



Home Office

## Risk Assessment Form

<b>Detained individual details</b> (Insert photograph of detained individual if available)	
Detained individual Name (Surname First):	
Date of Birth:	
Age:	
CID Reference:	
First Language:	
Nationality:	
Special requirements: (such as medical, physical, learning disabilities)	
Escort Destination:	
Department:	
Appointment Time:	

### SPECIAL INSTRUCTIONS

- **Never** attach detained individuals by restraint to furniture, fixtures or fittings, or the seatbelt of a plane.
- If restraints are applied, this decision should be kept under regular review and changes in context should prompt an immediate review.
- The Person Escort Record form should be used to record details of regular reviews as outlined in DSO 18/2012 (e.g. location and time handcuffs were applied/removed; what information led to this and who made the decision).
- Record on the Person Escort Record (PER) Form the mood/behaviour of the detained individual whilst on escort.
- Record all restraint checks on the PER.
- No smoking or smoking breaks to be taken whilst on escort.



# Home Office

**Home Office On-site Immigration Enforcement assessment**

Reason for detention (please circle)	TSFNO / FAS / Illegal Entrant / Overstayer / Other	
Available information which may indicate an identifiable risk: previous abscond/escape, risk to the public, detained individuals or staff		
Have removal directions been set	YES / NO	Date of RDs:
Has the detained individual previously prevented their own removal from the UK	YES / NO	Date of failed RDs:
Is the Detained individual appealing or resisting removal/deportation	YES / NO	
Any other relevant information:		

**Name of Person authorising risk assessment:**

Completed by:	Home Office
Print Name:	
Signature:	Date:

**Healthcare Assessment** (Medical Information – to be completed by healthcare staff)

**Medical Information** (Please provide details)

Any medical objections to the use of restraints? (Any pre-existing respiratory conditions that can become exacerbated with the use of restraints need to be flagged at the earliest possible opportunity)	YES / NO
Does the next of kin need to be informed? (This is necessary if the detained individual has a medical condition that is life-threatening and will give the next of kin as much notice as possible so that visiting arrangements can be made)	YES / NO
Any other medical conditions likely to influence the escort? (e.g. pregnancy, physical ability to escape, disability/need for medication detained individual in wheelchair/crutches, broken bones etc)	YES / NO
Any medical instructions to be relayed to escort staff? (medication/nil by mouth etc)	YES / NO
Any specific gender requirements?	YES / NO
Any medical information to indicate likely length of bed watch? If applicable	YES / NO
Any details or other relevant healthcare information?	

Completed by: Healthcare
Print Name:



## Home Office

Signature:	Date:	
<b>Security assessment</b>		
Any indication that the detained individual is subject to;		
Public Protection Manual (Safeguarding Children)	YES / NO	(R2CHPA)
PSO 4400 (Chapter 2 Harassment)	YES / NO	(HSMTPA)
Sex Offender Registration Act	YES / NO	(SOREG)

<b>Relevant Criminal History</b>	
Criminal History: Details of any relevant previous convictions, assaults on others or any warnings from police of abnormal behaviour in the past:	
Risk of harm to public	YES / NO / NOT KNOWN
Risk of harm to staff	YES / NO / NOT KNOWN
Risk to known adult	YES / NO / NOT KNOWN
Risk of Damage to property	YES / NO / NOT KNOWN
Motivation to abscond/escape	YES / NO / NOT KNOWN
Details:	
Is the detained individual a MAPPA nominal	YES / NO
Details:	

<b>Behaviour in Detention</b>	
Personal Officer Reports (any behaviour concerns)	YES / NO
Assaults on Staff/Others	YES / NO
If yes please state any behaviour concerns:	

<b>Self harm issues</b>	
Any current or recent (within the past 6 months) self-harm history (nb restraints should only be applied to prevent self-harm in the most extreme and exceptional cases)	YES / NO
Is the detained individual currently subject to an open ACDT document	YES / NO
Has an ACDT document recently been closed	YES / NO



# Home Office

If you have answered YES, state date of closure

## Previous Escorts

Has the detained individual been escorted previously YES / NO

If yes please state any behaviour concerns:

Were restraints applied? YES / NO

If yes please provide details of restraints used, dates and times:

## Physical Security of destination and/or public areas

Insert map/plan of destination if available

Has a physical security assessment of location been conducted? YES / NO

Date of assessment:

What, if any, problems have been identified; Factors to consider include:  
Proximity to the exits, Opening windows, Floor level access, Fire Exits, Outer doors, Ceiling height, Security of consultation/treatment areas/day areas (if hospital visit)

Comments/Concerns:

Any other relevant information?

Completed by: IRC Supplier / Escort Supplier

Print Name:

Signature:

Date:



# Home Office

### Strength and composition of escort

Restraints to be used?

Duty Manager to record reasons for authorising/rejecting the use of restraints in the section contained at page 6.

Yes / No

If yes, can restraints be removed for medical treatment?

Contact Duty Manager and gain approval prior to removal of cuffs or other restraint. Explain security of room and detained individual behaviour. Where there are security concerns, contact the security manager.

Yes / No

Can restraints be removed for emergencies?

Restraints should be removed and the Duty Manager notified as soon as possible. Cover all escape routes, re-assess need for restraint equipment. If appropriate re-apply cuffs as soon as possible after treatment.

