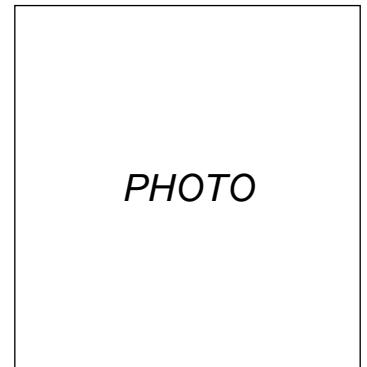


OFFICIAL - SENSITIVE
(when completed)

PERSON ESCORT RECORD PER - NATIONAL



NOT FOR RELEASE (Full reason to be entered)	Tick if applicable
	<input type="checkbox"/>
	<input type="checkbox"/>
MEDICAL RECORD (attached inside)	<input type="checkbox"/>
SELF HARM WARNING ALERT completed	<input type="checkbox"/>
Assessment, Care in Custody & Teamwork (ACCT) enclosed (HMPS use)	<input type="checkbox"/>
RED FLAG PAGE completed	<input type="checkbox"/>
USE OF FORCE / RESTRAINT / HEIGHTENED RISK IDENTIFIED (see Red Flag Warning page / Health & Social Care page)	<input type="checkbox"/>
MPV Required? - Not fit for cellular vehicle Please provide reasons:	<input type="checkbox"/>

*Escape Risk	
PSI 10/2015 Prison use only	
Escort*	<input type="checkbox"/>
Standard*	<input type="checkbox"/>
Heightened*	<input type="checkbox"/>
<i>*tick as required</i>	

Surname	
Forename	
Prison/Home Office No.	
Date of travel	

<i>Additional papers relevant to the person - to be listed below and attached securely. Number of additional pages to be noted.</i>
1.
2.
3.
4.

RISK INDICATOR GUIDANCE

PROTECTIVE MARKING

The level of protection provided for assets marked SENSITIVE should promote discretion in order to prevent unauthorised access.

PERSON / DETAINEE IF NOT FOR RELEASE

TICK must be ticked if an individual is not for release, and a full reason must be given.

NUMBER

Refers to the unique number that a particular agency gives to an individual.

ETHNIC CODE

The following codes will be used: Nationality to be used by Home Office Immigration Enforcement

A1	Asian or Asian British Indian
A2	Asian or Asian British Pakistani
A3	Asian or Asian British Bangladeshi
A9	Asian other
B1	Black or Black Caribbean
B2	Black or Black British African
B9	Black other
M1	Mixed White & Black Caribbean
M2	Mixed White & Black African

M3	Mixed White & Asian
M9	Mixed other
NS	Not stated
O1	Chinese
O9	Any other
W1	White British
W2	White Irish
W9	White Other

P.o.P.O. / D.Y.O

If the individual is a Prolific and other Priority Offender, or a Deter Cohort Young Offender this box must be ticked.

P.N.C. ID WARNING SIGNALS

Is for police use only. Delete either Yes or No. Relevant risk must be recorded in the appropriate boxes.

PNC ID

PNC ID number to be entered.

CRO NO

Criminal Records Office number to be entered.

NATIONALITY

Home Office Immigration Enforcement (HOIE) only to complete this section.

OFFENCE

Include the offence. If further information is required, tick the box and include it on the Record of Events page.

PREVIOUS CUSTODIAL HISTORY

Delete either Yes or No on every occasion.

If a known risk exists

it must be recorded in line with the guidance below.

If no known risk exists

A tick must be placed in the **NO KNOWN RISK** box.

