

**Care and Welfare of Persons in Police Custody**

Standard Operating Procedure

This SOP provides clear direction and procedural instruction to provide a consistency of response in accordance with force policy, however it is recognised that policing is a dynamic profession and the standard response may not be appropriate in every circumstance. In every situation, your decisions and actions should be supported by the National Decision Model and based on the values and ethics of Police Scotland. You may be expected to provide a clear and reasonable rationale for any decision or action which you take.

## Notice:

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## Introduction/purpose

This Standard Operating Procedure (SOP) supports the following Police Service of Scotland (hereafter referred to as Police Scotland (PS) policies:

* Custody Policy
* Equality, Diversity and Dignity Policy

This SOP provides instruction and guidance to all police officers / police staff responsible for the care and welfare of persons in police custody. This applies to staff working in all divisions/departments who are involved with people within custody.

Instruction and guidance concerning custody procedures relative to the Criminal Justice (Scotland) Act 2016 can be found within the Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance.

Police officers / police staff must utilise the National Decision Making Model to make informed decisions. All key decisions and rationale made in respect of an individual’s care must be recorded on the National Custody System (NCS) or paper records during business continuity events.

Note: The care and welfare of individuals in police custody is paramount. All police officers / police staff must be aware that failure to adhere to procedures may compromise individuals care and potentially may render them liable to disciplinary, misconduct, civil or criminal proceedings.

Whilst the vast majority of custody centres have access to the NCS, 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 NCS also refers to paper records.

Any reference herein to a Health Care Professional (HCP) includes doctors, nurses and paramedics.

The Age of Criminal Responsibility (Scotland) Act 2019 (ACRA) took effect on 17 December 2021. This means a child cannot be held criminally responsible for harmful behaviour that amounts to a crime or offence that occurred when the child was aged under 12; and cannot be arrested or charged with offences.

The care and welfare of children will not change including those under 12 years of age within the custody environment.

However, there will be changes around processes including recording of a child under ACRA on the NCS and the protocol to follow where a child is brought into police custody under ACRA.

Further details can be found in section 10 of this guidance.

Further advice and clarification can be obtained from: Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 30 Prejudice to effective conduct of public affairs.

## Equality and Human Rights Considerations

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 persons are to be treated with care and respect, ensuring that their fundamental human rights are maintained at all times. No person should receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Every person must be considered as an individual with specific needs relevant to their particular circumstances, health and condition. Reasonable requests, which do not interfere with operational requirements or security, should only be refused when there are justifiable reasons. Any such reasons for refusing a request must be documented on the NCS.

## Definition of Custody

For the purposes of the care and welfare of persons within custody:

A person is considered to be in custody the moment they are arrested, irrespective of any Section 7 Criminal Justice (Scotland) Act 2016 authorisation being granted or refused. For the purposes of this SOP the term ‘in custody’, also includes persons detained and brought into police custody under any other enactments, for example Section 23 Misuse of Drugs Act 1971 or Immigration Act 1971.

## Roles and Responsibilities

The specific roles and responsibilities in respect of custody handover, briefing arrangements etc. are now outlined in the CJSD Roles and Responsibilities – Custody Guidance Document. The Custody Operations Command Protocols also refers to the respective roles and responsibilities of the above.

## Ancillary / Island Station Procedures

On all occasions when a person is brought to a police station at an ancillary or island location, the custody supervisor at the appropriate primary centre, or the relevant remote supervisor, must be advised immediately, or as soon as practicable. This is to allow for an accurate care plan and risk assessment to be agreed.

Where the custody supervisor determines that a person may be suitable for one officer to monitor, a robust record of the decision-making process must be recorded in consultation with the Force Custody Inspector (FCI).

The following criteria must be met.

* Officer to be custody officer trained and be in possession of radio at all times.
* Officer must be conversant in the current guidance contained within this guidance and the Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance;
* Custody observations must be maintained as per the care plan.
* No cell entry unaccompanied unless in an emergency and notice must be given to colleagues by radio prior to cell entry.
* Officer must be able to hear cell call system at all times.
* Officer must make hourly contact with colleagues after care plan check of person in custody.
* Officer mustcontact custody supervisor every two hours and record discussion on care plan.
* If there is a change in the person’s status, health or behaviour contact must be made with the custody supervisor immediatelyto review the custody care plan and suitability for single officer monitoring.

Note: Persons arrested or attending at a police station on a voluntary basis must be taken to a primary custody centre, unless due to geographical location it is necessary to attend at an ancillary custody centre. In these circumstances the custody supervisor at the nearest primary centre or the relevant remote supervisor must be contacted, and authorisation sought to open the ancillary custody centre. The custody supervisor must as soon as practicable inform the FCI of the use of the ancillary office and the circumstances of the person in custody. Appendix A at the end of the document provides further guidance in respect of the use of ancillary centres. Appendix B at the end of the document provides further guidance in respect of the reclassification of custody centres.

## Initial Apprehension of a Person

When a person is arrested, they should be removed to a custody centre at the earliest opportunity. Consideration must always be given to any immediate medical needs or mental health assessments required.

If, whilst at locus, arresting officers differ from conveying officers, a comprehensive handover briefing must be conducted, regarding the circumstances of arrest highlighting any care and welfare concerns. Importantly, officers must confirm a search and the extent of the search (cursory, standard) has been carried out prior to transportation. This must be communicated to the custody supervisor on arrival at the custody centre.

Any use of force required to affect an apprehension must be recorded in the custody record in accordance with the criteria for the use of force contained within the Use of Force National Guidance.

In the interests of officer safety and the safety of the person, as well as for the preservation of evidence, they must be searched at the time of apprehension. This initial search must be conducted thoroughly and discreetly, attempting to avoid public embarrassment or humiliation where possible, whilst explaining to the person in custody the reasons for carrying out a search. Consideration should be given to requesting a person to open their mouth and hands.

If it is not possible to conduct a search, due to the circumstances of the incident, care must be taken to ensure that the person in custody has no opportunity to cause injury to themselves, any other person, or dispose of any evidence.

From the outset, arresting officers must be aware of the ongoing implications for that person in custody for example:

* If apprehended from their home address, consider if medication will be required, and if so, bring it to the custody centre in its original packaging with dispensing label showing the person in custody’s details. Due to current National Health Service (NHS) policy any methadone brought in from a person’s home, or in a person’s possessions, will not subsequently be administered. Arresting officers do not require to inform the person of this as HCP’s will assess need and progress alternative measures if required.
* Consider if clothing or footwear is likely to be seized, and if so, bring suitable replacements.

A person arrested must be promptly informed, in a manner they can understand, of the reason for the arrest. If a person is incapable of understanding the reason for their arrest or is so violent, as to pose a risk to themselves, police staff, or any other person, this may be delayed until they have sufficiently recovered, or an appropriate adult, interpreter or translator is available to achieve this aim. For further information consult the Appropriate Adults SOP.

Arresting / escorting officers must inform custody staff of the impending arrival of the person as soon as is reasonably practicable. This is particularly relevant when the person is violent, as custody staff can prepare by ensuring the charge bar is clear to prevent injury.

Where a person in custody notifies a police officer / police staff that they have responsibilities which require to be tended to, that is childcare, care of animals or other matters which may have consequences if not addressed, then this must be noted and passed onto the arresting officers division for their attention.

## Conveyance of a Person(s)

### Authorised Staff

Only police officers / police staff designated under Police and Fire Reform (Scotland) Act 2012 – Section 29 should be used to transport persons.

Note: A revised Risk Assessment is being drafted in relation to custody staff, designated under Police and Fire Reform (Scotland) Act 2012 – Section 29, being involved in custody transfers. Until this risk assessment has been agreed and signed off by Health and Safety and Police Staff Associations, custody staff will not be involved in custody transfers.

Police officers / police staff must be in possession of their Personal Protective Equipment and trained in its use.

A dynamic risk assessment must be carried out by the arresting officers when determining the most appropriate form of transport, taking account of all the circumstances, including the weather conditions.

The following standards must be maintained for all police vehicles used to convey persons:

* Equipped with a first aid kit.
* Door locks, windows, internal cage lighting and cage (if fitted) must be in good working order.
* Vehicles must not exceed their design capacity and under no circumstances should two or more persons be transported in any vehicle other than those specifically adapted for this purpose.
* Windows will remain closed at all times whilst a person is in transit.

The following safety precautions must be considered prior to, and during, the conveying of person(s):

* If, whilst at locus, the arresting police officers differ from the conveying police officers, a comprehensive handover briefing must be conducted, regarding the circumstances of arrest, highlighting any care and welfare concerns. This will be communicated to the custody supervisor on arrival at the Custody Centre.
* An individual will not be transported where there is only one escorting police officer who is also required to drive the vehicle.
* Police officers must ensure that their vehicle and persons searched prior to patrol / conveying person(s) to identify dangerous objects and to ensure its integrity for evidential purposes.
* Following transportation, the vehicle will again be searched, where possible in the presence of the person and prior to entering the custody centre.
* At no stage should a person be left unsupervised in a police vehicle. Police officers must be able to observe and monitor the person and react to any situation that may arise.
* Escorting police officers must investigate any suspicious noise or movement with the person and call for assistance, if required, without delay.
* Person(s) must be placed in the rear of the vehicle, in the seat furthest from the driver. The escorting police officer must sit beside the individual unless a cage is available.
* The requirement to wear a seatbelt does not apply when being used for carrying a person in lawful custody, however, seatbelts must be worn whenever possible, particularly by the driver and the person being conveyed to a custody centre.
* Child locks must be used on the rear doors of all vehicles whilst conveying individuals and it will be the responsibility of the driver to check they are operating.
* Where a cage van is being used for the carriage of persons, the escort willoccupy the seat nearest the cage so that they may keep them under observation at all times.
* A dynamic risk assessment will determine whether the escorting police officer should sit within the cage (if available) with the person or not.
* A compliant person in a cage should be instructed to sit on one of the bench seats provided. However, where they refuse to do so, the ideal position for 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.
* Drivers of caged vans must be mindful that any sharp braking may cause the person to fall. Protecting themselves in these instances, whilst handcuffed, may make them susceptible to injury.
* When a cage, which is designed for more than one person, is already occupied, police officers must consider whether placing a second person in the cage would present an increased risk and must be able to justify this action.
* People of the opposite sex must not be transported in a cage (unless they are related or there is an escorting police officer present).
* Persons 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 person.
* Police 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 person. The application of handcuffs is the use of physical force and as such it must be justified, as per the Use of Force National Guidance;
* A person must never be handcuffed to a vehicle.
* At all times police officers must be aware of the risks associated with positional asphyxia. Therefore, transportation of persons in the prone position, face down, or any other manner which is likely to increase this risk, must be avoided. If it is unavoidable, the individual must be constantly monitored.
* Where a person becomes violent, police officers must, where practicable, stop the vehicle in order to prevent injury to the person 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 this transportation.
* All police vehicles must be switched off if persons are being left in the vehicle whether handcuffed or not. This includes police vehicles that are keyless.

### Disabled Persons

Where a disabled person requires vehicle transport from the point of arrest to custody facilities, consideration must be given as to the suitability of the vehicle in terms of accessibility, personal safety, and the dignity of the individual.

Where a standard police vehicle is assessed to be unsuitable, the arresting police officer must consider the use of an alternative vehicle such as a taxi that provides wheelchair access where appropriate.

### Armed Forces in Uniform

If possible, use a suitable police vehicle to protect the identity of the person. For further information on this matter please refer to the Armed Forces Personnel National Guidance.

### Transfer of Persons in Scotland

A person transfer may be instigated in the following circumstances.

* Where there is a requirement to create cell capacity in order to support front line policing. This includes consideration being given to factors which may impact person capacity locally, such as court holidays, events, and operations, etc.
* Where there is a requirement for facilities for constant observations.
* To rationalise the number of police officers engaged in constant observations duties.
* In the event of an unexpected custody centre closure.
* Any other scenario where transfer of a person in custody is deemed necessary.

Where any of the above scenarios arise, it is the responsibility of the custody supervisor to escalate the matter to the FCI, who will provide further advice. For further information on this matter please refer to the Custody Transfer Guidance.

## Custody Centre Procedures on Arrest

The management of arrested persons in Police Scotland should follow a 5-stage process referred to as the Custody Pathway Model.

The custody supervisor is responsible for the care and welfare of the person from the point that they arrive at the custody centre. Arresting / escorting police officers / police staff must adhere to instructions given by the custody staff.

The custody Sergeant must be satisfied that proper grounds exist for the arrest or detention of an individual prior to accepting that person into police custody and those grounds are Proportionate, Lawful, Accountable, Necessary and Ethical (PLANE).

All persons must be subject to reasonable and proportionate control at all times. If the person cannot be processed immediately, arresting / escorting police officers / police staff must remain with them and ensure that they are properly controlled and monitored.

Arresting / escorting police officers / police staff must inform the custody staff of any issues they have knowledge of that may affect the care and welfare of the person whilst in police custody. Arresting / escorting police officers / police staff must remain alert at all times and not be distracted by mobile devices or other activities. If there is any excessive delay during booking in processes, consideration must be given to relieving the escorting officers / staff, who are supervising persons being brought into custody.

The custody supervisor must be made aware of all persons 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 NCS to record this review.

Persons must be informed, in a manner they can understand, of the reason for their arrest. If a person is incapable of understanding this may be delayed until they have recovered sufficiently to understand.

Where English is not the first language of a person taken into custody, the services of an approved interpreter must be obtained / considered in line with the Interpreting and Translating Services Divisional Guidance.

Note: When a person appearing at court from custody requires an interpreter, custody staff must follow local arrangements to inform the appropriate interpreting services.

It is essential that where a person is presented as arrested, all religious, cultural and dietary requirements must be ascertained. Where this cannot be done, whether through refusal by the person to co-operate or other factors, then consideration must be given to reviewing any previous times in custody or other sources of information, such as contacting the person’s reasonably named person to obtain these details.

Any efforts made by custody staff must be recorded on NCS. The general principle, in relation to a person’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.

## Rights of Accused Persons

For further information consult the Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance and the Police Service of Scotland Solicitor Access Guidance. A copy of a letter of rights must be provided to every arrested person, in a language of their understanding, unless there is a particular reason for not doing so.

Where the letter is not given at the time the person is being processed due to their demeanour or conduct, this must be recorded. The letter must be given to the person in custody at the earliest opportunity and in any case before any other criminal procedure is carried out.

### Intimation to Solicitors / Solicitor Access

Any solicitor who wishes access to a person who is in custody must have in their possession a valid identification card provided by the Law Society of Scotland, which must be exhibited on arrival at the custody centre.

A Law Society of Scotland ID card, also known as a Lawscot ID card, serves as proof of identification for qualified Scottish solicitors. Here are some key details about the card:

* + - * The Lawscot ID card can be used in various professional contexts, including:
			* It allows access to prisons.
			* It serves as identification when visiting courts and police stations.
			* It helps identify a solicitor when meeting prospective clients.
			* It can be used as an introduction to potential employers.

