



Medical Care of Persons Detained Under the Terrorism Act 2000

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Introduction

These recommendations have been prepared for forensic clinicians who may be required to assess detainees held under the Terrorism Act 2000 (TACT).

It is not intended as a stand-alone document, and instead, should be read in conjunction with existing guidance and recommendations on assessing detainees held in police custody.

Legislation

The legislation which provides the power to detain is under Section 41 of the Terrorism Act, 2000, and not the Police and Criminal Evidence Act, 1985. This legislation applies to all the UK. The relevant time for persons arrested under TACT starts at the time of arrest, unless the arrest follows a TACT Schedule 7 examination at a port. (www.legislation.gov.uk/ukpga/2000/11/schedule/7)

Further information is in the code of practice: *Examining Officers and Review Officers under Schedule 7 to the Terrorism Act 2000*

Detainees must be reviewed as soon as practicable after arrest and thereafter every 12 hours. In the first 24 hours the review officer must be of at least the rank of Inspector. After 24 hours, the review must be carried out by an officer of at least the rank of Superintendent.

The 'detention clock' does not stop if a TACT detainee is transferred to hospital.

At present the maximum time during which a detainee may be held, prior to charge is 14 days.

Codes of Practice

Code H

This covers the detention, treatment and questioning of persons held in police detention, under section 41 of and Schedule 8 to the Terrorism Act 2000. (*PACE Code H 2018*)

Code H broadly mirrors Code C, however there are a number of specific differences, in view of the potential for longer periods of detention and the nature of the offence.

Authorised Professional Practice (APP)

The same basic principles outlined in *APP Detention and Custody* are largely applicable to TACT detainees, however there are specific additional requirements outlined in Counter

Terrorism APP – Custody of terrorist suspects. Clinicians should note that this document is not freely available and has access restrictions. Where clinicians are involved in management of TACT detainees, they should ensure that they are familiar with this document.

TACT detainees should be held in specific secure suites, separate to those used for non-TACT detainees.

Medical implications

Vetting

Clinicians working with TACT detainees should have been vetted to counter terrorism check (CTC) level.

Anonymity

Clinicians should be alert to the importance of maintaining appropriate levels of anonymity.

Police and police staff are advised to simply record their warrant or other identification number and the name of the police station in the custody record, to reduce the risk of threat or harm. Similar precautions should be taken by clinicians.

Initial assessment

TACT detainees require an initial medical examination and risk assessment by an appropriately trained forensic clinician. If the detainee declines any part of the assessment, this must be documented, but consent may be sought again during the assessment.

This initial assessment should include (as a minimum)

- A full medical & psychiatric history
 - A complete 'head-to-toe' physical examination to include documentation of injuries (acute or historic) and photography where appropriate
- Mental State Examination
 - Attention should be paid to symptoms and signs suggestive of torture or post-traumatic stress disorder, (PTSD)
- Weight
 - In view of the potential for food refusal/hunger strike, this should be recorded.
 - Clinicians may also consider recording the detainee's height to aid BMI calculation



Intimate samples may be requested by the arresting officers. Whilst the definition of an intimate sample in TACT is the same as in PACE, in TACT, consent and authorisation must be given by a Superintendent, (rather than by an Inspector as required under PACE).

Following the initial assessment, the clinician should develop a care plan for the detainee and ensure that any necessary medications are stocked or ordered in view of the potential for a prolonged detention.

Particular attention should be paid to the specific welfare needs of this group of detainees.

Hygiene, exercise, privacy, and sleep all require additional consideration, in view of the nature and duration of any potential detention.

Clinicians should also be alert to the impact of any special or specific dietary requirements or religious needs.

A detailed review of the care plan should be undertaken with the custody sergeant assigned to the TACT detainee.

Further reviews

Detainees should be offered daily assessment each morning by a forensic clinician. They must be visited by a forensic clinician every 24 hours, once they have been held for over 96 hours.

An examination and re-assessment of fitness for detention and interview should also take place prior to each interview.

Consideration should be given to the psychological effects of prolonged detention on TACT detainees as well as their nutritional status. Clinicians should consider daily weighing of the detainee.

Prior to transfer or release

In view of the risks posed by transferring these detainees to hospital consideration should be given to arranging specialist assessments within the custody suite (where safe and practicable)

A full assessment, including documentation of injuries should (where practicable) be carried out prior to any hospital transfer. Following return from hospital, a further assessment including documentation of injuries should also be carried out.

Prior to release, a further full medical assessment mirroring the initial post arrest assessment should be carried out. Particular note should be made of any changes in mental state or physical condition. Clinicians must be alert to risk of self-harm or suicide following detentions under TACT, which may arise, in a similar way to other potentially stigmatising offences.

Recommendations

The risks and complexity in assessing individuals detained under TACT legislation require significant expertise and experience.

Therefore, those detained under TACT require comprehensive assessment and meticulous documentation by clinicians who are competent, highly experienced and confident to work within this challenging environment.

Clinicians must be able to demonstrate their independence and have the requisite knowledge and skills. Their expertise may well be scrutinised and challenged in a court setting.

Suitably trained forensic clinicians of both genders should be available and may contribute task-specific skills, as part of a fully trained multidisciplinary team, led by the supervising forensic physician, whose responsibility it is to manage the care pathway for a given individual.

Any clinician who suspects or is aware of ill treatment of a detainee must report this to the appropriate authorities. A useful guide may be found at www.gov.uk/whistleblowing.

With the above in mind, the FFLM recommend that the initial assessment and care plan of a TACT detainee is only undertaken by a forensic physician who holds the Membership (MFFLM) or Fellowship (FFFLM) of the Faculty. Thereafter, follow-up/review may be undertaken by suitably trained and experienced forensic clinicians, under the supervision of a senior forensic physician

Further reading

Home Office
Statistics Quarterly Update to December 2018
Operation of police powers under the Terrorism Act 2000, quarterly update to December 2018

House of Commons Library
Briefing Paper Number CBP7613 June 2018
Terrorism in Great Britain: the statistics

Reyes H
Management of Hunger Strikes in Detention
Chapter 8 in: Monitoring Detention, Custody, Torture and Ill-Treatment. A practical Approach to Prevention and Documentation. Payne-James JJ., Beynon J., Nuno Vieira D. CRC Press 2018