



Home Office

Detention Services Order 07/2016

Use of Restraint(s) for Escorted Moves – All staff

November 2022



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Document Details

Process: To provide instructions on the risk assessment and use of restraints on detained individuals under escort.

Implementation Date: July 2016 (reissued November 2022)

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Version: 3.0

Contains Mandatory Instructions

For Action: All Home Office staff and suppliers operating in immigration removal centres, pre-departure accommodation, short-term holding facilities and escorting supplier staff.

For Information: Home Office caseworkers

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Processes Affected: All processes governing the risk assessment and the restraint of detained individuals under escort.

Assumptions: Risk assessments are completed prior to any individual leaving a centre under escort. Operational staff are competent and suitably trained in the use of restraints.

Notes: This DSO replaced DSOs 06/2014 & 07/02014 which have been withdrawn.

Instruction

Introduction

1. This detention services order (DSO) provides guidance for all staff in Home Office immigration removal centres (IRCs), pre-departure accommodation (PDA) and short-term holding facilities (STHF), as well as escorting staff. It sets out instructions for staff on the requirement to complete a risk assessment prior to restraining a detained individual before or during an escorted move.
2. It also provides guidance on the use of handcuffs, leg restraints and waist restraint belt on individuals under escort, for both in-country and overseas journeys. This includes court appearances and medical appointments.
3. For the purposes of this DSO;
 - 'Centre' refers to immigration removal centres, residential short-term holding facilities and pre-departure accommodation.
 - 'Duty Manager' refers to the centre or escort supplier's Duty Manager, or equivalent.
 - 'Centre manager(s)' refers to the service provider/HM Prison and Probation Services facility manager (i.e. it does not refer to on-site Home Office staff).
 - 'Healthcare professional' refers to a qualified healthcare professional in the UK whose practice is based on direct observation and treatment of a patient.
4. Two different Home Office teams operate in IRCs:
 - Detention and Escorting Services Compliance team (Compliance team)
 - Immigration Enforcement Detention Engagement team (DET)

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

There are no DETs at residential STHFs, functions which are the responsibility of the DET in RSTHFs are carried out by the Centre Supplier and overseen by the Escorting Contract Monitoring Team (ECMT).

Purpose

5. This order will ensure that all staff within the Home Office detention estate, as well as escorting staff, are aware of the individual risk assessment process to be undertaken on any escorted move of a detained individual. This must include any planned use of restraint equipment.

Policy

6. The use of any restraint must be necessary, reasonable and proportionate, and have regard to all relevant circumstances: restraints must only be used for the minimum amount of time.
7. There is a presumption against the use of restraint equipment during visits to outside facilities and during escort journeys. Any use of restraint must be subject to an individual risk assessment. Risk assessments must be undertaken for each individual escorted move, even if it is a regular appointment, and must include the most current information available to determine whether restraints should be used and identify the appropriate restraint equipment for the individual move.
8. It may be necessary to restrain an individual in order to reduce the risk of escape or absconding, prevent harm to the public, other detained individuals or staff, or to prevent damage to property. In addition, an individual may be restrained to prevent them from self-harming or obstructing their removal.
9. The use of any restraint equipment must be done in such a way that it preserves the dignity of the detained individual, by being used as discreetly as is practicable without affecting the safety of the individual, staff and others.
10. Unless risk is properly assessed and the use of restraints fully justified, particularly for elderly or infirm individuals, the use of restraints could amount to inhuman and degrading treatment under Articles 2 and/or 3 of the European Convention of Human Rights.
11. Restraint equipment must **not** be used on:
 - an individual who is subject to an order or directive for compulsory detention under the Mental Health Acts, unless the Centre Manager (or delegated Duty Manager) directs that it must be used, with the express agreement of a healthcare professional
 - any individual whose medical condition renders the use restraints inappropriate, as advised by a healthcare professional.

12. Restraints will not normally be necessary when the individual's mobility is severely limited, for example when the individual is on crutches. In the unlikely event that restraints are deemed necessary, authorisation must be sought from the Duty Manager, who will make the decision in line with medical/healthcare information provided in the risk assessment.
13. Where a detained individual displays non-compliant behaviour, or at any point resists the planned application of restraints, then officers are authorised to use force. Any use of force must be necessary, reasonable and proportionate, and only using approved techniques. Only staff who have up to date training in Control & Restraint (C&R for centre supplier staff and in-country escorting staff) or Home Office Manual for Escorting Safely (HOMES for overseas escorting supplier staff) may use force on detained individuals, if deemed necessary. Following any use of force, staff must complete the appropriate use of force form detailing and justifying the reasons for doing so.

Use of restraints/force on pregnant women

14. In accordance with DSO 05/2016 'Pregnant women in detention', restraints or force must only ever be used on a pregnant woman to prevent her from harming herself, any member of staff, any other detained individual or any member of the public. Any use of restraints must be appropriate, justified and proportionate.
15. A pregnant woman must not be placed in a waist restraint belt or leg restraints.

Authority to use restraints

16. Before any use of restraint equipment, an individual risk assessment must be undertaken and authority for the use of restraints must be given by the Duty Manager for IRC or STHF staff or, for escorting teams, by the escorting Supervising Officer. This includes the continued use of restraints during journeys when the detained individual is located in a vehicle. For overseas escorting, this must be kept under review by the escorting Supervising Officer.
17. The decision to use restraint equipment in a reactive situation, such as sudden disruptive behaviour during escort, rests with the escorting detainee custody officer (DCO). This decision must be based on a dynamic risk assessment undertaken at the time and having due regard to the use of force policy and safe management of the detained individual. Restraints must be applied in line with the C&R approved techniques for centre supplier staff and in-country escorting supplier staff, and HOMES approved techniques for overseas escorting supplier staff. The Duty Manager must be notified of the use of restraint as soon as is reasonably practicable and this use must be kept under review at all times.

Removal of restraints

18. Dynamic risk assessments must be carried out throughout the escort and consideration given to remove restraints whenever safe and appropriate to do so. Where the risk factors justifying the use of restraints may be minimised, for example during hospital treatment or when a healthcare professional requests removal of restraints on health grounds (see points 23-26 below), authority to remove the restraints should be sought from the Duty Manager.
19. During hospital escorts, the confidentiality of medical examinations or consultations must be observed where possible. With the agreement of the healthcare professional and depending on previously identified risks and an assessment of the location, examinations or consultations held in private medical rooms should take place out of the hearing of escorting staff. When this is deemed unsuitable due to the assessed risk, consideration should be given to the use of an escort chain and privacy screen.
20. In an emergency where life is being threatened, the decision to remove restraints is with the officer in charge of the escort.
21. If restraints are removed during escort, staff must not permit the detained individual to leave the physical boundaries of any building (e.g. for a smoking break or exercise), or to walk around unescorted.

Request by a healthcare professional for restraints to be removed

22. A healthcare professional may direct the removal of restraints: because of an immediate risk to the health of an individual; because the individual is in pain/discomfort; or because the restraints are impeding treatment, clinical examination or ongoing monitoring. A direction from a healthcare professional for restraints to be removed must be considered as a matter of urgency.
23. When requested by the healthcare professional or the detained individual, the removal of restraints should be considered. Where the use of restraints may significantly impact on the individual's dignity or access to confidential consultations or examinations, the use of escort chains and a privacy screen should be considered to allow as much privacy and dignity to the individual while being examined. When requested by a healthcare professional, the decision **not to use** escort chains in preference to handcuffs, must be authorised by the Duty Manager and documented in the person escort record (PER).
24. If the direction to remove restraints concerns an immediate risk to the health of an individual, the restraints must be removed. Escort staff must inform the Duty Manager as soon as possible in case additional security arrangements need to be made.

25. If a healthcare professional directs the removal of restraints because they are impeding examination or treatment, the restraints must be removed. Where the risk of escape/abscond remains high, or if escort staff are in any doubt about the direction to remove the restraints, the escort staff may share the risk assessment with the healthcare professional where appropriate and must seek to resolve the matter informally. For example, in the case of a risk of absconding, escort staff could request that the examination be conducted in a private room where risk is significantly reduced. Where the direction cannot be resolved informally the escort staff must inform hospital staff that the restraints will remain in place until a further decision is made by the Duty Manager.
26. The decision of the Duty Manager to remove or maintain restraints must be based on the information provided in the individual's risk assessment, any changes in circumstances since the initial risk assessment (including clinical condition) as well as the advice of the healthcare professional. Where possible, the Duty Manager should speak directly with the healthcare professional. In exceptional circumstances, when the Duty Manager does not approve the removal of handcuffs, this decision must be fully documented on the PER and an IS 91 RA detailing with the details of the escort and the reasons for the decision completed as soon as possible.
27. Once a detained individual has completed their consultation/treatment or has been discharged from being an in-patient and is being returned to the IRC, consideration must be given as to whether it is appropriate for restraints to be reapplied for the return journey. This decision will be based on an individual risk assessment, taking into account any changes in the individual's clinical condition and the relevant circumstances at the time.
28. Consultation with the lead healthcare professional on the detained individual's health may help when considering whether the original risk factors justifying the use of restraint still apply. The lead healthcare professional is the person who has lead responsibility for the care of the individual while attending or being admitted to hospital. Escort staff should speak with the Duty Manager if the individual is admitted as an in-patient or before leaving the hospital for a decision on whether restraints should be reapplied or not.

Recording

29. For moves completed by IRC suppliers, the Centre Manager, or his/her deputy, must review and approve all risk assessment forms and make an assessment of whether the use of restraints is reasonable, proportionate and necessary for every escort.
30. All risk assessment forms completed by IRC suppliers must be sent to the Home Office Compliance SEO and HEO 72 hours before the escorted move. The Compliance SEO or HEO must update the risk assessment with any known risks from the detained individual's immigration history. Where necessary, DET staff should provide

supplementary information in these cases. In the case of STHF and in-country escorts, the risk assessments should be recorded and made available to the ECMT and DES Use of Force teams on request.

31. Where the use of restraint equipment is planned in advance (based on a risk assessment), and the detained individual remains compliant and allows officers to apply restraints without resistance, then this is deemed to be a passive application of restraint equipment. This must be recorded on the risk assessment form and the PER and, in the case of HOMES, the passive restraint form must be completed.
32. If force is used during an escort or at a STHF, the Use of Force form (DCF 02) must be completed in the case of C&R (for the STHFs), and an Annex A in the case of HOMES.
33. All Use of Force forms from an IRC supplier must be sent to the Compliance SEO within 24 hours of the incident. Any use of force forms from the Escorting supplier, either C&R (in-country) or HOMES (overseas) are required to be sent by email from the Escorting Supplier to the Home Office Escorting Contract Monitoring Team (ECMT) and the DES Use of Force Team. All use of force forms are quality assured by the appropriate Home Office teams and will include the review, where necessary, of CCTV footage. A monthly quality assurance meeting for Use of Force used by the Escorting supplier is held with all parties to discuss and review specific incidents.
34. All IRC use of force will be monitored at a monthly Use of Force Committee Meeting. The agenda and attendees within these meetings should meet with contractual requirements and PSO 1600 plus any amendments.
35. Within an IRC, all incidents whereby a detained individual has displayed a Serious Injury or Warning Sign (SIWS) during a restraint must be reviewed by the nominated senior manager or Use of Force Instructor and the local Home Office Compliance Team notified within 24 hours of the occurrence. All SIWS incidents, including footage and reports, must be reviewed at the monthly Use of Force Committee meeting and form part of the compliance team return to DEST.
36. Any use of force incident whereby a detained individual has displayed a Serious Injury or Warning Sign (SIWS) during a restraint must be reviewed by the nominated senior manager and the DES Use of Force team notified within 24 hours of the occurrence. All SIWS incidents, including footage and reports, must be reviewed at the monthly IRC or Escorting supplier Quality Assurance meetings.
37. The record of use of restraints must be a comprehensive and accurate note of the actions that took place before, during and after restraint, and the actions taken to de-escalate the situation. The report must be clear, specific and as accurate as possible; including the circumstances leading up to the application of restraint. Regular dynamic risk assessments designed to assess the continuing necessity and proportionality of

the application of restraints must be properly recorded with grounds for maintaining, reducing or removing restraints clearly set out.

