



Home Office

Detention Services Order 01/2019

Detained Individual Escort Records

June 2026



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Document Details

Process: To provide consistent standards on the use, management and storage of detained individual escort records.

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Contains Mandatory Instructions

For Action: All Home Office staff operating in immigration removal centres (IRC), Gatwick Pre Departure Accommodation (PDA), residential short-term holding facilities (RSTHF), Detainee Escorting Population Management Unit (DEPMU) staff and the Contracted Service Provider (CSP) staff. This instruction does not apply to Residential Holding Rooms (RHRs).

For Information: Home Office responsible caseworkers

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Processes Affected: This DSO sets out instructions to ensure the detained individual's escort records are completed accurately and are maintained by the custodial or escorting CSP staff for every detained individual being transferred to or between places of detention.

Assumptions: All staff will have the necessary knowledge to follow these instructions.

Notes: This DSO replaces 12/2005 - Detainee transferable document and warrant of detention form, 13/2007 - Updating of Part C risk assessment and 18/2012 - Person Escort Record (PER).

Instruction

Introduction

1. This Detention Services Order (DSO) provides instructions for all staff in Home Office IRCs, Gatwick PDA, RSTHFs, as well as escorting staff and DEPMU, on the requirement to accurately complete and maintain detained individual escort records. Escort records must travel with every detained individual transferred to or between places of detention.
2. For this guidance, “centre” refers to IRCs, RSTHFs and the Gatwick PDA.
3. This DSO **does not** apply to Residential Holding Rooms (RHRs).
4. Two different Home Office teams operate in IRCs:
 - Detention Services (DS) 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 detained individuals face-to-face on behalf of responsible officers within the IRCs. They focus on communicating and engaging with people detained at IRCs, serving paperwork on behalf of caseworkers and helping them to understand their cases and detention.

There are no DETs at RSTHFs, or the Gatwick PDA. Some of the functions which are the responsibility of the DET in IRCs, are instead carried out by the contracted service provider and overseen by the International Returns Services Command (IRSC) Escorting Operations in RSTHFs. In the Gatwick PDA, the local Compliance Team covers the role of detained individual engagement.

Purpose

5. To safeguard detained individuals, staff and members of the public, it is essential, when transferring a detained individual to or across the immigration removal estate, including transfers for healthcare appointments, court appearances or removal that any new or known risks or vulnerabilities are recorded and made available to those responsible for the detained individual. Before any escort, an assessment needs to be made by the escorting staff of the risks posed by the detained individual during escort and of any circumstances which may impact on how the escort should be carried out.
6. Accurate completion, sharing and storage of risk assessments can help prevent escapes, assaults and releases in error and mitigate risks of self-harm and suicide. When any risks and / or vulnerabilities relating to the escorting of detained individuals are identified (whether before, during or on completion of a transfer) the

CSP and escorting CSP staff must act immediately to mitigate such risks ensuring the safety and security of the escort and safeguarding the detained individual and members of the public. DEPMU and the local Home Office Immigration Enforcement (HOIE) team, where available must be notified of all new identified risks on form IS91 RA Part C by email (see paragraphs 43-50).

7. All staff must be aware of the appropriate use, management and storage of detained individual escort records in accordance with the current legislative framework for data protection. Home Office and CSP staff working in the immigration removal estate must ensure escort records are kept for every individual in detention and that all relevant information and risk assessments are held within care plans.

Detainee Transferable Document (DTD)

8. The Detainee Transferable Document (DTD) is an individual file opened when a person first enters detention and must travel with the detained individual. It is a live document that contains a detained individual's basic information and biodata. Any information relevant to the security and safety of the detained individual during escort and detention must be added to the DTD. The DTD is a compilation of all information relevant to the safe management of any escorted transfer to or between places of detention or on removal.
9. The DTD comprises a front cover with the detained individual's details and location history, a second page containing essential bio data information and a back cover with the history of movements and a checklist to ensure the documents needed are enclosed within it for every transfer – see paragraph 16.
10. The CSP must open a DTD on initial reception for every new detained individual entering the immigration removal estate and ensure the detained individual transferring within the estate is accompanied by their DTD. The front and inside covers must be completed in full by CSP reception staff who will also conduct an initial risk assessment on each detained individual upon arrival at the centre based on any risks identified on form IS91 (see paragraphs 35-49), the person escort record (PER) (see paragraphs 24-34) and the movement order. A movement order is generated and provided to the departing and receiving centre by DEPMU ahead of any transfer.
11. If the initial detention of an individual begins at a non-residential STHF, police station or on encounter by an Immigration Officer, escorting staff will complete a PER with all known risks, but a DTD will only be completed once the detained individual is transferred to a centre as defined in paragraph 2.
12. In accordance with DSO 12/2012 - [Room sharing risk assessment \(RSRA\)](#) an individual RSRA needs to be completed by CSP staff for every arrival. A copy of

the initial RSRA and any subsequent RSRAs, including reviews that are undertaken must be kept inside the DTD.

13. The bio data page of the DTD must be completed by CSP staff with all known details of the detained individual. On the front page of the DTD, the CSP must clearly state that fingerprints (not applicable in RSTHF) have been taken, and the date and time recorded below their centre name. The detained individual should be asked to assist the completion of the front page and provide his / her last address in the community and emergency contact details. Detained individuals should be reminded by CSP staff that next of kin details are essential to ensure their chosen person is contacted in the event of an emergency; and that keeping the Home Office updated of any changes to their address in the community can also facilitate a quicker process in case of release under bail. It should be explained to the detained individual that if there is a medical emergency, the Family Liaison Officer (FLO) should notify the named next of kin as soon as possible. If the detained individual is conscious, communication with the next of kin will only occur with their consent.
14. In IRCs only, CSP staff must ask the detained individual to sign the bio data page, and the page must be copied and sent to the local DET within 24 hours. If the detained individual refuses to sign the bio data page, this must be noted on the DTD by the reception officer. Upon receipt, the local DET must forward the bio data page to the detained individual's responsible case-working team and make a note of this action on Atlas.
15. While located at the centre, the CSP is responsible for keeping the DTD safe and secure. It should be stored in a secure but accessible location – ideally in the reception area. The DTD and all its accompanying records must be handed over to the escorting officers in the event of a permanent transfer to a different IRC or other custodial location and in the event of removal directions being set.
16. The DTD must be updated to reflect the most recent assessments or changes to any of the risks identified. The following documents must be included in the DTD:
 - IS91(Detention Authorisation Form)
 - All IS91RA (Risk Assessment) Parts A and C completed in detention and, where possible, under escort.
 - All room sharing risk assessments (RSRA).
 - All person escort record(s) (PER) completed in detention.
 - Any current Assessment Care in Detention and Teamwork (ACDT) documents, when one is open when transfer occurs, and copies of all past ACDT documents.

- Any current care plan, when one is open when transfer occurs, and copies of all previously closed, care plans – including vulnerable adult care plans (VACP), suicide & self-harm warning forms and any behavioural management documents completed by escorting staff.
 - IS106 Immigration Release Order.
 - Discharging information from healthcare.
 - Prison files, where available (prison licences must be kept within the prison file in the DTD).
17. Escorting CSP staff cannot escort a detained individual from a centre without a DTD containing the IS91. Before the transfer or removal of a detained individual, escorting staff arriving at the centre must check that the DTD contains all documents required and that any medical information is contained in a sealed envelope or bag clearly marked with the individual's name and "Medical records – medical in confidence" must be clearly marked on the outside. The medical record/discharge summary is a confidential document and is the property of the detained individual. Staff must confirm these checks have been undertaken by completing the back of the DTD.
18. It is the responsibility of CSP staff to ensure that the documents listed at paragraph 16 are kept within the DTD and are handed over to the escorting staff.
19. Escorting staff must ensure the entirety of the DTD is collected and taken along with the detained individual to the next place of detention or when travelling for removal purposes. If the DTD is incomplete and essential information is missing (such as the IS91, the PER, open ACDT documents or discharging information from healthcare for a detained individual with medication in possession), CSP staff must raise this with a manager from the discharging centre. Where the information required for the transfer cannot be supplied by the discharging centre, the escorting officer must raise this immediately with the escorting Duty Manager. The escorting Duty Manager must escalate such cases with DEPMU's Duty Manager who will provide replacement documents from Atlas where possible or otherwise advise whether the transfer can proceed.
20. If a detained individual is being transferred while on an open ACDT plan or VACP, escorting staff must not proceed with the transfer without the accompanying plan. In such circumstances, if the VACP or ACDT plan are missing and cannot be located by the CSP, the escorting staff must notify the DEPMU Duty Manager immediately who will advise whether the transfer or removal can proceed based on the information available from previous risk assessments and escorting records. Where appropriate, the DEPMU Duty Manager should also consult with the local Home Office teams, CSP staff and the responsible case-working team before

authorising or cancelling the removal or transfer of the detained individual in such circumstances.

21. Following the successful removal from the UK of a detained individual, details of the removal must be entered on the back cover of the DTD, and the file should be retained by the escort provider for central storage in accordance with paragraphs 65-66.
22. In the event of a failed removal, DEPMU will arrange the return of the detained individual to detention. Escorting staff must note the details of the failed removal on the back cover of the DTD and ensure it returns with the detained individual to the place of detention.
23. Following the bail of a detained individual, the details of such a release must be entered on the back cover of the DTD and the file retained by the CSP of the discharging centre in accordance with paragraphs 63-64. When a detained individual is bailed following an in-person court appearance, escorting CSP staff will be responsible for the retention of the escorting records and the actions detailed at paragraphs 63-64.

Person Escort Record (PER)

24. The PER is a standard form agreed with and used by all agencies involved in the movement of detained individuals. The form highlights the risks posed by and to the detained individual on external movements and provides assurance that such risks and any vulnerabilities have been identified and communicated to those who are responsible for the detained individual.
25. The PER ensures that all staff escorting and / or receiving detained individuals are provided with all necessary information, including any risks or vulnerabilities that a person may present, such as risk of absconding or harm to themselves or others.
26. The PER is not a risk assessment. It merely, but importantly, conveys information about the assessed risks to others who may need to know about them. A PER must be completed by CSP and escorting CSP staff whenever a detained individual is escorted from or between an IRC and another location, whether the custody of the detained individual transfers to another CSP or not. This includes initial movements from non-residential STHF and movement or transfer between centres into the immigration removal estate and other detention/custody accommodation (courts, tribunals, prisons and police stations) and between centres and other temporary locations such as hospital appointments. Full guidance notes on completion of the PER are contained in the PER document itself.

27. A new PER must be completed by CSP staff if a detained individual returns to a centre one day and goes out to the same destination the following day, for example, a court appearance that may last several days with the detained individual returning each day. The outcome of any previous transfers or movements must be taken into consideration when assessing the risks of a new transfer and this must be documented on the PER form.
28. Contact details for the centre responsible for completing the PER must be clearly recorded on the "Handover Details" in case further information is required during escort.
29. To protect detained individuals, staff and the public, it is essential that known risks of escape, assault, agitator, potential agitator, suicide /self-harm or harassment are communicated to others into whose custody the detained individual is transferred. The identification of risks of suicide or self-harm is one of the prime purposes of the PER and both escorting and detention staff should note that it is a requirement to indicate both current risks and any known past risks. It is also essential that any new risks that develop during a movement are recorded. Any recorded risks should clearly state when they were last assessed or reviewed.
30. CSP must provide supporting information when ticking any warning marker box of the "Risk Indicator" page of the PER and cannot simply refer to any attached documents such as an ACDT document or room sharing risk assessment (RSRA). In accordance with [DSO 08/2016 Management of adults at risk in immigration detention](#), when completing a PER before a movement or transfer of a detained individual identified as an adult at risk, details of any known vulnerabilities must be fully documented, and the PER warning marker box completed must clearly highlight that the detained individual is an adult at risk. When the detained individual being transferred is on an open ACDT plan or has an open VACP, these documents must accompany the PER and the appropriate boxes highlighted in the "Escort Handover" page.
31. When recording any events or interactions with a detained individual in the PER event log, escorting officers should not limit these entries to simple actions but describe any impact these interactions may have had on the ongoing risk assessment. Relevant details will include the mood or demeanour of the detained individual, statements made or actions by the detained individual that may impact the original assessment made before the escort.
32. The PER form must provide details of the transfer of medication with the detained individual, as outlined in [DSO 01/2016 Medical information sharing](#). (for example, ensure that a sufficient supply of medication is available to the detained individual to allow for the onwards transfer period, confidential medical information must be attached in a sealed envelope.)

33. On completion of a transfer, the risk and vulnerabilities identified by the CSP responsible for the movement must be noted and acted on by the CSP of the receiving centre. All PERs must be stored in the detained individual DTD at the end of each movement.
34. HOIE enforcement teams and police / prison services in Scotland and Northern Ireland do not complete PER forms. Escorting CSP staff should not expect to receive a PER form for transfers of detained individuals from these organisations. DEPMU are responsible for providing full details on the background of those initially being transferred from HOIE enforcement teams or police/prison services in Scotland and Northern Ireland to escort operations and centres. The risk information will be on the IS91, IS91RA Part A and on the Movement Order. Escorting CSP staff must then open a PER for the move using the information provided by DEPMU.

IS91

35. An IS91 form authorises the detention custodian to hold an individual in their custody. A new IS91 must be completed by the caseworker / detaining team every time a detained individual enters the Immigration Removal Estate, and all IS91 forms must be recorded on Atlas.
36. Individuals referred for detention must have an up-to-date Police-National-Computer (PNC) check completed by the responsible case-working team/detaining team. The outcome of the check must be recorded on the IS91 and on Atlas by the caseworker. Full details of the PNC check must be included on these records as without this a bed space cannot be allocated. This must include the PNC reference number and the name of the person conducting the check.
37. In accordance with [DSO 10-2024 - Risk assessment and placement of individuals in the Immigration Removal Estate](#), the detaining team or responsible case-working team authorising detention must consider all known risks when requesting allocation in the immigration removal estate. Details of previous violence, self-harm and full medical details, where available, must be recorded on form IS91RA Part A by the responsible case-working team or detaining team. All risks that are known before detention and that can potentially impact the safe transfer and allocation of an individual must be reflected on the risk section of the IS91. Where appropriate, these risks must also be updated by DEPMU as a person alert on Atlas and reflected on the movement order. A security referral must be sent to the receiving centre whenever there is a specific security concern identified through the risk assessment process that could impact the safety or management of the detained individual during transfer or upon arrival.
38. The IS91 is issued only once for any continuous period of detention, irrespective of any transfers between centres during that time. A new IS91 will only be issued in

exceptional circumstances where there is substantive and permanent alteration in risk factors or when an IS91 has been issued with erroneous information. In such cases, the DET local team must contact the responsible case-working team who is responsible for authorising and issuing a new IS91. The responsible caseworker will provide the new IS91 and pass this to the DET who will then pass this to the CSP who will attach this to the detained individual's DTD.

39. Upon arrival of a detained individual at a centre, CSP reception staff at the receiving centre must check the IS91 to ensure that it is dated and has been fully completed, that the attached photo is a true likeness of the detained individual, and that the bio-data information is correct. Eligible handwritten documents can be accepted if the document is completed in full, and if it contains a photo of the detained individual. Where the document is handwritten, the IS91 must be signed. Electronic copies can be accepted with an electronic signature. If any errors or issues are highlighted this should be immediately raised with the onsite DET who will contact the detaining officer or responsible case-owner to issue a new IS91 as per paragraph 38.
40. Outside of office hours, the local compliance team on-call manager must escalate such cases with the DEPMU Duty Manager and replacement IS91s must be generated by the Command-and-Control Unit. If errors are identified when a detained individual arrives at a RSTHF, the CSP will contact DEPMU who will arrange for a replacement IS91 as per paragraph 38.
41. The IS91 form is part of the DTD and must be handed over to escorting CSP staff upon a detained individual being discharged from a centre for permanent transfer or removal. When a detained individual is released from detention, the centre CSP must return the original IS91 to the onsite DET - see paragraphs 65-66.
42. If, following a risk assessment during the reception process, a CSP Duty Manager considers that a detained individual has been incorrectly assigned to their centre, whether due to newly identified vulnerabilities, emerging Adults at Risk factors, or concerns that the centre cannot safely meet the individual's needs, these concerns must be raised immediately with the local compliance team manager or on call manager. The compliance team manager must submit a request for reallocation, documenting evidence of risk together with any supporting evidence via an updated IS91RA Part C to DEPMU without delay and in accordance with DSO 08/2016 [Management of adults at risk in immigration detention](#).
43. The IS91RA Part C form must be used by detention staff or the responsible case-working team to notify DEPMU and, where available, the local HOIE team of any changes to a detained individual's circumstances that affect the initial risk assessment recorded on the IS91 and movement order.
44. Risk assessment is a continuous process. CSPs, escorting CSP staff, Detainee Custody Officers and healthcare staff must inform onsite Home Office teams and

DEPMU of any significant changes to an individual's detention risk as soon as operationally possible. This notification must be made by sending a completed IS91RA Part C form to DEPMU.

45. In accordance with [DSO 08/2016 'Management of adults at risk in immigration detention'](#), all changes to the physical or mental health of a detained individual, or a change in the nature or severity of a previously identified vulnerability, must be raised by the CSP or healthcare staff to DEPMU. In such cases, a IS91RA Part C must be submitted, including the reference 'adult at risk' on the first line of the form, and notifying the Detained AAR Part C' inbox and onsite Home Office teams – see paragraph 51.
46. On receipt of an IS91RA Part C, DEPMU staff will update the detained individual case notes on Atlas by copying the contents of the notification and notifying DET. When appropriate, a person alert will also be recorded. DEPMU may also, when appropriate, reassess the risk posed by or to the detained individual and reallocate detention location.
47. In IRCs, all IS91RA Part C received by the local DET must be sent to the responsible case-working team of the detained individual.
48. In RSTHFs, all IS91RA Part C received must be sent to the detained individual's responsible case-working team by DEPMU.
49. IS91 RA Part Cs can be completed by any detention or escorting CSP staff, including all Home Office, CSP, HMPPS and healthcare staff. The form must clearly identify the detained individual, place of detention, and the person completing the form (name and organisation). The time, date and details of the incident or circumstances that prompted the change in risk assessment must be clear and include any relevant information impacting the detained individual's suitability for detention or escort - such as new or reassessed vulnerabilities, ACDT or Care Plan updates, likelihood of compliance with the removal process or details of violence or disruption such as the use of Rule 40 or 42 (Rule 35 or 37 in RSTHF). Any medical information shared through an IS91 Part C must comply with the requirements of DSO 01/2016 - [Medical information sharing](#).
50. The CSP and, when possible, escorting CSP staff must ensure that a copy of all completed IS91 RA Part Cs are attached to the corresponding IS91 document within the DTD to guarantee all such risk assessments are readily available and easily accessible to all staff in detention and during escort.

Reporting & Offender Management (ROM) system

51. Detention referrals made by ROM Centres or Police Stations are authorised by the Detention Gatekeeper (DGK), who includes all relevant warnings and risk information within the DGK referral to support the safe reception of the individual.

The ROM (MRA) system is used solely for managing appointments and intervention bookings and does not contain medical, vulnerability, risk or safeguarding information, all of which is recorded on Atlas.

Engagement with ROM colleagues must be undertaken where necessary to ensure consistency of processes and the reliable capture and transfer of all relevant reporting-related information.

Vulnerable detained individuals

52. This guidance should be considered alongside guidance on the management of adults at risk within immigration detention, [DSO 08/2016](#). The adults at risk policy sets out a process for determining whether an individual would be particularly vulnerable to harm in detention or during transfer.

53. In accordance with [DSO 08/2016](#), during the reception process of a detained individual identified as an adult at risk, CSP and healthcare staff must jointly undertake a centre-specific risk assessment within 24 hours. This assessment must include consideration of any medical concerns and risks. Any notable changes in risk must be notified to DEPMU on form IS91RA Part C as detailed in paragraphs 43-49. The CSP should document any further risk assessments as deemed necessary, and copies of all Part Cs completed must be kept on the DTD.

54. In accordance with [DSO 08/2016](#), individuals in detention may be managed under a VACP to ensure that the wellbeing of the detained individual is safeguarded. The VACP should record the nature of the limitation or vulnerability, the reasonable adjustments put in place, or any interventions agreed. The CSP must provide onsite Home Office teams with a copy of all VACPs implemented. The care plan must then be shared with the detained individual's responsible case working team. DEPMU must be notified by the CSP of any reviews of the VACP that alter the original assessment of risk, or the level of support being provided. The CSP must document such reviews or details of any VACP being closed in a IS91RA Part C as per paragraph 44.

55. Any vulnerabilities that may impact on the safety and wellbeing of an individual detained at a non-residential STHF must be documented in a Vulnerable Adult Warning Form (VAWF). The VAWF must be used by escorting CSP staff at non-residential STHFs to ensure any vulnerabilities identified are appropriately documented and shared before the detained individual is transferred to an IRC, where longer term support can be implemented. If a VAWF is completed upon

initial detention at a non-residential STHF, it should be attached to the PER and delivered along with the detained individual to the next place of detention or when travelling for removal purposes.

56. At IRCs and RSTHFs, any such vulnerabilities that may impact on the safety and wellbeing of a detained individual must be addressed and reasonable adjustments put in place and documented in a care plan. Any newly identified vulnerability or changes to their nature or severity must be notified to the Home Office through an IS91 RA Part C.
57. When a VAWF is completed, a IS91RA Part C must be submitted to DEPMU, including the reference 'adult at risk' on the first line of the form, and notifying the Detained AAR Part C' inbox and both Home Office Compliance and DET – see paragraph 45.
58. Transfers between centres of an adult at risk must be kept to a minimum. CSPs must ensure that a safer detention referral is completed and discussed with the receiving centre prior to a transfer taking place for an adult at risk. This referral should happen as soon as possible and at least 48hrs before the transfer occurs. The referral must highlight the known risks, presence of care plans, VAWFs or ACDT documents. Special consideration should be given to cases where reasonable adjustments are already in place in the centre prior to the transfer, or when the detained individual requires ongoing support from healthcare staff – such as detained individuals with physical disabilities, undergoing outpatient medical treatment or drug or alcohol withdrawal programmes.

Training

59. CSPs and escort providers must ensure that officers are trained and competent in the completion of IS 91 RA Part Cs, DTD and PERs and understand the information provided on the forms. CSPs must make this training part of the refresher schedule for all staff.
60. All detained individual custody officers must receive training on data protection and information management as part of their initial training course.

Auditing and monitoring

61. Detainee custody managers (or equivalent grade officers) are required to carry out daily spot checks of the completion of DTD and PER forms by their staff. These checks must include auditing a minimum of 2% of detained individual escort records and checking that the entries below are completed as required:
 - A DTD has been opened in the centre upon initial detention, or the location history was updated with the current detention place.

- The DTD contains all required documents as per paragraph 16.
- A PER was completed for every external movement to any destination.
- For at least two PERs contained in the DTD, the manager must confirm that:
 - The relevant department has completed all sections of the PER forms to ensure all aspects of the form have been considered.
 - All boxes which require staff to print their name were completed in a legible manner.
 - If risks were identified, supporting information has been provided for the escort.
 - Events and interactions were appropriately recorded in the events log of the PER and reflected an ongoing assessment of the original risks identified; and
 - All entries are legible.

62. Evidence that the checks detailed at paragraph 17 were carried out should be recorded and kept by the CSP. These should be made available to the local compliance team upon request.

63. In addition to the management checks, CSP senior managers must complete a monthly programme of quality assurance checks of DTDs and PERs. This monthly monitoring must include auditing 2% of the current detained population of the centre against the requirements detailed at paragraph 60.

Disposal of detained individual Escort Records

64. With exception of the original IS91, the CSP (for detained individuals who are released on bail from the IRC) and escort supplier (for detained individuals who are removed or released on bail following an in-person court appearance) must retain all forms contained in the DTD, other than prison files or licences for 7 years after the last completed action, after which they may be destroyed.

65. If a prison file or licence is held in a centre for a detained individual, they must be returned by the CSP to the original prison establishment when the detained individual is released or removed. In case of a permanent transfer to a different centre, the prison file or licence must travel with the detained individual as part of the DTD – see paragraph 8.

Self-Audit

66. An annual self-audit of this DSO is required by CSPs to ensure that the processes are being followed. This audit should be made available to the Home Office on request.

Revision History

Review date	Reviewed by	Review outcome	Next review
April 2019	Em Krynicki-Armstrong & Akash Shourie	Standardised changes implemented to document	March 2026
March 2026	Sunil Patel	Updated to reflect terminology changes ROM system addition	March 2028
June 2026	Akash Shourie	Updated to correct Home Office audit requirements	March 2028