

NPCC Custody: Guidance and Recommendations for the Provision of Police Custody during the COVID-19 Pandemic

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1. Purpose

- 1.1. The purpose of this document is to provide a strategic overview and high level guidance for forces concerning custody function during the COVID-19 pandemic.
- 1.2. This national situation remains dynamic and caution should be taken when referring to printed or stored documents which are uncontrolled. This document was published on **8th April 2020**.
- 1.3. Due to the diverse nature of custody estates and management, forces should devise and publish local procedures that complement this strategic document.

2. Position

- 2.1. Forces are encouraged to adopt a pragmatic approach in the custody environment concerning those suspected or diagnosed as having contracted COVID-19, giving due regard to Government advice and guidance regarding reducing the risk of infection.
- 2.2. The use of police custody remains a legitimate and available option as part of the criminal justice process and for keeping people safe. This includes the arrest and detention of those who have been diagnosed or are suspected of having contracted COVID-19.
- 2.3. Notwithstanding the above, consideration should be given to practice that minimises human traffic in the custody environment in order to reduce, as far as possible, the risk of viral transmission.
- 2.4. The national advice produced by Public Health England (PHE) should inform any practice or policy implemented by forces. The latest summary of advice from PHE and NPCC was published on 05/04/20. (See Section 3)
- 2.5. Forces should monitor changes in the advice issued by PHE as well as potential changes in legislation made by HM Government concerning the national response to the virus, via the Gov.uk website.

3. Hygiene and Personal Protective Equipment (PPE)

Personal and Unit Hygiene Framework

- 3.1 In line with the [guidance issues by PHE for organisational preparedness](#) limiting transmission of COVID-19 in the custody setting requires a range of infection prevention and control measures which can be considered as a hierarchy of controls.
- 3.2 Forces should develop a clear and documented framework that staff and essential visitors to custody units should follow. The appropriate equipment and facilities to enable compliance with the guidelines on managing the spread of COVID-19, both for individuals and their environment should be provided.
- 3.3 Personal hygiene - this includes providing access to hand washing and other sanitisation options, including [handrub](#), and clear signposting to commonly available advice on [handwashing](#), cleaning of clothing etc.
- 3.4 Unit hygiene – forces should engage with their cleaning providers to ensure cleaning regimes are robust and, where possible, enhanced. Unit hygiene should be visible and frequent involving all, with staff encouraged to clean their workspaces regularly as well as those used by others – for example interview rooms pre/post use. Equipment passed between detainees and staff should be [routinely decontaminated](#).
- 3.5 Process adaptations – forces should implement screening for all persons using custody to provide for early identification, including staff, detainees and essential visitors. This can be based on the basic questions related to the main symptoms of COVID-19 outlined in 3.12.
- 3.6 Social distancing – custody units require interaction by multiple people, taking into account specific local conditions forces should review their processes and practice to build in, where possible, distancing. This can include options such as prevention of handovers in confined spaces, marking out key areas such as interview rooms, maintaining separation in space and or time between suspected and confirmed COVID-19 person using specific cells/wings to reduce footfall and promote separation.
- 3.7 Staff and essential visitors should be trained and briefed on the measures in place and managers should be visible in their monitoring and maintenance of practice.

Personal Protective Equipment (PPE)

- 3.8 On 5th April 2020 the Government updated their guidance for [COVID-19 personal protective equipment \(PPE\)](#). This supplements the base advice for police and similar organisations contained in [the guidance for first responders and others in close contact with symptomatic people with potential COVID-19](#) which states “In the majority of policing, Border Force and Immigration Enforcement activities, it is unlikely that officers will require any additional PPE for normal activities.”

- 3.9 The above sources were used by the NPCC and Public Health England to form the Summary PPE Utilisation Guidance which has shared separately with forces. This document has been consulted on by the Federation and unions and should form the basis on which the use and type of PPE is deployed
- 3.10 Custody is a unique environment and there will be clear occasions when staff are required to reduce the distancing thresholds, for example to take samples, to restrain an individual etc. The guidance provides for these occasions, identifies the equipment to be supplied and should be incorporated into local policy and practice.
- 3.11 PPE is supplemental to the wider framework of hygiene and distancing that each unit should implement to protect those who use custody. PPE must be used in accordance with instructions from the manufacturer.
- 3.12 Health questions.
- The current non-clinical screening questions for COVID-19 are:
- Do you have a new continuous cough?
- New: means a cough that you've not had before, or if you usually have a cough, it's got worse.
- Continuous: means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours.
- Do you have a high temperature (fever)?
- You don't need a thermometer or to know a precise temperature. If you feel hot to touch on your chest or back answer 'yes'.
- 3.13 The ability to [request a detainee to wear a surgical mask](#) is a valid and effective tactical option requiring the consent of the individual. It should be asked of all suitably compliant symptomatic detainees.
- 3.14 We owe a duty of care to essential visitors to the custody unit. Where an essential visitor has no PPE and requests it from the force the threshold for issuance should be low where other protective measures cannot be achieved (for example video/audio engagement). Issuance should also be in line with the NPCC guidance to ensure a parity of care between visitors and staff.
- 3.15 Some partners, such as NHS colleagues, will have access to their own supplies and as a default should be encouraged to utilise that stock. Dependant on the procedures carried out healthcare professionals [may utilise higher levels of PPE](#), this may require explanation to staff.

4. Arrest and Detention

- 4.1 During the COVID-19 pandemic, arrest and detention will continue to be necessary to prevent and detect crime, particularly when considering factors such as threat, harm and risk.
- 4.2 Arrest and detention in police custody will still be conducted in accordance with Police And Criminal Evidence Act 1984 (PACE) with particular regard for Codes C & G.
- 4.3 During the COVID-19 pandemic, additional consideration should be given to out-of-custody options, such as voluntary attendance, but with due regard to the overarching priority of keeping the public safe.
- 4.4 This approach particularly applies to those who are identified or suspected of having contracted COVID-19 and where an alternative to detention in custody may reduce unnecessary exposure to the virus.
- 4.5 Within custody, the health and wellbeing of detainees, staff and essential visitors should remain the primary consideration for local decision making in accordance with legal responsibilities.
- 4.6 Forces should include health screening questions concerning COVID-19 at the point of arrest and arrival at custody as part of their risk assessment processes for detainees, as described in 3.12.
- 4.7 Where possible, if a detainee is identified or suspected of having COVID-19, prior to arrival at custody arresting officers should inform the custody officer, in order that appropriate preparations can be made.
- 4.8 Where the detention of a person suspected or identified as having contracted COVID-19 is necessary, they should be isolated from others where practicable. Any police officers or staff required to interact with such detainees should follow guidelines issued by PHE which should be incorporated into local procedures.
- 4.9 Additional guidance and recommendations should be sought from local healthcare professionals, PHE and NHS 111 (preferably online due to high demand) as appropriate.
- 4.10 Consideration should be given to informing those who have come into contact with a detainee suspected of having been infected with the virus. This includes staff members, visitors and other detainees. They should be directed towards national advice produced by PHE.
- 4.11 Pre-release risk assessments should include considerations regarding COVID-19, including signposting detainees to partner agencies, such as the NHS, where appropriate.
- 4.12 It is essential that detainees who are suspected or identified as having COVID 19 are highlighted to PECS contractors through the Prisoner Transport Request / Prisoner Escort Record.

5. Essential Visitors

- 5.1 Whilst access to custody should be minimised during the pandemic, essential visitors will still be required to attend to facilitate the custody process.
- 5.2 Essential visitors include Independent Custody Visitors (ICVs), Appropriate Adults (AA) and defence solicitors and representatives.
- 5.3 Forces have responsibilities concerning the health and wellbeing of such essential visitors who should receive parity of care as afforded to police officers and staff.
- 5.4 Particular consideration should be given to those persons who are considered most at risk in line with the advice issued by Public Health England (PHE), such as those over a 70 years of age or with pre-existing medical conditions
- 5.5 Forces should implement local screening practices including health questions, before visitors are admitted, as described in 3.12.
- 5.6 Where access is required for the effective running of the custody centre, the criminal justice process or the welfare of those in custody, this should be facilitated, but with consideration to minimising contact between individuals in line with Government social distancing advice.
- 5.7 In addition, those who are suspected or identified as having contracted COVID 19 should be excluded wherever possible.
- 5.8 The NPCC is working with the Home Office, the Chief Executive of the Independent Custody Visiting Association (ICVA) and Chief Executive of National Appropriate Adult Network (NAAN) and The Law Society to develop safe and appropriate guidance for their members.
- 5.9 Confidence in the maintenance of safety in custody is paramount. Local policies should be published and available to all those who are required to attend. Observed attitudes and behaviours, such as cleaning regimes and social distancing, of those working in custody have been shown to be hugely impactful in the reassurance essential visitors
- 5.10 Proactive communication with essential visitors, such as writing to local AA schemes or legal firms to advise how safety will be managed is an example of best practice in achieving confidence. Forces are strongly encouraged to follow this recommendation.
- 5.11 Forces should consider and implement local procedures for Independent Custody Visitors (ICV) in accordance with the guidance already contained within this document. They should be developed in consultation with the ICV scheme manager/Office of the Police and Crime Commissioner.

- 5.12 When considering ICV attendance, it is important to recognise their responsibilities under their United Nations mandate and their role within the National Preventative Mechanism, as well as the Code of Practice for ICV which is a Statutory Instrument.
- 5.13 Appropriate Adults are essential visitors for all children and vulnerable suspects, as defined by PACE. Therefore local procedures for admitting those provided through organised schemes should be developed in consultation with the local AA provider.
- 5.14 Access by Appropriate Adults known to the detainee (e.g. parents) should be facilitated unless a risk assessment indicates that this would present a significant risk to the visitor or others present in custody. In these circumstances an alternative Appropriate Adult will need to be utilised.
- 5.15 It should be noted that the majority of the functions performed by Appropriate Adults cannot be conducted remotely. Additional consideration should therefore be given to ensure they feel confident in our management of their safety.
- 5.16 Enabling detainees to exercise their right to legal advice remains fundamental to the custody process. Staff should work in conjunction with legal representatives to ensure this process is effectively managed during the pandemic.
- 5.17 Non-essential visitors, including internal staff members should only attend custody in exceptional circumstances.
- 5.18 Advice should be sought from Public Health England or NHS 111 where there are any concerns or further clarification is required.

6. PACE Interviews

- 6.1 PACE Interviews should be conducted in accordance with the [Joint CPS / NPCC Interim Interview Protocol](#)
- 6.2 This protocol gives guidance as to circumstances when an interview may not be required, in line with social distancing guidance issued by the Government.
- 6.3 Where an interview is required as part of the process, the protocol details options on how they can be conducted, depending on local facilities.
- 6.4 Due consideration should be given to the hygiene and PPE guidance in section 3.
- 6.5 Forces are encouraged to print and display this information within custody units in order that they can be easily referred to by staff and essential visitors.

7. Superintendent Extensions to Detention

- 7.1 Authorisation of continued detention by an officer of the rank of Superintendent or above should continue to be conducted in accordance with Section 42 PACE, which makes no allowance for exceptional circumstances.
- 7.2 Where facilities exist however, in order to minimise attendance at custody suites, Superintendents are encouraged to conduct reviews via live-link in accordance with Section 45ZA with due regard for the issue of detainee consent.
- 7.3 Experience has shown that consent is withheld in only a very small number of cases. In those circumstances reviews should continue to be conducted in person.
- 7.4 Superintendents should minimise the risk of any cross-infection by adhering to guidance from PHE concerning social distancing and, if this is not achievable, PPE as appropriate.
- 7.5 When conducting a review, in addition to considering whether to authorise further detention, Superintendents are encouraged to also take the opportunity to consider whether PHE guidelines are being adhered to within the custody suite.

8. Sources of Information:

The Knowledge Hub: <https://knowledgehub.group/>

Public Health England : <https://www.gov.uk/government/organisations/public-health-england>

NHS 111: <https://111.nhs.uk/covid-19>

Faculty of Forensic Medicine: <https://fflm.ac.uk/>

The Law Society: <https://www.lawsociety.org.uk/support-services/advice/articles/coronavirus-advice-and-updates/>

Independent Custody Visiting Association: <https://icva.org.uk/>

National Appropriate Adult Network: <https://www.appropriateadult.org.uk/>