

 HM PRISON SERVICE Public Sector Prisons		<h2 style="text-align: center;">Authority For Location In Body Belt</h2>																			
ESTABLISHMENT												CODE				LOCAL REFERENCE NUMBER					
<h3 style="text-align: center;">Prisoner Details</h3>																					
Prison Number						Surname						Forename(s)									
Sex		Male		Female		Status		Adult		Young Offender		N.B Do not use on prisoners under the age of 18.									
Ethnic Code <small>(cross relevant code)</small>		A1	A2	A3	A9	B1	B2	B9	O1	O9	W1	W2	W9	M1	M2	M3	M9	NS			
Is the prisoner on an open ACCT? (inc. Post-Closure) Yes No																					
Action						Location		Time		Date		Signature						Name			
Located to Body Belt																					
Removed from Body Belt																					
Describe the conditions the prisoner will be held in, e.g. whether the prisoner is in his or her own clothes.																					
<h3 style="text-align: center;">Prisoner on ACCT? (inc. Post-Closure) (Governor in Charge / Director to complete)</h3>																					
I have consulted the prisoner's CAREMAP (try to do this before he or she is located in a Body Belt)																					
I confirm that the change in circumstances has been noted on the ACCT. This includes a note of the alternatives to a Body Belt that were considered.																					
Signature						Name						Time				Date					
<h3 style="text-align: center;">Informing Healthcare</h3>																					
This can be anyone in Healthcare but that person must inform a Doctor or Nurse so that they can attend to complete the Initial Segregation Health Screen.																					
Name of Healthcare person informed																					
Informed at								Time								Date					
By (Print Name)								(Signature)													
Healthcare attended at						:		Time		/ /						Date					
<h3 style="text-align: center;">Informing the Regional Manager Custodial Services / DOM</h3>																					
Informed at								Time								Date					
By (Print Name)								(Signature)													
<h3 style="text-align: center;">Informing IMB</h3>																					
Name of IMB member informed																					
Informed at								Time								Date					
By (Print Name)								(Signature)													
IMB Visit (Name)								(Signature)													
								Time								Date					

Healthcare (Doctor or Registered Nurse)

Are there any apparent clinical reasons to advise against the use of a Body Belt at this time? Yes

No

Print Name

Signature

Detail below any clinical concerns (mental or physical) you have about the prisoner:

Authority of Governor in Charge / Director

I authorise the above prisoner to be placed in a Body Belt for a period up to 24 hours.

Reasons (Comment on all other actions taken or considered prior to the use of the Body Belt):

The Governor in Charge / Director must fully consider Healthcare advice before deciding the most appropriate course of action.

The prisoner must be released from the Body Belt if a doctor or registered nurse considers that there are clinical reasons why the prisoner should not be restrained.

The release from the Body Belt must be managed to meet the clinical and security needs of the situation.

In an emergency, the Body Belt must be removed immediately.

Governor in Charge / Director

Signed

Grade

Time

Date

The Duty Governor / Duty Director must now name a Designated Manager and consider the frequency of reviews of location that will take place each hour.

These (and any subsequent changes) must be noted on the following page of this form.

Observation Levels

A prisoner in a Body Belt must NEVER be left alone.
The member of staff must make every effort to talk to the prisoner and de-escalate the situation to minimise the prisoner's time in a Body Belt.

Frequency	Duty Governor / Duty Director	Signature	Grade	Time	Date
Constant					

Assessment of Prisoner's Location by Designated Manager

The Duty Governor / Duty Director must nominate a Designated Manager who must be an operational grade of not less than Senior Officer rank or Contracted Prisons equivalent.

The Duty Governor / Duty Director must specify the frequency at which reviews take place, but they must take place at least once every hour.

Consideration must be given to the length of time that staff spend observing the prisoner.

The Designated Manager must assess the prisoner's continued location in a Body Belt at the frequency recorded on form OT012. He or she must make every effort to talk to the prisoner and de-escalate the situation to minimise the prisoner's time in a Body Belt.

The Designated Manager must also oversee the completion of Form OT012, and take part in every ACCT Case Review, if applicable.

State Frequency Below	Designated Manager		Grade		Time On	Time Off
	Duty Governor / Duty Director	Signature	Grade	Time	Date	
State Frequency Below	Designated Manager		Grade		Time On	Time Off
	Duty Governor / Duty Director	Signature	Grade	Time	Date	
State Frequency Below	Designated Manager		Grade		Time On	Time Off
	Duty Governor / Duty Director	Signature	Grade	Time	Date	
State Frequency Below	Designated Manager		Grade		Time On	Time Off
	Duty Governor / Duty Director	Signature	Grade	Time	Date	

Observation Levels (continued)

A prisoner in a body belt must at no time be left alone.
The member of staff must make every effort to talk to the prisoner and de-escalate the situation to minimise the prisoner's time in a Body Belt.

Frequency	Duty Governor / Duty Director	Signature	Grade	Time	Date
Constant					

Assessment of Prisoner's Location by Designated Manager (continued)

The Governor in Charge / Duty Director must nominate a Designated Manager who must be an operational grade of not less than Senior Officer rank or Contracted Prisons equivalent.

The Governor in Charge / Duty Director must specify the frequency at which reviews take place, but they must take place at least once every hour.

Consideration must be given to the length of time that staff spend observing the prisoner.

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	Duty Governor / Duty Director	Signature	Grade	Time	Date	
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	Duty Governor / Duty Director	Signature	Grade	Time	Date	

Occurrence Log

<p>The Occurrence Log must be used to keep a record of all actions and observations of the prisoner, including notes of conversations, assessments by the Designated Manager and meals and drinks offered and taken.</p>
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[illegible]

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[illegible]

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[illegible]

Visits

The Governor in Charge / Director **and** the doctor or registered nurse must visit at least twice in any 24 hour period.

Governor in Charge / Director's visits

1 st visit:	Name		Signature		Time		Date	
2 nd visit:	Name		Signature		Time		Date	

Comments / observations

Doctor or registered nurse's visits

1 st visit:	Name		Signature		Time		Date	
2 nd visit:	Name		Signature		Time		Date	

Comments / observations

Decision to Remove Prisoner from a Body Belt

Governor in Charge / Director		Signature		Time		Date	
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New location

Reasons:

Name of Healthcare person informed		Time		Date	
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By (Print Name)		(Signature)	
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Name of IMB member informed		Time		Date	
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By (Print Name)		(Signature)	
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Now enter the time removed from the Body Belt on the front of this form.

Completed copies to Segregation History Sheet booklet, Clinical Record, and the IMB.

Original to be held centrally and securely