Healthcare Professional: Nurse/Paramedic

An appropriate Healthcare Professional (HCP) is a doctor, nurse or paramedic working within their scope of practice as determined by their relevant professional body and who is registered with that body as competent to practise. For more information on the role of the doctor, see The Role of the Independent Forensic Physician (http://fflm.ac.uk/upload/documents/1287136861.pdf)

As of the 1st of April 2003 Chief Officers have been permitted to make arrangements for nurses and paramedics to become involved alongside forensic physicians in the care and treatment of detainees.

Summary of Service

Healthcare Professionals can perform many of the roles previously undertaken by forensic physicians offering medical care and initiating care plans with or without recourse to a forensic physician. After appropriate training they can perform forensic examinations of suspects in police custody, and police officers injured while on duty. They occasionally deal with the alleged complainants of crime in cases requiring administration of first aid, recording of injuries, or blood samples for toxicology.

Some Sexual Assault Referral Centres utilise nurse Healthcare Professionals to assist police in managing these particularly sensitive cases. They can perform sexual offence examinations (only if appropriately trained) and help with crisis management.

Healthcare Professionals provide statements to the police, solicitors and the courts based on their contemporaneous notes taken during medical assessments.

Status

“Local protocols, procedures and individual contracts of employment should ensure the independence of Healthcare Professionals, whatever their employment relationship to the police force in whose custody environment they work. All Healthcare Professionals are bound by the standards of professional conduct laid down by their professional bodies, but local protocols must define their relationship to the police custody officers in order to ensure that their professional independence is not circumscribed or compromised by local procedures within the custody suite” (Home Office Circular, 020/2003).

In the United Kingdom, currently, there are different models by which Healthcare Professionals are utilised. Two main alternatives have emerged; the constabulary employs the Healthcare Professional directly, or the constabulary contracts with a private medical provider to provide forensic healthcare services. Some constabularies have made arrangements with their local Ambulance Service using front line ambulance staff or dedicated teams. Private medical providers employ Healthcare Professionals in many different ways; full time, part time, self employed or employed. Many Healthcare Professionals maintain full time roles within the NHS working part time within the custodial field.

Training

Healthcare Professionals should undergo an initial approved training course on commencement of this work and have the opportunity to attend further courses throughout their careers. Practical and theoretical instruction should be provided by experienced Forensic Physicians or other Healthcare Professionals with appropriate educational skills.

As the National Health Service has opened up, particularly over the last ten years, so the roles of nurses and paramedics have become more diverse. Nurse Healthcare Professionals may have additional qualifications such as Nurse Prescribers, Nurse Practitioners, or in mental health, accident and
emergency and community/district nursing. Paramedic Healthcare Professionals may have additional qualifications such as Advanced Life Support, Paediatric Advanced Life Support, Emergency Care Practitioners, mass decontamination. These lists are by no means exhaustive.

**Qualifications**

Practitioners must always be mindful to work within their scope of professional practice, the Police and Criminal Evidence Act (PACE) and/or other relevant legislation.

Criteria were outlined for recruiting custody nurses and paramedics in “Guidance on The Safer Detention and Handling of Persons in Police Custody” (ACPO, Home Office, Centrex, 2006):

**Nurses**

- A registered general nurse with a minimum of 1988 Clinical Whitley Grade G level
- Has four years post qualification experience
- Has three years Accident and Emergency, prison, custody or mental health experience
- Has completed the Intermediate Life Support Course

Further desirable criteria are:

- Substance misuse qualification
- Mental health qualification
- Minor Injuries Qualification
- First contact care practitioner

Experience has shown that autonomous practice is a key skill and specialities such as primary care, out of hours, and nurse practitioners may be better suited to custodial care than managerial grades of nurses.

**Paramedics**

- State Registered with the Health Professions Council
- Two years post qualification experience
- Custody or mental health experience

A further desirable criterion is:

- Emergency Care Practitioner qualification

Many of the requisite skills Healthcare Professionals possess for their normal duties transfer well, in most cases, however they may not be aware of the medico-legal implications of their assessment and diagnosis, forensic protocol, or legal process. Additional training is needed to complement clinical skills with knowledge of the relevant legal processes and the Police and Criminal Evidence Act 1984. National Occupational Standards can be found at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk).

**Professional Regulatory Bodies**

**Nurses**

The Nursing and Midwifery Council (previously United Kingdom Central Council for Nursing, Midwifery and Health Visiting)

**Paramedics**

Paramedics Board of the Health Professions Council (registration, training and standards of Paramedic professional practice)

The College of Paramedics (professional body for paramedics and the ambulance professions)

Joint Royal Colleges Ambulance Liaison Committee (clinical guidelines)

At this time the Care Quality Commission has recognised the unique status of custodial work but currently there is no industry regulation and standards vary from provider to provider. National Occupational Standards Skills for Health (2007) have produced guidance but with no regulation the quality and content of training itself remains set by each individual private medical provider or constabulary.

**Medications**

Most private medical providers and Constabularies using Healthcare Professionals will have a limited formulary within each custody suite.
Generally dispensing by Healthcare Professionals takes place via two methods;

- Healthcare Professionals may dispense medication under the authority of a Patient Group Direction
- After consultation and authorisation by a Forensic Physician over the telephone and recorded and/or confirmed in writing.

Medications may be prescribed by nurses who hold the Nurse Prescribers qualification, specific medication may be prescribed by private (not NHS) prescription which is paid for and collected by the police.

Paramedics may not prescribe – at the time of writing a consultation document is at draft stage.

**Higher Qualifications**

The Faculty of Forensic and Legal Medicine provides a comprehensive list of higher education courses on its website [http://fflm.ac.uk/education/externaldiplomas/](http://fflm.ac.uk/education/externaldiplomas/)

The National Policing Improvement Agency in conjunction with The Faculty of Forensic and Legal Medicine of the Royal College of Physicians offer a one-week joint training course in foundation skills for Doctors and Healthcare Professionals.

St Mary’s Manchester offer comprehensive courses for FP and Forensic Nurse examiners for victims of sexual assault.

Edexcel and City and Guilds offer several courses at NVQ level 3 in Custodial Health Care.

One well recognised course is The Diploma in Forensic Medical Sciences which is open to those with experience in forensic and legal medicine, and covers subjects as diverse as forensic autopsy, anthropology in death investigation as well as the examination of detainees, and drug and alcohol use.

**Faculty of Forensic and Legal Medicine, Associations and Societies**

The Faculty of Forensic and Legal Medicine has been established by the Royal College of Physicians of London and aims to set standards, promote research, establish career pathways and develop programmes of continuing professional development. Healthcare Professionals may become affiliates of the Faculty.

The United Kingdom Association of Forensic Nurses has been established since 2004 and aims to incorporate all affiliate healthcare providers working within the custodial environment such as nurses, paramedics, drugs outreach workers, and approved social workers.

Other societies and associations support the interface between medicine and the law: Section of Clinical Forensic and Legal Medicine of the Royal Society of Medicine; Medico-Legal Society; The British Academy of Forensic Sciences; The Forensic Science Society; and the Forensic Medicine Committee of the British Medical Association, etc.

**Facilities**

Police stations provide medical examination rooms equipped to various standards. A list of equipment and supplies for medical rooms can be found on the Faculty of Forensic and Legal Medicine website.

Specific examination suites or Sexual Assault Referral Centres (SARCs) which may be within a hospital setting or community based, are available for examination of complainants of adult and child sexual assault. Colposcopes (providing a bright light source and magnification) attached to a video recording facility are now provided in some of these suites.

Healthcare Professionals work mainly within the custody suite, but they may attend home addresses, hospitals or surgery premises to conduct examinations or to attend scenes of crime or death. Within hospitals it is ethically important to maintain a clear separation between the clinical care a patient is receiving and any forensic procedures.
Forensic sampling kits are provided by individual constabularies in accordance with national guidelines.

Healthcare Professionals may be expected to provide their own medical equipment or this may be provided by their employer, all equipment should be serviceable and where necessary externally calibrated to ensure accuracy.

An independent means of transport either provided or paid for by the employer is essential as are facilities for easy and rapid contact (mobile telephone, pager, fax and text). Notes made during an assessment will be required to write formal statements and will be used when giving evidence.

Storage facilities for medical records, which must be retained and retrievable, is the responsibility of the individual Healthcare Professional and can be provided by the employer.

