Home Office

Risk Assessment Form

All sections of this risk assessment must be completed. Any parts that are deemed not applicable or have no details requiring completion must be annotated accordingly.

Detained individual details (Insert photograph of detained individual if available)	
Detained individual Name (Surname First):	
Date of Birth:	
Age:	
Atlas Reference:	
First Language:	
Nationality:	
Special requirements: (such as medical, physical, learning disabilities)	
Escort Destination:	
Department:	
Appointment Time:	
Escort Type (delete as appropriate)	Planned escort / Emergency escort

SPECIAL INSTRUCTIONS

- Detained individuals must **NEVER** be attached by restraint to furniture, fixtures or fittings, or the seatbelt of a plane.
- Should any control and restraint methods be applied or deemed necessary during a move then a use of force form is to be completed at the earliest opportunity in all instances.
- If restraints are applied, this decision should be kept under regular review and changes in context should prompt an immediate review.
- The Person Escort Record (PER) event log should be used to:
    - record details of any event, incident or interaction including arrival, departure from destination, any application, removal, or changes to restraints (e.g. location and time; what information led to this and who made the decision/gave authorisation).
    - Record the description and clothing worn by the detained individual.
    - record the mood/behaviour of the detained individual whilst on escort.
    - log all restraint checks.

(Full details on the completion of PERs can be found in DSO 01/2019 - Detainee Escort Records).

- Smoking or vaping, including breaks, is prohibited during escorting duties.

On-site Home Office assessment (to be completed by Compliance or Deputy Compliance Manager)	
Reason for detention (please circle)	TSFNO / FAS / Illegal Entrant / Overstayer / Other
Available information which may indicate an identifiable risk: previous abscond/escape, risk to the public, detained individuals or staff	
Have removal directions been set	YES / NO
Date of RDs (if applicable):	
Has the detained individual previously prevented their own removal from the UK	YES / NO
Date of failed RDs (if applicable):	
Is the detained individual appealing or resisting removal/deportation	YES / NO
Any other relevant information:	
Details of Person completing this section:	
Print Name:	

Grade/Role/Position:	
Signature:	Date:

Healthcare Assessment (Medical Information – to be completed by healthcare staff)	
Any medical objections to the use of restraints? (Any pre-existing respiratory conditions that can become exacerbated with the use of restraints need to be flagged at the earliest possible opportunity)	YES / NO
Does the next of kin need to be informed? (This is necessary if the detained individual has a medical condition that is life-threatening and will give the next of kin as much notice as possible so that visiting arrangements can be made)	YES / NO
Any other medical conditions likely to influence the escort? (e.g. pregnancy, physical ability to escape, disability/need for medication detained individual in wheelchair/crutches, broken bones etc)	YES / NO
Any medical instructions to be relayed to escort staff? (medication/nil by mouth etc)	YES / NO
Any specific gender requirements?	YES / NO
Any medical information to indicate likely length of bed watch? If applicable	YES / NO
Any details or other relevant healthcare information?	

Details of Person completing this section:	
Print Name:	

Grade/Role/Position:	
Signature:	Date:

Security assessment (to be completed by CSP Security Department staff)	
Any indication that the detained individual is subject to;	
Restraining, non-molestation or sexual harm prevention order.	YES / NO
Restrictions on Child Contact.	YES / NO
Sex Offender Registration Act.	YES / NO
Relevant Criminal History	
Criminal History: Details of any relevant previous convictions, assaults on others or any warnings from police of abnormal behaviour in the past:	
Risk of harm to public	YES / NO / NOT KNOWN
Risk of harm to staff	YES / NO / NOT KNOWN
Risk to known adult	YES / NO / NOT KNOWN
Risk of damage to property	YES / NO / NOT KNOWN
Motivation to abscond/escape	YES / NO / NOT KNOWN
Details:	
Is the detained individual a MAPPA nominal	YES / NO
Details:	
Behaviour in Detention	
Personal Officer Reports (any behaviour concerns)	YES / NO
Assaults on Staff/Others	YES / NO
If yes please state any behaviour concerns:	

Self harm issues	
Any current or recent (within the past 6 months) self-harm history (nb restraints should only be applied to prevent self-harm in the most extreme and exceptional cases)	YES / NO
Is the detained individual currently subject to an open ACDT document	YES / NO
Has an ACDT document recently been closed	YES / NO
If you have answered YES, state date of closure	

