Home Office

Detention Services Order 11/2025

Use of Force for Adults in Detention

July 2026

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Contents

Document details

Process: To provide instructions and operational guidance on the Use of Force (UoF) on detained adult individuals, within Immigration Removal Centres (IRCs), Pre-Departure Accommodation (PDA) and residential short-term holding facilities (RSTHFs).

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For Action: Home Office (HO) staff, contracted service providers and healthcare staff operating in Immigration Removal Centres (IRC), Pre-Departure Accommodation (PDA) and residential short-term holding facilities (RSTHFs).

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Processes Affected: All processes relating to the use of force in immigration detention.

Assumptions: All staff will have the necessary knowledge to follow the processes set out in this DSO.

Notes: Existing DSOs that are relevant to the topic of Use of Force have been referenced as necessary within these documents. These DSOs should be read alongside this instruction.

Instruction

Introduction

1. This Detention Services Order (DSO) provides information, instructions and guidance for the use of force on detained individuals over the age of 18 within IRCs, RSTHFs until superseded by other guidance, and the PDA.

2. This instruction **does not** apply to detained individuals in Residential Holding Rooms (RHRs).

3. For the purposes of this guidance, “use of force” refers to physical actions taken to manage risk. This may include techniques taught in Personal Safety Training (PST), the use of approved equipment such as handcuffs, or other physical interventions. Use of force may be considered in situations such as preventing imminent self-harm, protecting others from harm, stopping damage to property, or maintaining safety and order during incidents. It must only be used, when necessary, reasonable, and proportionate.

4. For the purpose of this guidance:

“Centre” refers to IRCs, PDA and RSTHFs.

“Duty Manager” refers to the centre Detainee Custody Manager (Detainee Custody Officer in RSTHF) who is allocated responsibilities for an area or service for that duty.

“Centre Manager(s)” refers to the person appointed under section 148(1) of the Immigration and Asylum Act 1999 with the responsibility of the overall management of the centre or service delivery managers in RSTHFs.

“Healthcare professional” refers to a suitably qualified, registered healthcare professional.

“Staff” refers to anyone who has the potential for unescorted contact with detained individuals. This shall include but not limited to: Contracted Service Provider (CSP), Home Office, healthcare staff and Independent Monitoring Boards.

5. Two different Home Office teams operate in IRCs:

    - Detention Services Compliance team (Compliance team)
    - 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, helping them to understand their cases and detention.

There are no DETs at RSTHFs. Some of the functions which are the responsibility of the DET in IRCs are carried out by the contracted service provider in RSTHFs and overseen by Escorting Operations. In the Gatwick PDA, the local Compliance Team cover the role of detained individual engagement.

Purpose

6. This DSO sets out requirements in situations where force may have to be used on detained individuals in an IRC, RSTHF or PDA. It contains mandatory actions for CSPs and staff who must ensure compliance with Rule 41 of the Detention Centre Rules 2001, including ensuring that force is only used when necessary and as a last resort and never used in a manner calculated to provoke or punish. It also contains information for those who may be required to oversee or monitor instances when force has been used.

7. The purpose of this DSO is to ensure that any use of force is not only lawful and proportionate, but also sensitive to the immigration context and the specific needs of those detained, with a clear emphasis on de-escalation, dignity and harm reduction.

8. This DSO will assist in ensuring that any force used is:

- Lawful – It must be necessary, reasonable and proportionate to the seriousness and hazards of the circumstances. Force should only ever be used as a last resort and only carried out by people who are trained to do so.

- Accountable – All use of force must be accurately, properly, and comprehensively reported. Use of force must be robustly and appropriately monitored, including ensuring accountability for any misuse of force.

- Considered – Situation specific circumstances and options are taken into account before force is used, and, when force is used, staff act in a controlled manner to determine the level and type of force used, including attempting to de-escalate prior to any use of force wherever possible.

- Non-discriminatory –Force is not used disproportionately in an unjustifiable manner on particular individuals or groups.

Policy

9. Rule 39 of the Detention Centre Rules 2001 (DC Rules) references general security and safety. Rule 39(1) states that security shall be maintained, but with no more restriction than is required for safe custody and well-ordered community life and

Rule 39(2) states that no detained person shall behave in any way which might endanger the health or personal safety of others.

10. Rule 36 of the Short-term Holding Facility Rules 2018 states that a detainee custody officer or an immigration officer dealing with a detained person must not use force unnecessarily and, when the application of force to a detained person is necessary, no more force than is reasonable may be used

11. Rule 41(1) states that detainee custody officers dealing with detained persons shall not use force unnecessarily and, when the application of force to a detained person is necessary, no more force than is necessary shall be used. DC Rule 41(2) states that no officer shall act deliberately in a manner calculated to provoke a detained person; and DC Rule 41(3) states that every case of use of force shall be recorded by the manager in a manner to be directed by the Secretary of State and shall be reported to the Secretary of State.

12. Schedule 11 of the Immigration and Asylum Act (1999) provides information on the duties and powers of a detainee custody officer. Paragraph 2(1) references the power to search detained persons (in accordance with DC Rules) and paragraph 2(3) states:

> "As respects a detained person in relation to whom he is exercising custodial functions, it is the duty of a detainee custody officer –
>
> a) to prevent that person's escape from lawful custody.
>
> b) to prevent, or detect and report on, the commission or attempted commission by him of other unlawful acts.
>
> c) to ensure good order and discipline on his part; and
>
> d) to attend to his wellbeing.
>
> (4) The powers conferred by sub-paragraph (1), and the powers arising by virtue of sub-paragraph (3), include power to use reasonable force where necessary."

