



Practice Guidelines

Police calls from scene

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Guidance	• Police calls from scene

Introduction

As you may be aware, the Scottish Ambulance Service have been working in partnership with Police Scotland to improve our patient journey when Police Officers are on scene with someone who requires assessment and treatment. We have recently been trialling police officers calling directly from scene in Lanarkshire only and now would like to extend this to the rest of Scotland. These guidelines will explain how EMDs should process calls they receive from police at scene.

Background

Following some partnership working with Police Scotland, it was identified that having police officers call directly from scene to request ambulance assistance instead of routing their request through police control gave us an opportunity to provide a more timely and clinically appropriate response to these patients. It also provided an opportunity to support those officers on scene by providing pre-arrival instructions when needed to help the patient whilst awaiting the arrival of the ambulance crew.

From 20th February, 2023 Police Scotland will instruct on duty police officers who require an ambulance to phone ACC themselves to arrange this rather than have their request relayed through police control. SAS will arrange a dedicated phone number for police to call in these cases.

On reaching the Scottish Ambulance Service, police calling from scene will be given the following message “This is the ambulance service police on scene line. If the patient is not breathing, not conscious, choking, is pregnant, fitting



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or having an allergic reaction please press 1. For everything else please press 2”.

Calls presenting to option 1 will go to emergency qualified EMDs only whilst calls presenting to option 2 will present to HCP/SEND call handlers.

Process for Emergency Qualified EMDs

If an emergency qualified EMD receives a call from a police officer at scene they should process the call as they would a public 999 call by completing case entry in full and selecting the most appropriate chief complaint.

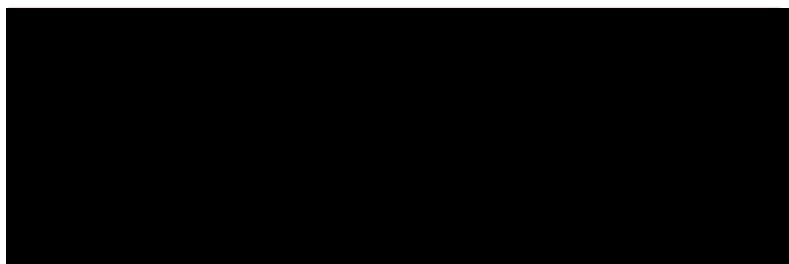
Unlike the SEND process for calls from police control, EMDs should **ask the caller all Key Questions** on each protocol. EMDs should provide all possible and appropriate Post-Dispatch Instructions (PDIs) and give relevant Procedure scripts, such as delay times, CSD referrals or Lime No Send referrals to NHS24/GPs.

If Pre-Arrival Instructions (PAIs) for high-level first aid are possible and appropriate, the EMD should give these instructions to the police caller. EMDs may abandon PAIs if the police officer volunteers that they do not require these instructions.

Process for HCP/SEND call handlers

If an HCP/SEND call handler receives a call from a police officer at scene they should complete case entry in full and select a chief complaint as they would with a call from police control.

However, they should also **ask the police caller all Key Questions**, and not restrict their questioning to scene safety and priority symptoms as they do with SEND calls from police control. HCP call handlers should **also give any PDIs that are possible and appropriate** when police call from scene.



If, after answering all Key Questions and sending the final code, PAIs are possible and appropriate to give (e.g. the patient is not breathing, not awake, in labour, requires Naloxone etc) the call handler **should ask ‘Do you require**



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further instructions to help the patient?’ If police answer yes, the EMD should explain that an emergency qualified call handler will phone them back asap, then immediately notify their supervisor that a call back is required.

HCP/SEND call handlers should also provide any relevant Procedure scripts, such as delay times, CSD referrals or Lime No Send referrals to NHS24/GPs.

Calls from police control

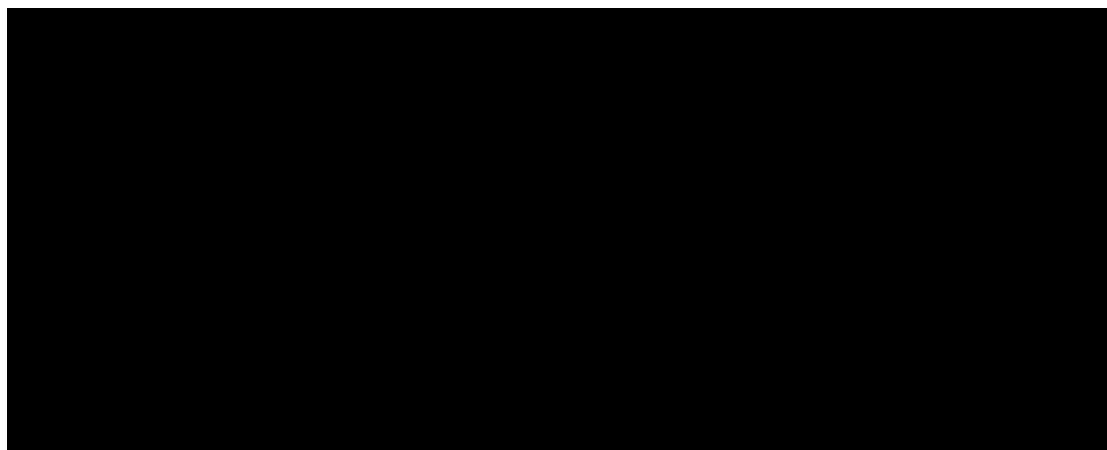
There is no change for calls received from police control. EMDs should still process these calls using the SEND protocol, asking only scene safety and priority symptom questions (but also taking note of any volunteered information).

Worsening statement

EMDs should give a worsening statement to all police officers who call from scene.

Are you with the patient now?

If a police officer calls from scene and is with the patient regard them as a 2nd party caller.



Excited Delirium/Acute Behavioural Disturbance

Police are trained to recognise cases of possible Excited Delirium or Acute Behavioural Disturbance (ABD) and may report a patient in this state using



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either descriptor. [REDACTED]
[REDACTED]

[REDACTED]

An EMD who receives a police call for a patient with Excited Delirium or Acute Behavioural Disturbance should continue to process the call using [REDACTED] meantime but should notify their supervisor who should highlight the call to the Clinical Support Manager so that the call can be clinically assessed and an appropriate acuity level can be allocated.

Method of call

The Method of Call (MOC) for police calls from scene is **POL** – Police Officer on Scene. The MOC for police control calls remains **PC**.

[REDACTED]