

Feedback form for consultation Authorised Professional Practice (APP)– Detention and Custody (24 June – 12 August 2014)

Please complete electronically using MS Word and return by **12 August 2014**

Notes on Use: Add any comment or suggested change in the appropriate box – note the box will increase in size to hold several lines of text if necessary. Please note this is a draft document and during electronic transmission, formatting anomalies may occur. This will be addressed prior to final publication. In view of this, comment or suggested change should be restricted to areas that will have policy, procedural or other specific content impact.

Whilst reviewing this draft Practitioners should consider:

- Is the length and content appropriate?
- Is it easy to understand?
- Is there any information missing or should anything be removed?
- Is there any unnecessary repetition?

Practitioners should also consider the specific points highlighted in the introduction to this consultation.

Please provide your answer in the comment box under the relevant section/sub-section. You may provide as much, or as little feedback as you wish. You may also provide any feedback on any aspect of the draft.

When finished please, email completed document to: [Detention and Custody Feedback](#)

If you have any questions regarding the completion of this form, please e-mail APP.contact@college.pnn.police.uk

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| Reviewer's Name: | <i>Professor Ian Wall</i> |
| Position Held: | <i>Academic Dean</i> |
| Organisation: | <i>Faculty of Forensic and Legal Medicine</i> |
| Completion date: | <i>11 August 2014</i> |
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General comments about detention and custody

The Faculty of Forensic and legal Medicine (FFLM) was established in 2006 by the Royal College of Physicians of London and has been founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine;
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

The Faculty includes three different professional groups:

- Forensic practitioners
- Medically qualified coroners
- Medico-legal advisers to the medical defence organisations.

Forensic practitioners include those doctors and other healthcare professionals who provide medical care to complainants of both violent and sexual offences and also to those who are detained in police custody on suspicion of these crimes. The FFLM, which is recognised by the Home Office (see Hansard, March 18th 2009, Column 1164W) as being responsible for advising on the standards to be expected from all healthcare professionals involved in custody healthcare and forensic examination, has developed a wide set of standard documents and links have been attached where appropriate.

1. Custody management and planning

Comment or suggested change:

1 Legal framework

Agreed.

2 Principles of safer detention

Agreed.

3 Information sharing in custody

Agreed.

4 Senior management considerations

Agreed

5 Health and safety

Agreed.

6 Designation of a police station

Agreed

7 Human resources and training

Agreed

7.1 Police resources

Agreed

7.2 Custody resources

Agreed

7.3 Custody officer

Agreed

7.4 Staff responsibilities

Agreed

8 Healthcare models

The FFLM have produced a series of Quality Standards for Forensic Physicians and other health care professionals. These can be accessed via <http://fflm.ac.uk/upload/documents/1378397186.pdf> and

<http://fflm.ac.uk/upload/documents/1382349188.pdf> and the FFLM recommends that they are included in commissioning specifications. Revalidation is also expected to become recognised practice for nurses over the following year.

9 Healthcare resources

Agreed

9.1 Healthcare professional

See also our standards document: <http://fflm.ac.uk/upload/documents/1382349188.pdf>

9.2 Custody healthcare professional qualifications

MFFLM is the gold standard and the FFLM will be introducing LFFLM in the next month, which will be the recognised minimum basic level qualification for any healthcare professional.

10 Contractual arrangements for contract staff

Agreed

10.1 Police Reform Act 2002

Agreed.

10.2 Service standards

Agreed.

11 Independent custody visitors

Agreed

11.1 Process for an independent custody visitor visit

Agreed

12 Training and learning

Agreed

12.1 National Custody Officer Learning Programme

This should include some basic training about healthcare issues. The FFLM have produced guidance:

<http://fflm.ac.uk/upload/documents/1311936805.pdf>

12.2 Custody training checklist

See 12.1.

12.3 Contracted staff training

Agreed.

13 Contingency planning

Agreed.

13.1 Evacuation

Agreed.

13.2 Fire safety

Agreed

13.2.1 Further fire safety advice

Agreed.

13.2.2 Inadequate ventilation systems

Agreed.

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2. Response, arrest and detention

Comment or suggested change

1 Response

No comment.

1.1 Vulnerability

The FFLM regard all young persons under 18 as vulnerable and all should have a health needs assessment.

1.1.1 Initial response risk assessment

If a risk assessment cannot be undertaken, for whatever reason, that is a risk in itself. See IPCC 10 year review on deaths in police custody.

1.2 Police approach and decision making

Agreed

1.2.1 Conflict management

No comment.

1.2.2 Lawful arrest

No comment.

