



# HM Prison & Probation Service

## Person Escort Record (PER) – User Handbook

Produced by  
Security Countermeasures Unit  
Security, Order and Counter Terrorism  
(SOCT)

## Introduction

**This handbook is a guide to completing and using the revised Person Escort Record (PER) document and highlighting the major changes.**

- The purpose of the PER is to capture and transfer information which in turn will help to manage risk. It is not a risk assessment tool. The redesign clarifies areas of risk and gives more opportunities for risk information to be transferred effectively but still requires knowledgeable users, with an understanding of the process and what information needs to be included.
- It is essential that, when a prisoner is moved from a police station, court or prison to court, prison, hospital or other destination, those responsible for the prisoner are made aware of any risks or vulnerabilities. In particular it is essential that known risks of escape, assault, suicide/self-harm or harassment are communicated to others into whose custody the prisoner is passed; to protect prisoners, staff and the public. It is also essential that any new risks that develop during a movement are recorded and flagged.
- Proper completion and storage of these documents will help to prevent suicide/self-

harm, escapes, assaults and releases in error. The information they contain will help to reduce other serious incidents and will help to settle disputes about the passing on of information where serious incidents do take place. In cases of prisoners' injuries, it will also help in the investigation of prisoners' allegations of mistreatment. It will also ensure the accurate recording of prisoner's cash and property.

- A PER must be completed for **every external movement of a prisoner**, whether responsibility transfers to another agency or not and to whatever destination.

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- Section 5. Continuation of History and record of events.
- Section 6. Red Flag for emerging or changing risks during escort.
- Section 7. Escort handover details.

## Procedures for completing the PER prior to dispatching a prisoner to any destination

- The dispatching establishment must complete a new PER document for **every** prisoner leaving the prison for any reason. When the initial prisoner details (name & date of travel etc.) on page 1 have been entered, then the document must be passed onto the Security and Healthcare Departments for them to complete their sections (Pages 3 & 6 respectively).
- Detailed guidance can be found within the PER Document regarding the actual physical completion and required entries.

The dispatching officer must ensure:

- A PER document has been fully completed for every prisoner going on external movement **to any destination**;
- Security and Healthcare staff have completed their sections to show that they have considered the medical and security risks; and
- That, if risks have been identified, supporting information is provided.

# New PER documents

## What's new?

We now have 3 different PER documents at your disposal.

### Cat A/ Restricted Status

The front cover of the PER document is identifiable via a red diagonal stripe which is designed to highlight the additional risk that Cat A / Restricted Status prisoners pose.

The image shows the front cover of a Person Escort Record (PER) document. A prominent red diagonal stripe runs from the top-left corner to the bottom-right corner. The text on the document includes:

- OFFICIAL - SENSITIVE ONCE COMPLETE
- PERSON ESCORT RECORD (PER)
- PHOTO
- Completion of this document is acknowledgement that the individual is FIT FOR ESCORT
- NOT FOR RELEASE
- MEDICAL RECORDS
- SECURITY SELF-ASSAY/SCREENING ALERT
- CONSPIRACY
- ASSASSINATIONS (Care in Custody & Treatment)
- ACTS OF VIOLENCE (Care in Custody & Treatment)
- U.S. IS Assessment in Public Custody Facilities
- RED FLAG PAGE COMPLIANCE
- USE OF FORCE - RESISTANT
- OTHER INFORMATION - (Check appropriate box)
- SPY EQUIPMENT - (Check for cellular devices)
- PHOTOGRAPHIC
- Signature
- Prisoner
- Prison / Home Office No.
- Date of Issue
- Additional pages attached to this document
- USDOJ FORM 3020 (REV. 03/16)

### E-List Prisoners

The front cover of the PER document is identifiable via a yellow diagonal stripe which is designed to highlight the additional risk that E-List prisoners pose.

