



Forcing Entry into Property Procedure



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1 Scope

- 1.1. SECAMB staff and volunteers are sometimes faced with situations where they are unable to gain entry to a property and a patient is known or suspected to be inside. This may place staff in a difficult position where a decision must be made whether to forcefully gain entry to a property.
- 1.2. This procedure is applicable to all frontline operational staff and volunteers in the Trust and serves to provide guidance to support decision making in these situations.
- 1.3. Responsibilities of Emergency Operations Centre staff are detailed fully within the Dispatch Standard Operating Procedure.

2 Legal considerations

- 2.1. Section 17 of the Police and Criminal Evidence Act 1984 provides police constables with the power to forcefully enter and search any premises for the purpose of saving life or limb or preventing serious damage to property.
- 2.2. Section 11 of the Fire and Rescue Services Act 2004 provides fire services with the power to take any action it considers appropriate, in response to an event or situation that is likely to cause one or more individuals to die, be injured or become ill. Section 44 of the Fire and Rescue Services Act 2004 provides firefighters with the power to, in an emergency, enter premises or a place, by force if necessary, without the consent of the owner or occupier of the premises or place.
- 2.3. The ambulance service has no statutory provision or legal power to forcefully gain access to premises. However, Article 2 of the Human Rights Act 1998 creates a positive duty on public sector organisations, including the NHS Ambulance Service, to take reasonable measures to protect those they know, or ought to know, are at real and immediate risk of death.
- 2.4. The common law Doctrine of Necessity allows a person to take such steps as are reasonably necessary and proportionate to protect others from the immediate risk of significant harm.
- 2.5. The Trust, as an employer, has a legal duty under the Health and Safety at Work Act 1974 to implement and maintain safe systems of work for employees. In turn, employees have a legal duty to comply with these systems.
- 2.6. Colleagues should be aware that any forceful access to premises could constitute criminal damage, though there are circumstances where this may be defensible (see 3.5.1). Section 1 of the Criminal Damage Act 1971 defines this as “*A person who without lawful excuse destroys or damages any property belonging to another intending to destroy or*

damage any such property or being reckless as to whether any such property would be destroyed or damaged shall be guilty of an offence”.

- 2.7. Section 5 of the Act sets out a defence to criminal damage: “A person...[is deemed] as having a lawful excuse... if at the time... he believed that the person or persons whom he believed to be entitled to consent to the destruction of or damage to the property in question had so consented, or would have so consented to it if they had known of the destruction or damage and its circumstances”. Staff who force entry into premises in an emergency situation would generally be covered under the Section 5 defence, owing to our duty of care to patients.
- 2.8. This procedure seeks to effectively balance the Trust’s duty of care to its patients and staff, by implementing a safe system of work that safeguards our staff from injury and recourse, and ensures patients are not subjected to an unreasonable delay in receiving care.

3 Procedure

3.1. Step 1 – assess the scene

- 3.1.1. Operational staff should always attempt to gain access via conventional means in the first instance, e.g. doorbell. When there is no response at the door, attempts should be made to assess the scene to identify any other possible means of entry. This may include:
- Checking the address matches the details provided on the MDT / ePCR
 - Trying to open the door in case it is already unlocked
 - Calling through the letterbox to alert the occupant
 - Contacting a scheme warden/manager
 - Checking all sides of the property (as far as safely practicable) for open doors or ground floor windows
 - Looking for a key safe
 - Reviewing previous ePCR cases for relevant information
 - Approaching a direct neighbour to see if they have a key

3.2. Step 2 – escalate to EOC

- 3.2.1. When unable to gain entry, staff should contact EOC for assistance.
- 3.2.2. When there is a clear risk to life or limb, the Fire and Rescue Service should be contacted immediately for assistance in gaining entry (refer to section 3.4).
- 3.2.3. For all other cases, Dispatch Team Leaders will undertake checks to confirm that the address and access details recorded are correct, in accordance with the Dispatch Standard Operating Procedure. This may include:

- Review of CAD notes to confirm any known access arrangements, e.g. key safe
- Reviewing any recent cases to see if access details were documented on a previous incident
- Listening to the call recording to confirm the address recorded
- Checking for duplicate incidents to ensure the incident hasn't already been attended to or the ambulance cancelled
- Contacting the local receiving hospital to check the patient hasn't self-presented

3.2.4. When no access information is recorded, Dispatch Team Leaders will make attempts to contact the patient and/or caller by telephone and document this in the incident notes.