13. DC Rule 43 makes provision for a detained individual to be put under special control or restraint where this is necessary to prevent the detained person from injuring himself or others, damaging property or creating a disturbance. In addition, section 51(10) of the Immigration Act 2016, as amended by section 44 of the Border Security, Asylum and Immigration Act 2025 confers the power to use reasonable force when conducting searches for relevant nationality documentation. Any inappropriate use of force will be investigated by the Home Office Professional Standards Unit (PSU) as per DSO 02/2022 Commissioning investigations of serious incidents.

Use of force principles and the law

14. The starting point for the lawful use of force is Rule 41 of the DC Rules The Detention Centre Rules 2001 and accompanying guidance and Rule 36 of the STHF Rules The Short-term Holding Facility Rules 2018. The use of force is separately provided for in primary legislation for specific purposes. It is the responsibility of every member of CSP staff who is authorised to use force to know the principles of law and understand how it applies to their own practice.

15. Force must only be used in the following circumstances:

    - In self-defence or defence of another person
    - To prevent imminent harm where there is a perceived risk to life or serious injury
    - To prevent damage to property
    - To prevent an escape or abscond
    - To prevent a crime
    - When it is essential to maintain order
    - As a last resort to fingerprint a detained individual in accordance with DSO 15/2012 – Fingerprinting of Detained Individuals

    Staff should understand that the above are not positive permissions to use force and alternatives should be considered before force becomes necessary.

16. Staff who are to be trained in use of force must also be trained in the legal principles governing use of force, which must be included within the syllabus for initial and refresher Detainee Custody Officer (DCO) training as set out in DSO 02/2018 Detainee Custody Officer and Detainee Custody Officer (Escort) Certification.

17. There are some situations where the use of force is never lawful. These include:

    - The use of force as punishment
    - The use of force without reason
    - The excessive use of force
    - The discriminatory use of force

Making sure use of force is lawful

18. There are three key principles which will be considered when determining whether a use of force was lawful: necessity, reasonableness and proportionality.

19. The European Convention on Human Rights (ECHR) requires public authorities, including DCOs, to act in accordance with Article 2 (the Right to Life), Article 3 (Prohibition on Torture), and Article 8 (the Right to Personal and Family Life, incl. the Right to Personal Autonomy and Physical and Psychological Integrity) https://www.equalityhumanrights.com/human-rights/what-are-human-rights/what-european-convention-human-rights.

20. ECHR Articles 3 and 8 protect, among other things, the right to physical integrity and dignity and against degrading treatment. Articles 2 and 3 place an obligation on CSPs to take all reasonable measures to protect detained individuals and staff from the harm specified in those Articles. Reasonable steps must be taken to prevent real and immediate risks to staff, detained individuals, and visitors, but the use of force to prevent these risks must be necessary, reasonable, and proportionate.

21. The Equality Act 2010 (the Act) protects people from discrimination based on the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Section 149 of the Act (the public sector equality duty or PSED) requires public authorities and those delivering public functions to have 'due regard' to the need to: eliminate discrimination, harassment, victimisation; advance equality of opportunity and foster good relations across all protected characteristics. Public bodies (and those delivering public functions) must understand how their policies and practices affect those with protected characteristics.

Necessity

22. Staff must assess and make a defensible decision about whether use of force is necessary. In all cases, staff must consider what options other than force are available to them, and act accordingly. There will be some incidents where immediate action is deemed necessary, which rules out these other options as they have either been tried and failed, or they are judged unlikely to succeed. In subsequent reporting staff must clearly outline their reasons for not choosing those other options.

Reasonableness

23. The fact that an act was considered necessary does not mean that the resulting actions were reasonable. What is 'reasonable' is a matter to be decided in each individual case. Each set of circumstances is unique and must be judged by staff on its own merits, guided by their training in the lawful, safe, and proportionate use of force. These decisions may be subject to subsequent review or investigation, including by

the Prisons and Probation Ombudsman or the courts, it is therefore important that staff record their decision making with regards to the reasonableness of the force applied.

24. When working out what is a reasonable response to a situation, it is important to consider the type of harm that the member of staff is trying to prevent or stop . Alternative methods of resolution must have either been tried and failed or judged unlikely to succeed.

25. It is also important to consider the severity of harm which may be suffered. For example, if the foreseeable harm is very serious injury or death, more force may be reasonable in the circumstances.

26. Knowing when to cease application of force is another important aspect of reasonableness. If a detained individual is restrained until they no longer present a risk, and then continue to be restrained with no justification, it will cease to be reasonable in the circumstances and will not be considered lawful. Ongoing decision making must be actively carried out in these situations and recorded on the Use of Force report as set out in paragraphs 122-126.

27. Staff should recognise that non-compliant behaviour may be a manifestation of vulnerability rather than defiance. Individuals with mental health conditions, previous trauma, neurodiversity, or language barriers for example may struggle to process instructions, regulate emotions, or respond calmly in high-stress situations. This can result in behaviours that appear resistant or disruptive but are rooted in distress or confusion. Before considering the use of force, staff should assess whether the behaviour may be linked to such vulnerabilities and explore alternative approaches, including interpreter support, and de-escalation techniques. The presence of vulnerability should not automatically preclude intervention, but it must where possible inform the nature, necessity, and proportionality of any response.

28. Factors to be considered when deciding what is reasonable may include aspects such as the size, age, vulnerabilities (including known health conditions), and sex of both the detained individual and the member of staff concerned, whether any weapons are present and the availability of assistance from colleagues.