Qualification and Certification: The card identifies the person as a qualified Scottish solicitor with a valid practising certificate. It contains a photograph and a unique Law Society ID number that can be verified against the current roll of solicitors.

Validity and Renewal:

* Lawscot ID cards have a 10-year validity.
* They are free of charge.
* The card does not automatically renew on its expiry date. It’s essential to apply for a new card at least 10 working days before the current card expires.

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.

Trainee solicitors are not provided with identification cards at present, but they must be afforded access to clients on production of a letter from their firm, confirming their qualifications to make visits and a form of photographic identification. Unqualified persons, such as precognition agents and paralegals, will not be allowed to attend meetings with persons in custody.

In addition, only a solicitor or trainee solicitor who has been instructed by the accused may visit that person in custody. Where the solicitor is instructed by a third party, for example the accused’s family, it will be the solicitor’s responsibilityto 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.

Solicitors should normally refrain from giving persons in custody items other than business cards and legal documents; these must be placed in the person’s property. These items must not be capable of being used to self-harm or injure others. Staples, paper clips, etc. must not be attached when given to the individual. At the discretion of the custody supervisor and in the absence of any known reasons to the contrary then, subject to checking by custody staff, reading materials or items of clothing from solicitors can be allowed. If permitted these must be detailed and recorded on NCS.

Any suspected breach of the Code of Conduct is to be intimated to the custody supervisor who will be responsible for advising the FCI.

Custody staff escorting solicitors during visits must remain in close proximity at all times, whilst still remaining out of normal conversational level earshot to respect the privacy of the solicitor consultation process. This ensures Staff are able to respond immediately to any issues arising, in order to provide for the safety of the solicitor.

## Arrest of a Child / Age of Criminal Responsibility (Scotland) Act 2019 Considerations

Children under 12 years of age, will no longer be referred to as ‘suspect’ or ‘accused’ and the terms ‘arrest’ or ‘charge’ will not be used. Instead, it will be ‘harmful behaviour’ or ‘behaviour causing or risking harm’.

In the vast majority of cases where a child under 12 years of age, is believed to be responsible for harmful behaviour, it is not likely to meet the threshold for use of Police powers under the Act, for example, behaviour involving theft, vandalism or minor assault. In such circumstances, there are no formal Police powers to interview the child or bring the child into custody.

An Age of Criminal Responsibility Act incident (when they can be brought into custody) is definedas an incident in which a child who, whilst under the age of criminal responsibility, has caused or risked causing significant /serious or sexual harm to another person.The Act is underpinned by the principles that the child:

* Cannot be held criminally responsible for harmful behaviour that amounts to a crime or offence and occurred when the child was aged under 12; and
* Cannot be arrested or charged with crimes or offences.

Police will continue to record the crime according to the Scottish Crime Recording Standards (SCRS) – Counting Rules and fully investigate the circumstances, irrespective of the age of the person believed to be responsible. All investigative and planning activity triggered by a child’s believed harmful behaviour must have regard for the child’s wellbeing as a primary consideration.

Any child brought into police custody under ACRA (an incident in which a child who, whilst under the age of criminal responsibility, has caused or risked causing significant /serious or sexual harm to another person)must be recorded on NCS under headings other/other, as presently there are no facilities to record a child’s attendance under ACRA.

Further guidance in relation to ACRA can be found on the Specialist Crime Division Landing Page.

### Care and Welfare Considerations

Under no circumstances will children be held within a cell with adult accused. Children may be placed in a cell, but preference must be given to the location of a cell that protects the child from surrounding adult persons. A child must be risk assessed in the same way as any other detainee to ensure that the appropriate care plan is delivered. The visit and observation regime may vary depending on the specific needs of the child.

Where a child appears likely to be in custody for a period in excess of four hours, the general care and welfare considerations must be reviewed by the FCI, and where such is likely to exceed 12 hours such considerations must be subject to a formal review and endorsed by the FCI.

For further information regarding arrest, and the retention of children in custody, please refer to Offending by Children Divisional Guidance, Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance and the Lord Advocate’s Guidelines on Offences Alleged to have been Committed by Children.

A ‘trauma-informed approach’ should be adopted when dealing with children and young people. Being trauma-informed means prioritising safety and trust. Trauma-informed policing also involves keeping in mind the myriad of ways in which the criminal justice system can re-traumatise victims.

## Transgender People in Custody

When a person informs a member of custody staff that they are transgender, they must be informed that there may be 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.

The person must be advised to whom the information will be disclosed and the reason for the disclosure.

At staff handovers the transgender identity of a person must be disclosed only to staff responsible for their care and welfare. Any specific care issues must be recorded and passed on to relevant staff.

It must 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 / police staff, acquiring the protected information relating to a persons’ transgender identity and thereafter disclosing it to a third party, without the transgender person’s consent. As above, the only exception to this is for prevention of crime or the investigation of crime against that person. The person should be advised that it may be necessary to share information about the person’s gender identity, with other custody related organisations and other police staff. Such disclosure should only be made in relation to the transgender person when to do so would be relevant, legal, proportionate, and fair.

## Voluntary Attendance at Custody Centres

The custody supervisor must be made aware of all voluntary attendees. This notification is the primary responsibility of the escorting officers. The escorting Officers are to present the voluntary attendee at the custody centre.

All persons attending at a custody centre as a voluntary attendee must be recorded on the NCS. The voluntary attendance form is a case related document and must be retained by the enquiry officer. There is no requirement for these to be kept within custody.

Note: This does not include persons who are attending for the purpose of caution and charge.

The custody supervisor will clearly advise the person of the reason for the interview and that they are free to leave at any time.

There is no legislative power to search a person who attends a custody centre on a voluntary basis. If officers identify a risk which they believe provides justification for a search under any legislative enactment, then this should be conducted as per the Stop Search National Guidance.

A full risk assessment is not required, and no risk management plan need be added to the custody record, however, custody staff remain responsible for the person’s care and welfare whilst within the police building.

The custody supervisor will ensure that they remain sighted on any issues which may impact on the person’s care whilst in the police building.

## Risk Assessment and Management

### Mental Health Assessment

The definition of mental disorder in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 is “any mental illness, personality disorder, learning disability however caused or manifested”. This does not include dependence on or use of alcohol or drugs.

Where there is uncertainty about the need for a mental health assessment, the custody supervisor should contact the custody HCP who will decide if one is needed and arrange for same to take place.

It is a police decision as to whether a mental health assessment should be requested. Where a decision is taken not to request a mental health assessment, the decision and rationale must be recorded in the police witness notebook / mobile working device, custody notes, and must be referred to in any subsequent Standard Prosecution Report (SPR), or witness statement submissions. It is a health decision as to whether a mental health assessment is required.

There is no formal assessment process for identifying the need for an Appropriate Adult with a mental disorder, so the decision to contact one is based largely on information available about, or behaviours displayed by, a person during the time they are in the presence of police. family, friends, and medical professionals under whose care that person may be, will be able to offer guidance. See Appropriate Adult SOP for further guidance.

As some mental conditions can be fluctuating, there may be occasions when a person does not need a mental health assessment, even if they have had one previously or likewise may require one even if they have not had the services of one before. Therefore, the decision to refer an individual to the HCP to request a mental health assessment is considered must be taken on the circumstances presented at the time but continuously reviewed during their engagement with the arresting officer.  Should the person’s condition / engagement / presentation appear to deteriorate at any time, the need for a mental health assessment must be reconsidered and referral to the HCP made as required.

### Harm Reduction / Arrest Referral

The CJSD Harm Reduction Strategy has four strands: Risk of Drug Related Death, Substance Use (Drugs, Alcohol and Tobacco), Mental Health, and Health and Social Inequalities. The Arrest Referral Programme provides a pathway for referring persons in custody (with their consent) to Third Sector Organisations. All police officer / police staff working in a custody centre must be aware of the support agencies providing in their area and offer these services to every relevant person in custody. Referrals are made by submitting Third Sector Organisation Referral Consent (Force Form 082-008).

### Persons Suspected of Swallowing Drugs

If it is known or suspected that a person has swallowed or concealed drugs the person must be taken to hospital. Leakage from packages can be fatal. For further guidance refer to the Management of Suspected Internal Drug Trafficker (SIDT).

The FCI must be informed of the circumstances. The HCP should be contacted where appropriate.

### Intoxication

Any arrested person who is unable to walk due to intoxication or recent injury, and/or is unable to maintain a coherent conversation, should be subject to prompt medical assessment / conveyance to hospital.

Individuals who have a current illness, or who cannot satisfactorily answer lifestyle questions must be referred to the custody-based HCP, or if required, conveyed directly to hospital depending on individual circumstances as assessed by the custody supervisor. The rationale for the decision made must form part of the initial risk assessment recorded on NCS.

Any person who is suspectedto be an Adult at Risk must be treated accordingly and the NCS record updated. Full definitions and guidance can be sought from the Adult Support and Protection SOP however, in essence, an Adult at Risk is defined as:

* 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.

Assumptions must never be made regarding any person in custody. Simply being placed within a Police cell can have a traumatic psychological effect. Custody staff must inform the custody supervisor immediately of any concerns they have for an individual.

Staff must be mindful that individuals may withhold or give false information. Any suspicion or evidence of such behaviour must be recorded in the custody record including the assessing officer’s rationale.

When a person is transferred from any other custody centre, checks must be made to ensure the custody record is accurate.

### The Definition and Nature of Risk

Every person brought to a custody centre presents a potential risk of harm to their own safety or the safety of others including police officers, police staff, partner agency staff and other individuals.

For the purposes of evaluating and thereafter managing this risk, the term “Threat” is used to describe the level of danger posed by a person to others.

Furthermore, the term “Vulnerability” is used to describe the level of exposure the person has to harm, caused either by themselves or by coming into contact with others.

A careful and structured assessment must be made of every individual’s “Risk” level, which must also consider the “Likelihood” of harm actually taking effect or happening, and the “Severity” of that harm should it occur.

A very simplistic representation of the nature of overall risk is:

Risk = (Threat + Vulnerability + Severity) x Likelihood

Assessment of risk enables police officers / police staff to manage threats presented and to address associated vulnerabilities or the particular needs of individuals. The assessment and management of threat and vulnerability is an ongoing process which continues throughout the whole custody episode.

Information about threat and vulnerability factors and how they will be managed is recorded on the NCS custody record. This requires to be regularly reviewed and updated, considering new information or occurrences which may alter the initial assessment.

Where issues are apparent, suitable control measures must be put in place to ensure individuals are not discriminated against or subjected to unequal, unfair, derogatory, or degrading treatment.

It is clearly acknowledged that due to the diverse nature of people brought into custody centres, guidance and instructions cannot be provided for every circumstance. Custody Staff are encouraged to use their own initiative, experience, and knowledge, along with that of their colleagues, to ensure persons are treated with respect, dignity and any reasonable requests which do not jeopardise the safety of police officer / police staff or the individual are allowed.

### Process of Risk Assessment

#### Stage 1 - Intelligence and Information

The basis of any assessment is the gathering of information and intelligence relevant to the decision-making process. There are five clear sources of information and intelligence:

* Circumstance leading up to and during the arrest of the person including the nature of the offences libelled.
* Background information and warning markers held on police information systems.
* Answers and information obtained from the person in response to lifestyle questions.
* Information and observations of the arresting officers.
* Observations and interaction of the custody staff with the person during the assessment process.

#### Circumstances of Arrest

On arrival at a custody centre, arresting police officers must complete the top section of the Custody Risk Assessment Checklist (Form 051-001). This requires details of the person and the circumstances of their arrest to the best of the police officer’s knowledge. Details of the crimes alleged, the circumstances of arrest and the behaviour of the person since the police officers began their engagement must be described to the custody staff in as much detail as possible.

Prior to a person being presented at the charge bar, it is incumbent on custody staff to carry out the following police IT system checks with relevant results recorded on the Custody Risk Assessment Checklist (Form 051-001).

The Police National Computer (PNC) and Criminal History System (CHS) should provide details of warning or information markers and are considered the primary references for accessing such information.

Due regard must be made to the nature, relevance and time lapsed from the date any warning markers were added.

Due to the inherent differences in provenance, it is essential for custody staff to treat intelligence obtained from Scottish Intelligence Database (SID) in a different and more protective way to information taken from CHS or PNC.

If a person is highlighted as a Restricted Patient, the relevant offender management team must be contacted for further information. Out with office hours, custody staff should contact the Scottish Government Reshaping Care and Mental Health Directorate (SG RCMHD).

#### Lifestyle Questions

The Vulnerability Assessment question set is a number of questions that each person should be asked. Answers and information provided in response must be recorded on the NCS.

If a person answers yes to any of the questions, then further enquiries must be made to expand or explain as appropriate.

Likewise, a person must be questioned on any apparent contradictory answers or information gathered from previous custody episodes or IT checks. If the person refuses to answer the vulnerability questions, then the custody staff would design the care plan through observations of the individual’s demeanour, behaviour, history and in consultation with an HCP.

All police officers / police staff must be aware that, in regard to a person who is eventually arrested, the relevant custody episode begins at the moment the person engages with police, which of course may be some time before they are actually arrested.

Arresting police officers should be encouraged to inform custody staff of any local information which they may know about the person, perhaps from previous dealings or arrests. Ultimately, the arresting officers must be asked directly by custody staff at the charge bar if they have provided all pertinent and known information.

Where the person being taken into custody is suspected to be at high risk of attempting suicide either in custody or upon release, or where the crime is grave or includes a sexual element, it is incumbent on the arresting or interviewing officers at the conclusion of the interview / arrest process to ensure they ask the Suicide Prevention Questions available within the Suicide Intervention Guidance document. Best practice dictates that this be undertaken under recorded conditions following Police interview or in an area of the custody centre which is subject to audio and visual recording facilities which are operational at the time.

The issue of privacy for the suspect must be taken into consideration due to the nature of the questions being asked. If the suspect is to be asked the relevant questions, the environment should be clear to ensure no additional persons are present other than those who are required. Consideration may also be given for relevant custody staff to be present if deemed necessary.

Following the completion of the Suicide Prevention Questions the enquiry officers must inform the custody supervisor.

* They have deemed it necessary to ask the questions.
* Provide details of officers who asked them and
* Any risk identified through the answers.

This is to highlight any risk of suicide / self-harm, either in custody or upon release, at the earliest opportunity. This information must be recorded on NCS and will allow the care plan to be updated, the level of risk assessment to be adjusted and advice / assistance sought from an HCP if required. This will also ensure the appropriate disposal is implemented regarding release from custody. Any responses which heighten the risk to the individual in custody or upon their release must be communicated fully to the relevant custody supervisor. The corresponding custody record on NCS must be updated to fully document that the Suicide Prevention Questions have been carried out and also to include any information or responses that impact on the individual’s welfare.

#### Stage 2 - Assessment of Threat, Vulnerability and Overall Risk Level

The assessment of Threat, Vulnerability and Overall Risk is a judgement made by custody staff, based on all the pertinent information gathered, recorded, and presented for this purpose.

Custody staff should make their judgements based on the current situation as it is presented to them, although due cognisance must be taken of all background information including historical warnings, previous convictions, or custody episodes.