1.2.2.1 Necessity criteria

No comment.

1.2.3 De-arrest

No comment.

1.2.4 Hospital

Agreed – the FFLM have written head injury guidance see <https://fflm.ac.uk/upload/documents/1195227243.pdf> which will be reviewed soon following the publication of revised NICE Head Injury guidance. We would endorse the recommendations that section 136 cases should only go to a police station in exceptional circumstances.

1.2.5 Street bail

No comment.

1.2.6 Alcohol treatment centres

We would support the development of alcohol treatment centres.

2 Arrival at the station

Agreed – see also 1.1.1.

2.1 Violent detainees

The link did not work. The FFLM have produced guidance on the management of acute behavioural disturbance:

<http://fflm.ac.uk/upload/documents/1310745561.pdf>

3 Booking in to custody

No comment.

3.1 Placement of detainees

3.2 Necessity to detain

Agreed.

4 Fitness for detention

Agreed.

4.1 Medical attention

Agreed.

4.2 Fit to be detained

Agreed.

4.2.1 Health and any injuries

Agreed.

4.3 Welfare and safety of others

Agreed.

5 Rights and entitlements

Agreed.

6 The custody record

Agreed.

7 Fit to be interviewed

Agreed.

7.1 Considerations for decision making (fitness for interview)

Fitness for interview is a dynamic process and can change with time such that this may need to be reassessed periodically whilst in custody. See also Guidelines for the management of substance misusers in custody, a joint publication of FFLM, RCPsych and CEM: <http://www.rcpsych.ac.uk/files/pdfversion/CR169xx.pdf>

7.2 Record the decision

Agreed.

8 Pre-charge bail management

No comment.

8.1 Principles

No comment.

3. Moving and transporting detainees

Comment or suggested change

1 Supervision and escort

No comment.

1.1 Designated escort officers

No comment.

1.2 Prisoner escort and custody services

Prisoner escort services should also have access to healthcare. This appears to be lacking in many areas.

2 Safe movement of detainees

No comment.

2.1 Transfer of high-risk detainees

No comment.

3 Transfer of the PER form

No comment.

4 Control measures for detainees in transit

No comment.

4.1 Containment

No comment.

5 Fleet management

No comment.

5.1 Vehicle selection

No comment.

5.2 Inspection of vehicles

No comment.

4. Risk assessment

Comment or suggested change

1 Assessment and monitoring

Agreed.

1.1 Recording information

Agreed.

1.1.1 Content of risk assessments

Agreed.

1.2 Responsibility for risk management

Agreed.

1.3 Accessing relevant information

The FFLM are of the opinion that HCPs should be able to access NHS Health care records in custody but these must be separate from police records. See: <http://fflm.ac.uk/upload/documents/1392049119.pdf>

2 Information sources

Ideally, healthcare staff should be able to access NHS records.

2.1 Police national computer

No comment.

2.1.1 Out-of-date information

No comment

2.2 Police national database

No comment

2.3 Violent offender and sex offender register

And this must be drawn to the attention of any healthcare staff.

2.4 Person escort record form

Agreed.

2.4.1 PER form requirements

Agreed.

3 Condition of the detainee

Agreed.

3.1 'Do not resuscitate' orders and 'do not attempt resuscitation' orders

The FFLM is reviewing guidance in this area and it will be published in due course.

3.2 Detainees requiring urgent medical attention

Agreed.

3.2.1 Symptoms or behaviours

Also add chest pain.

3.3 Risk of suicide and self-harm

Agreed.

3.3.1 Self-harm

Agreed.

3.4 Potentially violent individuals

Agreed.

3.5 Acute behavioural disturbance

Agreed. The FFLM has published guidance on this subject: <http://fflm.ac.uk/upload/documents/1310745561.pdf>

3.6 Excited delirium

See 3.5.

3.6.1 Restraining a person with excited delirium

See 3.5

3.7 Dealing with diabetes

Agreed and please you have links to FFLM guidance.

3.7.1 Checking a detainee with diabetes

Agreed and please you have links to FFLM guidance

3.7.2 Assessing an individual with diabetes

Agreed and please you have links to FFLM guidance

3.7.3 Ongoing detention of a person with insulin dependent diabetes

Agreed and please you have links to FFLM guidance

3.7.4 Injecting insulin

Agreed and please you have links to FFLM guidance

3.7.5 If a detainee refuses insulin

Agreed and please you have links to FFLM guidance

3.8 Head injuries

Agreed and please you have links to the FFLM guidance which will be updated over the next few months once NICE have produced revised guidance.

