PERSON ESCORT RECORD (PER)

PHOTO

Completion of this document is acknowledgement that the individual is FIT FOR ESCORT

	ick if licable	
MEDICAL RECORD		*Escape List
(attached inside)		Management of E-List Prisoners PF
SUICIDE / SELF HARM WARNING ALERT completed		Prison use only
Assessment, Care in Custody & Teamwor (ACCT) enclosed (HMPPS use)	k	Escort*
L & D Assessment in Police custody enclo	osed	Standard*
RED FLAG PAGE completed		Heightened*
USE OF FORCE / RESTRAINT (see Red Flag Warning page / Medical & Social Care page)		*tick as required
MPV Required? - Not fit for cellular vehicle Please provide reasons:	9	
Surname		
Forename		
	•••••	•• •••••
Prison / Home Office No.		
Date of travel		
	•••••	••••••
Additional papers relevant to the person - to be listed Number of additional pages to be noted.	below and attached see	curely.
1		
2		
3. 4.		

RISK INDICATOR GUIDANCE

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:

	ine tenering couce in the ucou.
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

М3	Mixed White & Asian
M9	Mixed other
NS	Not stated
01	Chinese
O9	Any other
W1	White British
W2	White Irish
W9	White Other

NOK

LEGAL GENDER (if different)

The contact details of family or significant other should be mandatorily requested by prisoner escort services

before the prisoner leaves court and immediately added to his prison file

Legal gender is the sex stated on the persons Birth Certificate which indicates a person's physical sex at birth. If someone receives a Gender Recognition Certificate, they are issued a new Birth Certificate, which states

their new legally recognised gender.

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 and include relevant dates.

If no known risk exists A tick must be placed in the NO KNOWN RISK box

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: • 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) •
	is at increased risk due to their veterans status 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 and any PUBLIC PROTECTION ISSUES	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: • 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.
CONVEYANCE OF ILLICIT ITEMS INCLUDING DRUGS / MOBILE PHONES	To be completed if there is a history or intelligence of the individual attempting or actually trafficking drugs / mobile phones into secure establishments. (This is not to record 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 intelliger suggest that the individual will attempt to harass or intimidate witnesses, co-defendants or other specified individuals. Prison staff must ensure that information recorded here is passed to the relevant person day of arrival. Consideration of suitability to make phone calls on reception.
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.

OFFICIAL - SENSITIVE ONCE COMPLETE

RISK INDICATOR

PERSON / DETAI RELEASE - TICK		FOR								REAS(ON NOT	FOR		,		
FROM					то					DATE OF TRAVEL			1 1			
SURNAME										NUMBER						
FIRST NAME								DoB								
ALIASES										RELIG	ION					
NOK NAME										NOK N	IUMBER					
MALE	FEMALE		LEG GENI if diffe	DER		ETH	INIC DE		UNI	DER 18		D.Y.C	D .	Р	оРО	
	(Police	use on	ly) PNC w	arning	ı signalı	s (if y	es, se	e detail	s of ri	sk belov	w)			Y	ES / N	0
PNC ID				CRO	No.						NATION (HOIE C					
OFFENCE / CHA	RGE				If furthe					tick he	re and	needs to include o ge.				
					PREVIO	ous c	USTO	DIAL F	IISTOF	RY						
POLICE					YES / N	10	F	PRISON	ı					,	ES / N	0
Complete the Risk no risk is known, ti													No Known Risk			
RIS	SK .						DETAI	LS OF	CURR	ENT & F	RELEVAN	IT RISK				
Suicide / self har	m					,										
At risk of physic or verbal abuse	al															
Violence / risk to	others															
Escaper / Cat 'A' Status	/ Restricted															
Conveyance of il including drugs phones																
Hostage taker																
Conceals weapo	ns or other															
Stalker / harasse	r / intimidat	ion														
Racial / homoph	obic motiva	tion														
Sex offence																
Communication difficulties	/ language															
Other (specify)																
NAME / ID No.				5	SIGNED						DATE			TIME		
			lf t				isk, pl	ease p	rint &	sign bel						
NAME / ID No.	ore than or	e pers	on is com	~	SIGNED g both s		ns of	the Ris	k Indi	cator, in	DATE itial here		gn at th	TIME ne bottom		
	If the	Risk Ir	ndicator s	ection	above	chanç	ges, oı	there	is no l	known r	isk, print	& sign	below			
NAME / ID No.				5	SIGNE)					DATE			TIME		

MEDICAL AND SOCIAL CARE

MEDICAL & 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.

