



Home Office

# Detention Services Order 10/2012

## Removal of blades

March 2024



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# Document Details

**Process:** To outline the procedure to be taken when detained individuals conceal a blade(s) about their person.

**Publication Date:** March 2024

**Implementation Date:** December 2012 (reissued March 2024)

**Review Date:** March 2026

**Version:** 2.1

## Contains Mandatory Instructions

**For Action:** For all Home Office staff and contracted service providers operating in immigration removal centres (IRCs), pre-departure accommodation (PDA) and short-term holding facilities (STHFs), in addition to Detainee Escorting and Population Management Unit (DEPMU), International and Returns Service (IRS) escort supplier staff and Returns Logistics (RL) complex case team.

**For Information:** N/A

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**Contact Point:** [Detention Services Orders Team](#).

**Processes Affected:** This guidance outlines instructions on the removal of blades from those in detention.

**Assumptions:** All staff will have the necessary knowledge to follow the procedures set out in this DSO.

**Notes:** N/A

## Introduction

1. This Detention Services Order (DSO) clarifies the process to be taken when managing individuals with a history of blade use, or who are known to be concealing a blade, regardless of whether it was related to removal.
2. For the purpose of this guidance, 'centre' refers to IRCs, STHFs and the Gatwick PDA.
3. This instruction **does not** apply to Residential Holding Rooms (RHRs).
4. Two different Home Office teams operate in IRCs:
  - Detention Services Compliance team (Compliance team)
  - Immigration Enforcement Detention Engagement team (DET)

The **Compliance team** are responsible for all on-site commercial and contract monitoring work. The **DETs** interact with those in detention face-to-face on behalf of responsible officers within the detention centres. They focus on communicating and engaging with people detained at IRCs, helping them to understand their cases and detention.

There are no DETs at residential STHFs or the Gatwick PDA. Functions which are the responsibility of the DET in residential STHFs are carried out by the contracted Service Provider and overseen by the International and Returns Services (IRS) Escorting Contract Monitoring Team (ECMT). In the Gatwick PDA the role of detained individual engagement is covered by the local Compliance Team.

## Purpose

5. The purpose of this order is to ensure that all blades are removed from those in detention where possible, prior to collection from a centre, and that appropriate risk assessment and actions are taken in relation to individuals with a history of blade use.

## Policy

6. Rule 41 of the Detention Centre Rules 2001 and Rule 36 of the Short-term Holding Facility Rules 2018 state that: "A detainee custody officer (DCO) or an immigration officer dealing with a detained person must not use force unnecessarily and, when the application of force to a detained person is necessary, no more force than is reasonable may be used". The use of force will be justified, and therefore lawful if only:
  - It is reasonable in the circumstances.
  - It is necessary.
  - No more force than is necessary is used.

No officer may act deliberately in a manner calculated to provoke a detained person. Any use of force must be recorded by and reported to the Home Office.

7. Any previous history of blade use or concealment should be documented in the person escort record (PER), and “Person Alerts” in Atlas should be updated by DEPMU.

## Removal of blades in centres

8. When an individual enters an IRC/STHF, they cannot store or retain a blade as per Rule 9 (4) (a) and (b) of the STHF Rules and DC Rule 6(1), which states that it is contrary to the interests of the security of the STHF/IRC and to the safety of any person. DCOs and other centre staff may encounter an individual in detention who is concealing a razor blade or other sharp object about their person, and/or making threats to use this blade to harm themselves or others. Every reasonable effort, such as utilising de-escalation and verbal communication skills to resolve the situation must be made to persuade them to surrender the blade without requiring the use of force. If those attempts fail, staff should consider any suitable approved use of force techniques for removing the blade from the individual.
9. An attempt to retrieve a blade must be treated as a planned use of force. Where required (e.g. for major interventions necessitating the command suite to be open), a risk assessment must be completed in advance prior to the intervention. All planned interventions require an ‘intervention plan’. The plan will cover previous medical history that can be shared, mental health, weapons, behaviour history etc. Healthcare staff should be present at every planned briefing as well as all staff that will be involved. They will also be present at the de-brief that occurs directly after the intervention. If an individual has any condition that may mean that use of force would result in a significant/personal injury, it should be included in the risk assessment. Pain compliance techniques may be necessary in appropriate cases if those in detention do not comply with requests to surrender the blade.
10. Prior to a planned intervention in the centre, the contracted service provider Duty Manager must make every reasonable effort to persuade the individual to terminate the incident peacefully. The following steps should then be taken:
  - Assemble the control and restraint (C&R) team (and any necessary reserves) for IRCs (Home Office Manual for Escorting Safely (HOMES) for RSTHFs).
  - Ensure that all staff present are C&R/HOMES trained and currently qualified (any staff whose qualifications have lapsed must not take part in a planned intervention) including the supervising officer or manager.
  - Ensure healthcare have sufficient time to attend the scene in order to observe the intervention and relocation. Healthcare staff should attend the scene for all planned use of force and, where possible, when unplanned use of force is used. The detained individual should be seen by the healthcare staff within 24 hours of force being used.

- Video the intervention and relocation and the footage retained for 6 years for evidential purposes.
- Brief the team about the current situation, the individual involved and the route to where the individual will be relocated.

11. It is recommended that all staff in a planned use of force are provided with, and wear, appropriate protective equipment. Wherever reasonable, practicable and safe to do so, the Independent Monitoring Board (IMB) and Home Office Compliance Team Manager (HEO or above) should also be invited to attend to witness the planned intervention where timings permit this, and also attend relevant briefings where appropriate.

12. If an individual in detention has concealed a blade internally, staff should verbally encourage the individual to remove the blade themselves. Although staff should not attempt to extract the blade from the internal concealment themselves, appropriate pain compliance techniques (in line with HOMES for RSTHFs and/or HMPPS C&R manuals for IRCs) may be considered in the case of a mouth concealment to encourage the individual to open their mouth and drop the blade. When an individual has concealed a blade in this manner, escorting staff must be informed in advance as they will need to consider this information when risk assessing the escort.

13. Following each successful removal or attempted removal of a blade, the IRC contracted service provider should complete an IS91 Part C in all cases and send to DEPMU and the DET, wherein DEPMU should record this information on ATLAS and DETs should forward it to caseworkers.

## Individuals with a history of blade use

14. In all cases involving those in detention with a history of blade use, the Returns Logistics complex cases team should hold a multi-disciplinary meeting to agree a plan to successfully remove the individual from the UK. Attendees should include, as a minimum, the DET Manager, Compliance team, IRC contracted service provider and escort supplier representatives, Healthcare supplier representative and responsible caseworker.

15. Whilst each case must be dealt with on its individual circumstances, the plan should include:

- The timing and location for service of the removal notices (RNs).
- Where the individual should be located following service of RNs.
- Details of how the individual will be relocated within the centre prior to service of the RNs.
- The plan for undertaking a full search of the individual.
- Details for the planned removal of any blade.
- The contingency plan for removal of an individual from the UK if a blade is found but cannot be retrieved.

16. In addition to a full search of the individual being undertaken by the contracted service provider prior to service of RNs, consideration should be made to conducting a further full search of the individual immediately prior to removal, subject to a risk assessment. Any such additional searches must be conducted only after obtaining prior authorisation from a contracted service provider duty manager. If appropriate, the escorting supplier should be invited to view the full search prior to collection.
17. Following each successful removal or attempted removal from the UK, the multi-disciplinary meeting should discuss any lessons learned. Best practice should be shared across all centres via the Detention Services Delivery Manager (Grade 7 or above) or Area Manager (grade SEO or above).

## Escorting arrangements

18. Every effort must be made by the IRC contracted service provider to present the individual for escort 'blade free'. Failure to do so presents a significant threat to the individual and staff.
19. Transfer of authority for those in detention from the contracted service provider to the escort supplier takes place at reception on discharge at the centre or at another previously agreed location.
20. If an individual has a history of blade use, the DCO should consider the use of authorised restraint equipment to restrict access to any secreted blades or other sharp objects.
21. During escorting, DCOs may encounter an individual who is concealing a razor blade or other sharp object about their person and/or making threats to use this blade to harm themselves or others. Every reasonable effort, including talking to the individual, must be made to persuade the individual to surrender the blade without requiring the use of force. If this fails, it is reasonable to consider whether any approved HOMES use of force techniques are suitable for removing the blade from the individual.
22. An attempt to retrieve a blade must be treated as a planned use of force and a risk assessment must be completed prior to an intervention and should include consideration of the potential for the individual to suffer personal injury as a result of any force used. If an individual has any medical condition that may mean that use of force would result in a significant injury, the DCO should first consult the escort supplier's medical contractor.
23. Prior to a planned intervention, the supervisor must make every reasonable effort to persuade the individual to terminate the incident peacefully however, where force is used, this must be video recorded where possible and footage retained by the contracted service provider for 6 years for evidential purposes ([DSO 04/2017 Surveillance Camera Systems refers](#)).

## Revision History

<b>Review date</b>	<b>Reviewed by</b>	<b>Review outcome</b>	<b>Next review</b>
January 2015	Frances Hardy	Rebrand	January 2017
November 2015	Frances Hardy	Update to operational procedures for dealing with a concealment	November 2017
July 2020	Shadia Ali	Updated to include Compliance and DET teams.	July 2022
March 2024	Anitha Sundaram	Updated to reflect: <ul style="list-style-type: none"><li>• Amendments to Policy framework to align with PSO 1600</li><li>• Requirements when a risk assessment should be completed prior to planned use of force.</li></ul>	March 2026