 millimetre diameter);
 - Toilets with filler or sealant missing between the junctions with walls and floors;
 - Welding around doors that creates points or blade edges or provides gaps between steel sections;
 - Poorly fitting doors that provide a means of wedging a ligature;
 - Cell hatches which are defective or not shut properly;
 - Unsuitable door handles (for example 'T' handles);
 - Light fittings that provide any means of attaching a ligature, accessing the fitment internally, or shattering the lens;
 - Walls or tiles with cement missing;
 - Smoke detectors;
 - Cell call buzzers or toilet flush mechanisms that have not been fitted or bedded flat to walls or have in any way come loose;
 - Cell door spyglass (loose, cracked or otherwise defective glass lenses or casings).
- 14.1.3 People who are determined to self harm will go to extreme lengths to do so. They can and will be ingenious in the methods they use. Items such as the mattress and pillow (if provided) should be checked for damage to ensure they do not provide potential ligature material.
- 14.1.4 To commit suicide by ligature a person requires both the means of forming the ligature and the means of attachment, normally to the structure. Removing one or preferably both opportunities minimises the risk of suicide or self harm.
- 14.1.5 Staff inspecting cells must be aware that ligature points can be found at both high and low levels. They can take any form, e.g. cracks, gaps in benches,

any pipe, tube, bar or similar fittings. Inspections should be conducted methodically, working from the ceiling to ground level. They are not just a problem in older Custody Suites. They can equally occur in new buildings.

- 14.1.6 Poor repair work can create ligature points. Repairs must be undertaken professionally, with material appropriate to the specific situation. The higher initial cost of safer materials will be offset by their longevity and safety.
- 14.1.7 General finishing should be of the appropriate fire rating and should be non-pick, non-peel, non-toxic and non-abrasive and resist the embedment of blades and needles. Floor surfaces must be non-slip when wet but must not otherwise provide an abrasive surface that could cause injury. All surfaces and features should be capable of being easily cleaned and sterilised.
- 14.1.8 If a potential ligature point is identified, the relevant area must be taken out of use immediately and must not be used for securing any custody until remedial work has been completed. The problem must be reported in the same way as all other maintenance issues.
- 14.1.9 It is the responsibility of the early shift Custody Supervisor to ensure that a daily cell/detention room inspection is carried out in line with the [Custody Management Audit Inspection Process](#) to determine the suitability of the cells/detention rooms for custody holding.
- 14.1.10 Prior to a custody being placed in a cell/detention room, Custody Staff must check that it remains suitable for use and that all facilities are still in full working order. This must be recorded on the relevant computerised Custody Record, confirming that a check has been made and that the cell is suitable for occupancy. The name and identifying number of the officer completing this task must also be recorded.
- 14.1.11 A further check of the cell must be made whenever a custody vacates a cell or detention room to identify any fresh damage to the room. If a custody has caused damage, he or she should be charged accordingly and a request made in the police report for a compensation order to cover the cost of the damage. It is good practice to have the damage photographed and to obtain an estimate of the cost of repair or cleaning. A full report of the circumstances is to be submitted to the Cluster Manager.
- 14.1.12 Advice and guidance on general condition of the custody area can be found in the [Custody Management Audit Inspection Process](#). For reporting of faults, refer to the Geographical Appendices.

14.2 NOTES OF GUIDANCE FOR ACCUSED PERSONS

- 14.2.1 It is the responsibility of the Custody Supervisor to ensure that clearly legible self-adhesive Notes for the Guidance of Accused Persons (See Geographical Appendices) are affixed at locations where the custody can see them.

14.3 MATTRESSES

- 14.3.1 When a cell is vacated, the mattresses must be checked for damage and cleaned on all occasions after use. If damaged, mattresses must be removed from use immediately.
- 14.3.2 A more thorough examination of mattresses must be conducted on a weekly basis. Ampel Probes and metal detectors should be used to ensure no items have been concealed within the mattress.

14.4 CONTAMINATED CELLS

- 14.4.1 On a custody vacating his/her cell, the Custody Supervisor is to arrange to have the cell examined. Normal cleaning of spillages of food, urine, etc., should be undertaken, as necessary. Only in cases where the cell has been significantly contaminated by blood, excrement, etc., should the cell be isolated until decontamination can be effected, as per instructions contained within the Geographical Appendix.
- 14.4.2 **Dirty Protests** – Occasionally custodies will display their dissatisfaction at being incarcerated within a Police cell by carrying out a ‘dirty protest’. In essence, this means that they will cover the cell walls and floors in their own excrement. If this occurs, an HCP should be contacted and an assessment of the custody’s psychological state made, with regard to his/her suitability for continued detention. Consideration should also be given to removing the custody to another cell, if this is at all possible, taking into account the likelihood of the individual to contaminate further cells.
- 14.4.3 If the decision is taken to remove the custody to another cell, arrangements must be made for the contaminated cell to be cleaned prior to being re-used. Reference should be made to Geographical Appendix for information regarding the risk of infection, and local cleaning protocols.
- 14.4.4 Infestation of Cells and Blankets - In circumstances where a custody is known to be infected with a contagious disease, such as scabies, he or she is to be immediately isolated. Blankets should be placed in sealed soluble laundry bags highlighting the problem. These should then be uplifted by the contractor for laundry.
- 14.4.5 Refer to the Geographical Appendix for Advice and guidance on general and specialist cell cleaning.

14.5 CELL CALL BUTTON

- 14.5.1 Most Police cells are equipped with a ‘call button’, which custodies can use to attract the attention of custody staff. It is essential that all custodies are made aware of this prior to commencing any period of detention.
- 14.5.2 Where the cell ‘call button’ is found to be defective, the cell or detention room must be put out of service until it is fit for use, or if the use of the cell is absolutely necessary, a suitable control measure employed to ensure the custody’s welfare.

- 14.5.3 The cell 'call button' should not be turned off when the cell is occupied. However, there may be occasions when the custody continuously activates the 'call button'. In such circumstances, all efforts should be made to alleviate the custody's concerns. If the Custody Supervisor decides that the continuous activation is having an adverse effect on the care and welfare of the other custodies, he/she may take the decision to deactivate the 'call button'. If this decision is taken, a care plan must be implemented to ensure that the custody is visited at regular intervals and an appropriate entry included in the custody's record. This decision must be regularly reviewed. Consideration should also be given for the custody to be placed under constant observations.

14.6 PANIC ALARM STRIPS

- 14.6.1 Most cell corridors are fitted with panic alarm strips which, when touched, activate an audible alarm, indicating that members of staff are in urgent need of assistance. Where fitted these alarms should be tested on a regular basis as dictated by the Custody Audit and the results recorded. All members of staff should recognise and know how to respond to such alarms.

14.7 PRACTICE FIRE DRILLS

- 14.7.1 Practice fire drills are to be held regularly (minimum of two per year). Fire alarms must be tested weekly (different call point each week).
- 14.7.2 A record of fire drills, alarm tests and inspections of equipment must be entered in the relevant paperwork. Fire drills should also be recorded on the Local Management Health and Safety Audit Form – refer to Geographical Appendices.
- 14.7.3 A quantity of handcuffs / flexicuffs, sufficient to cover the maximum number of cells must be available for use in the event of a fire evacuation. They will be located within the Custody area. The Custody Supervisor should ensure that all staff are aware of their location.

14.8 OBSERVATION CELLS

- 14.8.1 Throughout Scotland there are cells equipped with either in-cell digital Closed Circuit Television (CCTV) or glass windows to allow constant observations on an individual.
- 14.8.2 Where these are not available, or are being utilised, and due to the distances involved, it appears to a Custody Supervisor unacceptable to convey a custody to a station with an equipped observation cell as above, the custody is to be placed in an ordinary cell. The Custody Supervisor is to ensure that the custody is under **constant observation** for as long as is dictated by the Risk Management Plan. [Guidance for Officers Undertaking Constant Observation Duties](#) is available to view at Appendix 'R'.

14.9 USE OF CCTV IN CUSTODY AREA

- 14.9.1 Several Custody Centres within the police estate are equipped with overt CCTV cameras capable of audio and visual monitoring and recording of events within the custody area. Additionally certain Custody Centres are further equipped with in cell cameras which allow for visual enhanced monitoring of custodies. The use of such in cell cameras for custodies placed on constant observations allow for a maximum of four custodies to be monitored by one member of staff. Any enquiries about CCTV coverage within the custody centre should be made with the Custody Supervisor at each office.
- 14.9.2 The use of in-cell cameras can:
- Assist Custody Staff minimise the opportunities for detainees to self harm;
 - Enable early intervention in self harm attempts;
 - Allow for constant supervision of vulnerable detainees as deemed necessary by the Custody Supervisor following initial assessment; and
 - Provide a safety margin for staff by monitoring the detainee without entering the cell.
- 14.9.3 Where the detainee is placed in a cell monitored by a camera, the Custody Officer must:
- Record the reasons and justification in the custody record;
 - Ensure that the decision to use the in-cell camera is reviewed regularly;
 - Ensure that the detainee is informed of the decision and the reasons for it, and that the person informing the detainee records this on the custody record;
 - Ensure that arrangements are in place for a member of staff to monitor the live images: and
 - Ensure that a cell visiting regime is followed, as per the current levels of observation guidance detailed in this SOP.
- 14.9.4 The provision of in-cell CCTV does not exclude local provisions on cell visiting or other instructions relating to the medical care and supervision of detainees such as:
- The need to rouse and check at regular intervals; and
 - The need to remove to hospital in appropriate cases.
- 14.9.5 Custody Staff must appreciate that the monitoring of an individual in a CCTV equipped cell may be seen as conflicting with Article 8 of the European Convention of Human Rights (the right to privacy) under the [Human Rights Act 1998](#), however there is a need to balance the right to privacy with the duty to preserve the life and wellbeing of persons in custody (Article 2 of the Convention). Article 2 is paramount and all other Articles are conditional.

- 14.9.6 Where a decision is made to place an individual under the enhanced monitoring of an in-cell CCTV camera, the lights must remain on for the duration of the monitoring and at no time should be set to a dimmed level. When the risk assessment removes the need for enhanced monitoring the individual should be moved to a standard cell wherever possible/practicable. Where this is not possible/practicable the viewing monitor for that particular cell should be switched off. Such cells should only be used as standard cells as a last resort.
- 14.9.7 On no account will CCTV systems be used to monitor conversations between custodies and their legal representatives.
- 14.9.8 Should an incident of self harm or death occur in a cell covered by CCTV, the recorded images will be required during the investigation or inquest. The Senior Investigating Officer must inform the System Administrator for that station as soon as possible that such images will be required.
- 14.9.9 Offices installed with in cell CCTV facilities have local guidance pertaining to their use. Custody Staff working within these premises must familiarise themselves with the procedures.

14.10 STRIP SEARCHES IN CCTV EQUIPPED CELLS

- 14.10.1 Strip searches must be carried out in private. When a CCTV equipped cell is used for a strip search the viewing monitor must be switched off. Any footage subsequently obtained will be available to an authorised person should any allegations be made against the staff conducting the search.
- 14.10.2 This footage will not be available as evidence against the conduct of the detainee during the search, unless an offence is committed by him/her during this process other than a straightforward 'obstruct' offence.

15. MEDICAL PROVISION

15.1 GEOGRAPHICAL PROCEDURES

- 15.1.1 Medical Provision for Custody is currently provided in a number of different ways throughout Scotland dependent on location. For specific local guidance please refer to Geographical Appendices. More generic guidance is listed below.

15.2 HEALTH CARE PROFESSIONAL (HCP)

- 15.2.1 Any reference to a HCP includes Doctors, Nurses and Paramedics.
- 15.2.2 If there is the slightest reason to believe that a custody:
- Is suffering from any illness or injury including alcohol and drug withdrawal if applicable;
 - Has taken drugs;

- Has consumed any other substance which might conceivably cause harm;
- Has indulged in solvent abuse;
- Is a pregnant female;
- Appears to be suffering from a mental illness; or
- Whose condition is such to suggest that he/she requires medical aid, the Custody Supervisor is to discuss the case with the HCP to determine whether a visit is required or not, or arrange for the removal of the custody to hospital, even though the custody has neither complained of his/her condition nor requested the services of a HCP.

15.2.3 Particular care is to be taken in relation to custodies who are drunk or under the influence of drugs, with consideration being given to the gravity of the combination of a head injury and alcohol. If a custody appears to be drunk and drowsy, he/she is to be placed in the recovery position (flat in a three-quarter prone position with the head turned to one side to ensure freedom of the air passage).

15.2.4 Where there is immediate concern for the health of a custody, notwithstanding that an HCP has been summoned, he/she is to be removed immediately to the nearest hospital by ambulance. The Custody Supervisor may have the custody transported to hospital by Police vehicle where there is a delay in the arrival of an ambulance and the circumstances warrant immediate attention. In all cases, the hospital should be advised of the imminent arrival of a custody, together with details of symptoms.

15.2.5 Staff escorting the custody should be fully briefed by the Custody Supervisor and ensure a clear view and verbal communication with the custody is maintained throughout the journey.

15.3 MEDICAL EXAMINATION

15.3.1 When a custody is examined by an HCP, details of the Medical Care Plan must be passed to the Custody Supervisor and recorded on the Custody Record along with any other relevant information and must include:

- Fit to be detained YES/ NO;
- Observation frequency/reason;
- Medication required;
- Who can administer;
- Review Frequency; and
- Name of HCP.

15.4 MANAGEMENT OF MEDICATION

15.4.1 The management of **all** medication given to an individual whilst in Police custody is the responsibility of the HCP.

- 15.4.2 Police Officers and Police Staff may administer medication to individuals whilst in Police custody, only when the HCP is satisfied that it is appropriate for them to exercise this function.
- 15.4.3 When satisfied that the administration of medication to an individual whilst in Police custody can safely be carried out by either a Police Officer or a member of Police Staff, the HCP should confirm this in writing within the Medical Care Plan.
- 15.4.4 No medication, other than asthma inhalers (see Section 15.22 of this SOP: 'Angina and Asthma') and paracetamol should be administered to a custody before obtaining medical advice. Medical advice can be obtained from the following sources:
- The HCP working within the Custody Centre;
 - The custody's general practitioner; and
 - A Doctor in an Accident and Emergency unit.
- 15.4.5 Where a custody is apprehended at his/her home address, the Arresting Officers should, when practicable, ask if the custody has any prescribed medication. If so, it should be included with the custody's property and brought to the attention of the Custody Supervisor when presenting the custody.
- 15.4.6 Custodies may also be in possession of prescribed or proprietary brand drugs. In these circumstances, the advice of the HCP must be obtained prior to dispensation of any medication.

15.5 PRESCRIPTIONS

- 15.5.1 Custodies in Police custody do not qualify for temporary resident status, permitting an HCP to issue an NHS prescription. Consequently, it may on occasions be necessary for the HCP to issue a private prescription to a custody. There are regional variations to this and advice can be provided by the HCP.
- 15.5.2 Except in urgent cases, as directed by the HCP, the issue of a private prescription should only be a last resort, having exhausted all the usual means to obtain drugs for the custody i.e. obtaining medication prescribed to the custody from his/her family. Any costs are to be met as per local service level agreements with Health Care Providers.
- 15.5.3 Where payment is required from Police funds the appropriate form must be submitted (see Geographical Appendix) along with the receipt to cover the expenditure.
- 15.5.4 The HCP will maintain a supply of medicine for use when fulfilling their role and any costs incurred are to be met from Police funds and the appropriate form submitted (see Geographical Appendix) along with the receipt to cover the expenditure.

15.6 ADMINISTRATION OF MEDICATION

- 15.6.1 Where applicable, medication must be dispensed directly from the Dosset box. The distribution of medication should take place independently of any other function and it is considered best practice to use a trolley to place Dosset boxes on when dispensing medication to custodies. Custody Staff must ensure that the correct type and amount of medication is given to the appropriate custody. Staff must supervise the taking of the medication to ensure, as far as is possible, the medication has been swallowed.
- 15.6.2 Particular care must be exercised when dispensing medication to custodies located in multiple occupancy cells. Custody Staff must satisfy themselves as to the identity of the custody who is to receive medication.

15.7 RECORDING OF MEDICATION AND DOSAGE:

- 15.7.1 All medication given to a custody **must** be recorded on the Custody Processing System. The exact type and quantity/dose of medication should be recorded, e.g. 1 Valium 5 mg, plus 1 Librium and the time administered.

15.8 DOSSET BOX

- 15.8.1 The 'Dosset box' is the recognised method for the storage and dispensing of a custody's medication. On all occasions, where applicable, it must be used to store medication issued to a custody. When not in use, Dosset boxes containing the custody's medication must be stored in a lockfast cabinet under the control of the Custody Supervisor.
- 15.8.2 The Dosset box is designed with seven sections, one for each day of the week, and each section is divided into four compartments, with corresponding times given for each compartment. It also has a removable document insert, which shows the custody's name, sex, date of birth and cell number. The HCP will be responsible for placing any medicines prescribed to a custody in tablet form into the appropriate section(s) of the box.
- 15.8.3 Any unused medicines should be disposed of safely by local arrangements. Refer to Geographical Appendices for further information.

15.9 CUSTODY HOSPITALISED

- 15.9.1 This section relates to the procedure to be adopted when a custody is removed to a hospital. This may be immediately after apprehension (before being taken to a Police Office) or after arrival at a Custody Centre.
- 15.9.2 Many of those apprehended 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 apprehension, or pre-existing medical conditions which may be exacerbated by the stress of custody.

- 15.9.3 Where a custody has been removed to hospital, consideration should be given, dependent on their illness/condition, to contacting his/her reasonably named person/relative.

15.10 TRANSFER TO HOSPITAL – PRIOR TO ARRIVAL IN CUSTODY

- 15.10.1 See 5.3 Custodies Suffering from Injury/Illness/Intoxicated by Drink/Drugs

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

- 15.11.1 In **any** medical emergency, an ambulance should be called and the custody taken to hospital. Where an HCP has conducted a medical examination of a custody, and indicates that the person is unfit to be held at a Custody Centre, their instructions regarding the removal of that custody to a hospital should be followed.
- 15.11.2 The Custody Supervisor must ensure that the relevant form (see Geographical Appendix) detailing the events leading to the custody's removal to hospital is completed and accompanies the custody to hospital. In emergency cases it may not be possible to prepare the form and in such cases the Escorting Officer(s) will be verbally briefed and a form passed to them at the hospital as soon as practicable.
- 15.11.3 In cases where a custody is refused admission into a hospital the Police still retain a duty of care for that person. If all efforts to have a custody examined and assessed fail the custody will be returned to the Custody Centre. Clear instructions as to their care and transportation must be requested from health care staff and where possible this will be in writing and will include reasons why admission and/or treatment have been refused. On their return to the Custody Centre the Custody Supervisor will assess each individual's fitness to be held and consider consulting with the HCP to establish the custody's suitability to remain in Police custody.

15.12 RETURN FROM HOSPITAL

- 15.12.1 Escorting Officers will ensure that the relevant form is completed on return from hospital, detailing care instructions from hospital staff, and returned with the custody. Refer to Geographical Appendices where appropriate.
- 15.12.2 Any additional medical notes or information as well as the appropriate form, from the hospital relevant to the care of the custody must be given to the Custody Supervisor who will convey this information to the HCP.
- 15.12.3 On return to the Custody Centre from a hospital, a custody must be searched to ensure that they have not acquired items that could be used to harm themselves or others.
- 15.12.4 Where the custody removed to hospital has been treated and is certified "fit to be released" and returned to Police custody, the Custody Supervisor will assess each individual's fitness to be held and if required consult with the HCP to establish the custody's suitability to remain in Police custody.

15.13 REPORTS OF MEDICAL CONDITIONS

- 15.13.1 When a person, who has been in Police custody, is taken to prison, or other place of detention, and he/she has required medical attention, or appeared in any way to be ill (or it is known that the custody had been ill shortly before his/her apprehension); the relevant parts of the Custody Record, along with relevant notes in connection with the medical attention received and medication provided, are to accompany the custody to prison or other place of detention, attached to the PER Form.
- 15.13.2 Where appropriate, details of a custody's physical or mental health should be included in the remarks section of a Police Report to the Procurator Fiscal.

15.14 ALCOHOL

- 15.14.1 Alcohol related offending accounts for a significant proportion of all custodies. Staff will often take longer to identify a health problem where custodies are suffering from the effects of alcohol. The health of intoxicated custodies is likely to deteriorate more quickly than non-intoxicated custodies. Appendix T - 'Medical Care' contains further information for Custody Staff when dealing with alcohol related custodies within the Custody Centre.

15.15 DRUGS

- 15.15.1 Custody Supervisors should ensure all custodies who are believed to be under the influence of drugs seen by an HCP (Health Care Professional) as a matter of course.
- 15.15.2 The custody may also be suffering from alcohol withdrawal, which, in addition to complicating other presenting signs and symptoms, carries a significantly increased risk of death if left untreated.
- 15.15.3 Drugs pose the following serious risks to people held in Police custody:
- Overdose - including later onset, where the symptoms are not immediately obvious on arrival in Police custody;
 - Swallowing, packing or other internal concealment;
 - Complications linked with alcohol; and
 - Mental health problems.
- 15.15.4 The concealment of illicit drugs such as Heroin, Cocaine and Cannabis in the body has become increasingly prevalent among drug couriers (colloquially known as mules or body packers). Wrapped packages of drugs are either swallowed or concealed in body orifices. It is common practice for persons to swallow drugs to avoid detection by the Police.
- 15.15.5 If it is known or suspected that a person in custody has swallowed or packed drugs, either for the purpose of trafficking or to avoid imminent arrest or detention by the Police, the person must be taken to the nearest Hospital. Leakage from a package can prove fatal. **Under no circumstances should such a person be kept at a custody centre.**

15.15.6 If a package is swallowed to avoid detection, it is likely to have been prepared hastily and there is an imminent risk that it may come open or burst inside the person. If this happens, death can quickly follow, particularly when Crack Cocaine has been swallowed (see Appendix 'T').

15.15.7 Appendix 'T' contains further information concerning persons in custody with drug related problems.

15.16 SUICIDE AND SELF HARM

15.16.1 The risk of self harm and suicide is particularly high during periods of custody. Increased vulnerability during detention may arise:

- After interview;
- After arrest for further offences;
- On being charged with an offence;
- Following visit by relatives;
- After refusal of liberation;
- During liberation on Undertaking; or
- Due to the nature of the individual or nature of the crime or offence being investigated (e.g. serious, sexual or sensitive crimes).

15.16.2 Where the Risk Assessment of circumstances of the enquiry suggest, positive consideration should be given to obtaining a HCP's opinion on the suitability of the custody for liberation.

15.16.3 Appendix 'T' 'Medical Care' contains further information for custody staff with regards to custodies at risk from suicide and self harm.

15.17 DIABETICS

15.17.1 Diabetes is a life threatening medical condition and Custody Officers should be aware of the signs, symptoms and treatments for this condition. Insulin dependant diabetes is a significant issue in custody, whereas non insulin diabetes does not present the same risk.

15.17.2 The following checklist provides Custody Staff with information on how to deal with a custody suffering from diabetes:

- Staff should check when the decision to hold someone in custody is made whether the custody has insulin with them or if it can be collected from home;
- Doses and times should be recorded and it should be established when the next dose is due. Information about any possible complications should be obtained from the custody or the HCP;
- The Custody Officer should discuss the management, and fitness for interview of the custody with the HCP;

- The HCP should attend to assess people with diabetes, who are insulin dependent, where their stay will extend beyond their next medication time;
- Medication should thereafter be administered as directed by an HCP. This must be after having food and be under the supervision of Custody Staff. The benefit of the meal followed by insulin to avoid hypoglycaemia should be explained to the custody;
- If the HCP allows, custodies may be allowed to administer their insulin under close supervision. However, Custody Staff should not inject insulin into such custodies under any circumstances;
- Custody Staff must be extra vigilant when supervising custodies who have been approved to self-administer insulin. Staff must be guided by the care plan with regard to the dosage that the custody is required to take and as much as reasonably practicable be satisfied that the correct dosage is self administered;
- The custody should be given regular meals;
- Glucose tablets (dextrose) or a cold still drink with two teaspoons of sugar or glucose powder should be supplied to the custody, unless there are medical reasons not to.

15.17.3 Custody Staff should be aware that the management of diabetes in children and young people is significantly different and more complex than it is for adults.

15.17.4 If a custody refuses insulin, a HCP should be informed immediately.

15.17.5 Appendix 'T' contains further information for custody staff with regards to identifying and managing custodies who have diabetes.

15.18 EPILEPSY

15.18.1 The custody should be asked about the type of fit they experience, how often the fits occur and when the last fit took place. They should be asked to confirm what medication they take.

15.18.2 If a person with epilepsy says that they feel a fit coming on, they should be placed in a cell with low bed or a second mattress on the floor, put under constant observation and an HCP should be informed.

15.18.3 Dealing with Fits Checklist:

- If a fit occurs do not restrain the custody;
- Once the seizure has passed the custody should be put into the recovery position;
- The custody must be sent immediately to the nearest Accident and Emergency Department in an Ambulance.

15.18.4 As the custody recovers, Custody Staff should talk to the custody to reassure them and stay with them until full recovery.

15.18.5 Further information on epilepsy can be found in Appendix 'T'.

15.19 HEAD INJURIES

15.19.1 Staff must be aware of the risks associated with head injuries, particularly when dealing with custodies who may have been involved in a fight or a road traffic collision. A head injury may result in a rapid deterioration in the health of the custody. Medical assistance must be sought in all instances of head injuries.

15.19.2 Further information on head injuries can be found in Appendix 'T' of this document.

15.20 COMMUNICABLE DISEASES

15.20.1 Whenever a person in custody is known or suspected to have a communicable disease, advice should be sought from an HCP. Some custodies will give information readily about a disease or infection, others will not. Information may be available on PNC, CHS or local systems and there may be visible signs such as discolouration of the skin or weeping sores.

15.20.2 It is essential that information about communicable diseases is passed on to staff but this needs to be balanced with protecting the custody's privacy. Information should be recorded on the Risk Management Plan and the custody's Medical Care Plan. If information is written on a wipe board it should not be visible to anyone other than Custody Staff. It should be noted that this also applies to all aspects of an individual's personal sensitive data.

15.20.3 Where a person with a communicable disease has been in a cell, the cell must be cleaned as local instructions dictate (see Geographical Appendix) before another person uses it. Relevant information about communicable diseases must be included on the PER form and/or passed to other appropriate agencies.

15.20.4 Further information on types of communicable diseases that may be encountered in the Custody Centre can be found in Appendix 'T'.

15.21 CLAUSTROPHOBIA

15.21.1 Claustrophobia is a difficult condition to deal with in the custody environment.

15.21.2 There are generally no suitable areas within a Custody Centre to keep custodies with claustrophobia.

15.21.3 Each person must be risk assessed and then a decision made on where they should be placed.

15.21.4 Further information on Claustrophobia can be found in Appendix 'T'.

15.22 ASTHMA

- 15.22.1 Asthma is a very common condition. It causes spasm of the muscles in the air passage and swelling of the passage lining making breathing extremely difficult. The greater the spasm, the more difficult breathing becomes.
- 15.22.2 Staff can usually ascertain whether a custody has asthma during the booking-in process. In many cases the individual will have an inhaler with them, which they use to control the condition or alleviate their breathing during an asthma attack.
- 15.22.3 Attacks are usually aggravated by stress, heavy exercise, infection or exposure to allergens such as dust or fumes. Many asthma attacks occur during the night. Attacks can usually be dealt with quickly using an inhaler but there may be other occasions when an attack is so severe that it warrants urgent medical attention.
- 15.22.4 People with asthma can usually administer the inhaler without the assistance of others. Asthma inhalers can be given on request, though not more than four hourly. At no time should a custody be permitted to retain medication within his/her cell however the inhalers should be easily available at all times for use by the custody. Under no circumstances should a custody be given an inhaler belonging to another person. Designated areas within each cell area should be made available to place inhalers and sprays required. At no time should they be left outside cell doors. The Police Surgeon does not have to be called to assess custodies requiring use of their asthma inhalers, but should be called if there are any concerns regarding the custody.
- 15.22.5 Further information on asthma can be found in Appendix 'T'.

15.23 ANGINA

- 15.23.1 Where the custody is required to take glyceryl trinitrate (GTN) spray or inhaler to alleviate the symptoms of angina, the Police Surgeon must be called to assess the custody. If the spray or inhaler is required before the custody is assessed by the Police Surgeon the custody should be given his/her inhaler.
- 15.23.2 At no time should a custody be permitted to retain medication within his/her cell however the spray should be easily available at all times for use by the custody. Under no circumstances should a custody be given a spray belonging to another person. Designated areas within each cell area should be made available to place sprays required. At no time should they be left outside cell doors.
- 15.23.3 Further information on angina can be found in Appendix 'T'.

15.24 PREGNANCY

- 15.24.1 It would generally be undesirable to keep a heavily pregnant woman in custody. Where someone claims to be or is obviously pregnant, medical opinion should be sought as to their fitness to be held. Dependant on medical

opinion, they may need assessed as a 'High' risk. Consideration should also be given to releasing the custody on a written Undertaking.

15.24.2 Where someone, who is pregnant, indicates that the birth is imminent, or should this appear obvious, medical assistance should be summoned or appropriate arrangements made to transfer the custody to hospital by ambulance.

15.24.3 Where a warrant is in force for a pregnant woman, the Procurator Fiscal should be advised and instruction sought as to whether the detention should be continued.

15.25 METHADONE

15.25.1 Where the custody is required under medical direction to take methadone, it must be administered by a Doctor on the first occasion and an HCP on every subsequent occasion.

15.26 MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

15.26.1 Reference should be made to the [Mental Health and Place of Safety SOP](#).

15.27 MENTAL HEALTH (ABSCONDING BY MENTALLY DISORDERED OFFENDERS) (SCOTLAND) REGULATIONS – 2005

15.27.1 Reference should be made to the [Mental Health and Place of Safety SOP](#).

15.28 FURTHER GUIDANCE

15.28.1 Appendix 'T' - 'Medical Care' in addition to providing further information on the above subjects, also contains useful information on the following medical conditions that are not covered in this section:

- Acute behavioural disturbance;
- Hypoglycaemia;
- Strokes;
- Infections;
- Other heart problems;
- Excited delirium;
- Dehydration;
- Heart disease; and
- Sickle cell anaemia.

16. CUSTODY PROCESSING SYSTEMS

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

- 16.1.1 Refer to Geographical Appendices for user guides to local Computerised Prisoner Processing Systems and Paper Records.

16.2 CUSTODIES

- 16.2.1 The Custody Supervisor will be responsible for ensuring that the system is properly maintained and accurately reflects the status of any custodies at that Centre. In this regard, it should be borne in mind that the system must be updated with the results of any requests made by a custody and any relevant checks carried out. It is essential that all entries on a custody's record are made timeously in a clear and accurate manner. In addition, only Officers who have undertaken the appropriate training course can use the system.

16.3 RIGHTS OF ACCUSED

- 16.3.1 Arresting Officers must be able to corroborate the information entered in the system in relation to the Criminal Procedure (Scotland) Act 1995 and, consequently, all Arresting Officers must record information in their notebooks/PDA, indicating that the provisions of the Act have been complied with, together with the custodies response to the prescribed questions. It is not necessary for the details of the persons requested to be noted, a simple 'Y' or 'N' for each of the questions will suffice. This procedure will enable Officers to refresh their memories and allow them to corroborate the information on the computerised system should this be required in court.
- 16.3.2 There may be occasions, particularly under solemn procedure, where Officers entering the information on the Custody Processing System will be precognosed and asked to produce and sign the computerised form.

