



# Operational procedures and equipment for clinical rooms in police stations

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## Clinical rooms

Suggested dimensions 5.5m x 3.6m

## Operational procedures for clinical rooms

1. The room should be locked when not in use.
2. The room should only be used for clinical purposes.
3. The room should have all surfaces cleaned (including the floor) on a daily basis (unless there is a dedicated forensic examination room that is forensically cleaned between patients and sealed).
4. Any windows or other surfaces that could collect dust etc. should be cleaned at least once a week. A written record should be kept for audit purposes.
5. Details of suitable cleaning methods and materials, particularly to prevent DNA contamination are included in the Operational Guidelines for SARCs. A kit should also be available for immediate cleaning of small amounts of body fluids. For more information see [Recommended equipment for obtaining forensic samples from complainants and suspects](#)
6. There should be a protocol for deep cleaning on a regular basis.
7. The room must have a lockable drug cupboard.
8. The room should not be used for the storage of other items that are not used in the examination and care of detainees.
9. A named person should have responsibility for checking and restocking the room on a regular basis (at least once a week). In their absence a problem should be reported to any Custody Officer or specially designated person.
10. The modular kits should be stored in appropriately labeled enclosed cupboards/containers. All unused items from opened kits must be appropriately disposed of.
11. There should be a wall mounted clinical waste bin with foot lever to open. This must be emptied at least once a week, regardless of how full it is and emptied after each forensic sampling case.
12. The sharps disposal bin should be mounted and not free standing and replaced when three quarters full.
13. A pharmaceutical waste bin should be provided mounted and not free standing for the safe disposal of unused prescribed drugs; arrangements should be made for the providing company to collect and replace it on a regular basis.

14. In larger custody suites consideration should be given to a separate examination room to carry out forensic examinations, the room being forensically cleaned after each examination and sealed. This would maintain forensic integrity in a similar way to SARCs.
15. Room thermometer to record ambient temperature for medicines stored a room temperature.

## Equipment for medical rooms

Equipment should be kept to a minimum to reduce the possibility of cross contamination.

In addition to the stock items each room should have:

- Desk with laminated non-porous surface
- 3 wipeable non-porous chairs
- Examination couch with screen/curtain (washable/disposable)
- Lockable floor units with laminated worktops, labelled to identify what they contain
- Lockable wall units, labelled to identify what they contain
- Lockable drawers in the desk or a suitable lockable file for stationery/notes if required
- Washbasin with elbow operated taps (preferably mixer). Plastic wipeable splash back area above wash basin
- Wall mounted examination light (appropriately placed for use with the couch)
- Wipeable clock
- White board suitable for magnetic contacts
- Telephone
- Panic button(s). Accessible if sat or stood. Consider two levels of alarm (help required and urgent aid needed)
- Waste bin – wall mounted not free standing
- Clinical waste bin (wall mounted)
- Good heating, lighting and ventilation
- Access to a small lockable fridge (not used for food purposes) for the storage of drugs
- Sharps disposal bin (secure and wall-mounted)
- Pharmaceutical waste bin (in locked cupboard). Consider location outside medical room (suggest under video surveillance) so custody staff can dispose of medication without having to enter the room
- Paper towels and liquid soap dispenser
- Polished reflective mirror (not glass) so facial injuries can be seen by patient and confirmed.



## Guidance on fridge/freezer monitoring

Monitoring the temperature of the fridge and/or freezer with a daily check recorded is essential for a complete record of temperature at which the sample has been stored including any temperature deviations. The actual acceptable temperature range appears to be governed by what is specified by the equipment manufacturer e.g. fridges operate at 2° to 8° C and freezers operate at approximately -20°C (must be below -10°C to maintain freezing). Best practice is to check the freezer temperatures daily and record the reading. Action is required if the temperature deviates up or down by 5°C, (see local standard operating procedures). Freezers should be alarmed and there should be a backup generator. It is good practice for the equipment used for the temperature monitoring to be calibrated and its accuracy known. It is possible where freezers have broken down or have been accidentally switched off for up to 48 hours that there may still be positive body fluid findings and DNA results. The storage of toxicology samples is non critical i.e. it just needs to be at 'refrigerated' or 'frozen' temperatures but does not need to be at a specific temperature (as it may need to be for certain diagnostic reagents, some medications, certain foods etc.)