	To be completed if there is any current and relevant medical health risk or medical issues that may lead to sudden deterioration in transit: - Alcohol withdrawal medication - Any current injuries
HEALTH - MEDICAL	- Reasonable adaptations e.g visual, language, hearing impairment or mobility (Prosthesis) - Risk of seizure (Epilepsy or other causes) - Detoxing - alcohol withdrawal - Cardiovascular problems - Any difficulties breathing
	- Medication alerts (medication required for transit) - Insulin dependant diabetic - Allergies - Substance Misuse - Medication.
	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' (HMPPS).
HEALTH - MENTAL	To be completed if there is any current and relevant mental health risk - Risk of self harm - e.g previous overdose / ligature / previous psychotic episode - Liaison and Diversion e.g Contact with Liaison and Diversion professional. 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.
OTHER VULNERABILITIES	What is a second state of the control of the contro
	Who is a person at risk? The threshold for a person at risk is where there is reasonable cause to suspect a person:
PERSON AT RISK	a) has needs for care and support (whether those needs are being met) b) is experiencing or at risk of abuse or neglect c) has
	ADHD/Autism specific aggravating factors, and
	d) as a result of those needs, is unable to protect himself against the abuse, or neglect, or the risk of it.
SOCIAL CARE NEEDS	Does the person require support with personal care or meeting toileting needs etc.
	Please tick YES or NO in order to indicate if the person has prescribed medication.
	- Prescribed medications - Active and passive medication problems
	- Particular vulnerabilities -
PRESCRIBED	Time last meds were given - Time next meds are required.
MEDICATION	Provide details – This should be completed to list any relevant medication and inform the escorting party what side effects are to be expected should the person not receive their medication.
	IF NOT ENOUGH SPACE PRINT SEPARATE LIST AND ATTACH

OFFICIAL - SENSITIVE ONCE COMPLETE MEDICAL AND SOCIAL CARE

NUMBER			FIRST NAME & SURNAME							
	HEALTH RISKS									
CONTACT	NUMBER F	OR HEA	LTH QUESTI	ONS						
RIS	sk			DETAILS	OF CURREN	NT & RELE	VANT RISK			
HEALTH -										
INCLUDIN	HEALTH - MENTAL INCLUDING L&D ASSESSMENT									
	Note any other vulnerabilities, hearing, poor sight, or other disability that would affect the escort.									
S	_	_	nd OTHE	ER .		person me	et the defini	ition of	YES / NO	
	VULN	ERAB	ILITIES		personal	Does the person require support with personal care, mobility or meeting toileting / hygiene needs? YES / NO				
СОММ	IENTS									
	KNOW	N ALL	ERGIES							
NAME / ID No.			SIGNED			DATE		TIME		
PRESC	RIBED N	/IEDIC	ATION			YES	NO			
PROVIDE	DETAIL S						LAST TIME MEDICATION		N	
PROVIDE	DETAILS						NEXT TIME MEDICATION			
MEDICATI	ON	W	TH ESCORT		YES / NO)				
DIOAII	J.,	WI	TH DETAINE	E YES / N	10					
		MED	ICATION HA	NDED OVE	ER BY (If diffe	rent to above	person)			
NAME / ID No.			SIGNED			DATE		TIME		

SELF HARM / AT RISK

TO BE COMPLETED BY ESCORT OR POLICE, IF IT IS BELIEVED THERE IS A CURRENT RISK OF SUICIDE OR SELF HARM, IN LINE WITH POLICE **OBSERVATION LEVELS 3 & 4.**

POLICE OBSERVATION LEVELS

LEVEL 3 CONSTANT OBSERVATION

If the detainee's Risk Assessment indicates a heightened level of risk to the detainee (eg. self harm, suicide risk or other significant mental or physical vulnerability) they should be observed at this level. It includes the following actions:

- the detainee is under constant observation and accessible at all times
- physical checks and visits must be carried out at least every 30 minutes
- CCTV is constantly monitored (other technologies can also be used)
- · any possible ligatures are removed
- · the detainee is positively communicated with, at frequent and irregular intervals
- · review by the HCP in accordance with the relevant Service Level Agreement.

The purpose of CCTV cell monitoring should be recorded in the custody record, together with the name of the designated officer or member of custody staff who is responsible for the monitoring. Officers and staff must consider issues of privacy, dignity and gender.

LEVEL 4 CLOSE PROXIMITY

Detainees at the highest risk of self harm should be observed at this level. It must include the following actions:

- · the detainee is physically supervised in close proximity to enable immediate physical intervention to take place if necessary
- · CCTV and other technologies do not meet the criteria of close proximity observation but may compliment it
- · issues of privacy, dignity and gender are taken into consideration
- · any possible ligatures are removed
- · the detainee is positively communicated with at frequent and irregular intervals
- review by the HCP in accordance with the relevant Service Level Agreement.

SUICIDE / SELF-HARM WARNING ALERT GUIDANCE

Introduction: Who should fill in the alert and why?

