NATIONAL GUIDANCE ON THE DELIVERY OF POLICE CUSTODY HEALTHCARE AND FORENSIC MEDICAL SERVICES

Version 2, June 2015
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National Guidance on the Delivery of Police Custody Healthcare and Forensic Medical Services

Introduction

This document provides national guidance to support the delivery of Police Custody Healthcare and Forensic Medical Services through a partnership approach between individual territorial National Health Service (NHS) Health Boards and Police Scotland. This national guidance also provides NHS Health Boards / Partnerships with a template (Appendix 1) for service delivery, designed to inform local operating procedures.

This document is underpinned by the national Memorandum of Understanding (MoU) for the delivery of Police Custody Healthcare and Forensic Medical Services, which has been developed between the Police Scotland and NHS Scotland, based on a clear common purpose and set of values.

Background

In 2008, following publication of the Her Majesty's Inspectorate of Constabulary for Scotland Thematic Inspection: Medical services for people in police custody the Police and the NHS in Scotland acknowledged that they have a joint responsibility to address the health and wellbeing of communities and to look at ways of improving the services to people in police custody.

In July 2011 the Director General of the NHS in Scotland, NHS Board Chief Executives and representatives of Association of Chief Police Officers Scotland (ACPOS) agreed to move towards a partnership arrangement for Custody Healthcare and Forensic Medical Services whereby the services provided by Police Forces under the Scottish Home Department Circular 7362 dated March 1950 should be delivered by territorial NHS Health Boards.

In this context, Ministers agreed the general approach being taken towards a transfer of funding and responsibility for the provision of healthcare and forensic medical services in police custody, based on the following proposals:

- Responsibility for the delivery of healthcare in police custody which is a function of Health Boards, under the terms of the NHS (Scotland) Act 1978 should remain the function and responsibility of Health Boards

- Forensic medical services should be delivered by the Health Boards but remain a function and responsibility (with effect from 1 April 2013) of the Scottish Police Authority (SPA) under section 31 of the Police and Fire Reform (Scotland) Act 2012

- Reflecting those responsibilities, healthcare and forensic medical services should be delivered as part of a combined service by Health Boards.

- Funding for healthcare in custody and forensic medical services transferred from the Scottish Government’s Directorate of Justice to the Directorate of Health and Social Care
with the acceptance that forensic kits and consumables will, as per the MoU, remain the responsibility of the Police Scotland/SPA.

Common Purpose

- The maximising of NHS and the Police Scotland potential to deliver healthcare and forensic medical services for those coming into contact with Police Scotland
- The provision of seamless healthcare to those in the care of Police Scotland by greater integration of partnership resources
- The effective provision of forensic medical examinations and the collection and recording of forensic samples
- The agreement of the required training of healthcare practitioners and forensic medical examiners
- The delivery of efficiency gains through the co-development of services, targeting resources and joint working
- The reduction of health inequalities, the improvement of health through facilitating referrals to other relevant services and contributing to the prevention of repeat offending
- The effective and safe provision of services to people in police care through the application of appropriate oversight and governance in the development and delivery of national, regional and local models of healthcare and forensic medical services.

Common Values

- Joint ownership of the outcomes of joined up and partnership led services
- Providing open, consistent and accountable public services
- Integrity, fairness and respect
- Encouraging mutual respect for stakeholders and partners through the partner’s own healthcare and staff governance structures
- Ensuring openness in disclosure of all necessary information in the public interest
- Encouraging partnership in strategy and planning, and operational deliver of integrated healthcare in custody suites and forensic medical services for those coming into contact with Police Scotland
- Providing quality person centred services to those reporting crimes or offences to Police Scotland
- Best value, partnership working with a focus on building capacity for service delivery through integration of partnership resources
- Promoting an ethos of continuous service improvement and in the delivery of healthcare and forensic medical service together with agreed quality and productivity indicators and common outcomes
Custody healthcare and forensic medical tasks requiring to be provided:

**General healthcare for people in police care**
- Clinical assessment of persons in police custody
- Assessment of drug and alcohol intoxication and withdrawal of persons in police custody
- Mental health assessment of persons in police custody
- Clinical treatment of illness or injury in custody
- Medications management and prescribing
- Interventions, signposting referrals and follow up arrangements
- Healthcare for victims of sexual offences, safety planning, immediate clinical needs assessment, sexual health and healthcare follow up
- Care planning
- Advice to partner agencies and individuals relevant to the continued health and well being of individuals on their transfer or release

**Custody healthcare**
- Fitness to be detained assessment
- Fitness for transfer assessment
- Fitness to be released safely
- Appropriate adult recommendations

**Forensic healthcare**
- Fitness for interview or further interview
- Documentation and interpretation of injuries
- Road Traffic Act 1988 and other drink/drug assessments
- Forensic examination and evidence collection
- Intimate searches
- Victim and suspect sexual offences examinations
- Joint Paediatric / Forensic Examinations
- Provision of reports, statements and court attendance

**Legislative framework**
In addition to the [NHS (Scotland) Act 1978](http://www.parliament.scot/statutes/acts/1978/1978-017/) and Acts referred to above, the principle legislative framework within which the service will be delivered includes:
- **The Human Rights Act 1998**
- **The Criminal Procedure (Scotland) Act 1995**
  - Section 13 – Suspects & Witnesses
  - Section 14 – Detention at Police Stations
  - Section 15 – Rights on Arrest & Detention
  - Sections 18 to 19B Powers for obtaining samples
- **Mental Health (Care and Treatment) (Scotland) Act 2003**
- **Adults with Incapacity (Scotland) Act 2000**
- **The Vulnerable Witnesses (Scotland) Act 2004**
- **Protecting Vulnerable Groups (Scotland) Act 2007**
- **Children (Scotland) Act 1995**
- **The Road Traffic Act 1988**
- **Police and Fire Reform (Scotland) Act 2012**
- **Fatal Accidents and Sudden deaths Inquiry (Scotland) Act 1976**
- **Terrorism Act 2000**
- **Immigration and Asylum Act 1999**
- **The Data Protection Act 1998**
- **The Common Law of Scotland**
- **Scottish Home Department Circular 7362, March 1950**
- **National Guidance for Child Protection in Scotland**

The Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) (Scotland) Amendment Regulations 2015 is an insurance scheme for clinical negligence claims that arise against NHS Boards either in connection with medical negligence or non-clinical claims e.g. injury on NHS premises. From 3 April 2015 the scheme was extended to cover Forensic medical services. The changes to the guidance may reduce the need for GPs, who are delivering the services, to pay significant amounts personally to their own Medical Defence Organisations for indemnity cover.

It should be noted that this is not an exhaustive list and will remain open to change or amendment.
Further to the above, the following professional guidance should also be considered applicable and informs this Guidance document.

- NHS Scotland Guidance and Standards
- General Medical Council (GMC) and Nursing and Midwifery Council (NMC) Guidance
- BMA & FFLM: Health care of detainees in police stations (2009)
- Care and Welfare of Prisoners SOP Police Scotland
- General Medical Council: Protecting children and young people – the responsibilities of all doctors
- Faculty of Forensic and Legal Medicine Guidance
- Forensic Paediatrics: A report by the short life working group
- FFLM & RCPCH: Guidelines on paediatric forensic examinations in relation to possible child sexual abuse
- Royal College of Nursing: Health and nursing care in the criminal justice service
- Royal College of General Practitioners: Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice
- Royal College of Paediatrics and Child Health: Child Protection Companion
- RCPCH: Physical Signs of Sexual Abuse
- Scottish Government Child protection Guidance for Healthcare Professionals
- Scottish Government Child Protection Guidance – interagency

**Governance and Administration**

The entire ethos of the service is based on an accessible multidisciplinary approach, fully integrated into local NHS Health Board governance arrangements and NHS service provision, delivered in partnership with Police Scotland. There should be clear management, accountability and clinical governance arrangements.

The aim is to provide a safe, clinically and cost effective and timely service. Any model of delivery must promote equity of access, patient centred delivery and patient dignity and respect not compromised by physical, language, cultural, social, economic and other barriers.
The National Co-ordinating Network (NCN)

A National Co-ordinating Network for Healthcare and Forensic Medical Services for People in Police Care has been developed as a collaboration of agencies to work towards this joint purpose of improving health and forensic medical services to people in police care.

The partners are NHS Scotland, Police Scotland, Crown Office and Procurator Fiscal Service, Local Authorities and Scottish Government working in partnership to achieve the aims of the Network as laid down in the Network Structure document. More information on the Network is can be found on the website.

Structure of the National Co-ordinating Network
1. SERVICE OUTLINE

1.1 Overview

Each Health Board, through a partnership approach with Police Scotland, should have an agreed and clear model of service delivery for the provision of police custody healthcare and forensic medical services.

1.2 Delivery model

It is recognised that delivery models will vary between Health Boards however the common aims of a safe, accessible and comprehensive service are shared across Scotland. This template is designed for use by NHS Health Boards/partnerships to offer consistency and flexibility to meet local variations and need.

As part of a co-ordinated service Health Boards are expected to provide suitably qualified and trained Healthcare Professionals (HCPs) to those who are referred by Police Scotland to:

- See and examine any person whose detention is being contemplated by the relevant custody officer, in order to ascertain and give an opinion regarding their fitness for detention, transfer and/or interview, and to examine any person and give an opinion on their fitness for release. This could be by telephone or telemedicine link.
- Provide a suitable Care Plan for the person to remain in custody.
- Take appropriate action to ensure the medical wellbeing of any person the HCP considers unfit to be detained or interviewed.
- Provide a Mental Health Assessment where required/necessary, for persons in custody, or others who have come to the attention of the Police, or have mechanisms in place to access suitably qualified Healthcare Professionals for this purpose.
- Provide risk assessment checks in partnership with custody staff.
- Prescribe, and where required by legal or clinical governance framework, oversee the management of medication to people in police custody.
Obtain forensic evidence from, and to examine and render medical assistance to, complainers, alleged perpetrators, suspects and offenders, including any persons suspected of drink/drug driving and other traffic offences when requested to do so by Police Scotland.

