

# Control, restraint and searches

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Police officers are frequently required to deal with potentially violent situations and may need to use control and restraint techniques.

## Principles of using force in custody

All police officers and custody staff should be aware of the dangers of positional asphyxia and restraining people experiencing acute behavioural disturbance (ABD), which is a medical emergency.

A custody office is a controlled environment and the overriding objectives should be to avoid using force in custody.

Staff should treat detainees with dignity and respect and aim to de-escalate any situations that may lead to force having to be used. Custody officers should manage their environment so that situations where the use of force may be necessary are de-escalated.

All uses of force must be proportionate, lawful and necessary in the circumstances. Officers will be accountable for all instances where force is used.

For further information, see [\*\*Faculty of Forensic and Legal Medicine \(FFLM\): guidelines on management in police custody.\*\*](#)

## Information

When a call comes in requesting police assistance at an incident, staff should obtain as much detail as possible (see [\*\*information sources\*\*](#)) and pass this information on to the officers who are first on scene. Response officers should have access to information regarding the medical, mental or physical condition and/or lifestyle choices (including drug and alcohol use) of the detainee (and

others) prior to their arrival at the scene. This means they are likely to be better equipped to consider the tactical options available that may be necessary and appropriate to the risks that may be presented.

## Applying the national decision model

Officers must be aware of the potential risks to the suspect or detainee when using control and restraint techniques and should be guided by the [\*\*national decision model \(NDM\)\*\*](#) at all times.

Officers should use all available information to assess the threat and risks of the situation. They should consider what legal powers or policy they may use and be guided by the [\*\*Code of Ethics\*\*](#).

When identifying options and contingencies, officers are required to apply their training, experience and skill to resolve a situation. They should consider the immediacy of the threat, necessity of their actions, proportionality and the potential community impact. All actions should be subject to continuous review and must be appropriately recorded. Lessons should be learnt, where appropriate.

## Assessment

Risk assessment and decision making should be guided by [\*\*APP on the NDM\*\*](#), [\*\*APP on Risk principles\*\*](#) and [\*\*Association of Chief Police Officers \(ACPO\) \(2012\) Personal Safety Manual of Guidance\*\*](#) (available via College Learn to registered users only).

Detainees experiencing the effects of alcohol, drugs, a mental health condition or a medical condition are particularly vulnerable to the impact of being restrained.

With specific reference to restraint and drug use, restraint is significantly more likely to be used in a drug-related arrest than during a non-drug-related case. [\*\*IPCC \(2010\) Deaths in or following police custody: An examination of the cases 1998/99 – 2008/09\*\*](#) found that of the 56 drug-related cases of death in or following custody, 43% had involved restraint of the individual. Most commonly, the restraint technique involved officers holding down the individual.

The HM Government (2014) [\*\*Mental Health Crisis Care Concordat\*\*](#) indicates that individuals experiencing mental illness who are restrained, particularly due to violence, need to be considered as a medical emergency and taken to hospital as they are at increased risk of ABD. See [\*\*Mental\*\*](#)

[\*\*vulnerability and illness APP\*\*](#) and [\*\*Mental health – detention APP\*\*](#) for further information.

Guidance available under [\*\*Risk assessment\*\*](#) sets out symptoms of some medical or mental health conditions. There are also risk factors particular to [\*\*positional asphyxia\*\*](#).

For further information, see the [\*\*Dame Elish Angiolini Report of the Independent Review of Deaths and Serious Incidents in Police Custody\*\*](#).

## **Warning signs for physical violence**

Signs indicating that the behaviour of a person or detainee may be escalating towards physical violence can include:

- facial expressions
- increased or prolonged restlessness, body tension, pacing
- general over-arousal of body systems (increased breathing and heart rate, muscle twitching, dilating pupils)
- increased volume of speech, erratic movements
- prolonged eye contact
- discontent, refusal to communicate, withdrawal, fear, irritation
- unclear thought processes or poor concentration
- delusions or hallucinations with violent or aggressive content
- verbal threats or gestures
- reporting anger or violent feelings
- blocking escape routes

## **Identify options and contingencies**

Potentially violent incidents are not always easy to control as events are often spontaneous, and officers usually have little time in which to assess a situation and plan a response. This applies particularly when not in a secure setting, where the conditions and environment may be variable or unfamiliar to the officer.

A proactive way of dealing with a violent person will usually be rapid initial restraint by those who have had approved training, but this must be assessed against the particular circumstances, in accordance with the NDM and always considering options of communication and de-escalation.

Where it is necessary for officers to restrain potentially violent or disturbed detainees, it is important that they are properly briefed on any known condition, the warning signs and risk factors for physical violence known about the subject. It is also necessary to have prior knowledge of any relevant medical conditions such as asthma or heart problems, so that detainees can be effectively monitored.

## The prone position and positional asphyxia

There is an increased risk of causing positional asphyxia when restraining those of particularly small or large build or those who have taken drugs, medications (anti-psychotics) or alcohol. People restrained in the prone position should be placed on their side or in a sitting, kneeling or standing position as soon as practicable. The Independent Advisory Panel (IAP) has issued [advice on restraint and the use of force](#).

Staff working in a custody environment must be trained in managing violence. Training should include tactical communication skills as well as recognising and managing positional asphyxia and **ABD**. Staff should also be trained in techniques for moving detainees and repositioning them from the prone position in accordance with the [Personal Safety Manual of Guidance](#).

Officers and staff should avoid using the prone restraint position unless it is proportionate to the threat and necessary in the circumstances. Officers should keep the period for which it is used to a minimum.

When a detainee is restrained in a prone position, a safety officer should be responsible for monitoring the detainee's conditions, particularly the airway and response, protecting and supporting the head and neck. That person should lead the team through the physical intervention process and monitor the detainee's airway and breathing continuously. Care should also be taken not to place pressure on a detainee's chest or obstruct the airways.

Prolonged restraint and struggling can result in exhaustion, reduced breathing leading to a build-up of toxic metabolites. This, with underlying medical conditions such as cardiac conditions, drug use or use of certain antipsychotics, can result in sudden death with little warning. The best management is de-escalation, avoiding prone restraint, restraining for the minimum amount of time, lying the detainee on their side and constant monitoring of vital signs.

Usually there are no outward signs or symptoms of positional asphyxia. An individual may be overtaken so quickly and completely that there are no indications of distress or time to communicate a need for help.

For further information see:

- Personal Safety Manual of Guidance (available via College Learn to registered users only)
- The Independent Advisory Panel (IAP) on Deaths in Custody has published common principles for safer restraint

## Principal risk factors that can contribute to death during restraint

This includes situations where:

- the body position of a person results in a partial or complete obstruction of the airway and the subject is unable to escape from that position
- pressure is applied to the back of the neck, torso or abdomen of a person held in the prone position
- pressure is applied, which restricts the shoulder girdle or accessory muscles of respiration while the person is lying down in any position
- the person is obese (particularly those with large stomachs and abdomens)
- the person is of small or light build
- alcohol or drug intoxication (especially stimulants, for example cocaine, being on antipsychotic medication – some medications under certain conditions can cause abnormal heart rhythms)
- the person has a heightened level of stress

Officers should note that the effects of a violent struggle or restraint and build-up of lactic acid can exacerbate the effects of drugs, alcohol or medication.

## Powers and policy

### Use of force

The three main powers relating to the use of force are contained within:

- common law
- section 3 of the Criminal Law Act 1967
- section 117 of the Police and Criminal Evidence Act 1984 (PACE)

**Section 76 of the Criminal Justice and Immigration Act 2008** suggests that whether or not the use of force was reasonable in the circumstances will be decided with reference to the circumstances as the officer believed them to be at the time of the force, such as when making the arrest.