The image shows the front cover of a Person Escort Record (PER) document. A prominent yellow diagonal stripe runs from the top-left corner to the bottom-right corner. The text on the document includes:

- OFFICIAL - SENSITIVE ONCE COMPLETE
- PERSON ESCORT RECORD (PER)
- PHOTO
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- OTHER INFORMATION - (Check appropriate box)
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- PHOTOGRAPHIC
- Signature
- Prisoner
- Prison / Home Office No.
- Date of Issue
- Additional pages attached to this document
- USDOJ FORM 3020 (REV. 03/16)

# Generic PER

For all other prisoners who are not CAT A/Restricted status or E-List.

OFFICIAL - SENSITIVE ONCE COMPLETE

## PERSON ESCORT RECORD (PER)

PHOTO

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

|                                                                                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>NOT FOR RELEASE</b><br><small>(Not applicable to prisoners)</small>                                                   | <input type="checkbox"/> |
| <b>MEDICAL RECORD</b><br><small>(Medical notes)</small>                                                                  | <input type="checkbox"/> |
| <b>BURGLAR / SELF HARM WARNING ALERT</b><br><small>completed</small>                                                     | <input type="checkbox"/> |
| <b>Assessment, Care in Custody &amp; Thematics</b><br><small>(ACCT) completed (MPPF only)</small>                        | <input type="checkbox"/> |
| <b>L &amp; D Assessment in Police custody enclosed</b>                                                                   | <input type="checkbox"/> |
| <b>RED FLAG PAGE completed</b>                                                                                           | <input type="checkbox"/> |
| <b>USE OF FORCE / RESTRAINT</b><br><small>(Use of Force, Restraint, Control, Restraint &amp; Control Care pages)</small> | <input type="checkbox"/> |
| <b>MPY Required? - Not fit for cellular vehicle</b><br><small>(Please provide reasons)</small>                           | <input type="checkbox"/> |

| Escape List                       |                          |
|-----------------------------------|--------------------------|
| File to 0015<br>Prison use only   |                          |
| Escort                            | <input type="checkbox"/> |
| Standard                          | <input type="checkbox"/> |
| Heightened                        | <input type="checkbox"/> |
| <small>* Tick as required</small> |                          |

Surname \_\_\_\_\_  
 Forename \_\_\_\_\_  
 Prison / Home Office No. \_\_\_\_\_  
 Date of travel \_\_\_\_\_

|                                                                                     |
|-------------------------------------------------------------------------------------|
| Additional papers returned to the prisoner - to be kept below and attached securely |
| Number of additional pages to be noted                                              |
| P. _____                                                                            |
| P. _____                                                                            |
| P. _____                                                                            |
| P. _____                                                                            |
| P. _____                                                                            |

ALSO FIT TO BE HELD IN DETENTION

## Section 1.

### Front page and risk indicators.

This section is normally completed by the security department.

#### What's new?

- An Escape List warning box is now added to the front cover.
- A checklist is incorporated on the front page giving an overview to the completion of each section within the document.
- Next Of Kin Name and telephone number has been added to Risk Indicator Page.
- Improved questioning designed to capture additional information around transgender issues.

Risk of the prisoner conveyancing of illicit items box has been added on the Risk Indicator page.

A box has been added to highlight and list any additional papers or documents.



## Section 2.

# Medical and social care guidance

This section is completed by the Healthcare department.

### What's new?

A comprehensive Medical and Social Care section is now included. There is no requirement to sign someone as fitted to travel.