The aim of the assessment process is to identify matters with the individual’s that need to be controlled or mitigated, which in turn will determine relevant elements of the care plan. In terms of the level of threat and vulnerability, custody staff must consider:

* Is there any information or behavioural signs which indicates this person may cause harm to others or themselves whilst in custody?
* If yes, what is the nature of that harm?
* What would be the most likely severity or impact of this harm?
* How likely is this harm to happen?

Answers to these questions will invariably lead custody staff to determine whether the person is deemed to be High or Low Risk.

A person is deemed to be of high risk where there are substantial grounds for believing their well-being is in immediate danger or they pose a considerably high threat to the safety of others.

A person is deemed to be of low risk where there are no significant grounds to believe they pose a danger to themselves or others.

If high risk, which inevitably will mean significant control measures, custody staff must refer to the specific information they are relying on so as to support their decisions.

#### Stage 3 - Consider Powers, Policy, and Available Control Measures

Once the level of risk has been determined, custody staff need to carefully consider what measures should be taken to reduce the potential for harm to others or the person themselves.

Care plans centre around only four main elements or interventions:

* Level of search.
* Observation and visit regimes.
* Removal of the person’s own clothing.
* Referral to HCP.

#### Level of Search

Dependent on the Risk Level and the nature of any threats or vulnerabilities, the level of search to which a person will be subjected is either standard search, strip search or an intimate body search.

#### Observation and visit regimes

During a person’s time in custody, regular checks should be carried out to ensure their safety and well-being. Section 25 of this SOP provides further information.

#### Removal of the Persons Own Clothing

Where custody staff believe a person may self-harm or attempt to take their own life whilst in custody, their own clothes may be removed from the cell and anti-harm clothing and blankets issued. If the issuing of such clothing or blankets is deemed necessary, then an elevated level of observations level must also be considered, and rationale recorded on NCS if not implemented.

#### Referral of the Person to NHS

Either custody-based HCP or hospitalNHS is responsible for the provision of medical services to people in custody. Custody staff must refer persons to either the custody-based HCP, the On-Call Forensic Physician (FP) (in remote custody centres out with the NHS Person Hubs areas only) or arrange for the person to be taken to hospital, depending on the clinical requirement as mentioned in other sections, i.e., straight to hospital for certain issues.

#### Stage 4 - Implement the care plan, record and review

It is incumbent on custody supervisors to make clear and accurate notes on the NCS with regards to assessed levels of risk, including references to the information which they have relied on to reach this assessment.

In a similar manner, custody supervisors must ensure details of the care plan are fully recorded on the NCS and brought to the attention of all custody staff who have a responsibility to implement and comply with the requirements.

#### Stage 5 – Review Time Scales

Custody events, for example, interview, caution, and charge, visit from relatives, refusal of medication, other behaviour or changing circumstances within the custody centre may have an impact on a person’s mood or behaviour and the risk they pose to themselves or others, whether this be to increase or lessen this risk. The custody supervisor and staff must review the risk posed to the individual at the key stages of their arrest period.

### Fitness to be detained in Custody

The custody supervisor may decide that clinical attention is required before a decision can be made about a person’s fitness to be held in custody. This is irrespective of whether the person has already received treatment elsewhere. They must also be aware that the effects of drink or drugs can mask other illnesses or injuries.

Where such a requirement is deemed necessary, the decision will be made by custody healthcare Staff.

A person fit to be discharged from hospital means they are deemed fit to be discharged home. Custody centres will only accept an individual into custody (who was not fit to be discharged) if they were too violent or volatile. They would be subject of an enhanced care plan as advised by the HCP on all occasions.

### Fitness for Interview

Before any investigative interview takes place, the custody supervisor must assess whether the person is fit to be interviewed. If any doubts are raised about their fitness, an HCP must be made aware and asked to arrange for an assessment to be made.

Custody staff must not allow a person to be interviewed if they have cause to believe it could cause significant harm to the person’s physical or mental condition.

### Pre-release Risk Assessments (PRRA’s)

PS have a duty to ensure that those who are being released from custody are fit, able and prepared to look after themselves and that any identified threats or vulnerabilities are managed. This involves taking all reasonable steps that a person being released is not a danger to themselves or others.

To achieve this, it is essential a thorough pre-release risk assessment is carried out for every person in custody prior to release, including transfer to court.

Custody staff mustask every person being released the following questions to inform the pre-release assessment:

* Do you have thoughts of suicide or self-harm at this time?
* Do you have thoughts of harming any other person?

All responses must be recorded on the NCS. Where an individual answers yes to either question the custody staff mustensure advice is taken from an HCP and / or engagement with local policing to ensure the appropriate measures are in place to provide the necessary level of support.

Where the risk level is such that a person is still on constant observations (level 3 or 4), regardless of the manner of observations, at the point of their release, the Custody Supervisor must, on every occasion, discuss the circumstances with a HCP, to ascertain the requirement for an HCP assessment prior to release. NCS must be updated accordingly to document clearly and in an auditable manner that this has taken place, and this should include any information which will impact on the risk level or suitability for release.

Note –This refers to when a person in custody is liberated and does not apply where constant observation responsibilities are handed over to the current service provider, or other service provider, for conveyance to court.

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, including route from Custody Centre to home address.
* Weather conditions.
* Clothing.
* Means to get to home address.
* The person in custody personal ability to get home.
* Persons in custody personal vulnerability and / or health.

It is justifiable and reasonable for the Custody Supervisor not to release a person from custody when there is clear and imminent danger.

A raised level of pre-release assessment must be carried out by the enquiry Officer in consultation with the custody supervisor for persons in custody, where the offence, circumstances, or character of the person in custody suggest a potential risk. Examples of such circumstances include, but are not limited to:

* Sexual offending, especially indecent images of children.
* Members of the armed forces or police officers / police staff.
* Persons arrested who are in a position of trust.
* Offences where the consequences are likely to have a substantial effect on the person in custody or their family.

The custody supervisor must also be alert to articles within a person’s property which could increase the person’s risk to harm on release, for example alcohol, unopened packets of psychoactive substances or medication. Whilst it may not be lawful to remove certain items, their very presence should be acknowledged and form part of a comprehensive PRRA recorded on NCS.

In many circumstances it may be appropriate for the custody supervisor to offer appropriate advice and provide options (protective factors) which may support the person’s care and welfare on release. This may include:

* Contacting a responsible family member, relative, friend, carer or named person in order that the individual can be released into their care and / or
* Providing the individual with contact details of available support agencies and / or voluntary organisations.

It is justifiable and reasonable for the custody supervisor not to release a person from custody when there is clear and imminent danger, and this may include their level of intoxication. Where it has been noted that a person has been intoxicated whilst in custody, their level of intoxication must be reviewed prior to release. If their level of intoxication is such that they are deemed unfit for release or unable to understand or answer the PRRA questions at that time, they should remain in custody until their level of intoxication has reduced to a level where it is deemed there is no imminent danger, and they are fit to answer the PRRA questions.

Where a person answers ’no’ to both questions in the PRRA, but the custody supervisor still has concerns regarding their suitability for release, the custody supervisor must, on every occasion, discuss the circumstances with a HCP, in order to ascertain the requirement for an HCP assessment prior to release. NCS must be updated accordingly to document clearly and in an auditable manner that this has taken place. This should include any information, which will impact on the risk level or suitability for release.

## Persons Hospitalised from Locus

There may be circumstances where a person is either taken directly to hospital from the locus prior to being arrested or has been admitted to hospital prior to police involvement.

Where circumstances are such that an arrest is not affected until after person is discharged from hospital and thereafter taken directly to a custody centre, officers should request details of care instructions, including brief details of treatment provided and the relevant Doctor / Nurse who examined them, within their Police issue notebook / mobile working device.

This information must be accurately passed to the custody supervisor, who will assess if the person requires any further medical attention on arrival at the custody centre. The custody supervisor must ensure this information is recorded on NCS.

In certain circumstances a person must be taken directly to a hospital after apprehension rather than being taken to a custody centre. This is 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 person directly to hospital.

Any requirement for immediate or urgent medical provision takes priority over apprehension. These circumstances may include where the person in custody.

* Has suffered a head injury.
* Is, or has been, unconscious.
* Has suffered serious injury.
* Is drunk and incapable.
* Is believed to have swallowed or packed drugs.
* Is believed to have taken a drug overdose.
* It is believed a package of drugs have burst.
* 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.
* Has been exposed to PAVA Spray and they have trouble in resuming normal breathing, or if any other adverse reactions are observed.

Where an ambulance crew have examined a person at the locus of an apprehension and deem that the person does not require medical attention, arresting officers should obtain details of the ambulance crew and their opinion of the person’s medical condition. This information must be accurately transmitted to the custody supervisor, who will assess if the person requires any further medical attention on arrival at the custody centre. The custody supervisor must ensure this information is recorded on the NCS. In areas where the Scottish Ambulance Service provides written instructions for the person’s care, this document is to be taken and presented to the custody supervisor.

Note: Where a person is removed from the locus of arrest directly to hospital, it is the responsibility of the arresting officers to ensure that the custody supervisor and the local policing supervisor are fully informed as soon as is reasonably practicable. A ghost custody record will be created by the custody supervisor to ensure that the person receives their rights as soon as is reasonably practicable and allow for all decisions regarding the person’s further detention to be recorded accurately on the NCS. Where a ghost record is created the on duty FCI must also be apprised as soon as reasonably practical.

When a person is removed directly to hospital, and the person is expected to be detained in hospital for an extended period, the arresting officers must, as soon as is reasonably practicable, contact the custody supervisor and their supervisory officer for further instruction, in relation to the persons continued arrest and rights as an accused person. The custody supervisor, in conjunction with the FCI, is responsible for the custody decision.

If it is known or suspected that a person has swallowed or packed drugs, either for the purpose of trafficking or to avoid imminent arrest 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. For further guidance refer to the Management of Suspected Internal Drug Trafficker (SIDT). The FCI must be informed of the circumstances.

## Persons Hospitalised from a Custody Centre

Many individuals in custody will be more vulnerable than the general 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.

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, they must be regarded as a high-risk person and consideration must be given to taking the child to hospital or summoning an HCP.

Ifit is known or suspected that a personhas swallowed or packed drugs, the person must be taken to hospital. Leakage from a package can prove fatal.

Note: Under no circumstances should such a person be kept at a custody centre. For further guidance refer to the Management of Suspected Internal Drug Trafficker (SIDT). The FCI must be informed of the circumstances.

Where a person has been removed to hospital, consideration must be given, dependent on their illness / condition, to contacting their reasonably named person / relative. In consultation with medical staff and the FCI a decision will be taken as to whether the individual’s named person/next of kin, needs to be informed.

Note: Persons detained in hospital are subject to the same restrictions as if they were within a custody centre, therefore, no visits to the individual will be permitted without the explicit permission of the custody supervisor.

A person removed to hospital must be accompanied at all times by a minimum of two police officers. There may be circumstances where this is not appropriate such as.

* When there is an immediate threat to life.
* Where a dynamic risk assessment dictates that this is not possible.

The FCI must be notified as soon as practicable, and an appropriate course of action will be confirmed.

In any medical emergency, an ambulance must be called, and the person taken to hospital. Where an HCP has conducted a medical examination of a person and indicates that the person is unfit to be held at a custody centre, their instructions regarding the removal of that person to a hospital should be followed. Details on the time scales and manner of transport required must also be sought and all details recorded on NCS.

The custody supervisor must ensure that the Custody Hospital Escort Form (Form 051-005) detailing the events leading to the person’s removal from the custody centre is completed and accompanies the person 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.

In cases where a person is refused admission into a hospital the police still retain a duty of care for that person. If all efforts to have a person examined and assessed fail, the person 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 person’s fitness to be held and consider consulting with the HCP to establish the person’s suitability to remain in police custody.

For further information consult the Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance.

### On release from Hospital

Regardless of whether originally taken to hospital as an arrested person, or as a person whose arrest was not affected until the point of discharge from hospital, escorting officers will ensure that Custody Hospital Escort (Form 051-005) is completed on return from hospital, detailing written care instructions from hospital staff where provided, and returned with the person. Where circumstances are such that the aforementioned form is not available, for example a person removed to hospital direct from locus, officers must note detailed care instructions within their police issue notebook or mobile working device. This must include the details of the Doctor, Nurse, or other primary care provider.

The escorting officers must inform the custody supervisor of all relevant information that may impact on the care and welfare of the person. Any additional medical notes or information as well as the appropriate form, from the hospital relevant to the care of the person must be given to the custody supervisor who will convey this information to the HCP.

On return to the custody centre from a hospital, a person must be searched to ensure that they have not acquired items that could be used to harm themselves or others.

Where a person has been discharged by medical staff from hospital the medical staff will have certified them “fit to be discharged”. This means the Doctor is confirming that the individual is fit to be discharged from medical care, as if being returned home and left on their own.

This status must be confirmed by escorting officers prior to be the person being returned to police custody. It is important to note hospital staff will not certify that a person is “Fit to be detained” in custody. Hospital staff must also never be asked to make any judgement on whether that person is “Fit to be detained” in custody. Custody supervisors will assess each person’s fitness to be held and if required consult with the HCP to establish the person’s suitability to remain in police custody. The custody supervisor must satisfy themselves that a person is fit to be detained in custody and should be prepared to challenge healthcare advice to ensure robust decision making.

## Confidentiality of Medical Examinations

The responsibility for custody healthcare lies with NHS health boards. Police officers / police staff will, on occasion, be requested to be present at, or nearby to a healthcare examination for safety purposes. It should be noted that the presence of a custody officer or CJ PCSO at a medical examination is as a security function only and Police Scotland staff should take no active role in the medical examination.

There may also be occasions where a male doctor examining a female patient would request the presence of an officer or CJ PCSO in line of sight.

Medical examinations are confidential and should, wherever possible, take place in an appropriate medical room. Police Scotland staff should not attempt to listen to the conversation and should treat anything overheard as sensitive and confidential medical information.

NHS staff have protocols to disclose information in certain circumstances and will follow these protocols if information of this nature is disclosed during medical examinations. They also have protocols for third-party reporting for intelligence purposes. Any medical information disclosed which will affect a person’s care and welfare within custody will be included in the healthcare professional’s clinical assessment, which will be shared formally in accordance with standard protocols.

Where an officer or member of staff has any concerns regarding information they have accidentally overheard during a medical examination, it is important that they recognise and respect the confidential nature of that information and discuss any such concerns directly with the healthcare professional and do not share or disclose this information to anyone else. Disclosure of information discussed or disclosed during a medical examination is a decision for NHS and will take place in accordance with their protocols.

## Search

It is the responsibility of the custody supervisor, custody staff and arresting / escorting police officers to ensure that all persons are subject to a thorough and methodical search.

All staff must utilise Ampel probes and metal detectors when appropriate. It is important to note however that standard handheld metal detectors may not detect hypodermic needles. Extra care must be taken when it is suspected the person may be in possession of such items.