3.2.5. The Emergency Operations Centre Manager will be notified where attempts to contact the patient are unsuccessful. The Emergency Operations Centre Manager will verify that all checks have been completed and document these in the incident notes. The crew will be updated via radio to confirm **EOC checks complete – no trace**.

3.3. **Step 3 – assess information and make a decision**

3.3.1. When there is sufficient information available to indicate an immediate risk to life or limb, and it is evident that entry into the property via conventional means is not possible, the operational crew may decide to immediately force entry in accordance with section 3.5.

3.3.2. In all other circumstances, following completion of EOC checks, operational staff should consider all the information available including:

- The nature of illness/injury declared
- The length of time since the call
- The likelihood of the patient being at risk of death or serious harm if entry is not gained
- Whether it is possible to communicate effectively with the patient from outside the property (either directly or via telephone / careline).

3.3.3. Obtaining such information will require effective communication between operational staff and EOC.

3.3.4. Such situations are often highly complex; operational staff are encouraged to engage in joint decision making with the Duty Operational Commander.

3.3.5. Forcing entry can be justified when there is a genuine reason to believe that a patient would be placed at risk of serious harm if entry was not to be gained forcefully.

- 3.3.6. There may be occasions where a patient cannot be located but, based upon the information available, operational staff deem it inappropriate to force entry. This may be the case when there are no concerns for the patient's safety and information obtained suggests they are unlikely to be in the property. In such situations, operational staff should seek advice from the Duty Operational Commander. The Operational Commander will liaise with the Emergency Operations Centre Manager Commander to consider next steps, e.g. closing the call.

3.4. **Step 4 – request assistance**

- 3.4.1. Once a decision has been made to force entry, operational staff must confirm this to EOC and request attendance of the Fire and Rescue Service.
- 3.4.2. EOC will request attendance of the Fire and Rescue Service who undertake this activity under a partnership agreement.
- 3.4.3. Unless there is an immediate threat to life or limb (described in section 3.5), operational staff should await the arrival of the Fire and Rescue Service and not attempt to force entry.
- 3.4.4. EOC will pass relevant information regarding the category of call, patient condition, and any known or suspected scene safety issues. EOC should confirm to the crew that Fire and Rescue Service are attending.

3.5. **Emergency situations**

- 3.5.1. The Trust recognises there may be very rare occasions where a patient is suspected to be in such a serious condition, that waiting for the attendance of the Fire and Rescue Service may place the patient at risk of further harm or deterioration. In such situations, the Trust will support colleagues who choose to attempt to force entry to save life or limb.
- 3.5.2. Any action taken by staff to forcefully gain entry must be proportionate and defensible under Section 5 of the Criminal Damage Act 1971 (see 2.7).
- 3.5.3. Where a colleague believes it is necessary to attempt to enter a property forcefully, a dynamic risk assessment must be undertaken. During a dynamic risk assessment, staff should carefully consider the safest way to attempt entry, that minimises the risk of injury to staff and the patient.
- 3.5.4. As part of a dynamic risk assessment, consideration should be given to:
- Potential hazards such as broken glass, unstable door frames and violence and aggression from occupants
 - Use of Personal Protective Equipment (PPE) e.g. debris gloves / goggles

- Maintaining continued communication with EOC via Airwave radio
- Carrying a torch
- Ensuring the ability to safely and rapidly egress at all times in the event of an emergency
- Reducing the likelihood of causing alarm by calling out “*ambulance*” prior to entering the property and subsequent rooms
- The additional risks of forcing entry as a solo responder, and potential safeguards e.g. requesting ambient listening

3.5.5. Colleagues must maintain a high degree of caution and vigilance at all times. If faced with danger, colleagues should immediately withdraw and contact EOC for assistance.