Proportionality

29. Proportionality overlaps with necessity and reasonableness. Staff must be able to demonstrate that the force used was not excessive in all circumstances – it was proportionate to the threat posed and the aim which the staff member intended to achieve. The amount of force used should be appropriate to the situation and the desired outcome and staff should always use the minimum force necessary to achieve the required outcome.

Training in the use of force (UoF)

30. All new DCOs must be trained in the UoF prior to obtaining Home Office certification in accordance with Detention Services Order 02/2018 detainee-custody-officer-and-detainee-custody-officer-escort-certification. Scenario based training should be used to acclimatise staff to a variety of common use of force themes and test their physical abilities during practical assessments.

31. A DCO cannot use force until they have completed the training outlined in paragraph 30.

32. Staff are to be assessed in prediction, prevention (including de-escalation) and application of physical UoF techniques and report writing and be issued with a logbook certifying competence. This must be updated each time the staff member receives training to certify their ongoing competence.

33. All DCOs must attend annual UoF refresher training. As a minimum this comprises of 8 hours of practical and theoretical skills. The training must cover elements of both Control and Restraint (C&R) and Personal Safety Training (PST), with the structure and hours allocated to each element being determined locally. Where staff have not completed refresher training within the previous 12 months, they are not permitted to work with detained individuals until completion of training.

34. Staff members who return to a role and who have not completed training in the previous 12 months, must complete refresher training as soon as possible on return and no later than within 3 months. After the three months has elapsed staff must then complete the full training package.

35. All non-DCO staff who have unescorted contact with detained individuals must complete PST training.

36. Centre Managers must ensure that operational managers are appropriately equipped and competent to oversee Use of Force incidents**.** At a minimum, managers should have a comprehensive understanding of the following areas:

- Decision-making processes
- Relevant laws and policies
- Use of Force on Adults in Detention (DSO)
- Role of healthcare staff
- Role of the camera operator
- Responsibilities of the supervising officer before, during, and after a Use of Force incident
- Conducting effective briefings and debriefings
- Scene management
- Welfare considerations for all involved, including mental health
- Identifying development needs and areas for further support

37. UoF instructors will be accredited in techniques every 12 months by HM Prison and Probation Service.

38. Centre Managers must ensure that any staff 'accredited' to carry out C&R Advanced (Tornado) duties, have:
    - Undergone an initial training course / refresher course in advanced C&R in the last 12 months.
    - Passed the advanced level fitness test in the last 12 months.
    - Completed basic UoF refresher course in the last 12 months.

Personal Safety Techniques

39. Anyone entering the centre unescorted, who has contact with detained individuals, and is not a certified DCO, should complete training in personal safety techniques. This training and ongoing monitoring of training records is the responsibility of the CSP.

40. Staff may use personal safety techniques to protect themselves. This may be in circumstances where formal restraint techniques or attempts to control or evade a violent situation have failed, are considered unsafe, are considered unlikely to be successful, or unachievable due to lack of colleagues in the vicinity to assist.

41. Any staff who apply personal safety techniques shall complete a use of force report, as soon as practicable after the event.

Operational Instructions

Vulnerable individuals

42. It is accepted that individuals detained in IRCs, RSTHFs or PDA may find this time challenging. There are systems and processes in place to enable the identification of vulnerabilities and the provision of appropriate support. As a result, staff working within these facilities should be familiar with the environment and the individual requirements within the resident population. Such processes include DSO 01/2022 Assessment Care in Detention and Teamwork and DSO 08/2016 Management of Adults at Risk in Immigration Detention.

43. If de-escalation is unsuccessful and staff are considering whether the use of force is necessary, then consideration should be given to all of the options available to them. This should include consideration of the context of the situation, resources available, and the level of risk posed. It is particularly important that staff consider the potential effect that physical intervention may have on the level of psychological distress a detained individual may be facing when force is being used to prevent or stop self-harm. Force may have a particularly adverse impact on those who have experienced violence, torture or sexual abuse. Staff must engage in these circumstances using

empathy and understanding to reduce the imminence of harm and weighing the risk of intervention against the risk of self-harm posed. Staff should consider whether the risk of self-harm presents an immediate threat to life or may result in life changing injuries.

Effective communication

44. Staff should be alert to potential communication barriers, particularly with detained individuals who do not speak English or for whom English is not their first language and may under stress or pressure struggle to understand or communicate in English. Wherever possible, professional interpretation should be arranged ahead of any planned use of force and sourced as soon as practicably possible in spontaneous situations where communication is impaired. Where possible, de-escalation efforts should be conducted in a language the individual can understand to offer the best opportunity of success. For more information see DSO 02/2022 Interpretation and use of translation devices.

45. It is expected that staff will use all opportunities to de-escalate situations. Effective de-escalation is key, and every effort needs to be made to engage with detained individuals positively and successfully. Where safe and appropriate to do so, staff should consider the removal of PPE to facilitate more effective conversation and engagement. Force should only be used as a last resort.

Responding to challenging incidents

46. When de-escalation has failed and staff are considering using force on a detained individual who is naked or partially clothed, consideration must be given to the dignity of the individual prior to using force and during the incident. Wherever possible and where it is safe to do so, staff of the same sex should attend the use of force on detained individuals who are naked or partially clothed. The CSP should consider strategies for protecting dignity in these instances. Wherever safe to do so staff should ensure the detained individual is offered clothing or items that can be used to cover their body.

47. Staff who are ‘first on the scene’ when aggressive, violent, or disruptive behaviour is occurring, must assess the level of threat to themselves and others and act accordingly. It may be necessary to summon further assistance and await the arrival of others before intervening.

48. Pain-inducing techniques taught as part of the syllabus are permitted but must never be used where a non-painful alternative can safely achieve the same objective. Applying a pain source simply to gain compliance is unlikely to meet the threshold for reasonable, necessary, and proportionate application of force. These techniques must only ever be used as a last resort, solely to prevent harm that is assessed to be greater than the harm caused by the technique itself. Objective grounds must be established to ensure that this level of force is necessary and recorded in the UoF

statement, as set out in paragraphs 114 onwards. Whenever it is safe to do so, staff must continue to attempt to de-escalate the situation throughout the incident with the aim of ceasing force.

Signs of medical distress

49. When a detained individual is physically held or restrained, there is a risk of serious physical harm occurring. All members of staff must be aware of, and able to communicate, the signs, and symptoms of actual or potential harm occurring and actions to take.

50. A serious injury and warning sign (SIWS) during a use of force may display as:

- Breathing difficulties or complaints of breathing difficulties
- Serious physical injury
- Vomiting/Sickness or complaints of vomiting/sickness
- Bizarre behaviour
- Sudden or unexpected rise on body temperature
- Blueness to lips or fingers
- Abruptly or unexpectedly stops struggling
- Loss or reduced consciousness
- Flushed face
- Sweating
- Repetitive or bizarre speech
- Seizure
- Silence
- Other concerns highlighted by CSP or healthcare staff

51. Any warning signs or symptoms that occur during the use of force should lead to immediate disengagement and de-escalation and be documented within the UoF reports. Immediate medical support must be summoned. It should also be discussed, with subsequent actions agreed, during the monthly UoF committee meeting as set out in paragraph 130. Throughout any use of force or restraint,

continual assessment of a detained individual shall be undertaken by all staff involved.

52. Some detained individuals may be more at risk of harm during use of force or restraints due to physiological differences. Should a medical professional identify an increased risk, this information should be, considered throughout a use of force incident.

Using force to remove a former detained individual from a centre

53. Once all reasonable alternative options have been exhausted, there is a defensible case for the reasonable application of force to remove a former detained individual from a centre, if refusing to leave the centre after their release. It is accepted that staff are undertaking a 'custodial function' in accordance with Section 147 of the Immigration and Asylum Act 1999. Individuals are no longer detained upon service of paperwork notifying them of their imminent release from detention.

54. In instances where it is anticipated or known that a detained individual will refuse to leave a centre, the CSP shall arrange a multi-disciplinary meeting to discuss next steps and alternatives to force must be considered. The Detention Services Compliance team must be notified of the former detained individual's failure to comply prior to any use of force.

Use of force on pregnant detained individuals

55. All actions with regards to UoF on pregnant individuals shall comply with DSO 05/2016 'Care and Management of Pregnant Women in Detention'.

56. Force must only be used on an individual who is pregnant or suspected of being pregnant, when other methods have been repeatedly tried and failed or are judged unlikely to succeed and must only be used to prevent them from harming themself, any member of their family or any other person. The minimum amount of force needed must be used to mitigate the risk, and for the shortest amount of time. Force must not be used on a pregnant detained individual to secure compliance. In addition, pregnant detained individuals should not be placed at physical risk when force is used on another detained individual.

57. In the case of a planned UoF as well as during an actual UoF on a detained individual who is known or suspected to be pregnant, staff must be fully briefed, a healthcare professional must be consulted, and their advice adhered to throughout.

58. For spontaneous use of force, all staff involved must comply with the specific techniques as detailed in HMPPS training manuals.

59. A pregnant detained individual must not be held face down on the floor or be relocated in the prone position. During a medical emergency if the pregnant detained individual is in the prone position they must be placed on their left-hand side, where possible. The prone position may pose a serious risk to the baby and pregnant detained individual.

60. DSO 07/2016 Use of restraints for escorted moves sets out in more detail the limits to any use of restraints on pregnant detained individuals on escorts.

61. As with all instances, a Resident Injury Form (F213) or equivalent document must be completed as soon as possible following a use of force on a pregnant individual.

Use of force in the presence of children

62. The use of force in the presence of children should be avoided where possible throughout the IRC, including areas such as the PDA and visits hall. Staff should take all reasonable steps to prevent children from witnessing use of force incidents.

Recording use of force incidents

63. Each centre shall ensure that the use of Body Worn Cameras (BWC) and Hand Held Cameras (HHC) complies with Detention Service Order 04/2017 'Surveillance Camera Systems'.

64. Cameras must be activated for events that could potentially lead to using force, and when force is used. Cameras must remain active throughout the incident and until completion of the debrief. The deliberate failure to activate cameras or prevent the capturing of events may result in misconduct and suspension of DCO certification, in accordance with Detention Services Order 02/2018 Detainee Custody Officer and Detainee Custody Officer (Escort) Certification.

65. If a camera cannot be activated during an incident, the reasons must be explained in the UoF report.

Planned use of force

66. Planned UoF must be approved and overseen by a supervising officer/ incident manager. The supervising officer role can be undertaken by a member of staff who has good knowledge and experience of the planned intervention process.

67. In all instances of planned use of force, the ratio of three DCOs to one detained individual must be met. This ratio can be increased, dependant on a dynamic risk assessment of the circumstances and reflected in the decision-making process of the supervising officer report.

68. The supervisor must carry out a comprehensive briefing prior to any planned UoF and include any information pertaining to the detained individual, that is relevant to support the decision-making process, ensure staff are appropriately trained, equipped with relevant PPE (see para 94) and understand their role. Healthcare staff must attend the brief, and the supervisor shall offer the opportunity for the disclosure of any medical factors that may influence decision making prior to and during the UoF.

69. Staff are expected to use all opportunities for de-escalation with the aim of ceasing force where safe to do so.

70. All planned interventions should be recorded on a handheld video recorder by staff trained in its usage. The footage should be one continuous recording from the initial briefing until the conclusion of the incident. Any breaks in the recording must be justified by the camera operator and clear timelines given. All footage should be retained in accordance with Detention Services Order 02/2017 'Surveillance Camera Systems'.

71. The supervising officer will assess each intervention on a case-by-case basis, risk assessing the PPE requirements and documenting decision-making in the UoF report. All staff involved in the intervention, must wear appropriately sourced and in-date PPE appropriate for the situation.

Full relocation

72. A full relocation refers to the process of relocating a detained individual to a secure location using approved control and restraint techniques.

73. Staff must attempt to de-escalate, and release holds or restraints as soon as judged safe to do so. Where de-escalation has failed and a full relocation of a detained individual is required, it must be carried out using approved techniques as taught as part of the C&R training.

74. Where Rigid Bar Handcuffs (RBH) are used, they must be removed once the detained individual has been relocated to the relevant accommodation. Detained individuals must not be left unattended whilst in RBH.

75. Upon completion of a full relocation, the detained individual must be observed at a frequency to be determined by a dynamic risk assessment, undertaken by an appropriately trained CSP duty manager in IRCs (or duty manager in RSTHFs). Observations shall be completed until such time as they have been seen and assessed by a healthcare professional. The risk assessment must be recorded in the supervising officers' statement, taking account of:

- the circumstances that led to the relocation.
- any signs of distress or injury.

- the detained individual's mental or physical state prior to (or during) the relocation.
- any known facts about any underlying medical or mental health conditions the detained individual may have, and
- the length of time that restraint was applied.

76. Consideration must be given to the level of continued observation following medical examination if the detained individual's behaviour and/or condition gives cause for concern.

77. Centre managers must assess all rooms with the potential to be used for full relocation of violent and uncooperative detained individuals. The rooms must be risk assessed as suitable for full relocation and for safe exit in circumstances where UoF techniques are to be used. If force is being used to relocate a detained individual under DC Rules 40 and 42, or Short-term Holding Facility Rules 35 or 37, the policies and processes in DSO 02/2017 Removal from association and temporary confinement must be followed.

Full searches under restraint

78. Full searches under restraint are subject to the application of general use of force principles and should only be carried out in accordance with Detention Services Order 09/2012 Searching Policy. In line with the searching policy, full searches are only to be carried out if there is evidence or intelligence to suggest that a detained individual may be attempting to hide an illicit item about his or her person. Then a full search may be authorised by the Centre Manager (or nominated manager in charge) or the escort supplier's duty manager.

79. The decision to conduct a full search must be recorded in UoF reports and the instructions contained in the training and Detention Services Order 09/2012 Searching Policy must be adhered to.

80. No items of clothing should be removed from a detained individual in the process of a search, where this is in the sight of another detained individual, or in the sight of a person of the opposite sex.

81. Consideration should be made throughout the search to maintain the dignity of the detailed individual to the greatest extent possible. As per DSO 09/2012, no detained individual should be completely unclothed at any time. A dignity blanket should be used to cover the individual as the search is being conducted, and appropriate clothing must be made available to the detained individual following the search.

82. Handheld camera operators should stay outside of the room or direct the camera away from a detained individual if a full body search is taking place as set out in DSO 04/2017 Surveillance Camera Systems, the aim being to capture any relevant

audio footage during the search while maintaining the decency of the detained individual.

Health issues and the Role of Healthcare

83. The legislation described within the ‘Use of Force Principles and the Law’ section of this document also governs the UoF on those with either physical or mental health issues. The Mental Capacity Act 2005, Adults with Incapacity (Scotland) Act 2000, and the Mental Capacity Act (Northern Ireland) 2016 may be relevant if any detained individual lacks or may lack capacity. The three key principles of necessity, reasonableness and proportionality exist when determining whether use of force was lawful.

84. It is important that staff understand any information about known medical issues and it is vital there is a close working relationship between CSP staff and the on-site healthcare teams so that expectations are clear and detained individuals’ needs are understood.

85. Academic studies have found high rates of traumatic experiences in detained populations. The level and degree of psychological damage caused by seemingly similar traumatic experiences may differ depending on a range of factors, such as the individual’s previous experiences of trauma, their gender, or their resilience and personal coping strategies. Staff should acknowledge that physical interventions may trigger flashbacks, dissociative episodes, or acute psychological distress, especially when the methods used resemble past experiences of harm.

86. A healthcare professional may recommend that the approach be modified or reassessed during an ongoing UoF incident if they identify a medical emergency or any serious injury or warning signs (SIWs).

87. Minimising the amount of force used can be beneficial for both staff and detained individuals alike, because experiencing force can be associated with long-term negative mental health effects. It is important that staff take time to understand the individuals in their care, including any neurodiversity, concerns with mental capacity or other mental health conditions, so that behaviours are interpreted accurately and responded to appropriately.

88. A healthcare professional must, as a priority, attend whenever there is a UoF incident - this will also include responding to incident alarms. The incident manager or supervisor must ensure that a healthcare professional is present and briefed on what force has been, or likely to be used and that they understand they are expected to take an active role in ensuring the medical wellbeing and safety of detained individuals whilst they are under restraint. A healthcare professional attending a planned UoF incident must share any clinical risks pertaining to the use of force during the briefing, and staff should take their advice into consideration.