The primary purpose in searching persons is to ascertain and record everything a person has with them when brought to the custody centre and to remove any articles that:

* May be used by the person to harm themselves or others.
* May be used to aid escape or cause damage.
* Requires safe keeping.
* Are evidence.

Before conducting a search, police officers / police staff must explain their intended actions to the person.

Male persons are to be searched by males and female persons are to be searched by females.

Where the search is to go beyond a standard search of clothing, it is to be conducted in private, away from the charge bar.

At custody centres where there is not a male or female police officer / police staff available to carry out a search, at the approval of the FCI, a suitable member of the community may be employed for the purpose of searching the person. This practice is in place to assist processes in remote / island custody centres and will be very rare. Particular care must be exercised if there is any possibility of a person having concealed sharps which could cause injury or ill health to the person(s) carrying out the search. Where appropriate an initial search by a police officer / police staff trained in the use of Ampel probes is recommended.

Where available, custody trained police officers / police staff should perform the search, to ensure consistency. Persons who are carrying out any search, who have any exposed cuts, abrasions or burns must cover them with a waterproof dressing prior to searching persons and use protective gloves during the search.

All personnel conducting searches must remain aware of the dangers of injury and the risk of transmission of diseases. Protective gloves must be worn when thought necessary and must be worn, where blood or body matter is present.

Appropriate precautions and care must be taken when searching persons who have been subject of PAVA usage.

Both the extent and location of the search are decided by the custody supervisor, who must consider all the relevant information available. There are three levels of search available, namely:

* Standard search.
* Strip search.
* Intimate search – (A search of any orifice other than the mouth)

Note: An intimate search may only be carried out with the persons consent, or in the case of an evidential intimate search, with the persons consent and under the authority of a Sheriff’s warrant.

Where the custody supervisor decides that a strip search or intimate search is necessary, the reasons and justification for this must be recorded on NCS. If a strip search is carried out it must be authorised by an Officer holding the rank of at least Sergeant.

For cases of intimate searches for evidential purposes, officers must recordany directiongiven by Procurator Fiscal (PF) in their official police notebooks or mobile working device. The HCP must be contacted on every occasion.All intimate searches must take place at hospital by medical staff and under no circumstances should they be carried out within police custody.

Any individual suspected of concealing drugs internally must always be taken to the hospital for examination. It is for medical staff to decide the level of examination required. However, persons concealing any item that could cause harm must always be taken to hospital for examination due to the damage these items could cause internally. This will also allow their condition to be closely monitored and any deterioration to be addressed without delay. The HCP should be contacted where appropriate.

Where it is deemed proportionate and necessary to remove all clothing from a person for longer than the duration of a strip search, the FCI must be made aware. This also applies where all clothing is removed from a person in their cell following self-harm attempts, toilet blocking or other applicable adverse incident, details of which must also be fully recorded on NCS.

Where a person is brought into custody to be searched purely under stop and search powers, then the authorisation must be granted by a Constable of the rank of Inspector or above, from out with CJSD, and not the custody supervisor. Please refer to Stop and Search Guidance. The custody supervisor must ensure that details of the authorising officer are recorded on NCS.

### Standard Search

Before conducting the search, police officers / police staff must explain their intended actions to the person in a language that they understand, utilising interpreters where required. The person should be visually examined to identify any likely places of concealment including a request that the person open their mouth and hands.

The person must be asked if they are 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 them. Hand-held metal detectors, Ampel probes and cell sense or similar devices, if available, must be utilised when searching all persons. This is particularly important for suspected drug users, who may have in their possession syringes and / or needles. It is important to note however that standard handheld metal detectors may not detect hypodermic needles. Extra care must be taken when it is suspected the person may be in possession of such items.

The person must be asked if they are secreting any other article, for example cigarettes, matches, mobile phone or drugs on their person. Such articles must be removed, and seized, disposed of or added to the person’s property, as appropriate. All items removed should be checked and if damaged the person in custody should be shown this, where practicable. It is also good practise to ensure damaged items are handled in view of CCTV (where installed). Any damage must be recorded on the NCS.

The custody supervisor is responsible for causing the removal of any item of clothing which a person may use to cause harm to themselves or others. The following items must always be removed no matter what the circumstances; ties, belts, trouser cord, and any other item that could be used as a ligature. It is not appropriate to cut a trouser cord as part of the cord may remain stitched into the garment and could be unpicked and used to self-harm. If unable to be removed, the person should be asked to remove trousers and be provided with appropriate clothing.

If a person’s underwear, for example bra, tights, etc, are removed, the reason for the removal should be detailed on the NCS.

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, including religious or cultural items. A person should only be permitted to retain any jewellery / adornments after a full dynamic risk assessment. In all cases this must be recorded in the property section of the NCS.

A description of all of the person’s property must be included within the property field of NCS.

If a person normally wears glasses, hearing-aid, dentures, etc. consideration should only be given to removing such items, prior to them being placed within a cell / detention room if the risk assessment identifies that the person represents a particular risk. Any items removed must be recorded in the property section of NCS. If the person requires these items to understand what is being communicated to them, they should be retained for that purpose if safe to do so.

All persons removed from their cells for interview, medical examinations, or any other reason where they have had unsupervised contact with anyone else, must be searched prior to being returned to the cell and an update to this effect made on NCS*.*

Persons transferring from another custody centre or prison (for an identification parade) must be searched both prior to leaving and entering a cell at the new location.

### Strip Search

A strip search is the removal and examination, in stages, of all clothing, to allow a visual, external examination of the body to be carried out. Further information re evidential intimate searches can be found in the Drugs Investigation National Guidance.

Where it is decided that the person should be subject to a strip search, the reason for this must be recorded on NCS. The name of the authorising officer, of at least the rank of Sergeant, must also be included. In circumstances where a specific search of clothing beyond standard is authorised, but falls short of a strip search, for example removal of trousers to allow a search of the inner waistband, this must be communicated clearly to officers to prevent unnecessary or unjustifiable strip searches being carried out.

The arresting or detaining officers in relation to searches under the Misuse of Drugs Act 1971 must record all relevant information that supports the requirement to strip search in their notebooks or mobile working device. The following should thereafter be followed:

* The person’s dignity should be preserved at all times. Where possible only one item of clothing should be removed at a time and searched before being returned to the subject prior to the removal of the next item.
* Reasonable force can be used to facilitate a visual examination only.
* Strip searches must be carried out in private. Cells equipped with CCTV may be used but only if the monitor is switched off, preventing staff not involved in the search from viewing it. Any footage subsequently obtained will be available to an authorised persons should any allegations be made against the staff, conducting the search. This footage will not be available as evidence against the conduct of the detainee during the search, unless an offence is committed by them during this process other than a straightforward obstruct offence.

All strip searches must include a visual search of all potential points of concealment including the mouth and other body cavities. If a person refuses to have any area searched, then no degree of force or coercion can be used to continue the search. Operational measures must then be considered and implemented by the custody supervisor to mitigate the risks presented by potential concealment of any item. In most circumstances this would amount to a level 4 observations regime initially being imposed.

The custody supervisor is responsible for documenting these risks including handcuffing position, means of addressing them and recording specific briefings being given to all officers carrying out observations. This ensures all risks are identified and officers are aware of their responsibilities. All briefings will include the necessity for officers to have sight of the person’s hands and face at all times.

Some individuals may have modesty issues or a distrust of the police. To reduce the abstraction of level 4 observations, consideration must be given to offering that a physician conducts the required visual examination. If this is agreed a physician must be contacted and requested to attend.

### Intimate Search

Intimate searches, namely those that require the internal examination of body orifices by a Forensic Physician (FP), can be necessary to ensure both the well-being of the person and for evidence recovery. Intimate searches must only be undertaken when it is necessary and proportionate to do so.

Every request for an intimate examination must be done on a case-by-case basis and the rationale for requesting such an examination must be clearly documented and provided to the attending FME. At no time should plans be created that promote a blanket policy of requesting an intimate examination every time a named individual presents in custody. Any individual that routinely banks drugs or conceals other items must be risk assessed at the time and only where necessary, proportionate and based on credible information should an intimate examination be requested. Clinical advice should be sought from the FME as to whether or not an examination would be appropriate or if constant observations would present less risk to the individual.

An intimate search must only take place with the person’s voluntary consent, or in the case of an evidential search under the authority granted by issuing of a sheriff’s warrant, with the persons consent. Consent is only seen as being valid where the individual has agreed to participate without pressure or coercion. It is paramount that nothing is said to a person that could be construed as being coercive. Further information can be found in the Drugs Investigation National Guidance.

It is often the case that intimate examinations return a negative result. It is important to be aware that a negative search does not exclude the presence of foreign material, especially in relation to rectal examinations. As such, it is essential that custody supervisors appropriately risk assess such individuals when they are returned to custody as they may still have items concealed.

### Searching Persons Wearing Cultural / Religious Clothing or Articles

All searches in custody must be carried out with respect and dignity. Persons wearing cultural or religious clothing / articles may be sensitive to removing them. Therefore, a clear explanation of the requirement for the search should be provided to the person.

Consideration must be given to the location of the search for privacy and the gender of staff present.

Any articles of property authorised by the custody supervisor to be retained by the person due to cultural or religious reasons must be risk assessed and documented on NCS.

### Searching Transgender and Intersex Persons in Custody & Transgender Officers and Staff conducting searches of persons

The guidance on ‘searching transgender and intersex persons in custody’ and ‘transgender officers and staff conducting searches of persons’ is currently under review. Until this review has been completed, and updated guidance has been published, custody officers and staff should conduct searches in accordance with relevant legislation, namely sections 47 and 48 of the Criminal Justice (Scotland) Act 2016, and deal with these searches on a case by case basis.

Searching of persons in custody are typically undertaken by an officer of the same gender, in line with the Police Scotland Code of Ethics, values and with a clear focus on the Human Rights of all of those involved. A discussion should take place with the person prior to a search commencing to ensure full consideration of everyone’s needs and welfare has been undertaken. Searching of persons in custody will be dealt with on a case-by-case basis maintaining the highest standards of care. This approach is consistent with the values of Police Scotland.

In terms of guidance regarding transgender police officers and staff conducting searches of persons, the same values and rights-based approach will apply.

It is recommended that where further clarification, guidance or support is required, officers and staff should seek information or advice from:

Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 30 Prejudice to effective conduct of public affairs.

When revised guidance on these matters is published by Police Scotland, this guidance will be communicated to all custody officers and staff.

### Strip Searching Children in Custody

In all cases the strip search of a child will only take place with the authority of Criminal Justice Services Division (CJSD) Officer of the rank Inspector or above. Appropriate recording of information will be made on the NCS.

For the purposes of this section, a child is a person who is under 18 years of age (Criminal Justice (Scotland) Act 2016, Section 51(3)). All search processes must be lawful, necessary and proportionate to perceived risk of harm. The purpose of a search is to ensure that a child is not in possession of any item or substance that could cause harm to themselves or someone else.

The Criminal Justice (Scotland) Act 2016 provides a duty to consider a child’s wellbeing in respect of arrest, holding in police custody, interviewing and charging with an offence. Staff must treat the need to safeguard the wellbeing of the child as a primary consideration. This must be balanced alongside the need to act as promptly as necessary to ensure the safety of the child and police staff whilst in custody and to fully investigate crimes.

Officers should also be aware that a trauma informed approach is required when considering whether a child requires to be strip searched. In that regard custody decision makers will be supported through training. Further information regarding what aspects to consider in taking a Trauma Informed Approach can be found within the Custody Officers Guide.

All custody staff and Supervisors must make themselves aware of the contents of the guide before making an application to the Force Custody Inspector to authorise a strip search of a child.

Before a child is searched staff must provide an explanation of the reasons for the search, how it will happen so that they can understand about their rights and the reasons for steps being taken. This must be in plain, everyday language. All explanation must be given in a manner and at a pace that can be understood by the child so that the child has opportunity to consent and co-operate without coercion. The child must be told about what choices they can make when a search is authorised, and these choices should be re-iterated to reassure the child and ensure a rights-based approach. The child’s views should be heard and considered in determining when and how a search will be conducted.

Unless there is risk of serious harm to the child or another, an appropriate person (such as a member of family / carer) should be present when a strip search is conducted. This search can take place in the absence of an appropriate person if the child has specifically requested this, and the appropriate person agrees. The decision must be recorded on the NCS with the details of the adult included. Social Work must be contacted in situations where the parent / guardian refuses to attend or engage to consider a child’s support needs in the context of what is known about the child.

If a child is ‘looked after’ (that is they are subject to a Child Supervision Order), the relevant Social Work Authority or team, carer or care establishment (if known) must be contacted so that an appropriate person can be identified and given opportunity to attend for the purposes of supporting a child before, during and / or after search processes. There is no legislative requirement for those notified to attend. If those so notified decline to attend, details must be recorded on both NCS and interim Vulnerable Persons Database (iVPD) with the search still proceeding.

Where an urgent strip search is essential to prevent immediate risk of harm and is conducted prior to the arrival of an appropriate person, Staff must record the justification, along with what action has been taken to secure the immediate attendance of an appropriate person.

In all cases the strip search of a child will only take place with the authority of CJSD officer of the rank Inspector or above. Appropriate recording of information will be made on the NCS.

All strip searches must be recorded on the iVPD by the enquiry officer. These details may be shared with partners, so it is crucial full details of the strip search are included within the concern report. This should include the reason for the search, views of the child, findings of the search, any specific speech, language, or communication needs. All strip searches of children must be recorded on iVPD.

Where an urgent strip search is conducted of a young person prior to the arrival of a suitable adult, officers must record the justification along with what action has been taken to secure the immediate attendance of the suitable adult.

### Police Officer / CJ PCSO Injured During Search

Where a police officer / CJ PCSO 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, an HCP must be consulted prior to the police officer / CJ PCSO being transferred to the nearest hospital; however, this must not delay their attendance at an Accident and Emergency (A&E) Department. It is essential that any treatment considered necessary be administered without delay.

The incident will be reported as an injury on duty in the normal manner and contact made with Occupational Health (OH), via the police officer / CJ PCSO’s line manager, for further guidance.

Any other injury must be recorded as an injury on duty and SCOPE form completed accordingly. Medical attention must be sought, where appropriate. Further information is contained within Blood Borne Viruses (Protecting Police Officers and Police Staff) Guidance.

## Personal Identification Devices (PIDs) or Electronic Tags

Once a person who is subject to an electronically monitored movement restriction condition (imposition of bail) is arrested, the person must be taken to the nearest custody centre. Unless directed to do so by the monitoring company, or a risk in leaving the device attached is identified through processing or previous knowledge, then the device should not normally be removed. Further guidance, including contact details and how to remove the device if requested to do so, are provided in the Home Detention Curfew and Restriction of Liberty Orders (Electronic Monitoring) SOP.

## Prosthetic Limbs

There may be occasions where persons in custody have limb prostheses, which can include upper and lower extremities. The prosthetics should be searched to ensure there is nothing concealed that could injure them or others. Consideration must be given to carrying out the search in private and at all times with dignity and respect.