3.8.1 Responsibilities of custody officers

Agreed and please you have links to the FFLM guidance which will be updated over the next few months once NICE have produced revised guidance.

3.9 Infectious and communicable diseases

Please see FFLM guidance: <http://fflm.ac.uk/upload/documents/1338980963.pdf>

3.9.1 Procedures needed to manage potential risk

Agreed.

3.9.2 Cleaning cells

Agreed.

3.9.3 Common communicable diseases

Agreed.

3.10 Claustrophobia

Agreed.

3.10.1 Dealing with claustrophobia

Agreed.

3.11 Asthma

Agreed.

3.11.1 Asthma attacks

Agreed.

3.11.2 Inhalers

Agreed.

3.12 Heart disease

Agreed.

3.12.1 Angina attacks

Agreed.

4 Release from custody

A health needs or a further health needs assessment may be indicated.

4.1 Risk of suicide after release

A health needs or a further health needs assessment may be indicated.

4.2 Obligations under the ECHR

A health needs or a further health needs assessment may be indicated.

4.2.1 Consent of the detainee

A health needs or a further health needs assessment may be indicated.

4.2.2 Transfer of detention

No comment.

4.3 Restraining a detainee

No comment.

4.4 Multiple detainees

No comment.

5. Control, restraint and searches

Comment or suggested change

1 Applying the National Decision Model

No comment.

1.1 Information

No comment.

1.1.1 Risk factors of physical violence

No comment.

1.2 Assessment

Agreed.

1.2.1 Warning signs for physical violence

Agreed.

1.3 Powers and policy

No comment.

1.3.1 Use of force

No comment.

1.3.2 Mental capacity

Agreed.

1.4 Identify options and contingencies

No comment.

1.5 Action

No comment.

1.5.1 Observation and monitoring during restraint

Agreed.

1.5.2 The prone position and positional asphyxia

Agreed.

1.5.3 Risk assessment on arrival at the police station following restraint

Agreed.

1.5.4 Restraint after arrival in the custody suite

Agreed.

1.6 Review

Agreed.

1.6.1 Injury or other effects caused by restraint

Agreed.

1.6.2 Monitoring in custody

Agreed.

1.6.2.1 Risk of suicide

Agreed.

2 Cell relocation

No comment.

2.1 Supervising cell relocation

No comment.

2.2 Pre-planned cell relocation

No comment.

3 Use of Taser

See FFLM guidance which includes an information leaflet: <http://fflm.ac.uk/upload/documents/1379584094.pdf>

3.1 Medical assessment

Suggest change FME to forensic physician.

3.1.1 Monitoring after Taser discharge

See FFLM guidance which includes an information leaflet: <http://fflm.ac.uk/upload/documents/1379584094.pdf>

3.1.2 Information provided to detainees

See FFLM guidance which includes an information leaflet: <http://fflm.ac.uk/upload/documents/1379584094.pdf>

3.1.3 Custody records

Agreed.

4 Searches

See FFLM guidance on intimate searches: <http://fflm.ac.uk/upload/documents/1282835640.pdf>

4.1 Documenting decisions

No comment.

4.2 Property removal and storage

No comment.

4.3 Withholding articles

No comment.

4.4 Replacement clothing

No comment.

4.5 Defective cell

No comment.

6. Detainee care

Comment or suggested change

1 Management and supervision

No comment.

1.1 Supervision by an inspector

No comment.

1.2 Maintaining custody records

No comment.

1.3 Handover procedures

No comment.

1.3.1 Multiple custody officers on duty

No comment.

1.3.2 Use of whiteboards and wipe boards

No comment.

2 Monitoring, observation and engagement

Agreed.

2.1 Levels of observation

Agreed. We recommend that relevant information following a health assessment should be given both verbally and in writing. See IPCC 10 year study on deaths in police custody.

2.1.1 Written record

Agreed.

2.2 Signs indicating increased risk

Agreed

2.3 Medication

Agreed – see our guidance document on medication in police custody:

<http://fflm.ac.uk/upload/documents/1407514893.pdf>

2.3.1 Management of medication

See 2.3

2.3.1.1 Quantities of medication

See 2.3

2.3.1.2 Detainee retention of medication

See 2.3

2.3.1.3 Unused medication

See 2.3

2.3.2 Responsibility for medication in custody

See 2.3

2.3.3 Methods by which medication may be brought into custody

See 2.3

2.4 Medical documentation

Agreed. See our guidance on medical records: <http://fflm.ac.uk/upload/documents/1392049119.pdf>

2.5 Medical emergencies

Agreed.

2.5.1 Appropriate care

Agreed.