Previous Escorts	
Has the detained individual been escorted previously	YES / NO
If yes please state any behaviour concerns:	
Were restraints applied?	YES / NO
If yes please provide details of restraints used, dates and times:	

Physical Security of route, destination and/or public areas Insert map/plan of destination if available	
Has a physical security assessment of location been conducted?	YES / NO
Date of assessment:	
What, if any, problems have been identified. Factors to consider include: Proximity to the exits, opening windows, floor level access, fire exits, outer doors, ceiling height, security of consultation/treatment areas/day areas (if hospital visit)	
Comments/concerns:	
Any other relevant information (for example route considerations)?	

Details of Person completing this section:	
Print Name:	
Grade/Role/Position:	
Signature:	Date:

Duty manager assessment (To be completed by endorsing Manager – must be a member of CSP SMT) (Head of Security/Operations / Deputy Centre Manager / Duty Manager or I/C of establishment)	
Escort	Approved / Not approved
Use of restraints (if to be applied)	Approved / Not approved
Justification for approval/rejection of escort and use of restraints:	

Restraints	
Restraints to be used?	YES / NO
If yes, can restraints be removed for medical treatment? Contact Duty Manager and gain approval prior to removal of cuffs or other restraint. Explain security of room and detained individual behaviour. Where there are security concerns, contact the security manager.	YES / NO
If yes, can restraints be removed for emergencies? Restraints should be removed and the Duty Manager notified as soon as possible. Cover all escape routes, re-assess need for restraint equipment. If appropriate re-apply cuffs as soon as possible after treatment.	YES / NO
If yes, can restraints be removed on the basis of a change in risk factors justifying the use of restraint equipment? Contact Duty Manager and gain approval prior to removal of cuffs. Explain security of room and detained individual behaviour. Any concerns contact the security manager	YES / NO
If yes, can escort chain be used if the detained individual requests a private consultation with medical consultant If yes, suitability of room to be checked prior to consultation	YES / NO

If authorised, lLevel of restraints to be used:	Single cuffs/ Escort Chain	Double cuffs/ Escort chain

Handcuff to officer	YES / NO
Handcuff to self (In front)	YES / NO
Handcuff in escort vehicle / transit	YES / NO
Handcuff in open areas	YES / NO
Handcuff in buildings	YES / NO

Handcuff during examination/consultation/treatment	YES / NO
Detained individual permitted to have their mobile phone	YES / NO
Use escort chain if necessary	YES / NO

Strength and composition of escort	
Level of sSearch prior to escort	Level A / Full Search
Escort strength	One / Two / Three or more staff
Any gender specific requirements:	YES / NO
If yes please give details:	
Further recommendations/instructions/comments:	

Details of Person completing this section:		
Print Name		
Grade/Role/Position:		
Signature:		Date:

Escort Dispatch Check List (To be completed by despatching Manager)		
Dispatching Oscar 1:		
Date:		
Time:		
Risk Assessment present and completed:		YES/NO
PER present and completed:		YES/NO
Escape pack present:		YES/NO
IS91 present:		YES/NO
ACDT (if applicable) present:		YES/NO
Detained individual correctly identified:		YES/NO
Detained individual searched by escorting staff:		YES/NO
Details of clothing and description entered on PER:		YES/NO
Vehicle checked and searched:		YES/NO
Escort bag checked and correct:		YES/NO
Escort has mobile phone and IRC/Destination/Emergency contact details:		YES/NO
Packed lunch taken:		YES/NO
Petty Cash for parking meter/Tolls etc:		YES/NO
Escorting staff fully briefed / handcuffing arrangements fully explained:		YES/NO
Was there any resistance/non-complaint behaviour tin response to the restraints being applied? **If yes, a use of force form must be completed and submitted in all instances**		YES/NO
Please provide information here		
Comments and/or additional information:		

Escorting Staff	**Are the Escorting Staff aware of the local Use of Force Policy (sign to confirm)**
1. (Officer in charge)	
2.	
3	
4.	
5.	
Contact Number (Mobile)	
Vehicle detail (VRM & type)	

Details of Person completing this section:		
Print Name		
Grade/Role/Position:		
Signature:		Date: