

TEMPLATE PROTOCOL FOR THE MANAGEMENT OF DETAINEES WHO ARE SUSPECTED OF SWALLOWING OR HAVING PACKED DRUGS OR FOREIGN OBJECTS INTO BODY ORIFICES OR CAVITIES



Introduction

This document has been developed by the National Policing Improvement Agency (NPIA) in close consultation with the Department of Health, the Ambulance Chief Executives Group, the College of Emergency Medicine and the Police Service. It takes account of the key requirements of the ACPO Guidance on the Safer Detention and Handling of Persons in Police Custody and provides a framework that will support improved service delivery and the appropriate use of resources. It may be supplemented by detailed local procedures.

Auditing and Monitoring of the Document

All parties to this agreement will ensure that it is implemented in accordance with local procedures that will include provision for auditing the maintenance and the management of compliance with terms of this document. Senior managers from signatory organisations will meet regularly to review compliance and to monitor any difficulties encountered.

Aim

This protocol seeks to ensure the appropriate and safe management of detainees who are suspected of swallowing or having packed drugs or foreign objects in body orifices or cavities. It applies to adults and children and young people and issues of appropriate safeguarding and parental authority may also apply.

Protocol Overview

Arrested Persons – Prior to Arrival at Police Custody Suite

The following procedure applies where police suspect that a person they have arrested is suspected of swallowing or having packed drugs or foreign objects into body orifices or cavities. It also applies if at the time of arrest of an individual for a criminal offence or whilst they are being taken to a police station but before arrival at the custody centre either of the following factors are applicable:

- Reliable intelligence indicates that the individual has either ingested a package of drugs or foreign objects or they are seen to do so or admit having done so or
- Reliable intelligence indicates that the individual has drugs or foreign objects hidden in body orifices or cavities

It is agreed that:

Police are responsible for making a judgement call as to whether an ambulance should be requested via 999 or whether police transport is used for transportation of the detainee to hospital. Where an ambulance is requested, and subject to the triage risk assessment processes of Ambulance Control, the attending ambulance staff will undertake a full clinical assessment of the patient and determine if the patient needs to be transported to hospital. Where this is deemed necessary, the Ambulance Service will provide transport from the location where the person is detained to hospital.

If a delay is anticipated in ambulance response, and so immediate transport to hospital by police vehicle is more appropriate on the advice of Ambulance Control; or in exceptional circumstances and following an assessment of risk, conducted jointly by police and ambulance staff, it is determined that in order to safely manage a risk of violence or prevent escape, transporting the individual by police vehicle may be more appropriate.

Where an ambulance is requested, police have a responsibility to provide the Ambulance Control with appropriate information in respect of a detainee. This should include any information that would contribute to the successful management of risk to the detainee, ambulance staff or the public, and should include information relating to any apparent mental health, relevant behavioural issues or learning difficulties. Ambulance staff have responsibility for all decisions regarding the clinical treatment of a detainee following their arrival at the location of the detainee and the detainee will be treated in line with local and national ambulance guidelines.

Any decision by ambulance staff to discharge the detainee from their care at the scene will be recorded by police and ambulance staff and a clinical record issued to police by ambulance staff by confidential means for the attention of the healthcare professional responsible for any subsequent treatment of the detainee.

If it is agreed between the ambulance crew and police that it is necessary and proportionate by reason of the person's behaviour to convey the person to the designated Emergency Department in a police vehicle, this course of action will be followed, with the following conditions:

In all cases the most senior qualified member of the ambulance crew will accompany the person in the police vehicle in order to maintain constant observation of the person. The ambulance will closely follow the police vehicle to the designated Emergency Department.

Following a joint risk assessment between police and ambulance staff, any conflict of views with regard to whether a detainee be transported by ambulance or police vehicle will be resolved by formal escalation pathway involving negotiation between and
(insert nominated roles for real-time escalation)

At the Police Custody Suite

If at any point during detention at the custody facility the following factors apply:

- Reliable intelligence indicates that the individual has either ingested a package of drugs or foreign objects or they are seen to do so or admit having done so or
- Reliable intelligence indicates that the individual has drugs or foreign objects hidden in body orifices or cavities

It is agreed that:

Police are responsible for facilitating the provision of medical care to the detainee through the local Healthcare Professional and for making a judgement call as to whether an ambulance should be requested via 999 or whether police transport is used for transportation of the detainee to hospital. Where an ambulance is requested, and subject

to the triage risk assessment processes of Ambulance Control, the Ambulance Service will provide transport from the custody suite to hospital.

If a delay is anticipated in ambulance response, and so immediate transport to hospital by police vehicle is more appropriate on the advice of Ambulance Control; or in exceptional circumstances and following an assessment of risk, conducted jointly by police and ambulance staff, it is determined that in order to safely manage a risk of violence or prevent escape, transporting the individual by police vehicle may be more appropriate.

Where an ambulance is requested, police have a responsibility to provide the Ambulance Control with appropriate information in respect of a detainee. This should include any information that would contribute to the successful management of risk to the detainee, ambulance staff or the public, and should include information relating to any apparent mental health, relevant behavioural issues or learning difficulties. Ambulance staff have responsibility for all decisions regarding the clinical treatment of a detainee following their arrival at the location of the detainee and the detainee will be treated in line with local and national ambulance guidelines.

If it is agreed between the ambulance crew and police that it is necessary and proportionate by reason of the person's behaviour to convey the person to the designated Emergency Department in a police vehicle, this course of action will be followed, with the following conditions:

In all cases the most senior qualified member of the ambulance crew will accompany the person in the police vehicle in order to maintain constant observation of the person. The ambulance will closely follow the police vehicle to the designated Emergency Department.

Following a joint risk assessment between police and ambulance staff, any conflict of views with regard to whether a detainee be transported by ambulance or police vehicle will be resolved by formal escalation pathway involving negotiation between and
(insert nominated roles for real-time escalation)

A copy of the Person Escort Record (PER) form will be completed and a provided to hospital staff as soon as practicably possible, along with any referral letter and healthcare and medical risk assessment record.

At the Hospital

Police will accompany and remain with a detained person as appropriate during the period that they are removed from the custody unit and remain under arrest and in police custody. The number of police staff present will be determined by the police following consultation with hospital healthcare and security staff, as appropriate, and will be sufficient to manage identified risks to the detainee, police, hospital staff and members of the public.

Police have a responsibility to provide the doctor/medical staff at the hospital with appropriate information in respect of a detainee. This should include any information that would contribute to the successful management of risk to the detainee, hospital staff or the public, and should include information relating to any apparent mental health, relevant behavioural issues or learning difficulties. The police escorting the detainee to hospital will ensure that the contents of the PER form are brought to the attention of the

doctor/medical staff who will be responsible for their assessment and care, along with any referral letter and full healthcare and medical risk assessment.

Hospital staff will assess the detainee and place under observation. The observation period will be determined by information provided by the detainee and police at the hospital and will continue so long as risk to the detainee remains. The detainee may undergo further investigations including x-rays if this course of action is deemed clinically necessary and the detainee consents. Sharing of the results of any investigations by hospital staff with police will only be undertaken with consent of the detainee. Should the detainee refuse to undergo all medical investigations and/or treatment, and despite repeated efforts of the doctor/medical staff to have the detainee engage in medical investigations and/or treatment, a care management plan will be developed and approved by both the doctor/medical staff and police by written means. Any conflict of views in regard to the care management of a detainee will be resolved by formal escalation pathway involving negotiation between and (*insert nominated roles for real-time escalation*)

If a person is released from police custody whilst they are still receiving hospital treatment, both police and hospital medical and security staff have a responsibility to consider whether any risks remain and to agree on an appropriate course of action to mitigate those risks. The assessment and any decisions taken will be recorded by both police and hospital staff. On police leaving hospital premises, responsibility for the security of the detainee will be retained by hospital security staff. Should a risk of violence by the individual subsequently escalate to a level requiring police intervention, police will be called via 999.

If the detainee is discharged from hospital and remains under arrest and in police custody, they will be transferred to an appropriate police custody facility. A detailed care plan will be completed and provided to police by the doctor/medical staff at the hospital, which will include details of any medication given and any other relevant medical information or findings. A photocopy of the medical notes will be included where possible. This will be provided in written form by confidential means for the attention of the healthcare professional at the custody suite. The detainee should be seen by a healthcare professional as soon as practicable at the custody facility so as to assess the suitability of the detainee for detention at the custody facility. Any delay in assessment by the healthcare professional should be recorded by the Custody Officer and used to inform the risk assessment and care management of the detainee. The PER form will also be updated by the doctor/medical staff and returned to the custody suite with police escorting the detainee.