The custody supervisor must record that the person has a prosthesis and identify which limb is prosthetic. This information must also be made available to the current service provider or any external agency responsible for conveyance to court. The prosthetic item should be returned to the person unless risk factors are identified. Considerations should include vulnerability, dignity, comfort and mobility of the person, etc. The reason must be recorded on the NCS.

## Property

The importance of procedures relating to the recording and safe handling of persons property should not be underestimated. All custody supervisors and custody staff must take great care when fulfilling these duties. Any item(s) found which present a danger to others must be carefully removed, properly packaged and labelled.

A person’s property must be checked over in front of them and in the sight of the custody CCTV system, where available. All cash sums must be counted out audibly for the benefit of the person and the audio recording facility on the CCTV system. This is particularly relevant when the person is under the influence of alcohol or drugs. It is good practice to have this process corroborated.

Any property in the possession of the person which is to be taken as a production must be seized by the arresting / enquiry officers. This must be recorded on the NCS, 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 must also record the details of property retained as productions in their official police notebooks or mobile working device.

Once the individual has been searched, comprehensive recording of their property must be detailed on the property section of the NCS, and proper storage methods adopted. Any items which are being allowed to remain with the person must be recorded as such and the reason why, for example glasses.

Consideration must 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 NCS.

On dealing with property which may be deemed sensitive, for example Solicitors legally privileged and confidential papers, these should be searched, but not read over. Consideration should be given to locking these within the custody area safe if it is practical to do so.

In listing details of a person’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.

Detailed recording of person's jackets and shoes will assist if there is any dubiety on release or to assist in an enquiry. Such items must be listed separately.

Property taken possession of by the police for the person after they have been initially processed, for example a change of clothing, must be recorded on the NCS and stored appropriately. Staff must confirm full personal details of the person prior to accepting any additional property. Any additional items must be thoroughly searched prior to being given to the person. The person providing a change of clothing must take away the old / soiled clothing, and the NCS must be updated to record this.

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). 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 National Guidance.

Any property or clothing which is contaminated by PAVA spray must be clearly marked as such to highlight the risk of cross contamination to other person or external agencies on transfer.

Medication brought in by the person must be recorded on the NCS but may be stored in a suitable location such as a locked medical cabinet for review by the HCP. The location of the medication must be added to the custody record.

Where a person in police custody is found to be in possession of a prescription, or other medical document, the information contained in the prescription, or other medical document, must be documented on NCS and brought to the attention of the HCP by the custody supervisor. The prescription, or other medical document, should be made accessible for the HCP to examine. Should the person be taken to hospital, a copy of the prescription, or other medical document, should accompany the individual to hospital and be provided for the attention of the NHS staff.

### Property Bags

Custody property bags are to be used for individual property and secured by means of numbered tags. Cash (less than £500) or items of jewellery should be placed in envelopes or small grip bags, in order to keep them separate from the rest of the property for ease when returning.

It is of the utmost importance that cash and other items of value which are not inside the property bag or that have been withheld are properly and accurately recorded on NCS. Any outside pocket is solely for the storage and transfer of documents that do not require to be sealed.

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 NCS and on the Personal Escort Record (PER).

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 NCS, together with the reason for removing items from the original property bag.

The person’s approval must be provided for the handing over of property, such as keys, money etc. to a relative. The person must sign the property record to confirm their approval.

When property is returned to a person by a police officer / CJ PCSO, it is good practice to have the process corroborated or recorded on CCTV where available.

In the presence of the person in custody, the custody supervisor or other officer will.

* Ensure the tamper-proof integrated seal on the person’s property bag is intact and that the unique serial number corresponds with the number on the NCS.
* Open the property bag and return the property, ensuring that it is checked against the recorded property.
* Have the person sign the person record acknowledging receipt of the property.
* Check that the person’s property bag is empty.
* Update the NCS.

## Cell Occupancy Levels

Whenever possible, only one person is to be placed in each cell. Lodging more than one person in a cell is a tactical option which must be considered when all other options have been exhausted. In any case, multi-celling must only be considered after assessment of the following options.

* Transfer of persons to another site.
* Robust review of existing disposal decisions.

In addition, the following factors should be considered.

* Prospective length of stay of person in custody.
* The offence committed, particularly if it will attract adverse attention.
* A person’s demeanour.
* Medical risks.
* A person’s mental or physical vulnerability to attack by other persons.
* Cultural differences and religious requirements.
* The person’s willingness to share.

If multiple cell occupancy is the appropriate tactical option, the following criteria must be adhered to at all times.

* Persons apprehended together, co-accused or individuals 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 persons.
* Male and female individuals 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 person must be placed in single cell occupancy.
* Consideration must be given to cultural differences and religious requirements.
* Where a person has identified their transgender identity, they must not be placed in a cell or detention room with another person and be placed in single cell occupancy.
* Persons under the influence of alcohol, drugs or other intoxicants, or where they are violent or aggressive must not be considered for multi occupancy.

Once allocated, the cell or detention room number must be recorded on the NCS.

When multiple occupancy of cells is necessary the custody supervisor must record their action on the NCS, and visits to multiple occupancy cells must be made more frequently than the hourly minimum requirement to ensure the safety and well-being of persons. In particular, dignity must be respected, for example any request for private toilet facilities must be granted. Care must be taken when liberating or transferring persons from a multiple occupancy cell to ensure persons are properly identified. Custody supervisors must consider staff safety when utilising multi cell occupancy.

A risk assessment must be carried out when the option of multi occupancy is used and recorded on each person’s record.

Where cell multi occupancy is employed, it must only be done for as short a time is practicable in the circumstances and single occupancy resumed as soon as practicable. All instances where multi cell occupancy is employed must be authorised by the FCI. Multi cell occupancy is a rare occurrence and should remain as a tactical option. Very careful consideration must be given when multi celling has to be used. Multi celling is always a short-term option and are broken down as soon as alternative cell space becomes available.

## Person in Custody Visits

The custody officer must personally inspect all persons at the start and finish of each shift or when a transfer of responsibility takes place. It is important that shift changeovers include a briefing on custody status.

Every person must undergo a care and welfare assessment before they are placed in a cell. The assessment will determine a suitable care plan which is proportionate, necessary, and justified.

### Frequency of Visits

There are four levels of monitoring and visits which can be used:

#### Level 1 - General Well-Being Observations

* This is the minimum acceptable level of visit for a low-risk person.
* For an initial period of 6 hours following arrival at the custody centre, the person must be roused every hour and a clear verbal response obtained.
* If no reasonably foreseeable risk is identified and the initial monitoring period has elapsed (6 hours) sleeping individuals are not required to be roused whilst conducting hourly visits. This is referred to as an unobtrusive visit.
* However, a sleeping period must not exceed 3 hours.
* During an unobtrusive visit, police offices / police staff must allow sufficient time to satisfy themselves as to the well-being of the person in custody – monitor breathing, observe movement etc. Full details must be recorded on the custody record.

Anyone whose breathing pattern seems irregular or unusually rapid, slow, or noisy must be roused.

#### Level 2 - Intermittent (Health and Rousable) Observations

This is the minimum level for persons suspected of being under the influence of alcohol or drugs, whose level of intoxication causes concern or where there are other issues necessitating increased levels of observation.

Persons must be visited and roused at intervals of at least 30 minutes although consideration must be given also to 15-minute check depending on assessment. This option can be used in conjunction with anti-harm suits or blankets and can also be used along with enhanced CCTV monitoring facilities. On every occasion clear rationale must be provided on NCS as to why this is appropriate and justified.

#### Level 3 - Constant (Harm Awareness) Observations

The person is under constant observations. Constant observations may be achieved by an officer or CJ PCSO observing the person in custody via:

* CCTV monitoring stations, or
* Glass cell door, or
* Window observation cells, or
* Through open cell hatches.

Visits can be conducted and recorded at 15, 30, or 60 minute intervals. Consideration of using anti-harm suits or blankets must also be considered, with a suitable visit regime.

#### Level 4 - Close Proximity (Harm Prevention) Observations

Persons at highest risk of harm must be constantly observed at very close proximity. The person is physically supervised in person, either with Staff in the cell or outside with cell door open.

If deemed proportionate the person may be physically restrained with handcuffs, fast-straps, or other approved devices. OST training must be observed at all times with handcuffs and fast straps. In normal circumstances, this level of observation will be achieved by two officers (where possible).

CCTV and other technologies do not meet the criteria of close proximity but may compliment this level of observation.

### Assessment

Where a person’s care and welfare assessment cannot be satisfactorily completed, a High-Risk level must be assumed, and the necessary control measures put in place until further assessments can be made.

It is the responsibility of the custody supervisor to decide the level of observation for each person in custody and this should be regularly reviewed during each shift. When the custody supervisor is considering placing a person in custody on constant observations, and their rationale is based partly or wholly on a medical condition, for example intoxication, self-harm, concealing drugs or a risk of seizure, the person in custody must be referred to the NHS Custody HCP for assessment. Following assessment, the HCP should be asked for their medical opinion, any potential signs of deterioration and the actions to be taken if observed, for example re-referral to the HCP or an ambulance to be contacted. The custody supervisor must ensure this information is provided to the observing officers during their briefing and recorded on NCS to confirm it has been provided. The person’s right to privacy must be considered and they should only remain on constant observation when this is justified, with the level of observation reduced as soon as it is appropriate and safe to do so.

### Nature of Visits

Whenever possible, visits must be conducted by the same person and at irregular intervals.

The use of technology does not negate the need for physical visits.

### Verbal Response

A clear verbal response must be obtained during each visit unless an unobtrusive visit is being performed and the individual is sleeping.

Where a person has difficulty in providing a distinct verbal response (language, physical impairment etc.), an alternative response must be confirmed. This may include written, sign or cue cards.

The majority of person visits can be conducted from an open hatch but when a person cannot be roused or spoken to, the cell must be entered, and their welfare confirmed. All persons are to be visited at least once per hour. Any cell entry must be dynamically risk assessed by the police officers / police staff involved.

### Observation Checklist

This should be used when taking positive actions in order to assess a person’s level of response.

* Can the person in custody be roused?
	+ Enter cell.
	+ Call out the person’s name.
	+ Shake gently.
* Can the person give appropriate answers to questions?
	+ What is your name?
	+ Where do you live?
	+ Where do you think you are?
* Can the person respond to appropriate commands?
	+ Open your eyes.
	+ Lift your arm or hand.
	+ Move your legs.

Where the person cannot be suitably roused, first aid must be administered, medical assistance summoned, and the custody supervisor notified without delay.

### Recording of Visits

Every visit made to a person must be recorded on the corresponding custody record on NCS. A distinct verbal response must be sought from the person during the course of the visit, the time, and details of which must be noted accurately on NCS.

Any material or unusual change in personality or behaviour of a person must immediately be brought to the attention of the custody supervisor. The circumstances must be recorded on the NCS, together with any action taken.

If there is any reason to believe that a person is suffering from illness or injury the custody supervisor is to summon an HCP or arrange for the removal of the person to a hospital by ambulance. This is also applicable when the person has neither complained of their condition nor requested the services of an HCP.

### Visits to Persons by Relatives or Friends

The friends or relatives of a person in custody over 18 years of age, have no automatic right of access to the person. The custody supervisor may, at their discretion, permit a brief visit. The person must be properly supervised during the visit, to ensure that no property is passed without permission. Any visits must be recorded on the NCS.

For rights of under 18s to have access to other persons and the search of visitors to a custody centre please consult Criminal Justice (Scotland) Act 2016 (Arrest Process) National Guidance.

### Movement of Persons within Custody Centres

All movement of persons to and from cells, for example obtaining Criminal Justice (CJ) samples, solicitor interviews / visits, washing, etc, must be clearly recorded as appropriate.

All persons removed from cells for any reason must be properly controlled and supervised throughout. Consideration must also be made to searching them prior to being returned to a cell and all movements and searches recorded on the respective custody record.

## Constant Observations

Constant observations will be carried out on persons considered by the custody supervisor or a HCP to be a higher level of identified risk, where those risks cannot be mitigated in another way.

Constant observation means the constant observation of the person without distraction of any kind. This can be in one of three ways.

* Constant Camera Observations – an Officer is dedicated to this role.
* Door Closed Observations – the cell door is closed, and an Officer is observing the person through a screen or hatch.
* Door Open Observations – the cell door is open with an Officer observing the person at the doorway.

Throughout Scotland there are cells equipped with either in-cell digital CCTV or glass windows to allow constant observations on an individual. 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 person to a station with an equipped observation cell as above, the person is to be placed in an ordinary cell.

The requirement for constant observations will be based on the risk assessment, however it must be borne in mind that the impact that an offence has on an individual will vary greatly, therefore the focus must be on the person not the crime. Consideration must always be given as to whether it remains necessary to place persons charged with grave offences under constant observations, to assure their wellbeing at a time when they are potentially vulnerable. The decision must always be person centred and based on the vulnerability of that individual. Appendix C at the end of the document provides further guidance in respect of standard resourcing principles.

There may also be occasions when constant observations are necessary in the interests of the enquiry.

The police officer / CJ PCSO allocated to the observations must be briefed by a custody supervisor, to ensure they are fully aware of their role and responsibilities, specific risks associated with the person and to provide direction on points for heightened vigilance and awareness. 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. Any briefing must be recorded on NCS. The custody supervisor must be notified when there is a changeover of police officer / CJ PCSO conducting observations. This will ensure that the custody supervisor can fully brief the officer taking over.

Under no circumstances must the police officer / CJ PCSO undertaking the observations be distracted by other tasks such as report writing. They must be dedicated solely to the constant monitoring of the person.

It is the responsibility of the custody supervisor to ensure that the police officer / CJ PCSO undertaking constant observation duties receives appropriate welfare checks and breaks. This check should be done at the time that visits are made to the person in custody whom they are observing on level 3 or level 4 observations and recorded on NCS.

Where a person is placed under constant observations, an entry must be added to the person’s record, detailing the reason for constant monitoring. This must also be done when the person is removed from constant observations, outlining the reason for the change in status. If the person has been placed on constant observations by a HCP, the person’s care plan must indicate under what circumstances the constant observations can be removed, for example constant observations until sober and calm.

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 care plan. A visit regime must be put in place for persons under constant observations, over and above the fact that the person is under constant observation and carried out as deemed necessary by the Custody Supervisor, for example hourly or more frequent visits.

Medical conditions and head injuries must not be used as a reason for constant observations unless directed by the HCP. If someone is so ill that they need constant observations, then consideration should be given for this person to be taken to hospital.

Custody supervisors have the authority to make decisions regarding the downgrade of observation levels without contacting the FCI on most occasions (out with those already detailed).

In the unlikely circumstances that the matter has to be escalated, it shall be referred to a higher rank within CJSD. It would also be anticipated that an HCP will also be involved in the decision-making process.

## Adverse Incidents (Definitions)

An adverse incident is defined as: An adverse incident in police custody where injury sustained was minor or no injury was sustained but there was a risk of harm.

A Serious Adverse Incident is defined as: An adverse incident in police custody where injury sustained was serious such as deep cut, laceration, fracture, damage to internal organs, impairment of normal bodily function or where death takes place.