Responsibility for the use of force rests with the police officer exercising that force. Officers must be able to show that the use of force was lawful, proportionate and necessary in the circumstances. Using handcuffs, for example, may not always be a necessary or proportionate response. Please note, use of force may also engage **articles 2 and 5 of the European Convention on Human Rights** (ECHR), where the force is deemed unlawful and/or unnecessary.

## **Mental capacity**

There is additional legal provision within the **Mental Capacity Act 2005** for the police to intervene to administer or assist in the medical treatment of a person who lacks the mental capacity to know what they need.

See **Mental capacity APP**.

Further information:

- **The Mental Capacity Act 2005 Code of Practice**
- **R (on the application of Sessay) v South London and Maudsley NHS Foundation Trust**  
[2011] EWHC 2617 (QB)
- **Ministry of Justice (2008) The Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice**

## **Action**

Restraint may take place prior to arrival in custody or within custody. Prior to arrival in custody, conditions are variable and officer(s) must apply the NDM to the particular circumstances, as appropriate. A detainee should not be left alone and unsupervised in a vehicle.

On arrival at the custody suite, the secure environment should mean that conditions are more controlled. As soon as possible, the escorting staff must inform the custody officer about any control methods or restraint techniques used. There is also a responsibility on the custody officer to include this as part of the risk assessment. They should ask the arresting/escorting officer if any

control measures or restraint techniques were used during arrest and transportation.

The custody officer must be alert to any signs of injury or effect caused by restraint and any behaviour or symptoms of illness that may indicate a need for medical attention. When taking charge of an incident, the supervisor must ensure that the health of the detainee is monitored and that the degree of restraint being applied is reasonable. Monitoring should include assessing the detainee's breathing and other visible life signs. Officers must record all details of the restraint.

## Recording use of force

The arresting/escorting officer must inform the custody officer immediately if any force has been used during the arrest and/or escort of the detainee.

Officers must make a record of any force used on any person who has been arrested (including those detained under the **Mental Health Act 1983** for management information).

The supervisor of the arresting officer should compile a narrative report for the senior management team if:

- the force used resulted in any injury to a detainee that requires subsequent significant medical attention, for example hospital attendance
- the force resulted in any injury that amounts to at least actual bodily harm under **section 47** of the Offences Against the Person Act 1861
- there were any other significant features of the arrest and decision making that would be of management interest, in particular where it may be damaging to the reputation of the service or likely to attract high media interest

These narrative reports form part of the management information that should be both collated and analysed by forces.

A detainee who is restrained should be under constant observation (level 3) or in close proximity (level 4) so that officers can monitor all vital signs and make appropriate intervention if a medical emergency arises.

Forces should collate use of force data electronically (the Home Office is considering mechanisms for annual data returns in this regard). Forces are expected to record all instances of use of force electronically and in such a way that allows for ready retrieval and analysis of this information. In

particular, this data should allow for analysis by age, ethnicity and offence and should form part of the custody record or be explicitly referenced in it.

In recording the use of force, officers and staff should use the following categories as a minimum:

- baton/ASP
- Taser
- incapacitant spray
- handcuffs
- open hand techniques
- prone restraint

## Restraint after arrival in the custody suite

A custody officer can require the removal of the handcuffs, although arresting or escort officers may remove them prior to or on arrival at the police station.

Only approved techniques and methods should be used when placing a violent detainee in a cell. A healthcare professional (HCP) should assess and monitor a violent detainee's condition, when the underlying reason for their violence is not apparent.

The initial risk assessment should be reviewed after the detainee has been placed in the cell (see **Risk assessment**). It should be repeated when and if the detainee has calmed down and is able to answer questions. Officers must record these procedures in the custody record.

## Review

### Injury or other effects caused by restraint

The custody officer must be alert to any signs of injury or effect caused by restraint and any behaviour or symptoms of illness that may indicate a need for medical attention. Where necessary, detainees requiring urgent medical attention should be taken to hospital. Officers should update the custody record accordingly.

