<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Custody healthcare</td>
</tr>
<tr>
<td>1.1</td>
<td>Custody healthcare professional qualifications</td>
</tr>
<tr>
<td>2</td>
<td>Fitness to be detained</td>
</tr>
<tr>
<td>2.1</td>
<td>Assessing fitness for detention</td>
</tr>
<tr>
<td>2.2</td>
<td>Fit to be interviewed</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Considerations for decision making (fitness for interview)</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Record the decision</td>
</tr>
<tr>
<td>3</td>
<td>Medication</td>
</tr>
<tr>
<td>3.1</td>
<td>Responsibility for medication in custody suites</td>
</tr>
<tr>
<td>3.2</td>
<td>Storage of medication in custody suites</td>
</tr>
<tr>
<td>3.3</td>
<td>Contents of medication cabinets</td>
</tr>
<tr>
<td>3.4</td>
<td>Detainees' own medication</td>
</tr>
<tr>
<td>3.5</td>
<td>Ordering stocks of medication</td>
</tr>
<tr>
<td>3.6</td>
<td>Dispensing medication</td>
</tr>
<tr>
<td>3.6.1</td>
<td>Management of medication</td>
</tr>
<tr>
<td>3.6.2</td>
<td>Dispensing detainees' own medication</td>
</tr>
<tr>
<td>3.7</td>
<td>Detainee refusal to take medication</td>
</tr>
<tr>
<td>3.8</td>
<td>Disposal of medication</td>
</tr>
<tr>
<td>3.9</td>
<td>Stock checks and audit of medication</td>
</tr>
<tr>
<td>4</td>
<td>Medical documentation</td>
</tr>
<tr>
<td>4.1</td>
<td>Statement requests from Mitie</td>
</tr>
<tr>
<td>4.2</td>
<td>Detained person medical section of Electronic Custody Record</td>
</tr>
<tr>
<td>4.3</td>
<td>Examination and assessment</td>
</tr>
<tr>
<td>5</td>
<td>Hospital</td>
</tr>
<tr>
<td>5.1</td>
<td>Appropriate care</td>
</tr>
<tr>
<td>5.2</td>
<td>Case notes</td>
</tr>
<tr>
<td>6</td>
<td>Supervision and security</td>
</tr>
<tr>
<td>6.1</td>
<td>Police supervision of detainees in hospital</td>
</tr>
</tbody>
</table>
1 Custody Healthcare

In accordance with Code C, paragraph 9, of the Police and Criminal Evidence Act 1984 (PACE), the custody officer must make sure that a detainee receives appropriate clinical attention as soon as is reasonably practicable if the detainee:

- appears to be suffering from physical illness
- is injured
- appears to be suffering from a mental disorder
- appears to need clinical attention
- requests a medical examination - ascertain as far as possible the reasons for the request, gather information from elsewhere and consult a member of the Custody medical provision team (Mitie Care & Custody) for advice.

This may include access to medication prescribed by either the detainee's own doctor, or by a member of the Custody medical provision team (Mitie Care & Custody).

1.1 Custody healthcare professional qualifications

Healthcare professionals (HCPs) are the qualified professionals who may provide medical attention to detainees. Mitie Care & Custody are the medical service provider for custody for Northumbria Police.

2 Fitness to be detained

The custody officer is responsible for deciding at the outset if a detainee is fit to be detained at a custody suite.

Where the custody officer assesses that the detainee should not be detained at the custody suite, the 'Custody – Detention Not Authorised' procedure should be followed.

Where the custody officer is in any doubt about a person’s fitness to be detained, they should consult with the HCP on site or with a member of the Custody medical provision team Mitie Care & Custody) by telephone if no HCP is on site.

When a detainee returns to custody having been discharged from hospital the custody officer needs to re-assess the detainee's fitness to be detained and interviewed, and may require further medical advice in order to do so, in which case they should consult with the HCP in person if on site or with a member of the Custody medical provision team (Mitie Care & Custody) by telephone and arrange for a re-assessment.

2.1 Assessing fitness for detention

The issues to be addressed by the HCP when assessing fitness for detention are:

- assessment of illness, injuries and drug and alcohol problems
- advice to the custody officer on general care while in custody
- provision of necessary medication
- referral to hospital
- admission under mental health legislation.

Note - Detained persons are not obliged to submit to an examination or to supply information.
The HCP will record a detainee’s fitness to be detained on the Electronic Custody Record (ECR) and will document any advice to the custody officer. The custody officer should review the medical de-brief section of the ECR to ensure that there is no ambiguity regarding the HCP’s advice.