2.5.2 Case notes

Agreed.

2.5.3 Supervision and security in hospitals

No comment.

3 Cell checks

Agreed.

3.1 Misuse of the cell call system

No comment.

3.2 Rousing

Agreed.

3.3 Use of technology

Agreed.

4 Out of cell

No comment.

4.1 Exercise

Agreed.

4.2 Interview

No comment.

4.2.1 Detainee complaints

Agreed.

4.2.2 Increased risk of self-harm post-interview

Agreed.

4.3 Detainee risk assessment while outside custody

No comment.

5 Welfare and safety

Agreed.

5.1 Clothing

Agreed.

5.2 Bedding

Agreed.

5.3 Toilet and sanitary facilities

Agreed.

5.4 Food and drink

Agreed.

5.4.1 Food provided by external sources

Agreed.

5.5 Choking

Agreed – we are please you are referring to our guidance document.

5.6 Cutlery and crockery

Agreed.

5.7 Smoking

Agreed.

6 Diversion and referral

Agreed.

6.1 Benefits of diversion

Agreed.

6.1.1 Use of templates

Agreed.

7. Equality and individual needs

Comment or suggested change

1 Additional factors

Agreed.

2 Female detainees

We would add that some legal rights pertain to persons under 18, particularly in relation to the use of an AA. We are pleased you have referred to our guidance on pregnant detainees. We have not seen the Medacs guidance on this subject.

2.1 Further reading

This is a good source of additional material.

2.2 Access to female staff

Agreed.

2.3 Domestic violence and abuse

Agreed.

3 Caring responsibilities

Agreed.

3.1 Additional caring considerations

Agreed.

3.1.1 Formal and informal caring relationships

Agreed.

3.1.2 Multiple phone calls

Agreed.

3.1.3 Calls to custody from family members or dependents

Agreed.

3.1.4 Information from family members or dependents

Agreed.

3.1.5 Offences that involve other family members or dependents

Agreed.

4 Disabled detainees

Agreed.

4.1 Specialist support in custody

Agreed.

5 Religious and cultural needs

Agreed.

5.1 Additional provisions in custody

Agreed.

5.2 Religious considerations

Agreed.

5.2.1 Prayer times

Agreed.

6 Foreign national detainees

Agreed.

6.1 Rights and entitlements for foreign detainees

Agreed.

6.2 Foreign national women

Agreed.

6.3 Human trafficking, extortion and smuggling

Agreed.

6.3.1 Clandestine entry and UKVI detainees

Agreed.

7 Transvestite and transsexual detainees

Agreed.

7.1 Strip searches

Agreed.

7.2 Respect and consideration

Agreed.

7.3 Gender Recognition Act 2004

Agreed.

7.3.1 Disclosure (gender recognition)

Agreed.

8. Children and young people

Comment or suggested change

1 Assessing vulnerability and risk

Agreed.

1.1 Specific vulnerabilities of young people

Agreed.

1.2 Welfare

Agreed.

1.3 Health

Agreed. We would recommend that any young person in custody is offered a health assessment.

1.4 Risk to others

Agreed.

2 Detention rooms and cells

Agreed.

3 Sharing information and duty of care

Agreed.

3.1 Responsibilities of the police

Agreed.

4 Girls under the age of 17 years

We would question whether the age entitlement should be under 18 in accordance with the Children Act definition of a child.

4.1 Under the care of a woman

We would question whether the age entitlement should be under 18 in accordance with the Children Act definition of a child.

5 Transporting children and young people

Agreed.

6 Appropriate adults

We would draw your attention to the recent Judicial Review on young persons aged under 18 and the use of Appropriate Adults.

6.1 When should an appropriate adult be contacted?

Agreed.

6.1.1 Young people with mental ill health or learning disabilities

Again we would stress that these young people should be offered a health assessment.

6.2 Who can be an appropriate adult?

Agreed.

6.2.1 Points to consider when appointing an appropriate adult

Agreed.

6.3 Alternative arrangements

Agreed.

6.4 Responsibilities of the appropriate adult

Agreed.

7 PACE transfers

We would question whether the age entitlement should be under 18 in accordance with the Children Act definition of a child.

9. Mental ill health and learning disabilities

Comment or suggested change

1 Vulnerability assessment

Agreed.

2 Definitions

Agreed.

2.1 Varying degrees of learning disability

Agreed

3 Restraining a person with mental ill health

Agreed

4 Mental Health Act detainees

Agreed

4.1 A place of safety

Agreed

4.1.1 Issues to be considered

Agreed

4.2 Post-assessment of the individual

Agreed

4.2.1 Transfer

Agreed

4.2.2 Requests from external agencies

Agreed

5 Police custody

Agreed

5.1 Risk assessment of people with mental ill health or learning disabilities

Agreed – we will shortly be producing guidance on this subject.

