South East Coast Ambulance Service **NHS**

NHS Foundation Trust

Attendance at HM Prison Services Standard Operating Procedure

Contents

1 Scope

1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.

1.2. This procedure is intended to facilitate seamless attendance at HM Prisons (HMP) where a call is received via the 999-telephony system.

1.3. This procedure is applicable to all EOC and Operational staff.

2 Procedure

2.1.1. 999 Calls from HMP will usually be made from the control centre within the prison.

2.1.2. For the purposes of this SOP, the control centre, who will be acting on behalf of the Health Care Professional (HCP) responsible for the prison site, will be considered an "other authorised person".

a doctor's representative OR other authorised person

This means: - Someone who has been instructed by a doctor, dentist or nurse.
- Or any professional who is authorised to request an ambulance or interhospital transfer.
- Or any other professional who is responsible for the patient.
Refer to local policy for guidance.

2.1.3. With this in mind, most calls from the prison service will be dealt with under the HCP section or via the attend incident section of NHS Pathways.

2.2. Ambulance Requests

2.2.1. Historically Prisons used a Coding system, Code Blue/Red, this has been withdrawn and amended in the Prison SOP PSI 03/2013 September 2021. Codes will continue to be used routinely by Prisons internally only and no longer shared with EOC. The Prison Control Room will now provide a brief update on the Prisoners symptoms.

2.2.2. In all cases, Emergency Medical Advisors (EMAs) will still ask the question "Is the patient breathing?" HMP will endeavour to provide this information at all times. Where it is confirmed that the patient is not breathing a Category 1 response must be generated.

2.2.3. The standard response to prison incidents will be Category 2. Unless information has been provided that warrants a Category 1 response.

2.2.4. When an Ambulance response is requested, the EMA will select the problem nature "Prison Incident" and type the immediate nature if known,

e.g. Hanging/Chest Pain etc in the free text problem box on the Computer Aided Dispatch (CAD).

2.2.5. All calls from the prison service are made from an agent of the health care practitioner, who will be making their way to the prisoner. EMA's are to use Attend Incident or HCP Pathway.

2.2.6. Where the question "What level of response is required?" is presented, it will always be answered "Category 2 18 Minute response" unless the call is from the HCP and they request a lower level of response.

2.2.7. Calls where an HCP has assessed the patient and determined that transport to hospital is required will be dealt with using the HCP pathway. Such calls will usually originate from the HCP personally or their representative. All other calls will be dealt with utilising Attend Incident.

2.3. Clinical Prioritisation and Welfare

2.3.1. Upon receiving a request with limited information, it may be appropriate to carry out a further clinical assessment. Enabling the clinical function to clinically prioritise incidents where it is identified dispatch desks are under pressure in terms of unassigned activity. If this is undertaken by a clinician a clinical re-triage to an appropriate response would be suitable.

2.3.2. A welfare call may be performed by welfare callers when the Trust is experiencing high levels of demand. The expectation would be from the prison to provide an update on the patient's condition, especially in terms of worsening symptoms.

2.4. Security

2.4.1. The prison control centre may request the registration number of the crews attending the prison, along with the names of the personnel on the vehicle. This should be provided from the CAD resource information tab.

2.4.2. It is a trust requirement that crews always carry their trust ID card with them during operational duty. The prison service reserves the right to refuse entry where one cannot be produced.

2.5. Operations

2.5.1. When responding to an emergency call from a prison, the crew may be required to leave their vehicle in the "Sterile Area" where one exists. This is the area between the two gates separating the prison from outside.

2.5.2. Staff attending prisons are asked to secure their personal mobile phones in the lockers in the sterile area or leave on the vehicle locked away.

Airwave radios are to be always kept on the staff members person. It is an offence for personal mobiles to be carried by staff into the prison. Electronic Patient Care Reporting (ePCR) devices can be carried and utilised in the prison setting.

2.5.3. HMP are aware that we may send multiple staff and units to a serious incident at one of the prisons to facilitate specialist care of the patient. These additional staff will be permitted access.

2.6. Escorts

2.6.1. Escorts must be readily available to convey and escort patients, especially during time-critical incidents.

2.6.2. When escorting a prisoner, only two escorts can safely travel with the patient in the ambulance. If more than two officers are required as escorts for a prisoner, the transportation must be done in a prison van. Secamb personnel will also travel in the van to provide care and interventions en route to hospital.

2.7. Reporting

2.7.1. Datix is the Trust's incident management system.

2.7.2. Any delay in gaining access to the prison or delayed care resulting in harm or potential harm should be reported promptly via a Datix.

3 Responsibilities

3.1. The **Chief Executive Officer** is accountable for this procedure.

3.2. The **Executive Director of Operations** is responsible for deployment of this procedure.

3.3. The **Operating Unit Managers** for both EOC and Field Operations are responsible for implementing this procedure.

3.4. The **Emergency Operations Centre Managers** and the **Operations Manager Clinical** are responsible for the day-to-day operation on this procedure.

3.5. **Team Leaders** are responsible for disseminating this procedure and ensuring their staff are competent in its delivery.

3.6. **Operational** & **EOC** staff are responsible for their own compliance with this procedure.

4.1. The document will be audited against any adverse incidents generated by the Datix system, or any concerns raised by His Majesty's Prison Services.

4.2. The SOP will be reviewed every three years or sooner if new legislation, codes of practice or national standards are introduced.

4.3. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

4.4. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

4.5. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

4.6. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

5 Associated Trust Documentation

5.1. EOC Call Handling Procedure

5.2. [Dispatch Standard Operating Procedures.docx (sharepoint.com)](sharepoint.com)

6 References

6.1. Attendance of an Emergency Ambulance – National Guidance Document - National Offender Management Service (NOMS) & Association of Ambulance Chief Executives (AACE) 2017.

6.2. Medical Emergency Response Codes – HM Prison & Probation Service 09/09/2021

7 Financial Checkpoint

7.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

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7.2. This document has been confirmed by Finance to have no unbudgeted financial implications.