If there is information that must remain confidential and is not relevant to the effective ongoing care and well-being of the detainee, an entry must be made in the custody record indicating where the clinical findings are recorded.

If, after medical advice, the custody officer continues to have concerns regarding the detainee’s fitness to be detained, the custody officer should consider the following points:

- If the HCP is not a doctor - arrange for a doctor who is part of the Custody medical provision team (Mitie Care & Custody) to review the detainee.
- If the HCP in question is a doctor and it is close to handover of HCP shifts, the next ‘on duty’ doctor who is part of the Custody medical provision team (Mitie Care & Custody) should be asked for a second opinion.
- If it is the middle of the Mitie Care & Custody doctor’s shift, or at any point the custody officer perceives the detainee is in immediate danger, an ambulance must be called for the detainee to be taken to hospital.

The overall responsibility for the welfare of the detainee and their fitness to be detained, remains with the custody officer.

The custody officer may decide that medical assessment and/or treatment is needed before a decision can be made about a person’s fitness to be detained. This is irrespective of whether the person has already received treatment elsewhere, for example, at a hospital.

Under PACE Code C, the custody officer must seek medical treatment (or assessment) of any person whom they suspect may be, or they have been told may be, mentally disordered or otherwise mentally vulnerable.

The custody officer must ensure that all relevant information is made available to the HCP, and that the HCP reciprocates.

As the thresholds for fitness for detention and fitness to plead are different, prosecution may still be appropriate if a person is assessed as not fit for detention.

2.2 Fit to be interviewed

The custody officer must assess whether the detainee is fit to be interviewed. If there are doubts about their medical fitness for interview, a HCP must assess the detainee before the interview. Failure to do this may prejudice subsequent proceedings.

The assessment should identify the risks to the detainee’s physical and mental well-being, and determine safeguards that may be required during the interview process.

2.2.1 Considerations for decision making (fitness for interview)

PACE Code C (11.18) states:
The following interviews may take place only if an officer of superintendent rank or above considers delaying the interview will lead to the consequences in paragraph 11.1(a) to (c) and is satisfied the interview would not significantly harm the person’s physical or mental state (see Annex G):

(a) an interview of a juvenile or person who is mentally disordered or otherwise mentally vulnerable without the appropriate adult being present. Note: PACE Code C paragraph 1.5A extends this requirement to 17-year-old detainees.

(b) an interview of anyone other than in (a) who appears unable to:

- appreciate the significance of questions and their answers, or
- understand what is happening because of the effects of drink, drugs or any illness, ailment or condition;

(c) an interview, without an interpreter being present, of a person whom the custody officer has determined requires an interpreter (see paragraphs 3.5(c)(ii) and 3.12) which is carried out by an interviewer speaking the suspect’s own language or (as the case may be) otherwise establishing effective communication which is sufficient to enable the necessary questions to be asked and answered in order to avert the consequences, see paragraphs 13.2 and 13.5.

Interviews may not continue once sufficient information has been obtained to avert the consequences in paragraph 11.1(a) to (c).

Some groups of detainees may not be interviewed unless an officer of superintendent rank or above considers delay will lead to the following consequences:

(a)

- interference with, or harm to, evidence connected with an offence
- interference with, or physical harm to, other people, or
- serious loss of, or damage to, property

(b) alerting other people suspected of committing an offence but not yet arrested for it, or

(c) hindrance to the recovery of property obtained in consequence of the commission of an offence.

Interviewing in any of these circumstances shall cease once the relevant risk has been averted (e.g. additional suspects arrested) or the necessary questions have been put in order to attempt to avert that risk.

2.2.2 Record the decision

PACE Code C paragraph 11.20 requires that a record must be made of the grounds for any decision to interview a person under paragraph 11.18. See also Annex G.

Custody records should show whether fitness to be detained or interviewed has been assessed, the reason for doubting a person’s fitness for interview, and the result of any HCP’s assessment. Where this detail cannot be added in full to the custody record, reference to its location should be entered.

These records should be made available to the CPS so that they are aware of any
potential mental ill health and/or learning disability.

3 Medication

The HCP is responsible for:

- The safekeeping of detainee medication, which should be held in a locked cabinet
- Providing the detainee with the opportunity to take their medication at the prescribed intervals
- Ensuring that the correct medication is given at the right dosage
- Recording information in the custody record.

Police officers or police staff who are trained and assigned to custody duties may administer medication to detainees as directed by one of the Mitie Care & Custody doctors / nurse prescriber, and then only after they are familiar with this procedure and have been issued with a copy of it.

