



Guidelines

Guidance for Forensic Physicians and Other Healthcare Professionals working in Police Custody following a CBRN incident or where a CBRN incident is suspected

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

The possibility of a Chemical Biological Radiological or Nuclear [CBRN] incident is ever present and it is important that the forensic physician (FP) or other healthcare professional (HCP) working in police custody understands their role.

There are Major Incident protocols for CBRN incidents for each area with a well-defined and rehearsed response to each type of incident by the emergency services. The Fire and Ambulance Services would take the lead on decontamination issues whereas the police would deal with security, cordoning and crowd control capacity. Specially trained medical response teams are organised via the Ambulance Service and the Major Incident Protocol at receiving hospitals.

It is therefore very unlikely that any FP or HCP working in police custody would be called to the scene. Attendance at the scene should only be at the direct request of a senior police officer to avoid the individual inadvertently becoming a casualty themselves.

The role of the FP or HCP in custody is nevertheless likely to be important and may involve:

- The recognition of a cluster of unusual presenting symptoms¹ at the start of an incident which may lead to the recognition of an incident. In such circumstances, the FP or HCP and custody staff may become casualties themselves.

- Once an incident is declared, individuals may 'escape' the cordon or may have already been affected prior to the declaration, and, may present in custody. It is therefore vital that FPs liaise with the custody inspector and through the chain of command establish the nature of the contaminant as far as is known and the nature of any symptoms of contaminated individuals, if known.
- Should an individual present in custody who is symptomatic, the ambulance service should be called in order to co-ordinate the appropriate response and as much information provided to them as possible. In such circumstances, the FP or HCP and custody staff are likely to be considered casualties themselves.
- A CBRN incident may trigger looting or other civic disorder and may lead to an increased number of arrests, increasing the risk of exposed individuals presenting in custody.
- An ongoing incident may mean that facilities e.g. local Accident & Emergency Departments, are no longer available for the transfer of detainees in an emergency and local emergency services are otherwise committed.

**Prepared after consultation
with the College of Paramedics**

¹ *CBRN Incidents: A Guide to Clinical Management and Health Protection. Health Protection Agency. September 2008.*