



Trust Headquarters
Nexus House
4 Gatwick Road
Crawley
West Sussex
RH10 9BG

Date

Email:

Dear,

Tel: 0300 123 0999
www.secamb.nhs.uk

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 230307.

You requested the following information, please also see our response below:

I am currently conducting research for my dissertation, in which I look to analyse the management of Acute Behavioural Disturbance (ABD) patients in UK ambulance service trusts. Under the Freedom of Information Act, I would like to request the following information:

- **Your current guidelines or policies used in this trust to categorise the ambulance response for Acute Behavioural Disturbance patients e.g. category 1, 2, 3 or 4 when a call is made to the control room.**

Policy attached. – if Acute Behavioural Disturbance is declared, it should not reach a lower category than CAT2.

- **The criteria in which the category is allocated for Acute Behavioural disturbance for example what must be said in order to attain each response.**

Below is a snippet from a PowerPoint presentation given during the initial training for 999 call handlers. The wording comes directly from the attached

policy. This is predominately used from calls received directly from the public.

Operational Order – 277 (14/03/2019)



EMA & CS Actions

- Triage the patient's primary symptom using NHS Pathways
- If unable to identify a primary symptom, after Module 0, transfer the call to the Clinical Support Desk as per standard practice.

If call triage reaches anything other than a C2 (i.e. C3, C4 or C5 H&T) and during the call it is mentioned the patient has had sudden severe agitation, is being restrained or the actual words "Acute Behavioural Disturbance" or "Excited Delirium" the EMA must speak to a Senior Emergency Medical Advisor (SEMA) or EMATL for authorisation to prioritise the call a C2 priority.

- ***The SEMA or EMATL can consult with a Clinical Supervisor if required for clinical support***
- If the patient is being restrained by more than one Police Officer, the EMA must speak to a Clinical Supervisor who will then prioritise the call as a C1.

Calls received from Police or Police control room will be triaged through a different, more appropriate route in NHS Pathways. This is via the 'Early-Exit / remote observer' function where the below question will present to the call-taker. By selecting 'yes' to this answer stem, it will categorise the call as a CAT2 response. If it is stated the patient is being restrained the above policy will be actioned, in regards to a manual upgrade to CAT1.

Early Exit

HAS ACUTE BEHAVIOURAL DISTURBANCE (ABD) BEEN DECLARED BY THE POLICE, PRISON OR A HEALTHCARE PROFESSIONAL?

To find out more about the situation.

THE ANSWER IS LIKELY TO BE OBVIOUS FROM INFORMATION ALREADY GIVEN.

yes

Professionals may also call this 'excited delirium' or 'acute behavioural disorder'.

This only means sudden onset of severe agitation, violent or aggressive behaviour.

The individual's behaviour may be causing a public disturbance or risk to themselves or others.

not sure

no

If the call made to 999 is from a HCP or an AMPH, where the call be made within a hospital setting or in the community, the below question will present. If either of the top two answer stems are selected this will prioritise the call as a CAT2 response. Again in regards to restraint, the above policy regarding manual upgrade to CAT 1, would apply if required.

HCP and Bed Bureau

DOES EITHER OF THE FOLLOWING APPLY?

To find out more about the situation.

THE ANSWER IS LIKELY TO BE OBVIOUS FROM INFORMATION ALREADY GIVEN.

the patient is under active restraint RIGHT NOW

This means the patient is being actively restrained to reduce the risk of harm to themselves and/or to others.

This includes restraint for acute behavioural disturbance (ABD), also known as excited delirium or acute behavioural disorder.

the patient is in need of restraint OR acute behavioural disturbance (ABD) has been declared

This means restraint is required but active restraint is not being applied currently.

This includes any declared acute behavioural disturbance (ABD), also known as excited delirium or acute behavioural disorder.

THE AMBULANCE SERVICE WILL NOT RESTRAIN THE PATIENT. LOCAL POLICY SHOULD BE FOLLOWED.

no

For all other HCP/AMPH calls regarding Mental Health admissions, please see the attached policy and a snippet from our initial training package regarding what new starter call-takers are trained to do.

HCP Call – Mental Health Admissions

- When an EMA receives a 999 call from an Approved Mental Health Professional (AMHP) requesting a transfer for a mental health emergency, the EMA should select the NoC as, HCP – Mental Health and the EMA should input *MH* put in the instructions box on the CAD
- If the patient is not under active restraint or is not in need of restraint or acute behavioural disturbance has been declared, the EMA should decline the level 4 response and select the Level 3 response. A Level 3 response is within 1-hour, this will populate as a C3 emergency response on the CAD.

South East Coast Ambulance Service 

- **Does your trust automatically allocate a category 1 response if ABD is mentioned in the call, regardless of breathing and consciousness status?**

No – As seen in the Policies attached, a call will be triaged and will reach through the NHS Pathways triage process a Category 2 response, including if actively restrained (via the HCP route) and it will be upgraded to a Category 1 response manually via a Clinician if the patient is 'being restrained by more than one Police Officer'.

- **Do you have any specific internal guidelines or bulletins for frontline staff to support their management of ABD patients.**

Yes, there is an online e-learning session on ABD for frontline clinicians to undertake, this focusses upon patient advocacy and recognition features. Our Critical Care Paramedics have additional training and a local Clinical Practice Guideline to support decision making and treatment strategies. This is

underpinned by a Patient Group Directive for the administration of Ketamine (in ABD where pharmacological intervention is required).

- **Over the past 5 year period, how many of your patients primary complaint has been documented as an Acute Behavioural Disturbance, and of these patients what was the disposition (e.g. Emergency Department admission/Section 136 suite/police custody/discharge on scene)?**

Year	Outcome	Responses
2018	Conveyed to a Place of Care (Undefined)	99
2018	Treated on Scene	102
2019	ADMISSIONS UNIT	1
2019	Conveyed to a Place of Care (Undefined)	257
2019	EMERGENCY DEPARTMENT	74
2019	MENTAL HEALTH UNIT	4
2019	PAEDIATRIC	2
2019	Treated on Scene	317
2020	ADMISSIONS UNIT	2
2020	Conveyed to a Place of Care (Undefined)	105
2020	EMERGENCY DEPARTMENT	535
2020	MATERNITY	3
2020	MENTAL HEALTH UNIT	19
2020	PAEDIATRIC	3
2020	Treated on Scene	588
2020	URGENT CARE CENTRE	5
2021	ADMISSIONS UNIT	3
2021	Conveyed to a Place of Care (Undefined)	52
2021	EMERGENCY DEPARTMENT	558
2021	MAJOR TRAUMA CENTRE	2
2021	MATERNITY	2
2021	MENTAL HEALTH UNIT	11
2021	PAEDIATRIC	9
2021	Treated on Scene	484
2021	URGENT CARE CENTRE	3
2021	WALK IN CENTRE	1
2022	ADMISSIONS UNIT	1
2022	Conveyed to a Place of Care (Undefined)	65
2022	EMERGENCY DEPARTMENT	518
2022	FAST + (Stroke)	1
2022	MAJOR TRAUMA CENTRE	3
2022	MENTAL HEALTH UNIT	6
2022	PAEDIATRIC	8
2022	Primary Percutaneous Coronary Intervention	3
2022	Treated on Scene	457
2022	URGENT CARE CENTRE	2

Date range: 01/01/2018 - 31/12/2022

Acute Behavioural Disturbance: these are incidents receiving a response with the below found in call notes

- " ABD "
- "Acute Behavioural Disturbance"
- "Acute Behavioural Disorder"
- "Excited Delirium"

Responses: Calls where at least one resource has arrived on scene.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

**Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust**

