

# PERSON ESCORT RECORD (PER)

PHOTO

**Completion of this document is acknowledgement  
that the individual is FIT FOR ESCORT**

<b>NOT FOR RELEASE</b> (Full reason to be entered)	Tick if applicable	
<p>.....</p> <p>.....</p>		
<b>MEDICAL RECORD</b> (attached inside)		
<b>SUICIDE / SELF HARM WARNING ALERT</b> <b>completed</b>		
<b>Assessment, Care in Custody &amp; Teamwork</b> (ACCT) enclosed (HMPPS use)		
<b>L &amp; D Assessment in Police custody enclosed</b>		
<b>RED FLAG PAGE completed</b>		
<b>USE OF FORCE / RESTRAINT</b> (see Red Flag Warning page / Medical & Social Care page)		
<b>MPV Required? - Not fit for cellular vehicle</b> Please provide reasons:		
<p>.....</p>		

## \*Escape List

PSI 10/2015  
Prison use only

Escort\*

Standard\*

Heightened\*

*\*tick as required*

**Surname**

.....

**Forename**

.....

**Prison / Home Office No.**

.....

**Date of travel**

.....

*Additional papers relevant to the person - to be listed below and attached securely.  
Number of additional pages to be noted.*

- 1.....
- 2.....
- 3.....
- 4.....

# RISK INDICATOR GUIDANCE

## PERSON / DETAINEE IF NOT FOR RELEASE

TICK must be ticked if an individual is not for release, and a full reason must be given.

## NUMBER

Refers to the unique number that a particular agency gives to an individual.

## ETHNIC CODE

The following codes will be used:

A1	Asian or Asian British Indian
A2	Asian or Asian British Pakistani
A3	Asian or Asian British Bangladeshi
A9	Asian other
B1	Black or Black Caribbean
B2	Black or Black British African
B9	Black other
M1	Mixed White & Black Caribbean
M2	Mixed White & Black African

M3	Mixed White & Asian
M9	Mixed other
NS	Not stated
O1	Chinese
O9	Any other
W1	White British
W2	White Irish
W9	White Other

## NOK

The contact details of family or significant other should be mandatorily requested by prisoner escort services before the prisoner leaves court and immediately added to his prison file

## LEGAL GENDER (if different)

Legal gender is the sex stated on the persons Birth Certificate which indicates a person's physical sex at birth. If someone receives a Gender Recognition Certificate, they are issued a new Birth Certificate, which states their new legally recognised gender.

## P.o.P.O. / D.Y.O

If the individual is a Prolific and other Priority Offender, or a Deter Cohort Young Offender this box must be ticked.

## P.N.C. ID WARNING SIGNALS

Is for police use only. Delete either Yes or No. Relevant risk must be recorded in the appropriate boxes.

## PNC ID

PNC ID number to be entered.

## CRO NO

Criminal Records Office number to be entered.

## NATIONALITY

Home Office Immigration Enforcement (HOIE) only to complete this section.

## OFFENCE

Include the offence. If further information is required, tick the box and include it on the Record of Events page.

## PREVIOUS CUSTODIAL HISTORY

Delete either Yes or No on every occasion.

## If a known risk exists

It must be recorded in line with the guidance below and include relevant dates.

## If no known risk exists

A tick must be placed in the **NO KNOWN RISK** box.

<b>SUICIDE / SELF HARM</b>	<p>To be completed if the person:</p> <ul style="list-style-type: none"> <li>has or has attempted to self-harm</li> <li>is at known risk of self-harm (e.g.... has threatened self-harm / on open ACCT Plan)</li> <li>has recently been at risk of self-harm (e.g. post-closure phase of ACCT Plan / PNC suicide/ self-harm warning marker in last six months)</li> <li>gives other reason to indicate at risk of self-harm (e.g.... has killed or seriously injured a family member / unexpected recall / bizarre behaviour or other signs of mental disorder / withdrawal from drugs/alcohol)</li> <li>becomes at risk during this custody (e.g.... receives unexpected remand / long sentence)</li> <li>is at increased risk due to their veterans status</li> </ul> <p>It must be recorded which of the above (or other reason) is relevant, along with details.</p>
<b>AT RISK OF PHYSICAL OR VERBAL ABUSE</b>	<p>Consideration must be given to the nature of the charge or offence or if there is any history of bullying or intelligence of threats against the individual.</p> <p>Press interest may also place the individual at risk.</p>
<b>VIOLENCE / RISK TO OTHERS and any PUBLIC PROTECTION ISSUES</b>	<p>To be completed if there is any relevant history of violence, actual or threatened. Reference must be made to risks to specific groups such as women, children, and minority ethnic groups, Police / Prison / private contractors or any other Criminal Justice Agency. Specific reference must also be made to any risks they may pose to others, particularly if placed into shared cellular accommodation (the Cell Sharing Risk Assessment must be consulted if available).</p>
<b>ESCAPER / CAT 'A' / RESTRICTED STATUS</b>	<p>To be completed if:</p> <ul style="list-style-type: none"> <li>Categorised Cat 'A' or potential Cat 'A,' Restricted Status</li> <li>The individual is from prison and on the Escape ('E') list</li> <li>There is relevant history of escape attempts</li> <li>Intelligence suggests an escape attempt is likely.</li> </ul>
<b>CONVEYANCE OF ILLICIT ITEMS INCLUDING DRUGS / MOBILE PHONES</b>	<p>To be completed if there is a history or intelligence of the individual attempting or actually trafficking drugs / mobile phones into secure establishments. (This is <b>not</b> to record if the individual is drug or alcohol dependent - this will be recorded in the <b>Health Risk Section</b>).</p>
<b>HOSTAGE TAKER</b>	<p>To be completed if there is an actual history or a relevant threat of a hostage situation.</p>
<b>USES / CONCEALS WEAPONS / DRUGS OR OTHER ITEMS</b>	<p>To be completed if there is intelligence to suggest that there is the possibility of concealed weapons or the potential to use weapons, or items with the individual.</p>
<b>STALKER / HARASSER / INTIMIDATION</b>	<p>To be completed if the individual has a Restraining Order or a Civil Injunction against them or intelligence to suggest that the individual will attempt to harass or intimidate witnesses, co-defendants or other specific individuals. Prison staff must ensure that information recorded here is passed to the relevant person on the day of arrival. Consideration of suitability to make phone calls on reception.</p>
<b>RACIAL / HOMOPHOBIC MOTIVATION</b>	<p>To be completed if the offence or charge is homophobic or racially motivated, or there is a history of.</p>
<b>SEX OFFENCE</b>	<p>To be completed if the offence or charge is of a sexual nature (excluding prostitution offences) except where the charge is the procurement of others into prostitution</p>
<b>COMMUNICATION / LANGUAGE DIFFICULTIES</b>	<p>To be completed if any barriers to verbal communication exist.</p> <p>This is to include any issues regarding foreign language and literacy requirements and will relate to those who are visually or hearing impaired.</p>
<b>OTHER (SPECIFY)</b>	<p>To be completed if there is any relevant information that is not covered above.</p>

# OFFICIAL - SENSITIVE ONCE COMPLETE

## RISK INDICATOR

PERSON / DETAINEE IF NOT FOR RELEASE - TICK								REASON NOT FOR RELEASE							
FROM				TO				DATE OF TRAVEL		/ /					
SURNAME								NUMBER							
FIRST NAME								DoB							
ALIASES								RELIGION							
NOK NAME								NOK NUMBER							
MALE		FEMALE		LEGAL GENDER <small>if different</small>		ETHNIC CODE		UNDER 18		D.Y.O.		PoPO			
(Police use only) PNC warning signals (if yes, see details of risk below)											YES / NO				
PNC ID				CRO No.				NATIONALITY (HOIE ONLY)							
OFFENCE / CHARGE								If further information needs to be added, tick here and include on the Record of Events page.							
PREVIOUS CUSTODIAL HISTORY															
POLICE				YES / NO		PRISON				YES / NO					
Complete the Risk Indicator in accordance with the Guidance Notes on the opposite page. If no risk is known, tick the 'No Known Risk' box and sign to confirm at the bottom of the form.										No Known Risk					
RISK		DETAILS OF CURRENT & RELEVANT RISK													
Suicide / self harm															
At risk of physical or verbal abuse															
Violence / risk to others															
Escaper / Cat 'A' / Restricted Status															
Conveyance of illicit items including drugs / mobile phones															
Hostage taker															
Conceals weapons or other items															
Stalker / harasser / intimidation															
Racial / homophobic motivation															
Sex offence															
Communication / language difficulties															
Other (specify)															
NAME / ID No.				SIGNED				DATE				TIME			
If there is no known risk, please print & sign below.															
NAME / ID No.				SIGNED				DATE				TIME			
If more than one person is completing both sections of the Risk Indicator, initial here and sign at the bottom.															
If the Risk Indicator section above changes, or there is no known risk, print & sign below.															
NAME / ID No.				SIGNED				DATE				TIME			

## **MEDICAL AND SOCIAL CARE**

# MEDICAL & SOCIAL CARE GUIDANCE

The Health Professional or Police Custody staff to complete the risks and vulnerabilities and record who approved any in possession medication or the person issuing it.