Examine reported or suspected child victims of neglect, physical or sexual abuse where this role has been agreed by local partnerships.

Examine reported or suspected victims of sexual offences, through a Sexual Assault Referral Centre (SARC) or Sexual Assault Referral Network (SARN) where available, or using other accepted locations and arrangements when not.

Provide medical support where arrests (single or multiple) are made which may require, by arrangement, a number of individual HCPs to carry out examinations, to avoid any contamination (or allegation thereof) between victim(s) and suspect(s).

See and examine Police Officers and support staff and complainers, where an allegation of assault has been made by one of the parties.

Conduct intimate searches of persons (with the person’s consent), who are believed to be secreting drugs or other evidence under proper authorisation and clinical and ethical guidance for such examinations.

Provide a full written report or statement concerning the exercise of duties for the performance of his/her duty where required. Doctors are able to provide evidence of opinion in respect of findings and nurses are able to provide statements of fact.

Attend any Court of law or tribunal when required to do so, in order to give evidence in connection with any matters with which the HCP has been involved in the course of their duties. For these purposes, any disciplinary tribunal under the Police Misconduct Regulation is to be regarded as a tribunal.

See and examine and, if necessary and appropriate, render immediate medical assistance as first aid to any Police Officer or Police staff, injured in the course of their duty, recording any relevant detail.

Signposting to follow-on sexual health services, where appropriate

Relevant healthcare interventions, screenings, health promotion and onward referrals or signposting to mental health, drug and alcohol services and other services should be initiated in line with clinical need and local delivery plans.

The service would link into any regional or national managed clinical networks and be responsive to developing national standards.
2. ADMINISTRATION

2.1 Staff

2.1.1 Qualifications, Education and Training

All persons engaged as a Health Care Professional (HCP) undertaking custody healthcare and/or forensic medical roles, should meet the following minimum qualifications and standards:

- Should hold a full UK driving licence (if using own car for work purposes)
- Should have demonstrable skills in listening, reading, writing and speaking English that enables effective communication in clinical practice with patients and colleagues

2.1.2 Doctors

- Must be registered with the General Medical Council (GMC), undertake revalidation and hold a licence to practise
- Should have achieved recognised competency in a relevant specialty and attend regular training updates
- It is also desirable that Doctors should have and/or work towards relevant postgraduate qualifications

2.1.3 Nurses

- Must be registered with the Nursing and Midwifery Council (NMC) and work in accordance with the Council’s Code of Conduct.
- Educated to degree level (or working towards)
- Evidence further education/CPD in relevant areas e.g. Minor Injury/Minor Illness/Advanced clinical examination / Nurse Prescribing/Mental Health/Substance Misuse
2.1.4 Other Health Professionals (e.g. Addiction Workers etc.)
- Current and continuing registration with the appropriate body
- Have necessary training, qualifications, experience and current competency

2.1.5 Probity
All HCPs will be required to advise the Health Board organisational lead in writing, if he/she:
- Ceases for any reason to be registered with the relevant professional body
- Becomes subject to any disciplinary, health or performance proceedings before their professional body, whether or not arising out of, or pursuant to, the HCP’s performance or his/her duties under the Police/Health Board agreement
- Is arrested, charged, summoned or reported for any criminal offence (other than a fixed penalty Road Traffic) or he/she is the subject of a criminal investigation
- Is prevented by illness or incapacity from fully discharging his/her duties, in particular, where any period of illness or incapacity has lasted, or is expected to last, for more than 3 months
- Becomes pregnant, to enable a risk assessment to be carried out
- Accepts an appointment as Justice of the Peace or other civil post
- Undertakes activities (professional or otherwise) out with the scope of the Police/Health Board agreement, which might lead to a conflict of interest with his/her duties

2.1.6 Appraisal
All HCPs performing a Custody healthcare or forensic medical or nursing role, will include this aspect of their role in annual appraisal and undertake relevant CPD.

2.2 Training
All HCPs are expected to undertake NHS mandatory training as advised nationally in conjunction with NHS Education Scotland (NES). Each Health Board will oversee training requirements as deemed appropriate.
NHS Education Scotland has developed a Knowledge Network for use by NHS and partner staff in the delivery of this service to aid training and development.

- The following is indicative of the content of training: Scottish legal system
- Management of people detained under the Terrorism Act 2000
- Consent, confidentiality and ethics
- Road Traffic Legislation
- Personal Safety
- Drink/Drug Driving theory and practical procedure
- Record Keeping and Information Sharing
- Injury documentation, classification and interpretation
- Custodial medicine and duty of care
- Restraint
- Assessment and diagnosis of physical and mental health status of individuals
- Law relating to Sexual Offences – adults and children
- Assessment of alcohol / drug intoxication and withdrawal
- Examination in Sexual Assault – adults and children
- Forensic and medical implications of conditions
- Domestic Abuse
- Care plans, interventions and onward referral
- Protection of Vulnerable Groups
- Fitness for Detention
- Disclosure
- Fitness for Interview
- Court Room Skills
- Appropriate Adults
- Domestic Abuse
- Place of Safety requirements
- Protection of Vulnerable Groups
- Management of people detained under terrorism legislation
- Disclosure
- Training involving child, adult and public protection
- Court Room Skills
- Sharing of information
- Domestic Abuse
- Report writing and statements
- Criminal Procedures

It is recognised that, whilst clinical training and other similar issues will remain with the NHS, there will be areas where assisted or joint training will be appropriate. Examples would include, but not be limited to;

- Doctor at scene of death
- Examination of Sexual Assaults
- Management of people detained under terrorism legislation
- Training involving child, adult and public protection
- Sharing of information
- Report writing and statements
- Criminal Procedures

The Education and Training Sub Group of the Network has a list of recommended training and where this can be sourced. This can be found on the Network website.
2.3 Vetting

All persons engaged as a HCP undertaking custody healthcare and/or forensic medical roles, should meet the following minimum requirements:

- Must have undertaken pre-employment screening required by the Health Board
- Vetting through the Non Police Personnel Vetting level 2 process
- Must have Protecting Vulnerable Groups Scheme (PVG) Disclosure

2.4 Governance

2.4.1 NHS

2.4.1.1 Organisational Lead

Each Health Board will have a clear organisational lead (or similar) who will have overall strategic responsibility for clinical governance and the quality of healthcare and forensic medical provision as well as providing support to those delivering the service. They will ensure that systems, processes and procedures are in place to link in with regional structures where services are shared between Health Boards. The Organisational Lead will be first point of contact within the Health service for Police.

2.4.1.2 Clinical Lead

A Lead Clinician (or as agreed in each Health Board) will provide advice, supervision and support to HCPs performing custody and forensic medical roles, lead on updating guidance, and will manage the audit process for health. The Lead Clinician will preferably have attained or be working towards Membership of the Faculty of Forensic and Legal Medicine (FFLM) or have equivalent postgraduate qualification or experience.

2.4.2 Police Scotland

2.4.2.1 Strategic Lead

An officer of the rank of Assistant Chief Constable (ACC) will have the strategic lead for Police Scotland and will have responsibility for ensuring processes are regularly reviewed and updated in line with national guidance.

2.4.2.2 Tactical Lead

A Tactical Lead will be appointed who will be accountable to the ACC. This lead officer will be responsible for liaising with the management of Custody Division for related matters, including updating of Standard Operating Procedures (SOPs), training requirements and acting as initial point of contact with the Health Board, as well as linking with forensic services where issues may be raised in relation to the quality of samples provided.
The Tactical Lead will conduct regular auditing of all processes and provide management information for the Strategic Lead on a monthly basis and will coordinate the Police Scotland local contacts with Health Boards established through the Local Partnership Models.

A key responsibility will be to provide a conduit to the National Co-ordinating Network Board for Healthcare and Forensic Medical Services for People in Police Care.

2.4.3 Partnership Working

The NHS Board and Police Scotland locally will jointly consider all on going issues including, but not restricted to, sharing of management information from both partners, review of service delivery, significant case reviews, and events planning. Partners will contribute to the National Co-ordinating Network, as well as local, regional and national managed clinical networks, any regional arrangements and national police custody forums.

2.5 Incident Reporting and Review

NHS and Police Scotland Incident Management Policy and Procedures will be used and all incidents will be reported using local NHS and Police procedures.

Within this policy an incident is defined as “any event or circumstance arising during NHS care or service provision that could have or did lead to unintended or unexpected harm, loss or damage. Harm is defined as “injury (physical or psychological), disease, suffering, disability or death”. In most instances harm can be considered to be unexpected if it is not related to the natural cause of an illness or underlying condition.

A death in custody is where any of the following circumstances apply:

- The death occurs in a Police Station or Custody Centre (including such temporary Police accommodation at, for example football stadia)
- The death occurs in hospital, the deceased having been taken there from a Police Station because of apparent injury or illness
- The deceased was taken direct to hospital, after being arrested or detained in the street, because of apparent injury or illness
- The deceased was in Police custody at Court
- In any other case where at the time of death the deceased as in the care of the Police, for example, death occurring in a Police vehicle.

In Police terms an adverse incident is any incident, which, if allowed to continue to its ultimate conclusion, would have resulted in the death, serious injury or harm to any person.

Regional partnership meetings will be used to both monitor and review all such adverse incidents reported, to ascertain any learning or system changes that may be required to improve quality of care. Such liaison will feed into the National Co-ordinating Network, to enable sharing of best practice and lessons learned.
2.5.1 Police Investigations Review Commissioner (PIRC)

Scotland has a single police service and therefore, where an independent investigation is required, the Crown can direct the PIRC as an independent body to undertake and report on its behalf. Similarly the Chief Constable or the Scottish Police Authority can ask PIRC to investigate.

For example, the death of any person who had direct or indirect contact with the police would usually be referred to COPFS. COPFS will then decide whether to instruct PIRC to carry out an investigation.

The Chief Constable must refer to the commissioner:

- Any death or serious injury of a person who had direct or indirect contact with the police at or before his or her death where there is an indication the contact may have caused, or contributed to, the death.

- The use by police of a firearm, Taser or incapacitant sprays.

The Scottish Police Authority (SPA) must refer:

- Any circumstance in which there has been a serious incident involving the police

- Potential misconduct by a senior officer that the SPA feels needs investigated

Other matters may include where the Commissioner considers it in the public interest to investigate.

Health Boards have a statutory duty to co-operate with PIRC. Employees and contractors involved in the delivery of police custody healthcare and forensic medical services must be aware of this and that they may be contacted by PIRC in investigation of such circumstances.

2.5.2 Other organisations that have a role in inspections

There is also an expectation that healthcare professionals cooperate with any inspections by Her Majesty’s Inspectorate of Constabulary in Scotland, Healthcare Improvement Scotland and the Independent Custody Visiting Scotland Service. ICVs are now a statutory requirement as set out in the Police and Fire Reform (Scotland) Act 2012. ICVs are entitled to access all areas of the custody suite within Police Scotland premises, including medical rooms within Police Custody. ICVs will not access medical rooms when a patient is present, or access medical records or areas where controlled drugs are stored.

2.6 Reports and Statements

In the event that an Investigating Officer requires an HCP to submit a report or statement, the HCP must ensure that the record is typed, prior to submission.

All reports or statements requested must be completed and submitted in full, within 14 days of the initial request or sooner if required by the case. In the event that a HCP is to move on or have a leave period within that time period, the report/statement must be completed prior to going away.

Quality of reports and statements will be reviewed at quarterly partnership meetings.
2.7 Court Attendance

As part of the HCPs duties, there is an expectation that they will at times be required to attend Court to give evidence.

On receipt of citation or request to attend, it will be the responsibility of the individual HCP to make himself/herself available for attendance. It would be advantageous for the HCP to contact the Procurator Fiscal’s Office dealing with the case, to make the best use of everyone’s time. Whilst arrangement can be made with the COPFS to have a HCP on standby for Court, this arrangement is far from ideal for those having to travel considerable distances.

Court skills and witness training should be provided, to help ensure effective presentation of evidence, familiarity with Court and legal processes, as well as and to provide the HCP with a mechanism of support and confidence in this area.

2.8 Interpreting Services

Police Scotland is responsible for the provision of qualified interpreters and blind/deaf interpreting services.

Any conflict of interest or cultural issues should be discussed beforehand with the interpreters, Custody staff or HCPs.

2.9 Appropriate Adults

The role of an Appropriate Adult is to facilitate communication with persons with a known or suspected mental disorder and to ensure the interviewee understands the process and what is being said.

The Criminal Procedure (Scotland) Act 1995 and the Mental Health (Care and Treatment) (Scotland) Act 2003, are the primary legislations regarding any need for the services of an Appropriate Adult and consideration will be given to all vulnerable groups, including children and persons with mental health problems, or who are considered mentally vulnerable, accessing this.

The Mental Health (Care and Treatment) (Scotland) Act 2003 defines mental disorder as “any mental illness, personality disorder, or learning disability however caused or manifested”. For the purposes of Appropriate Adults this should include people with acquired brain injury, autistic spectrum disorder and people suffering from dementia.

The Vulnerable Witnesses (Scotland) Act 2004 defines as vulnerable witnesses as being adult witnesses whose quality of evidence may be affected.

The Investigating Officer can consider a medical examination of interviewee to ascertain fitness for interview (fitness for interview will not delete the need for an Appropriate Adult).

Identifying when an Appropriate Adult is required.
The following indicators are listed for guidance but this is not a definitive list of criteria:

- Unusual and excessive anxiety
- Incoherence (not solely or temporarily drug or alcohol induced)
- Inability to understand or answer questions
- Unusual behaviour traits
- Information from interviewee in respect of mental health, hearing disability or other communication need
- If during course of an interview an Investigating Officer has cause to suspect a mental disorder, he/she is required to contact an Appropriate Adult and postpone commencing the interview until their arrival.
- Information from persons who know the interviewee
- Alert Cards/Advocacy Cards carried by the interviewee
- Information from Social Work services, as to whether the interviewee is known to them for support services

Where a Standard Police Report is submitted in respect of any case where an Appropriate Adult has been used, the Remarks Section must make reference to the person’s physical or mental health. The report must also contain full contact details of the Appropriate Adult, any statement made by the Appropriate Adult about the interview and any notes taken by the Appropriate Adult will be submitted as a Production.

Where the HCP or Custody staff through risk assessment has assessed a person to be in need of the Appropriate Adult services, the Investigating Officer will be advised of this opinion and thereafter, Police will call out an Appropriate Adult in line with local instructions and the supporting Guidance on Appropriate Adult Services in Scotland. The HCP should not be used as an Appropriate Adult.

### 2.10 Response Times

Arrangements should be in place to allow prompt telephone advice. The service should be provided in the timescales that reflect the clinical and forensic needs of patients and people in police care. This may also be remotely (video conference) where established.

A more prompt response may be preferable in certain road traffic assessments, similarly victim examination may need to be delayed for clinical reasons or until the individual is ready to be examined.

### 2.11 Complaints Procedure

All Police related complaints will be dealt with through the Complaints about the Police procedure. Leaflets explaining the process are available at all Police Offices.
Similarly, healthcare related complaints will be dealt with within the NHS complaints procedures.

Where there is a complaint spanning both Health and Police services, both complaints should be cross-referred and if necessary, jointly investigated.

Informing the Police staff member and/or HCP regarding any allegation against them, should be made in line with present procedures and in the event of a joint complaint, made after consultation between Police and Health Leads.

The Police Investigations Review Commissioner (PIRC) may also have a role in investigating complaints in certain circumstances (see 2.5 above).

### 2.12 Improvement and Development

#### 2.12.1 Management Information

Management information should be reviewed at regional partnership meetings. Such information may also be required for national monitoring and management purposes. Data to be considered may include:

- Number and location of requests
- Types of request
- Response times
- Referrals to hospital
- Referrals to other organisations/departments
- Complaints and quality issues
- Training requirements
- Critical incident reviews and lessons learned
- Cost and resources information
- Estates and environment information

Health Boards and Police Partnerships are expected to undertake a continuous cycle of self-assessment, audit and improvement working with the National Co-ordinating Network in implementing best practice developments.
2.13 Management of Information

2.13.1 Record Keeping

All medical and nursing records must be compliant with guidance and standards set out by professional bodies such as General Medical Council and Nursing and Midwifery Council as well as NHS Scotland standards and NHS Board policies.

There should be regular audits of record keeping. Health Boards and Police Scotland should adhere to the guidance and processes outlined in the National Information Sharing Protocol between Health Boards and Police Scotland. Operational protocols should be in place to allow the safe sharing or personal information between organisations to ensure effective care of people in police care.

Any Information Management (IM) systems will comply with statutory obligations for the management and operations of Information Management and Technology (IM&T) within the NHS, including, but not exclusively:

- Common Law duty of confidence
- Data Protection Act, 1998
- Freedom of Information Act, 2000
- Computer Misuse Act 1990
- Caldicott Principles and Guidance
- Information Sharing Between NHS Scotland and the Police (CEL 13 (2008))
- Safeguarding the Confidentiality of Personal Data Processed by Third Party Contractors (CEL (25) (2011))

2.13.2 Information Sharing

2.13.2.1 Custody Care Plan

While each Health Board will have an auditable method of recording healthcare examinations. The principal record to convey directives to Police Scotland for the care of a person will be the Summary Care Plan generated through Adastra. This record will contain:

- Fitness Review
- Level of Observations
- Reasons and Special Instructions
- Medical Review Required?
- Assessment of Suicide Risk
2.13.2.2 Sharing information with the Police

An Information Sharing Protocol (ISP) exists between NHS Boards and Police Scotland. Details of the relevant procedures should be available to employees of the NHS Board and Police Scotland via their Intranets. Where such information is provided, however, clear and unambiguous instructions should be given. All other information should be recorded in healthcare notes.

Where information needs to be passed to the police concerning the individual’s health and his or her need to be given medication or kept under observation while in custody, only the information necessary to safely fulfil this requirement should be disclosed.

Custody officers should be provided with clear and detailed instructions about any medical supervision required, including the frequency of visits needed. In providing this information, they should bear in mind that police officers are not medically qualified and cannot be expected to interpret complicated medical terminology.

Due account should also be taken of confidentiality and specific information about patients’ health should only be provided when it is necessary to protect their health or that of others who come into contact with them.

Where there is a forensic or evidential potential or intent to information gathered the purpose and use of this should be made clear to the individual being examined with appropriate consent obtained early and any duty to disclose or provide a report for COPFS made clear.

It is acknowledged that there may be occasions where there may be a requirement for a Public Interest disclosure to be made to the Police that is outwith routine sharing of medical issues required for the prisoners care plan, and each incident must be dealt with on its own merit.

2.13.2.3 Sharing information with other health care providers

As with other areas of medical practice, it is important to share information with other providers of health care involved in the clinical care of the individual. This includes ensuring that a confidential record of any medical treatment provided, or requested, by the HCP while the individual is in police custody, accompanies the individual when transferred elsewhere.

Where another doctor, such as a psychiatrist, has been consulted about, or has seen, the patient, this should be included in the notes. This should include information about suspected mental disorders, physical illness, substance misuse or suicidal tendencies.
2.13.2.4 NHS Information Technology

Secure NHS IT systems should be available at the locations as agreed with Police Scotland. All terminals should be password protected and secured within a lock fast medical room (or similar) where access is restricted to healthcare professionals and Police custody supervisors only. Relevant information will be accessed wherever possible and exchanged within the appropriate information sharing protocols and professional standards.

All staff are expected to utilise the IM&T tools and facilities there are available. Local procedures should identify the processes and contact points for obtaining support and resolving technical difficulties.

2.14 Business Continuity

Arrangements for business continuity for both custody healthcare and forensic medical services must be incorporated into Health Board business continuity arrangements with contingency plans, whether through local services or regional support. Details of each partner’s responsibility in any contingency plans should be clearly identified.
3. FACILITIES

3.1 Custody Medical Room

Police will provide suitable facilities for use by HCPs aiming to meet the following specifications:

NHS Health Facilities Scotland and FFLM Operational procedures and equipment for Medical Rooms should be adopted to provide suitable facilities. These will be provided by Police Scotland to NHS Scotland standards and requirements. Healthcare equipment will be provided by Health Boards.

Local services will outline locations and specifications, but will be informed by nationally agreed standards and best practice.

Terminals for relevant NHS IT (including video conference facilities, where appropriate) will be provided within each Medical Room. Access to the medical room is restricted to HCP’s and Police staff, only on instruction. Access to NHS IT equipment must be restricted to NHS Staff.

Custody Medical Rooms will remain locked when not in use to prevent unauthorised access and potential for cross-contamination. Custody staff can hold keys for entry to the Medical Room but secure arrangements should exist so that only HCPs have access to medical records and drugs cabinets.

Healthcare records shall at all times be treated as medical-in-confidence i.e. restricted information and must be stored securely within the Medical Room. Access to healthcare records will only be available to the HCP.

The standard of medical rooms will be monitored as part of the monthly custody area audit and any issues identified will be raised with the Lead Officer in the first instance.

3.2 Victim Examination Facilities

In general, it is accepted that Police premises are not a suitable venue for victim examination. However, it is also accepted that currently there are a number of reasons why these may still require to be used until other premises are available and have been agreed.

Examination facilities should provide the opportunity for the victim to relax and prepare for the examination; afford the victim adequate privacy; and provide the victim with time and facilities to wash and change their clothing at the completion of the examination.
Agreement may be reached between individual Health Boards and Police Scotland on suitable locations, which, dependent on the nature of examination, may be healthcare premises such as a hospital, GP Surgery or Health Centre or, where forensic integrity is required, a suitable jointly agreed and maintained facility.

Facilities will provide all equipment required to carry out procedures safely and to the required standards as agreed by the NHS, Police Scotland and the COPFS, taking into account best practise as suggested by the FFLM or other professional bodies.

3.3 Cleaning Specification

3.3.1 Custody Medical Examination Rooms
Specifications for the enhanced cleaning and maintenance of rooms used for medical purposes should be put in place and regularly reviewed. Specifications should be determined by nationally agreed standards and guidance, such as the Guidance on police custody medical services facility design and cleaning developed by NHS Health Facilities Scotland. Such contracts will be the responsibility of the facility provider.

It should be emphasised that owing to the potential for contamination, a basic control should be that cleaning equipment/materials used to clean cells, cell corridors or cell shower/wash areas should not be used to clean Custody Medical Examination Rooms.

Guidance on the required cleanliness and hygiene minimum standards are set out in the NHS Scotland National Cleaning Services Specification.

Where forensic cleaning is required in general medical rooms (for example suspect examinations) specifications should be as contained within the appropriate FFLM guidelines (see below) and as deemed acceptable by the SPA.

3.3.2 Rooms or Suites used for Forensic Medical Examination
The room or suite needs to be cleaned after each use to minimise the potential for contamination.

This should be done as agreed by each Health Board and Police Scotland, but should take into account nationally agreed procedures and standards along with any recommendations from the SPA.

Cleaning is to a greater enhanced standard and should include the forensic waiting room, the medical examination room, the bathroom and toilet within the facility. Within the medical examination room the floor, couch (even if covered with a protector at the time of the medical), worktop, writing desk, sink and taps need to be cleaned each time the room is used using designated equipment and disinfectant solutions and wipes following locally agreed procedures based on national recommendations.

Police and Health Boards should work together in order to undertake regular audits of the environment and where appropriate raise any non-compliance issues immediately with Police Scotland.
3.4 Medical Equipment

Each Health Board will supply and maintain equipment for therapeutic purposes and maintain and monitor stock levels. Calibration and maintenance of the equipment is the responsibility of the Health Board.

Police Scotland will supply any forensic kits/equipment and a supervisor will be responsible for maintaining and monitoring of stock levels. All equipment will be secured within the Medical Room or other approved location.

The FFLM Operational procedures and equipment for medical facilities in victim examination suites or Sexual Assault referral centres (SARCs) specifies a recommended list of contents.

3.5 Waste management

Clear arrangements should be in place for management and disposal of healthcare (including clinical) waste. NHS Health Facilities Scotland has guidance on Waste Management. Responsibility for this provision must be clearly documented.

3.5.1 Pharmaceutical waste

The Network Board advised that pharmaceutical waste resulting from delivery of healthcare services within police custody is the responsibility of the NHS. Because differing arrangements are in place across NHS Boards this needed to be resolved locally.

3.6 Infection control

NHS National Infection Prevention and Control Guidance including use of Standard Infection Control Procedures (SICPs) should apply for all healthcare delivery with transmission-based precautions (TBPs) instituted where and when appropriate.

HCPs should have access to appropriate Personal Protective Equipment (PPE) and body fluid cleaning kits in the medical room.

3.7 Health and safety

Partnerships must have a comprehensive health and safety policy that complies with the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations (1992).
4. CUSTODY HEALTHCARE

4.1 General Healthcare

Where individuals are detained in police custody it is important their specific healthcare needs continue to be met and any new or additional needs assessed.

The duty HCP will undertake to attend the specified location and conduct relevant medical examination. In general, the standard of care provided will be at least equal to that provided by the NHS, with specific assessment and management of risk for the custody environment. Telephone advice may be appropriate in some cases but this must be clearly documented.

Any immediate or emergency situation will be dealt with through current arrangements with the ambulance service or direct transfer to an Accident and Emergency department.

The duty HCP will be expected to work within competencies, referring on where required and have the necessary knowledge, skills and experience to:

- Assess and/or treat illness
- Assess and/or treat injuries sustained
- Give advice to the Custody Officer on general care of the patient when in custody
- Ensure appropriate arrangements are in place for any medication requirements
- Assess and manage risk related to healthcare in a custodial setting
- Provide a Summary Care Plan for any healthcare interventions or on-going care required

Where appropriate, specialist clinical resources may be involved in the care of the patients.

In addition, opportunity should be taken to provide health promotion advice and interventions with follow up arrangements or signposting for further care.
4.1.1 Initial examinations

Initial examinations where required and where possible should include as a minimum:

- Background information from custody staff on reason individual is in police custody
- Information from custody staff from the Custody Vulnerability Assessment
- Any risks, concerns or warnings custody staff are aware of
- Past medical and psychiatric history
- Previous self harm
- Current medication
  - Prescribed
  - Over the counter
  - Illicit
- Allergies
- Gender requirements, special dietary requirements, diversity or disability needs
- Social history
- Educational background and understanding
- Time last ate and slept
- Basic observations including general demeanour and behaviour, level of consciousness, pulse, blood pressure, respiratory rate, pupil size and reactivity
- Signs or symptoms of drug or alcohol intoxication or withdrawal

Access to the NHS Emergency Care Summary is available through Adastra. This assists, with safe medicines reconciliation and allows any special notes, alerts or healthcare considerations that are recorded to be taken account of while in custody.

A care plan for that individual while in custody should be formulated with clear written and verbal instructions relevant to care while in police custody given to custody staff.

The following are not fit for care in custody and should be transferred to hospital:

- An intoxicated person who is unable to walk and talk
- An intoxicated person who has a head injury (see SIGN Guideline 110 for head injury definition and indication for referral to hospital) following assessment by a HCP
- Any person whose level of consciousness is reducing a person suspected of overdose of drugs or drugs and alcohol

Those suspected as having drugs concealed internally should be managed in accordance with the national guidelines on the Management of People Suspected of Having Concealed Drugs Internally.
4.1.2 Privacy for healthcare assessments and medical examinations

The duty to respect the individual’s privacy to the greatest extent possible is not only a professional obligation but is also a requirement of the Human Rights Act. Any infringement of that right must be legitimate and proportionate.

The purpose of the examination and the risks involved will determine the need for accompaniment for healthcare assessments. This may be for reasons of chaperone or safety following a risk assessment. Additionally corroboration may be required in certain cases for the forensic element of any examination or sampling.

A Police Officer or second HCP may be required with this being decided on an individual basis. The decision should be recorded within the risk assessment portion of the Custody Record. The COPFS/Police Scotland guidelines for recovery of forensic material/conduct of forensic medical examinations will be referred to where necessary. At all times, the duty to respect an individual’s privacy as far as possible, will still apply.

4.1.3 Assessment of Post Incident Conditions

As part of the initial medical examination of patients, HCPs may be required treat health conditions or injuries that have arisen as a consequence of the arrest. Such injuries, or complaints of alleged injuries, could be as a result of the use of

- Handcuffs
- Baton
- CS Spray / other incapacitant sprays
- Taser
- Restraint Belts
- Use of Force

Training in awareness of the effects of Personal Protective Equipment used by Police Officers, should be provided in order to give an assessment and treatment of any injuries caused. HCPs may be required to give an opinion of any injuries for criminal or internal discipline matters should a complaint be made and, similarly, report any adverse incidents.

To assist in preservation of evidence, the on-duty Scene of Crime Officer will be made available to take photographs of any injuries. It is the responsibility of the Investigating Officer tasked with the investigation of the allegation to make all necessary arrangements in line with Complaints about the Police procedures.
4.2 Medication

All processes and procedures related to the safe and secure handling of medicines and to the prescribing and administration of medicines to patients in Police Custody Centres will follow the Health Board and national policies, procedures, formularies and guidelines.

In addition, reference should be made to the FFLM Safe and Secure Administration of Medication in Police Custody and Operational procedures and equipment for medical rooms in police stations guidance documents.

4.2.1 Ordering Medicines

The ordering of medicines will be in accordance with individual Health Board policies and procedures.

4.2.2 Receipt of Medicines

The receipt of medicines will be in accordance with individual Health Board policies and procedures as agreed with Police Scotland.

4.2.3 Storage and Security

The storage and security of medicines in Police Stations will follow the principles of the individual Health Boards as agreed with Police Scotland. All HCPs should be familiar with the content of this policy.

In general:

Each Police Office will have a secure locked cabinet for the storage of medicines. These cabinets will be located in the Medical Room. Only medicines must be stored in these cabinets.

- Access to these cabinets must be restricted to registered HCPs. Within each Police Office procedures must be in place regarding the security of keys. These procedures must be agreed locally between HCPs and Police staff.
- When not being administered to patients, all medicines must be locked away.
- In each Police Office procedures will be in place for the routine date checking of all medicines. All medicines should be date checked on a monthly basis.
- Expired medicines should be returned, in a sealed pharmacy bag, to the supplying hospital pharmacy for destruction.
- Any medicines being disposed of within the Police Office must be discarded in blue-lidded waste containers specific for pharmaceutical waste.

4.2.4 Patient Group Directions (PGDs)

A PGD is defined as a written instruction for the supply and/or administration of a licensed medicine in an identified clinical situation. It applies to groups of patients who may not be individually identified prior to requiring treatment.
Before a PGD is implemented in Police Custody the relevant Health Board must approve the use of that PGD. Only NHS Scotland approved PGDs will be implemented. Only fully competent and trained nurses may use the PGD. The Senior Nurse and all staff working under the authority of the PGD must sign the PGD.

It is the responsibility of the Senior Nurse (Police Custody) to ensure that the list of staff using any PGD is up to date, that audit of the PGD is carried out, that only valid PGDs within their review date are being used and that medical staff are informed of the implementation of PGDs. The Senior Nurse must also provide the Lead Nurse with details of PGDs being implemented.

4.2.5 Administration and Self-Administration Under Supervision of Medication

All Medication to be administered or self-administered under supervision will be in accordance with individual Health Board policies and procedures as agreed with Police Scotland.

Administration of medication in police custody may be carried out by the Forensic Physicians; other HCP, or by self-administration by the detainee, either kept in their own possession or supervised by a HCP or police custodian.

The most appropriate means of administration will be dependent on a range of factors, which may include: the medication; the method of authorisation of the medication and relevant regulatory restraints; the clinical condition of the Custody; and the availability of appropriate staff.

When non-clinical police custodians are required to supervise the detainee’s self-administration of medication it is essential to ensure that:

- Instructions for the medications are clearly communicated to and understood by the custody staff.
- The correct medication is offered to the intended person at the appropriate time.
- Accurate records of prescribing and consumption are kept to include the date and time of consumption.
- Any documentation used by Police Scotland to assist with self-medication should, in common with the Care Plan be stored in a suitable place and retained for the standard time years in accordance with Police Procedures.

2.5.6 Patients Own Medicines in Custody

Medicines that have previously been dispensed for a patient e.g. by a community pharmacy that have been brought into police custody with the patient, must be assessed for suitability before being administered/self-administered under supervision.

These medicines remain the patient’s own property and, where at all possible, consent should be obtained before they can be used or destroyed.

A HCP should assess patients’ own medicines and comply with locally agreed procedures.
In general, the following criteria should be used to assess these medicines:

**The container:**
- The medication must be in the original (dispensing or manufacturer’s) container.
- Actual quantity in container must be less than or equal to that stated on the dispensing label i.e. there must have been nothing added to the container since dispensing.
- Bottles containing tablets, capsules or liquids, despite being labelled correctly, are not suitable for use unless they are unopened.
- Must be clearly labelled as below.

**The label must:**
- be legible
- be in English
- have the name of the patient to whom the medicine will be administered.
- have the name and strength of the medication.
- have the appropriate directions.
- have an in-date expiry date.
- have the dispensing pharmacist or dispensing doctor’s name and address and the dispensing date displayed.
- have the quantity of medication dispensed.

**The medication**
- Must be of acceptable appearance; tablets/capsules are clean, whole and without signs of deterioration.
- Must be no doubt over identity.
- The patient must confirm that storage has been appropriate.
4.3 Assessment in Relation to Substance Misuse (Intoxication)

Where an individual in the community is intoxicated and in need of medical assistance the Management of people in the community who are drunk and incapable Memorandum of Understanding between Police and Scottish Ambulance Service applies.

Police Custody Staff will monitor all detainees at risk of intoxication and raise any concerns with a Healthcare Professional or, if indicated, arrange for ambulance transfer to hospital.

A HPC should medically assess all people in custody who are felt to be intoxicated as a result of substance misuse. This assessment must take place within a clinically appropriate timescale.

The clinical assessment will take place within a designated healthcare area unless the patient is physically incapable of being brought to this location.

This assessment will include a minimum documentation of Glasgow Coma Scale assessment, pulse, blood pressure, respiratory rate and pupillary size documentation.

Examination will also exclude other causes of a decreased conscious level including head injury, hypoglycaemia, stroke, postictal etc.

The use of an intoximeter for non-evidential blood alcohol measurement can be a useful tool to aid diagnosis and management in those where alcohol excess is suspected as a possible cause of a decreased conscious state.

Alcohol or drugs may mask other conditions. A person who is drowsy and smells of alcohol or intoxicants may be suffering from:

- Diabetes
- Epilepsy
- Head injury
- Drug intoxication or overdose
- Stroke

4.4 Assessment in Relation to Substance Misuse (Withdrawal)

Police custody staff will contact a Healthcare Professional to discuss detainees at risk of drug or alcohol withdrawal. Following this discussion a clinical assessment will be carried out if deemed appropriate.

The clinical assessment will take place within a designated healthcare area unless the patient is physically incapable of being brought to this location.
This assessment will include a documented history of the reported quantities of substances used and objective parameters including a minimum of pulse, blood pressure, pupillary size, temperature, respiratory rate and Glasgow Coma Scale. For those reporting an active history of intravenous drug misuse, clinical examination should include a “site check” to confirm the person in custody history and also look for abscesses, cellulitis, etc. A urine sample for drug estimation should also be collected to support clinical findings, particularly for individuals who report non-intravenous illicit use or who are prescribed unsupervised methadone.

4.4.1 Management of Specific Drugs

**Alcohol**

Alcohol-dependent detainees may develop withdrawals as early as 6-8 hours after their last consumption of alcohol and before blood alcohol reaches zero. Common clinical features include tachycardia, sweating, tremor and agitation. Severe alcohol withdrawal can lead to delirium tremens and seizures.

**Benzodiazepines**

The acute cessation of benzodiazepines can lead to a clinical picture of withdrawals similar to that seen with alcohol. The development of withdrawal symptoms is slower than that seen with alcohol, typically developing within two days, and the risk of withdrawal seizures within police custody is low.

**Opioids**

Many detainees will use multiple opioids with differing half-lives resulting in a variation as to when withdrawal symptoms will develop. Typically withdrawals from heroin will commence approximately eight hours after last use. Clinical features include tachycardia, rhinorrhea, pupillary dilation, sweating and gooseflesh.

Opioid withdrawals are influenced by psychological factors and subjectively detainees may complain of numerous symptoms including tremors, nausea, feeling “hot and cold”, myalgia, anxiety and agitation. Greater weight should be given to objective clinical findings when assessing for opioid withdrawal.

**Psychostimulants**

Withdrawal from psychostimulant drugs such as cocaine, ecstasy and amphetamine does not produce major physical withdrawals. Psychological dependency is common in habitual users with insomnia and depression being precipitated on withdrawal.

**Hallucinogens**

Hallucinogenic drugs such as LSD have a relatively quick onset of symptoms (10-60 minutes) with recovery seen usually within twelve hours. No physical withdrawal syndrome is typical although anxiety may be precipitated.
Volatile substances

Solvent abuse leads to intoxication that can develop within one minute and persist for up to 45 minutes. Presentation can be similar to alcohol intoxication although perceptual disturbances and hallucinations are more common. There is no physical withdrawal syndrome and no specific management is required.

Cannabis

Withdrawal from cannabis in detainees may precipitate mild symptoms including insomnia, agitation and irritability. No specific treatment is required.

Methadone and Buprenorphine (Suboxone/Subutex) Treatment

Prisoners in receipt of a community substitute prescription of Methadone or Buprenorphine will have the prescription confirmed by telephone contact with the dispensing chemist following detention. Police staff should collect this medication if possible. The Healthcare Professional will administer the substitute treatment on a supervised basis following clinical assessment if deemed appropriate.

4.5 Pregnancy

People in custody who are detained and report themselves to be pregnant should be discussed with the HCP. Pregnancy itself is not a medical condition that would preclude the detention of females in police custody. It may be undesirable to keep a female in the latter stages of pregnancy, or in whom complications have already been encountered, within the police office environment.

4.6 Management of Diabetes

Any patient reporting a diagnosis of Insulin Dependent Diabetes Mellitus should be discussed with the HCP. Prior to contacting the HCP, police custody staff should have established the insulin regime usually taken by the patient, the time of last insulin administration and ideally the result of a blood glucose (‘BM’) test. It should also be ascertained whether the patient’s insulin medication is in the police office or whether it can be collected from the person’s home. The HCP will advise with regards to future insulin administration times and doses.

If felt clinically necessary, the HCP may attend to assess the patient prior to further insulin administration.

Diabetes is a self-managed condition and patients would usually administer their own insulin under supervision of the police custody staff, unless there are specific reasons to believe this to be unsafe.
4.7 Monitoring and Observation

In respect of frequency of visits in a custody setting, the following guidance reflects the Care and Welfare of Persons in Police Custody Standard Operating Procedure (SOP) as of January 2014. However, guidance contained within the SOP will, by its nature, be subject to constant consideration and update, and any reference to monitoring and observation must always be done by reference to the latest version of the SOP.

All people in cells are to be visited at least once per hour. It is good practice to conduct visits at irregular intervals, reducing the opportunities for people in custody to commit acts that would put their safety at risk. At each visit, all people in custody will be roused and spoken to and are required to give a distinct verbal response. The only exception will be when a HCP has given a direction that continued hourly rousing will have a detrimental effect on the patient due to a specific medical condition. In such circumstances, a full explanation, including details of the medical opinion will be recorded on the relevant custody record.

The Custody Supervisor will ensure that people in custody who present a high risk are considered for constant observations or more frequent visits.

The decision to place a person in custody under constant observations will be made in conjunction with the care and welfare Risk Management Plan conducted on the arrival of the person at the Custody Centre and on any further information made available to the Custody Supervisor.

Frequent visits, if deemed at appropriate, will be at 15 minute or 30 minute intervals, depending on the risk management plan and/or medical care plan.

Where the decision is made and rationale recorded to place someone under constant observations, then constant observation means constant observation of the person in custody without distraction of any kind.

Reasons for the decision to place a person in custody on constant observations include:

- They are at high risk of self harming or attempting suicide,
- They have been apprehended for a grave crime.

When a person is deemed high risk due to his level of impairment the observation level will be ‘constant’ or ‘frequent’ with visits every 15 minutes, until signs of improvement.

Whilst consideration will always be made to placing people in custody charged with grave offences under constant observations, the decision must always be person centred and based on the vulnerability of that individual.

This will assure their well being at a time when they may be vulnerable, and also preventing a denial of justice. The impact that the offence has on an individual will vary greatly and the focus must be on the person, not the crime. There may also be occasions when constant observations are necessary in the interests of the enquiry.

The use of a CCTV observation cell as part of a tailored care and risk plan should not be confused with someone placed on constant observations.
4.8 Fitness Assessments

These will be as agreed by each Health Board and Police Scotland, taking into account any external advice or standards deemed appropriate (such as FFLM and COPFS guidelines).

A Custody Health & Forensic Medical Examination proforma may provide a framework to aid and note these assessments. The proforma used should be agreed by NHS locally and communications between HCP’s and custody staff will be as agreed.

4.8.1 Fitness to be detained (Healthcare examination)

Where there is doubt or concern about an individual’s fitness to be detained in police custody the HCP will undertake assessment for Fitness to be Detained at the request of a Police Officer.

Examination will take place in the Custody Medical Room of the Police Office, occasionally in the Police Cell, if indicated by safety or security, or rarely in another appropriate location e.g. hospital, depending on the circumstances.

During the assessment, the duty HCP will undertake to be particularly considerate of:

- Alcohol or drug intoxication and withdrawal
- Mental health
- Self harm risk
- Diabetes
- Epilepsy
- People with head injuries
- Detainees with special healthcare needs and diversity, disability or special dietary needs.

At the end of the examination, the HCP will inform the Custody Officer verbally and in writing of the outcome of the assessment and any special instructions. He/she will advise of arrangements and timings of any reviews required.

Where the person in custody requires hospital treatment, the duty HCP will undertake to liaise with hospital staff and/or ambulance services, to arrange admission or A&E attendance and provide the relevant documentation for transfer.

Where the person in custody is to remain in hospital, Police Scotland custody procedures will be followed.

On returning to the Police office Police Scotland custody procedures will be followed and HCP advice sought on fitness to be detained and ongoing care plan.

Where any person detained in Police Custody is unfit to be detained, the HCP will advise the Custody Officer of steps considered necessary for the health and well-being of that person.

Fitness to attend court is a similar assessment as Fitness to be detained.
4.8.2 Fitness for interview (Forensic examination)

In the majority of cases a police officer is able to assess whether an individual is fit for police interview. Where there may be concerns or fitness is unclear, further assessment is indicated.

In general this assessment will be undertaken by the relevant HCP. In certain cases it may be appropriate that this is a psychiatrist or forensic psychologist.

Examination aims to protect both the individual and the justice process and as such should:

- Determine that the individual has capacity to understand and follow the interview identifying any suggestibility and/or vulnerability to forced or false confession
- Identify whether interview may have an unacceptable detrimental effect on health including mental health of that individual
- Identify any precautions or safeguards required to assist the person during police interview

Examination would therefore generally include assessment of:

- Personality characteristics
- Mental and Physical Health
- Substance misuse, intoxication or withdrawal states
- Cognitive and functional capacity
- Consideration of interview demands and characteristics
- Totality of circumstances

Informed consent should be obtained and detailed contemporaneous notes taken. The examining HCP should inform the Police of the outcome of the assessment verbally and in writing.

Specific outcomes will be:

- **Unfit at any stage** e.g. severe dementia, severe learning difficulties
- **Unfit at present** e.g. intoxication, withdrawal state, illness amenable to treatment
- **Precautions are advised** e.g. Appropriate Adult or further advice
- **Fit for interview**

It will then be a matter for the Police whether to proceed or not to interview.

Where any reassessment or further treatment is indicated before interview, this will be arranged by the HCP at the time of initial examination.

4.8.3 Fitness for transfer (Healthcare examination)

These will be as agreed by each Health Board and Police Scotland, taking into account any external advice or standards deemed appropriate, such as COPFS guidelines for forensic examinations.
Where there are concerns by the Custody Officer, the HCP will attend and assess fitness to transfer to another location, including:

- From one Custody Suite to another
- From Police Office to Court
- To hospital

Taking into account the person’s:

- Physical State
- Mental State
- Any Infectious Disease or Infestation
- Mode of transfer (air/ferry/road/van/car/ambulance)

Where indicated, the HCP will advise accompanying personnel (Police or security firm) of any information relevant to the care of the person in custody during transfer. All information should be contained within the Summary Care Plan. Further information may be provided for healthcare professionals at the receiving end.

Custody staff must ensure the Prisoner Escort Record (PER) is fully completed to reflect the findings/decision from the HCP.

Reference to the Care and Custody Handbook for Guidance on Transportation of Custodies should be made.

4.8.4 Fitness to be released safely (Healthcare examination)

These will be as agreed by each Health Board and Police Scotland, taking into account any external advice or standards deemed appropriate such as COPFS guidelines for forensic examinations.

In general, and where requested by the Custody Officer, the duty HCP will examine a Custody’s fitness to be released assessing this with due concern for both the released safety of the individual and his/her continuing physical or mental health needs, impact of seriousness of any charges against the person – for instance persons who have been arrested for sexual offences, particular offences involving children or child pornography may be at an increased risk of self-harm, following release from Custody.
This will take place either:

- At the time of initial examination of Fitness to be Detained
- At later review and reassessment if indicated
- At the request of a Police Officer

The Custody Officer will be informed of the outcome of this assessment, which will be recorded on the Custody Risk Assessment and Care Plan.

Where there is concern that a person in custody is not fit to be released safely, the duty HCP will inform the Custody Officer and advise either on timing of reassessment, alternative arrangements needed or undertake to reassess before discharge at the request of the Custody Officer.

4.8.5 Unfitness for trial

Unfitness for trial is an assessment usually undertaken by a Forensic Psychiatrist at the request of the Court.

4.9 Mental Health Assessment in Custody

These will be as agreed by each Health Board and Police Scotland, taking into account any external advice or standards deemed appropriate (such as COPFS guidelines for forensic examinations).

HCP’s should be trained in delivery of appropriate mental health assessment as relates to custody and also be cognisant in assessment of any forensic implications, factors relevant to detention in police custody or affecting fitness to plead or to appear in court. Where appropriate, referrals will be made to specialist services including support services or for further psychiatric assessment if indicated.

There should be provision on the Custody healthcare and forensic medical examination form for details of examination relevant to mental state.

The HCP will, at all times, be mindful of the vulnerable nature of many people in custody and advise accordingly on any aspects of mental state or learning disability which may impact on care in Custody, or decision to prosecute, including any risk of self-harm, acute or active psychiatric illness.

The HCP, where appropriate, will contribute to multi-agency planning geared at meeting the needs of mentally disordered offenders and diversion from the Criminal Justice System.

4.9.1 Place of Safety

The Mental Health (Care and Treatment) (Scotland) Act 2003, Section 300 defines a Place of Safety (POS) as:

- A Hospital
- Premises which are used for the purpose of providing a care home service (as defined in Section 2(3) of the Regulation of Care (Scotland) Act 2001); or

- Any other suitable place (other than a Police Station) the occupier of which is willing temporarily to receive mentally disordered persons.

A Police Station (or Police Office) may only be construed as a Place Of Safety if no Place Of Safety is immediately available – Section 297(5) of this Act. The Police power to remove a person from a public place is bestowed by Section 297 in Part 19 of the Act.

Police cells are not suitable places for holding people who are unwell with mental health conditions given potential for the police cell environment to exacerbate a person's condition.

Police, Health Boards and Local Authorities must work together to ensure suitable arrangements for Place of Safety are available and included in local Psychiatric Emergency Plans.
5. FORENSIC SERVICES

5.1 Sexual Offences Examinations

Recent acts of rape and sexual assault are crimes that are governed by the Sexual Offences (Scotland) Act 2009 and definitions of ‘rape’ and ‘sexual assault’ can be found there.

Evidence demonstrates that a timely and victim-centred forensic medical examination following sexual assault can have significant benefits for both the care and subsequent recovery of victims and the collection of high quality evidence to support any criminal justice process.

Undergoing a forensic examination following a rape or sexual assault can be a difficult experience. It is crucial that this examination is arranged with the minimum of delay and is conducted sensitively. Victims need to be able to provide informed consent and the needs and wishes of the victim should be ascertained and met as fully as possible. The quality of the service provided is likely to influence the victim's continued engagement in any criminal justice process.

5.1.1 Service delivery

The Health Board has responsibility for co-ordinating the response to victims following a rape or sexual assault to meet their health and support needs. The Health Board will have a care pathway in place to do so which, at a minimum, will include:

- immediate clinical needs assessment including post coital contraception and health care follow up, including sexual health
- access and referral to support, advocacy, trauma care, safety planning
- guidance on how to meet specific needs of different groups of people e.g. those who do not understand written or spoken English; those who have sight or hearing impairments, or have other disabilities; asylum seekers or refugees; those who have no permanent address; black or minority ethnic communities; adolescents; people with learning difficulties and communication support needs; those who are elderly and/or housebound; those who have mental ill health; those who misuse alcohol or illicit drugs; and those who have a low income, depend on welfare benefits, or who are unemployed
- guidance on arrangements to enable self-referral for forensic examinations where this facility exists.

Examinations should be timed appropriately to meet both evidential and therapeutic needs. The timing of these should meet clinical, personal and evidential requirements and be discussed between HCP and Police Scotland.

5.1.2 Forensic Examination

Forensic examination and evidence collection is secondary to the main purpose of a medical examination after rape and sexual violence which is to identify the health care needs of the patient, however forensic evidence can be helpful for the prosecution of suspects.

Forensic examination and evidence collection involves the accurate documentation of injuries with the use of pre printed forms with pictograms to guide thorough documentation. Materials such as clothes and samples such as hair, blood, saliva, or seminal fluid should only be taken if they can be used and processed according to Scottish Police Authority and Crown Office and Procurator Fiscal requirements.

The views of the victim must be sought in relation to the arrangements for the forensic examination and written informed consent obtained for the examination itself.

The Victims and Witness and Act 2014 notes that before a medical examination, the Constable must give the person an opportunity to request that such medical examination be carried out by a registered medical practitioner of a gender specified by the person. If the person makes such a request, the Constable must ensure that the registered medical practitioner who is to carry out the examination is informed of the nature of the request. Consideration should therefore be given, to the need to have arrangements for gender specific examination (male and female) for examination in cases of sexual offences and domestic abuse so that any wishes of the complainer are taken into account if that is feasible.

Staff should refer to the Recommendations for the Collection of Forensic Specimens from Complainants and Suspects which are provided and regularly updated by the FFLM on a six-monthly basis.

Modula sexual offences examination kits are provided by Police Scotland and contain sampling material along with full instructions for use. This is detailed on the guidance notes which are provided with each kit and there is further detail within the FFLM recommendations. A police officer should be present to receive samples taken but does not require to witness the forensic examination.

Health Boards and Police should work together towards provision of colposcopy and suitable facilities for examination. Colposcopies should be used where consent has been provided. The DVD recording from video colposcopy provides the best quality of forensic evidence in relation to intimate examinations and enables the Crown to obtain, where necessary, the opinion of a medical expert not present at the examination. It also affords any defence medical experts an opportunity to view the recording and prevents need for repeated examinations.

Some victims are uncertain about whether or not to report to the Police in the aftermath of a sexual assault. In such a situation they should have access to forensic examinations on a self-referral basis to ensure that forensic evidence is not lost during this period.
Health Boards should develop processes to assist self-referral and to store such evidence in the event of a subsequent report to the Police. All individuals should have access to health and support services, irrespective of whether or not they have reported to the police.

Health Boards and Police should work together to ensure that the examination is carried out in the most appropriate location, with a view to ceasing the use of operational police offices for examinations. The type of facility utilised for forensic medical examinations may vary across the country but it must comply with the relevant standards.

5.1.3 Training and qualifications

With regards to training and education, Forensic Physicians should have undertaken specialist training and have specified professional competencies, as set out in the Quality Standards in Forensic Medicine issued by the Faculty of Forensic & Legal Medicine\(^2\). Training must include not only forensic capture but also immediate clinical needs assessment and appropriate and timely referral for follow up care as well as the impact of trauma and how to respond sensitively to victims of sexual violence.

Nurses involved in the provision of forensic examinations should have undertaken specialist training and have specified professional competencies, as set out in the Quality Standards for Nurses in Sexual Offence Medicine\(^3\). Training must include not only forensic capture but also immediate clinical needs assessment and appropriate and timely referral for follow up care as well as the impact of trauma and how to respond sensitively to victims of sexual violence.

All NHS staff involved in the care of victims of sexual offence must have received equalities and diversity training that addresses gender, and the provision of appropriate and sensitive responses to victims from disadvantaged groups or who have additional needs.

\(^2\) Quality Standards in Forensic Medicine General Forensic (GFM) and Sexual Offence Medicine (SOM) 
http://fflm.ac.uk/upload/documents/1358340451.pdf

\(^3\) Interim Quality Standards in Forensic Medicine for Healthcare Professionals Other than Doctors
General Forensic Medicine (GFM) and Sexual Offences Medicine (SOM)
http://fflm.ac.uk/upload/documents/1329134518.pdf
5.2 Child Protection Examinations

This section will be updated in September 2015

5.2.1 Legislative and Policy context

The UK Government is a signatory to the United Nations Conventions on the Rights of the Child (UNCRC). The Scottish Government endorses the UNCRC. The UNCRC should underpin all code and practice in child protection.

Recent acts of rape and sexual assault are crimes that are governed by the Sexual Offences (Scotland) Act 2009 and definitions of ‘rape’ and ‘sexual assault’ can be found there.

The Children and Young People (Scotland) Act 2014 furthers the Scottish Government’s ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

Scottish Government’s National Guidance for Child Protection in Scotland (2014) provides a national framework for agencies and practitioners at local level to understand and agree processes for working together to safeguard and promote the wellbeing of children. It sets out expectations for strategic planning of services to protect children and young people and highlights key responsibilities for services and organisations, both individual and shared.

Child Protection Guidance for Health Professionals also published by Scottish Government in 2014 highlights specific roles and responsibilities of specialist staff working in particular settings and sets out the framework to aid practitioners in their role in dealing with child protect

The Getting it right for every child (GIRFEC) approach ensures that anyone providing support puts the child or young person – and their family – at the centre.

Getting it right for every child is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any concern about wellbeing – rather than only getting involved when a situation has already reached crisis point.

This means working across organisational boundaries and putting children and their families at the heart of decision making – and giving all our children and young people the best possible start in life.

The Victims and Witness and Act 2014 notes that before a medical examination, the Constable must give the person an opportunity to request that such medical examination be carried out by a registered medical practitioner of a gender specified by the person. If the person makes such a request, the Constable must ensure that the registered medical practitioner who is to carry out the examination is informed of the nature of the request. Consideration should therefore be given, to the need to have arrangements for gender specific examination (male and female) for examination in cases of sexual offences and domestic abuse so that any wishes of the complainer are taken into account if that is feasible.
5.2.2 Referral - Interagency Referral Discussion / Tripartite discussion

Prior to a joint paediatric / forensic assessment, an Interagency Referral Discussion (IRD) between police, social work and health professionals should take place. The IRD allows decisions to be made primarily based on the needs and safety of the child and reduces the differences in expectation between the police and health services on the timing of examination and collection of forensic evidence.

It would also enable remote and rural areas to make decisions about the transfer of children to other centres, where this is the best interests of the child⁴.

5.2.2.1 Age Range

The Sexual Offences (Scotland) Act 2009 defines a young child as being under the age of 13 and an older child as not having attained the age of 16. These age ranges are also articulated with Police Scotland’s Under Age Sexual Activity Standard Operating Procedure (SOP)

For the for the purpose of the Children & Young People's Act 2014, a child was defined as someone under the age of 18 years old, or until they had left school, which ever was the latest. Through the National Delivery Plan for Specialist Children’s Services, the NHS in Scotland had committed to hospital based children’s services to the upper age limit of 16 years (with flexibility of up to 18 years).

The Royal College of Paediatrics and Child Health considered paediatrics up to the age of 18.

Given the discrepancy in polices and Acts of Parliament, forensic medical services for paediatrics should cover children up to the age 16 years of age and up to age 18 for those who are considered vulnerable (i.e. lacking capacity, looked after children, children within the reporting system).

5.2.3 Joint Paediatric/Forensic Assessment⁵

It is considered best practice that a joint paediatric / forensic medical examination be conducted in cases of suspected serious Non Accidental Injury (NAI) (eg serious injuries or illness, including complex fractures, head injuries, burns, or the result of preliminary assessment is inconclusive and a specialist’s opinion is required to establish the diagnosis) and in all cases of suspected Child Sexual Abuse (CSA).

The rationale behind the joint medical examination is that medical specialists with complementary skills will provide the best immediate and long-term care to the child, and in addition provide the best forensic evidence to assist in the appropriate investigation of the suspected criminal offence. It also offers reassurance and advice to the child or young person and carer. It is usually carried out by a Paediatrician and Forensic Physician, but can be carried out by Paediatrician and any other appropriately trained doctor, e.g.: Specialist Paediatric Genito-urinary Physician, Specialist Burns Paediatrician

⁵ Taken from the National Guidance for Child Protection 2014 – for Healthcare professionals published by the Scottish Government
This two doctor examination is the most specialised type of examination and only undertaken after a tripartite discussion with social work, police and health. It is usually arranged during working hours with the appropriate skilled personnel and facilities available.

There may be the need for appropriate specimens for trace evidence including semen, blood, fibres etc. The forensic physician takes responsibility for the gathering of any samples for forensic analysis while the paediatrician takes responsibility for arranging other investigations (e.g. X-rays, MRI, blood clotting tests).

Following assessment the two doctors should confer immediately, and give an immediate statement to the police officers who may be in attendance.

It is imperative that all specialist paediatric medical examinations result in a clear report. This should also contain details of the doctor’s role, experience and status. It should contain statements of fact (evidence found on history and examination), then an opinion about whether abuse may be possible or probable.

Certain skills, which are based on knowledge, training and experience, are essential and these will be provided by both the Paediatrician and Forensic Physician. It is important that each specialist is aware of his or her individual responsibilities and both work in harmony to ensure the best service is provided to the child, and also to the investigative team involved in the suspected offence.

Essentially the Paediatrician is responsible for all healthcare issues, both immediate and long-term, including the clinical examination, appropriate investigations, clinical diagnosis and treatment - both immediate and long-term, plus communication with all relevant agencies to ensure the safety and well being of the child.

The Forensic Physician is responsible for all forensic issues including the collection of all relevant forensic samples, initiating and maintenance of the chain of evidence, and supervising the quality and reliability of the contemporaneous video-colposcopic and still photo-documentation.

Both medical specialists are responsible for the forensic interpretation of the clinical findings noted, and the provision of appropriate, detailed and structured formal reports to the relevant agencies including health, social work, and police.

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<tr>
<th>Joint</th>
<th>Paediatrician</th>
<th>Forensic Physician</th>
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<tr>
<td>• Communication skills with children and parents/carers</td>
<td>• Provision of all health care needs both immediate and long-term –</td>
<td>• Competence in use of video-colposcope –</td>
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<tr>
<td>• Awareness of child’s sensitivities and needs</td>
<td>• Arrangement and supervision of all appropriate clinical investigations</td>
<td>• Competence in collection and storage of all relevant forensic samples</td>
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<td>• Awareness of consent issues regarding young persons</td>
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<td>• Provision of immediate verbal report to police regarding identified injuries</td>
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<td>• Competence in conducting a general and genital examination</td>
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<td>• Knowledge of normal variants in genital anatomy for age</td>
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<td>• Knowledge of current research re diagnosis of NAI and CSA</td>
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<td>• Documentation of clinical findings in formal written report -</td>
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<td>• Court attendance and presentation of evidence</td>
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<td>• Immediate post incident care including</td>
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5.2.4 Photo-documentation

It is essential for a permanent record (still photographs, video, CD, DVD) of the genital / anal findings to be obtained whenever these areas are examined during the paediatric forensic assessment of a child who may have been subjected to sexual abuse. These images may be obtained via a colposcope. Similarly any relevant general physical injuries or signs should be photo documented. The prime intention of photo-documentation is to support clinical examination. Therefore the images should be of adequate quality to demonstrate the clinical findings, if the images do not demonstrate the clinical findings the reason for this should be recorded in the clinical notes.6

5.2.5 Medical Report

If doctors are asked by social work or police for a report they should provide a typewritten report detailing the referral pathway to them, the time and place of examination, the names of those present, details of history and examination and specific details of any injuries or abnormalities. The report should summarise significant positive and negative findings as this will be considered evidence.7

Most doctors will be recording their involvement as witnesses “to fact”. Some specialists such as consultant paediatricians will be expected to also give an opinion (as courts consider them “experts”) based on their findings and will have to clearly state the probability of abuse.

It must be sufficiently detailed to meet the Reporter’s requirement as well as the Procurator Fiscal, if necessary, in criminal cases.

6 Faculty of Forensic and Legal Medicine and The Royal College of Paediatrics and Child Health (2012) Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse
5.3 Deaths

5.3.1 Sudden Deaths

*Please note this section is currently being revised*

A ‘sudden or suspicious death’ in forensic terms is regarded as a death resulting from violence, suicide and unexplained or suspicious cause. The Police Scotland Act 1967, Section 17, places an obligation on the Police to investigate all deaths of this nature and submit a detailed report of the circumstances to the Procurator Fiscal.

Police attendance at Sudden Deaths are categorised into the following:

- No suspicious circumstances
- Suspicious Death
- Unexplained Death
- Fatal Accident
- Sudden and Unexpected Death in Infancy (SUDI)
- Drugs Related Death
- Suicide
- Murder
- Death in Police Custody
- Work Related Death

This list is not exhaustive and can include any death where the Procurator Fiscal directs that a Police investigation should be conducted.

Upon receiving a report of a sudden death, Police Officers attending will approach the enquiry from the perspective that a crime has, or may have been, committed and the early management of any scene is dependent on three areas, identify, secure and protect.

On the scene being identified, the appropriate protection can be put in place which includes the use of cordons and allows for the access of a HCP, if they are required, in a safe and forensically aware manner. This will ensure that the Police fulfil their legal obligation and, importantly, no opportunities for future forensic examination will be lost.

A suitably trained HCP may be requested to attend the scene of a sudden death to assess vital signs of any body and pronounce life extinct (PLE).

When a HCP is requested to attend the locus of a sudden death for the purpose of PLE he/she should ensure that they do so with the minimum of disturbance to the body or scene and wear appropriate protective clothing to reduce the possibility of scene contamination.

5.3.2 Non-Suspicious Deaths

The vast majority of cases of sudden death are not considered suspicious or unexplained and in these circumstances, death verification from the following is accepted:

- Paramedic
- The person’s family GP
- Out of Hours GP
- Hospital Doctor
- Nurses (in non suspicious circumstances with appropriate training)

Where a sudden death is not believed to be suspicious or unexplained, after discussion with the Crown Office and Procurator Fiscal Service (COPFS), the person’s GP or hospital doctor may be prepared to issue a Medical Certificate of Cause of Death (MCCD).

Certifying cause of death will be provided by a relevant medical professional only where he/she is in a position to do this. This may depend on:

- Involvement in the medical care of the deceased
- Whether a post mortem is required
- Discussion with the Procurator Fiscal
- Access to background medical information sufficient for a ‘view and grant’

### 5.3.3 Suspicious or Unexplained Deaths

Where death occurs in circumstances that give rise to suspicion or are unexplained, a Forensic Pathologist, in the first instance or, if unavailable, a Forensic Physician may be required to verify death in exceptional circumstances.

Any such request and any further assessment of the deceased or scene should not be conducted unless authorised by and following consultation with the Senior Investigating Officer (SIO) and/or a representative of the COPFS.

Should a Forensic Physician be called to a scene to PLE they shall not be expected to provide an opinion on the circumstances, cause or time of death. However, during their examination of the body the FP may discover what they believe to be the cause of death and it is entirely appropriate that they disclose their findings to the police officers in attendance.

### 5.4 Examination of Injuries

Where a HCP is required to examine a suspect, complainer or police officer for evidential purposes, they will:

- Ensure immediate therapeutic needs are met
- Accurately classify and document any injuries
- Ensure aftercare requirements are met

They will be expected to provide evidence or evidence of opinion within their competence and professional level of expertise in relation to marks, scars or injuries found on any examinee.

Provision should allow for second opinion and joint examination for complex cases if required.

The duty Scene of Crime Officer will undertake any requirements for non-intimate photographic evidence.
5.5 Forensic Sampling

Section 18 of the Criminal Procedure (Scotland) Act 1995 provides that, where a person has been arrested and is in custody, a Constable following suitable training (or if at the request of a Constable, a Forensic Physician) may, with the authority of an officer of the rank of inspector or above, take the following samples:

- Hair of an external part of the body other than pubic hair
- From a fingernail or toenail
- From an external part of the body, by means of swabbing or rubbing, a sample of blood or other body fluid, of body tissue or of other material
- Mouth swab (can also be taken by a police custody and security officer)

5.5.1 Intimate Samples

Only a suitably qualified medical practitioner or registered healthcare professional who may take intimate samples.

Intimate samples in Scotland are defined in the Immigration and Asylum Act 1999 as:

- Sample of blood, semen or any other tissue fluid, urine or pubic hair
- Dental impression (by e.g. a dental practitioner)
- Swab taken from a person’s body orifice other than the mouth

Intimate samples may lawfully be taken, without the individual’s consent, under the authority of a sheriff’s warrant. Healthcare professionals however must be aware of their ethical and professional obligations regarding consent in such circumstances and cannot be compelled to take samples without the informed consent of the individual in question. That being said, it is good practice for the HCP to attend and establish for themselves if the person is agreeable to providing the samples requested where they should make a contemporaneous record of any refusal and the reason for that.

Where there is a requirement for forensic sampling Health Boards will provide a suitably trained HCP to work with the investigating officer in obtaining any evidential samples. Procedures undertaken will depend on:

- Circumstances of the incident
- Investigative or legal requirements i.e. the points to prove
- Preservation and recovery of best evidence
- Wellbeing and consent of the person concerned

At all times close attention to maintaining integrity and continuity of evidence must be applied with correct sampling techniques e.g. specific swabbing techniques or venepuncture requirements, documentation, labelling and storage of specimens, maintaining chain of evidence and any requirement for corroboration strictly adhered to.
In addition the FFLM Recommendations for the Collection of Forensic Specimens from Complainers and Suspects are available and are regularly reviewed and updated.

Where there are multiple individuals requiring examinations there is potential for contamination and consideration must be given to arrangements for examination at different locations and by different HCPs.

### 5.6 Road Traffic Act 1988 Procedures


Taking blood specimens, Medical assessment and/or medical observations maybe required for the above legislation, which deals with persons

- Exceeding the prescribed limit for Drink
- Unfit through Drink and/or Drugs

whilst driving a motor vehicle (Road Traffic Act 1988), working on railways or trams (Transport and Works Act 1992), working as a professional seaman (Railways and Transport Safety Act 2003) or performing an aviation function (Railways and Transport Safety Act 2003)

In pursuance of forensic evidence for the above, kits will be available for drink/drug procedures at all Police Offices and are provided by Police Scotland. Additional kits are held with regards separate hospital procedures.

All blood samples will be taken by a registered medical practitioner (generally a Forensic Physician) or registered healthcare professional (generally a custody or forensic nurse) trained in drink/drug procedure.

Where the individual is a hospital patient then as legislation stands at the moment it should be a medical practitioner engaged in services to the police who takes the blood sample i.e. usually the Forensic Physician in accordance with relevant legal and ethical consents from the patient and the medical practitioner in charge of their clinical care.

The attending HCP must obtain appropriate consents for any procedures. He/she will also assess any medical reasons why a sample of blood may not be provided. The HCP taking the blood sample will complete all relevant labels and documentation with due regard for continuity of evidence.

The DVLA provides guidance for doctors on medical fitness to drive with which all the duty Forensic Physicians must be familiar.

Medical assessment for the purposes of section 4 Road Traffic Act 1988 must only be undertaken by a medical practitioner, usually a Forensic Physician. This process may be aided by use of a pro-forma.

This assessment includes the examinee’s past medical history, physical, neurological and psychiatric examination, as well as divided attention testing to assess if the individual’s condition might be due to a drug.
In particular this will include assessment for conditions that may affect impairment testing or may themselves result in impairment or rendering unfit to drive including:

- Drug intoxication (prescribed, over the counter and illicit)
- Withdrawal states
- Metabolic disorders including blood sugar abnormalities
- Head injury
- Other physical injury
- Neurological disorders
- Current physical illness including fever, ENT conditions
- Fatigue
- Mental illness

Following medical assessment, the medical practitioner, will advise the Custody Officer of their findings. In addition, the relevant legislation (Road Traffic Act 1988) requires that the medical practitioner advises the investigating officer “whether or not the suspect’s condition might be due to some drug”. Should this statement be answered in the affirmative, a blood sample will be required from the suspect, which may be obtained by a medical practitioner.

Where consent to assessment is not obtained then observations only without examination will be made and a report furnished thereafter.

### 5.7 Persons Detained Under Terrorism Legislation

Training and additional vetting will be required for HCPs likely to have a role in the healthcare of persons detained under the Terrorism Act 2000.

Where such a facility exists in a Health Board area Police Scotland should undertake to make suitable arrangements for this additional expectation.