38. It is important that the date, time and location restraint equipment was placed on a detained individual are recorded on the PER and the risk assessment form updated. If restraints were removed at any time, the date, time and place must be recorded on the PER as well as both the reason for their removal and either notification/approval to do so, depending on the situation. The PER must give details of any attempts made to de-escalate throughout the incident. In the case of HOMES this information must also be recorded on the HOMES use of force documentation.
39. Clinical advice received during a removal or hospital escort must be recorded on the PER and the HOMES use of force reports (for HOMES cases) and should include; any clinical observations shared with the escorts, discussions between healthcare professionals and escort staff, advice on the use of restraints and any decisions reached on the use of restraint or restraint equipment. The record should also explain how the incident was finally resolved. Escort staff must treat this information appropriately as set out in DSO 01/2016 Medical Information Sharing.
40. All staff involved in the use of force incident must complete a Use of Force form. This must be completed independently of other staff involved in the incident and ideally as soon as possible after the incident. Where this is not possible the report must be completed within 72 hours, except in exceptional circumstances. Failure to do so may leave staff/managers/suppliers open to serious allegations, disciplinary action and possible litigation.
41. It is vital that all documentation relating to the use of force incident are gathered together, securely stored and retained in accordance with Home Office retention guidelines. All evidential documents used for any PSU or independent external reviews must be retained for 10 years. Any evidential video footage relevant to the use of restraint equipment or any use of force incident must be retained for a minimum of 6 years as set out in DSO 04/2017 'surveillance camera systems'.
42. All use of restraint equipment must be recorded on the forms, as described above, and made available for inspection by the ECMT, onsite Compliance managers, the Detention and Escorting Security Team, the Independent Monitoring Board (IMB) and Her Majesty's Inspectorate of Prisons (HMIP).
43. In the case of C&R within IRCs, the Centre Manager must provide the onsite Compliance manager with a monthly report detailing all escorted moves undertaken and the use of restraints on any move. In addition to this, the report will include the use of restraints on any use of force incident that has taken place within the IRC. Any use of force reports completed by the escorting supplier (including STHFs) will be sent to the HOIE ECMT and Use of Force Monitoring teams.

44. The Home Office Compliance teams will submit a monthly report to the Detention and Escorting Security Team detailing any use of force incidents that have taken place in the previous month.
45. Use of restraints on escort and their appropriateness must be considered as a standard item at the monthly use of force meeting, by supplier and Compliance teams within an IRC. The Compliance team must raise any concerns with the use of restraints with the HOIE Use of Force Team. In the case of the Escorting supplier, the HOIE Use of Force Team will conduct a monthly use of force meeting with the supplier and NTRG to review any use of force incidents that have taken place the previous month.

Handover

46. Due to the differences in restraint training between overseas escort and in-country and centre DCOs, a handover briefing must be undertaken when custody is being transferred in order to clarify individual staff members roles and responsibilities. This must be done prior to any escort that involves the planned use of restraint.
47. In the case of transfer between IRC and escorting staff, the IS91 must be signed by the supplier receiving the detained individual into their custody and must only be signed at the point of handover. Where responsibility for a bed watch transfers to the escorting supplier, copies of the risk assessment must also be provided.
48. In cases where a detained individual is being transferred between IRCs and the following circumstances apply:
 - The escorting supplier is using an escorting vehicle with cells;
 - The detained individual has been risk assessed as low risk; and
 - The individual can be moved with other people in the same vehicle

The centre staff at the pickup IRC are required to use their best efforts to convince the detained individual to walk onto the vehicle and comply with the transfer. In the event that the detained individual is non-compliant, the centre staff are authorised to use reasonable, necessary and proportionate force in accordance with this policy to effect re-location of the detained individual into the vehicle cell. This situation would be co-ordinated between the escorting supplier vehicle crew and the supervising officer at the IRC with custody being transferred once relocation into the vehicle cell and the closure and locking of the cell door are complete.

49. If, on arrival at the receiving IRC, a detained individual is non-compliant during the transfer from the vehicle to the IRC, IRC staff are authorised to use C&R methods in accordance with this policy to relocate the detained individual from the vehicle and into the IRC.

For IRC supplier staff, STHF staff and in-country escorting staff – trained in Control and Restraint (C&R) methods

Risk assessment

Risk assessment

50. Individual risk assessments must be completed and recorded in advance on all detained individuals subject to escort. A new risk assessment must be undertaken for each individual escorted move, even if it is a regular appointment, and must include the most current information available. The risk assessment template must be used to record the individual risk assessment and decision of the Duty Manager in approving any escort. A copy of the risk assessment must be placed on the Detainee Transferable Document (DTD) with the completed PER for that move. The risk assessment must be kept under constant review by the escort staff.
51. The risk assessment document must be approved by the Duty Manager as a minimum and, for IRC escorts, will include input from the security department, healthcare and the Compliance Manager/Deputy Manager. The risk assessment must be kept under constant review by the escort staff.
52. Risk assessments will take proper account of the entire escort journey, including transit points, scheduled rest stops, the destination and public areas. Every effort must be made to undertake a risk assessment of the destination in advance of any journey. A decision to authorise the use of restraint must not be made solely on the basis that a risk assessment of the destination has not been conducted.
53. For hospital visits, particular attention should be given to maintaining the confidentiality of consultations or examinations. The risk assessment must consider any risks associated with the use of consultation and/or treatment rooms as well as consideration of circumstances/location if an individual is admitted as an in-patient. Where appropriate, consultations or examination should take place outside of hearing of custody officers.
54. The risk assessment must also consider whether handcuffs should be applied during transit and, if so, at which point in the journey or prior to consultation it may be appropriate to remove them. A number of factors will need to be considered when making the decision on the use of handcuffs, such as clinical reasons/advice and medical confidentiality, weighed against the risk of abscond/escape. The decision on whether to use handcuffs, the reasons for their use, and any approval, must be clearly

recorded on the risk assessment form. When the use of handcuffs is deemed necessary during a hospital visit, the Duty Manager conducting the risk assessment must consider the use of escort chains and privacy screens for any examinations or consultations required during the visit.

55. The information contained in the risk assessment form will inform the Duty Manager's decision on whether to authorise the risk assessment and agree to the proposed method of escort. Any decision to approve the recommended use of restraint equipment as part of the risk assessment for the escorted move must refer to the policy relating to the use of force. The manager's decision to authorise the risk assessment and method of escort must be recorded on the form.
56. If a risk assessment form is completed more than 24 hours in advance of an escorted move, then a full review of the assessment must be undertaken on the day of the escort. It is important that the risk assessment is kept under regular review, particularly where circumstances change, such as any changes to a detained individual's health or destination changes.
57. If an emergency escort takes place and insufficient current information is available to complete a risk assessment, then wherever possible and if safe to do so, the Compliance SEO, or Detainee Escorting and Population Management Unit (DEPMU) if out of hours, should be contacted to undertake Atlas checks to inform the risk assessment. If this is not possible then all risk information must be gathered retrospectively once an emergency escort has left the centre and provided as soon as possible. For IRCs, the onsite or on-call HOIE manager must be notified of all emergency escorts and the DEPMU on-call Duty Manager in the case of STHFs or in-country escorts.
58. If known, specific areas of information to be completed on the risk assessment are:
- **Healthcare assessment:** The health of a detained individual, particularly those who are infirm, will have an important bearing on the assessment of escape/abscond risk when considering any use of restraint equipment. Relevant information will include any clinical concerns, any medication currently prescribed and the medical condition of the individual having obtained their consent. This must include age, mobility, mental health or learning difficulties and pregnancy.
 - **Security assessment:** Any information that suggests there is a risk to the escort staff, the detained individual, the public, or hospital staff must be included along with the reasons for this judgement. Where restraint equipment is being considered for the prevention of self-harm by the detained individual, this must only be for the most exceptional cases. Relevant factors to be considered and recorded include:
 - (i) Previous security incident/information reports

- (ii) Ability to abscond/escape (including mobility, resources and any past history of escapes). It is also important to consider the actual risk posed in consultation/treatment appointments.
 - (iii) Criminal/offending history (including details of previous convictions, assaults on others or warnings from the police on past behaviour)
 - (iv) Behaviour in detention or during previous escorted moves
 - (v) Previous risk assessments of the destination or previous problems encountered at the destination.
- **For IRC escorts, the onsite DET Manager (or designated deputy):** Relevant information to be recorded here is:
 - (i) Reason for detention
 - (ii) Available information which may indicate an identifiable risk: previous abscond/escape
 - (iii) Risk to the public, those in detention or staff
 - (iv) If the individual has prevented their own removal from the UK
 - (v) Whether removal directions have been set
 - (vi) Any other relevant information i.e. adverse immigration decisions
 - **Previous hospital or other visits:** Information on previous visits to either the same or other destinations will be relevant and must be recorded. This will help escort staff make a more thorough assessment of the potential risks, and how these can be mitigated. The assessment must include the route from parking area to waiting room, relevant entrance, exits and windows (for example the waiting room, treatment room, in-patient wards), waiting time, building works or other hazards and any other relevant information.
 - **Journey and destination assessment:** It is important that an assessment of the journey and destination of the escort is undertaken. Key points for consideration as part of this assessment include the route to be taken, parking, route from parking area to destination and any contact with public on route. This must be kept under review as circumstances during the journey may change.

59. The risk assessment will be used by the supplier Duty Manager to authorise the risk assessment; agree the number of escorts; and confirm whether the escorted move should occur with or without the use of restraint equipment and under what circumstances. If restraints are authorised/approved, the method (for example handcuff to officer or self) and the points in the journey this is applicable to (for example handcuffs in open areas/treatment rooms) must be clearly recorded.

Restraint equipment

60. The Home Office has authorised the C&R training used by Her Majesty's Prison and Probation Service (HMPPS) as the approved training for DCOs working within the IRCs

and STHFs and in-country escorting DCOs using restraint. DCOs must undertake annual C&R refresher training.

61. Restraint equipment must be of a type approved by the Home Office and must only be applied using an approved technique. Equipment authorised for use is detailed in the HMPPS C&R manual (for centre staff).

62. The following restrictions, which are in addition to those policy considerations outlined in para 9 of this instruction, on the use of restraint equipment apply:

- (i) Restraints must not be used to attach individuals to furniture or any other fixtures and fittings, including seatbelts on planes.
- (ii) Detained individuals must not be handcuffed to each other.
- (iii) Double-cuffing will only take place when the risk assessment fully justifies the use.

Handcuffs

63. Centre supplier staff have the authority to use handcuffs on detained individuals where indicated necessary by an individual risk assessment. Staff applying handcuffs must do so only using the approved techniques they have been trained in. C&R training must be in date for staff applying handcuffs to non-compliant detained individuals.

64. Only the following types of handcuffs may be used in the following circumstances outside of an IRC and on escorting:

- (i) Ratchet - for use on women and for use on men in situations where standard handcuffs and inserts do not provide a sufficiently secure fit
- (ii) Standard - for use on men only. Three sizes of insert are available to ensure a close fit.
- (iii) Ridged Bar Handcuffs - for use on all detained individuals when at least two or more staff are present
 - As an aid to a restraint
 - Gaining control of a detained individual using application of pain in exceptional circumstances
 - A risk reduction measure

65. In certain limited circumstances as listed below, staff can apply rigid bar handcuffs outside of a use of force incident as a risk reduction measure. This must be authorised by an operational manager or above, and the reasons clearly recorded on the use of force report. This must not be a routine practice.

- i. where there is an established risk that suggests the detained individual may try to immediately escape;

- ii. where there is a **significant** likelihood that a detained individual might attack someone or cause damage to property; or
- iii. where there is a demonstrable potential for a detained individual to disrupt the regime, for instance if they have a history of accessing netting or external roofs.

Escort chain

66. An escort chain may be used when necessary. If the escort chain is used in public, it must be kept as short as possible to make its use inconspicuous. Any other form of mechanical restraint is not authorised.