A **health contact number** must be given so that questions or clarification relating to health matters can be made.

In case of Police, the Custody Centre direct dial number should be used.

Printed names and signatures must be provided.

<b>HEALTH - MEDICAL</b>	<p>To be completed if there is any current and relevant medical health risk or medical issues that may lead to sudden deterioration in transit:</p> <ul style="list-style-type: none"> <li>- Alcohol withdrawal medication</li> <li>- Any current injuries</li> <li>- Reasonable adaptations e.g.... visual, language, hearing impairment or mobility (Prosthesis)</li> <li>- Risk of seizure (Epilepsy or other causes)</li> <li>- Detoxing - alcohol withdrawal</li> <li>- Cardiovascular problems</li> <li>- Any difficulties breathing</li> <li>- <b>Medication alerts (medication required for transit)</b></li> <li>- Insulin dependant diabetic</li> <li>- Allergies</li> <li>- Substance Misuse - Medication.</li> </ul> <p>All prisoners to be held at current establishments for medical reasons, including those on Drug Maintenance Programmes, should be highlighted 'return to the discharging establishment' (HMPPS).</p>
<b>HEALTH - MENTAL</b>	<p>To be completed if there is any current and relevant mental health risk</p> <ul style="list-style-type: none"> <li>- Risk of self harm - e.g.... previous overdose / ligature / previous psychotic episode</li> <li>- Liaison and Diversion e.g.... Contact with Liaison and Diversion professional.</li> </ul>
<b>OTHER VULNERABILITIES</b>  <b>PERSON AT RISK</b>	<p>To be completed if the individual has any other condition that escort staff need to be aware of. This can include hearing impairment, limited sight or registered blind. Mobility concerns - if the individual requires use of a wheelchair, crutches or walking stick (Prosthesis) etc. This must be completed for the Operational Manager to correctly identify the level of restraint required.</p> <p>Who is a person at risk? The threshold for a person at risk is where there is reasonable cause to suspect a person:</p> <ul style="list-style-type: none"> <li>a) has needs for care and support (whether those needs are being met)</li> <li>b) is experiencing or at risk of abuse or neglect</li> <li>c) has ADHD/Autism specific aggravating factors, and</li> <li>d) as a result of those needs, is unable to protect himself against the abuse, or neglect, or the risk of it.</li> </ul>
<b>SOCIAL CARE NEEDS</b>	<p>Does the person require support with personal care or meeting toileting needs etc.</p>
<b>PRESCRIBED MEDICATION</b>	<p>Please tick YES or NO in order to indicate if the person has prescribed medication.</p> <ul style="list-style-type: none"> <li>- Prescribed medications</li> <li>- Active and passive medication problems</li> <li>- Particular vulnerabilities</li> <li>- Time last meds were given</li> <li>- Time next meds are required.</li> </ul> <p><b>Provide details</b> – This should be completed to list any relevant medication and inform the escorting party what side effects are to be expected should the person not receive their medication.</p> <p style="text-align: center;">IF NOT ENOUGH SPACE PRINT SEPARATE LIST AND ATTACH</p>