3.5.6. Following an attempt by SECamb staff to force entry, colleagues must update EOC who will document this on the CAD notes. Operational staff must thoroughly document the action taken and rationale for forcing entry on the Patient Clinical Record. This should include:

- Why forcing entry was necessary
- Why the Fire and Rescue Service were not utilised to gain access to the premises
- Any joint decision making undertaken

3.6. **Securing the property**

3.6.1. Where entry has been forced either by, or at the request of SECamb, the crew should contact the Operations Support Desk to request boarding up of the property.

3.6.2. Operational staff on scene should attempt to secure the property as best as possible (e.g. closing a door) until boarding up can be completed. Staff may, with the patient’s consent, ask a trusted friend/relative of the patient to attend the property until it can be secured.

3.6.3. Staff should not remain on scene where this may delay the patient’s care or transportation.

3.7. **Disputes**

3.7.1. Staff must not commit to payment, compensation or similar. If patients or relatives ask, they should signpost them to the legal team.

3.7.2. The legal team will only consider compensation claims where the Trust has been negligent (e.g. forced entry into the wrong address or where the ambulance had already been cancelled)

3.8. **Reporting**

- 3.8.1. A Datix must be completed following any attempt to force entry by Trust staff.
- 3.8.2. In the event that any injuries are sustained by staff, patients or the public, staff should ensure that immediate treatment is provided/sought, the Duty OTL is notified and the incident reported via a Datix. Duty of Candour should be considered where patient harm has been caused by the Trust.

4 **Responsibilities**

- 4.1. The **Chief Executive Officer** is accountable for health and safety standards within the Trust, and is responsible for the health, safety and welfare of all Trust employees and those of any third party who may be affected by the Trust's undertakings.
- 4.2. The **Chief Operating Officer** is responsible for the successful implementation of this procedure within the Trust.
- 4.3. The **Chief Nurse** has delegated responsibility for ensuring that the Trust is compliant with Health and Safety legislation.
- 4.4. **Emergency Operations Centre Managers** are responsible for ensuring all EOC actions have been completed (where appropriate) prior to entry being forced.
- 4.5. **Dispatch Team Leaders** are responsible for conducting 'no trace' checks in accordance with the Dispatch Standard Operating Procedure.
- 4.6. **Resource Dispatchers** are responsible for escalating 'no trace' incidents to Dispatch Team Leaders and communicating any relevant information to operational staff.
- 4.7. **Operational Team Leaders** are responsible for providing guidance and support to operational staff and ensuring shared situational awareness by communicating effectively with Dispatch Team Leaders and Emergency Operations Centre Managers.
- 4.8. All **Operational Staff** and volunteers are responsible for reading, understanding and carrying out their responsibilities under this procedure.

