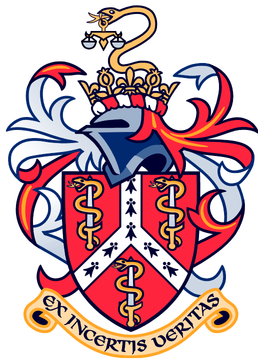

Faculty of Forensic & Legal Medicine

A Day in the Life of a Custody Nurse

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Waking towards the Custody Suite, early in the morning, a familiar noise came to me before I even entered. It was 05:45 and even at that time of the morning the banging and kicking of the cell doors sounded and vibrated throughout that part of the police station. This gave some indication to the kind of start of day I was to expect. This, along with the vile abuse spitting from a detainee's mouth to the Custody staff as one was just being booked in for Drunk and Disorderly, is a familiar scene and is a normal scenario; to walk into a peaceful custody suite at the start of the shift to get a good handover is a rare occurrence.

I made a cup of tea (may be a while before the chance of another one), and took handover from the nightshift Custody Nurse. Before I could screen everyone (although I get a handover, I do like to screen everyone anyway if I get the chance), another familiar sound reached my ears which were already bleeding from the loud noise of kicking of the cell doors, and rattling of the wickets. "I need me meds!" shouted one of the detainees (this is the polite version of the demand) – who had only been in for an hour. As he was intoxicated, I am not likely to get any meaningful clinical assessment from him, but I thought if I go down to speak with him in the cell, and explain why he can't have any meds just yet, and to chat about what meds he is prescribed, he may calm down. How naive of me to think this, I should have known better. After questioning and labelling me about my parental history, he then demanded a proper nurse and became rather volatile. I left the cell and he continued to bellow expletives as he continued to kick the cell door. I expect I will see him later complaining of sore feet. My visual observations however; satisfied me that there is no immediate clinical concern.

I managed a few slurps of my tea and the Custody Sergeant (Sgt) informed me of a S5a RTA which was imminently inbound. Great, I thought, this will be straightforward. I prepared the medical room and my documentation for the blood taking procedure. This is probably one of the best parts of the job for me and gives me great satisfaction when I hand over blood to the police – without us doing this for the police, drug drivers would get away with it. The detainee was a young lad, working as an apprentice engineer, and otherwise a decent young man with no criminal record; not the usual prolific offender we are used to dealing with of this kind. During my assessment and prior to taking the blood; the young lad appeared petrified. I did put him at ease and paused the procedure, as I provided some appropriate drug driving education which; I could tell, he was taking in and processing. I think he is one of the few that we get now and then who do actually take note of the advice we give, and use this bad experience as a learning curve. Some offenders just don't care.

The next couple of hours was quiet. The detainees had run out of steam and decided to go to sleep until it was their time to be interviewed. I took advantage of this time to get a bite to eat, then managed to persuade myself to catch up on some compliance work I had been putting off. I had run out of excuses for not doing this so I began. Before I knew it three hours had passed without interruption. I was pleased with myself and achieved more compliance than I expected – it felt great and nothing can ruin my day now?? Just then, the Custody Sgt made me aware of someone he felt may need a Mental Health (MH) Act Assessment!! I knew then this would not be a quick evolution.

I saw the Detainee the Sgt had concerns about. I looked at his previous detentions which gave me an idea how he normally presents. There was no Liaison and Diversion on that day so I could not benefit from looking at previous medical records. That said, after seeing him, I was satisfied he was not intoxicated, and was poorly given his presentation. He definitely required a MH Act Assessment. I spent the next hour rolling through the quagmire of the MH assessment referral protocol which I knew would not be straightforward – I was right. I had to relay my findings to three different MH nurses from two different units. This is a politically controversial issue and the efficiency of MH Services – I have found from experience; varies from one force area to another, some referrals are quick and straightforward, others are not however; I do always bear in mind the resources and bed situation are stretched. I did speak to one MH nurse who knew this chap from seeing him a week earlier and she agreed to attend. Bless her, she was with me in fifteen minutes and saw the detainee. It only took a few minutes and she was satisfied he was poorly and required a MH Act Assessment. With that, she assured me she would arrange for the S12 Doctors and Approved Mental Health Professional (AMHP) to attend.

The day was moving on now and well into the afternoon. Two of the detainees who were asleep in the morning had woken up and were ready to take on the world – one seen on the cell CCTV doing his best Rocky shadow boxing – not very well but he thinks he is, and the other practicing his best Chuck Norris roundhouse kick – and failed miserably as he slipped on the baked beans from his All Day Breakfast that he had thrown to the floor earlier in protest of the quality. No damage done so I didn't need to see him.

Just then, I got a call from another station to attend to undertake a Fitness for Detention and medications assessment. I was covering two stations that day. That was straight forward. Travelling there, doing the assessment and the travel back took three hours and took me to the end of my shift. I handed over to the nightshift and left.

This was not a particularly demanding day, but also not a typical day, except perhaps for the unpredictability of what happens next in custody. No two days are the same in this role. Custody may have many detainees but not much for the custody nurse to do – on the other hand, there might only be two detainees and both with complex clinical issues which keeps the nurse busy.

Just to finish off the episode with the Detainee I referred for a MH Act Assessment; I found out the next day that the S12 Doctors and AMHP still hadn't arrived 12 hours after the referral was made – so the police used S136 and took him to the Emergency Department (ED). I know this is another controversial issue but I think that given this is custody – we do the best we can with what we have, which is not a lot when crucial resources are so stretched. This man was so poorly and custody was not the place for him – hence the decision to transfer him to ED under S136.