



Detention Services Order 07/2016

Use of restraint(s) for escorted moves – all staff

Process: To provide instructions on the risk assessment and use of restraints on detainees under escort.

Implementation Date: July 2016 (reissued August 2016)

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Contains Mandatory Instructions

For Action: Home Office staff and suppliers operating in immigration removal centres, pre-departure accommodation, short-term holding facilities and escorting supplier staff

For Information: Home Office caseworkers

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Processes Affected: All processes governing the risk assessment and the restraint of detainees under escort.

Assumptions: Risk assessment processes prior to detainees leaving the centre under escort already exist. Operational staff are competent and suitably trained in the use of restraints.

Notes: This DSO replaces DSOs 06/2014 & 07/02014 which have been withdrawn. Restraints must not be used on any detainee under 18 years old.

Issued: August 2016
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Introduction

1. This detention services order (DSO) provides guidance for all staff in Home Office immigration removal centres (IRCs), pre-departure accommodation (PDA) and short-term holding facilities (STHF), as well as escorting staff. It sets out instructions for staff on the requirement to complete a risk assessment prior to restraining a detainee before or during an escorted move.
2. It also provides guidance on the use of handcuffs, leg restraints and waist restraint belt on detainees under escort, for both in-country and overseas journeys. This includes court appearances and medical appointments, and the use of the mobile chair if a detainee is under restraint.
3. In this DSO, 'Duty Manager' refers to the centre or escort supplier's Duty Manager, or equivalent. A healthcare professional is defined as a qualified healthcare professional in the UK whose practice is based on direct observation and treatment of a patient.

Purpose

4. This order will ensure that all staff within the Home Office detention estate, as well as escorting staff, are aware of the individual risk assessment process to be undertaken prior to any escorted move of a detainee. This must include any planned use of restraint equipment.

Policy

5. There is a presumption against the use of restraint equipment during visits to outside facilities and during escort journeys. Any use of restraint must be subject to an individual risk assessment, which must be undertaken for each individual escorted move, even if it is a regular appointment, and must include the most current information available. This is to determine whether restraint should be used and identify the appropriate restraint equipment for the individual move.
6. It may be necessary to restrain a detainee in order to reduce the risk of escape or absconding, prevent harm to the public, detainees or staff, or to prevent damage to property. In addition a detainee may be restrained to prevent them from self-harming or obstructing their removal.
7. The use of any restraint equipment must be done in such a way that it preserves the dignity of the detainee, by being used as discreetly as is practicable without affecting the safety of the detainee, staff and others.
8. Unless risk is properly assessed and the use of restraints fully justified, particularly for elderly, infirm or terminally ill detainees, the use of restraints could amount to inhuman and degrading treatment under Articles 2 and/or 3 of the European Convention of Human Rights.
9. The use of any restraint must be reasonable, necessary and proportionate, and have regard to all relevant circumstances: restraints must only be used for the minimum amount of time. **Restraint equipment must not be used on:**

- a detainee assessed to be under 18 years old (DSO 14/2012 refers)

- a tetraplegic or paraplegic detainee
 - a detainee who is subject to an order or directive for compulsory detention under the Mental Health Acts must not be placed in restraint equipment, unless the Centre Manager (or delegated Duty Manager), with the agreement of a healthcare professional, directs that they must be used.
 - a detainee if their medical condition renders restraints inappropriate, as advised by a healthcare professional.
10. Restraints will not normally be necessary when the detainee's mobility is severely limited, e.g. when he or she is on crutches. In the unlikely event that restraints are deemed necessary, authorisation must be sought from the Duty Manager, who will make the decision in line with medical/healthcare information provided in the risk assessment.
11. Where a detainee displays non compliant behaviour, or at any point resists the planned application of restraints, then officers are authorised to use force. Any use of force must be reasonable, necessary and proportionate, and only using approved techniques. Only staff who have up to date training in Control & Restraint (C&R (for centre supplier staff), Home Office Manual for Escorting Safely (HOMES (for escorting supplier staff) or Minimising and Managing Physical Restraint (MMPR (for use of force on minors) may use force on detainees, if deemed necessary. Staff must complete the use of force form detailing and justifying the reasons for using force.

Use of restraints/force on pregnant detainees

12. Use of restraints or force should only ever be used on a pregnant detainee to prevent her from harming herself, any member of her family, any member of staff, any other detainee or any member of the public. Any use of restraint must be appropriate, justified and proportionate. Staff must complete the use of force form detailing and justifying the reasons for using force.
13. A pregnant detainee must not be placed in a waist restraint belt or leg restraints, or be placed in the mobile chair.

Authority to use restraints

14. Before any use of restraint equipment, an individual risk assessment must be undertaken and as a minimum, authority for the use of restraints must be given by the Duty Manager. This includes the continued use of restraints during journeys when the detainee is located in a vehicle. For overseas escorting, this must be kept under review by the Duty Manager.
15. The principles of current training in C&R and HOMES apply; where the use of restraint equipment is planned a minimum of two DCOs is mandatory to affect the move.
16. The decision to use restraint equipment in a reactive situation (i.e. medical emergency or urgent situation following sudden disruptive behaviour) during escort rests with the escorting DCO. This should be based on a dynamic risk assessment undertaken at the time and having due regard to the use of force

policy and safe management of the detainee and situation. Any restraint must be in line with the techniques taught in the C&R manual for centre supplier staff, and HOMES for escorting supplier staff, which outlines the minimum number of staff needed for each technique. The Duty Manager must be notified of any restraint as soon as is reasonably practicable and use of restraint must be kept under review.

Removal of restraints

17. Dynamic risk assessments should be carried out throughout the escort and consideration given, if appropriate, to remove restraints where possible. Where the risk factors justifying the use of restraints no longer apply, for example during hospital treatment or when a healthcare professional directs removal of restraints on health grounds (see points 20-25 below), authority to remove the restraints should be sought from the Duty Manager.
18. In an emergency where life is being threatened, the decision to remove restraints is with the officer in charge of the escort.
19. Where restraints are removed escort staff must not permit the detainee to leave the physical boundaries of any building (e.g. for a smoking break or exercise), or to walk around unescorted.

Request by a healthcare professional for restraints to be removed

20. A healthcare professional may direct the removal of restraints: because of an immediate risk to the health of a detainee; because the detainee is in pain/discomfort; because the restraints are impeding treatment; clinical examination; or ongoing clinical monitoring. A direction from a healthcare professional for restraints to be removed must be considered as a matter of urgency. There may also be requests to remove restraints where continuing their use may significantly impact on the detainee's dignity. The use of escort chains should be considered, to allow as much privacy and dignity to the detainee while being examined. The decision not to use escort chains in preference to hand cuffs should be documented.
21. If the direction to remove restraints is because of an immediate risk to the health of a detainee, the restraints must be removed. Escort staff must inform the Duty Manager as soon as possible in case additional security arrangements need to be made.
22. If a healthcare professional directs the removal of restraints because they are impeding examination or treatment, the restraints must be removed. Where the risk of escape/abscond remains high, or if escort staff are in any doubt about the direction to remove the restraints, the escort staff may share the risk assessment with the healthcare professional where appropriate and must seek to resolve the matter informally. For example in the case of a risk of absconding, request that the examination be conducted in a private room where risk is significantly reduced. Where the direction cannot be resolved informally the escort staff must inform hospital staff that the restraints will remain in place until a further decision is made by the Duty Manager.

23. The decision of the Duty Manager must be based on the information provided in the individual's risk assessment, any changes in circumstances since the initial risk assessment (including clinical condition) as well as the advice of the healthcare professional. The Duty Manager must speak personally with the healthcare professional if possible. In exceptional circumstances, when the Duty Manager does not approve the removal of handcuffs, the Duty Manager must notify the onsite Home Office Immigration Enforcement (HOIE) Manager (or HOIE on-call Manager if out of hours) who will notify the HOIE Area Manager (or HOIE on-call Senior Manager if out of hours).
24. Once a detainee has completed their consultation/treatment or has been discharged from being an in-patient and is being returned to the IRC, consideration must be given as to whether it is appropriate for restraints to be reapplied for the return journey. This decision will be based on an individual risk assessment, taking into account any changes in the detainee's clinical condition and the relevant circumstances at the time.
25. Consultation with the lead healthcare professional on the detainee's health may help when considering whether the original risk factors justifying the use of restraint still apply. The lead healthcare professional is the person who has lead responsibility for the care of the detainee while attending or admitted to hospital. Escort staff should speak with the Duty Manager if the detainee is admitted as an in-patient or before leaving the hospital for a decision on whether restraints should be reapplied or not.

Recording

26. Where the use of restraint equipment is planned in advance (based on risk assessment), and the detainee remains compliant and allows officers to apply restraints without resistance, then this is deemed to be a passive application of restraint equipment. This must be recorded on the risk assessment form and person escort record (PER). No further paperwork is required to be completed.
27. Where the detainee displays non compliant behaviour, or at any point resists the planned application of restraints, then officers are authorised to use force. The Use of Force form (DCF 02) must be completed in addition to the risk assessment form.
28. The record of use of restraint must be a comprehensive and accurate note of the actions that took place before, during and after restraint, and the actions taken to de-escalate the situation. The report must be clear, specific and as accurate as possible; including the circumstances leading up to the application of restraint.
29. It is important that the date, time and location restraint equipment was placed on a detainee are recorded on the PER and the risk assessment form updated. If restraints are removed at any time, the date, time and place must be recorded on the PER as well as both the reason for their removal and either notification/approval to do so, depending on the situation. The PER must give details of any attempts made to de-escalate throughout the incident.

30. Clinical advice received during a removal or hospital escort must be recorded on the PER and should include; any clinical observations shared with the escorts, discussions between healthcare professionals and escort staff, advice on the use of restraints and any decisions reached on the use of restraint or restraint equipment. The record should also explain how the incident was finally resolved. Escort staff must treat this information appropriately as set out in DSO 01/2016 Medical Information Sharing.
31. The Use of Force form must be completed independently of other staff involved and ideally as soon as possible after the incident or within 24 hours, except in exceptional circumstances. Failure to do so may leave staff/managers/suppliers open to serious allegations, disciplinary action and possible litigation.
32. Any evidential video footage relevant to an alleged or actual use of force incident must be retained for 6 years.
33. All uses of restraints must be recorded and made available for inspection by contract monitors, onsite HOIE managers, the Independent Monitoring Board (IMB) and Her Majesty's Inspectorate of Prisons (HMIP).
34. The supplier is required to submit a monthly return to the onsite HOIE manager and the HOIE use of force monitor, providing statistical detail of the escorted moves undertaken. The HOIE manager will conduct a monthly review of the information provided, and will pass this onto the HOIE use of force monitor along with any observations.
35. All risk assessment forms must be sent to the HOIE Manager/Deputy Manager within 72 hours of the escorted move/restraint being used. The centre supplier's senior manager must have reviewed the form and made an assessment of whether the restraint was reasonable, proportionate and necessary before the form is submitted to the Home Office. All Use of Force forms must be sent to the HOIE Manager/Deputy Manager within 24 hours of the incident.

Handover

36. Due to the differences in restraint training between escort and centre Detainee Custody Officers (DCOs), a handover briefing must be undertaken when custody is being transferred in order to clarify individual staff member's roles and responsibilities. This must be done prior to any escort that involves the planned use of restraint.
37. The IS91 must be signed by the supplier receiving the detainee into their custody, and must only be signed at the point of handover. Where responsibility for a bedwatch transfers to the escorting supplier, copies of the risk assessment must also be provided.

For centre supplier staff – trained in Control and Restraint (C&R) methods only

Risk assessment

38. Individual risk assessments must be completed and recorded in advance on all detainees subject to escort. A new risk assessment must be undertaken for each individual escorted move, even if it is a regular appointment, and must include the most current information available. The risk assessment template must be used to record the individual risk assessment and decision of the Duty Manager in approving any escort. The form contains instructions on how it should be completed and these must be followed in full. A copy of the risk assessment must be placed on the Detainee Transferable Document (DTD) with the completed PER for that move.
39. The risk assessment document must be approved by the Duty Manager as a minimum and will include input from the security department, healthcare and the HOIE Manager/Deputy Manager. The risk assessment must be kept under constant review by the escort staff.
40. Risk assessments will take proper account of the entire escort journey, including transit points, scheduled rest stops, the destination and public areas. For hospital visits, particular attention should be given to any risks associated with the use of consultation and/or treatment rooms as well as consideration of circumstances/location if a detainee is admitted as an in-patient. Every effort must be made to undertake a risk assessment of the destination in advance of any journey. A decision to authorise the use of restraint must not be made solely on the basis that a risk assessment of the destination has not been conducted.
41. The risk assessment must also consider whether handcuffs should be applied during transit and, if so, at which point in the journey or prior to consultation it may be appropriate to remove them. A number of factors will need to be considered when making the decision on the use of handcuffs, such as clinical reasons/advice and medical confidentiality, weighed against the risk of abscond/escape. The decision on whether to use handcuffs, the reasons for their use, and any approval, must be clearly recorded on the risk assessment form.
42. The information contained in the risk assessment form will inform the Duty Manager's decision on whether to authorise the risk assessment and agree to the proposed method of escort. Any decision to approve the recommended use of restraint equipment as part of the risk assessment for the escorted move must refer to the policy relating to the use of force. The manager's decision to authorise the risk assessment and method of escort must be recorded on the form.
43. If a risk assessment form is completed more than 24 hours in advance of an escorted move, then a full review of the assessment must be undertaken on the day of the escort. It is important that the risk assessment is kept under regular review, particularly where circumstances change, such as any changes to a detainee's health or destination changes.

44. If an emergency escort takes place and insufficient current information is available to complete a risk assessment, then wherever possible and if safe to do so, the HOIE manager, or Detainee Escorting and Population Management Unit (DEPMU) if out of hours, should be contacted to undertake Casework Information Database (CID) checks to inform the risk assessment. If this is not possible then all risk information must be gathered retrospectively once an emergency escort has left the centre and provided as soon as possible. The onsite or on-call HOIE manager must be notified of all emergency escorts.
45. Specific areas of information to be completed on the risk assessment are:

Healthcare assessment: The health of a detainee, particularly those who are infirm or terminally ill, will have an important bearing on the assessment of escape/abscond risk when considering any use of restraint equipment. Relevant information will include any clinical concerns, any medication currently prescribed and the medical condition of the detainee having obtained the detainee's consent. This must include age, mobility, mental health or learning difficulties and pregnancy.

Security assessment: Any information that suggests there is a risk to the escort staff, the detainee, the public, or hospital staff must be included along with the reasons for this judgement. Where restraint equipment is being considered for the prevention of self harm by the detainee, this must only be for the most exceptional cases. Relevant factors to be considered and recorded include:

- (i) Previous security incident/information reports
- (ii) Ability to abscond/escape (including mobility, resources and any past history of escapes). It is also important to consider the actual risk posed in consultation/treatment appointments.
- (iii) Criminal/offending history (including details of previous convictions, assaults on others or warnings from the police on past behaviour)
- (iv) Behaviour in detention or during previous escorted moves
- (v) Previous risk assessments of the destination or previous problems encountered at the destination.

Onsite HOIE Manager (or designated deputy): Relevant information to be recorded here is:

- (i) Reason for detention
- (ii) Available information which may indicate an identifiable risk: previous abscond/escape
- (iii) risk to the public, detainees or staff
- (iv) If the detainee has prevented their own removal from the UK
- (v) Whether removal directions have been set
- (vi) Any other relevant information i.e. adverse immigration decisions

Previous hospital or other visits: Information on previous visits to either the same or other destinations will be relevant and must be recorded. This will help escort staff make a more thorough assessment of the potential risks, and how these can be mitigated. The assessment must include the route from parking area to waiting room, relevant entrance, exits and windows (for example the

waiting room, treatment room, in-patient wards), waiting time, building works or other hazards and any other relevant information.

Journey and destination assessment: It is important that an assessment of the journey and destination of the escort is undertaken. Key points for consideration as part of this assessment include the route to be taken, parking, route from parking area to destination and any contact with public on route. This must be kept under review as circumstances during the journey may change.

46. The risk assessment will be used by the supplier Duty Manager to authorise the risk assessment; agree the number of escorts; and confirm whether the escorted move should occur with or without the use of restraint equipment and under what circumstances. If restraints are authorised/approved, the method (for example handcuff to officer or self) and the points in the journey this is applicable to (for example handcuffs in open areas/treatment rooms) must be clearly recorded.

Restraint equipment

47. The Home Office has authorised the C&R training used by the National Offender Management Service (NOMS) as the approved training for centre DCOs using restraint. DCOs must undertake annual C&R refresher training.
48. Restraint equipment must be of a type approved by the Home Office and must only be applied using an approved technique. Equipment authorised for use is detailed in the NOMS C&R manual (for centre staff).
49. The following restrictions, which are in addition to those policy considerations outlined in para 9 of this instruction, on the use of restraint equipment apply:
 - (i) Restraints must not be used to attach detainees to furniture or any other fixtures and fittings, including seatbelts on planes.
 - (ii) Restraint equipment must not be used in the cubicle of a cellular vehicle.
 - (iii) Detainees must not be handcuffed to each other.
 - (iv) Double-cuffing will only take place when the risk assessment fully justifies the use.