89. A healthcare professional attending a UoF incident must monitor the detained individual (and operational staff where appropriate). They must provide clinical advice to the supervisor and/or team in the event of a medical emergency. Any clinical advice offered must be adhered to by staff. In the event of a medical emergency, all force must cease and if a healthcare professional is not already present, they must be requested immediately.

90. A healthcare professional must attend all post incident de-briefs for planned and spontaneous use of force. Any concerns or comments on the incident not dealt with at the time during the use of force incident should be raised by the healthcare professional as part of the de-brief. Detained individuals must see a healthcare professional as soon as practically possible but within 24 hours of force being used. A healthcare professional must examine the detained individual and record that the detained individual has been seen, even if it appears the detained individual has not sustained any injury. Centre Managers must agree local arrangements to ensure aftercare for detained individuals and staff who have been subjected to a UoF.

91. Healthcare staff must be aware and follow of The NHS England Use of Force Framework healthcare roles and responsibilities Use of Force - Framework (healthcare roles and responsibilities) - Futures

Mental Capacity Acts

92. The Mental Capacity Act 2005 (MCA), Adults with Incapacity Act (Scotland) 2000, and Mental Capacity Act (Northern Ireland) 2016 may be relevant for UoF in centres where staff are required to restrain any detained individual who lacks capacity to ensure their safety or receive medical treatment. The decision on capacity and treatment will be taken and directed by a healthcare professional who has carried out an assessment of the detained individual and recorded their decision within the relevant documentation.

93. Section 6 of the Mental Capacity Act 2005 places clear limits on the UoF or restraint in these situations. Restraint can only be used where this is necessary to protect the person from harm and where this is a proportionate response to the risk of harm. A ‘proportionate response’ means using the least intrusive type and minimum amount of restraint to achieve a specific outcome in the best interests of the person who lacks capacity. On occasions when the UoF may be necessary, this means the minimum amount of force for the shortest possible time.

Personal Protective Equipment (PPE)

94. PPE includes any equipment, which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety, and any addition or accessory designed to meet that objective. The equipment must not

be located in an area where detained individuals have access and suitable control measures to restrict access to equipment must be in place. Centre Managers must ensure the appropriate equipment required to meet Advanced Control and Restraint (Tornado) & Method of Entry Commitment is procured and available as documented by HMPPS Incident Management Framework.

95. Protective equipment that can be worn/used includes:

- Shield
- Helmet
- Shin/knee guards
- Forearm guards
- Gloves
- Flame retardant overalls
- Safety boots
- Body armour
- Rigid-bar handcuffs (RBH)

96. In some situations, the presence of full PPE may inadvertently escalate tensions or hinder effective communication with detained individuals. Where safe and operationally appropriate, staff may consider reducing the level of PPE to facilitate more effective engagement and de-escalation. This decision must be based on a dynamic risk assessment conducted by the supervising officer taking into account the individual's behaviour, known vulnerabilities, and the overall risk to staff and others. The removal or reduction of PPE must never compromise safety, but where it can support a calmer interaction and reduce the likelihood of force being used, it should be considered as part of the de-escalation efforts.

97. Balaclavas are not considered part of standard PPE for planned UoF at local level and should be avoided during routine interventions.

Handcuffs

98. All Centre Managers (and senior managers in RSTHFs) must have a local RBH policy which must be reviewed at least annually. The policy shall address all aspects covered in this policy and local arrangements.

Rigid Bar Handcuffs to restrain

99. The application of RBH is preferable to using other methods involving physical force to aid control, movement and relocation. Handcuffs must not be applied prior to gaining minimum control of a detained individual by at least two members of staff.

100. Misuse of rigid bar handcuffs can cause physical harm to the detained individual. Staff must understand and ensure:

- RBH can only be applied in the positions to the rear of the detained individual (i.e. behind their back).
- If the application of RBH is necessary, both cuffs can only be fully applied in the standing, kneeling or prone position.
- RBH must **not** be applied to detained individuals in the seated position, due to the increased risk of positional asphyxia. If the detained individual moves into the seated position, they should be assisted into an alternative position before RBHs are applied.
- RBH must **not** be applied to anyone who is pregnant in the prone or supine position.

Carrying and Storing Rigid Bar Handcuffs (RBH)

101. The application of RBH is governed by the general use of force principles. Staff must be able to demonstrate that the application was necessary, reasonable, and proportionate. Only staff who have been trained and deemed competent by an accredited UoF instructor have the authority to carry and/or use handcuffs.

102. Handcuffs and handcuff keys must be issued individually to each member of operational staff (personal issue) to use for their shift. A unique centre specific serial number must be recorded upon issue and records retained by the CSP. Only issued keys are to be used.

103. RBH and associated keys must be carried on a DCO's belt in a pouch or utility vest approved by the Centre Manager. The keys must not be kept on the same key chain as main centre keys.

104. Staff who are trained and issued with RBH must carry them on their person for the duration of their duties including bed watches and escorts within male centres. Arrangements for female accommodation can differ dependant on the CSP local policy.

105. When staff are not at work, their RBH and key are to be stored in a secure locker. If RBH are taken outside the centre without authorisation they must be reported as a

tool loss. Staff must physically check their handcuffs prior to commencing their duties, ensuring they are in good working order. Local polices must provide procedures for when RBH become compromised by a broken key or problem with locking mechanism, which must follow the HMPPS training manual.

106. If present in a centre as part of their duties, HMPPS, Escorting providers and Immigration Compliance and Enforcement staff are authorised to carry RBH as part of those duties.