5 **Audit and Review (evaluating effectiveness)**

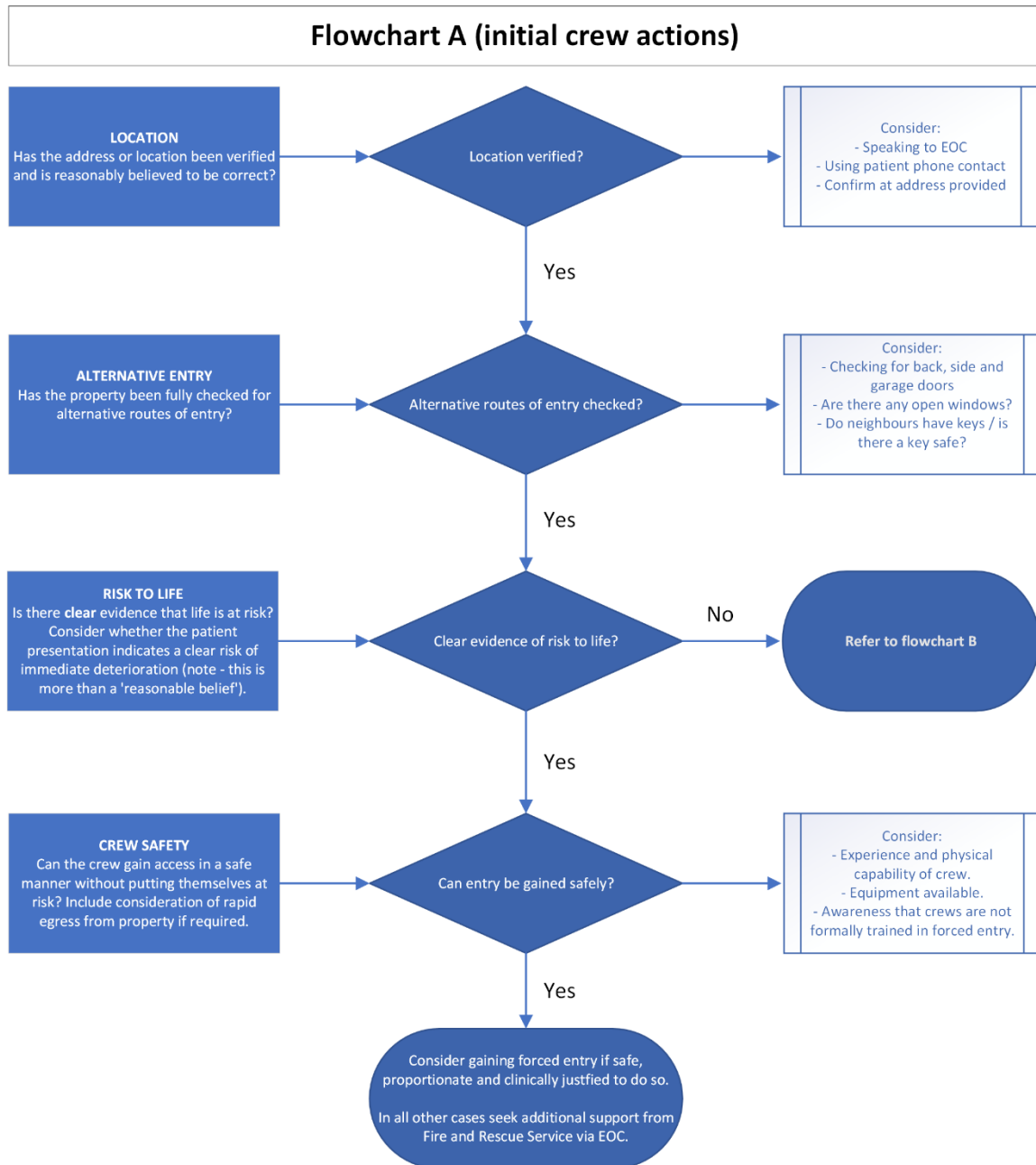
- 5.1. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

- 5.2. 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).
- 5.3. 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.
- 5.4. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

6 Equality Impact Assessment

- 6.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 6.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

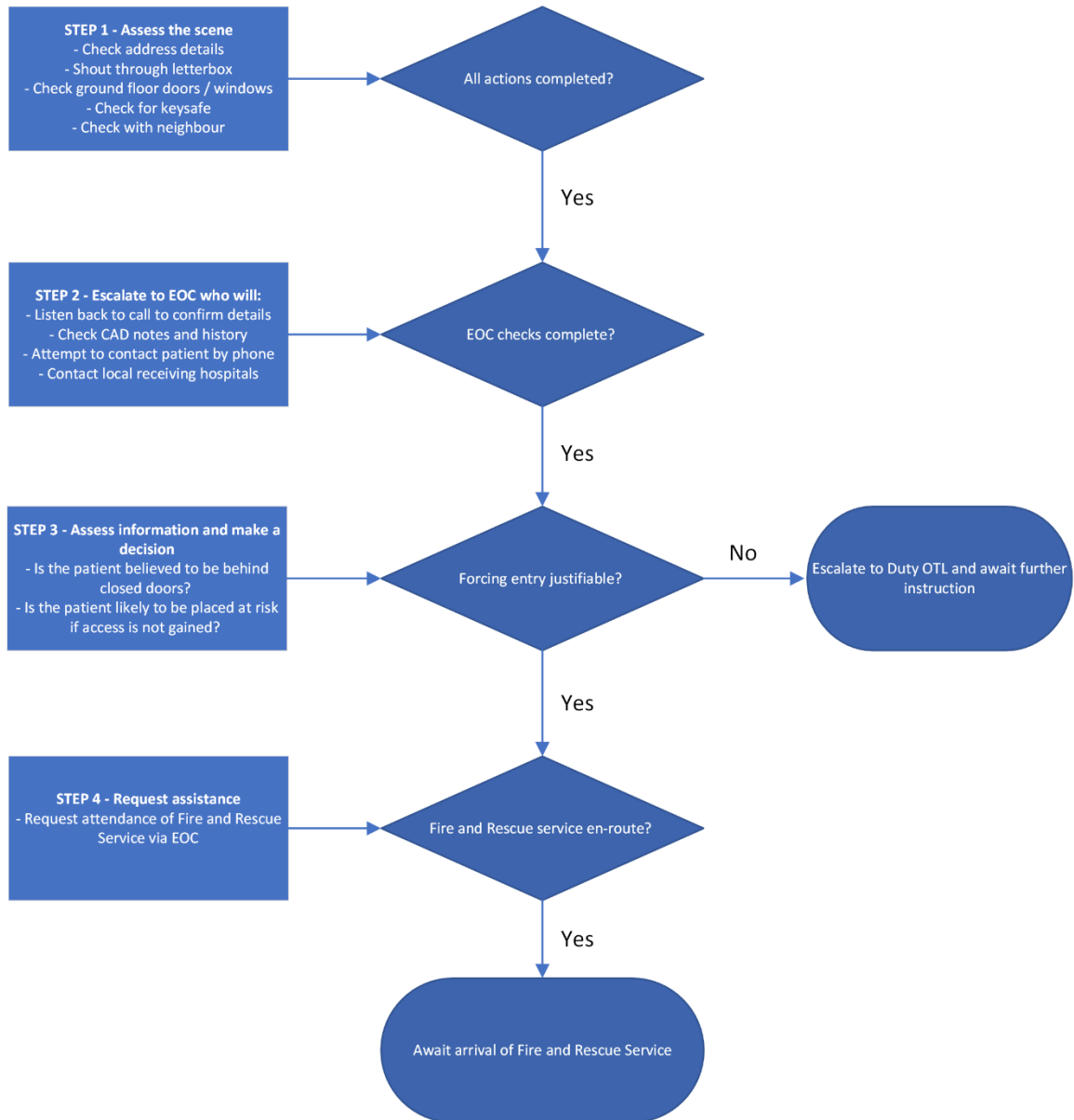
Appendix



At all stages

- The decision to gain entry sits with the crew on scene, and although shared decision making is encouraged, the crew cannot be directed to gain entry by a third party.
- Gaining entry should be a last resort in the presence of a tangible risk.
- Crew safety must be prioritised and crews should not undertake unsafe actions to achieve a safe outcome.
- EOC must be notified and a Datix completed where entry is forced by SECAMB personnel

Flowchart B (no immediate risk to life)



At all stages

- The decision to gain entry sits with the crew on scene, and although shared decision making is encouraged, the crew cannot be directed to gain entry by a third party.
- Gaining entry should be a last resort in the presence of a tangible risk.
- Crew safety must be prioritised and crews should not undertake unsafe actions to achieve a safe outcome.