SUICIDE / SELF HARM	To be completed if the person: <ul style="list-style-type: none"> has or has attempted to self-harm is at known risk of self-harm (e.g.....has threatened self-harm / on open ACCT Plan) has recently been at risk of self-harm (e.g. post-closure phase of ACCT Plan / PNC suicide/self-harm warning marker in last six months) gives other reason to indicate at risk of self-harm (e.g.....has killed or seriously injured a family member / unexpected recall / bizarre behaviour or other signs of mental disorder / withdrawal from drugs/alcohol) becomes at risk during this custody (e.g.receives unexpected remand / long sentence). It must be recorded which of the above (or other reason) is relevant, along with details.
AT RISK OF PHYSICAL OR VERBAL ABUSE	Consideration must be given to the nature of the charge or offence or if there is any history of bullying or intelligence of threats against the individual. Press interest may also place the individual at risk.
VIOLENCE / RISK TO OTHERS	To be completed if there is any relevant history of violence, actual or threatened. Reference must be made to risks to specific groups such as women, children, and minority ethnic groups, Police/Prison/Private Contractors or any other Criminal Justice Agency. Specific reference must also be made to any risks they may pose to others, particularly if placed into shared cellular accommodation (the Cell Sharing Risk Assessment must be consulted if available).
ESCAPER / CAT 'A' RESTRICTED STATUS	To be completed if: <ul style="list-style-type: none"> Categorised Cat 'A' or potential Cat 'A,' Restricted Status The individual is from prison and on the Escape ('E') list There is relevant history of escape attempts Intelligence suggests an escape attempt is likely.
DRUGS / ALCOHOL / MOBILE PHONES	To be completed if there is a history or intelligence of the individual attempting or actually trafficking drugs/alcohol/mobile phones into secure establishments. (This is not to be completed if the individual is drug or alcohol dependent - this will be recorded in the Health Risk Section).
HOSTAGE TAKER	To be completed if there is an actual history or a relevant threat of a hostage situation.
USES CONCEALS WEAPONS / DRUGS OR OTHER ITEMS	To be completed if there is intelligence to suggest that there is the possibility of concealed weapons or the potential to use weapons, or items with the individual.
STALKER / HARASSER / INTIMIDATION	To be completed if the individual has a Restraining Order or a Civil Injunction against them or intelligence to suggest that the individual will attempt to harass or intimidate witnesses, co-defendants or other specific individuals. Prison staff must ensure that information recorded here is passed to the relevant person on the day of arrival.
RACIAL / HOMOPHOBIC MOTIVATION	To be completed if the offence or charge is homophobic or racially motivated, or there is a history of.
SEX OFFENCE	To be completed if the offence or charge is of a sexual nature (excluding prostitution offences) except where the charge is the procurement of others into prostitution
COMMUNICATION / LANGUAGE DIFFICULTIES	To be completed if any barriers to verbal communication exist. This is to include any issues regarding foreign language and literacy requirements and will relate to those who are visually or hearing impaired.
OTHER (SPECIFY)	To be completed if there is any relevant information that is not covered above.

If one person is completing the PER then the first section can be initialled and the signature plus ID Number may be completed at the bottom.

The time and date must be recorded as the time and date that the relevant section is completed.

If a risk changes after completion of the form, consideration must be given to completing a new PER. If this is considered impracticable or unnecessary then the **'INITIAL IF RISK CHANGED'** must be initialled, a statement made in the relevant risk box and an entry made on the **'HISTORY AND RECORD OF EVENTS'** section.

If more than one person completes the PER, an appropriate person should sign the PER.

OFFICIAL - SENSITIVE

PERSON ESCORT RECORD

RISK INDICATOR

PERSON / DETAINEE IF NOT FOR RELEASE - TICK				<input type="checkbox"/>	REASON																		
FROM						TO				DATE OF TRAVEL		/ /											
SURNAME												NUMBER											
FIRST NAME												DoB											
ALIASES												RELIGION											
MALE				FEMALE				ETHNIC CODE				UNDER 18				D.Y.O.				P.o.P.O.			
(Police use only) PNC warning signals (if yes, see details of risk below)																		YES / NO					
PNC ID						CRO No.						NATIONALITY (HOIE ONLY)											
OFFENCE / CHARGE												If further information needs to be added, tick here and include on the Record of Events page.											
PREVIOUS CUSTODIAL HISTORY																							
POLICE						YES / NO			PRISON						YES / NO								
Complete the Risk Indicator in accordance with the Guidance Notes on the opposite page. If no risk is known, tick the 'No Known Risk' box and sign to confirm at the bottom of the form.														No Known Risk		<input type="checkbox"/>							
RISK			DETAILS OF CURRENT & RELEVANT RISK												INITIAL IF RISK CHANGED								
SUICIDE / SELF HARM																							
AT RISK OF PHYSICAL OR VERBAL ABUSE																							
VIOLENCE / RISK TO OTHERS																							
ESCAPER / CAT 'A' RESTRICTED STATUS																							
DRUGS / ALCOHOL / MOBILE PHONES																							
HOSTAGE TAKER																							
CONCEALS WEAPONS OR OTHER ITEMS																							
STALKER / HARASSER / INTIMIDATION																							
RACIAL / HOMOPHOBIC MOTIVATION																							
SEX OFFENCE																							
COMMUNICATION / LANGUAGE DIFFICULTIES																							
OTHER (SPECIFY)																							
NAME / ID No.						SIGNED						DATE				TIME							
If more than one person is completing both sections of the Risk Indicator, initial here and sign at the bottom.																							
If the Risk Indicator section above changes, or there is no known risk, print & sign below.																							
NAME / ID No.						SIGNED						DATE				TIME							