**Specific Functions**

**Prisoner Examinations**

A complete list of all procedures and duties which may be undertaken by Healthcare Professionals in the custody environment are listed in “Guidance on the Safer Detention and Handling of Persons in Police Custody” which is available online: [http://police.homeoffice.gov.uk/publications/operational-policing/Safer_Detention_and_Handling1.pdf?view=Binary](http://police.homeoffice.gov.uk/publications/operational-policing/Safer_Detention_and_Handling1.pdf?view=Binary)

The custodians of prisoners are obliged to call an appropriately trained health care professional when they suspect, or are aware of, any physical illness, mental health problem or injury of the detainee, or if requested by the detainee.

The healthcare professional is responsible for the clinical needs of a detainee and should also consider their well-being (food, drink, rest, warmth etc.); they may be asked to provide a clinical opinion, based on examination, on one or more of the following:

- Fitness to be detained in police custody e.g. requirement for medication, referral to hospital.
- Fitness to be released e.g. sobered up sufficiently to release safely.
- Fitness to be charged: competent to comprehend charge.
- Fitness to transfer e.g. when wanted on warrant elsewhere, possibly necessitating a long journey.
- Fitness to be interviewed by the police.
- Requirement of an appropriate adult e.g. vulnerable, mentally disordered.
- Assessment of alcohol and drug intoxication and withdrawal.
- Make precise documentation of injuries, but not interpretation.
- Take forensic samples.
- Deal with police officers and personnel injured while on duty, including needle stick injuries.
- Give advice to the police when requested, within the scope of their professional competency
- Pronouncing life extinct, however appropriate prior training is required.

Most activities may be performed by both nurses and paramedics, however Safer Detention and Handling Guidance suggests many require ‘appropriate prior training’. Some it suggests may not be carried out by Paramedics at all, such as:

- Prescribing medication – this is under review
- Health education interventions – This is now standard practice for many Paramedics
- Mental health assessments – Paramedic Emergency Care Practitioners working out of hours and in Primary Care undertake informal mental health assessments including suicide risk.
- Undertaking intimate body searches
- Examining alleged victims of serious sexual assault
- Examining alleged child victims of neglect, physical or sexual abuse (including joint examinations with a pediatrician)
There are some activities which are the exclusive preserve of the Forensic Physician but this does not prevent nurses or paramedics onsite providing first aid if required whilst awaiting the forensic physician. Currently only forensic physicians may:

- Conduct formal mental health assessments under the Mental Health Act
- Section 4 (Road Traffic Act 1984) Impairment tests
- Blood samples at hospital under Road Traffic Legislation
- Assessment of detainees who have been subject to the TASER® (although the removal of the TASER barbs may fall within the competency of a nurse or paramedic)
- Assessment of officers post shooting incidents
- Assessment of individuals subjected to incapacitant sprays (some constabularies)
- Administer Schedule 2 and 3 controlled drugs

Models of best practice for Healthcare Professionals will ensure that there is always a senior experienced and appropriately qualified forensic physician to whom the HCP can refer complex cases to for advice. HCPs will also liaise with other custody user groups such as drug arrest referral schemes and those projects that encourage appropriate diversion from custody of the mentally ill, mental health liaison teams.

Subsequent to these examinations:

Statements may be requested by the police, the Crown Prosecution Service and solicitors acting on behalf of the Defendant. At a later date attendance at court as a professional witness may be required. Unless a qualified “Expert Witness” Healthcare Professionals must present only statements of fact in court as opposed to opinion.

Consent and Confidentiality

Forensic examinations are performed to obtain information which may ultimately be used in evidence in court proceedings. In obtaining consent, the Healthcare Professional must make this clear to the examinee.

The purpose of the examination must be understood and consent freely given and the examinee must be aware that there is no obligation to give this consent.

Given the relatively new position of Healthcare Professional police staff may informally refer to the Healthcare Professional as “Doc”, this can cause confusion for the detainee who should be in no doubt as to the qualifications of the HCP they see.

Recent Developments

“Section 136 Suites” Some constabularies have initiated Section 136 Suites to divert detainees with apparent Mental Health problems from custody suites into an environment that can recognise and cater for their needs.

The Mental Health Act 2007 has allowed Approved Mental Health Professionals (AMHP) to perform the role of an Approved Social Worker (ASW). All current ASWs will become AMHPs and it is anticipated that non social work professionals, such as Healthcare Professionals, will enter the role after time, having undergone the thorough training and approval mechanisms in place for ASWs.

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