17. VISITS TO CUSTODIES

17.1 CONDUCT OF SOLICITORS

- 17.1.1 Any solicitor who wishes access to any person who is in custody should have in their possession an identification card provided by the Law Society of Scotland, which should be exhibited on arrival at the Custody Processing Area.
- 17.1.2 The 'Law Society Code of Conduct for Criminal Work, Article 4 (Identification of Solicitors)', provides that in the absence of a valid Law Society identification card, the following are acceptable forms of confirmation of identity for solicitors:
- A valid Council of the Bar and Law Societies in Europe (CCBE) Lawyer's Professional Identity Card; or

- A valid and current practising certificate together with a form of visual identification, e.g. valid passport, photo card driving licence.
- 17.1.3 Trainee solicitors are not provided with identification cards at present, but they should be afforded access to clients on production of a letter from their firm, confirming their qualifications to make visits. Unqualified persons, such as precognition agents and paralegals, will not be allowed to attend meetings with persons in custody.
- 17.1.4 In addition, only a solicitor or trainee solicitor who has been instructed by the accused may visit him/her in custody. Where the solicitor is instructed by a third party, e.g. the accused's family, it will be the **solicitor's responsibility** to check with the Police that the person in custody has not requested another solicitor or the duty solicitor. The solicitor concerned must be specifically identified and/or approved by the accused.
- 17.1.5 Solicitors should refrain from giving persons in custody **any items** other than business cards and legal documents; these should be placed in the custody's property and not given to them within their cell. These items must not be capable of being used to self harm or injure others. Staples, paper clips etc should not be attached to them when given to the custody. Any form of donation, such as cigarettes, newspapers, meals, money, etc, is forbidden.
- 17.1.6 Any suspected breach of the Code of Conduct is to be intimated to the Custody Supervisor who will be responsible for advising the Cluster Manager.
- 17.1.7 Custody Staff escorting solicitors during visits should remain in close proximity at all times during a visit and be able to respond immediately to any issues arising, in order to provide for the safety of the solicitor. For further guidance see [ACPOS Manual of Guidance on Solicitor Access](#).

17.2 ARREST REFERRAL SCHEME

- 17.2.1 The broad aim of an arrest referral scheme is to disrupt the link between substance misuse and offending by improving the uptake of treatment and care services among custodies over the age of 16 whose offending is related to the use of drugs/alcohol. Persons who are over 16 but under a supervision order will not have access to the scheme.
- 17.2.2 The primary objectives of the Arrest Referral Scheme are to:
- Identify individuals with drug/alcohol issues who are involved in the criminal justice system and offer them a pathway into treatment services;
 - Help reduce drug/alcohol use and promote health;
 - Help reduce drug/alcohol related crime;
 - Promote safer communities.
- 17.2.3 For further guidance on the local schemes refer to the Geographic Appendices.

17.3 APPROPRIATE ADULT SCHEME

- 17.3.1 When a person who has a mental disorder or learning disability is required to be interviewed by the Police, an appropriate adult must be informed and attend at the Police Office prior to any interview commencing. Where there is uncertainty about the need for an Appropriate Adult, consideration should be given to seeking advice from a Forensic Physician.
- 17.3.2 Any custody who requires the services of an appropriate adult will not be allowed to waive their right to legal advice.
- 17.3.3 Further guidance can be found in the [Appropriate Adult SOP](#).

17.4 INDEPENDENT CUSTODY VISITING SCHEME

- 17.4.1 Independent Custody Visitors (ICVs) are volunteers whose role is to attend Custody Centres to check on the treatment of people held in custody and the conditions in which they are held and to establish that their rights are being observed. This protects both custodies and the Custody Staff, and provides reassurance to the community at large. Responsibility for organising and overseeing the delivery of ICVs lies with SPA in consultation with the Chief Constable.
- 17.4.2 ICVs can visit Police custody facilities at any time and must be given immediate access to all custody areas unless doing so would place them in danger. A Custody Supervisor can delay but not deny access. A full explanation must be given for the delay and the explanation recorded by the ICVs in their report. Where there is a reasonable belief that there is a danger to the visitor or that access could interfere with the process of justice, the Custody Supervisor may limit or deny access to a specific custody, this however must be endorsed by an officer of at least the rank of Inspector. Such a decision must be recorded in the person's custody record and by the ICV in their report of the visit.
- 17.4.3 During a visit the Custody Supervisor or member of Custody Staff must escort the ICVs and advise them of any specific health and safety risks they may encounter. ICVs may have access to all parts of the custody area and associated facilities e.g. food preparation areas and medical rooms. They may also, subject to the consent of the custody speak with them about the adequacy of the detention facilities. It is the responsibility of the Escorting Officer to speak to the custody to outline the function of the ICV, and to ascertain whether they are prepared to speak to them. ICVs may review the depersonalised details of a person's custody record, but they may not view their medical notes.
- 17.4.4 The ICV role is fundamentally interactive with both custodies and Custody staff and cannot be discharged remotely.
- 17.4.5 Visitors should be able to ask the Custody Officer whether the CCTV is working and be given a demonstration if necessary.

- 17.4.6 If the custody cannot speak English, the visitors may ask for an interpreter or use language line. This will be facilitated by Custody Staff as appropriate.
- 17.4.7 At the conclusion of every visit a copy of the ICVs report is left for the attention of the Cluster Manager. The findings from visits should be discussed by ICV groups and fed back to the Police. There must also be regular feedback to the SPA.
- 17.4.8 For further local guidance refer to Geographical Appendices.

18. FINGERPRINTING, PHOTOGRAPHING AND DNA SAMPLING OF CUSTODIES

18.1 GENERAL

- 18.1.1 Section 18 of the Criminal Procedure (Scotland) Act 1995 provides that the Police may take, where it is considered appropriate, fingerprints, palm prints and other prints and impressions from external parts of the body from anyone who is arrested or detained under Section 14 of the Act.
- 18.1.2 It is the responsibility of the Custody Supervisor to ensure that consideration is given to fingerprinting and photographing all persons who are apprehended for a crime or offence listed in Groups 1 to 5 and any other person they deem is appropriate. The fact that a custody has been fingerprinted and photographed must be recorded accurately on the appropriate Custody Record. The Livescan reference number is to be recorded on the Custody Record. Refer to the [Crime Group Classification document](#) for a list of crimes or offences listed in Groups 1 to 5 for further guidance.
- 18.1.3 Further guidance and location of Livescan Terminals is provided in the [Fingerprint SOP](#).

18.2 PHOTOGRAPHING OF CUSTODIES

- 18.2.1 All persons arrested or detained for a crime or offence listed in Groups 1 to 5 are to be photographed. Refer to the [Crime Group Classification Document](#) for a list of crimes or offences listed in Groups 1 to 5 for further guidance.
- 18.2.2 Where difficulty is experienced by an Officer who fingerprinted and photographed a custody and is subsequently unable to identify the accused at trial, the Officer may refer to that photograph taken to refresh his/her memory, provided the photograph is not a production and is not to be produced in court.
- 18.2.3 If questioned on this point, it is in order for Officers to reply that they refreshed their memory from a photograph of the accused, taken at the time of arrest.
- 18.2.4 For local procedures see Geographical Appendix.

18.3 DNA SAMPLES

- 18.3.1 For procedures relating to DNA sampling refer to the [DNA SOP](#).

18.4 USE OF REASONABLE FORCE TO OBTAIN SAMPLES

- 18.4.1 A constable may use reasonable force to take a sample with the authority of an officer of a rank no lower than inspector.
- 18.4.2 If reasonably practicable the sample will only be taken in the presence of an officer of at least Inspector rank. The accused will be further charged with a contravention of the Police and Fire Reform (Scotland) Act 2012.

18.5 POLICE CUSTODY AND SECURITY OFFICER (PCSO) POWERS TO OBTAIN SAMPLES

- 18.5.1 In terms of Section 76 of the Criminal Justice(S) Act 2003 a Police Custody and Security Officer (PCSO) may at a constable's direction, take photographs, or take physical data from, any person held in legal custody.

19. LIBERATION OF CUSTODIES

19.1 GENERAL

- 19.1.1 A Custody Supervisor may:
- Transfer a custody to another Police Office. (See Section 6.2 – Transfer);
 - Liberate a custody for subsequent citation to appear at court (report);
 - Detain a custody until he/she appears in court on the next lawful day, Where the Custody Supervisor decides that the custody is to remain in custody, he/she must inform him/her of the reasons for doing so and this must be recorded in the Custody Record;
 - Liberate a custody on a written **undertaking** to appear at a specified court on a specified day;
 - In consultation with the Reporting Officer, may agree to dispose of an offender by way of a fixed penalty notice, but only if this is accepted by the offender. Refer to the [Antisocial Behaviour Fixed Penalty Notices SOP](#);
 - Agree to dispose of an offender by way of a Formal Adult Warning. Please refer to the [Formal Adult Warning Scheme SOP](#);
 - Liberate a custody apprehended In terms of Sec. 50(1) Civic Government (Scotland) Act 1982 ('Drunkenness') as per Geographical Appendices.

19.2 LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES RELATING TO LIBERATION BY THE POLICE

- 19.2.1 The current guidelines issued by the Lord Advocate must be consulted in respect of liberating persons either for Undertaking or Report and when detaining a custody for court on the next lawful day.
- 19.2.2 Please make reference to the [Lord Advocates Guidelines on Custody and Undertaking](#). For further guidance refer to Geographical Guidance.

19.3 VERIFICATION OF PARTICULARS

- 19.3.1 No custody is to be liberated until his/her name and address are verified to the satisfaction of the Custody Supervisor.

19.4 CUSTODY TO COURT

- 19.4.1 Any decision to keep a person in custody must be reviewed at regular intervals, at least once during each shift cycle, to confirm that the grounds for continued detention still exist. Where the Officer in Charge refuses to grant interim liberation to an accused person, he/she shall inform the accused of his/her reasons for doing so and record this on the Custody Processing System. For example: 'Lord Advocate's Guidelines 7c, career criminal, 33 PCs, 1 pending, expiry of last sentence 20/10/10'. The Reporting Officer shall also detail the reasons why an accused was kept in custody in the Police report to the Procurator Fiscal.
- 19.4.2 When a custody is being transferred to court, the Custody Record will be endorsed as to the time and date the custody left the office and endorsed 'To the Court' with the details of the Escorting Officers (G4S).
- 19.4.3 The custody's property bag will accompany the custody. If liberated from court, the custody will sign for receipt of any property on the Property Record. This form will then be filed at the court concerned or returned to the first office where the person was held, according to local practice.

19.5 UNDERTAKINGS

- 19.5.1 The Criminal Procedure (Scotland) Act 1995 gives power to the Police to grant interim liberation to an accused on a written undertaking by the accused that he/she will appear at the court specified on a specific date within 28 days of the date of his/her liberation.
- 19.5.2 When an accused is released on an undertaking, they are required to sign 3 copies of an Undertaking form. The accused must sign the form twice, once to make the undertaking and once to acknowledge the receipt of a copy of the form. A witness must also sign each form. One copy is forwarded to the Procurator Fiscal; one copy should be handed to the accused and one to be retained by the Police.

- 19.5.3 Inspectors are encouraged to make full use of 'special conditions' when authorising undertakings as per the Lord Advocates Guidelines on Liberation by the Police.

19.6 REMAND

- 19.6.1 The remand of custodies to prison is the responsibility of G4S.

19.7 YOUNG PERSONS

- 19.7.1 The law in Scotland requires that children must not be deprived of their liberty and must not, in particular, be detained in Police custody for any period unless there are exceptional circumstances.
- 19.7.2 When carrying out the risk assessment, consideration must be given to specific areas that could adversely impact upon young persons. For example, the risk to a young person from excessive alcohol consumption is likely to be much greater than to an adult. Young persons who are heavily intoxicated should not be detained in custody but should be taken to the nearest Accident and Emergency Department.
- 19.7.3 The retention of a child in a place of safety or Police custody should always be viewed as a measure of last resort. Any such retention is governed by the Lord Advocate's Guidelines to Chief Constables on the reporting to the Procurator Fiscal of offences alleged to have been committed by children in conjunction with Section 43 of the Criminal Procedure (Scotland) Act 1995.
- 19.7.4 When detained, children should preferably be accommodated in a Detention Room that is separate from the main cell area. Only in exceptional circumstances, when there is no other suitable alternative as a practical means to supervise a detained child, should consideration be given to placing a child in a cell. Any such decision is to be recorded in the Custody Processing System or in the Reception and Detention Record. The placement of a child in Police custody should depend on the needs and welfare of the child and the decision on where the child is to be placed should be at the discretion of the custody Officer. The following factors are not exhaustive, however, they should be considered prior to deciding where a child is to be retained:
- The seriousness of the crime;
 - The demeanour of the child;
 - The length of time they are expected to be in Police custody.
- 19.7.5 Lodging a child in a Police cell is an acceptable option, providing the decision can be accounted for and is proportionate to the circumstances.
- 19.7.6 Special rules apply to children with regards to retention in a place of safety or Police custody and are contained in Section 43 of the Criminal Procedure (Scotland) Act 1995. These pieces of legislation must be read and applied in tandem.

- 19.7.7 Where a child is to be reported for prosecution as referred to above, retaining them in custody is only one option. Section 43(3) of the Criminal Procedure (Scotland) Act 1995, dictates that retaining a child in custody (in a place other than a Police Station) will only be considered where:
- The charge is homicide or other grave crime; or
 - It is necessary in the child's interests to remove him or her from association with any reputed criminal or prostitute; or
 - There is reason to believe that liberation would defeat the ends of justice.
- 19.7.8 Once the decision has been taken to retain a child in custody, the reporting Officer will be responsible for advising the child's parent, guardian, or other responsible person.
- 19.7.9 Where a child is to be retained in custody, it will normally be to a 'Place of Safety' as defined in the Children (Scotland) Act 1995. This does not necessarily mean secure accommodation.
- 19.7.10 A child will not be retained in custody in a Police Station unless:
- The criteria of the Lord Advocate's Guidelines to Chief Constables on the Reporting of offences alleged to have been committed by children are met;
 - There are exceptional circumstances (as defined in Section 43 of the Criminal Procedure (Scotland) Act 1995)
- 19.7.11 Where a decision is taken to retain a child in a place of safety or at a Police Station, this must be endorsed by a Police Officer of Superintendent or higher rank.
- 19.7.12 If detention in Police custody is deemed to be necessary, all children are to be considered Special Risk and supervised accordingly.
- 19.7.13 Where necessary, a 'Child Retention Certificate' in respect of a child custody who is to appear before a Sheriff can be printed off the Custody Processing System (Geographical variations apply).
- 19.7.14 The Police have a duty to inform a parent or guardian of a child's arrest or detention and must permit access to the child unless there are justifiable reasons for refusal.
- 19.7.15 Where a child is apprehended with the intention of being brought before a Children's Panel, the Reporter to the Panel should be informed as soon as reasonably practicable. It is a matter of good practice to notify the Social Work Department at this stage. It should be noted that this can only happen on the execution of a Children's Panel Warrant.
- 19.7.16 Section 43 of the Criminal Procedure (Scotland) Act 1995 defines a 'child' at (b)(ii) as:

‘a child over the age of 16 years who has not attained the age of 18 years and in respect of whom a supervision requirement is in force’.

- 19.7.17 Therefore, under Section 43, a young person aged 16 or 17 years and under a supervision requirement must be liberated from custody on Undertaking or cited except where the charge is one of homicide or other grave crime; it is necessary in their interests to remove them from association with any reputed criminal or prostitute; or the Officer has reason to believe that their liberation would defeat the ends of justice (Criminal Procedure (Scotland) Act 1995, Section 43).
- 19.7.18 Information on Supervision Orders is contained within the Antecedents section of CHS2 Nominals, which should be examined during the routine custody checks.
- 19.7.19 When a child in custody is to be transferred to another agency for transportation a PER form should be fully completed identifying the custody as a Special Risk and recording the fact that he/she should be segregated from other prisoners.
- 19.7.20 Staff will ensure that whenever a child is held in custody at a Police Station, as a minimum, a formal review will be carried out:
- By custody staff, every four hours;
 - By a Police Inspector or higher rank, every eight hours;
 - By a Police Superintendent or higher rank, every 24 hours; and
 - Where appropriate, all these reviews are conducted in consultation with social work or other agency staff. A detailed record of each review should be recorded on the custody system.

20. MANAGING, AUDITING AND MONITORING PERFORMANCE

20.1 GOVERNANCE

- 20.1.1 See Section 1.2.

20.2 DAILY VISITS TO PERSONS IN CUSTODY

- 20.2.1 During the course of a custodies time in the Custody Centre, an Officer of the minimum rank of Inspector will endeavour to visit them and review their continued detention. The Officer who conducts the visit should not have had prior involvement in the arrest/detention of the custody and, where this is the case, arrangements should be made for another Inspector (or above) to carry out the visit/review. Where circumstances dictate that a physical visit of custodies is impractical; for example, through geographical difficulties, a review of the custodies can be carried out via telephone with the Custody Supervisors, by an Officer of the minimum rank of Inspector. In all circumstances the custody record regarding the visit/review should be updated.

