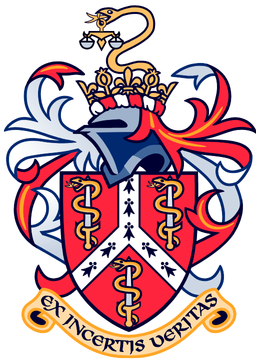

Faculty of Forensic & Legal Medicine

A Day in the Life of a Custody Paramedic

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Today, I am working a 07:00 to 19:00 shift at an inner London police custody suite. I arrive at 06:45 and exchange a 'hello' with the custody nurse finishing the night shift. I know that I do have colleagues but I only usually see them in a fleeting pass in the corridor. This role is highly autonomous. That is what attracted me to custody work. Being able to think on your feet and make your own decisions is what makes the position interesting. That and the range of people and their differing medical needs. Although I am an autonomous practitioner, I have the support of a variety of clinicians if needed. I know that I only have to pick up the phone and I can seek help from others, and that is comforting to know.

As I walk through the booking in area, four police officers are escorting a rather largely built detainee in from the garage area. The detained person (DP) is being aggressive and verbally abusive and like many before him is proclaiming his innocence. 'Business as usual' I think to myself as I enter the medical room, just off the booking in area.

I am situated in a good position, as from the medical room, I can hear and see what DP's are being booked in and gain some idea of how they present and the likelihood of whether I may be required to see them. There are two computers in my room so I can keep watch of the DP's details as they are booked in, and the other computer keeps me connected to the NHS, which I can use to check medical details if I need more information. I am normally able to gain their written consent to do this which is best practice, but on occasion it is necessary to override this consent and search the system in the DP's best interests.

I find that this role involves many legal complexities, which interests me greatly having graduated in Law some years ago. I take the legal aspects very seriously as any ill-treatment of a DP, or non-compliance with legislation while in custody can mean the difference of the legal process running its course or the collapse of a prosecution case. A defence barrister may look into custody records to search for something that has not been done to the standard required or current best practice, and therefore use this to their client's advantage. For this reason, I like to learn and have a greater understanding about forensic and legal medicine. My membership of the FFLM has helped me greatly in this regard and it is an association that I would like to take forward as I progress in this field.

Having carried out my daily checks and drugs count, I am asked to see the DP who has now been booked in, as he has requested to see the HCP. I try not to look shocked, but he has to bend to enter the medical room. He is taller than and as wide as the doorway. I try not to look intimidated as I carry out my consultation.

Even though he is alleged to have been in possession with intent to supply Class A drugs, for a big guy he is fraught with anxiety. The reason that he asked to see me was because he is worried about being put in a cell. He does not like being in enclosed spaces and actually became tearful when describing his fear to me.

I try to always have a high degree of empathy with the DP's. They are often the kind of people that the public would want to avoid, but I have learnt that they can be in these poor life situations for a variety of reasons. Not always would they have had control of how their lives pan out, sometimes their path into the criminal justice system may have began in childhood. I try to remain as non-judgemental as possible. Every DP is a person who deserves proper healthcare and that is what I try to provide to the best of my ability.

Having had a calm discussion with the big guy who does not want to be locked in a cell, we come to an agreement that I will recommend he goes into the cell with a window into the corridor which does not seem as enclosed. If he is finding that difficult, we agreed that I would see him again and assess whether he can have some anxiolytic medication.

For the next few hours, I get on with some of the custody 'bread and butter' work. We have three DP's in who had been started on medication for either drug dependency or alcohol dependency. I assess each of them and continue the treatment working to patient group directives (PGD's). Although I am an independent prescriber, much of custody work is done conforming to PGD's for prescription drugs. There is the odd occasion where a DP may not exactly fit the strict requirement of the PGD but on the whole they are drawn up for most eventualities.

The medical room is shared during the day with the Mental Health Nurse (MHN). So I have a meeting with today's nurse and discuss the eight DP's that we currently have in custody. The MHN reviews any DP who has a mental health diagnosis or dependency issue. Often, that means they can be fairly busy seeing the majority of DP's. We carry out a few joint consultations with DP's brought into the medical room. This is a good use of resources and adds an interesting multi-disciplinary team element to the role.

Grabbing a short lunch break to refresh myself, I manage to also complete an online module towards my CPD portfolio. I try to regularly update my knowledge on different aspects of forensic and legal medicine as it is the area that I would like to develop in further.

The next team of custody staff come on duty at 14:00 hours and I am invited to go on the round with the Custody Sergeant and Detention Officers. We visit each of the DP's and check on their welfare. I make notes about anything that may be important to me, and schedule times for any reviews that I feel I need to make. The round is a good opportunity to play an advisory role as there are often questions put to me about different medical conditions that DP's may have. The advisory side of my job also includes advising the Custody Sergeant and others on whether DP's are fit for detention, interviewing, charging and release.

While back in the medical room discussing a DP with the MHN, I am hurriedly called out to the booking in desk. I see a male on the floor and am told that he has collapsed. I grab the emergency bag and oxygen and go to assist. This is where I make use of my paramedic training and start to carry out an assessment. He has markedly reduced conscious level, scoring a GCS 7 of Eye opening =1, Verbal response = 2, Motor response = 4. This is concerning. The history from the arresting officers was that he had been drinking heavily and involved in an altercation. It was not known if there had been any loss of consciousness and they were not sure if he had taken drugs also. I asked for somebody to call 999 for an ambulance.

His observations were not too worrying, although his oxygen saturations were lower than I would expect from a young man. I administered oxygen and used an oropharyngeal airway which he tolerated. With assistance from the officers, we put him into a recovery position and I kept constant observations on him. As we seemed to be waiting for a little while with no improvement in his level of consciousness, I started to prepare to cannulate, just in case his condition got any worse, and I might need venous access. Before I started the procedure, the ambulance crew came in with their stretcher and so I gave them a handover and left him in their care.

I returned to the medical room to complete a Transfer to Hospital form and wrote a detailed account of what happened and what I had done. This was handed to the crew to take to hospital, and their plan was to blue light him in to ED. This was definitely one that was not fit to be detained in custody!

The rest of the shift was not as eventful thankfully and I finished on time which is always nice. I took the opportunity to reflect on the day during my journey home and was happy with how I had handled things. I reminded myself that although I am working in this controlled environment of custody, things that are unexpected can always happen, so always be prepared for the unexpected.