Handcuffs

50. Centre supplier staff have the authority to use handcuffs on detainees where indicated by an individual risk assessment. Staff applying handcuffs must do so only using the approved techniques they have been trained in. C&R training must be in date for staff applying handcuffs to non-compliant detainees.
51. Only the following types of handcuffs may be used in the following circumstances:
 - (i) Ratchet - for use on women detainees and for use on men detainees in situations where standard handcuffs and inserts do not provide a sufficiently secure fit and;
 - (ii) Standard - for use on men detainees only. Three sizes of insert are available to ensure a close fit.

Escort chain

52. An escort chain may be used when necessary. If the escort chain is used in public it must be kept as short as possible to make its use inconspicuous. Any other form of mechanical restraint is not authorised.

For escort supplier staff – Home Office Manual for Escorting Safely (HOMES) trained staff Only

Risk assessment

53. An individual risk assessment must be conducted for every detainee prior to an escorted move by escort supplier staff. DEPMU will provide a movement order to the escort supplier, which will include recent information on the detainee's behavioural history to support the assessment of risk. A minimum of two DCOs will be required if the use of any restraint equipment is planned in advance of the escort.
54. The escort supplier will conduct an individual risk assessment that will determine the most appropriate method of escort, particularly staffing levels and whether the risk factors justify the planned use of restraint. The risk will be assessed based on a full consideration of relevant and available information. A copy of the risk assessment must be placed on the DTD and PER.
55. Relevant information to consider will include:

Staffing Levels: It will be important to assess how many staff will be needed for the escorted move. Key points for consideration include:

- (i) Journey, rest stops and destination points; for example hospitals (emergency and in-patient), police stations, courts, airports, as well as appropriate rest stops.
- (ii) Gender, size, weight and strength of the detainee and available staff.
- (iii) Medical support (see below).
- (iv) Exposure to the public / potential interaction with the public.

Detainee's past behaviour: The PER will detail the detainee's up to date history and record of custodial periods/detention and escort events. Information will include any:

- (i) Criminal history/ warning markers.
- (ii) Refusals to leave the UK or to be moved between locations.
- (iii) Relevant history of violence, actual or threatened (either verbal or physical).
- (iv) Escape/abscond attempts/successes.
- (v) Risk of physical or verbal abuse against the detainee.
- (vi) Medical and mental health risks.
- (vii) Self harm or suicide attempts

Medical History/Support: Consideration must be given as to whether a medical escort is required. This will depend on the information available and the type of support that may be needed e.g. for those with limited mobility, pregnant women, mental health conditions or other medical needs. For non-hospital visits it will

important for the escort team to know where hospitals are located along the escort route in case of an emergency.

Appropriate Vehicle: Consideration must be given to the requirement for an increased security vehicle or cellular vehicle to ensure a safe and secure escort. Consideration should also be given to whether the detainee can be escorted with others or should be escorted alone.

Use of restraint equipment: Where required for a safe escort, the decision on the most appropriate restraint equipment to use will depend on the individual risk assessment and prevailing conditions. This must take into consideration the legal and policy requirements and the restrictions on the use of equipment outlined below. Any decision to approve the use of restraint equipment as part of the escorted move must refer to the policy relating to the use of force.

Restraint equipment

56. HOMES has been authorised by the Home Office as the approved training for DCOs who undertake an escorting role. All staff undertaking escort duties must be appropriately trained in HOMES.
57. The following restrictions, which are in addition to those outlined in para 9, on the use of restraint equipment apply:
 - (i) A detainee must not be placed in restraint equipment which is attached to a member of staff.
 - (ii) Restraints must not be used to attach detainees to furniture or any other fixtures and fittings, including seatbelts on planes.
 - (iii) Restraint equipment must not be used in the cubicle of a cellular vehicle.
 - (iv) Detainees must not be handcuffed or otherwise restrained to each other.
58. Use of any type of restraint on board an aircraft or vessel is subject to the agreement of the captain of the craft.
59. Restraint equipment must be of a type approved by the Home Office and only applied using an approved technique as detailed in the HOMES manual produced by NOMS. The only restraint equipment that may be used are waist restraint belt, rigid bar handcuffs, leg restraints and mobile chair.

Waist restraint belt

60. Following an individual risk assessment, it may be decided that the use of a waist restraint belt provides the most effective method of managing a safe escort. **A pregnant detainee must not be placed in a waist restraint belt.**
61. The waist restraint belt can be worn in four ways:
 - (i) **Free:** The waist restraint belt is applied but the hands remain totally free allowing complete arm movement.
 - (ii) **Restricted:** The waist restraint belt is applied and the wrist cuffs are applied. The arm straps are free allowing the arms to move, but only to the length of the extensions. This enables the detainee to eat and drink.

- (iii) **Secured:** The waist restraint belt is applied with the wrist straps and secured to the side of the belt leaving no arm movement for the detainee. The secure position may be used for both wrists or 1 wrist allowing 1 arm free movement.
62. The position a detainee is placed in will be based on an individual risk assessment, and will be kept under constant review.
63. There are specific restrictions when considering the use of a waist restraint belt:
- (i) A waist restraint belt may be used for both in-country and overseas escorted moves (subject to the training requirement outlined above).
 - (ii) The waist restraint belt must only be applied when the detainee is either compliant **or**, if non compliant, is in a kneeling position.
 - (iii) A detainee must never be placed in a waist restraint belt while in the prone or supine position.
 - (iv) For escorted moves where restraint is planned, a minimum of three DCOs must be used to place the detainee in the waist restraint belt.
 - (v) In reactive circumstances, where it is not possible to gain control of the detainee by simply applying handcuffs, approved HOMES pain compliance techniques may be used to assist in the application of the waist restraint belt. This should be for the minimum time possible with the detainee kept under constant review. In such situations, the waist restraint belt can be applied using a minimum of two DCOs.
 - (vi) In escorted moves where it is planned to use the waist restraint belt, the detainee will be provided with an explanation of the waist restraint belt and how it will be used. In escorted moves where the use of the waist restraint belt is reactive, an explanation of why it was placed on them, and how the restrictions on their movement can be adjusted, will be given as soon as is practicable.
 - (vii) The waist restraint belt must not be applied to any other part of the body.

Handcuffs

64. Should the use of handcuffs be deemed necessary, the escort supplier have the authority to use rigid bar handcuffs on detainees, provided that they (including managers) have up-to-date HOMES training. Staff applying handcuffs must do so only using the approved techniques in which they have been trained. This can only be after conducting an appropriate individual risk assessment. Escorting staff may also apply handcuffs as part of minimum use of force to prevent an immediate incident.

65. Only rigid bar handcuffs may be used by HOMES trained escorts.

Leg restraints

66. Leg restraints may be used, in exceptional circumstances, by in country and overseas escorts. This can be reactively during an escorted move and with the approval of the escorting supplier Senior Supervising Officer (on an overseas escort) or equivalent in country manager. Where the use of a leg restraint is to be applied in advance of the removal, the DEPMU Duty Manager must be notified following the escorted move on the escort report form. Where a leg restraint is applied reactively, this must be recorded in the use of force report form. **A pregnant detainee must not be placed in leg restraints.**

67. The leg restraint may be used in conjunction with the waist restraint belt to safely escort a detainee. A leg restraint may be used by escort staff for in-country and overseas escorted moves. If a leg restraint is to be applied, once a detainee is in a seated position this must be loosened or removed as soon as possible in order to prevent the development of a deep vein thrombosis (DVT). The leg restraint must not be used on any other part of the body.

Mobile chair

68. In exceptional circumstances, following an individual risk assessment, it may be decided that the safest method of moving a totally non-compliant detainee, under restraint, is with the use of a mobile chair. This could be where a detainee has displayed behaviour (either verbal or physical) during previous removal attempts or while in custody/detention, which indicates that the likelihood of violence/disruption presents a high risk to managing a safe escorted move. This must be planned and fully justified in the risk assessment. **A pregnant detainee must not be placed in a mobile chair.**

69. The mobile chair must only be used by escort staff for escorted moves and should only be used in escorted moves which plan for its use. This must be undertaken with four DCOs. Careful consideration must be given as to what points in the journey the mobile chair should be used, for example into and off vehicles and/or boarding/disembarking an aircraft.

70. Before starting any movement both the waist restraint belt and leg restraints should be fitted. The detainee should then be securely placed into the mobile chair. The DCOs must ensure that the detainee is securely fastened into the chair. This ensures lifting the detainee is managed as safely as is practicably possible. For women detainees, a minimum of one female DCO must be present.

72. In exceptional circumstances the escort supplier on-call Senior Manager may authorise the reactive use of the chair, where the escort team can demonstrate necessity, reasonableness and proportionality, and when the team are appropriately staffed (at least three DCOs would be needed to move the detainee in this situation: there is an increased risk of injury in these circumstances).

Review date	Reviewed by	Review outcome	Next review
August 2016	Emily Jarvis	Minor amendment to 'mobile chair' section	August 2018