**OFFICIAL - SENSITIVE ONCE COMPLETE**  
**MEDICAL AND SOCIAL CARE**

NUMBER				FIRST NAME & SURNAME				
<b>HEALTH RISKS</b>								
CONTACT NUMBER FOR HEALTH QUESTIONS								
RISK		DETAILS OF CURRENT & RELEVANT RISK						
HEALTH - MEDICAL								
HEALTH - MENTAL INCLUDING L&D ASSESSMENT								
<b>SOCIAL CARE and OTHER VULNERABILITIES</b>				Note any other vulnerabilities, hearing, poor sight, or other disability that would affect the escort.				
				Does the person meet the definition of a person at risk?			YES / NO	
				Does the person require support with personal care, mobility or meeting toileting / hygiene needs?			YES / NO	
COMMENTS								
<b>KNOWN ALLERGIES</b>								
NAME / ID No.		SIGNED		DATE		TIME		
<b>PRESCRIBED MEDICATION</b>				<b>YES</b>		<b>NO</b>		
PROVIDE DETAILS						LAST TIME MEDICATION TAKEN		
						NEXT TIME MEDICATION REQ'D		
MEDICATION		WITH ESCORT		YES / NO				
		WITH DETAINEE		YES / NO				
MEDICATION HANDED OVER BY (If different to above person)								
NAME / ID No.		SIGNED		DATE		TIME		

## SELF HARM / AT RISK

**TO BE COMPLETED BY ESCORT OR POLICE, IF IT IS BELIEVED THERE IS A CURRENT RISK OF SUICIDE OR SELF HARM, IN LINE WITH POLICE OBSERVATION LEVELS 3 & 4.**

### POLICE OBSERVATION LEVELS

#### **LEVEL 3 CONSTANT OBSERVATION**

If the detainee's Risk Assessment indicates a heightened level of risk to the detainee (eg. self harm, suicide risk or other significant mental or physical vulnerability) they should be observed at this level.

It includes the following actions:

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

The purpose of CCTV cell monitoring should be recorded in the custody record, together with the name of the designated officer or member of custody staff who is responsible for the monitoring. Officers and staff must consider issues of privacy, dignity and gender.

#### **LEVEL 4 CLOSE PROXIMITY**

Detainees at the highest risk of self harm should be observed at this level.

It must include the following actions:

- the detainee is physically supervised in close proximity to enable immediate physical intervention to take place if necessary
- CCTV and other technologies do not meet the criteria of close proximity observation but may compliment it
- issues of privacy, dignity and gender are taken into consideration
- any possible ligatures are removed
- the detainee is positively communicated with at frequent and irregular intervals
- review by the HCP in accordance with the relevant Service Level Agreement.

# SUICIDE / SELF-HARM WARNING ALERT GUIDANCE

## Introduction: Who should fill in the alert and why?

- The alert should **only be opened by Escort staff or Police, if they believe there is a current risk of suicide or self-harm in line with Police Observations Level 3 - 4**. To ascertain this, it is essential to speak to the individual.
- The purpose of this alert is to notify receiving agencies of persons who may be at risk from self-harm or suicide and to record actions taken to keep such persons safe.
- The Custody Officer, or Officer in Charge is responsible for ensuring its completion.

## Section 1: Location / journey

State here the court of appearance or, if the alert is opened on a vehicle, the police station / court / prison that the journey is from and to.

## Section 2: Nature of concern

**Statements of intent to self harm / commit suicide.** While it is possible that the individual doesn't mean what he / she says, better to err on the side of caution. Always open a Suicide / Self-Harm Warning Alert in these circumstances. Write what the individual said in box 4.

**Bizarre behaviour / signs of mental disorder** might include a person who behaves strangely (e.g. constant restlessness or excessively slow in movement), or whose speech shows a lack of logical connection between one part of a sentence and another or between sentences, sudden irrelevancies or unconnected moves of topic.

**Seems very depressed** e.g. poor eye contact, slowed down, withdrawn, or unresponsive.

**Signs of withdrawal from drugs / alcohol** might include fits, sweating, vomiting, stomach cramps, dilated pupils or tremors.

**Reaction to offence / charge / conviction / sentence.** Particular attention should be given to offences / charges of violence against a partner or close relation. Reactions to conviction / sentence might include anger, guilt, despair, disbelief or total dismissal of the conviction / sentence.

**Act(s) of self-harm since arrest or in the last month** means any act of intentional self-harm or self-injury that has happened in police, court or escort custody during this episode of arrest. Ligature making should be included. Always open a Suicide / Self-Harm Warning Alert where there has been such an incident.

**Describe what happened if self-harmed since arrest or within last month.** State here what the individual did, where and when (e.g. .... 'cut his / her left wrist with a serrated plastic knife in the court cell' or 'tried to hang him / herself in the van using his / her shirt').

**Any other history of self-harm.** The most important details for estimating current suicide risk, if you are aware of them are:

- How recently did the incident take place? More recent = higher risk
- Did the person use a lethal method? More lethal = higher risk
- Did the incident take place in circumstances that are similar to now e.g. .... did the person self-harm when going into prison or when withdrawing from drugs / alcohol. If circumstances are similar now = higher risk.

## Section 3: Source of information

- Escort staff need to be clear that the risk can be considered to be current.
- If a 'third party' please give name, role, (e.g. .... partner, parent, probation officer, solicitor, nurse) agency (if appropriate) and contact details, including telephone number (if available). Give details of what the third party said in box 4.

## Section 4: Details of what the individual or third party said, plus own initial observations

Note exactly what the individual has said:

- When you are talking to the individual, remember to tell him / her that you are filling in a Suicide / Self-Harm Warning Alert, e.g. .... 'I'm concerned about you and so I'm taking steps to make sure you are kept safe until you can get some help with your problems'.

## Section 5: Actions undertaken to ensure safety

Use this section to record what you have done to keep the individual safe. You must record the measures taken:

- Observation based on agencies own Risk Assessment.
- Use the History and Record of Events section - to note the on-going actions and observations you make whilst the individual is in your custody. This should include noting the individual's mood and behaviour; noting when he / she is observed, meal times, medication received and conversation with the individual (including what the individual said).

## Section 6: Details of reporting custody officer

This section should be completed by the reporting custody officer.

## Section 7: Details of reception officer (NOT applicable to the police)

Once this section has been completed by the receiving Reception Officer at the establishment *the escort contractor should retain the third copy of the form*. The Reception Officer may ask the escort staff for a verbal handover.

The receiving Reception Officer will:

- Keep the prisoner safe prior to the reception healthcare screen, following local protocols relating to the location, supervision and support of potentially at-risk prisoners
- Pass the top two copies of the Suicide / Self-Harm Warning Alert to the reception healthcare screener.

**Section 8 is to be completed to highlight any action taken and to record that this information has been passed to receiving agency. (HMPPS only)**



**CURRENT SUICIDE / SELF - HARM WARNING ALERT**

<b>4. Summary of what the individual or the third party said, plus own initial observations</b>	Date / time: .....
	<i>Keep person safe according to local protocols until passed to healthcare screening</i>
	<b>8. Confirmation of action taken (HMPPS only)</b>
	ACCT opened <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	Other action taken. Please state.
	Name / ID No.....
	Signature: ..... Date / Time: .....

## **HISTORY AND RECORD OF EVENTS**

# HISTORY AND RECORD OF EVENTS GUIDANCE

<b>SHEET NUMBER</b>	This must be sequential so that receiving agencies can read through the additional sheets in the correct order. (if continuation sheets are used)
<b>PRISON NUMBER</b>	These details must be taken from the Risk Indicator and are included again here for quick reference.
<b>TIME</b>	The time must be completed for every entry.
<b>DETAILS</b>	Details of the event must be clear and unambiguous.
<b>NAME</b>	The name and ID No. of the officer completing any entry must be legible.
<b>SIGNED</b>	Signature of the officer completing the entry.
<b>SEC</b>	See below for the <b>Significant Event Codes</b> .
<b>RELEASE AT COURT</b>	When a person is released at court the release should be recorded using this section on page 15. Any checks that need to be made to authorise the release should be recorded in the boxes shown, as follows below in the sections; Agency, Establishment, Name & Authority to Release.
<b>AGENCY</b>	Court, Prison, Police or other (Please state).
<b>ESTABLISHMENT</b>	Name of the authorising establishment.
<b>NAME</b>	Name and ID No. of the person authorising, or refusing, the release.
<b>AUTHORITY TO RELEASE</b>	"Yes" or "No"
<b>REMARKS</b>	Any further information in corroboration of the decision.
<b>Release authorised by CO / IC</b>	The Custody Officer will ensure all checks have been carried out by contacting the relevant agency or establishment and obtaining both a contact name and level of authority. These details must then be entered onto the form together with any related remarks. Having confirmed the release has been authorised, the Custody Officer must then print and sign their name in the relevant boxes.
<b>Release countersigned</b>	A second officer should check the documentation and the release information and then print their name and sign in the relevant boxes.
<b>STATEMENT OF RECEIPT OF PROPERTY</b>	If a person is being released and has property held in your possession then they should acknowledge the return of their property using this section. The corresponding bag seal numbers should be copied across from the Property and Cash section and the person being released should print their name and sign in the relevant boxes.

## INTEGRITY OF HANDCUFFS TO BE CHECKED REGULARLY IN LINE WITH RISK ASSESSMENT

Use the following **Significant Event Codes** to highlight lines that contains important information to be handed over.

**Significant Events** may be suicide attempts, self-harm, escapes, violence, drugs, although this list is not exclusive. Refer to the Significant Events Codes below.

<b>Significant Events</b>	<p>A - New risks identified during the escort or detention or old risks that have been represented</p> <p>B - Suicide attempt or Self Harm</p> <p>C - First Aid administered / Unplanned Urgent Treatments.</p> <p>D - Incapacitant Spray / Device used.</p> <p>E - Meals offered and taken or refused.</p> <p>F - Change of Status.</p> <p>G - Any apparent injuries.</p> <p>H - Use of batons.</p> <p>I - Time person is available for escort to establishment (Warrant received, placement confirmation, paperwork received, YOT signed off PER)</p> <p>J - Time the person is placed on the vehicle</p> <p>K - Details of any intransit stops before reaching final destination</p> <p>L - Time of arrival at gate of final destination</p> <p>M - Other significant events.</p>
<b>Use of Force</b>	<p>During and after restraint staff should be aware of specific indicators of heightened risk to the offender:</p> <ul style="list-style-type: none"> <li>• abruptly / unexpectedly stopped struggling</li> <li>• blueness of extremities</li> <li>• difficulty in breathing</li> <li>• feeling sick</li> <li>• lost or reduced consciousness</li> <li>• tiny pin point red dots on skin e.g. upper chest, neck face or eye lids.</li> </ul>

**Prison Reception staff must refer to this document to obtain information relating to risk and use it to inform the Cell-Sharing Risk Assessment, ACCT, OASys and MAPPA processes.**

**OFFICIAL - SENSITIVE ONCE COMPLETE**  
**HISTORY AND RECORD OF EVENTS**

**SHEET No.**

[illegible]

# **CONTINUATION SHEET OF HISTORY & RECORD OF EVENTS**

## CONTINUATION SHEET OF HISTORY & RECORD OF EVENTS

[illegible]

## STATEMENT OF RECEIPT OF PROPERTY

I certify that I have received all the contents of property bag numbers shown below, and am completely satisfied.

1)	2)	3)	4)	5)
6)	7)	8)	9)	10)
Name (print)		Signature / ID No.		

**The PER Form must accompany the person / detainee to the Health Screening Process**

<b>COURT YOT OFFICER HAS SEEN FORM (not for Police use)</b>	YOT Officer's name		Signature		Date / time	
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**RELEASE AT COURT**

I certify that all relevant checks have been made with clearance given as shown:

Agency	Establishment	Name	Authority to Release		Remarks
Release authorised by CO / IC		Name / ID No.		Signature	
Release countersigned by		Name / ID No.		Signature	

**RED FLAG PAGE FOR EMERGING or  
CHANGING RISK DURING ESCORT**

# RED FLAG PAGE FOR EMERGING or CHANGING RISK DURING ESCORT

The **RED FLAG** page is usually only to be completed by **escorting staff**, as this refers to changing or emerging risks which impact on the safety and wellbeing of the person in escort and tick the front page.

Staff must reflect known **risk factors and / or vulnerabilities** by using the tick box list appropriately - based on the information contained within the body of the PER document.

The **RED FLAG** page can also be used to record and highlight any **vulnerabilities or risk factors** that arise **once the PER is completed and / or during the period of escort or absence from the establishment.**

## ***For example***

The person leaves your custody and tells the discharging officer that "I'm not going to be able to cope with a prison sentence" OR "if I get sentenced today my partner is going to leave me and I won't carry on without them".

## ***For example***

The person is newly charged with a further serious offence, has an Appeal rejected or receives an unexpected or significant sentence.

The **RED FLAG** page can also be used to draw attention to **any** Use of Force preceding or during the escort / discharge.

Staff must act & respond appropriately to the specific indicators of **heightened risk** to the offender, post / during restraint.

These may include:-

- abruptly / unexpectedly stopped struggling
- blueness of extremities
- difficulty in breathing
- feeling sick
- lost or reduced consciousness
- tiny pin point red dots on skin e.g on upper chest, neck, face or eye lids.

**Any** incidents whilst away from the establishment which may heighten RISK FACTORS must be **recorded and handed over via the RED FLAG** page and detailed on the **History of Events sheet**, using a continuation sheet if required.



**OFFICIAL - SENSITIVE ONCE COMPLETE**  
**RED FLAG PAGE FOR EMERGING OR**  
**CHANGING RISKS DURING ESCORT**

NUMBER		FIRST NAME & SURNAME	
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**This page is to flag any heightened risk relating to the individual that has changed during the period of the escort.**

Observations can come from: prison staff, escort staff, police, solicitors, or any other staff who have contact with the person

**Are any of the following apparent or relevant (tick as appropriate)**

Increased risk of suicide / self harm		Nature of offence	
History of suicide attempts / self harm		Low mood / emotional / non communicative	
Signs of mental disorder		Change of status	
Signs of drug / alcohol abuse		Risk of escape	
Risk of violence		Other - comment below	

Use of Force, prior to or during escort	Yes / No
Restrained	Yes / No

## Comments

[illegible]

## **ESCORT HANDOVER DETAILS**

## RECORD OF HANDOVER GUIDANCE

All individuals that complete this section are to ensure that the 'Dispatching Officer' and 'Receiving Officer' details are legible. The section containing the heading 'I.D.' requires the ID number of the 'Dispatching Officer' or 'Receiving Officer' if applicable.

'INITIAL IF ENTRY MADE ON RECORD OF EVENTS' - If there are any discrepancies in the Property & Cash the Dispatching Officer is to initial following the entry that has been made in the 'HISTORY AND RECORD OF ESCORT EVENTS'.

The receiving Officer is signing for the following:

- The correct person/detainee is being received
- The property and cash described are complete and accurate at the time of the handover. Contractor staff will only sign for an intact bag against seal number
- The risks associated with the person are understood.

## PROPERTY & CASH GUIDANCE

The receiving officer is responsible for ensuring that the seal number is correct and that the bag and seal are intact. Should there be any discrepancy then this is to be detailed on the 'HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS' form.

The following codes are used:

- 'V' = Valuables
- 'SP' = Stored Property
- 'IP' = In Possession
- 'C' = Cash
- 'D' = Documentation
- 'M' = Medication

The 'OUT' and 'IN' boxes within the Property and Cash boxes should be ticked to confirm the property has been handed over.

- OUT - ticked by dispatching establishments
- OUT - ticked by the escort on collection
- OUT - ticked at Court if IPT then left blank
- IN - ticked by HMP / Police for lockouts

Property Retained denotes any organisation which withholds property. The YES or NO box should be circled accordingly. If yes, state the organisation which has retained the property. An entry should then be made on the record of events page.

# OFFICIAL - SENSITIVE ONCE COMPLETE

## ESCORT HANDOVER DETAILS

NUMBER		FIRST & SURNAME	
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**ESCORT DETAILS**

At each point where a person / detainee is handed over or received, both the dispatching and receiving contact telephone numbers must be completed on the form.

ORIGINATING LOCATION		PHONE No.	
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)		PHONE No.	
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)		PHONE No.	
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)		PHONE No.	
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)		PHONE No.	

**RECORD OF HANDOVER**

*Record and confirm any changes on the Record of Events / Red Flag page.*

Sign to say that the correct person / detainee is being handed over and accurate at the time of each handover.  
The risks have been handed over and understood by the Receiving Officer.

DISPATCHING OFFICER	I.D.	SIGNATURE	RECEIVING OFFICER	I.D.	SIGNATURE	TIME	DATE	INITIAL IF ENTRY MADE ON R.O.E.

**PROPERTY**

CODE	SEAL No.	OUT dispatching establishment	OUT escort on collection	OUT at Court - if IPT then leave blank	OUT ESCORT escort on collection from Court. If IPT then leave blank	IN HMP / Police for lockouts
PROPERTY RETAINED		Y/N	RETAINING ORGANISATION			

**CASH**

CASH AMOUNT	SEAL No.	OUT dispatching establishment	OUT escort on collection	OUT at Court - if IPT then leave blank	OUT ESCORT escort on collection from Court. If IPT then leave blank	IN HMP / Police for lockouts
£						
OTHER						
OTHER						
OTHER						
OTHER						
PROPERTY RETAINED		Y/N	RETAINING ORGANISATION			