For Overseas Escorting supplier staff – trained in HOMES

67. The Use of Force training for **DCO (Escort)** differs between those undertaking in-country duties (ICE) and those on overseas (OSE). If the Escorting supplier is responsible for the management of short term holding facilities, ICE staff will be used within these facilities. ICE staff will be trained in C&R and OSE staff will use HOMES. ***As of July 2022 there will be a transition period where existing ICE staff trained in HOMES will continue as ICE until C&R training is fully rolled out (to be reviewed in August 2023)***
68. Due to the difference in UoF techniques within the training, ICE and OSE staff will not be permitted to work together within the same team whilst undertaking escorting duties. ***As of July 2022 there will be a transition period where existing ICE staff trained in HOMES will continue as ICE until C&R training is fully rolled out (to be reviewed in August 2023).***

Risk assessment

69. A dynamic and individual risk assessment must be conducted for every detained individual on arrival at an escorted move by the escort supplier staff. DEPMU will provide a movement order to the escort supplier, which will include recent information on the individual's behavioural history to support the assessment of risk. A minimum of three DCOs will be required if the use of any restraint equipment is likely in advance of the escort. The risk will be assessed based on a full consideration of relevant, available and up to date information. Any consideration of risks and the subsequent justification of the use of restraints, including a passive application, must be placed on the PER and UoF documentation.

70. Relevant information to consider will include:

Staffing Levels: It will be important to assess how many staff will be needed for the escorted move. Key points for consideration include:

- (i) Journey, rest stops and destination points; for example, hospitals (emergency and in-patient), police stations, courts, airports, as well as appropriate rest stops.
- (ii) Gender, size, weight and strength of the detained individual and available staff.
- (iii) Medical support (see below).
- (iv) Exposure to the public / potential interaction with the public.

Detained individual's past behaviour: The PER will detail the detained individual's up to date history and record of custodial periods/detention and escort events.

Information will include any:

- (i) Criminal history/ warning markers.
- (ii) Refusals to leave the UK or to be moved between locations.
- (iii) Relevant history of violence, actual or threatened (either verbal or physical).
- (iv) Escape/abscond attempts/successes.
- (v) Risk of physical or verbal abuse against the detained individual.
- (vi) Medical and mental health risks.
- (vii) Self-harm or suicide attempts

Medical History/Support: Consideration must be given as to whether a medical escort is required. This will depend on the information available and the type of support that may be needed e.g. for those with limited mobility, pregnant women, mental health conditions or other medical needs. For non-hospital visits it is important for the escort team to know where hospitals are located along the escort route in case of an emergency.

Appropriate Vehicle: Consideration must be given to the requirement for an increased security vehicle or cellular vehicle to ensure a safe and secure escort. Consideration should also be given to whether the detained individual can be escorted with others or should be escorted alone.

Use of restraint equipment: Where required for a safe escort, the decision on the most appropriate restraint equipment to use will depend on the individual risk assessment and prevailing conditions. This must take into consideration the legal and policy requirements and the restrictions on the use of equipment outlined below. Any decision to approve the use of restraint equipment as part of the escorted move must refer to the policy relating to the use of force.

Restraint equipment

71. HOMES has been authorised by the Home Office as the approved training for DCOs who undertake an overseas escorting role. All staff undertaking overseas escort duties must be appropriately trained in HOMES.

72. The following restrictions, which are in addition to those outlined in para 9, on the use of restraint equipment apply:

- (i) An individual must not be placed in restraint equipment which is attached to a member of staff.
- (ii) Restraints must not be used to attach individuals to furniture or any other fixtures and fittings, including seatbelts on planes.

- (iii) Detained individuals must not be handcuffed or otherwise restrained to each other.

73. Planned use of any type of restraint on board an aircraft or vessel is subject to the agreement of the captain of the craft. There may be exceptional circumstances where restraints need to be applied without initial approval if a detained individual becomes non-compliant during a flight.

74. Restraint equipment must be of a type approved by the Home Office and only applied using an approved technique as detailed in the HOMES manual produced by HMPPS. The only restraint equipment that may be used are the waist restraint belt, rigid bar handcuffs and leg restraints (including velcro leg straps).

Waist restraint belt

75. Following an individual risk assessment, it may be decided that the use of a waist restraint belt provides the most effective method of managing a safe escort. **A pregnant woman must not be placed in a waist restraint belt.**

76. The waist restraint belt can be worn in three ways:

- (i) **Free:** The waist restraint belt is applied but the hands remain totally free allowing complete arm movement.
- (ii) **Restricted:** The waist restraint belt is applied, and the wrist cuffs are applied. The arm straps are free allowing the arms to move, but only to the length of the extensions. This enables the individual to eat and drink.
- (iii) **Secured:** The waist restraint belt is applied with the wrist straps and secured to the side of the belt leaving no arm movement for the individual. The secure position may be used for both wrists or 1 wrist allowing 1 arm free movement.

77. The position a detained individual is placed in will be based on an individual risk assessment, and must be kept under constant review, through dynamic risk assessments which must be properly recorded.

78. There are specific restrictions when considering the use of a waist restraint belt:

- (i) A waist restraint belt may be used for overseas escorted moves (subject to the training requirement outlined above).
- (ii) The waist restraint belt must only be applied when the individual is either compliant or, if non-compliant, is in a kneeling or prone position.
- (iii) An individual must never be placed in a waist restraint belt while in the supine position.
- (iv) For escorted moves where restraint is planned, a minimum of three DCOs must be used to place the individual in the waist restraint belt or, in the case of a passive application two DCOs can be used.

- (v) In reactive circumstances, where it is not possible to gain control of the individual by simply applying handcuffs, approved HOMES pain compliance techniques may be used to assist in the application of the waist restraint belt. This should be for the minimum time possible with the individual kept under constant review. In such situations, the waist restraint belt can be applied using a minimum of two DCOs.
- (vi) In escorted moves where it is planned to use the waist restraint belt, the individual will be provided with an explanation of the waist restraint belt and how it will be used. In escorted moves where the use of the waist restraint belt is reactive, an explanation of why it was placed on them, and how the restrictions on their movement can be adjusted, will be given as soon as is practicable.
- (vii) The waist restraint belt must not be applied to any other part of the body.

Handcuffs

79. Should the use of handcuffs be deemed necessary, the escort supplier has the authority to use rigid bar handcuffs on detained individuals, provided that the staff involved (including managers) have up-to-date HOMES training. Staff applying handcuffs must do so only using the approved techniques in which they have been trained. Handcuffs must only be applied if deemed necessary and proportionate following an individual risk assessment. Escorting staff may also apply handcuffs as part of minimum use of force to prevent an immediate incident.

80. Only rigid bar handcuffs may be used by HOMES trained escorts.

Leg restraints

81. Leg restraints and velcro straps around the lower leg may be used when a risk assessment (dynamic or otherwise) indicates they necessary and proportionate by in country and overseas escorts. This can be reactively during an escorted move and with the approval of the escorting supplier Senior Supervising Officer (on an overseas escort) or equivalent in country manager. Where the use of a leg restraint is to be applied in advance of the removal, the DEPMU Duty Manager must be notified following the escorted move on the escort report form. Where a leg restraint is applied reactively, this must be recorded in the use of force report form. **A pregnant woman must not be placed in leg restraints.**

82. The leg restraint may be used in conjunction with the waist restraint belt to safely escort a detained individual. A leg restraint may be used by escort staff for in-country and overseas escorted moves. If a leg restraint is to be applied, once the individual is in a seated position this must be loosened or removed as soon as possible in order to prevent the development of a deep vein thrombosis (DVT). The leg restraint must not be used on any other part of the body.

Revision History

Review date	Reviewed by	Review outcome	Next review
August 2016	Emily Jarvis	Minor amendment to 'mobile chair' section	August 2018
November 2022	Simon Edwards	Reformat. Inclusion of the requirement to maintain confidentiality during medical appointments where appropriate. Amended to include the roll out of DET teams and individual responsibilities and removal of mobile chair.	November 2024