The guidance contained within Adverse Incidents in Police Custody Guidance and the Death or Serious Injury in Police Custody National Guidance should be followed.

### Reporting Procedures for Adverse Incidents

Where an adverse incident or serious adverse incident takes place, the following procedure must be carried out.

* Depending on the circumstances of the episode report, for example internal concealment of drugs, use of any item to harm others, self-harm or attempt to complete suicide, consideration must be given to immediately informing the FCI / Cluster Inspector
* A NCS episode report must be completed, and notification sent to the FCI / Cluster Inspector for the relevant area prior to the custody supervisor going off duty via email.
* FCI, Cluster Inspector (if on duty) and Custody On-Call Chief Inspector must be informed immediately of any serious adverse incident. If the FCI and Cluster Inspector are unavailable, then the Custody Review Inspector (CRI) should be informed. It will be the responsibility of the On-Call Chief Inspector to escalate to Custody Senior Management after assessment and inform other parties, such as Professional Standards, Local Policing, and Scottish Police Association (SPA) etc.

Please refer to the Adverse Incidents in Police Custody Guidance and the Death or Serious Injury in Police Custody National Guidance for further guidance.

### Immediate Updating of Warning Signals on PNC / CHS

Where a person has been involved in a relevant adverse incident, for example previously has attempted to complete suicide or self-harm in a police cell, it is imperative that the individual’s PNC / CHS record is updated immediately to reflect the risk posed. This will ensure that any subsequent periods in custody are managed appropriately. It will be the responsibility of the custody supervisor to ensure the appropriate warning signals / markers are updated on the individual’s record via the CJSD Records Connect Portal. Risk markers should also be added to the individual’s NCS record.

## Public Order Person in Custody Extraction

In circumstances where a cell extraction requires the use of public order resources, authorisation can be granted by the Duty Officer (DO) Service Overview (SOV). Custody supervisors must in the first instance contact the FCI who will thereafter seek authority from DO SOV.

## Medical Provision

Medical provision for persons in custody is the responsibility of NHS Scotland. Should medical advice and / or assistance be required in relation to any person in custody, it is the responsibility of the custody supervisor to make direct contact with the HCP.

Where there is immediate concern for the health of a person, notwithstanding that an HCP has been summoned, they are to be removed immediately to the nearest hospital by ambulance. The custody supervisor may have the persons transported to hospital by police vehicle where there is a significant delay in the arrival of an ambulance and the circumstances warrant immediate medical attention, though it should be considered the medical condition involved and that ambulances and crews have resus facilities that police officers and vehicles do not. In all cases, the hospital should be advised of the imminent arrival of a person, together with details of symptoms.

A person in custody must be referred to an HCP if there is any reason to believe that they;

* Are suffering from any illness or injury (depending on severity) including alcohol and drug withdrawal if applicable.
* Have consumed any other substance which might conceivably cause harm.
* Have indulged in solvent abuse.
* Are pregnant.
* Appear to be suffering from a mental illness.

The custody supervisor is to discuss the case with the HCP to determine whether a visit is required or not, or to arrange for the removal of the individual to hospital, even though the person may have not complained of their condition nor requested the services of an HCP.

Note -Where an individual has taken drugs and is symptomatic, or if there is any delay in an HCP being able to assess the person in custody, consideration should be given to taking them straight to hospital.

Particular care is to be taken in relation to persons who are;

* Drunk.
* Under the influence of drugs.
* A combination of a head injury and alcohol / drugs.

If a person appears to be drunk and drowsy to the point they cannot be easily roused, they are to be placed in the recovery position and medical assistance summoned immediately.

Officers escorting the person must be fully briefed by the custody supervisor and ensure a clear view and verbal communication with the person is maintained throughout the journey.

### Medical Examination

When a person is examined by an HCP, details of the medical care plan must be passed to the custody supervisor and recorded on the NCS along with any other relevant information and must include:

* Fit to be detained?
* Observation frequency / reason.
* Medication required.
* Who can administer.
* Review frequency.
* Name of HCP.

### Management of Medication

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

Police officers / CJ PCSO’s may assist in the administration of medication to individuals whilst in police custody, only when the HCP is satisfied that it is appropriate for them to exercise this function.

When satisfied that the administration of medication to an individual whilst in police custody can safely be carried out by a police officer / CJ PCSO, the HCP must confirm this in writing within the medical care plan which must be updated accurately onto NCS.

In exceptional circumstances, such as a medical emergency, for example asthma attack, officers should allow the individual to use their own inhaler.

Where a person is apprehended at their home address, the arresting officers should, when practicable, ask if the person has any prescribed medication. If so, it should be included with the individual’s property and brought to the attention of the custody supervisor when presenting the person. Where possible the medication should be contained within the original packaging, clearly labelled with administration instructions thereon. Due to current NHS policy any methadone brought in from a person’s home, or in a person’s possessions, will not subsequently be administered. Arresting officers do not require to inform the person of this as HCP’s will assess need and progress alternative measures if required.

Persons 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.

### Administration of Medication

Dosette boxes have now been replaced across the force area by Plus Pack / Venalink packaging systems which provide sealable, tamperproof, monitored dosage systems which allow medication to be split into sealed pockets marked with the time / day at which they are to be administered. These packaging systems also include the name and date of birth of the person to whom they are prescribed for clear identification. Only Plus Pack or equivalent packaging clearly marked with the intended recipient’s name and date of birth should be used to administer medication within custody centres.

Custody staff engaged in dispensing medication must be corroborated by another staff member at all times who will assist in verifying the identity of the intended recipient and ensure it matches Plus Pack or equivalent medication packaging. CCTV is not sufficient for this purpose as it offers no safeguard regarding accurate identification of the recipient.

On every occasion prior to administering medication, the recipient must be asked to provide their name and date of birth. Refusal or incorrect details should result in consultation with a custody supervisor and, if required, the relevant HCP prior to any medication being dispensed. Staff must supervise the taking of the medication to ensure, as far as is possible, the medication has been swallowed. The administering of methadone to individuals is strictly governed and must only be done by HCP. Whilst this is the responsibility of the NHS, custody staff are responsible for the care and welfare of the person and still have a vital role to play in ensuring that the method is safe and secure.

It is commonplace for methadone to be prescribed in glass bottles. However, HCP must decant this into a safe and suitable non-glass item before it is handed to any individual. To that end all escorting custody staff must ensure that HCPs are complying with the correct process at all times, that is under no circumstances should an individual be given a glass bottle, or item, at any time.

Under no circumstances should Staff write cell numbers onto Plus Packs or equivalent medication packaging as this can lead to incorrect identification / administering of medication to an individual other than to whom the medication has been prescribed.

### Recording of Medication and Dosage

All medication given to a person in custody mustbe recorded on the NCS. The exact type and quantity / dose of medication must be recorded, for example One Valium five milligrams, plus one Librium and the time administered.

NCS Medication Manager and Medication Schedule, located within the Care Menu must be used on every occasion to accurately record the administering – type / quantity / dose and frequency. It is not acceptable to refer to updates purely as “as per Plus Pack.” Any unused medicines must be disposed of safely by local arrangements.

### Naloxone

Should a person in custody be identified as having overdosed:

* Custody staff will dial 999 and request an ambulance attend.
* Where there is an HCP on site and they are able to administer naloxone to the person in custody, they will do so in the normal manner.
* If no HCP is on site and an officer authorised and trained to administer is, they will administer naloxone as per their training to the person in custody, updating the Ambulance Service. Do not delay by waiting for an HCP to attend or authorise. The custody supervisor will still contact the HCP covering the custody centre and advise them they have a person in custody suspected of having overdosed, the circumstances around this, that an ambulance has been contacted and an officer trained and authorised has administered naloxone on site.
* A full update of the circumstances should be provided to the ambulance staff on their arrival by the officer who administered the naloxone or their colleague as per their training.
* A full update of the circumstances should be provided to the custody supervisor by the officer who administered the naloxone, or their colleague and an episode report will be raised on NCS. This should include the administering officer’s details.
* The custody supervisor should update the FCI of the incident and the outcome. This will be an incident of note.
* The custody supervisor should update the HCP covering the custody centre of the outcome of the incident.
* In all circumstances, the person in custody should be conveyed to hospital for assessment and observation.

Note: Where there are difficulties contacting the Scottish Ambulance Service (SAS) due to poor signal issues within the custody centre, a colleague / member of custody staff must create a method of communication so that the officer can be supported by the SAS and the SAS can receive live updates. The custody mobile telephone or using a ‘runner’ to pass messages may work in these circumstances.

If there is an occasion when there is a suspected overdose, there is no HCP or authorised officer on site and SAS personnel are unable to attend immediately, the custody supervisor will contact C3 to see if there is an authorised officer nearby who can attend quicker. Ideally the HCP, custody officer and SAS are the first options but authorised officers working out with custody must also be considered as they may be the quickest life-saving resource to attend.

### Persons in Custody Affected by PAVA Spray

The custody supervisor must be notified immediately of the arrival of a person exposed to PAVA Spray and the NCS endorsed accordingly. Any person who thereafter has contact with the person or their possessions must be notified of the person’s exposure to PAVA Spray. If the person is to attend court their PER and property must be clearly marked to highlight the exposure to PAVA Spray.

### Persons Affected by the Application of TASER

The custody supervisor must be notified immediately of the arrival of a person exposed to Taser and the NCS endorsed accordingly. Any person who, thereafter, has contact with the affected person must be notified of their exposure to Taser. If the person is to attend court their PER must be clearly marked to highlight the exposure to Taser. All arrested persons who have been subjected to Taser discharge must be examined by an HCP or FP as soon as practicable after arrival at the custody centre.

A person subject to Taser cannot be released unless they have been examined by an HCP or FP.

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 individual must be subject to a visit at least every 15 minutes. Where an observation cell is unavailable, the custody supervisor must exercise caution in making an appropriate decision on supervision with a view to ensuring the health and safety of the individual. Following medical examination of the individual 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. At the earliest opportunity following arrival at the custody centre, a detainee who has been subjected to a Taser discharge must be given an appropriate information leaflet describing the Taser, its mode of operation and effects. This leaflet must be fully explained.
* They must be personally handed Information for Persons Subject to Taser (Form 064-012) regarding aftercare following exposure to Taser;
* If a request to be examined by a HCP is rejected, that is the HCP states that the individual does not need to be seen by a Doctor or the Doctor refuses to attend then notification must be sent by email to the STO Compliance Unit at Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 30 Prejudice to effective conduct of public affairs.

### Persons in Custody Suspected of Having a Communicable Disease

A communicable disease is one that can be spread from one person to another and primarily consists of an airborne viruses or bacteria, however it can also be passed through blood or some other bodily fluid. Recent examples of these transferable diseases include coronavirus, monkey pox and scarlet fever. For the safety and wellbeing of all persons within police custody, should any person be suspected of being infected with such a disease, then active steps must be made without delay to reduce the risk of transference to any other person. Full PPE relative to the risk should be worn by trained staff, namely FFP3 mask, protective paper suits, goggles, gloves and aprons. A risk assessment on infectious diseases must be referred to, ensuring that all dealings and movements of a suspected infected person in custody be considered and planned. Latest Health and Safety guidance from Police Scotland should also be referred to.

### Do Not Resuscitate Orders

Some individuals have a Do Not Resuscitate (DNR) or Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Order recorded on their medical notes, which means if their heart were to stop, medical professionals would not attempt CPR. It is important to note that any such Order or Notice is an instruction to medical professionals only contained within medical records and as such, does not apply to Police Scotland officers or staff. Section 20(1) of the Police and Fire Reform (Scotland) Act 2012 places a statutory obligation on all members of Police Scotland to protect life.

Should the custody supervisor be advised of an arrested person or any other person that the arrested person has such an Order or Notice in place, they should refer the individual to the NHS custody HCP for a ‘Fitness to Detain’ assessment. It should be noted that such orders are usually only in place for persons with serious underlying medical conditions and as such consideration should be made as to the necessity and suitability of their detention. If the arrested person is deemed fit for detention, the custody supervisor should remind staff of their statutory obligations to save life.

Custody supervisors should ensure they uphold the principal of presumption of liberty and ensure all available disposal options are considered.

Where an NHS custody HCP is on site in custody and any arrested person requires lifesaving treatment, they will have primacy and provide any treatment required.

Where Custody staff have commenced CPR prior to the arrival of the Custody HCP, they should continue until the HCP arrival when they will take responsibility for the medical care of the person and make the appropriate clinical decisions.

Where the NHS custody HCP asks custody staff for assistance in providing treatment, the custody staff should follow the instructions of the NHS custody HCP based on their clinical assessment of the situation. It is important to note, the NHS custody HCP retains primacy in this case.

Where there is no NHS custody HCP on site in custody and any arrested person requires lifesaving treatment, custody staff should follow their training and their statutory responsibilities and attempt to save their life, including performing CPR if necessary.

## Dirty Protests

Occasionally persons will display their dissatisfaction at being detained 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 must be contacted and an assessment of the person’s psychological state made, with regard to their suitability for continued detention.

Consideration must also be given to removing the persons to another cell, if this is at all possible, considering the likelihood of the individual to contaminate further cells.

If the decision is taken to remove the person to another cell, arrangements must be made for the contaminated cell to be cleaned prior to being re-used.

In these circumstances the supervisor mustinform the reporting officer to libel an additional charge of Culpable and Reckless Conduct, seeking a compensation order for costs associated with the decontamination of the cell.

## Transfer of Medical Notes / Medication

When a person, who has:

* Medical ailments.
* Medication or.
* Received medical attention whilst in custody,

is taken to prison, or other place of detention, the custody supervisor must ensure that all relevant information from the custody record, along with relevant notes in connection with the medical attention provided and medication received accompany the individual, attached to the PER.

Where appropriate, details of a person’s physical or mental health are to be included in the remarks section of the SPR2.

## Person Welfare Considerations

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.

Whilst the security of the person is important, it must be clearly understood that the principal reason for visiting persons whilst they are in our care is to ensure their physical well-being.

The use of restraints in a locked cell must only be permitted in exceptional circumstances (where the arrested person presents a significant risk of injuring themselves or others). Where these are deployed the subject must be kept under constant observations. On all occasions the decision must be regularly reviewed to ensure that it remains proportionate, and the rationale documented on the NCS. Other alternatives should be explored prior to lengthy restraint (for example medical attention to search for packed drugs, or issuing anti-harm clothing, etc.).

## Gender Specific Care and Welfare

PS operate a policy of non-gender specific care. Therefore, male staff are entitled to provide care and welfare for female persons in custody and vice versa.

Staff who are looking after a member of the opposite sex must ensure they take common sense precautions to prevent any embarrassment to either party. This may include verbally alerting a person before opening a cell hatch or door or, where relevant, to discretely informing them that female sanitary and hygiene products are available on request.

The only exception would be in relation to constant observation duties whereby the gender of the observing officer(s) must be the same as the gender of the individual under observation.

### Women in Police Custody

PS recognises the fundamental differences between male and female whilst in police custody and will ensure that the dignity of menstruating women in police custody is maintained.

If a female person is experiencing menopause or menstruation, custody police officers / police staff must consider if continued incarceration is likely to have a significant and unreasonable effect on the person’s welfare.