3.1 Responsibility for Medication in Custody Suites

Responsibility for all aspects of managing medication cabinets (including auditing and destruction of medication) lies with Mitie Care & Custody.

3.2 Storage of Medication in Custody Suites

Stocks of commonly required medication will be held in secure medication cabinets within each of the primary custody suites. Reduced stocks may be held at resilience custody suites on the direction of the Force Custody Manager and the Mitie Care & Custody lead doctor / nurse.

In the remaining custody suites, detainee medication may be accessed by one of the following methods according to local need:

- detainees in need of medication may be moved, subject to risk assessment, to a suite which has a medication cabinet, or
- medication from another suite can be drawn by an HCP and transported to the detainee in custody.

The medical cabinet is managed by Mitie Care & Custody medical staff and they undertake regular reviews of types, quantity and usage of medication and are responsible for their own audit process and recording. In some of the suites, the medical cabinets are in the medical rooms and in others it is in a separate room. Access to the medication cabinet will be via a key held by the HCP. When not in use it will remain locked.

Medication should be in blister-pack form, where practicable.

Nicotine lozenges may be held and prescribed by the HCP in cases where nicotine withdrawal is considered to be detrimental to the detainee’s welfare.

3.4 Detainees' Own Medication

If, when booked into custody, a detainee is in possession of medication prescribed for an existing medical condition, the Mitie Care & Custody HCP must be consulted
forthwith and approval obtained for the medication to be administered as directed.

Details of the nature and quantity of the medication must be entered in the property section of the custody record. The medication should be stored securely with the remainder of the detainee's property but not sealed so that it can be accessed for inspection by the Mitie Care & Custody HCP. Detainee's own medication should not be stored in custody medication cabinets. A medical visit will be held within the ECR during the detainee's period of detention. Medication will be dispensed according to the directions of the Mitie Care & Custody HCP and documented in the ECR.

When the detainee leaves police detention, any remaining 'own medication' will be returned on release or will travel with the detainee to the next detaining authority to be dispensed as prescribed. The exact quantity of medication remaining must be recorded and signed for by either the detainee or a representative of the next detaining authority. Where the detainee is being transferred to another detaining authority, dispensing instructions should be documented clearly on the PER Form for the benefit of escorting personnel.

If the detainee has medication at home which has been prescribed for an existing medical condition, arrangements should be made to have it brought to the custody suite. When it arrives, it should be treated as though the detainee had it in their possession at the time of booking into custody as above. Similarly, any non-stock medication prescribed by hospital staff when a detainee has been to hospital for examination/treatment whilst in police detention should be treated as if it is the detainee's own medication.

No medication will be given to anyone without the express authority of the Mitie Care & Custody HCP.

If any medication in a detainee's possession cannot be authenticated, it should be seized for destruction and the Mitie Care & Custody HCP should consider whether to prescribe alternative medication. This includes cases where the custody officer suspects the medication to be recreational drugs.

Inhalers and angina sprays are a special case; the advice of the HCP should be sought as to whether the detainee may be allowed to retain their own inhaler or angina spray in the cell or whether it should be held by the custody officer. The inhaler should be checked by the HCP for any signs of tampering and to authenticate its nature.

3.5 Ordering Stocks of Medication

Ordering of all stock is the responsibility of Mitie Care & Custody.

3.6 Dispensing Medication

3.6.1 Management of medication

Healthcare professionals must provide clear written instructions for custody staff. These should be recorded on the visit update section of the ECR. Instructions should include:

- the name of detainee
- the name of the prescribing healthcare professional
- medication strength and quantity number (number of tablets or capsules) required at stated times
- written instructions, e.g. to be taken with or without food
- disposal of unused medication, e.g. when released or transferred from
Medication may only be dispensed from stock or administered in accordance with the instructions of the Mitie Care & Custody HCP and in accordance with the recommendations of the Faculty of Forensic and Legal Medicine.

All withdrawals of medication from the medication cabinets must be by Mitie Care & Custody HCPs.

Medication must only be withdrawn in the quantities, and at the times, specified by the HCP to minimise the risk of incorrect dispensing and to reduce wastage. The previous established practice of estimating detention times and withdrawing sufficient medication to last the full period is not acceptable.

### 3.6.2 Dispensing Detainees Own Medication

When medication is administered to a detainee, the person administering it must record the time and what is administered in red ink in both the custody record and the PACE 10ms. The process for detainees' own medication and stock medication is the same.

Medication that has been authorised by a Mitie Care & Custody doctor, and to be given to the detainee by custody staff (due to the non-availability of Mitie Care & Custody HCPs) must be checked by two persons before being dispensed.

When administering any medication to a detainee custody staff must:

1) Check that the details on the custody summary match that of the detainee.
2) Make a mental note of the detainee's appearance e.g. Male aged 53yrs.
3) ASK the detainee their name BEFORE administering the medication.
4) REMAIN with the detainee until they have taken their medication to ensure that they do not stockpile, thereby avoiding potential overdose.
5) Record the time that the medication was administered in red ink on the ECR or in red ink on a paper based custody record.

### 3.7 Detainee Refusal to Take Medication

If a detainee refuses to take medication at any time during detention their refusal must be recorded in the ECR and the Mitie Care & Custody HCP must be consulted unless they or one of their colleagues had already left specific instructions on the ECR for such circumstances.

### 3.8 Disposal of Medication

There will be times when medication is not used because the detainee is to be released or transferred before the dose is due, or because the detainee has refused to take their medication or because the medication has passed its 'use by' date. Any such medication that is being managed by Mitie Care & Custody HCPs will be managed via their own audit process. Any such medication that is being managed by custody staff will be placed in a bag, sealed with a tamper proof seal and 'posted' into the medication disposals cabinet. The medication disposals cabinet register will be completed by the custody staff, including the rationale for the disposal and this will be reviewed by Mitie Care & Custody staff in accordance with their audit systems.

Every custody suite will have a medication disposal bin which allows items to be inserted but not removed, which is stored in the medical room and managed by Mitie custody.
Care & Custody HCPs.

Once removed from the secure medication cabinet and prescribed to a detainee by a Mitie Care & Custody doctor, any unused loose tablets or capsules must not be returned to stock and should be identified for destruction and returned to a Mitie Care & Custody HCP for disposal.

Medication to be administered by custody staff as per the instructions of a Mitie Care & Custody doctor but left unused will be placed in a bag, sealed with a tamper proof seal and ‘posted’ into the medication disposals cabinet, which is reviewed by Mitie Care & Custody staff in accordance with their audit systems.

3.9 Stock-checks and Audit of Medication

It will be the responsibility of Mitie Care & Custody to ensure that stock-checks of the medication held in each secure medication cabinet are conducted.

4 Medical documentation

Medical notes are not part of the custody record and are maintained and managed by Mitie Care & Custody. They must not be disclosed to solicitors and independent custody visitors while they are examining a custody record.

Detainee medical care is recorded on the ECR. This information should be made immediately available to the HCP on arrival. They should be available at all times to all custody officers, staff and HCPs involved with the care of the detainee while they are in police custody, and can be accessed via a custody tablet or via a police computer terminal. This is particularly important at shift handover. The information will be provided to ambulance or hospital staff if a detained person is being transferred to hospital and will be documented on the PER form that accompanies them. If a custody HCP has been involved in the referral to hospital / ambulance then they will complete a hospital transfer form which should be returned to them on the detainee’s return.

HCPs should ensure, where practicable, that detainees sign a declaration form to give consent for information relevant to their care and welfare to be shared. This information is maintained and managed by Mitie Care & Custody. HCPs should endorse the forms as required in clear and unambiguous writing and update the ECR with the necessary information to ensure adequate care, bringing the content and detail of their report to the attention of the custody officer before leaving the police station. Any requests made by the HCP (such as collection of prescribed drugs) should be recorded on the ECR. Custody officers should record subsequent actions or decisions taken as a result of the request on the ECR (and PER form as appropriate).

4.1 Statements from Mitie

All requests for statements from Mitie Care and Custody HCPs should be submitted as follows:

1. Investigating officer to complete the statement request form, with ALL details as listed/required on the form.
2. Email the fully completed statement request form to NorthumbriaContact@mitie.com
3. In the event that a copy of a detainee’s notes is requested, a consent form, signed by the detainee, is required.
4. The signed consent form should be scanned and emailed for consideration by a clinical consultant.
5. Police staff should not personally request custody health care staff to provide a statement, or release notes, to the police.

It is important that all statement details are completed fully by the requesting officer, as this will speed up the process of the statement being produced by the HCP.

4.2 Detained person medical section of Electronic Custody Record (ECR)

The purpose of the medical section of the ECR is to highlight areas of medical concern to custody staff, and to provide, where necessary, a chronological medical report relating to a detainee’s period of detention. The information contained in the form is required for the detained person’s welfare. It will be disclosed to hospital and ambulance staff. If, the detainee has been assessed as being at risk of suicide or self-harm, information will be updated on the PER form.