- The alert should only be opened by Escort staff or Police, if they believe there is a current risk of suicide or self-harm in line with Police Observations Level 3 4. 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. Ligature 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

- · 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 History and 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 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. (HMPPS only)

OFFICIAL - SENSITIVE ONCE COMPLETE

CURRENT SUICIDE / SELF - HARM WARNING ALERT

	Surname		First name
1. Personal details	Known aliases		Date of Birth
	Prison N₀ (If appropriate)		Location / Journey
2. Nature of the concern	(Please tick all that apply)		5. Actions undertaken to ensure safety whilst in custody
Statements of intent to self h	narm / commit suicide		Located in a cell with another prisoner Yes No
Bizarre behaviour, or other s	signs of mental disorder		Frequency of observation: Constant Intermittent Other If other please state:
Seems low in mood			
Signs of withdrawal from dru	ıgs / alcohol		Conversation with prisoner: (note)
Reaction to offence / charge	/ conviction / sentence		
Act(s) of self harm: - since a	rrest		Cell Sharing Risk Assessment undertaken? Yes No Result:
- within	last month		
If so describe what happene	ed below:		Other support to person Yes No
			(e.g. telephone call to family or Samaritans) If yes please state:
			II yes piease state
Any history of self harm			Referred to medical practitioner (e.g medication) Yes
If so, how recent? (more rec			where: Court / Police Station Any other action taken. If yes please
Last 6 months 7 - 12 m Method:	onths 1 - 5 yrs	5 yrs +	state: (e.g. telephone call made to prison Yes No
Ligature	Cutting		and name and role of person receiving call)
Overdose	Other (if so state I	below)	Use continuation sheet to note on-going observations and events
3. Source of information	(Places tick or	a appropriate)	6. Details of reporting Custody / Escort Officer
		nird party	Name / ID No
	Previous or current	iliu party	Role
			Signature Data / Time
If from third party complete d			Signature Date / Time
If from third party complete di Name:	etails below:		Sub area base:
	etails below:		Sub area base: 7. Details of Reception Officer (HMPPS only)
Name:	etails below:		Sub area base:
Name:	etails below:		Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons:
Name: Role:	etails below:		Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name:
Name: Role:	etails below:		Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment:
Name:	etails below:		Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time:
Name:	individual or the third	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment:
Name:	etails below:	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time: Keep person safe according to local protocols until passed to healthcare screening 8. Confirmation of action taken (HMPPS only)
Name:	individual or the third	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time: Keep person safe according to local protocols until passed to healthcare screening 8. Confirmation of action taken (HMPPS only) ACCT opened Yes No
Name:	individual or the third	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time: Keep person safe according to local protocols until passed to healthcare screening 8. Confirmation of action taken (HMPPS only)
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Name:	individual or the third	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time: Keep person safe according to local protocols until passed to healthcare screening 8. Confirmation of action taken (HMPPS only) ACCT opened Yes No Other action taken. Please state.
Name:	individual or the third	d party said,	Sub area base: 7. Details of Reception Officer (HMPPS only) Action taken ACCT opened Yes No Reasons: Name: Signature / ID No Establishment: Date / time: Keep person safe according to local protocols until passed to healthcare screening 8. Confirmation of action taken (HMPPS only) ACCT opened Yes No Other action taken. Please state.

3

HISTORY AND RECORD OF EVENTS

HISTORY AND RECORD OF 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 on page 15. 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 REGULARLY IN LINE WITH RISK ASSESSMENT

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	A - New risks identified during the escort or detention or old risks that have been represented B - Suicide attempt or Self Harm C - First Aid administered / Unplanned Urgent Treatments. D - Incapacitant Spray / Device used. E - Meals offered and taken or refused. F - Change of Status. G - Any apparent injuries. H - Use of batons. I - Time person is available for escort to establishment (Warrant received, placement confirmation, paperwork received, YOT signed off PER) J - Time the person is placed on the vehicle K - Details of any intransit stops before reaching final destination L - Time of arrival at gate of final destination M - Other significant events.
Use of Force	During and after restraint staff should be aware of specific indicators of heightened risk to the offender: • 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.

Prison Reception staff must refer to this document to obtain information relating to risk and use it to inform the Cell-Sharing Risk Assessment, ACCT, OASys and MAPPA processes.

OFFICIAL - SENSITIVE ONCE COMPLETE

HISTORY AND RECORD OF EVENTS SHEET No.

NUN	NUMBER			RST NAME & SURNAME				
	Complete t	the History and Record of L	Detent otes o	ion and	d Escort Events pposite page	in accordance w	rith the	
TIME		DETAILS			NAME	SIGNED	ID No.	SEC
	Correctly id	lentified		Y/N				
	Searched (state level)		Y/N				
	Escort fully	verbally briefed (including risl	ks)	Y/N				
	Searched by contractor (state level)							
	ln tha	ovent all the available rows	0 oro 1	lood as	to a continuation	an about referen		

CONTINUATION SHEET OF HISTORY & RECORD OF EVENTS

CONTINUATION SHEET OF HISTORY & RECORD OF EVENTS

NUM	BER		SURN						
	Complete t	he History and Record guidan	d of Detention a ce notes on the			in accorda	nce with t	he	
TIME		DETAILS		ı	NAME	SIGNE	D ID	No.	SEC
	In the	event all the available	rows are used (_ go to a	continuat	│ ion sheet re	ference		
		STATEME	ENT OF RECEIP	T OF P	ROPERTY				
I certify that	I have receiv	red all the contents of prop	perty bag numbers	shown b	pelow, and a	m completely	satisfied.		
1)		2)	3)		4)		5)		
6)		7)	8)		9)		10)		
Name	(print)		Signature / ID	No.					
		n must accompany	the person / de	etaine	e to the H	ealth Scree	ening Pro	oces	S
HAS SEI	OT OFFICER EN FORM Police use)	YOT Officer's name		Signa	ature		Date / time		
			RELEASE AT C	COURT					
I certify that	all relevant ch	necks have been made wi	th clearance given	as show	vn:				
Age	ency	Establishment	Name		Authority	to Release	Re	mark	S
Pologge str	thorized by	CO / IC	Name / ID No.			Signature			
Release au			Name / ID No.			Signature Signature			
Telease CO	untersigned	Бу	INAITIE / ID INO.			Signature			

RED FLAG PAGE FOR EMERGING or CHANGING RISK DURING ESCORT

RED FLAG PAGE FOR EMERGING or CHANGING RISK DURING ESCORT

The **RED FLAG** page is usually only to be completed by **escorting staff**, as this refers to changing or emerging risks which impact on the safety and wellbeing of the person in escort and tick the front page.

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.

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, has an Appeal rejected or receives an unexpected or significant sentence.

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

Staff must act & respond appropriately to the specific indicators of *heightened risk* to the offender, post / during restraint.

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.

OFFICIAL - SENSITIVE ONCE COMPLETE RED FLAG PAGE FOR EMERGING OR CHANGING RISKS DURING ESCORT

NUMBER	FIRST NAME	E &
NUMBER	SURNAME	Ε

This page is to flag any heightened risk relating to the individual that has changed during the period of the escort.

Observations can come 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)

Increased risk of suicide / self harm	Nature of offence	
History of suicide attempts / self harm	Low mood / emotional / non communicative	
Signs of mental disorder	Change of status	
Signs of drug / alcohol abuse	Risk of escape	
Risk of violence	Other - comment below	

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

Comments

TIME / DATE	DETAILS	NAME	SIGNED

ESCORT HANDOVER DETAILS

RECORD OF HANDOVER GUIDANCE

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 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.

PROPERTY & CASH GUIDANCE

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 following codes are used:

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

The 'OUT' and 'IN' boxes within the Property and Cash boxes should be ticked to confirm the property has been handed over.

- OUT ticked by dispatching establishments
- OUT ticked by the escort on collection
- · OUT ticked at Court if IPT then left blank
- IN ticked by HMP / Police for lockouts

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.

OFFICIAL - SENSITIVE ONCE COMPLETE ESCORT HANDOVER DETAILS

NUMBER					FIRST & SURNA	IVIE						
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			
TO (ESCORT / COU	RT / PRIS	ON / POLIC	E STATIC	ON, ETC)					PHONE No			
TO (ESCORT / COU	RT / PRIS	ON / POLICI	E STATIC	ON, ETC)					PHONE No.			
RECORD OF HANDOVER Record and confirm any changes on the Record of Events / Red Flag page. 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 I.		I.D.	s	IGNATURE	RECEIVING OFFICER	I.D.	D. SIGNATURE		TIME	DATE		INITIAL IF ENTRY MADE ON R.O.E.
					PROPE	RTY					,	
CODE SEAL I		AL No.	OUT dispatching establishment		OUT escort on collection OUT at Court - if IPT then leave blank			OUT ESCORT escort on collection from Court. If IPT then leave blank			IN HMP / Police for lockouts	
PROPERTY RETAINED Y/N		RETAINING (ORGANIS	SATION								
CASH												
CASH AMOUNT SEA		SEAL	No.	OUT dispatching establishment	OUT escort on collection		OUI at Court - if on		OUT ESCORT escort on collection from Court. If IPT then leave blank		IN HMP / Police for lockouts	
£ OTHER												
OTHER												
OTHER												
OTHER												
PROPERTY RETAINED Y/N RETAINING ORGANISATION												