HEALTH AND SOCIAL CARE

HEALTH & SOCIAL CARE GUIDANCE

The Health Professional or Police Custody staff to complete the risks and vulnerabilities and record who approved any in possession medication or the person issuing it. A **health contact number** must be given so that questions or clarification relating to health matters can be made. In case of Police, the Custody Centre direct dial number should be used. Printed names and signatures must be provided.

<p>HEALTH - MEDICAL</p>	<p>To be completed if there is any current and relevant medical health risk or medical issues that may lead to sudden deterioration in transit:</p> <ul style="list-style-type: none"> - Injuries, medical conditions and restraints - Reasonable adaptations e.g.visual, language, hearing impairment or mobility (Prosthesis) - Seizure - Cardiovascular problems - Shortness of breath / difficulty breathing - Risk of alteration in consciousness - Medication alerts (medication required for transit) - Allergies - Substance Misuse - Medication <p>All prisoners to be held at current establishments for medical reasons including those on Drug Maintenance Programmes should be highlighted 'return to the discharging establishment' (HMPS).</p>
<p>HEALTH - MENTAL</p>	<p>To be completed if there is any current and relevant risk mental health risk</p> <ul style="list-style-type: none"> - Risk of self harm - e.g.previous overdose / ligature / previous psychotic episode - Liaison and Diversion e.g.Contact with Liaison and Diversion professional.
<p>OTHER VULNERABILITIES</p> <p>PERSON AT RISK</p>	<p>To be completed if the individual has any other condition that escort staff need to be aware of. This can include hearing impairment, limited sight or registered blind. Mobility concerns – if the individual requires use of a wheelchair, crutches or walking stick (Prosthesis) etc. This must be completed for the Operational Manager to correctly identify the level of restraint required.</p> <hr/> <p>Who is an adult at risk? The threshold for an adult at risk is where there is reasonable cause to suspect an adult; a) has needs for care and support (whether those needs are being met) b) is experiencing or at risk of abuse or neglect, and c) as a result of those needs, is unable to protect himself against the abuse, or neglect, or the risk of it. Care Act 2014</p>
<p>SOCIAL CARE NEEDS</p>	<p>Does the person require support with personal care or meeting toileting needs etc.</p>
<p>PRESCRIBED MEDICATION</p>	<p>Please circle YES or NO in order to indicate if the person has prescribed medication. If medication is accompanying the person, then YES or NO must be circled.</p> <ul style="list-style-type: none"> - Prescribed medications - Active and passive medication problems - Particular vulnerabilities <p>Provide details – This should be completed to inform the escorting party what side effects are to be expected should the person not receive their medication. This space is to list medication if an agency chooses to.</p>

OFFICIAL - SENSITIVE

HEALTH & SOCIAL CARE DETAILS

NUMBER		FIRST NAME & SURNAME	
HEALTH RISKS			
CONTACT NUMBER FOR HEALTH QUESTIONS			
RISK	DETAILS OF CURRENT & RELEVANT RISK	TICK IF NO KNOWN RISK	PRINT NAME IF RISK CHANGED
HEALTH - MEDICAL		<input type="checkbox"/>	
HEALTH - MENTAL		<input type="checkbox"/>	
OTHER VULNERABILITIES		Note any other vulnerabilities, hearing, poor sight, or other disability that would affect the escort	
		Does the person meet the definition of a person at risk?	YES / NO
SOCIAL CARE NEEDS (details below)		Does the person require support with personal care, mobility or meeting toileting / hygiene needs?	YES / NO
NAME / ID No.		SIGNED	
PRESCRIBED MEDICATION			
PRESCRIBED MEDICATION			YES / NO
PROVIDE DETAILS			Is medication being sent with the escort? YES / NO
MEDICATION	WITH ESCORT	YES / NO	
	WITH DETAINEE	YES / NO	
MEDICATION HANDED OVER BY (if different to above person)			
NAME / ID No.		SIGNED	

SELF HARM / AT RISK

SUICIDE / SELF-HARM WARNING ALERT GUIDANCE

Introduction: Who should fill in the alert and why?

- The alert should only be opened if staff believe there is a current risk of suicide or self-harm. To ascertain this, it is essential to speak to the individual
- The purpose of this alert is to notify receiving agencies of persons who may be at risk from self-harm or suicide and to record actions taken to keep such persons safe
- The Custody Officer, or Officer in Charge is responsible for ensuring its completion.

Section 1: Location / journey

State here the court of appearance or, if the alert is opened on a vehicle, the police station / court / prison that the journey is from and to.

Section 2: Nature of concern

Statements of intent to self harm / commit suicide. While it is possible that the individual doesn't mean what he / she says, better to err on the side of caution. Always open a Suicide / Self-Harm Warning Alert in these circumstances. Write what the individual said in box 4.

Bizarre behaviour / signs of mental disorder might include a person who behaves strangely (e.g. constant restlessness or excessively slow in movement), or whose speech shows a lack of logical connection between one part of a sentence and another or between sentences, sudden irrelevancies or unconnected moves of topic.

Seems very depressed e.g. poor eye contact, slowed down, withdrawn, or unresponsive.

Signs of withdrawal from drugs / alcohol might include fits, sweating, vomiting, stomach cramps, dilated pupils or tremors.

Reaction to offence / charge / conviction / sentence. Particular attention should be given to offences / charges of violence against a partner or close relation. Reactions to conviction / sentence might include anger, guilt, despair, disbelief or total dismissal of the conviction / sentence.

Act(s) of self-harm since arrest or in the last month means any act of intentional self-harm or self-injury that has happened in police, court or escort custody during this episode of arrest. Ligation making should be included. Always open a Suicide / Self-Harm Warning Alert where there has been such an incident.

Describe what happened if self-harmed since arrest or within last month. State here what the individual did, where and when (e.g. 'cut his / her left wrist with a serrated plastic knife in the court cell' or 'tried to hang him / herself in the van using his / her shirt').

Any other history of self-harm. The most important details for estimating current suicide risk, if you are aware of them are:

- How recently did the incident take place? More recent = higher risk
- Did the person use a lethal method? More lethal = higher risk
- Did the incident take place in circumstances that are similar to now e.g. did the person self-harm when going into prison or when withdrawing from drugs / alcohol. If circumstances are similar now = higher risk.

Section 3: Source of information

- If the information comes from the Person Escort Record (PER) escort staff need to be clear that the risk can be considered to be current.
- If a 'third party' please give name, role, (e.g. partner, parent, probation officer, solicitor, nurse) agency (if appropriate) and contact details, including telephone number (if available). Give details of what the third party said in box 4.

Section 4: Details of what the individual or third party said, plus own initial observations

Note exactly what the individual has said:

- When you are talking to the individual, remember to tell him / her that you are filling in a Suicide / Self-Harm Warning Alert, e.g. ... 'I'm concerned about you and so I'm taking steps to make sure you are kept safe until you can get some help with your problems'.

Section 5: Actions undertaken to ensure safety

Use this section to record what you have done to keep the individual safe. You must record the measures taken:

- Observation based on agencies own Risk Assessment.
- Use the PER (Record of Events section) - to note the on-going actions and observations you make whilst the individual is in your custody. This should include noting the individual's mood and behaviour; noting when he / she is observed, meal times, medication received and conversation with the individual (including what the individual said).

Section 6: Details of reporting custody officer

This section should be completed by the reporting custody officer.

Section 7: Details of reception officer (NOT applicable to the police)

Once this section has been completed by the receiving reception officer at the establishment *the escort contractor should retain the third copy of the form*. The reception officer may ask the escort staff for a verbal handover.

The receiving reception officer will:

- Keep the prisoner safe prior to the reception healthcare screen, following local protocols relating to the location, supervision and support of potentially at-risk prisoners
- Pass the top two copies of the Suicide / Self-Harm Warning Alert and the PER to the reception healthcare screener.

Section 8 is to be completed to highlight any action taken and to record that this information has been passed to receiving agency. (HM \square PS only)

SUICIDE / SELF - HARM WARNING ALERT

1. Personal details	Surname:		First name:
	Known aliases;		
	Date of birth / /	Prison N ^o (If appropriate)	Location / Journey:

2. Nature of the concern	(Please tick all that apply)
Statements of intent to self harm / commit suicide	<input type="checkbox"/>
Bizarre behaviour, or other signs of mental disorder	<input type="checkbox"/>
Seems low in mood	<input type="checkbox"/>
Signs of withdrawal from drugs / alcohol	<input type="checkbox"/>
Reaction to offence / charge / conviction / sentence	<input type="checkbox"/>
Act(s) of self harm: - since arrest	<input type="checkbox"/>
<div style="text-align: right; margin-right: 20px;">within last month <input type="checkbox"/></div> If so, describe what happened below:	
Any history of self harm <input type="checkbox"/>	
If so, how recent? (more recent = higher risk)	
Last 6 months <input type="checkbox"/> 7 - 12 months <input type="checkbox"/> 1 - 5 yrs <input type="checkbox"/> 5 yrs + <input type="checkbox"/>	
Method:	
Ligature <input type="checkbox"/> Cutting <input type="checkbox"/>	
Overdose <input type="checkbox"/> Other (if so, state below) <input type="checkbox"/>	

3. Source of information	(Please tick as appropriate)
PER <input type="checkbox"/> Own observation <input type="checkbox"/> Prisoner <input type="checkbox"/> Third party <input type="checkbox"/>	
Pre-Sentence Report <input type="checkbox"/> Previous or current <input type="checkbox"/>	
If from third party complete details below:	
Name:	
Role:	
Agency:	
Contact address:	
Relevant documents	

4. Summary of what the individual or the third party said, plus own initial observations
.....

5. Actions undertaken to ensure safety whilst in custody
Located in a cell with another prisoner Yes <input type="checkbox"/> No <input type="checkbox"/> Frequency of observation: Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Other <input type="checkbox"/> If other please state Conversation with prisoner: (note) Cell Sharing Risk Assessment undertaken? Yes <input type="checkbox"/> No <input type="checkbox"/> Result: Other support to person Yes <input type="checkbox"/> No <input type="checkbox"/> (e.g. telephone call to family or Samaritans) If yes please state: Referred to medical practitioner (e.g medication) Yes <input type="checkbox"/> No <input type="checkbox"/> where: Court / Police station Any other action taken, if yes please state: (e.g. telephone call made to prison and name and role of person receiving call) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Use continuation sheet of the PER to note on-going observations and events</i>

Details of reporting Custody / Escort Officer
Name / ID No.....
Role
Signature Date / Time
Sub area base:

7. Details of Reception Officer (HMPS only)
Action taken ACCT opened Yes <input type="checkbox"/> No <input type="checkbox"/>
Reasons:
Name:
Signature / ID No..... Establishment:
Date / time:
<i>Keep person safe according to local protocols until passed to healthcare screening</i>

8. Confirmation of action taken (HMPS only)
ACCT opened Yes <input type="checkbox"/> No <input type="checkbox"/>
Other action taken. Please state.
Name / ID No.....