The medical section of the ECR is completed for any person who is detained or brought to a station who:

- answers ‘yes’ to any of the medical history questions
- is suffering from any physical or mental medical illness, that is apparent at arrest or while in detention
- requires any non-urgent first-aid treatment
- is seen, or will be seen by a healthcare professional.

Detained persons are not obliged to submit to an examination and assessment or to supply information. However, if the detainee chooses not to cooperate fully, or there is any suspicion that they are not being truthful in their responses to questioning, this should be recorded on the DPMF and on the custody record. This applies particularly to assessment, which is when the detainee may wish to conceal potential injuries (self-harm or other) and/or may be at risk of suicide.

4.3 Examination and assessment

At the point of submitting a medical request the ECR prompts the officer to enter if the detainee has sustained an injury, if the answer to this is yes, a body map section appears and should be updated with the location of injuries.

The medical visit section of the ECR deals with the healthcare professional’s overall assessment of the fitness of the detainee to be detained and interviewed, and where they are not, gives an estimate of when such fitness may be expected. It also allows for medical opinion on whether an appropriate adult may be required, which assists the custody officer to make this decision.

The medical section of the ECR should not include any confidential observations or notes. Such notes or observations are recorded separately and kept by Mitie Care & Custody.

5 Hospital

In medical emergencies the detainee should be taken by ambulance to hospital as soon as possible. An ambulance should be called and the detainee taken to hospital as soon as possible. An appropriate HCP should be called to attend while awaiting the ambulance, if one is available at the police station.
In exceptional circumstances it may be appropriate to use a police vehicle. The detainee may require first aid, which should be given by suitably qualified staff.

The custody officer must ensure that a PER form is completed to accompany the detainee to hospital. In emergencies, however, there may not be sufficient time to do this. In this situation the escorting officers should be verbally informed and the PER form passed to them at the hospital as soon as practicable.

The detainee must be searched again on return to police detention from hospital, to ensure that they have not acquired items that could be used to cause harm to themselves or others, or to damage property.

5.1 Appropriate care

The police retain a duty of care for detainees who are refused admission to hospital or treatment by ambulance staff. Efforts should be made to have the detainee examined and assessed, but if healthcare services still refuse to accept the detainee, they should be taken into custody at the police station. Clear instructions about their care, ongoing treatment and transportation should be requested from healthcare staff. Preferably, this should be in writing and include the reasons for refusal of admission or treatment.

A HCP should reassess the detainee if the custody officer has any doubt about whether a detainee is fit to be detained or interviewed following their return from hospital.

If the escorting officers do not agree with hospital staff that a detainee should be released from hospital, the following actions should be considered:

- discussion with an appropriate HCP
- request a second opinion
- request that an appropriate HCP discusses the issue with the accident and emergency consultant.

If an appropriate HCP is not available, the detainee should be taken to another hospital for a second opinion.

5.2 Case notes

Any case notes or items of information from hospital medical staff relevant to the continuing treatment of the detainee should be passed to the HCP at the police station.

The results of any tests, such as CT scans in the case of head injuries, information on how to care for the detainee and any care plan should be obtained in writing.

The escorting officers should return the PER form to the custody officer and inform them of any additional risks identified.

6 Supervision and security

Staff undertaking hospital supervision duties must receive a briefing about their role. A supervisor should also contact them at least once during each shift of duty to ensure that:

- the member of staff is safe and well
- the detainee is safe and their welfare needs are being met
- consultation with the hospital and medical staff
• instructions and guidance given on the detention and care of the detainee are being complied with.

6.1 Police supervision of detainees in hospital

Officers supervising detainees in hospital should be fully briefed. This will include:

• details of the individual they are guarding
• the known risks associated with the detainee (including any medical conditions they may have) and the risk management plan
• actions to be taken to prevent the detainee’s escape (any use of handcuffs)
• preservation of evidence
• actions to be taken to prevent the acquisition or retention of items that may cause harm to the detained person or others
• actions to be taken if there is an incident involving the detainee or affecting the detainee
• any available and relevant information on the medical condition of other patients on the premises who may be located nearby or are likely to be affected by any actions of the police officers or detainee
• the requirement to fully brief staff who take over the role from them.

CRITERIA: This procedure is to be considered when a detainee is brought into custody.

ACCESS AND DISCLOSURE RESTRICTIONS: None

FORMAL TRAINING REQUIREMENTS: Included in custody officer training.

IS A LOCAL PROCEDURE REQUIRED IN SUPPORT OF THIS DOCUMENT: No

Categories
Custody