20.3 CUSTODY MANAGEMENT AUDIT INSPECTION PROCESS

20.3.1 Refer to [Custody Management Audit Inspection Process](#).

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

- 21.1 The following information is intended to assist Officers within offices that do not have a computerised custody recording system or where the custody processing system is unavailable.
- 21.2 In terms of Section 15 of the Criminal Procedure (Scotland) Act 1995, 'Arrest – Rights of Accused' is to be completed in respect of every person who has been apprehended and is in custody at a Custody Centre. A Police Officer must advise custodies of their 'Arrest Rights of Accused'. PCSOs and CAs cannot undertake this task. The times when the custody was informed of his/her rights of arrest, and the answers provided, must be recorded on the relevant form. The recording of this information can be completed by a PCSO or CA. Similarly, for persons detained under terms of Section 14 of the Criminal Procedure (Scotland) Act 1995, the 'Detention Form' and 'Detainee Not Under 16 Years' or 'Detainee Under 16 Years', forms, dependent upon the age of the detainee, are to be completed in respect of every detainee. **The hard copy of these forms should be utilised when the Custody Processing System is unavailable.**
- 21.3 For instruction on Paper Custody Records refer to geographical appendices.

APPENDIX 'A'

FORMER CENTRAL SCOTLAND POLICE (DIVISION 5)

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

Voluntary attendance of persons at the Custody Centre must sign [Form OP23a](#).

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

To recover the cost of accommodating persons apprehended by UKBA, The [Immigration Refund](#) form is to be used.

13.12 BLANKETS

In the event of bedding requiring destruction due to contamination i.e. too heavily soiled to be washed, the items should be placed in a clinical waste bag and then into a Clinical Waste Bin for destruction.

13.14 REPORTING OF ADVERSE INCIDENTS

In any occasion of a Note Worthy Incident, the [Noteworthy Incident](#) form is to be completed. This [Lessons Learned Recording Form](#) is to be used to record any incidents in custody which are noteworthy, have some learning point or where staff intervention has prevented harm coming to a prisoner due to medical intervention or self harm.

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

Cellfile Computerised System updated – no immediate notification to Records Department but is currently being reviewed.

14.1 DAILY INSPECTION OF CELLS

In circumstances of damaged cells, faults must be reported by completing [Cell Repairs Checklist Falkirk](#) or [Cell Repairs Checklist Stirling](#) which is carried out weekly or as and when faults are discovered.

14.2 NOTES FOR THE GUIDANCE OF ACCUSED PERSONS

Guidance Notes for Accused Persons are displayed throughout the custody complex.

14.4 CONTAMINATED CELLS

For guidance when dealing with contaminated cells, refer to the [Specialist Cell Cleaning Briefing Note](#)

14.7 PRACTICE FIRE DRILLS

Practice Fire Drill are carried out and recorded by the Station Caretaker

15.3 MEDICAL EXAMINATION

In circumstances of a custody being injured or ill, the Illness/Injury Form must be completed. Information on this can be found in the [Illness / Injury Guidance Document](#).

15.5 PRESCRIPTIONS

In urgent situations where there is a requirement of private prescriptions being issued, the form [DFM](#) must be completed to recover costs. If any medication is refused by a custody, the [Illness/Injury form](#) is to be updated with this information and all unused medication disposed in the clinical waste bin for incineration.

The HCP will maintain a supply of medicine for use when fulfilling their role and any costs incurred will be dealt with by the Pharmacy directly to the finance department.

15.8 DOSSET BOX

The Dosset Box will be appended with a sticky label which the HCP will write on the details of the patient. The illness / injury form will be updated with any refusal of meds by a custody. Meds will then be disposed of in a clinical waste bin for incineration.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

The [Illness/Injury Form](#) is generated from the Cellfile computerised system. This may also be accompanied by a letter endorsed by an HCP and placed in a sealed envelope for the attention of hospital staff

15.12 RETURN FROM HOSPITAL

Previously an illness/injury form generated from the Cellfile computerised system for use in transferring the custody to hospital was endorsed by hospital staff and returned to the escorting Police Officers. New protocols recently introduced where 2 discharge letters are given to Escorting Officers, one for the custody's GP and one for the HCP and attached to the illness/injury form.

15.20 COMMUNICABLE DISEASES

If any custody with a Communicable Disease has been within a cell, prior to the cell being used again, guidance should be sought from the [Specialist Cell Cleaning Briefing Note](#).

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

Guidance for Computerised Prisoner Processing Systems and Paper Records can be found in the IT Cellfile Training Manager

17.2 ARREST REFERRAL SCHEME

Further guidance on the Arrest Referral Scheme can be found in the document [Signpost Arrest Referral](#).

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Further guidance on the standards for ICVs can be found on PINS in [Independent Custody Visiting National Standards](#).

18.3 PHOTOGRAPHING OF CUSTODIES

All persons in custody will be photographed, fingerprinted and DNA's by the Custody Staff.

19.1 LIBERATION OF CUSTODIES

Further guidance on local procedures on persons arrested under section 50(1) Civic Government (Scotland) Act 1982 (Drunkenness) can be found in [Order 24/2008](#).

19.2 LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES RELATING TO LIBERATION BY THE POLICE

Further guidance on liberation by the police can be found in the document [Lord Advocate's Guidelines to Chief Constables relating to liberation by Police](#)

19.5 UNDERTAKINGS

Liberation from Police custody for court appearances by way of undertaking form generated by the Cellfile computerised system

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

Paper Procedure forms are generated from the Cellfile computerised system. Contingency paper copies of all forms held at both Custody Centres.

APPENDIX 'B'

**FORMER DUMFRIES AND GALLOWAY CONSTABULARY
(DIVISION 14)**

7.5 RIGHTS OF ACCUSED/DETAINED PERSON

Guidance on how to accommodate children in Police Custody can be found within [Detention of Children – A Joint Protocol](#)

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

The Voluntary form on NCS must be completed when voluntary suspects attend at a Police Station and printed off and signed.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

Contact should be made with the Detective Sergeant at the Special Branch Ports Unit.

7.12 ARREST OR DETENTION OF A CHILD UNDER THE AGE OF 16

Further guidance on children custodies can be found in [Detention of Children – A joint Protocol](#).

9.4 SEARCH PROCESS

Reference should be made to [Blood-Borne Virus Action/Injury Aide Memoire](#) when an Officer is injured by a needle stick following searching a custody.

12. CRITERIA FOR DETAINING CUSTODIES IN CELLS

Guidance on how to accommodate children in Police Custody can be found within [Detention of Children – A Joint Protocol](#)

13.12 BLANKETS

Heavily soiled blankets should be placed within a sealed clinical waste bags and take guidance from the document [Health & Safety GN/17-Clinical Waste Disposal](#).

14.1 CELLS DAILY INSPECTION

Any damage / faults found within a cell following a daily inspection must be immediately reported to the Divisional Support Manager

14.4 CONTAMINATED CELLS

In circumstances where a cell is heavily contaminated by blood, excrement, etc, reference should be made to [COSHH 'Cleaning Body Fluid Spillage and Contaminated Areas'](#).

14.7 PRACTICE FIRE DRILLS

A record of fire drills, alarm tests and inspections of equipment should be entered in the 'Fire Log Book' under Section 4 of Health & Safety Manual.

15. MEDICAL PROVISION

For correct Medical Provision for Custody, (including the issue of private prescriptions and storage & distribution of Custody's medication within the 'Dosset Box') defer to arrangements at Dumfries & Stranraer. In circumstances of covering any costs incurred by the HCP, [Form 117](#) should be completed.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

When custodies are taken to hospital, the relevant sections in NCS must be completed and accompanied with the custody to the hospital.

15.12 RETURN FROM HOSPITAL

One returning the custody from hospital, the relevant section within NCS must be updated detailing care instructions from hospital staff.

17.2 ARREST REFERRAL SCHEME

Further guidance on the Scheme can be found in the document '[About the Arrest Referral Scheme](#)'.

17.3 APPROPRIATE ADULT SCHEME

Reference can be made to '[Appropriate Adult Guidelines](#)' when dealing with custodies requiring appropriate adults present.

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Further guidance can be found in [ICVS SOP](#).

19.2 LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES RELATING TO LIBERATION BY THE POLICE

Further guidance on liberation by the Police can be found in the document [Lord Advocate's Guidelines to Chief Constables relating to liberation by Police](#)

APPENDIX 'C'

FORMER FIFE CONSTABULARY (DIVISION 8)

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

The [Voluntary Declaration Form](#) must be completed for suspects attending voluntarily at a Police Station.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

To recover the cost of accommodating persons apprehended by UKBA, the [UKBA Charges](#) form is to be used.

13.12 BLANKETS

Contaminated blankets should be placed within a polythene bag. The bag should thereafter be sealed and clearly marked as containing contaminated blankets. Biohazard tape should also be utilised to highlight that the contents of the bag are potentially hazardous to health.

An entry highlighting the existence of the contaminated blanket should be clearly recorded within the relevant contractor's collection/ delivery book.

13.14 REPORTING OF ADVERSE INCIDENTS

Any Noteworthy Incident must be reported through using the [Near Miss Incident Form](#).

Where a fault or damage to a cell or custody suite is identified it is essential that repairs are carried out as soon as reasonably practicable. Consequently notification must be sent immediately to the Corporate Support Unit.

An acknowledgment of the repair request will be sent to the originating station.

Thereafter the Corporate support Unit will liaise with the appropriate agency/ department to facilitate prompt repairs to the custody facilities. An e-mail detailing the fault should be sent immediately to the mailbox 'logistics maintenance'.

The e-mails must contain the following:

- Custody centre location. (e.g. Kirkcaldy)
- Location of fault or damage (e.g. Cell 9)
- Brief description of fault or damage. (e.g. Damage to plasterwork in cell).

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

In the event that a Warning Signal requires to be placed on a record urgently an e-mail should be sent to the Records Unit requesting this. The e-mail must include the following:

- Full details of the person concerned.
- Warning signal requested.
- Reason signal is to be applied.
- Validating Officer's details.

The e-mail address for the records unit is XXXX

The CHS descriptive form is the standard way of notifying the requirement for PNC/ CHS markers. This still requires to be completed even if the urgent request has been submitted.

14.1 DAILY CELL INSPECTION

Where a fault or damage to a cell or custody suite is identified it is essential that repairs are carried out as soon as reasonably practicable. Consequently notification must be sent immediately to the Corporate Support Unit.

An e-mail detailing the fault should be sent immediately to the mailbox 'logistics maintenance'.

The e-mails must contain the following:

- Custody centre location. (e.g. Kirkcaldy)
- Location of fault or damage (e.g. Cell 9)
- Brief description of fault or damage. (e.g. Damage to plasterwork in cell).

An acknowledgment of the repair request will be sent to the originating station.

Thereafter the Corporate Support Unit will liaise with the appropriate agency/ department to facilitate prompt repairs to the custody facilities.

14.2 NOTES FOR THE GUIDANCE OF ACCUSED PERSONS:

Guidance notes provide the custody with information relating to their rights and entitlements when in Police custody.

They should be printed off and handed to the custody during the initial custody reception process. Notification of their provision will be recorded within Cellfile.

The custody should be asked if they understand the contents. If it is identified that the custody has visual, reading or comprehension issues then time should be taken to read out and explain the contents of the guidance notes in order to ensure their understanding.

If English is not the custody's written language they should, where practicable, be provided with a copy of the notes translated into a language they can understand.

Where necessary the assistance of an Appropriate Adult or Interpreter must be sought. The Appropriate Adult Police SOP and Interpreting Services SOP should be consulted for further details.

14.4 CONTAMINATED CELLS

Contaminated cells require to be cleaned by an external authorised company. Currently this is carried out by Fife Council. The service is available twenty-four hours per day, every day of the year.

Service requests can be made by telephoning Fife Council direct on:

- XXXX

Any request for services must thereafter be notified to the Corporate Support Unit.

Notification of the service request must be sent by e-mail to the Corporate Support Unit 'logistics maintenance' mailbox for reference purposes. The e-mail must contain the following:

- Custody centre location. (e.g. Kirkcaldy)
- Location of contamination (e.g. Cell 9)
- Brief description of contamination. (e.g. Cell walls smeared with faeces)

Contaminated blankets should be placed within a polythene bag. The bag should thereafter be sealed and clearly marked as containing contaminated Blankets. Biohazard tape should also be utilised to highlight that the contents of the bag are potentially hazardous to health. An entry highlighting the existence of the contaminated blanket should be clearly recorded within the relevant contractors collection/ delivery book.

14.7 PRACTICE FIRE DRILLS

A record of fire drills, alarm tests and inspections of equipment must be logged as per the Custody Audit Procedure.

15. MEDICAL PROVISION

The Lead Forensic Physician will prepare a stock order for drugs as required. The order will then be placed with a local pharmacy in Glenrothes. Arrangements will be made for the drugs to be collected by a local police officer, and thereafter delivered to Glenrothes Police Office. NHS Fife does not charge for the drugs ordered via the Forensic Physician. The Medical Secretary maintains a record of the drugs used on behalf of the Principal Forensic Physician.

15.5 PRESCRIPTIONS

The removal or disposal of medication that has been prescribed to a custody must be recorded as an Episode note on Cellfile in order to provide a clear audit trail.

Unused medicines should be returned to the Duty Forensic Physician or local chemist. In relation to Methadone and Suboxone this must only be returned to a local chemist. Under no circumstances should they be returned to the Custody.

15.8 DOSSET BOX

Medication dispensed by a pharmacist can only be decanted into a dosset box by a registered medical practitioner, and not by a nurse or paramedic.

Note: All other medications should remain in their original packaging with the directions and custodies name printed thereon.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

Whilst undertaking a hospital escort the escorting officers must ensure that they obtain:

- Full details of the doctor;
- Full details of treatment;
- Full details of medication administered; and
- Any other instruction given by the Hospital Doctor.

The Escorting Officers will also obtain a [letter of discharge](#) from the Hospital Doctor. This must be handed to the Custody Sergeant in order that the details contained within it are entered onto the Cellfile system. This will be placed within the Illness/ Injury result field.

When the custody is returned to the Custody Centre any medicines provided by the Hospital must not be administered without full authorisation from the Duty Forensic Physician.

16. CUSTODY PROCESSING SYSTEMS

Further guidance on using the prisoner processing system can be found within the [Cellfile Users Guide](#).

17.2 ARREST REFERRAL SCHEME

There is no designated arrest referral scheme operating in Fife at present.

18.2 PHOTOGRAPHING OF CUSTODIES

Custody staff will carry out all custody processing. An CHS electronic Descriptive Form also requires to be completed in each case. Further guidance can be found the [Photographing of Custodies Guidance Document](#). Guidance on dealing with Drunk and Incapable persons can be found in the [Drunk and Incapable Guidance Document](#).

19.5 UNDERTAKINGS

Undertakings forms are contained within the Cellfile application.

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

The Cellfile facility is available at designated PCU's. However, in the event of a system failure at one or all of the Fife PCU's the following procedure will be followed.

Further guidance can be found in the [Cellfile Users Guide](#).

Notification of system failure

Any system failure must immediately be brought to the attention of the relevant Station Officer. They will thereafter take the necessary steps to ensure that the Duty Inspector is aware of the issue.

The system failure will also be notified to the Contact Centre Inspector, who will thereafter make contact with the Scottish Police Authority Communications and IT Department to seek solutions and obtain an estimate of the likely downtime.

Diversion to other custody suite – if available

If the system failure is limited to one PCU then, following consultation with the Duty Inspector, custodies should be diverted to those PCU's that remain operational.

Paper based system

Should more than one PCU suffer system failure then the contingency plan will be founded upon a paper based Reception and Detention system. Stores of the paper forms are held at each PCU.

Potential Scenarios

There are two likely scenarios where the contingency plans are likely to be implemented, namely:

(a) The system is down at the point when a person enters Police custody.

In these circumstances the paper-based system will initiate matters and continue until either the custody is released or Cellfile becomes operational.

If Cellfile becomes operational while the person is in custody, a Custody Record must be created for the custody under the status 'Arrest' or 'Detention'. The 'Arrest/Detention' procedure must be carried out and an Episode Note will be made to explain the duplication of the procedural forms. Cellfile will then be used for future management of the custody and previous papers will be filed in the normal fashion, with the unique Cellfile number added.

(b) The system is down when a person is already in custody.

In these circumstances a 'Visits to Custody's' form will be introduced for the management of the custody. This form will be used until the custody is released or Cellfile restored. The information held on the form will be subsequently transferred onto Cellfile. All further information will be held on the Property Receipt Form and Custody Information Form.