Officers should share information about injuries caused by restraint with HCPs attending to the detainee. They should note any concerns raised by the HCP in the custody record.

### Monitoring in custody

A detainee who is restrained, including restraint using mechanical equipment, should be under constant observation (level 3) or in close proximity (level 4) so that officers and staff can monitor all vital signs and make appropriate intervention if a medical emergency arises. See [detainee care, levels of observation](#).

This supervision may also involve being:

- in the cell with the restrained detainee
- in the cell with the detainee and physically restraining them
- outside the cell and observing the detainee through the open cell door or a see-through door

For additional information on the use of restraints in a cell, see [PACE Code C paragraph 8.11](#).

## Cell relocation

Moving violent detainees from place to place carries a high risk of injury and should be avoided where possible. The procedure must be carried out in line with [ACPO \(2012\) Personal Safety Manual of Guidance](#) (available via College Learn to registered users only) if it becomes necessary.

### Supervising cell relocation

The custody officer should supervise all cell relocations and avoid becoming physically involved by ensuring sufficient staff are available. Where an immediate relocation is necessary, it may be impractical to wait for additional staff. The supervisor is accountable for the way in which the incident is managed, but the safety officer and all other officers and staff involved have a responsibility to be aware of any signs of distress and trauma.

### Pre-planned cell relocation

In a pre-planned relocation using a specialist team, the team supervisor is responsible for the tactics of the procedure and team management, but the custody officer retains responsibility for the welfare of the detainee in accordance with [section 39](#) of PACE.

### Use of Taser

The custody officer must be informed when a Taser conductive energy device has been discharged on an individual prior to or on arrest. If there is any sign of an adverse or unusual physical reaction, then medical attention should be provided immediately. Guidance on appropriate post-incident procedures following taser deployment is available within [\*\*APP on Taser\*\*](#). The use of Taser should prompt the custody officer to consider secondary injuries within the risk assessment, for example head injuries, neck pain, injuries to shoulder, wrists or hands from falling, and whether the barb is still present. An HCP should be requested to examine the detainee or remove the barb where required.

Officers who have been issued with a Taser as part of their equipment may be permitted to carry the equipment within custody suites. There are, however, [\*\*strict guidelines\*\*](#) in relation to the carriage, security and deployment of a Taser. Risk assessment and decision making should be guided by the [\*\*NDM\*\*](#). As with all types of force, the use of Taser equipment must be necessary, fully justifiable and proportionate to the threat faced.

When considering the use of control measures or tactics for control or restraint in a custody suite, officers must give full consideration to the circumstances and which options are the most proportionate.

Taser should never be used for procedural compliance.

For further information see:

- [\*\*APP on Taser\*\*](#)
- [\*\*Taser information leaflets\*\*](#)

## Medical assessment

There are cases where persons exposed to Taser have died some time after discharge where the cause of death is unlikely to have been the device itself.

As soon as practicable after arrival at the custody suite, all arrested persons who have been subjected to conducted energy device (CED) discharge must be examined by a specially trained healthcare professional (HCP) working in General Forensic Medicine. For the purpose of this requirement, HCPs are:

- nurses
- paramedics
- doctors

The minimum standards required for a HCP to assess detainees exposed to CED discharge:

- the nurse or paramedic holds an advanced clinical practitioner qualification

OR the nurse or paramedic has undergone:

- induction training in General Forensic Medicine via a course following the FFLM syllabus and standards for this induction training

AND

- a bespoke CED course approved by the FFLM and supported by the National Police Chiefs' Council (NPCC)

Where the detained person has sustained a head injury as a result of the secondary effect of the Taser discharge, they should be transported to hospital to be medically assessed and have the injury monitored.

Officers and staff should give particular attention to detainees who have been subjected to the discharge of a Taser who are known to have or are suspected to have conditions such as diabetes, asthma, heart disease, epilepsy or any other condition which may influence the individual's fitness to be detained. This includes the consumption of alcohol and/or drugs.

For further information, see:

- [\*\*Taser information leaflets\*\*](#)
- [\*\*FFLM guidance on the clinical effects of Taser and managing those subjected to Taser discharge\*\*](#)

## Monitoring after Taser discharge

Officers must closely monitor a person following discharge of the Taser. If the person is detained in a cell, they should be monitored and observed according to the risk assessment, such as at level 3 (constant supervision) or level 4 (close proximity). Warning signs include a detainee complaining of

chest pain or shortness of breath.

Where a detainee is taken directly to a hospital (under [section 136 of the Mental Health Act 1983](#), or for any other medical reason) the doctor taking charge of the patient at the hospital must be told that a Taser has been discharged on the detainee.

At the earliest opportunity following arrival at the custody suite, officers should give a detainee who has been subjected to a Taser discharge an information leaflet describing the device, its mode of operation and effects. Officers should fully explain this leaflet.

Officers should enter any instance of the use of a Taser on an individual and the fact that an information leaflet has been provided in their custody record and use of force form.

## Searching detainees

Searching detainees is important as it reduces the risk of harm to staff, protects the safety of detainees and allows material to be seized that may be subject to legal proceedings.

[Section 54](#) of PACE provides a power to search an arrested person on arrival at a police station. There is a separate power to search at any other time, which is described in section 54 (6A) to (6C) and applies where the custody officer believes the detainee is in possession of an item which could physically injure anyone (including the detainee), damage property, interfere with evidence or help the detainee to escape. After arrival and while at a police station both powers apply, but only to constables and designated detention officers by virtue of [paragraph 26 of Schedule 4 to the Police Reform Act 2002](#).

[Paragraph 35\(4\)](#) of Schedule 4 to the Police Reform Act 2002 also confers a power on designated escort officers to search persons being escorted from a police station to another station or from a police station to any place and then back to that station or onto another station.

For further information, see [Equality and individual needs](#).

## Search on arrest

[Section 32](#) of PACE sets out the powers of a police officer to search a person on arrest. Officers may use reasonable force to conduct such searches. Staff must always consider whether they should exercise their powers to search before placing a detainee in a vehicle. In large-scale public

order situations, it may be safer to remove the detainee from the incident and then conduct the search.

**Paragraph 34(2)** of Schedule 4 to the Police Reform Act 2002 confers on designated escort officers a power to search and seize while in transit from the place of arrest to the police station.

For detailed guidance on intimate and strip searches, see [\*\*PACE Code C Annex A\*\*](#).

## Search of a detainee in custody

Where detainees have been searched on arrest, they should not be left unsupervised until they have been presented to the custody officer, who will decide whether or not a further search is necessary. Such decisions, and any searches arising from them, must comply with PACE and the codes of practice. The search, the extent of the search and the subsequent retention of any article that the detainee has with them, depend on the decision made by the custody officer.

All custody staff must receive training and refresher training in accordance with [\*\*ACPO \(2012\) Personal Safety Manual of Guidance\*\*](#) (available via College Learn to registered users only) and the [\*\*National Custody Officer Learning Programme \(NCOLP\)\*\*](#) (available via College Learn to registered users only). Custody officers should also be trained to supervise the searching of detainees in cells. This training should specifically cover thoroughness, control and restraint, and diversity issues.

## Documenting decisions

Officers must document the decision-making process on the custody record and include the reason for the search, those present during the search, those conducting the search and a record of any items found or seized.

## Conduct of searches

The custody officer should explain to the detainee why they are being searched and is responsible for the safekeeping of any property taken from the detainee.

Staff should also explain why it is necessary to take what may be considered unwelcome actions, such as requiring the removal of items of a detainee's clothing, for the purposes of a search.

Officers and staff should carry out searches with respect and dignity.

Special consideration should be given to menstruating detainees. Custody officers should ensure that detainees have an opportunity to indicate, privately to a female officer, whether they are menstruating.

Where a detainee has menstrual products removed as part of a strip or intimate search, they should be offered a replacement without delay.

Detainees should not be asked to squat during a strip search. The custody officer must fully explain the reason(s) for the search. Custody officers should consider repeating this later during custody if the circumstances of the search were volatile.

For further information, see [\*\*FFLM guidance on intimate searches\*\*](#).

## **When might a strip search become an intimate search?**

The touching or applying of bodily force to any orifice (other than the mouth) or the immediate surroundings of any body orifice would constitute an ‘intimate search’ for the purposes of PACE. However, this position has been complicated by the 2021 ruling in [\*\*Owens v Chief Constable of Merseyside Police \[2021\] EWHC 3119 \(QB\)\*\*](#).

In this case the arrested person, Owens, having been ‘asked’ to remove his trousers and underwear, was then asked to separate his penis and testicles, pull his foreskin back, turn around, lean over and separate his buttocks.

In a preliminary decision on what constitutes an intimate search, it was held that an intimate search (defined by [\*\*section 65 of PACE\*\*](#) as ‘the physical examination of a person’s body orifices other than the mouth’) requires an act of physical intrusion into a body orifice.

The judge concluded: ‘Parliament was concerned with items which are concealed within – that is, inside – a relevant body orifice. Parliament was not concerned with items concealed on the body, but outside (including on the surface of) a relevant body orifice. That means, to take an example, that the police could search to ascertain the presence of (and, if present, extract) an item resting on the outside of an anus or vagina, including using physical contact and physical force. Again, the item might be Class C drugs or a plastic bag containing banknotes. There is no “intimate search”.

The ruling in this case is at variance with [\*\*PACE Code C, Annex A, paragraph 11\(e\)\*\*](#) on strip searches. Despite this ruling, care should clearly be taken in the operational context when considering such intrusive activity.

## Property removal and storage

During the risk assessment process, custody officers should be aware that items of clothing such as ties, belts, shoelaces and cords could be used as ligatures. All staff have a duty of care and must do all that is reasonably possible to protect the right to life under [\*\*Article 2\*\*](#) of the ECHR.

Where the removal of menstrual products is considered necessary as part of a self-harm or suicide risk, it should be subject to further specific risk assessment. All alternative options should be fully explored before making a decision to remove menstrual protection.

## Withholding articles

The decision to withhold articles from the detainee must be based on a risk assessment of each individual and the guidance given in [\*\*PACE Code C\*\*](#).

Custody officers may (under [\*\*section 54 of PACE\*\*](#)) seize clothing on the grounds that they believe a detainee may use it to harm themselves. See also [\*\*paragraph 4.2 of PACE Code C\*\*](#).

However, custody officers should, when deciding to remove property, balance the imperative to protect the right to life with the importance of ensuring that a detainee's dignity is respected. For example, detainees should be allowed to retain their spectacles if there is no significant indication that they may use them to self-harm.

Section 54(3) and (4) of PACE provide the power to seize clothing which might be used to cause physical injury. Section 53(6) and (6A) treat the process by which clothing and other articles might be found and/or seized as a search.

Officers should not leave a detainee without any clothing as an alternative to constant supervision.

The detainee should be given the opportunity to check and sign the custody record to confirm that the record of the items seized is correct. Forces should provide adequate storage and security for a detainee's property.

If a detainee has medication with them, this should be retained and only administered after examination and authorisation by an HCP.

## The documenting of strip searches in police custody

The definition of a strip search according to **PACE Code C**, Annex A, paragraph 9 is 'A strip search is a search involving the removal of more than outer clothing. In this Code, outer clothing includes shoes and socks'.