HISTORY AND RECORD OF EVENTS

HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS GUIDANCE

SHEET NUMBER	This must be sequential so that receiving agencies can read through the additional sheets in the correct order. (if continuation sheets are used)
PRISON NUMBER	These details must be taken from the Risk Indicator and are included again here for quick reference.
TIME	The time must be completed for every entry.
DETAILS	Details of the event must be clear and unambiguous.
NAME	The name and ID No. of the officer completing any entry must be legible.
SIGNED	Signature of the officer completing the entry.
SEC	See below for the Significant Event Codes.
RELEASE AT COURT	When a person is released at court the release should be recorded using this section. Any checks that need to be made to authorise the release should be recorded in the boxes shown, as follows below in the sections; Agency, Establishment, Name & Authority to Release.
AGENCY	Court, Prison, Police or other (Please state).
ESTABLISHMENT	Name of the authorising establishment.
NAME	Name and ID No. of the person authorising, or refusing, the release.
AUTHORITY TO RELEASE	"Yes" or "No"
REMARKS	Any further information in corroboration of the decision.
Release authorised by CO / IC	The Custody Officer will ensure all checks have been carried out by contacting the relevant agency or establishment and obtaining both a contact name and level of authority. These details must then be entered onto the form together with any related remarks. Having confirmed the release has been authorised, the Custody Officer must then print and sign their name in the relevant boxes.
Release countersigned	A second officer should check the documentation and the release information, and then print their name and sign in the relevant boxes.
STATEMENT OF RECEIPT OF PROPERTY	If a person is being released and has property held in your possession then they should acknowledge the return of their property using this section. The corresponding bag seal numbers should be copied across from the Property and Cash section, and the person being released should print their name and sign in the relevant boxes.

INTEGRITY OF HANDCUFFS TO BE CHECKED HOURLY AND NOTED ON FORM

Use the following **Significant Event Codes** to highlight lines that contains important information to be handed over.

Significant Events may be suicide attempts, self-harm, escapes, violence, drugs, although this list is not exclusive. Refer to the Significant Events Codes below.

Significant Events	<p>A New risks identified during the escort or detention or old risks that have been represented</p> <p>B Suicide attempt or Self Harm</p> <p>C First Aid administered/Unplanned Urgent Treatments.</p> <p>D Incapacitant Spray/Device used.</p> <p>E Meals offered and taken or refused.</p> <p>F Change of Status.</p> <p>G Any apparent injuries.</p> <p>H Use of batons.</p> <p>I Time person is available for escort to establishment (Warrant received, placement confirmation, paperwork received, YOT signed off PER)</p> <p>J Time the person is placed on the vehicle</p> <p>K Details of any intransit stops before reaching final destination</p> <p>L Time of arrival at gate of final destination</p> <p>M Other significant events.</p>
Use of Force	<p>During and after restraint staff should be aware of specific indicators of heightened risk to the offender:</p> <ul style="list-style-type: none"> • abruptly / unexpectedly stopped struggling • blueness of extremities • difficulty in breathing • feeling sick • lost or reduced consciousness • tiny pin point red dots on skin e.g. upper chest, neck face or eye lids.

RED FLAG GUIDANCE

The **RED FLAG** page is to draw to **YOUR** attention the individuals known **risk factors and vulnerabilities**, which impact on the safety and well-being of the person whilst in your care.

Staff must reflect known **risk factors and / or vulnerabilities** by using the tick box list appropriately - based on the information contained within the body of the PER document.

For example

Use the boxes if prisoner has a history of self harm or has been consistently of low mood.

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.

For example

The person leaves your custody and tells the discharging officer that "I'm not going to be able to cope with a prison sentence" OR "if I get sentenced today my partner is going to leave me and I won't carry on without them.

For example

The person is newly charged with a further serious offence is unexpectedly convicted has an Appeal rejected receives an unexpected or significant sentence

The **RED FLAG** page can also be used to draw to **YOUR** attention **any** Use of Force preceding or during the escort / discharge.

Staff should be aware of specific indicators of **heightened risk** to the offender.

These may include:-

- abruptly / unexpectedly stopped struggling
- blueness of extremities
- difficulty in breathing
- feeling sick
- lost or reduced consciousness
- tiny pin point red dots on skin e.g on upper chest, neck, face or eye lids.

Any incidents whilst away from the establishment which may heighten RISK FACTORS 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.

