

Risk Assessment Form

Detained individual details (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 On-site I	mmigration Enforcement	assessment	
Reason for detention (please circle)		Illegal Entrant / Overstayer	
Available information w	hich may indicate an ident	ifiable risk: previous abscon	d/escape, risk to
the public, detained inc	dividuals or staff		
Have removal direction	s been set	YES / NO	Date of RDs:
Has the detained indivinemoval from the UK	dual previously prevented	their own YES / NO	Date of failed RDs:
Is the Detained individu	ual appealing or resisting re	emoval/deportation	YES / NO
Any other relevant info			
	orising risk assessment:		
	Home Office		
Print Name:	·		
Signature:	D	ate:	

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:	



Signature:	Date:
Security assessment	
Any indication that the detained individual is sul	oject to;
Public Protection Manual (Safeguarding Childre	en) YES / NO (R2CHPA)
PSO 4400 (Chapter 2 Harassment)	YES / NO (HSMTPA)
Sex Offender Registration Act	YES / NO (SOREG)

Relevant Criminal History

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:	

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

Self harm issues	
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



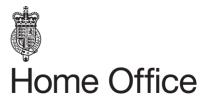
Previous Escorts

If you have answered YES, state date of closure

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 area	as
Insert map/plan of destination if available Has a physical security assessment of location been of	conducted? YES / NO
Date of assessment:	TEO / NO
What, if any, problems have been identified; Factors to	
Proximity to the exits, Opening windows, Floor level a height, Security of consultation/treatment areas/day a	
Comments/Concerns:	reas (ii nospitai visit)
Any other relevant information?	
Complete diving IDO Complete / Francis Complete	
Completed by: IRC Supplier / Escort Supplier Print Name:	
Signature:	Date:
Olymature.	Date.



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 use of restraint equipment?	factors justifying the	Yes / No
Contact Duty Manager and gain approval prior to removal of cuffs. Explain secindividual behaviour. Any concerns contact the security manager	urity of room and detained	1 337 113
Can escort chain be used if the detained individual requests a private consultation with medical consultant		Yes / No
If yes, suitability of room to be checked prior to consultation		
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:		
Nama		
Name		
Signature		



Further details

Escort supplier staff must also complete page 9

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
[O	Р	
Completed by: IRC Supplier / Escort Supplier Name:	lier	
	Date:	
Signature:	Dale.	
Should any control and restraint methods move then a use of force form is to be coninstances.		
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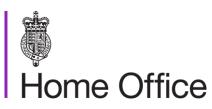
Signature					
Date					
Escort route order					
I	RC:				
Detained individ	dual				
Na	me:				
Date of B	irth:				
CID I					
Times Dispatch	ned:				
Time Return	ned:				
Description of Detail	ned individ	dual			
Ethnic	city:				
Вι	uild:				
Hei	ght:				
Clothes - bot	tom				
Clothes –	top:				
Sho	oes:				
Packed lunch tak	ken: Yes /	No			
Cash for parking me					
Route planner requi		No			
Child seat requi	red: Yes /	No			
Open AC	DT: Yes/	No			
Vehicle checked by driver:					
(Print)		(Sign)			
Handcuff type	mmlia al/				

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? YES / NO If yes, a use of force form must be completed and submitted in all instances



Please provide information here	
'	
Completed by: IRC Supplier / Escort Supplier	
Print Name:	
Signature:	Date:



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:



To be used by Escort Supplier Staff only				
Escorting Staff	Are the Escorting Staff awa Use of Force Policy (sign to			
1. (Officer in charge)				
2.				
3				
4.				
5.				
Contact Number (Mobile)				
Vehicle detail (VRM & type)				
Completed by: IRC Supplier / Escort Supplier / F	Home Office / Healthcare			
Print Name:				
Signature:	Date:			
To be used by Escort Supplier Staff only				
Escort Type (delete as appropriate)	Planned escort / Er	mergency 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 (no	ot compliance)	YES / NO		
Mobile chair to be used for compliance purposes		YES / NO		
Please state where (vehicle, aircraft boarding)				
Specific escort instructions/comments				
What time was restraint belt / mobile chair applied	d?			
What time was restraint belt / mobile chair remov	ed?			
Total time restraint belt / mobile chair was used				
Was there any resistance/non-complaint behavio mobile chair being applied? If yes, a use of force form must be completed and		YES / NO		
Please provide information here	·			
Completed by: IRC Supplier / Escort Supplier				
Print Name:				
Signature:	Date:			