Storage of forms

In both of the above scenarios the paper-based forms must be stored with the relevant Cellfile record.

APPENDIX 'D'

FORMER GRAMPIAN POLICE
(DIVISIONS 1 & 2)**5.8 CUSTODIES CLAIMING DIPLOMATIC IMMUNITY**

Responsibility for verifying immunity lies with Duty Inspector, Control Room.

6.3 TRANSPORT OF DISABLED CUSTODIES

Where a standard police vehicle is assessed to be 'unsuitable', the Arresting/Detaining Officer should consider the use of an alternative vehicle such as a taxi that provides wheelchair access where appropriate. This will be organised by the Custody Supervisor and paid from local petty cash arrangements.

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

On attendance of a suspect on a voluntary basis, [Form REC 8/5](#) must be completed.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

To recover the cost of accommodating persons apprehended by UKBA, [Form ADM 2/8B](#) is to be completed.

8.1 RISK ASSESSMENT

Reference should be made to the operational guidance form '[Noteworthy Incidents](#)'.

9.6 INTIMATE SEARCH

Further reference can be made to custodies concealing items on their person through the Operational Guidance '[Internal Concealment Briefing Note](#)'.

11. CUSTODY'S PROPERTY

The Arresting Officers will be responsible for updating SID and seizing any articles suspected of being Proceeds of Crime. Further guidance can be found from the Financial Investigation Unit.

13.12 BLANKETS

Further guidance on heavily soiled blankets, refer to the [Cell Cleaning Briefing Note](#).

13.14 REPORTING OF ADVERSE INCIDENTS

For instances of Adverse Incidents, a [Record of Dangerous Occurrences Form](#) is to be completed and sent to the Health & Safety Unit.

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

Warning signals can be updated by selecting the appropriate markers on the Crimefile application which in turn triggers automatic Records Office notification.

14.1 CELLS DAILY INSPECTION

Reporting of faults can be found at the Intranet/Home Page/ Log maintenance Call tab (Planet FM)

14.2 NOTES FOR THE GUIDANCE OF ACCUSED PERSONS

Custody Guidance Form OPS 9/35 must be displayed in locations where custodies can see them.

14.4 CONTAMINATED CELLS

In circumstances where a cell is heavily contaminated by blood, excrement, etc, reference should be made to the [Cell Cleaning Briefing Note](#).

14.7 PRACTICE FIRE DRILLS

Fire drills should be recorded on the Local Management Health and Safety Audit Form and held by the Health & Safety Manager.

15. MEDICAL PROVISIONS

In Aberdeen, Grampian Police utilise the services of a number of Forensic Physicians who are self-employed and operate on a rota call out basis. Details of the rota and how to contact them are located within the cell block facility at Police Headquarters. Criminal Justice is responsible for the administration and payment of fees relating to this agreement.

In Aberdeenshire, we utilise G-DOCS or local medical practices. Details of these are located in the cell block facility at Fraserburgh. Similar provisions apply in Moray and the details are located in the cell block facility at Elgin. Form G-MedInstruction (File/New/G-Med) is available for recording instructions to administer medication.

The entire process is being developed with the Kittybrewster Project.

15.5 PRESCRIPTIONS

In urgent cases, as directed by the HCP (Health Care Professional), when private prescriptions are required, and money required to pay for this is to come from local petty cash arrangements. Any cost incurred from the HCP will not require any completed forms as the Pharmacy invoice the Finance Department directly.

15.8 DOSSET BOX

Dosset Boxes are not used in the former Grampian Police area and instead self seal bags will be used with the details appended by label to the bag. Any unused medication will remain in the small self-seal bag from which it was used to administer to the custody and be placed within the medicine cabinet within the medical examination room. The Drugs Return Register will be completed by the member of staff returning the unused medication. This entire process is to be corroborated by another member of staff.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

Illness/Injury Form is generated from the Cellfile computerised application. Where appropriate this may be accompanied by a letter endorsed by a Forensic Physician and placed in a sealed envelope for the attention of hospital staff.

15.12 RETURN FROM HOSPITAL

Illness/Injury form generated from the Cellfile computerised application for use in transferring the custody to hospital will be endorsed by hospital staff and returned to the Escorting Police Officers. A letter, placed in a sealed envelope for the information of the Forensic Physician or Custody Supervisor may also be provided by the hospital staff.

15.20 COMMUNICABLE DISEASES

Where a person with a communicable disease has been in a cell, the cell must be cleaned as per the [Cell Cleaning Briefing Note](#) dictates.

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

Cellfile computerised application is used and in the event this is not available, paper copy [Reception](#) and [Detention forms](#) are to be used.

17.2 ARREST REFERRAL SCHEME

Guidance on the Arrest Referral Scheme is available in the [Arrest Referral Briefing Note](#).

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Guidance on the Independent Custody Visiting Scheme can be found in the [ICVS Briefing Document](#).

18.2 PHOTOGRAPHING OF CUSTODIES

It is the responsibility of the Enquiry Officer to ensure their custody is photographed. This is usually done by either the Enquiry Officer or a Police Officer colleague on their behalf. There are circumstances where it is appropriate for PCSOs to carry out this function.

19.4 CUSTODY TO COURT

The custody's property bag will accompany the custody. If liberated from court, the custody will sign for receipt of any property on the Property Record. The signed form will be forwarded to the relevant Divisional Admin Office for filing

19.5 UNDERTAKINGS

Liberation from Police Custody for Court Appearance by way of Undertaking Form generated by the Cellfile computerised application. Forms [F6](#) and [F7](#) paper copy to be used where Cellfile is not available.

19.6 REMAND

Further guidance for Police escorting extreme risk custodies can be found in the [Police Escort Briefing Note](#).

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

These forms are all generated by the Cellfile computerised application. Paper copy Reception and Detention Forms, Forms A,B, C and Arrest – Rights of Accused Form and Forms F6 and F7 are all available at custody areas in the event of electronic failure.

APPENDIX 'E'

**FORMER LOTHIAN AND BORDERS POLICE
(DIVISIONS 6 & 7)****7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES**

On attendance of a suspect on a voluntary basis, UNIFI 4 Form must be completed.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

To recover the cost of accommodating persons apprehended by UKBA, The [UKBA reimbursement – form zf28](#) is to be used.

13.14 REPORTING OF ADVERSE INCIDENTS

The reporting of Adverse Incidents should be completed using [form ad1](#).

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

Where a custody has been involved in a 'near miss' incident, e.g. he/she has attempted to commit suicide or self harm in a Police cell, the PNC/CHS marker request – [form nr29](#) must be completed.

14. CELLS

A record of fire drills, alarm tests and inspections of equipment / cells must be entered in the weekly [Fire Detection and Alarm Systems Records and Fire Inspections/Tests/Drills – monthly H&S audit form](#).

14.2 NOTES FOR THE GUIDANCE OF ACCUSED PERSONS

The Arrest Rights Form must be clearly visible to persons in custody.

15.5 PRESCRIPTIONS

If a custody requires medication which they are not in possession of, a custody nurse or HCP will write a prescription. Medication will then be collected from a local pharmacy. If required, the Custody Supervisor will obtain the custody's consent to access their NHS record to allow custody nurses or HCP to write a repeat prescription.

15.8 DOSSET BOX

Dosset Boxes are not used in the former Lothian and Borders Police area. If personal medication is brought in, it will be stored in a clear bag alongside the custody's personal property.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

Hospital Escort Form – [form mp47](#) must be completed when custodies are being transferred to hospital.

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

Further reference can be made to the [Prisoner Processing User Guide – UNIFI material](#)

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Further information on ICVS can be found in the guidance document [02/2002 Custody Visiting](#).

18.2 PHOTOGRAPHING OF CUSTODIES

Guidance re photographing custodies – not relevant to digital systems.

19. LIBERATION OF CUSTODIES

The former Lothian and Borders area do not arrest for drunk and incapable persons with responsibility with the Scottish Ambulance Service.

19.5 UNDERTAKINGS

Undertaking forms are generated by UNIFI 4

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

The rights of accused must be provided to the custody and recorded on [form xa6/xa6a/xa108](#).

APPENDIX 'F'

**FORMER NORTHERN CONSTABULARY
(DIVISION 4)****5.1 CUSTODIES – OFFICER SAFETY**

Any apprehension should be made with the minimum amount of force necessary. If a baton, handcuffs or CS spray are required to affect an apprehension, this must be recorded in the custody record and form [FRD – F Force \(Use of\)](#) must be completed.

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

[CR 21/03 Voluntary Attendance Form](#) must be completed in a voluntary attendance of a suspect at a Custody Centre.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

On arrival of a custody detained on behalf of the UKBA, the duty Custody Supervisor will notify the Business Management Unit by email so that an invoice can be prepared for the UKBA in terms of the holding cost of £250 and any additional cost incurred as previously mentioned.

9.4 SEARCH PROCESS

Further information on personal safety whilst conducting searches can be found in the Health & Safety Manual and [AD 10-02 Accident at Work](#).

11.2 CUSTODY PROPERTY BAGS

Prior to removing a custody to court the Escorting Officer (G4S) will sign and date the custody record to acknowledge receipt of all property taken possession of, thereafter taking full responsibility for that custody's property and its subsequent return to said custody.

13.12 BLANKETS

In the event that contracted cleaners are required to clean a cell and contents, it will be the contractor's responsibility to remove and dispose of all heavily soiled items. However in the event where individual items which are too heavily soiled require to be disposed of, the following means of disposal will be used:

- Where laundry contracts exist with NHS hospitals all clinical waste suitably bagged will be disposed of in accordance with the contract;
- In areas not contracted to the NHS all such waste will be suitably bagged and either the local cleansing contractors or Canon Hygiene to arranging suitable disposal.

13.14 REPORTING OF ADVERSE INCIDENTS

Further guidance for Adverse Incidents can be found in [FRD – Lessons Learned](#). Any incident where persons were injured must result in form [AD/10/02](#) being completed.

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

In the event that a custody has been involved in near 'miss incident', the Reporting Officer will be notified and CHS descriptive form [CR27-01](#) will be submitted before end of shift to FIMU who will prioritise all forms with warning markers thereon.

14.1 DAILY CELL INSPECTION

When staff undertake daily inspections of the custody area and faults or matters requiring attention are detected, these should be recorded on [form OP58-6](#) Daily Audit Checks highlighting the issue. That member of staff will timeously pass the details to the Business Management Unit for actioning as deemed necessary.

14.2 NOTES FOR THE GUIDANCE OF ACCUSED PERSONS

[CR 22-04 Cell Notice](#) must be clearly visible to custodies.

14.4 CONTAMINATED CELLS

It is a question of judgement by the Custody Supervisor as to when a cell is isolated, sealed and specialist professional cleaning contractors are instructed to attend and decontaminate a cell. Local contractors (see 13.4.4) have been identified across Scotland who have the capability and knowledge to safely dispose of such spillages.

Minor spillages can be dealt with by staff using the procedure described below. The question is of course at what point do we engage a contractor rather than dealing with the spillage internally?

As a rule of thumb if the spill can be dealt with by wiping up using a small number of bleach soaked paper towels, then the spillage is sufficiently contained to present a low risk to personnel. Once the spillage has been gathered up and placed in the clinical waste then the affected area must be thoroughly washed with a general purpose detergent as per the procedure.

Procedure for the Management of Blood and Body Fluid Spillage

When dealing with Blood and Body Fluid Spillage all staff must wear personal protective clothing (gloves and aprons) at all times. All personal protective clothing must be disposed of into Clinical Waste bags.

- Never use mops to clear up body fluid spillages;
- All body fluid spillage must be cleaned up immediately and effectively;
- Glove choice must be Nitril or Latex gloves, vinyl gloves are not suitable for use when dealing with blood and or body fluids;
- Wounds and lesions on exposed skin should be covered with a waterproof dressing;
- Adequate ventilation is required when using bleach, cell door to remain open during the clean up operation.

Small Spills

- Must be wiped up with a paper towel soaked in bleach (10,000 ppm available chlorine);
- Wash area with general-purpose detergent and warm water;
- Gloves, aprons and paper towels must be disposed in Clinical Waste bags;
- Wash hands as per hand hygiene guidance.

If a prisoner has carried out a “Dirty Protest” the extent of the spread of the faeces/body fluid is likely to be so extensive as to immediately warrant the isolation of the cell and instructing the local specialist contractor to attend and clean the cell.

The following is a list of approved contractors who are able to give advice on specialised cell cleaning and are to be used in the event of a significant contamination:

Highland

- Dirt Searchers of Inverness – 01463 713830 / 07801 593637
- Weelie Clean services, 22 John Street, Nairn, 01667 455061
- Clean Machine (Highlands) Ltd, Old Steading, The Dell, Wester Cullicudden, Dingwall, XXXX
- Stanyer Cleaning Services, 22 Canmore Way, Tain, 01862 892253 / 07810 355942
- Allan Ingram Ind. Cleaning Services Ltd, Unit 8, Nevis Bank Ind Est, Fort William, 01397 700457
- SuperClean of Thurso, 54 Springpark Terrace, Thurso, 01847 894796

Western Isles

- SCC Services & Equipment Ltd, Hillview House, Pornaguran, Point, Isle of Lewis, 01850 870800

Orkney

- Licensed to Clean, The Old Kirk, Harray, Orkney, 01856 771570

Shetland

- Shetland Islands Council, Environmental Health Dept, 01595 693535
- Kays Cleaning Service, Sandwick, 01950 431344

14.7 PRACTICE FIRE DRILLS

Details will be recorded in accordance with the station Fire log which will be maintained by the station caretaker and subject to audit.

15. MEDICAL PROVISION

Guidance on Medical Provision can be found in the [Custody Healthcare and Forensic Services Policy](#).

15.5 PRESCRIPTIONS

In urgent cases, as directed by the HCP (Health Care Professionals), when private prescriptions are required, and money required to pay for this is to come from NIS – Finance management guidance – IMPREST. NHS will maintain supplies of medication at their own expense so no costs will be incurred by the Police. The Custody Supervisor will record details of any medicines unused on the appropriate custody record and return such medicines to the HCP for disposal. The HCP will thereafter dispose of medicines in line with NHS protocols

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

The Custody Supervisor must ensure that form [OP 57-01 Hospital Examination/Treatment](#) is completed and accompanies the custody to hospital. In emergency cases it may not be possible to prepare a form and in such cases the escorting officer(s) will be verbally briefed and a form passed to them at the hospital as soon as practicable.

15.12 RETURN FROM HOSPITAL

Escorting Officers will ensure that form [OP 57-01 Hospital Examination/Treatment](#) is completed on return from hospital, detailing care instructions from hospital staff, and returned with the custody.

15.20 COMMUNICABLE DISEASES

Where a cell has been occupied by a person with a communicable disease advice is to be sought from an HCP on the specific cleaning regime required once they leave the cell.

If no HCP advice is available/forthcoming on the nature of the hazard the cell will be washed down using a chlorine bleach solution, diluted as per the suppliers instructions.

15.26 MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

Further guidance can be found at [FRD – P2 – Policing Mental Disorder](#).

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

Further reference can be made to the IMPACT – Custody module.

17.2 ARREST REFERRAL SCHEME FOR AREAS WITH REFERRAL SCHEMES IN PLACE

- During their initial risk assessment ([OP/56/32](#)) custodies will be asked as per question 15):- Should they agree to the referral then at some point during their time in custody the [Referral Form \(OP/58/02\)](#) will be completed by Custody Staff.
- The timeframe for completing the questionnaire is based on the Custody Sergeants evaluation of the sobriety/mental health status of the custody.

- The scheme is entirely voluntary and this will be explained to the custody by the reading the referral form to them.
- Once a referral form is completed this will be faxed to the NHS Highland Mental Health Assessment team at New Craig's on XXXX. These forms will then be stored in the Sergeants office within the respective custody suites.
- NHS staff will then assess the information provided and in relation to drugs and alcohol, they will liaise with the relevant department for taking these referrals forward. (The management staff at New Craigs are also responsible for Osprey House which is the NHS Highland lead on these matters).
- Any issues raised by NHS staff or Police Officers/Staff regarding the operation of the scheme should in the first place be directed to the relevant custody supervisor.

17.3 APPROPRIATE ADULT SCHEME

Guidance on the Appropriate Adult Scheme can be found at [FRD – A17 Adults in need of support and protection](#).

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Guidance on ICVS can be found in [FRD – I18 Independent Custody Visitor Scheme](#) and [OP 56-3 Independent Custody Visitor Scheme – Consent](#) completed.