## MEDICAL ROOM SUPPLIES LIST

**Custody staff and HCPs should ensure that they are familiar with any equipment that is available and fully trained to use such equipment.**

- Bag-valve-mask with various size facemasks
- Oropharyngeal airways (range of sizes)
- Naso pharyngeal air ways size 6/7
- I gel size 3/4/5
- Magill Forceps
- Suction equipment (electrical or hand operated)
- Pocket masks various sizes
- AED
- Oxygen cylinder with delivery head, tubing and masks
- Oximeter
- Sphygmomanometer
- Stethoscope
- Auroscope (with disposable covers)
- Thermometer (with covers if required)
- Glucometer with test strips (and control solution for calibration)
- Patella hammer

## Dressing bandages & plasters

- Steristrip closures 3mm/6mm Pack 36
- 2 fabric dressing strip 6cm x 1m
- 2 fabric dressing strip 8cm x 1m

- 50 non-adherent dressings 9.5cm
- 5 triangular bandages (only for use on suitable patients)
- 5 microporous tapes 2.5cm x 5m
- 2 elastic adhesive strapping 2.5cm
- Gauze square various sizes
- 5 boxes of assorted adhesive dressings
- Dressing packs x 20 (these contain cotton wool, gauze etc. and are not the same as ambulance dressing packs)

## Protective items

- 2 sharps disposal bin 7L (one in use)
- 100 clinical waste bag 200 x 320mm
- 50 clinical waste bag 700 x 1000mm
- 3 boxes non-sterile powder free vinyl gloves – various sizes
- 5 pairs of each size of sterile surgical powder free gloves
- Facemasks
- Personal protective equipment (sleeved aprons/CSI suits) as required

## Miscellaneous

- Tablet bags/envelopes
- 2 paper towel rolls 250mm (one in use)
- 2 paper towel roll 500mm (one in use)
- Cardboard bowls
- Paper cups
- Single use lancets
- Disposable preparation razor
- Heavy duty scissors
- Stitch cutters (10)
- Single use lubricating jelly
- 2 boxes tissues
- Various size syringes/needles/butterflies
- Sanitary products
- Finger dressing applicator (for tubular gauze)
- Low adhesive tape
- Test strips for urinalysis for blood, protein and glucose
- Test strips for blood ketone testing
- Pregnancy test (minimum 2)
- Disposable vaginal speculum (medium and small 2 of each)
- Disposable proctoscopes (medium and small 2 of each)
- Containers and solution for the storage of contact lenses
- Electric fan x 1 cleanable
- Saline eye wash x 3



## Disinfectant & antiseptics

Any skin wipes should be alcohol free.

- 30 alcohol-free wipes
- 30 Normasol sachets 25ml
- 2 liquid soap
- Letter

## Forensic kits

For more information see *Recommended equipment for obtaining forensic samples from complainants and suspects*

- Modular swab collections kits for the investigation of sexual assault/assault
- Blood for toxicology (alcohol/drugs) kit
- Urine collection kit
- Mouth collection kit
- Condom collection kit
- Fibre collection kits
- Nail collection kits
- Hepatitis testing kits
- RTA blood alcohol/drugs kits
- RTA urine alcohol/drugs kits

## Access to computerised documents

- Letterhead
- Body diagrams
- Clinical Questionnaires, e.g. CIWA/COWS/SADQ/MMSE
- Forensic sampling forms for laboratory e.g. FFLM FME form or equivalent
- Hospital referral forms
- Patient advice sheets: Post CEW; Post Irritant sprays; Head injury advice etc.
- Prescription proforma
- Letter to collect CD drugs e.g. methadone/buprenorphine
- Proformas as required e.g. FFLM Assessment (alcohol & drugs) under the RTA, Fitness to Detain and Interview. Mental Health Act Assessment, Sudden Death Forensic Notes
- HO/RT5 form

## Medication at the police station

There should be an agreed local formulary in a suitable locked medicine cabinet in the clinical room. The management of the stock should be agreed locally by the HCPs involved and checked regularly with respect to ordering & expiry date of contents. The drugs covered by PGD should be included. It is suggested the formulary may include:

### 1. Analgesics

- Paracetamol 500mg
- Non-steroidal anti-inflammatory e.g. ibuprofen 200mg
- Co-codamol
- Dihydrocodeine 30mg

### 2. Anxiolytics

- Diazepam 5mg tab
- Chlordiazepoxide 10mg caps

### 3. Acute behavioural disturbance

- Lorazepam 1mg

### 4. Antipsychotics

- Olanzapine

### 5. Antibiotics

- Co-Amoxiclav 375mg
- Erythromycin 250mg
- Flucloxacillin 250mg
- Metronidazole 400mg
- Doxycycline 100mg

### 6. Gastrointestinal system

- Antiemetics
- Loperamide

### 7. Cardiovascular system

- Glyceryl trinitrate spray (that delivers 400 micrograms/ metered dose)
- Aspirin 300mg

### 8. Respiratory system

- Salbutamol inhaler

### 9. Seizures

- Diazepam rectal solution
- Buccal midazolam



## 10. Injectables

- Naloxone 400micrograms/ml
- Adrenaline 1mg/1ml pre-filled syringes e.g. EpiPen®
- Glucagon for injection (1mg)

## 11. Miscellaneous

- Antihistamine e.g. cetirizine 10mg
- Tissue adhesive
- Glucose Gel

All prescriptions issued for detainees (unless they are the doctor's own NHS patients) must be on a PRIVATE PRESCRIPTION at police expense, unless the overall service is provided by the NHS or other provider.

Prescribers should also have access to FP10CD or equivalent.

All HCPs should be familiar with the FFLM Guidance:  
*Safe and Secure Administration of Medication in Police Custody*