Suitability of Rigid Bar Handcuffs

107. RBH must not be used:

- When only a single member of staff is present / engaged in the incident.
- On any part of the body, other than the wrist.
- As a replacement for ratchet handcuffs or the escort chain for the purposes of outside escorts.
- To secure a detained individual to any object, or;
- When a detained individual is in a cellular vehicle. If a detained individual is in RBH prior to being escorted on a cellular vehicle they must be replaced with the escort provider's handcuffs prior to relocation into the cellular vehicle

108. Staff must consider any known pre-existing injuries, disabilities or physical/mental health issues when applying RBH. If there is a risk that the application of RBH may exacerbate an existing condition or potentially cause unintentional pain, then they should not be used. If a medical emergency occurs while a detained individual is in RBH they must be removed immediately. Staff must be aware of the medical implications of using RBH.

Rigid Bar Handcuffs as a risk reduction measure

109. Where RBH are used as a risk reduction measure, it must be recorded as a UoF, clearly detailing the risk identified, and why their use has been justified. Use for this purpose must not be routine and must be authorised by the supervising manager with justification clearly recorded in the UoF report. As a risk reduction measure, detained individuals are only to be handcuffed behind their back in a standing position. RBH may be used for risk reduction measures such as, but not limited to:

- Preventing immediate harm to staff, other detained individuals, or visitors;

- Responding to credible intelligence indicating a risk of assault or disruption;
- Relocating individuals following a serious incident where agitation or non-compliance persists;
- Escorting individuals through high-risk areas where there is a known threat of escape or interference;
- Managing individuals who are actively resisting relocation or intervention and pose a safety risk;
- Preventing damage to property or equipment during high-tension incidents.

Gaining control of a detained individual using the application of pain with Rigid Bar Handcuffs

110. Once the RBH are fully applied, staff must not apply pain-inducing techniques or move detained individuals against their will through the use of the backstrap (the mechanism that runs along the back of the handcuff). Other pain inducing techniques can be used if a detained individual is still actively resistant/violent and presenting a serious risk of harm to others.

111. If a detained individual needs to be relocated to reduce the risk, but is refusing, staff can consider moving a detained individual against their will only when the RBH are in the correct position, using approved techniques. Detained individuals must never be carried face down. Pain inducing techniques that are not applied through the cuffs can also be considered in unique circumstances, such as staff not being physically able to carry the detained individual.

Following use of force

112. For all use of force incidents, the following actions must take place (not necessarily in this order). It is the responsibility of the CSP to ensure each action is completed:

- A post incident de-brief of staff present, led by the supervisor or incident manager.
- Detention Services Compliance Team informed as soon as possible and no longer than 3 hours after the incident.
- An F213 or equivalent healthcare document completed, documenting any injuries to the detained individual.
- All staff involved in the use of force must complete a UoF report documenting decision-making, techniques used, and actions taken.

- All UoF paperwork must be completed within 24 hours and supplied to the Detention Services Compliance Team.
- A post-incident review must be completed with the detained individual by a manager unconnected to the UoF, within 72 hours and recorded as part of the post-incident paperwork.
- Any concerns about the UoF must be raised with the UoF Co-ordinator, the relevant CSP's Senior Management Team (SMT) member (the duty manager in RSTHFs), and the on-site IRC Compliance team for further review. Concerns can also be raised anonymously – see DSO 03/2020 Whistleblowing for more information.
- The IMB must be informed, in accordance with any data sharing agreements in place between the Home Office and IMBs.

Post Incident Debrief with DCOs following Use of Force

113. Following all UoF incidents an operational debrief should be completed immediately to identify if there are any injuries to staff, that their immediate wellbeing is considered and if any staff support is required.

114. Operational staff involved in the use of force must be debriefed, other staff present when force was used should also be given the opportunity to attend the debrief. Attendance at the debrief should be noted in the use of force report.

115. The staff member leading the debrief must follow up any concerns they have about the incident, techniques and methods used by any staff involved.

Use of Force Reports

116. UoF reports must be submitted to the local Detention Services Compliance team within 24 hours of any force being used except in rare circumstances where this is not possible. For example, those staff members being immediately required to manage or support an ongoing wider operational incident, or staff being treated for injuries in hospital. If reports are not submitted within 24 hours in a rare circumstance, they must be submitted as soon as reasonably practicable thereafter.

117. The standardised templates at Annex B and Annex C must be used.

118. Reports that have been completed electronically must include the relevant 'wet' signature.

119. Reports must be a freely recalled statement of the incident, and staff must not view CCTV or BWC footage before writing their statement.

120. Staff must not collude with others (whether involved in the UoF or not) when writing their statement.

Governance and Assurance

121. The Centre Manager must set out in writing clear expectations and ensure that all UoF is lawful and complies with this policy. Where a UoF fails to meet this standard, the Centre Manager must refer the case to the Detention Services Service Delivery Manager immediately, or in RSTHFs the duty manager must refer the case to the IRSC Senior Security and Use of Force Manager.

122. The Centre Manager (or duty manager in RSTHFs) must appoint a member of their senior management team to oversee UoF governance and assurance processes. A UoF co-ordinator must also be appointed by the Centre Manager (duty manager).

Use of Force Assurance - RAG rating

123. All UoF incidents must be subject to an assessment against the criteria laid out within this document and HMPPS training manual and conducted by the CSP and Detention Services Compliance team, or in RSTHFs the IRSC security team.

124. Within 72 hours of each use of force incident, the UoF coordinator or instructor with a member of CSP SMT must conduct a thorough review using all footage and any additional evidence available at the time set out on the UoF Red, Amber, Green Rating Review (Annex C) and outcomes documented on this template by the team. Documentation and video footage is to be collated and preserved in accordance with retention periods outlined in DSO 04/2017 Surveillance camera systems.