18.2 PHOTOGRAPHING OF CUSTODIES

Guidance can be found in [Prisoners Photographs](#).

19. LIBERATION OF CUSTODIES

When dealing with persons contravening section 50(1) Civic Government (Scotland) Act 1982, reference should be made to the Health Assessment of Suspected Drunk & Incapable Persons – Protocol between Northern Constabulary and the Scottish Ambulance Service. Form [OP/56/93](#) must be completed when custodies are being released on an undertaking.

19.2 LORD ADVOCATE'S GUIDELINES TO CHIEF CONSTABLES RELATING TO LIBERATION BY THE POLICE

Further guidance on liberation by the Police can be found in the document [Lord Advocate's Guidelines to Chief Constables relating to liberation by Police](#)

19.4 CUSTODY TO COURT

When a custody is being transferred to court, the Custody Record will be endorsed as to the time and date the custody left the office and endorsed 'To the Court' with the details of the escorting Officers (G4S). Prior to removing a custody to court the escorting officer (G4S) will sign and date the custody record to acknowledge receipt of all property taken possession of, thereafter taking full responsibility for that custodies property and its subsequent return to said custody.

19.5 UNDERTAKINGS

When an accused is released on an undertaking, [OP 56-93 Liberate from Police Custody](#) will be completed.

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

In the event that the custody section of IMPACT fails, Custody Staff will revert to using manual records for logging custodies, R349 refers and R349B for any additional property if required.

Similarly, to allow completion of 'Arrest Rights of Accused' and 'Detention Forms', copies of these forms will be held at all custody areas, they can only be completed by Police Officer, the blue copy will be forwarded to the procurator fiscal along with an SPR7 and the yellow copy held on file at the originating station.

APPENDIX 'G'

**FORMER STRATHCLYDE POLICE
(DIVISIONS 9, 10, 11, 12 & 13)**

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

[Form 5:67:3](#) must be completed in a voluntary attendance of a suspect at a Custody Centre.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

To recover the cost of accommodating persons apprehended by UKBA, [form 1:36:18](#) must be completed.

13.14 REPORTING OF ADVERSE INCIDENTS

The reporting of adverse incidents should be completed using [form 1:15:6](#).

13.15 IMMEDIATE UPDATING OF WARNING SIGNALS ON PNC/CHS

A custody's PNC/CHS record can be updated on completion of an [e 3:20:1](#) form.

14.2 NOTES OF GUIDANCE OF ACCUSED PERSONS

Guidance for accused can be found on [form 5:30:9](#).

14.7 PRACTICE FIRE DRILLS

A record of fire drills, alarm tests and inspections of equipment must be entered in the Fire Precautions Log Book ([form 2:24:10](#)) and the Health & Safety Audit Form ([form 2:24:1](#)).

15.3 MEDICAL EXAMINATION

When a custody is examined by an HCP, details of the Medical Care Plan must be passed to the Custody Supervisor and recorded on the Custody Record and the Police Examination Book (Book 1:38:1).

15:5 PRESCRIPTIONS

In urgent cases, as directed by the HCP, when private prescriptions and other medication is required, money required to pay can be claimed on [form 1:36:2](#).

15.8 DOSSET BOX

Form 5:30:8 – Medical Dosset Box Inlay should be endorsed on the rear with details of the drug(s) and amount(s) by the Custody Supervisor on the return of unused medicine prior to its destruction. The insert card should thereafter be stapled to the **white** copy of the Police Surgeon's Examination Book (Force Form 1:38:1) or, if no examination has taken place, to the custody's Property Record printout and filed according to local instructions.

15.11 TRANSFER TO HOSPITAL – AFTER ARRIVAL IN CUSTODY

The Custody Supervisor must ensure that form [1.38.6](#) is completed and accompanies the custody to hospital.

In emergency cases it may not be possible to prepare this form and in such cases the escorting officer(s) will be verbally briefed and a form passed to them at the hospital as soon as practicable. The form must be updated with any care plans provided by hospital staff and the custody's record updated on return to the Custody Centre.

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

Further reference can be made to the [Prisoner Processing User Guide](#).

17.2 ARREST REFERRAL SCHEME

Further information can be found in the [Arrest Referral Guidance](#)

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Further information can be found in the [ICVS Guidance Document](#).

18.2 PHOTOGRAPHING OF CUSTODIES

Further information can be found in the [Guidance re photographing custodies](#).

19. LIBERATION OF CUSTODIES

Further information can be found in [Drunk and Incapable Protocol](#).

19.5 UNDERTAKINGS

When releasing a custody on an undertaking, [form 5:55:1](#) must be completed and signed.

19.6 REMAND

For former Strathclyde Police Officers, a protocol for Police escorting extreme risk custodies is in place and is documented within the Custody Escort and Court Custody Management SOP. This SOP can be found in the Strathclyde Police intranet.

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

In terms of Section 15 of the Criminal Procedure (Scotland) Act 1995, 'Arrest – Rights of Accused' is to be completed in respect of every person who has been apprehended and is in custody at a Custody Centre. When the Custody Processing System is not available, [forms 5:67:2, 5:67:1A, form 5:67:1B](#) and [form 5:67:1C](#) should be used. Guidance can be found in the [Prisoner Processing User Manual](#).

[Force Form 5:30:14](#) 'Custody Record' is a three-layer, non-carbon repeating document comprising:

- The Custody Record, the top layer;
- The Property Record, the second layer
- The PCSO's Record, the third layer

The forms are provided in pads of 100 sets of records, each set of three bearing the same serial number. The two fields prefixing the form serial number are for inserting the sub-divisional prefix.

Where a person is to be detained, the Custody Supervisor is to ensure completion of all necessary details including property. The serial number of the property seal to be used is to be entered in the appropriate place. Details of medical conditions and/or medical requirements should be specified in the Remarks section of the Custody Record.

Where there are multiple co-accused, provided there is clear cross-referencing on the documentation for the first accused, there will normally be no need to repeat full details of charges and arresting Officers unless details are different.

The original of the form will then be detached from the pad for insertion in the Custody Record file. The rear of the original is to be used by the Custody Supervisor to record all relevant information, e.g. visits by solicitors/relatives/Police Surgeon and all removals from the cell.

The first copy (Property Record) will then be detached and placed in the property bag with the items of property.

The remaining copy (PCSO's Record) will be detached and inserted in the PCSO's file. Details of the visits made to persons detained are to be entered in the grid provided in the PCSO's Record, showing the time, the status of the custody and initialled by the person making the visit.

The Custody Record file and PCSO's file should only contain forms in respect of person's currently in custody and, in certain cases, those released on undertaking. On release of the custody, or in the case of transfers, when the form is returned to the office, it should be filed in the Record of Persons Detained file.

The Record of Persons Detained file will hold 100 completed records corresponding to the serial numbers in a pad of forms. An alphabetical index will be maintained, showing the custody's name and the serial number of the form used. If a set of forms is spoiled for any reason, the form should not be destroyed, but removed from the pad, endorsed 'SPOILED' and filed in the Record of Persons Detained.

Area Commanders will make appropriate local arrangements for the filing and storage of custody records. Where records are filed centrally at divisional headquarters, sub divisions should normally process records in batches of 100 to assist local reference and central filing.

If the custody documentation paper procedure is being used due to the Custody Processing system being unavailable, then when the computerised Custody Recording System becomes available this must be updated with any information recorded on paper. (Reference should be made to the [Records Retention Schedule SOP](#)).

APPENDIX 'H'

FORMER TAYSIDE POLICE
(DIVISION 3)**4. HANDOVER PROCEDURES**

Please refer to local arrangement in regard to Medical handovers with Custody Nursing staff.

7.8 VOLUNTARY ATTENDANCE OF SUSPECTED PERSONS AT CUSTODY CENTRES

The former Tayside Police use the UNIFI Custody System for recording voluntary attendances.

7.11 PERSONS APPREHENDED BY THE UNITED KINGDOM BORDERS AGENCY (UKBA)

The UNIFI Custody application will generate a quarterly return which will be administered locally.

12.2 MULTIPLE OCCUPANCY

Please refer to local guidance and criteria on [Admin 51\(a\)](#)

13.10 WASHING / SHAVING

No shaving items will be given any prisoner.

13.14 REPORTING OF ADVERSE INCIDENTS

The reporting of 'noteworthy' incidents will be completed using the '[Adverse Incident Report](#)'.

15.4.4 MANAGEMENT OF MEDICATION

Local arrangement with NHS Tayside exist where all medication (with the exception of Asthma inhalers and Angina spray) will be administered by NHS Custody nurses

15.8 DOSSET BOX

The former Tayside Police medication is stored with the nurse's room in a lock fast cabinet. The Nurses room is also secured by means of an electronic fob access system.

15.11 TRANSFER TO HOSPITAL - AFTER ARRIVAL IN CUSTODY

The Custody Supervisor must ensure that full printed UNIFI Custody Record including the [Form Admin 51\(a\)](#) accompanies the custody to hospital.

In a case of emergency it may not be possible to make these forms available, the escorting officers will be briefed accordingly and the appropriate forms will be made available as soon as is practicable. The Admin 51(a) form must be updated with any care plans or medication administered by hospital staff and the Custody Supervisor updated on return to the Custody Centre.

15.25.1 METHADONE

Where a custody is required under medical direction to take Methadone, this will be administered by the NHS Custody Nurse. The Custody Supervisor should corroborate this procedure.

15.26.1 MENTAL HEALTH (CARE AND TREATMENT)(SCOTLAND) ACT, 2003

Please refer to local guidance - [Mental Health Protocol](#) which covers the Joint Operational Procedures for 24 hour police referrals for psychiatric assessment with NHS Tayside.

16.1 LOCAL CUSTODY PROCESSING SYSTEMS

The former Tayside Police use the UNIFI computerised Custody System.

17.3 APPROPRIATE ADULT SCHEME

Please refer local arrangements - [Appropriate Adult Guidance 1 & 2](#).

17.4 INDEPENDENT CUSTODY VISITING SCHEME

Guidance on the Independent Custody Visiting Scheme can be found in [Policy and Guidance - Independent Custody Visitor Scheme](#).

19. LIBERATION OF CUSTODIES

The former Tayside Police will arrest persons who are Drunk and Incapable. This will be recorded on SMART 2 and the person will be allocated a Tayside Council on Alcohol Form. Only in exceptional circumstances will a person be kept for a Court Appearance.

19.5 UNDERTAKINGS

Liberation from Police Custody for Court Appearance by way of an Undertaking to Appear generated by the UNIFI custody computerised application. [Form F046999](#) will be used in the event of electronic failure.

21. CUSTODY DOCUMENTATION: PAPER PROCEDURE

These forms are generated by the UNIFI custody computerised application. Detention Forms A & B and Rights of Arrest are all available at custody areas in the event of electronic failure.

APPENDIX 'I'

LIST OF ASSOCIATED LEGISLATION

- Criminal Procedure (Scotland) Act 1995
- Criminal Procedure (Legal Assistance, Detention and Appeals)(Scotland) Act 2010
- Police and Fire Reform (Scotland) Act 2012
- Gender Recognition Act 2004
- Section 23(2) of the Misuse of Drugs Act 1971
- Terrorism Act 2000
- Section 18 of the Criminal Procedure (Scotland) Act 1995
- Proceeds of Crime Act 2002
- Human Rights Act 1998
- Section 76 of the Criminal Justice (Scotland) Act 2003
- Sec. 50(1) Civic Government (Scotland) Act 1982 ('Drunkenness')
- Health & Safety at Work etc Act 1974
- Police (Health & Safety) Act 1997
- The Workplace (Health, Safety and Welfare) Regulations 1992

APPENDIX 'J'

LIST OF ASSOCIATED REFERENCE DOCUMENTS

- ACPOS Transgender People in Custody guidance document
- Adult Support and Protection SOP
- Allowances and Expenses SOP
- Antisocial Behaviour SOP
- Appropriate Adults SOP
- Armed Forces Personnel SOP
- Body/Fluid Transference from persons with infectious diseases SOP
- Offending by Children SOP
- CHS SOP
- Complaints about the Police SOP
- Custody Management Audit Inspection Process
- Death or Serious Injury in Police Custody SOP
- ACPOS Diversity Booklet - A Practical Guide
- DNA Sampling and Retention SOP
- Fingerprints SOP
- Formal Adult Warning Scheme SOP
- Guidance for Officers Engaged in Constant Observations of Prisoners
- Interpreting and Translating Services SOP
- Mental Health and Place of Safety SOP
- Use of Force SOP
- PNC SOP
- Productions SOP
- Risk Assessment Question Set

APPENDIX 'K'

LIST OF ASSOCIATED GENERIC PSOS FORMS

- [PSoS Risk Assessment Guide Pro Forma](#)
- [Handover Guide](#)
- [Custody Risk Assessment Checklist](#)

APPENDIX 'L'**GLOSSARY OF TERMS**

CA	Custody Assistant	OICC	Officer in Charge of Case
CCBE	Council of the Bar and Law Societies in Europe	PCSO	Police Custody Security Officers
CDSMT	Custody Division Senior Management Team	PER	Personal Escort Record
CPG	Custody Practitioners Group	PIDs	Personal Identification Devices
CRO	Custody Review Officer	PINS	Police Information Net for Scotland
DPG	Diplomatic Protection Group	POCA	Proceeds of Crime Act 2002
DWP	Department of Works and Pensions	SCD	Serious Crime Division
FIU	Financial Investigation Unit	SCG	Strategic Custody Group
FNO	Foreign National Offenders	SGRCMHD	Scottish Government Reshaping Care & Mental Health Directorate
GTN	Glyceryl Trinitrate	SID	Scottish Intelligence Database
HCP	Health Care Professionals	SOP	Standard Operating Procedure
HDC	Home Detention Curfew	SPA	Scottish Police Authority
ICVs	Independent Custody Visitors	SPS	Scottish Prison Service
IDF	Interim Detention Facilities	STDC	Scottish Terrorist Detention Centre
IND	Immigration & Nationality Directorate	TACT	Terrorism Act
ISCF	Internal Strategic Custody Forum	UKBA	United Kingdom Borders Agency
IT	Information Technology	ViSOR	Violent and Sex Offender Register
OCCT	Organised Crime and Counter Terrorism		

APPENDIX 'M'**TRAINING**

The PSoS must ensure that all staff working within the custody environment are trained and competent before being appointed or allocated tasks within the Custody Centre. The only exception to this is where a member of staff is covering cell block duties under the supervision of a trained member of staff. All Custody Staff have a high degree of responsibility for persons within custody.

Where possible, PSoS should use qualified trainers who have current or recent custody experience. Trainers should be operationally competent and should maintain that competency. The practice of shadowing experienced members of staff is recommended as an effective means of improving staff competence.

Custody Inspectors, Custody Sergeants, Custody Constables, PCSO's and Custody Assistants should (depending upon their role) receive training in the following:

- Officer Safety Training (not CAs);
- First Aid Training;
- Basic PNC training (PCSO's and CAs);
- Basic CHS training (PCSO's and CAs);
- Completed the 2 day Custody Officers Course (exact content to follow);
- Risk Assessment Training;
- Completed the relevant electronic Custody System Training; and
- Food hygiene training.

All members of Custody Staff must be trained in how to respond to deaths or near-misses in custody and how their role will be affected by post-incident investigation. They must also be trained to meet their obligations under the Corporate Manslaughter and Homicide Act 2007 and relevant Health and Safety legislation. In this regard all staff must be trained in risk assessment as it is fundamental to the welfare of custodies and all those present within the custody environment.

None of the staff members noted above will be deemed to be 'trained' until they have completed **all** the relevant elements of training. All designated custody staff must be fully trained before they are deemed to be competent and can work without direct supervision.

APPENDIX 'N'**CUSTODY CENTRES****NORTH REGION****CLUSTER 1****ABERDEEN CITY, ABERDEENSHIRE AND MORAY****PRIMARY CENTRES**

Aberdeen	31
Elgin	14
Fraserburgh	15

SECONDARY CENTRES

Stonehaven	6
Banchory	3
Ballater	2
Bucksburn	6
Inverurie	10
Ellon	2
Peterhead	4
Banff	4
Huntly	2
Forres	5

CLUSTER 2**TAYSIDE****PRIMARY CENTRES**

Dundee	40
Perth	18
Arbroath	13

CLUSTER 3**HIGHLANDS AND ISLANDS****PRIMARY CENTRES**

Inverness	42
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SECONDARY CENTRES

Aviemore	4
Nairn	3
Dingwall	6
Alness	4
Wick	5
Thurso	7
Kirkwall	6
Lerwick	7
Stornoway	7
Lochmaddy	3
Portree	3
Kyle of Lochalsh	2
Benbecula	2
Ullapool	1
Fort William	6
Castlebay (Barra)	1
Mallaig	2

EAST REGION**CLUSTER 4****FORTH VALLEY**

Falkirk	32
Stirling	21

CLUSTER 5**EDINBURGH, THE LoTHIAN'S AND SCOTTISH BORDERS****PRIMARY CENTRES**

St Leonards	40
Livingston	26
Dalkeith	14
Hawick	10

SECONDARY CENTRES

Westerhailes	2
Drylaw	2
Craigmillar	2
Jedburgh	3
Galashiels	3
Haddington	2
Peebles	2
Kelso	2
Eyemouth	2
Duns	2

CONTINGENCY CENTRES

Gayfield Square	4
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CLUSTER 6**FIFE****PRIMARY CENTRES**

Kirkcaldy	15
Dunfermline	18
Glenrothes	12

SECONDARY CENTRES

Levenmouth	11
Cupar	4

WEST REGION**CLUSTER 7****GLASGOW CENTRAL AND WEST****PRIMARY CENTRES**

Glasgow City Centre	46
Baird St Weekend Opening	36
Partick Weekend Opening	12

CLUSTER 8**GLASGOW NORTH AND EAST****PRIMARY CENTRES**

London Rd	38
Maryhill Weekend Opening	27

CONTINGENCY CENTRE

Kirkintilloch	5
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CLUSTER 9**GLASGOW SOUTH****PRIMARY CENTRES**

Cathcart	56
Govan	50

CLUSTER 10**AYRSHIRE, DUMFRIES AND GALLOWAY****PRIMARY CENTRES**

Dumfries	18
Stranraer	7
Ayr	15
Saltcoats	21
Kilmarnock	24

SECONDARY CENTRES

Lamlash	2
Millport	1
Annan	4
Gretna	2
Lockerbie	4
Moffat	1
Sanquhar	3
Newton Stewart	2
Kirkcudbright	2
Castle Douglas	3
Dalbeattie	2

CONTINGENCY CENTRES

Cumnock	6
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CLUSTER 11**LANARKSHIRE****PRIMARY CENTRES**

Motherwell	24
Coatbridge	24
Hamilton	10
Lanark	6
Cumbernauld Weekend Opening	7
East Kilbride Weekend Opening	10

CONTINGENCY CENTRES

Bellshill	5
Wishaw	4
Rutherglen	8

CLUSTER 12**ARGYLL, WEST DUNBARTONSHIRE, RENFREWSHIRE AND
INVERCLYDE****PRIMARY CENTRES**

Greenock	56
Clydebank	20
Paisley Weekend Opening	24
Oban	7
Dunoon	9
Campbeltown	8
Rothesay	6
Lochgilphead	3

SECONDARY CENTRES

Craignure	1
Tobermory	1
Bowmore	2
Tiree	1

CONTINGENCY CENTRES

Dunbarton	8
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APPENDIX 'O'

CUSTODY OFFICER HANDOVER AIDE MEMOIRE

This is not a definitive guide but is intended to provide structure, and serve as an aide memoire, in relation to the key areas that should be considered at handover.

1. Custody Details
 - **Name.**
 - **Cell – also if multi occupancy.**
2. Nature and Status of the Investigation
 - **Custody Type - Detainee/Summons/ Undertaking/Court/ Mental Health Assessment etc.**
 - **Circumstances relating to the detention/ arrest – rationale understood and agreed.**
 - **Investigation status - Officer in charge.**
 - **Custody report status.**
3. Vulnerability/ Risk Assessment
 - **Risks identified by detainee/ custody officer/ arresting officer/ other.**
 - **Existing warning markers (e.g. PNC).**
 - **Other relevant information.**
4. Risk Management Plan
 - **Individual risk management plan considered - including observation level, visit frequency, rousing etc.**
5. Medical Care Plan
 - **Current medical requirements.**
 - **Any requirement for assessment by Forensic Physician.**
 - **Outcome of previous assessments.**
6. Rights and Entitlements
 - **Have rights been given – if not what is reason for delay.**
 - **Solicitor – have they requested interview with a solicitor.**
 - **Appropriate Adult – required/ identified.**
 - **Interpreter issues.**
7. Any other information that may be relevant to the custody.
 - **Diversity issues.**
 - **Religious needs.**
 - **Special dietary requirements.**
8. PER form completion
 - **Where an outgoing Custody Officer has only partially completed a PER form this must be discussed with the incoming Custody Officer in order that the relevant sections can be completed prior to handover.**
9. Reviews i.e. Sect 14 / Child Custodies
 - **Time of next review - including any issues. Extension required?**
10. Custody Check
 - **Incoming Custody Supervisor to make tour of custody suite prior to outgoing Custody Supervisor leaving. This will enable any issues identified by incoming Custody Supervisor to be clarified.**

APPENDIX 'P'**CS INCAPACITANT SPRAY****DECONTAMINATION AND AFTERCARE PROCEDURES****Premises**

If CS has been sprayed within premises, open all doors and windows to allow the air to circulate. The same procedure will apply to contaminated vehicles.

Contaminated surfaces should be washed down with a detergent or hot soapy water and then thoroughly rinsed to remove any CS residue (it is advisable to wear rubber gloves).

Persons

Remove the person sprayed to an uncontaminated area where they can be exposed to fresh air. This will allow the CS particles to be blown from the affected person's body and will normally result in recovery from significant symptoms within 15 minutes.

Where clothing has been contaminated, the affected person should be provided with a paper suit and to prevent the spreading of residual CS particles, the contaminated clothing should be sealed in polythene bags. Upon liberation, the affected person should be advised to hang the clothing on a washing line and expose it to fresh air. The clothing should then be thoroughly washed - separate from other items - before being worn again.

Aftercare

Advise affected persons not to rub their eyes or face.

Instruct affected persons to breathe normally. Breathing normally will aid the affected person's recovery and will prevent hyperventilation.

Give reassurance that the effects of the spray are temporary and that they will pass.

Do not apply water to the affected person's eyes. Application of water may provide some immediate relief but can lengthen the overall recovery period. Irrigation of an affected person's eyes should only be undertaken by an FME or other trained medical personnel.

It is essential to monitor an affected person's breathing. If they experience difficulty in resuming normal breathing, or if any other adverse reactions are observed, immediate medical assistance should be obtained.

Ensure that any restraint methods used, and the position that an affected person is placed in, does not affect his/her breathing. Affected persons should not be left, or transported, in the prone position (face down).

Close monitoring of an affected person must be maintained until any significant effect of the CS Spray has worn off.

Affected persons who wear contact lenses may experience greater discomfort. They should be permitted to remove the lenses at the earliest opportunity. Police Officers/Custody Staff must not attempt to remove contact lenses from another person. This should only be carried out by the individual concerned or by a Medical Practitioner. Exposure to CS Spray may cause damage to certain types of lenses. Individuals who experience problems with contact lenses should be advised to consult an Optician.

PAVA SPRAY

DECONTAMINATION AND AFTERCARE PROCEDURES

PAVA (Pelargonic Acid Vanillylamide) Spray is an incapacitant spray similar to CS Spray and is used by a number of other Police Services, including British Transport Police. It is possible that Officers from another Police Service will present a custody at one of the PSoS's custody facilities who has been subject to the effects of PAVA Spray.

In such circumstances, procedures for de-contaminating the custody will be the same as those adopted in respect of custodies who have been subject to CS Spray. Custodies who have been subject to PAVA Spray may only be held in a custody facility where there is 24 hour cover and sufficient resources to conduct the checks required of an 'At Risk or Special Risk Prisoner'.

On arrival at the Custody Centre, process as normal, but first:

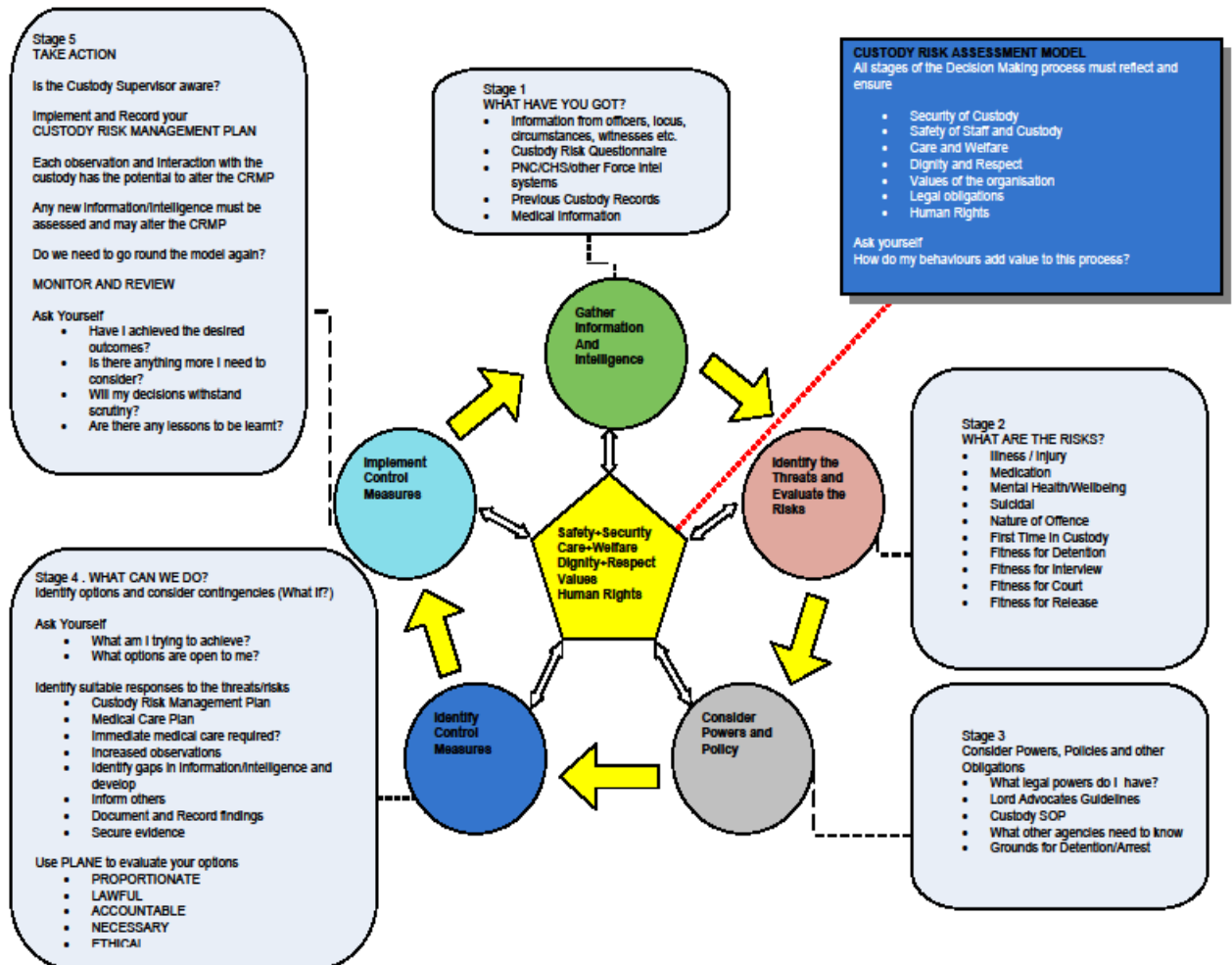
- Ascertain that the spray has actually been used;
- Check the condition of the custody;
- If the custody has not recovered from the immediate effects, arrange for the prisoner to wash (under supervision) with copious amounts of **running, cold water**. Irrigation of the eyes WILL only be undertaken by the custody themselves or other suitably trained personnel;
- Arrange for examination by a Medical Practitioner if in your opinion the custody is in distress or the subject requests it;
- The custody should be segregated from other prisoners;
- If the breath test procedure is to be used, ensure that a **minimum of 30 minutes** has expired since being sprayed;
- As a safeguard, ensure that any directly contaminated clothing is kept away from any breath measuring instruments and that the subject has been given the opportunity to wash their face/hands before submitting to the procedure;
- The custody should be subjected to enhanced cell supervision as for prisoners who are under the influence of alcohol or drugs;
- Prior to release the custody should be handed a leaflet informing them of the spray which has been used and action to be taken if they suffer any additional problems;

NOT PROTECTIVELY MARKED

Ensure that full details are included on the custody record including the Serial No of the spraying Officer's canister and that the Officer is directed to complete the required procedures pertaining to the canister as per local instructions.

APPENDIX 'Q'

NATIONAL DECISION MAKING MODEL



APPENDIX 'R'

GUIDANCE FOR OFFICERS ENGAGED IN CONSTANT OBSERVATIONS OF PRISONERS

The following is designed as an aide memoire to Officers engaged in the constant observations of a person in Police custody.

The decision to place a custody under constant observations will be made in conjunction with the care and welfare Risk Management Plan conducted on the arrival of the person at the Custody Centre and on any further information made available to the Custody Supervisor.

Reasons for the decision to place a custody on constant observations include:

- They are at high risk of self harming or attempting suicide,
- They have drugs or other items concealed internally,
- They have been apprehended for a grave crime.

Whatever the reason for the custody being placed on constant observations, the responsibility for their care and welfare lies with the officer allocated this duty.

Consideration should be given to the following:

- If you are present when the prisoner is placed in the cell, check that there is nothing already in the cell that is likely to cause harm;
- Remain alert and vigilant at all times to any changes in the custody's demeanour / state of intoxication;
- Ensure that the custody's head and shoulders are visible above the blanket;
- If the custody is suspected of having items concealed internally, ensure they have their hands visible at all times;
- Do not carry out any other duties e.g. report writing;
- If carrying out CCTV observations on more than one custody, do not leave the screen to assist with an incident, alert staff immediately; and
- If you have any concerns, inform the Custody Staff.

The foregoing is by no means an exhaustive list. If you have any doubt of what is expected of you when undertaking this important task, consult with the Custody Supervisor.

REMEMBER, IF IN DOUBT ASK

APPENDIX 'S'
ELECTRONIC TRANSMITTER REMOVAL GUIDANCE

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APPENDIX 'T'**MEDICAL CARE****MEDICATION**

Where it is known that a custody requires medication, the Custody Officer is responsible for the safekeeping of the medication, which should be held in a locked receptacle to prevent unauthorised access.

ALCOHOL - Further Information

When dealing with persons believed to be intoxicated with alcohol, staff should be aware that:

- Alcohol is a poison in its own right and custodies can die of alcohol poisoning; Head injury victims and persons with diabetes may appear to be drunk; The risk to a young person from excessive alcohol is likely to be much greater than to an adult;
- Those who misuse drugs may appear to be drunk when they have overdosed. Custodies should be able to walk to the cell and confirm their details. If not, they should not be put in a cell but transferred to Hospital. The PNC may show that other serious medical conditions are present. Custodies who are intoxicated are at increased risk of self harm.
- At no time should a custody severely intoxicated through alcohol or drugs be offered food. Food should only be offered once the effects of alcohol/drugs have ceased.

If there is a need to consult with an HCP (Health Care Professionals), then this should be done as soon as practicable.

Custody Staff will have to carry out health-related activity in the Custody Centre when an HCP is not available. This may include the following conditions:

- Hypothermia - remove wet clothing and supply suitable replacement dry clothing. Place the custody on a mattress on the floor and cover with blankets;
- Vomiting - place the person in the recovery position. They should be rolled back into this position at each check;
- Hypoglycaemia (low blood sugar) - may result in brain damage. Adults should be encouraged to take sweet drinks and food with water. Hypoglycaemia is more likely to occur in the young; therefore, severely intoxicated teenagers should always be transferred to Hospital.

If an intoxicated person appears to have collapsed they should be put in the recovery position and their breathing and pulse monitored. An Ambulance should be called. If breathing or pulse stops they should be laid flat on a firm surface with the head raised slightly. Check the airway and remove any obvious obstruction from the mouth including loose dentures. Open the airway by using the head tilt/chin lift manoeuvre and begin CPR.