A personal response must be given in each situation and where possible reasonable adjustments must be made to accommodate individual needs.

Peri or post-menopausal women may experience debilitating symptoms. Custody police officers / police staff must ensure that appropriate access to the HCP is provided where required.

Female persons must be asked at the earliest opportunity and in private, if possible, if they require or are likely to require, any menstrual products whilst they are in police custody.

They must also be informed that menstrual products of various sizes as necessary will be provided free of charge with hand washing and shower facilities also available as and when required.

Persons in police custody experiencing peri or post-menopausal symptoms must be offered the opportunity to see the HCP.

The manufacturer’s instructions for each product must be followed, including replacement timeframes, unless changes are requested more frequently by the individual. Prompt, hygienic, discreet, and safe means available for the disposal of used items must be used.

Where the removal of menstrual products is considered necessary as part of a care plan, it must be subject to specific risk assessment. All alternative options must be fully explored before deciding to remove menstrual protection. Where a person has menstrual products removed as part of a strip or intimate search, they must be offered a replacement without delay.

Persons who require showering must, where appropriate, be offered the opportunity to do so. If necessary, female persons should be transferred between custody centres to ensure adequate washing / showering facilities are available.

Arrangements must be made to replace soiled clothing. This can normally be achieved with the support of the individual (that is from family or friends). Local Policing must liaise with custody staff regarding the provision of clothing.

Whilst PS’ staffing model does not always determine that a female member of staff is on duty within a custody centre, females must be made aware that they can speak to a female officer in private if needed. If a female member of custody Staff is unavailable, a female police officer who is on duty must be assigned this role.

Note: Not all menstruating persons will identify as female. A person who identifies as a transgender male might still require menstrual products, especially at the start of hormone therapy, as may some people who identify as non-binary. Menstrual products and care must be provided to transgender individuals as with any other person as required.

### Persons in Custody with disabilities

When dealing with persons with disabilities in custody, custody staff should facilitate requests for reasonable adjustments, wherever practicable, whilst ensuring the safety of all persons within the custody centre. Any rationale for refusing an adjustment would require to be fully documented on NCS. Facilitating reasonable adjustments is not only integral to our core values as police officers, but also a requirement under the Equality Act 2010.

Individuals do not have a duty to declare a disability. Staff should, however, be mindful of the possibility and react accordingly.

Where staff are uncertain of the needs of a person in custody, they should ask the individual. Additional advice may be available from HCP, family, or friends, but the person in custody must first give consent for communication with their family and/or friends. Custody staff should document the response and any measures taken on the custody record. They should take particular care to include the additional needs persons in custody with disabilities may require during a potential evacuation.

### Assistance dogs

Assistance dogs are trained to provide support to people with disabilities and/or medical conditions. The term assistance dogs can include guide dogs, hearing dogs, medical alert dogs, and autism dogs.

The reason why the person being brought into custody has an assistance dog, should form part of the initial risk assessment, during the booking in process. Where it is deemed absolutely essential that the person, with an assistance dog be brought into police custody then the dog should remain with the individual. Removal of the dog may contravene the Equality Act 2010, if not for any justifiable reason.

Where it is deemed essential that the person in custody be placed within a police cell, and it is deemed appropriate for the dog to remain with the owner, then the dog’s harness and lead should be removed. Staff should provide the dog with a blanket and water bowl and plan for the dog to relieve itself. The dog should only be given food agreed/provided by the owner or the local guide dogs team (if available).

In exceptional circumstances, where the dog cannot be kept with the owner, staff should keep the dog in an office and inform the owner of the arrangements. Under no circumstances should staff place dogs in kennels, or with other dogs.

If the dog does not stay with the person, staff must provide further support to meet the individual’s needs.

## Meal Provision of Persons within Police Custody

Three meals are provided for persons within 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. Persons, where possible, must be fed before 0700 hours each court day. Persons should be offered a meal, where safe to do so, regardless of the time they arrive in to police custody.

Different types of meals must be made available for individuals with different dietary requirements, for example halal, vegetarian, gluten-free, etc.

Custody staff are to ensure that individuals receive sufficient water.

In the event that a person refuses the meal provided, this must be recorded on NCS, with the reason for refusal. If more than two consecutive meals are refused, or the person continually declines fluids, consultation must be undertaken with an HCP.

All efforts must be made to provide the person with a meal which is acceptable to their condition / beliefs, for example medical condition, special dietary requirements, religious or moral beliefs, etc. Persons will not be given food provided to police stations by friends or relatives.

Persons must be provided with meals served in containers and they will be provided with sporks or similar safety spoons. Drinking water will be supplied on request. All containers and cutlery must be removed and accounted for as soon as reasonably practical when the person has finished their meal, as there is potential for these items to be used as a weapon or to self-harm.

Cultural and religious requirements will dictate that certain persons will only be able to eat and drink at particular times of the day or night. Custody staff must be aware of this and provide meals at such times as the person will, according to their culture / religion, be allowed to eat them.

Information regarding persons’ cultural and religious requirements must be obtained and if any requirements are considered reasonable, they should be met.

## Washing/Shaving

Where an arrested person is to be detained in custody for more than a full day, they must be offered facilities to wash, shower and / or shave at least once per day.

Any reasonable requests to wash, shower and / or shave more often than this are to be met, where possible. Facilities are also to be made available to a person to wash, shower and shave if they wish prior to appearing in court. At all times when a person is shaving, washing, or showering, custody staff are to be in attendance to ensure the security and safety of the person in custody. Washing supplies / packs should be made available.

Basins should always be available for religious observance.

The offer of a wash must be recorded on the NCS whether the person accepts it or not. Paper towels must be made available for the use of persons and in centres that supply cotton towels they must be checked for damage to prevent the risk of injury or self-harm.

## Toilet Paper

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.

## Blankets

Each person within custody is to be supplied with a mattress. Custody staff will determine whether a person will be supplied with a blanket(s) giving due consideration for the following impact factors.

* Time of day.
* Time of year and external weather conditions.
* Temperature in cell.
* Likely length of time in custody.
* Any requests from the person.

Blankets must be issued in a controlled and measured way. Under no circumstances must a blanket be thrown into a cell. Where the person requests a blanket and is refused, the rationale and any alternatives offered must be recorded on NCS within the Custody Officer’s Notes section.

No blanket is totally anti-tear. 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 must be removed from use immediately. The damaged items should be clearly marked as damaged and returned to the supplier. Custody staff must notify the Cluster Inspector to ensure destroyed blankets are accounted for and replaced.

Blankets must be removed from a cell when the person is released or transferred and placed in the dirty blanket store. Persons can be requested to remove blanket from cell. However, there is no obligation for them to do so.

Where blankets may have become soiled, for example with urine or faeces, they must be placed in the soluble bags available for this and forwarded to the laundry in the normal manner.

In the event of bedding requiring destruction due to contamination, for example too heavily soiled to be washed, the items must be placed in a clinical waste bag and collected in accordance with local arrangements. Custody staff must notify the Cluster Inspector to ensure destroyed blankets are accounted for and replaced.

## Clothing

During the course of a person’s stay in police custody it may be necessary to seize their clothing, for example as a production, removed due to damage, contamination, etc. in these instances, the person must be issued with suitable alternate clothing.

Where a person is actively self-harming, consideration should be given to removing their clothing and supplying an anti-harm suit. Prior to doing this all options must be considered including use of constant observations, handcuffs / fast straps until the person is sufficiently calm. If removal of clothing is deemed necessary, it must be carried out in a cell equipped with CCTV. This decision will be taken by the custody supervisor who will utilise the National Decision Model. The full circumstances and rationale must be recorded on the NCS.

There may be occasions, where in the interests of safety, it is necessary to remove a person’s clothing whilst within a cell. Where this occurs, a full dynamic risk assessment must be carried out to ensure that it is justifiable and the FCI made aware. The custody supervisor must ensure that the rationale is documented on the NCS. The decision must be regularly reviewed to ensure it remains proportionate to the risk. Should the risk be downgraded, suitable clothing must be returned to the person at the earliest opportunity.

If clothing is removed from a person in custody, this should be stored appropriately, that is lockers where available. No clothing (including underwear) should be left outside of a cell or on the floor.

Persons are not to be taken to court from custody without proper clothing. A disposable suit or anti-harm suit is not proper clothing. If required, efforts are to be made by the enquiry officer to obtain alternative garments from the persons home or relatives. Where clothing cannot be obtained, suitable garments must be provided from custody stock, or purchased with money obtained from police funds if all other avenues exhausted.

There may be occasions where clothing is handed into a custody centre for a person by a third party. Custody staff must ensure that they verify the person’s full personal details, including name and date of birth, with the third party prior to accepting the clothing. Full details must be recorded in the NCS. The clothing must be thoroughly searched before being handed over to the person.

## Cell Call Button

Most Police cells are equipped with a call button, which persons can use to attract the attention of custody staff. It is essential that all persons are made aware of this prior to commencing any period of detention.

The cell call button must not be turned off when the cell is occupied. However, there may be occasions when the person continuously activates the call button. In such circumstances, all efforts must be made to alleviate the persons concerns. If the custody supervisor decides that the continuous activation is having an adverse effect on the care and welfare of the other persons, they may take the decision to deactivate the call button. If this decision is taken, the care plan must be updated to ensure that the person is visited at regular intervals, all Staff engaged in care and welfare are updated, and an appropriate entry included in their NCS record. This decision must be regularly reviewed, and the rationale and other options fully documented on the NCS.

Note: Where a person may have difficulty accessing the call button due to physical impairment, the custody supervisor must account for this within the care plan, for example use of adapted cells, increase visit regime / constant observations, etc.

Consideration must also be given for the person to be placed under constant observations. On each occasion when a person is placed in a cell the cell call button must be checked to ensure it is in working order.

Where the cell call button is found to be defective, the cell or detention room should be put out of service, unless a suitable control measure can be employed to ensure the person’s welfare.

## Complaints about the Police

A person at any point during their period of detention within a police station, may wish to make a formal complaint against any police officer / police staff. The investigation of this must follow the procedure outlined in the Complaints against the Police SOP (CAP).

Where the individual who is subject to the complaint is a member of custody police staff, or at the material time is carrying out relief custody duties, the complaint will be dealt with by CJSD. Where an officer who is subject to the complaint works elsewhere the complaint will be dealt with by Local Policing.

Where an incident occurs which, in the view of the custody supervisor, could result in a complaint against custody staff then that staff member must no longer have any responsibility for the care or welfare of the person making the complaint. All reasonable steps must be taken to manage the situation and restrict contact; however, it may not be possible to disengage with the person in custody, but where possible must be accompanied when visiting the person in custody. This includes officers engaged on observation duties. This must be recorded on the NCS to facilitate any subsequent CAP investigation.

## Independent Custody Visiting Scheme (ICVS)

Independent Custody Visitors (ICVs) are volunteers who have a statutory role in ensuring the welfare of persons in police custody. They attend at custody centres to check on the treatment of persons, the conditions in which they are held and to ensure that their rights are being observed. This protects both individuals and the custody staff and provides reassurance to the community at large. Responsibility for organising and overseeing the delivery of ICVS lies with Scottish Police Authority (SPA) in consultation with the Chief Constable.

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 must not delay or deny access unless in the most extreme circumstances and then only after approval from the FCI. A full explanation must be given for the delay and the explanation recorded by the ICV 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 person. However, must be endorsed by the FCI. Such a decision must be recorded in the NCS and by the ICV in their report of the visit.

Note:In circumstances where due to demand staff cannot facilitate an ICVS visit, then the visitors should be invited into the custody area to observe ongoing activities. Under no circumstances should ICV be left waiting in public areas.

During a visit the custody supervisor or member of custody staff must escort the ICV and advise them of any specific health and safety risks they may encounter. ICV may have access to all parts of the custody area and associated facilities, for example food preparation areas and medical rooms.

They may also, subject to the consent of the person, speak with them about the adequacy of the detention facilities. It is the responsibility of the escorting officer to speak to them, to outline the function of the ICV, and to ascertain whether they are prepared to speak to them. ICV may review the de-personalised details of a person’s custody record, but they may not view their medical notes.

The ICV role is fundamentally interactive with both persons and custody staff and cannot be discharged remotely unless current COVID compliant guidelines allowing this are in place.

Visitors must be able to ask the custody officer whether the CCTV is working and be given a demonstration if necessary.

If the person cannot speak English, the visitors may ask for an interpreter or use language line. This will be facilitated by custody staff as appropriate.

At the conclusion of every visit a copy of the ICV’s report is left for the attention of the Cluster Inspector.

For further information refer to the Independent Custody Visitor Scheme Guidance.

## Custody Management Audit Inspection Process

All CJSD Inspectors should, where possible, complete at least one audit per week of a person’s time in custody. Each CJSD Inspector will be allocated a cluster area of responsibility by CJSD DCU. The CCTV aspect of this review need only be completed as directed by the custody Area Commander.

Custody Weekly Checklist (Form 051-003) requires to be completed every week by the custody supervisor for each primary custody centre, and every six months for each ancillary centre. These should be submitted to CJSD DCU, the relevant Cluster Inspector, and custody Area Commander.

## Cells Daily Inspection

Custody Cluster Inspectors have overarching responsibility for ensuring that all cells are maintained in a safe condition and that procedures are in place for all facilities in their area to be inspected daily. It is the responsibility of custody supervisors to ensure inspections are carried out daily. (Primary centres must be inspected daily and ancillary centres when opened and / or every six months as per previous paragraph).

The most innocuous fixture, fitting or space can provide a ligature point for a person intending to self-harm or complete 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 two-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.

Items such as the mattress and pillow (if provided) must be checked for damage to ensure they do not provide potential ligature material.

To complete 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 minimise the risk of suicide or self-harm.

Staff inspecting cells must be aware that ligature points can be found at both high and low levels. They can take any form, for example cracks, gaps, any pipe, tube, bar, or similar fittings. Inspections must be conducted methodically, working from the ceiling to ground level. They are not just a problem in older custody centres and can equally occur in new buildings.

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. General finishing must be of the appropriate fire rating and must 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 must be capable of being easily cleaned and sterilised.

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 person until remedial work has been completed. The problem must be reported in the same way as all other maintenance issues.

Prior to a person 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 NCS, 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.

A further check of the cell must be made whenever a person vacates a cell or detention room to identify any fresh damage to the room. If a person has caused damage, they 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 Inspector.

Advice and guidance on general condition of the Custody Area can be found in the Custody Management Audit Inspection Process. For reporting of any faults, the faults must be recorded on Custody Division Weekly Checklist (Form 051-003).

## Fire Drills

Practice fire drills are to be held regularly (minimum of two per year). Fire alarms must be tested weekly (different call point each week).

A record of fire drills, alarm tests and inspections of equipment must be entered in the relevant paperwork. Arrangements for fire drills within custody centres / area(s) will be conducted in conjunction with the office where the custody centre / area is housed. Fire Evacuation Drill - Incident - False Alarm Evaluation Record (Form 076-017) must be completed and filed in the Fire Management manual.