**If the medical section is not completed, the person is not fitted to travel.**

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

|                                                                        |                                                                                                                                                                                                                                                                                                                                       |          |     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| NUMBER                                                                 | FIRST NAME & SURNAME                                                                                                                                                                                                                                                                                                                  |          |     |
| <b>HEALTH RISKS</b>                                                    |                                                                                                                                                                                                                                                                                                                                       |          |     |
| CONTRACT NUMBER FOR HEALTH QUESTIONS                                   |                                                                                                                                                                                                                                                                                                                                       |          |     |
| RISK                                                                   | DETAILS OF CURRENT & RELEVANT RISK                                                                                                                                                                                                                                                                                                    |          |     |
| HEALTH - MEDICAL                                                       |                                                                                                                                                                                                                                                                                                                                       |          |     |
| HEALTH - MENTAL INCLUDING LBD ASSESSMENT                               |                                                                                                                                                                                                                                                                                                                                       |          |     |
| <b>SOCIAL CARE and OTHER VULNERABILITIES</b>                           | <small>Note any other vulnerabilities, hearing, prior sight, or other disability that would affect the person.<br/>         (Does the person meet the definition of a person at risk?)</small> YES / NO<br><small>Does the person require support with personal care, mobility or feeding (including hygiene needs)?</small> YES / NO |          |     |
| COMMENTS                                                               |                                                                                                                                                                                                                                                                                                                                       |          |     |
| <b>KNOWN ALLERGIES</b>                                                 |                                                                                                                                                                                                                                                                                                                                       |          |     |
| NAME / ID No:                                                          | SIGNED                                                                                                                                                                                                                                                                                                                                | DATE     | TMC |
| <b>PRESCRIBED MEDICATION</b>                                           |                                                                                                                                                                                                                                                                                                                                       | YES      | NO  |
| PROVIDE DETAILS                                                        | <small>LAST TIME MEDICATION TAKEN</small>                                                                                                                                                                                                                                                                                             |          |     |
|                                                                        | <small>NEXT TIME MEDICATION REQ'D</small>                                                                                                                                                                                                                                                                                             |          |     |
| MEDICATION                                                             | WITH SCORES                                                                                                                                                                                                                                                                                                                           | YES / NO |     |
|                                                                        | WITH DETAILS                                                                                                                                                                                                                                                                                                                          | YES / NO |     |
| <small>MEDICATION HANDLED OVER BY (if allowed to allow person)</small> |                                                                                                                                                                                                                                                                                                                                       |          |     |
| NAME / ID No:                                                          | SIGNED                                                                                                                                                                                                                                                                                                                                | DATE     | TMC |

## Section 3. Self-harm / at risk.

This section will be completed by the Courts, Escort or Police prior to being received into the establishment if they believe there is a current risk of suicide or self-harm.

### What's new?

The form is now included within the PER document instead of being an additional/separate sheet due to the risk of the sheet being misplaced during transit and the subsequent risk failing to be transferred.

| OFFICIAL - SENSITIVE ONCE COMPLETE          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|
| CURRENT SUICIDE / SELF - HARM WARNING ALERT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| <b>1 Personal details</b>                   | <table border="1"> <tr> <td>Name</td> <td>Doc No</td> </tr> <tr> <td>Identification No</td> <td>Doc Expiry</td> </tr> <tr> <td>DOB</td> <td>Doc Issue</td> </tr> <tr> <td>Address</td> <td>Doc Type</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                 | Doc No                                                                                                   | Identification No    | Doc Expiry                                                                                               | DOB                  | Doc Issue                                                                                                | Address              | Doc Type                                                                                                 |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Name                                        | Doc No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Identification No                           | Doc Expiry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| DOB                                         | Doc Issue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Address                                     | Doc Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| <b>2 Reason for concern</b>                 | <table border="1"> <tr> <td>Reason for concern</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Details of concern</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Signs of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>History of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Time duration and frequency</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Any history of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Any history of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Any history of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Any history of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> </table> | Reason for concern   | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Details of concern   | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Signs of self-harm   | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | History of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Time duration and frequency | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Any history of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Any history of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Any history of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Any history of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other |
| Reason for concern                          | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
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| Signs of self-harm                          | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| History of self-harm                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Time duration and frequency                 | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
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| <b>4 Reason for admission</b>               | <table border="1"> <tr> <td>Reason for admission</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Reason for admission</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Reason for admission</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Reason for admission</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Reason for admission</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Reason for admission | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Reason for admission | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Reason for admission | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Reason for admission | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Reason for admission        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Reason for admission                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
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| <b>5 Details of self-harm</b>               | <table border="1"> <tr> <td>Details of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Details of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Details of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Details of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> <tr> <td>Details of self-harm</td> <td> <input type="checkbox"/> Self-harm<br/> <input type="checkbox"/> Suicide<br/> <input type="checkbox"/> Other                 </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Details of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Details of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Details of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Details of self-harm | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other | Details of self-harm        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Details of self-harm                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
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| Details of self-harm                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Details of self-harm                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
| Details of self-harm                        | <input type="checkbox"/> Self-harm<br><input type="checkbox"/> Suicide<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                      |                                                                                                          |                             |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |                          |                                                                                                          |
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## Section 4.