There are particular conditions to look for when rousing and checking intoxicated custodies:

- Where a person becomes harder to rouse the change may be due to a serious unidentified medical condition such as a stroke;
- Where they are quiet or snoring, which can be a significant indicator of risk, they should be roused and checked at least every 30 minutes until they are talking coherently;
- If there is a decline in the level of consciousness on rousing, for example, if speech becomes incoherent, a HCP should be informed or the custody sent directly to Hospital.

DRUGS - Further Information

The risk from swallowing or packing drugs depends on the type of drug, the number of packages and the type of packaging used. All areas, in partnership with healthcare trusts, should develop local policy for the assessment, treatment and observation of cases where drugs have been swallowed or packed.

Features of toxicity include:

- Cocaine - agitation, dilated pupils, seizures, raised body temperature, fast pulse, and chest pains. Irregular heartbeats may occur;
- Heroin - nausea, vomiting, pinpoint pupils, eyelids closing, respiratory depression (not breathing enough), lethargy, drowsiness and difficulty to rouse, and loss of consciousness;
- Cannabis - anxiety, hallucinations and loss of consciousness;
- Amphetamines - nausea, vomiting, dilated pupils, fast pulse, sweating and seizures.

As soon there is a suspicion that packages have been ingested, the custody should be taken to the nearest Accident and Emergency Department (A and E), preferably by Ambulance.

If the custody has been brought to a Custody Centre, an Ambulance should be called immediately. A Custody Record should be opened but this should not delay transfer.

When persons who have swallowed drugs are returned to custody from Hospital the following should be considered:

- Before leaving the Hospital with the custody, the Escorting Officers should request the Doctor immediately in charge of the custody or the A & E Manager provide clear written advice to inform them of the custody's care plan;
- Custodies may still have drug packages in their bodies and Hospital tests and observation will not always detect them;
- The custody will continue to be at risk of deterioration, which may be either slow or sudden. In all case they must be seen in custody by a HCP;

- If the custody is returning from Hospital the duty HCP and the Officer in the case should be informed of the custody's return. The HCP will check the 'cause for suspicion' and what procedures and observations were carried out in the Accident and Emergency Department.

CHECKLIST - DEALING WITH SUDDEN COLLAPSE

- The vital actions are:
 - Call an Ambulance;
 - Put the custody in the recovery position;
 - Monitor breathing and pulse.
- If either breathing or pulse stops turn the custody onto their back and lift the chin to open an airway;
- If breathing stops and you are willing to do so give mouth-to-mouth resuscitation;
- If heart stops and you are willing to do so begin cardiac massage (defibrillate if available);

The custody must be subject to constant or regular observations until a healthcare professional advises otherwise. Custody Staff should:

- Observe the custody, recording all events and changes in the custody record;
- Talk to the custody so that they speak back and observe for mood, lucidity and slurred speech;
- Rouse the custody at least every 15 minutes or in line with local procedures unless a HCP instructs otherwise;
- Be aware that sealed packages can cause gut symptoms such as pain, nausea, vomiting or diarrhoea;
- Tell the Custody Officer immediately if any minor changes occur as they may be **significant**.

SUICIDE AND SELF HARM - Further Information

The following factors may indicate an increased risk:

- Mental illness; including depression, substance and alcohol abuse, personality disorder, anorexia and schizophrenia;
- Breakdown of social support and isolation - students, custodies, homeless people, immigrants, old people and refugees are at particular risk;
- Being unemployed;
- Previous episodes of deliberate self harm;
- People in certain professions who have easy access to a means of suicide (e.g. poisons, drugs, guns) have higher rates of suicide than the general population;
- Chronic disabling pain or illness;
- Family history of suicide and/or mental disorder;

- Recent loss such as bereavement, divorce, separation, redundancy;
- Adverse childhood experiences;
- Added risk factors for young people include:
 - Impaired parent-child relationships (including poor family communication styles and extremes of high and low parental expectations and control);
 - Parental separation or divorce;
 - Mental illness in parents (depression, substance use disorders and antisocial behaviour).

Cutting the skin is probably the most common form of self harm. Other forms of self harm include burning the skin, especially with cigarettes, hitting or punching themselves, hitting themselves with an object, picking at the skin, pulling out hair and breaking bones. Self-harm is more common among girls than boys, often starting in adolescence at about 15 years of age. Fear of discovery and shame often cause people to conceal self-injury.

People may self harm over many years or only at times of extreme stress. Some people only self harm once while others have repeated episodes throughout their lives. For further information see NHS Website, <http://www.nhsdirect.nhs.uk>.

POTENTIALLY VIOLENT INDIVIDUALS

Chief Officers are encouraged to establish a local protocol with the Social Services, Local Authorities and Health Trusts for dealing with potentially violent individuals.

The following areas must be considered when developing such policies:

- A proactive approach to gathering information;
- Conducting intelligence systems checks;
- Sharing information with partners for safer custody care;
- Observing the custody during and potential dangers;
- Identifying any impact factors;
- Effective allocation and use of resources;
- Extent of searching to be justified on an individual basis;
- Effective transport;
- Procedures for informing Custody Officers of the grounds, risks, intelligence, observation and other relevant information on persons held in custody.

MENTAL HEALTH ISSUES

Mental health problems and alcohol/drug misuse often coincide and a person's mental health problem can make it more likely that they will self harm or commit suicide. Being in a Police cell can have an adverse effect on a person's condition if they are already suffering from mental illness. In particular, isolation and the noise in a busy Custody Centre can be aggravating factors.

People with mental health problems can experience an adverse reaction to being touched and this can sometimes escalate a threatening situation into a violent one. The individual is more likely to respond positively to being talked to, with restraint only being used in situations where this approach is not possible or a very real danger of harm is present to the individual or another.

When a person is detained under the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), they must be taken to a place of safety for an assessment under Section 298 of the aforementioned Act. They cannot be transferred from one place of safety to another. The national form (POS1) should be completed if the person is detained under the above section of the Mental Health Act 2003, i.e. solely on concerns for his/her mental state. There is no need to complete a POS1 form when someone is suspected of suffering from a mental health disorder comes into Police custody having committed a crime.

A Police Office may only be construed as a place of safety 'if no place of safety is immediately available' (Section 297(5) of this Act). Therefore, a Police Station should be considered an undesirable facility to be used and as such an alternative should be sought. See [Mental Health and Place of Safety SOP](#).

ACUTE BEHAVIOURAL DISTURBANCE

People who are violent and agitated pose an increased risk to the safety and welfare of the custody and those dealing with them. There may be an underlying medical reason for the behaviour such as a head injury, drug or alcohol misuse or a mental illness. If there is any suspicion that the violence stems from a medical condition, the person should be treated as a medical emergency. Whenever possible, the person should be contained rather than restrained until medical assistance can be obtained.

DIABETES - Further information

A low blood sugar level can cause aggression, confusion and difficult behaviour before leading to loss of consciousness and permanent brain injury. People with diabetes will often have a bracelet or necklace or carry a medical reference card detailing their medical condition. If blood sugar level is too low and this is left untreated, a person can experience hypoglycaemia, which can lead to unconsciousness or convulsions. Where the blood sugar level remains high for a period of time, the individual may develop hyperglycaemia, which can lead to unconsciousness.

Signs, Symptoms and Treatment of Hypoglycaemia

- May include sweating, aggression, stubbornness, anxiety, pallor, trembling, confusion, hunger, sleepiness and lack of co-ordination;
- Immediate action - give the individual a sweet drink or three tablets of glucose or chocolate immediately. When recovered, a meal or bowl of cereal should be offered;
- The advice of an HCP should be sought;
- If the custody is slipping into unconsciousness an Ambulance must be called immediately.

Signs, Symptoms and Treatment of Hyperglycaemia

- May include unconsciousness or a reduced level of consciousness, dry skin, deep breathing, and/or a smell of acetone (similar to pear drops) on the breath;
- Immediate action - transfer to Hospital.

EPILEPSY - Further Information

Following an epileptic fit there is often a period, during which a person feels tired and confused, speaks incoherently and may act in a strange way. This normally lasts no more than a few hours, but in rare cases can persist for up to 24 hours. People with epilepsy will often have a bracelet or necklace or carry a medical card detailing their medical condition.

Strokes are sometimes associated with a sudden onset of behavioural changes. The blood vessels to the brain can suddenly block causing a lack of oxygen to specific regions within the brain. Occasionally a sudden mood change is a presenting feature of stroke.

Infections may cause acute mental health problems or dementia in older persons. An infection causes loss of brain function often without the person developing a high temperature, sweats or fever. Treatment leads rapidly to a full recovery.

Angina and other heart problems such as heart attacks or rapid heart rate dysrhythmias cause a loss of oxygen circulating to the brain. Hypoxia occasionally causes confusion and strange behaviour as a presenting symptom.

GTN spray, which is used to combat the effects of angina, can be given to a custody suffering from angina if they request it. The recommended dose to be given is three puffs and if the custody's condition has not improved they should be taken to the nearest Hospital.

In the event the spray has had the desired effect, an HCP should be informed retrospectively that it was administered so that an appropriate care plan can be put in place for this custody.

Excited delirium is a life threatening condition that can be caused by heavy use of certain drugs, typically stimulants of which Cocaine is the most common. Symptoms include a fever, rapid pulse, acute behavioural disturbance (perceiving others as frightening and dangerous), breathing problems and death. People who appear to have this condition should only be restrained in an emergency. They should be taken by Ambulance to Hospital immediately the diagnosis is considered.

HEAD INJURIES - Further Information

Head injuries can cause acute behavioural disturbance due to cerebral irritation. Sedation and treatment in Hospital will normally resolve the condition within hours. A blow to the head can result in bruising or bleeding inside the skull or inside the brain; not all head injuries are visible. Complications may occur at any time after the event.

CHECKLIST - DEALING WITH HEAD INJURIES

The National Institute for Clinical Excellence (NICE) advises that where any of the following signs are present after the individual has sustained a head injury, an Ambulance should be called immediately:

- Unconsciousness, or lack of full consciousness (for example, problems keeping their eyes open);
- Problems understanding, speaking, reading or writing;
- loss of feeling in part of the body;
- Problems balancing or walking;
- General weakness;
- Any changes in eyesight;
- Any clear fluid running from ears or nose;
- A black eye with no associated damage around the eye;
- Bleeding from one or both ears;
- New deafness in one or both ears;
- Bruising behind one or both ears;
- Any evidence of scalp or skull damage, especially when the skull has been penetrated;
- Any convulsions or fits.

Dehydration and salt imbalance causes confusion. Older persons are particularly at risk.

When carrying out the risk assessment, the Custody Officer should be aware there may be an underlying cause for a custody's aggression and should consider whether the onset of violence was sudden, unpredicted or irrational. Violence can also be an indicator of an increased risk of self harm.

COMMUNICABLE DISEASES - Further Information

Common communicable diseases include:

- **Hepatitis:** Hepatitis A is transmitted through contamination of food and water with faeces, poor personal hygiene or sanitation. Hepatitis 'B' is spread through exchange of blood and body fluids. Hepatitis 'C' is also spread through exchange of blood or blood products, commonly through sharing needles and accidents with sharps or needles. Vaccination is available for Hepatitis 'A' and 'B' for workers who may be at risk of contact with contaminated blood or body fluids. Staff should take precautions to minimise the risk of transfer of body fluids by keeping any open cut or sore covered.
- **Tuberculosis (TB):** Pulmonary tuberculosis is usually caught from someone coughing and sneezing tubercle bacilli. The TB germ has a thick protecting capsule, which can survive dry and hostile conditions. Vaccination is available.

- **HIV and AIDS:** Staff should take precautions to minimise the risk of transfer of body fluids by keeping open cuts and sores covered.
- **Scabies:** Is highly contagious and is spread by close physical contact, especially in overcrowded living conditions. When dealing with custodies who have scabies, contact should be kept to a minimum and hands should be washed following every contact with them. When a custody leaves the Custody Centre all clothing, towels and bed linen should be machine-washed (at 50 degrees Celsius or above). Staff should be advised to wash their clothing using the same method. Items that cannot be washed, such as upholstery, should be kept in plastic bags or covered in plastic for at least 72 hours to contain the mites until they die. Symptoms can take up to six weeks to emerge so all staff are advised to seek medical advice if a rash appears within that time.
- **Methicillin-Resistant Staphylococcus Aureus (MRSA):** Staff should always wash their hands thoroughly and wear disposable gloves when changing dressings. Cuts and broken skin should be covered with waterproof plasters.
- **Norwalk Virus (Norovirus):** The infection is spread through eating or drinking contaminated food or liquids, or touching surfaces or objects that are contaminated by 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.
- **Fleas:** The saliva from the insect passes into the skin and causes irritation and swelling. A fleabite wound should be cleaned with soap and water and gently dried. Any swelling or itching should clear up within one to two days. Creams that contain camomile lotion, steroid cream or anaesthetic can soothe the pain of a bite as can an antihistamine tablet.

For further information see <http://www.nhsdirect.uk>.

CLAUSTROPHOBIA - Further Information

Claustrophobia is the extreme or irrational fear of confined places and can lead to intense anxiety accompanied by:

- Panic attacks;
- Shaking;
- Rapid heart beats;
- Intense sweating;
- Difficulty breathing;
- Feeling sick (nausea);
- Dizziness; and
- Chest pain.

In extreme cases symptoms may be accompanied by:

- Fear of losing control, fainting or dying

CHECKLIST: DEALING WITH CLAUSTROPHOBIA

- Be calm;
- Reassure them;
- Take them to a cool, quiet place;
- Encourage them to breathe more slowly;
- If hyperventilating, encourage the custody to breathe into and out of a paper bag;
- Stay with them until they have recovered;
- If in doubt, call an HCP (Health Care Professionals).

ASTHMA - Further Information

CHECKLIST: DEALING WITH ASTHMA ATTACKS

- Signs and symptoms - the individual has difficulty in talking, there is an obvious state of anxiety and stress (not always present) and/or a wheezing sound from the chest (not always present);
- In severe attacks the individual may be unable to speak and may have pale or cyanosed (grey/blue coloured) skin. This may be less apparent in a black or dark skinned person but there may be some discolouration of the lips and tongue. The wheezing sound may worsen to a point where the wheezing stops and may be accompanied by reduced consciousness or marked exhaustion;
- Treatment - reassure the custody (who may be very frightened), place them in a position where they feel most comfortable (usually sitting), instruct them to breathe slowly and deeply and allow them to use their inhaler;
- In non-severe cases, custody staff should seek the advice of a HCP;
- In all cases of severe asthma attacks or where the attack worsens or is prolonged, an Ambulance must be called.

HEART DISEASE

People with heart disease present a significant risk of sudden death in custody. Interview situations may cause stress and trigger an angina attack. Anxiety or claustrophobia may also cause chest pain. A lack of oxygen to the heart may cause a sudden heart rhythm problem or cardiac arrest.

CHECKLIST: DEALING WITH HEART DISEASE

- Discuss all cases with the HCP; they should attend to assess the custody in all cases;
- Consideration should be given to allowing angina sufferers to keep angina sprays with them unless they present a risk of self harm;
- Do not interview the custody until the HCP has been consulted.

An HCP should be consulted in the following circumstances:

- Known heart disease but with no current problems. A HCP's attendance must be arranged if the custody is staying overnight or in excess of six hours;
- If any medication is required;
- Chest pains but no known heart disease; unsubstantiated claims of heart disease.
- An Ambulance should always be called for people known to have heart disease who:
 - Have pain persisting for more than 15 minutes despite using medication;
 - Appear to be unwell, e.g. look cold, sweaty, grey or pale and are clutching their chest;
 - Feel sick or are vomiting; are not fully conscious.

The HCP should also attend to the custody wherever practicable.

SICKLE CELL ANAEMIA

Under normal blood conditions, there are no symptoms. Sickle cell disease features episodes called 'sickling crises'. These may be brought on by exposure to cold, infection or bodily water shortage (dehydration). Quite often they occur for no obvious reason.

When sickling crises occur, the main symptoms are worsening joint pain, severe pain to the abdomen, fever and breathing difficulty.

- If the brain is affected, seizures and possible weakness on one side of the body;
- Pain in the upper abdomen from the liver and the spleen;
- Blood in the urine from kidney damage;
- Persistent and painful erections in men.

CHECKLIST: DEALING WITH SICKLING CRISES

- Consult an HCP or consider calling an Ambulance;
- A crisis should be treated early with infused fluids, oxygen, antibiotics and painkillers;
- The destruction of red blood cells in a crisis can cause severe anaemia which may need to be treated with a blood transfusion.