The case of **Davies v CC Merseyside Police [2015]** EWCA Civ 114 has tested the interpretation of PACE Code C, Annex A in the context of a clothes swap within custody. It provides that any removal of more than outer clothing, is a strip search and should be recorded as such.

Although the question of the definition of 'strip search' and any subsequent recording of such was not necessarily sought in the Davies case, in the absence of specific guidance in Code C relating to the removal of clothing under the power given by section 54 and a separate definition for this type of 'search', it is the case that the removal of clothing for the detainee's safety, i.e. a 'clothes swap', is, by definition, a strip search. Code C Annex A should be adhered to, and a strip search should be recorded.

If a detainee's shoes and socks are removed or replaced, this is classified as outer clothing. This is NOT a strip search and does not need to be recorded as such.

## Replacement clothing

All custody suites should retain an adequate supply of replacement clothing to issue to detainees as necessary. Officers must respect the detainee's dignity and meet their basic warmth and welfare needs. Officers must provide a detainee with alternative clothing if their own clothing is wet, as they may be at risk from hypothermia. Paper suits are not adequate replacement clothing.

## Search of a police vehicle

Officers must search vehicles used to transport detainees before and after use and, where practicable, in the presence of the detainee.

In unmodified vehicles, officers should give attention to the area down the back of the seats and the footwells, as these are the most likely places for items to be concealed. Officers should take particular care to avoid sharp objects, including syringes, when searching this area.

For further information, see [\*\*ACPO \(2012\) Personal Safety Manual of Guidance\*\*](#) (available via College Learn to registered users only).

## Cell searches

Officers must visually inspect and search all cells and detention rooms on release of a detainee and before new occupancy, to ensure that:

- fresh damage is identified
- defects in cells are identified
- cell buzzers, intercoms and lights are working and fully functional
- alarm call systems are working and fully functional
- the cell hatch closes
- no ligature points are available
- the previous occupant has left no items

## Periodical checks

Officers should check all cells and detention rooms periodically throughout the tour of duty and:

- on handover or at set times if the cell is vacant
- immediately before a detainee is placed in the cell
- by a trained search team as deemed fit by custody managers

## Inspection checklist

Officers should take the following actions when inspecting cells and detention rooms for defects and potential ligature points (this list is not exhaustive):

- work from the ceiling down to floor level.
- start with the ventilation grilles through to light fittings, checking that the sealant has not been picked out and that holes are not too big.

- check the light fittings and smoke detectors – are they fitted securely and is the sealant intact?
- check toilet bowls where the filler between the bowl and seat might have been removed, enabling laces or belts to be pushed through. Is the sealant intact?
- check the bench underneath the mattress to see if any gaps would permit laces or belts to be threaded through.
- check mattresses and blankets to ensure that they are not damaged. Damaged mattresses and blankets may be more easily torn by a detainee to make into a ligature. Also check that they are not soiled or infested.
- check the door and frame. Does it fit properly, are the welds secured, does the handle work correctly and is surrounding plasterwork undamaged?
- check the cell hatch to ensure that it does not drop down if a detainee bangs on it while it is fully closed.
- check the spy glass is not broken

Immediately after placing a detained person into a cell, custody staff should document in the custody record that the cell has been checked, that it meets the required standards and that the cell call system is in full working order.

## Police search adviser

Cells should be frequently searched by licensed search officers under the direction of a police search adviser. This is most effective when carried out on a regular basis, but with varying lengths of time between searches. Where forces have adopted these procedures, searching by custody staff and officers has improved.

## Defective cell

A cell or detention room must be put out of service if the cell call system is found to be defective. This applies until it is fit for use or a suitable control measure has been employed to ensure the detainee's welfare, for example, placing the detained person under close proximity supervision (level 4).

Forces must only use a defective cell as a last resort. If appropriate control measures are not available or possible, it must not be used. Any cell found to be structurally defective or in need of cleaning must be closed for remedial action.

# Tags

Detention and custody