125. The local Detention Services Compliance Team must conduct a review using all available footage and documentation. The assessment provides an independent 'lay person's' review against the criteria laid out in this DSO. Assessments must be graded using the UoF RAG rating (Annex B). This should be completed within 96 hours of the incident occurring or as soon as reasonably possible thereafter.

126. In instances in IRCs and the PDA where there are differences in the RAG rating outcome between the CSP and the Compliance team which cannot be resolved through mutual discussion, these should be referred to the UoF Committee meeting for multi-disciplinary review or referred to Detention Service Security Team.

127. Incidents assessed as Amber and Red RAG rated must be referred by Detention Services compliance team to DSST for further assessment. All relevant footage and paperwork must be provided to DSST by the CSP within 48 hours of a request.

128. CSPs must submit RAG rating data to the on-site Compliance team, DSST and the IMB in a UoF monthly return.

129. On occasion, there will be a need to apply further scrutiny to the circumstances leading up to and surrounding a use of force, this must be managed in accordance with DSO 02/2020 Commissioning reviews of serious incidents occurring in the immigration removal estate and during escort.

Use of Force Committee Meeting

130. In IRCs and the PDA, Centre Managers must establish a UoF Committee, providing oversight of use of force, which must meet at least monthly. The agenda shall include but not be limited to:

- Review of Monthly Use of Force Reports.
- Trend analysis including themes from debriefs.
- Review of cases where staff have used force 3 or more times in 3 months.
- Local assurance (Reviewing a minimum of two use of force incidents).
- Complaints and investigations.
- Health and safety reports including injuries.
- Healthcare concerns.
- Quality of reports (including timeliness).
- Training.
- Review of RAG ratings.
- Stakeholder comments/updates.
- Analysis of the equality impact.
- Scenario training for Initial Training Courses and refresher training to reflect on identified trends (at least annually).

131. Membership must include, but is not limited to:
- CSP Equalities staff
- CSP Safer Detention/ Violence Reduction
- CSP Security Manager
- IRC Healthcare
- CSP Health & Safety
- CSP Training team
- CSP Use of Force Co-ordinator
- CSP Use of Force Instructors
- Independent Monitoring Board (for monitoring purposes)
- Detention Services Compliance team

132. The committee must perform a strategic assessment of the UoF within the centre, analysing themes and trends to aid in the minimisation of UoF incidents and assurance of the correct application.

133. Data on protected characteristics is collected as part of use of force incident reporting to support monitoring and oversight. Trends will be reviewed by DSST to identify and address any disproportionate impacts.

Monthly Report

134. CSPs must produce a monthly statistical report on use of force, capturing key metrics from all incidents. The report shall be analysed and include an assessment of trends and patterns to inform training and the management of future use of force incidents. The report shall be submitted monthly to the Compliance team and Detention Services Security team and be used to inform discussion at the UoF committee.

135. The report structure and format are for local agreement, but must as a minimum include:
    - Use of personal safety techniques.
    - Planned/spontaneous use of force.
    - Use of RBH.
    - Injuries to detained individual/staff or third parties.
    - Nationality of detained individual.
    - Age of detained individual.
    - Sex of detained individual.
    - If the detained individual is a time served foreign national offender (TSFNO)
    - Length of detention of the detained individual.
    - Location of incident.
    - Date and time of incident.
    - Number of staff involved in the Use of Force.
    - Mental health concerns/vulnerabilities.
    - Medical concerns.
    - Reason for the use of force, contributing factors and triggers.
    - Trends in staff using force.
    - Trends in detained individuals who have force used on them.
    - The protected characteristics (PCs) of those who have force used on them.

Self-Audit

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

137. Home Office Compliance Teams must also conduct annual self-audits against their respective responsibilities stated within this DSO for the same purpose. The IRC Compliance Teams annual audits will be sent to the DS OPPT Assurance Oversight Team on production for review.

Revision History

Review date	Reviewed by	Review outcome	Next review
Sept 2025	Andrew Sims	New DSO	Sept 2027
December 2025	J.Hayson	Updated reference to Section 51 of the Immigration Act 2016, as amended by section 44 of the Border Security, Asylum and Immigration Act 2025.	Sept 2027
July 2026	K.Ward	Addition of Home Office compliance audit requirements.	Sept 2027

Glossary

Use of force	Physical actions taken to manage risk. This may include techniques taught in Personal Safety Training (PST), the use of approved equipment such as handcuffs, or other physical interventions.
Use of restraints	A type of use of force where staff apply mechanical devices, such as handcuffs, to detained individuals to restrict their movement with the aim of preventing harm or managing risk.
Control and Restraint	Control and Restraint (C&R) refers to a system of specialised techniques, including physical holding and movement, used by trained professionals.
Advanced C&R/tornado	Specialist units of trained staff who form the response to serious incidents.
Prone position	Lying face down.
Supine position	Lying face up.
Rigid bar handcuffs (RBH)	A type of handcuffs used in the immigration removal estate, designed with a solid, inflexible bar between the two cuffs. They must not be used behind the back of an individual in a seated position.
Ratchet handcuffs	A type of handcuff used for outside escorts, consisting of two metal handcuffs connected by a chain.
Personal safety training (PST)	Training provided to staff, focusing on techniques to protect themselves and manage risk during incidents.
Personal protective equipment (PPE)	Equipment worn by staff to maintain their safety during a physical intervention.

Dynamic risk assessment	A continuous process of assessing risks in real-time to inform decisions made about the use of force.(see paragraph 66)
Supervising Officer	A role undertaken by a member of staff who has good knowledge and experience of the planned intervention process. Responsible for overseeing their team's use of force.