A fire evacuation plan must be accessible to the custody supervisor and all custody staff must be aware of their duties during an activation of the plan.

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 must ensure that all Staff are aware of their location.

## Panic Alarm Strips

Where fitted these alarms must be tested on a regular basis as dictated by the custody audit and the results recorded. All police officers / police staff should recognise and know how to respond to such alarms.

Custody Weekly Checklist (Form 051-003) requires to be completed every week by the custody supervisor for each primary custody centre and submitted to CJSD DCU, the relevant Cluster Inspector and Area Commander.

## Notes of Guidance for Accused Persons

It is the responsibility of the custody supervisor to ensure that clearly legible self-adhesive Notes for the Guidance of Accused Persons are affixed at locations where the person can see them.

## Mattresses

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 and the Cluster Inspector notified.

A more thorough examination of mattresses must be conducted on a weekly basis. Ampel probes and metal detectors must be used to ensure no items have been concealed within the mattress.

## Contaminated Cells

When a person vacates their cell, the custody supervisor is to arrange to have the cell examined. Normal cleaning of spillages of food, urine, etc, must 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 affected, as per local instructions.

In circumstances where a person in custody is known to be infected with a contagious disease, such as scabies, they are to be immediately isolated. Blankets must be placed in sealed soluble laundry bags highlighting the problem. These should then be uplifted by the contractor for laundry. Consideration must be given to having the cell cleaned / decontaminated.

## Custody Paper Procedure / Business Continuity

Where NCS in unavailable for whatever reason, hard copy forms as referred to in the Criminal Justice (Scotland) Act 2016 Arrest Process National Guidance should be used.

## Release from Custody

Consideration of an individual’s circumstances must be reviewed prior to discharge from custody.

Part of this exit strategy is to ensure that those persons that are being released from custody are fit, able and prepared to look after themselves and that any identified threats or vulnerabilities are managed.

This includes consideration as to how a person will safely get home after being held in police custody. These considerations, all form part of the pre-release risk assessment process (PRRA).

Whilst not prescriptive, all custody supervisors should take the following into consideration prior to the release of a person from custody:

* Time of the day
* Location, including whether there is a suitable walking route home from the custody centre.
* Weather conditions
* Clothing
* General fitness of the individual, i.e., does the individual have the capability to walk or capacity to get home.
* Any means to get home, for example available funds from either within property, have access to money via a local ATM, uplift or provision of funds by family / friends / support organisations, have access to concessionary travel scheme.
* Any other vulnerabilities.

If risks are identified on any of the above points, then, dependant on local arrangements, the following can be considered.

* Issue of funds from the Local Policing petty cash. CJSD do not hold a budget for this, therefore this must be by local arrangement.
* Issue of legacy travel warrants if they are still in use for that particular area.
* As a last resort, local policing can be asked to convey the released person home. Whilst this places a demand on local policing it provides a confidence that individuals have made it safely to their destination and where appropriate, left in the care of a suitable person.

It is justifiable and reasonable for the custody supervisor not to release a person from custody when there is a clear an imminent danger, however full rationale must be updated on an individual’s record on NCS.

## APPENDIX A

### CJSD Use of Ancillary Custody Centres

The introduction of the National Custody System (NCS) allowed custody supervisors to access and view the records of all persons in custody across the country regardless of their location or legacy force.

The benefit of officers using ancillary centres is a reduction in the time enquiry officers spend travelling to and from custody centres. It also provides better use of resources, reduces organisational expenditure in relation to fuel and other vehicle related cost and the risks associated with transferring persons in custody over extended distances. It also takes into consideration the ethos of the Criminal Justice Act in not removing anyone’s liberty for longer than is necessary.

The following guidance should be followed and act as checklist for an ancillary centre to be opened and an arrestee to be processed within it.

**Custody Centre**

* Only use designated/approved ancillary centres.
* CCTV should be fully operational (no requirement for there to be cell CCTV).
* No person should be placed in a cell within a custody facility (with the exception of ancillary centres in the Highlands and Islands as per the current Cluster 3 BCP)
* Held in the relevant custody centre for no longer than 4 hours. (With the exception of ancillary centres in the Highlands and Islands as per the current Cluster 3 BCP)
* Ancillary centre should be appropriately equipped for all eventualities such as ample probes, legs restraints, spit hoods etc. If it is not the centre should not be used and the relevant custody Sergeant informed of what is missing.

**Custody Officers**

* Once an ancillary centre is opened the officers become responsible for the facility and everyone within it. The officers are responsible for giving the arrestee all their legal rights (including PIROS) and most importantly the arrestee’s safety.
* Officers need to know all local arrangements within the ancillary custody centre they use. For instance, fire evacuation plan and panic alarm strips (if available where do they lead and is there anyone in the building monitoring this). It would also be beneficial for force control to know where the officers are and for officers to have a radio on them at all times also.
* Custody officers should be up to speed on national CJSD guidance and news.
* Both officers need to be fully operational, and OST trained.
* Both should be present at all times with the arrestee in custody.
* At least one officer must have been trained in:
	+ NCS
	+ Custody Induction
	+ Operational First Aid training
	+ And completed a shift in a primary custody centre within the last 6 months where operationally possible.

**Arrestee**

* The care and welfare of the arrestee begins at the initial arrest through to making sure they are returned safely from custody and should be at the forefront of any decision made by the officers.
* Compliant.
* Not under influence of drink or drugs.
* Custody Sergeant / CJ PCSO Team Leader in the primary custody centre should be consulted with once VA’s are complete for a full care assessment to be checked.
* The mood and demeanour of an arrested person can change throughout their time in custody, and this should be monitored by officers. If any comments or a change in character or demeanour is noted, NCS should be updated, and the Custody Sergeant / CJ PCSO Team Leader should be informed.
* Must be asked pre-release questions before being released from custody.
* If in doubt go to a primary centre or to hospital if required.

**Investigation**

* The appropriate Custody Sergeant must be contacted prior to any process commencing for authorisation (this authorisation cannot be given by the officers supervisory Sergeant) and should be fully briefed and updated around status of the person all times.
* Minor in nature.
* Likelihood of release (report/undertaking) should individual be charged i.e., not on bail or have a number of pending cases.
* Once arrested person is ready to be released by means of release without charge or charged, the disposal should be discussed with the Custody Sergeant.

**Assistance**

* If in doubt, speak with the Custody Sergeant / CJ PCSO Team Leader / CJ PCSOs in the primary custody centre.
* The Custody Officers Guide can be found on the CJSD SharePoint.
* On duty Force Custody Inspector and Custody Review Inspector are available 24/7 and their contact details can be found on the CJSD SharePoint under ‘Force Custody Inspector / Custody Review Inspector Rotas’.

**Governance**

* Inspectors who perform Custody Duties complete regular checks to ensure compliance with guidance by means of an audit.

## APPENDIX B

### Classification of Custody Centres

The National Custody Operating Model is comprised of three main types of facilities:

* Primary – open full time to receive persons. Generally situated in areas of highest custody demand and principally staffed by CJSD officers and staff.
* Weekend Opening – situated in areas of higher custody demand but only routinely opened to provide additional capacity at times of peak weekend demand. Principally staffed by CJSD officers and staff
* Ancillary – available for activation as and when required. Generally situated in more remote / rural settings or locations where lower levels of custody demand exist. Principally staffed by suitably trained Local Policing officers, with remote custody supervision and criminal justice governance provided by CJSD.

Ancillary activations may include pre-planned openings by CJSD per BCP’s in the event of a Primary Custody Centre being out of use or where local custody demand is expected to be higher for a specific event, scheduled openings by Local Policing officers where a person attends by arrangement at a specific time for interview, or spontaneous activations by Local Policing officers in order to process short term local arrests where a custodial disposal is not anticipated.

A full list of all the custody centres and their classification can be found here.

## APPENDIX C

### Standard Resourcing Principles

Custody Supervisors and Custody Officers must continually risk assess staffing profile, available capacity, current occupancy and operational activity in conjunction with the Force Custody Inspector (FCI)

**General Resourcing**

The compliment of custody staff required within any custody centre is determined by combining two factors:

**Standards Resource Requirement**

A general 1:10 ratio of custody staff to cell capacity in operation; and

**Site Specific Requirement**

Where necessary, additional custody staff can be deployed to a custody centre, to address any unique features of a custody centre including layout, catchment area or specialist facilities within the police station. Sergeants who are performing the role of custody supervisor and/or Constables who are performing the role of custody officer should never be included as part of the custody staff compliment.

In exceptional circumstances, Sergeants could form part of the custody staff compliment where the custody centre is operating on a care and welfare only basis, in which case they may be included, provided the total custody staff compliment is at least two. The general 1:10 standard resource requirement ratio should be maintained other than in exceptional circumstances.

**Resource Level Flexibility and Definitions**

The off peak and peak resource requirements proposed for each custody centre are based on the standard resourcing principles (resilience and resource levels) but are not intended to be rigid. Staffing requirements can be flexed by nominally adjusting cell capacity up and down.

Example - Cathcart has a proposed peak resource requirement of 1 custody supervisor and 5 custody staff to operate a nominal cell capacity of 50 (1x custody staff for every 10 cells). In the event of member of staff becoming ill etc. rather than redeploying a member of staff from another location or seeking short notice/emergency backfill from Local Policing, the number of cells in operation could be capped at 40 and serviced by the remaining 4 custody staff which maintains a general 1:10 staff to cell ratio.

## Compliance record

EqHIRA completion/review date: 15/04/2024

Information Management Compliant: Yes

Health and Safety Compliant: Yes

## Version control table

| Version | History of amendments | Approval date |
| --- | --- | --- |
| 1.00 | Initial Approved Version  | 1.00 |
| 1.01 | Numerous minor grammatical / terminology / process changes as result of ongoing review. Geographical appendices amended reflect changes in approved national process and to ensure that direction referred to in main body of SOP is provided. | 1.01 |
| 2.00 | Para 1.2 Addition to the Governance Section involving processes and procedures involving audit/inspection and solicitor access. Para 143.19 Adding instruction on Public Order Prisoner Extraction. Amendments to appendices A, B, E, and M | 2.00 |
| 2.01 | Paragraph 15.15.7 has been amended to show additional guidance in Appendix ‘T’ refurther information concerning persons in custody with drug related problems and the Management Guidelines for Persons Suspected of Having Controlled Drugs Concealed Internally. | 2.01 |
| 3.00 | Full review of document with minor changes in grammar throughout the document. Update to Para 8.4 Solicitor Access and how force forms are completed. | 3.00 |
| 4.00 | Full review of document undertaken and amendments made in a number of areas including – Initial apprehension/detention of a custody.Information regarding the provision of a solicitor via the Scottish Legal Aid Board.Arrest or Detention of a Child.Pre-Release Risk Assessments.Searching Transgender and Intersex Persons in Custody.Prosthetic Limbs.Adverse Incidents.Gender Specific Care and Welfare.Constant Observations.Update to the appendix re primary weekend opening and ancillary custody centres to include island and rural stations.Public Order custody extractions. | 4.00 |
| 5.00 | Grammatical amendment made to paragraph 6.10.4 deleting the word ‘detained’ and replacing it with ‘arrested’ | 5.00 |
| 6.00 | Minor amendment to reflect update to Custody Centres in Appendix ‘E’ | 6.00 |
| 7.00 | Under the direction of DCC Gywnne the amendments noted in this SOP are in relation to terminology changes only from the wording 'police office' to 'police station'. | 7.00 |
| 8.00 | Section 12.1.12 added. Notification of FCI for stripped persons in custody. Also signposting reader to section 19.8.4. | 8.00 |
| 9.00 | Owning Department amended from Custody Division to Criminal Justice Services Division.Section 9.2.1 amended to include review of risk plans.Section 9.3.7 – Terminology change to ‘Psychoactive Substances’Section 18.4.3 added. Instruction on administering methadone.Section 23.1.1 amended to remove reference to Formal Adult Warning SOP which no longers exists. | 9.00 |
| 10.00 | Appendix E amended – Ancillary Centres of Craigmillar, Westerhailes, Haddington, Jedburgh and Kelso removed. | 10.00 |
| 11.00 | Reviewed against latest version to ensure CJ compliance and accuracy.Section 8.12.6 updated to avoid duplication of notification to SPA and New Scotland Yard.Section 19.2.2 updated in relation to feminine hygiene products.Insertion of guidance for the issuing and recovery of blankets in 19.7.2 and 19.7.5.Amendment to Appendix E in relation to Custody Centre availability for Levenmouth, Abroath and Stirling (removed). | 11.00 |
| 12.00 | Rewrite of Section 8.1,12.4 and new subsections added to Section 15 in relation to custody visits. | 12.00 |
| 13.00 | Re-write of section 9 new risk assessment process, insertion into section 12 regarding searching of children. Additional guidance provided in section 19 regarding female persons in custody.  | 13.00 |
| 14.00 | Minor update to amend HOIE telephone number in Appendix ‘F’. | 14.00 |
| 15.00 | Amendment to Hyperlink Pg 28 Section 9.7.1 | 15.00 |
| 16.00 | ACRA Rider added – no update to content. | 16.00 |
| 17.00 | Content fully revised and reformatted under the terms of the SOP Review. ACRA rider added to version 16.00 removed. | 17.00 |
| 18.00 | Text ‘Use of Force SOP’ on page 7 amended to reflect document is now National Guidance. Link to Guidance added. GeoAmey name removed and replaced with ‘Service Provider’ on pages 20 and 34. | 18.00 |
| 19.00 | Amendment to PRRA section Section 17 pg21/22Amendment to section 43 custody audits now completed by ACS not Cluster inspector.Amendment to Appending A governance audits now completed by ACS not Cluster InspectorInclusion of Hyperlink with Appendix B to custody centres with CJSD estateRemoval of Reference to Diversity Handbook as this has been withdrawnDNR Section addedAssistance dogs section addedInfo added re transgender officersAdditonal wording re transgender persons in custody addedChange to transportation of custodies to include staffFFP3 info addedConsiderations re pets / caring responsibilities addedInfo re seizures addedCommuncable disease info addedSafe release addedNaxalone usage addedNew link re banking drugs addedIntimate searches section amendedWording re transportation / arresting officers amendedInstruction re prescriptions addedHyperlinks added re classification / cell numbersPre release risk assessments addedInstruction re legal papers addedOperational Command link added5 stage process link addedUpdated wording on medical provision and when to take someone to hospital directlyUpdate to the process for authorisation of a child being held in custody Additional information regarding menopause and menstruation guidanceWording in section 5 to replace Remote with AncillaryMinor changes to Appendix A to reflect current processesConfidentiality of Medical Examinations addedReview of guidance on Transgender searching – insert added to highlight that national review ongoing. | 19.00 |

## Feedback

All Police Scotland service delivery Policies, Standard Operating Procedures (SOPs) and National Guidance are subject to regular reviews. It is important that user feedback is considered when documents are reviewed.

If any officer / staff member wishes to provide comment, or make suggestions for improvements to this or any associated document, a Service Delivery Policy and Procedure Feedback Form (Form 066-014) should be used.