



Custody – Hospital Escort Record

Part 1 – To be completed by Health Care Professional / Custody Officer where appropriate

Custody Name	
Custody Date of Birth	
Reason for Referral / Symptoms	
Name of Examining Health Care Professional	
Contact Number(s)	
Details of Medication Administered to Custody	

Part 2 – To be Completed by the Custody Supervisor

Risk Information / Warning Markers		
Detention / Arrest Details		
Reason for Referral / Symptoms (e.g. hand injury, suspected drugs overdose, etc.)		
Are there any restrictions on Custody activity in hospital? *If Yes, give reason (e.g. supervised toilet visits, drugs banking, etc.)	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Are there any timescale restrictions on return to custody? *If Yes, give reason	Yes* <input type="checkbox"/>	No <input type="checkbox"/>

Part 3 – Information to be Obtained at Hospital by Escorting Officers

OFFICIAL SENSITIVE: NAMED RECIPIENTS ONLY

Name of Examining Hospital Health Care Professional	
Contact Number(s)	
Diagnosis	
Treatment Given	
Medication Given	
Medication to be Continued	
Details of any Examination / Review Required by Police Scotland Health Care Professional	
Any Other Information	

Fit to be Discharged from Hospital (would the hospital be content to release the person into his/her own care – if no then the person should remain in the care of the hospital)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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The custody supervisor should be fully updated on return with any treatment, medical advice or care plan given.

Having read the details above, I am aware of my responsibilities whilst escorting this custody and any additional conditions relating to their stay in hospital. Any change of escorting officers should endorse the sheet at Appendix 'A'

Escorting officers should also be aware of the guidance contained within the Aide Memoir at Appendix 'B'

Signed (name and PSI):

Signed (name and PSI):

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Time / Date:

Time / Date:

The Duty **Custody Supervisor** and the Divisional Duty Sergeant should be made aware immediately of any matters arising during the period of the custody escort.

I (Custody Supervisor) have briefed the Escort Team prior to leaving the Custody Centre.

Signed (name and PSI):

Time / Date: