

TEMPLATE PROTOCOL FOR THE MANAGEMENT OF DETAINEES WHO ARE INTOXICATED AND INCAPABLE IN A PUBLIC PLACE



Introduction

This document has been developed by the National Policing Improvement Agency (NPIA) in close consultation with the Department of Health, the Ambulance Service 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 the 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 handling of persons who are deemed to be intoxicated by alcohol or other means and incapable in a public place. It applies to adults and children and young people and issues of appropriate safeguarding and parental authority may also apply.

Protocol Overview

Prior to Arrival at Hospital

The following procedure applies where police attend an incident and it is determined that an individual is intoxicated and incapable in a public place. Intoxicated and incapable is given to mean an individual being intoxicated to the point of being unable to walk or stand or being unaware of their own actions or being unable to understand what is said to them.

Police are responsible for making a judgement as to whether an individual is intoxicated and incapable and in need of medical assessment. Where this is deemed to be the case, an ambulance will be called via 999. 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 even where there are no other signs of injury or illness beyond intoxication 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 Hospital

Whilst at hospital and where practicable, the detainee will be held in an area appropriate for detoxification purposes. Hospital staff will retain duty of care for the intoxicated individual where no other offence is suspected. If the decision to discharge the individual from the hospital is made in the absence of police, the responsibility for the ongoing health and safety of that individual rests with the hospital medical staff. Any justification to discharge from hospital will be recorded. Should the individual discharges themselves from hospital this will be recorded and police notified as soon as practicable by the doctor/medical staff at the hospital.

Police will accompany and remain with a detained person as appropriate during the period that they remain under arrest and in police custody. The number of police staff present at the hospital 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.

If a person is released from police custody whilst they are still receiving hospital treatment, 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 risks to the individual, hospital staff and members of the public. 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 individual 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.

At the Police Custody Suite

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.