### History and record of events

This section is completed firstly by the discharging member of staff and then by the escorting members of staff.

#### What's new?

Nothing new in this section. Discharging members of staff should continue to document;

- The correct identification of the prisoner
- The level of search received
- The full briefing of the escort staff

Escorting staff must ensure they document significant events that occur during the escort including;

- Leaving/arriving at the establishment
- Restraint checks in line with the escort risk assessment
- Arrival at the destination
- The demeanour of the prisoner throughout the escort.
- Significant events throughout the escort including seeing the Doctor or Nurse etc.



## Section 6. Red flag page

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

### What's new?

This new section is designed to highlight **any** incidents whilst away from the establishment which may heighten **RISK FACTORS**. These incidents must be recorded and handed over via the **RED FLAG** page and detailed on the History of Events sheet, using a continuation sheet if required.

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

NUMBER: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

This page is to flag any heightened risk relating to the individual that has changed during the period of the escort.

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

Are any of the following apparent or observed on a regular basis?

|                                 |                          |                    |                          |
|---------------------------------|--------------------------|--------------------|--------------------------|
| Increased or excessive violence | <input type="checkbox"/> | Other offences     | <input type="checkbox"/> |
| Unsettled or erratic behaviour  | <input type="checkbox"/> | Other violence     | <input type="checkbox"/> |
| Signs of drug use/abuse         | <input type="checkbox"/> | Change of diet     | <input type="checkbox"/> |
| Signs of self-harm or suicide   | <input type="checkbox"/> | Use of objects     | <input type="checkbox"/> |
| Use of weapons                  | <input type="checkbox"/> | Other observations | <input type="checkbox"/> |

Use of Force, prior to or during escort  Yes  No

Relevant  Yes  No

| TIME / DATE | DETAILS | NAME | INITIALS |
|-------------|---------|------|----------|
|             |         |      |          |
|             |         |      |          |
|             |         |      |          |
|             |         |      |          |
|             |         |      |          |
|             |         |      |          |
|             |         |      |          |
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|             |         |      |          |
|             |         |      |          |

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

## Section 7.

# Escort Handover Details

This section can be completed by court, Police, escorting or prison staff dependent upon the origin of the document.

### What's new?

The new document provides separate sections for both property and cash which enables clarity when moving offenders and their property. The new sections provide opportunity for additional property to be moved whilst maintaining an audit trail and providing clarity.

| RECORD OF HANDOVER GUIDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| An individual that completes this section are to ensure that the Receiving Officer and Property Officer details are legible. The section including the heading 'I' contains the 'I' number of the Receiving Officer or Property Officer (as applicable). INITIALS of another OFFICER (or RECORDS OF PROPERTY) if there are any discrepancies in the Property & Cash the Receiving Officer is to enter including the area that has been made in the HOD/HSI was RECEIVED ON ESCORT/ ENROUTE. |  |
| The receiving Officer is signing for the following:                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1. The named person/officer(s) being received<br>2. The property and cash (where applicable) as complete and accurate at the time of the handover. Contractor staff will only sign for an initial bag receipt and number.<br>3. The risks associated with the person and substance.                                                                                                                                                                                                         |  |
| PROPERTY & CASH GUIDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| The receiving Officer is responsible for ensuring that the lock number is correct and that the CSB and cash are stored should there be any discrepancy then this to be raised in the HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS form.                                                                                                                                                                                                                                                |  |
| The heading codes are used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 1. 'Y' = Valuables<br>2. 'SP' = Stolen Property<br>3. 'W' = Weapon<br>4. 'C' = Cash<br>5. 'D' = Documentation<br>6. 'N' = Miscellaneous                                                                                                                                                                                                                                                                                                                                                     |  |
| The 'OUT' and 'IN' boxes within the Property and Cash boxes should be used to confirm the property has been handed over.                                                                                                                                                                                                                                                                                                                                                                    |  |
| 1. 'OUT' - Issued by Escorting establishments<br>2. 'OUT' - Issued by the escort or collector<br>3. 'OUT' - Issued at Court and back with cases<br>4. 'IN' - Issued by HSI - Prison for releases                                                                                                                                                                                                                                                                                            |  |
| Property Return and details any registration unless otherwise property. The YES or NO box should be checked accordingly.<br>If YES, date for registration should be entered for property.<br>An entry should then be made on the record of events page.                                                                                                                                                                                                                                     |  |

| OFFICIAL - SENSITIVE ONCE COMPLETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |          |          |          |         |       |          |  |  |          |         |       |          |          |         |       |          |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|----------|----------|---------|-------|----------|--|--|----------|---------|-------|----------|----------|---------|-------|----------|--|--|--|--|--|--|--|--|
| ESCORT HANDOVER DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |          |          |          |         |       |          |  |  |          |         |       |          |          |         |       |          |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; font-size: 8px;">SEARCHED</th> <th style="width: 30%; font-size: 8px;">INDEXED</th> <th style="width: 40%; font-size: 8px;">FILED</th> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | SEARCHED | INDEXED  | FILED    |         |       |          |  |  |          |         |       |          |          |         |       |          |  |  |  |  |  |  |  |  |
| SEARCHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INDEXED | FILED    |          |          |         |       |          |  |  |          |         |       |          |          |         |       |          |  |  |  |  |  |  |  |  |
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| PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |          |          |          |         |       |          |  |  |          |         |       |          |          |         |       |          |  |  |  |  |  |  |  |  |
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## The changes at a glance

- Full guidance notes are included within the PER document itself giving details regarding how to complete the document
- A separate PER document for mandatory use on Cat A / Restricted Status prisoners. The front cover of the PER document is identifiable via a red diagonal stripe which is designed to highlight the additional risk that Cat A / Restricted Status prisoners pose.
- A separate PER document for the mandatory use on all E-List prisoners. The front cover of the PER document is identifiable via a yellow diagonal stripe which is designed to highlight the additional risk that E-List prisoners pose.
- A checklist is incorporated on the front page giving an overview to the completion of each section within the document.
- An Escape List warning box is now added to the front cover.
- Next Of Kin Name and telephone number has been added to Risk Indicator Page.

- Improved questioning designed to capture additional information around transgender issues.
- Risk of the prisoner conveyancing of illicit items box has been added on the Risk Indicator page.
- A comprehensive Medical and Social Care section is now included. There is no requirement to sign someone as fitted to travel. If the medical section is **not** completed, the person is not fitted to travel.
- The previously separate Self Harm/At Risk document is now included as part of the PER document.
- A new “Red Flag” section which will highlight any emerging or changing risk during the current escort.
- Separate Property and Cash sections providing clear options.
- Additional Carbonated sheet added.



## Other

If you have any queries on the PER document or this guidance, please contact [SOCT.Procedures@justice.gov.uk](mailto:SOCT.Procedures@justice.gov.uk)



# HM Prison & Probation Service