6 Mental health assessment

Agreed

7 Interview and appropriate adults

Agreed

7.1 Role of an appropriate adult

Agreed

8 Custody exit and aftercare strategies

Agreed

8.1 Types of community-based treatment, care and support

Agreed

8.2 Home Office circular 66/90 Provision for Mentally Disordered Offenders

Agreed

10. Alcohol and drugs

Comment or suggested change

1 Alcohol

Agreed

2 Drunk and incapable

Agreed

3 Under the influence of alcohol

Agreed. We would draw your attention to the publication: Substance Misuse Detainees in Police Custody: Guidelines for Clinical Management 4th Edition published by FFLM, RCPsych and CEM and available electronically.

3.1 Initial care (custody officers and staff)

Agreed

4 Having consumed alcohol but not or no longer under the influence

Agreed

5 Additional risks associated with alcohol

Agreed

6 Additional risks associated with drugs

See 3.

6.1 Swallowed or packed drugs packages

See 3.

6.1.1 Procedure

See 3. And if transferred back to custody, they should have a health assessment on return.

6.1.2 Policy

Agreed.

7 Rousing and consciousness (alcohol and drugs)

Agreed.

8 Rehabilitative diversion

No comment.

11. Deaths in custody and successful interventions

Comment or suggested change

1 Deaths in custody and successful interventions

Agreed.

2 Steps that should be taken

Agreed but if the person is not taken to hospital, a health assessment should be arranged.

3 Investigation of a death or serious injury in custody

Agreed.

3.1 Article 2 ECHR and investigating a death in custody

Agreed.

3.2 Statutory duty to refer to the IPCC

Agreed.

3.3 Corporate Manslaughter and Corporate Homicide Act 2007

Agreed.

3.3.1 Duty of care

Agreed.

3.4 Duty of care to officers and staff

Agreed.

4 Securing evidence

No comment.

4.1 Initial accounts

Agreed.

4.2 Officer responsibility

Agreed.

4.3 Detailed accounts

Agreed.

4.4 Effects of witnessing a traumatic incident

Agreed.

5 Learning the lessons

Agreed.

12. Buildings and facilities

Comment or suggested change

1 Design and maintenance of a custody suite

We would stress that medical advice should be sought in relation to medical facilities and equipment and note that you have referred to our guidance as to what should be in medical rooms. We have produced guidance on CBRN in relation to custody.

1.1 Ensuring cells are fit for occupation

No comment.

1.2 Cells

No comment.

1.3 Hatches

Agreed.

1.4 Doors

No comment.

1.5 Booking-in area

No comment.

1.6 The exercise yard

No comment.

1.7 Cell call systems

No comment.

1.8 Entry to the custody suite

No comment.

1.9 Holding areas

No comment.

1.10 Cell corridors

No comment.

1.11 Alarm systems

Agreed.

2 Health and safety

Agreed.

2.1 Definition of hazard

Agreed.

2.2 Ligature points

Agreed.

2.2.1 Examples of ligature points

Agreed.

2.2.2 Identifying a ligature point

Agreed.

2.3 First-aid equipment

Agreed.

2.4 Suicide intervention kit

Agreed.

2.5 Cleaning

Medical rooms should be cleaned on a daily basis and forensic rooms cleaned after use.

3 Custody suites at non-designated stations

No comment.

4 Inspection and maintenance regime

No comment.

13. CCTV

Comment or suggested change

1 Legal compliance

No comment.

1.1 Retention of images

No comment.

2 Planning

No comment.

2.1 Potential areas for CCTV

We wish to stress that there must not be CCTV in custody medical rooms.

2.2 Access to images

No comment.

2.3 Detainee privacy

Agreed.

2.3.1 Pixellation

No comment.

2.4 Retrieval and storage

No comment.

2.5 Extracting images

No comment.

2.6 CCTV signs

No comment.

2.6.1 Information to be included in the sign

No comment.

3 Responsibility for the CCTV system

No comment.

4 Use and monitoring of CCTV

No comment.

5 Access to images

No comment.

5.1 Disclosure – Criminal Procedure and Investigations Act 1996

No comment.

5.2 Independent custody visitors

No comment.

6 Audio recording

No comment.

Diversity Impact Assessment – Is there any content in the draft document which you consider would have a negative impact on any diverse group?

Section No.

Comment

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| | No areas found. |
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