Receiving staff must initial receipt.

OFFICIAL - SENSITIVE

RED FLAG PAGE

NUMBER		FIRST NAME & SURNAME	
--------	--	----------------------	--

This page is designed to flag up all heightened risks relating to the individual

Its completion can be observations from: prison staff, escort staff, police, solicitors, or any other staff who have contact with the person

Are any of the following apparent or relevant (tick as appropriate)

Thoughts of suicide	<input type="checkbox"/>	History of suicide attempts / self harm	<input type="checkbox"/>
Thoughts of self harm	<input type="checkbox"/>	Signs of mental disorder	<input type="checkbox"/>
Low mood / emotional	<input type="checkbox"/>	Signs of drug / alcohol abuse	<input type="checkbox"/>
Non communicative	<input type="checkbox"/>	Risk of violence	<input type="checkbox"/>

Use of Force, prior to or during escort	Yes / No
Restrained	Yes / No

Comments

Any other details escort or any other staff wish to make on an increased risk to the individual

Receiving member of staff briefed	Name / ID No.	
	Signed	
	Date/Time	

RECORD OF HANDOVER GUIDANCE

RECORD OF HANDOVER

All individuals that complete this section are to ensure that the 'Dispatching Officer' and 'Receiving Officer' details are legible. The section containing the heading 'I.D.' requires the ID number of the 'Dispatching Officer' or 'Receiving Officer' if applicable.

'INITIAL IF ENTRY MADE ON RECORD OF EVENTS' - If there are any discrepancies in the Property & Cash the Dispatching Officer is to initial following the entry that has been made in the 'HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS'.

The receiving Officer is signing for the following:

- The correct person/detainee is being received
- The property and cash described are complete and accurate at the time of the handover. Contractor staff will only sign for an intact bag against seal number
- The risks associated with the person are understood.

RECORD OF HANDOVER

Record and confirm any changes on the Record of Events.

Sign to say that the correct person / detainee is being handed over and accurate at the time of each handover.

The risks have been handed over and understood by the Receiving Officer.

DISPATCHING OFFICER	I.D.	SIGNATURE	RECEIVING OFFICER	I.D.	SIGNATURE	TIME	DATE	INITIAL IF ENTRY MADE ON R.O.E.

OFFICIAL - SENSITIVE

ESCORT HANDOVER DETAILS

NUMBER		FIRST & SURNAME	
---------------	--	----------------------------	--

ESCORT DETAILS

At each point where a person / detainee is handed over or received, both the dispatching and receiving contact telephone numbers must be completed on the form.

ORIGINATING LOCATION	PHONE No.
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)	PHONE No.
TO (ESCORT / COURT / PRISON / POLICE STATION, ETC)	PHONE No.

RECORD OF HANDOVER

Record and confirm any changes on the Record of Events.

Sign to say that the correct person / detainee is being handed over and accurate at the time of each handover.
The risks have been handed over and understood by the Receiving Officer.

DISPATCHING OFFICER	I.D.	SIGNATURE	RECEIVING OFFICER	I.D.	SIGNATURE	TIME	DATE	INITIAL IF ENTRY MADE ON R.O.E.

PROPERTY & CASH

CODE	SEAL NO.	OUT	IN	CASH AMOUNT	SEAL NO.	OUT	IN
				£			
				OTHER			
				OTHER			
				OTHER			
				OTHER			
				OTHER			
PROPERTY RETAINED	YES / NO	RETAINING ORGANISATION					

PROPERTY & CASH

The receiving officer is responsible for ensuring that the seal number is correct and that the bag and seal are intact. Should there be any discrepancy then this is to be detailed on the 'HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS' form. The 'OUT' and 'IN' boxes should be ticked to confirm the property has been handed over at the start of the escort and received at the end. The following codes are used:

- 'V' = Valuables
- 'SP' = Stored Property
- 'IP' = In Possession
- 'C' = Cash
- 'D' = Documentation
- 'M' = Medication

Property Retained denotes any organisation which withholds property. The YES or NO box should be circled accordingly. If yes, state the organisation which has retained the property. An entry should then be made on the record of events page.