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| Title | Detention service order (DSO) 09/2014 Medical emergency response codes | | |
| Process | This order clarifies the procedures for the use of medical emergency response codes. | | |
| Implementation Date | October 2014 | Review Date | February 2017 |

Contains mandatory instructions

For Action

Suppliers operating in Immigration Removal Centres, Residential Short Terms Holding Facilities, Pre-Departure Accommodation, Holding Rooms and escorting suppliers.

Author and Unit

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Processes Affected

Response to medical emergencies

Assumptions

N/A

Notes

There are no previous DSOs on this subject.

Issued

October
2014

Version



Detention services order 09/2014

Medical emergency response codes

Introduction

1. Investigations by the Prisons and Probation Ombudsman (PPO) into deaths occurring in immigration detention have led to recommendations being made for the establishment and use of an appropriate system of medical emergency response codes to include: guidance to staff on efficiently communicating the nature of a medical emergency; ensuring that staff called to the scene bring the relevant equipment; and ensuring there are no delays in calling, directing or discharging ambulances.

Purpose

2. This order sets out the Home Office requirement for its operating suppliers in IRCs, Short-term Holding Facilities and Pre-Departure Accommodation and for escort suppliers to have in place a system of appropriate medical emergency response codes and operating procedures which are understood by all staff, who are additionally aware of their individual responsibilities during a medical emergency.
3. This order will formalise and standardise the response by Detention Operations to the PPO recommendations on medical emergency response codes, ensuring that lessons are learned and appropriate procedures are in place.
4. The intention is to ensure a quick, appropriate and effective response to medical emergencies and thereby to maximise the likelihood of a positive outcome for the patient. This order is also designed to ensure compliance with relevant legal (including health and safety) obligations.

Procedures

5. All suppliers must introduce procedures and medical emergency response codes based on this order. It is the responsibility of the supplier's IRC Centre Manager (or similar in a STHF or for the escort provider) to ensure that emergency medical response operational instructions and codes are in place and that establishment staff are aware of the instructions and codes and are appropriately trained to discharge their responsibilities accordingly.

In all centres emergency medical response operating instructions and codes must be prepared and agreed with the centre's medical provider and appropriate members of the IRC operator's staff. NHS England must also be consulted unless responsibility for the commissioning of healthcare has not been transferred to them.

6. A representative NHS Ambulance guide for use in the community states that an ambulance should be called when there are signs of chest pain, difficulty in breathing, unconsciousness, severe loss of blood, severe burns or scalds, choking, fitting or concussion, severe allergic reactions or a suspected stroke. This must also be the case for detainees and therefore, if any of these signs are displayed when the medical emergency is called over the radio network, an ambulance must be called immediately.

Local operating procedures must clearly define the nature of the medical emergency with the use of a two level code system that differentiates between a blood injury and all other injuries (see Annex A). 'Code red' should be used for blood/burns and 'code blue' for breathing/collapses.

7. As a minimum the operating procedures should contain the following requirements.
 - Clearly defined codes to convey the nature of the medical emergency (see Annex A for mandatory requirements) and ensure the correct level of medical response.
 - Provision of clear instructions to staff on who holds the responsibility for calling an ambulance or cancelling an ambulance and under what circumstances.
 - Inform staff that if they are in any doubt about the nature of the injury and/or symptoms, they must call an ambulance. It is better to act with caution and request an ambulance that can be cancelled if it is later assessed as not required.
 - Define the role and responsibilities of the person who is first on scene according to their function within the IRC (i.e. Detainee Custody Officer, auxiliary staff, Immigration Enforcement staff).
 - Define the list of equipment which should be brought in response to each type of emergency medical response code announcement.
 - Instructions of where emergency equipment should be stored (in an accessible area), the frequency with which it will be tested and the audit regime that will be followed to ensure that it is working.
 - Steps to minimise unnecessary delays in admitting ambulances and paramedics to the site, escorting them to the patient and exiting the site (with or without the patient).
 - Set out how the procedures will be monitored and reviewed, who will contribute to the review, the frequency of the review schedule and any circumstances that might trigger an ad-hoc review outside of the routine review cycle (e.g. a death in detention or a change in medical provider).

- Set out steps to be followed for the rapid readiness of escort staff in anticipation of a hospital admission being required.
- Establish whether next of kin details are recorded for the detainee, and if not try to identify them with the help of external agencies, such as the police and national embassies.
- Set out the appropriate notifications that should be made and to whom and at what point(s) notification should take place.

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Annex A (DSO 09/2014)

| Code System | Detainee's Symptoms | Mandatory Contingency Responses |
|-------------------------|---|--|
| <p>Code Blue</p> | <ul style="list-style-type: none"> • Chest Pain • Difficulty in Breathing • Unconscious • Choking • Fitting or concussed • Severe allergic reaction • Suspected stroke | <ul style="list-style-type: none"> • Communication/Control Room automatically calls an ambulance and awaits updates from the scene • Where available, Duty Nurse attends with necessary equipment and assesses the patient • Where no nurse cover is available, other staff attend with necessary equipment • Gate prepare to receive ambulance • Ambulance escort staff arranged • Escort staff and equipment arranged • Any further action required by the local healthcare commissioner to assist in the preservation of life. |
| <p>Code Red</p> | <ul style="list-style-type: none"> • Severe loss of Blood • Severe burns or scalds • Suspected fracture | |