Yes / No

Can restraints be removed on the basis of a change in risk factors justifying the use of restraint equipment?

Contact Duty Manager and gain approval prior to removal of cuffs. Explain security of room and detained individual behaviour. Any concerns contact the security manager

Yes / No

Can escort chain be used if the detained individual requests a private consultation with medical consultant

If yes, suitability of room to be checked prior to consultation

Yes / No

Level of restraints to be used:

Single cuffs/  
Escort Chain

Double cuffs/  
Escort chain

Handcuff to officer

YES / NO

Handcuff to self (In front)

YES / NO

Handcuff in escort vehicle / transit

YES / NO

Handcuff in open areas

YES / NO

Handcuff in buildings

YES / NO

Handcuff during examination/consultation/treatment

YES / NO

Detained individual permitted to have their mobile phone

YES / NO

Use escort chain if necessary

YES / NO

Specific escort instructions/comments:

Name

Signature

Date



# Home Office

## Escort supplier staff must also complete page 9

Further details	
Level of Search prior to Escort	Level A / Full Search
Escort Strength	One / Two / Three or more staff
Further recommendations:	
Any gender specific requirements:	YES / NO
If yes please give details:	
Escort Type (delete as appropriate)	Planned escort / Emergency escort

Completed by: IRC Supplier / Escort Supplier	
Print Name:	
Signature:	Date:

**Should any control and restraint methods be applied or deemed necessary during a move then a use of force form is to be completed at the earliest opportunity in all instances.**

Duty manager assessment (To be completed by endorsing Manager) (Head of Security/Operations / Deputy Centre Manager / Duty Manager or I/C of establishment)	
Escort	Approved / Not approved
Use of restraints (if to be applied)	Approved / Not approved
Justification for approval/rejection of escort and use of restraints:	
Name of Person authorising risk assessment:	
Name & Grade	



# Home Office

Signature	
Date	

Escort route order	
IRC:	
Detained individual Name:	
Date of Birth:	
CID Ref:	
Times Dispatched:	
Time Returned:	

Description of Detained individual	
Ethnicity:	
Build:	
Height:	
Clothes - bottom	
Clothes – top:	
Shoes:	

Packed lunch taken:	Yes / No
Cash for parking meter:	Yes / No
Route planner required:	Yes / No
Child seat required:	Yes / No
Open ACDT:	Yes / No

Vehicle checked by driver:	
(Print)	(Sign)

Handcuff type Ratchet/Standard/ Escort chain	Applied/ Removed	Date	Time	Justification
Total time handcuffs were used				

Was there any resistance/non-complaint behaviour to the handcuffs being applied? If yes, a use of force form must be completed and submitted in all instances	YES / NO
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# Home Office

Please provide information here

Completed by: IRC Supplier / Escort Supplier

Print Name:

Signature:

Date:





# Home Office

Detainee Custody Manager Escort Dispatch Check List	
Dispatching Oscar 1:	
Date:	
Time:	
Yes / No	PER present and completed:
Yes / No	Home Office risk assessment present and completed
Yes / No	Vehicle checked and searched:
Yes / No	Escorting staff fully briefed / handcuffing arrangements fully explained:
Yes / No	Detained individual correctly identified:
Yes / No	Detained individual searched by escorting staff:
Yes / No	IS91 present:
Yes / No	Details of clothing and description entered on route order:
Yes / No	Escort bag checked and correct:
Yes / No	Escape pack present:

Comments:

Escorting Staff	Are the Escorting Staff aware of the local Use of Force Policy (sign to confirm)
1. (Officer in charge)	
2.	
3	
4.	
5.	

Contact Number (Mobile)	
Vehicle detail (VRM & type)	

Completed by: IRC Supplier / Escort Supplier	
Print Name:	
Signature:	Date:



# Home Office

**To be used by Escort Supplier Staff only**

Escorting Staff	Are the Escorting Staff aware of the local Use of Force Policy (sign to confirm)
1. (Officer in charge)	
2.	
3	
4.	
5.	

Contact Number (Mobile)	
Vehicle detail (VRM & type)	

Completed by: IRC Supplier / Escort Supplier / Home Office / Healthcare	
Print Name:	
Signature:	Date:

**To be used by Escort Supplier Staff only**

Escort Type (delete as appropriate)	Planned escort / Emergency escort
Waist Restraint Belt to be applied	YES / NO
Waist Restraint Belt in escort vehicle / transit	YES / NO
Waist Restraint Belt in open areas	YES / NO
Waist Restraint Belt in buildings	YES / NO
Mobile chair to be used to aid movement only (not compliance)	YES / NO
Mobile chair to be used for compliance purposes (in conjunction with WRB)	YES / NO
Please state where (vehicle, aircraft boarding)	
Specific escort instructions/comments	
What time was restraint belt / mobile chair applied?	
What time was restraint belt / mobile chair removed?	
Total time restraint belt / mobile chair was used	
Was there any resistance/non-complaint behaviour to the restraint belt / mobile chair being applied?	YES / NO
<b>If yes, a use of force form must be completed and submitted in all instances</b>	
Please provide information here	
Completed by: IRC Supplier / Escort Supplier	
Print Name:	
Signature:	Date: