



HM Prison &  
Probation Service

Medical Emergency Response Codes		
This instruction applies to		Reference
Prisons		<b>PSI 03/2013</b>
Issue Date	Effective Date	Expiry Date
1 February 2013  <b>Re-Issue Date:</b> 9 September 2021	28 February 2013	21 February 2017
Issued on the authority of	NOMS Agency Board	
For action by (Who is this Instruction for)	<p>All staff responsible for the development and publication of policy and instructions</p> <p><input type="checkbox"/> NOMS HQ</p> <p><input checked="" type="checkbox"/> <b>All prisons</b></p> <p><input type="checkbox"/> High Security Prisons only</p> <p><input checked="" type="checkbox"/> <b>Contracted Prisons*</b></p> <p><input checked="" type="checkbox"/> <b>Governors</b></p> <p><input type="checkbox"/> Heads of Groups</p> <p><i>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</i></p>	
Instruction type	<b><i>delivery of non-specified service / service improvement</i></b>	
For information	All staff	
Provide a summary of the policy aim and the reason for its development / revision	<p>This instruction sets out the framework for calling a medical emergency consistently over the establishment radio network in all prisons and NOMS operated Immigration Removal Centres.</p> <p>The intention is to ensure timely, appropriate and effective response to medical emergencies and thereby to maximise the likelihood of a positive outcome for the patient. It is also designed to ensure compliance with relevant legal (including health and safety) obligations.</p> <p><b>September 2021</b> We have amended PSI 03/2013 to provide clarity on the following points:</p> <ul style="list-style-type: none"> <li>• that the HMPPS codes 'Red' and 'Blue' are for use within the prison only and should not be used when communicating with ambulance service staff, who are unlikely to be familiar with them.</li> <li>• that the member of staff using the medical emergency code must also provide relevant information about the condition of the prisoner to the control room staff, to enable them to share this with the ambulance service for use in the triage process, and,</li> <li>• that an ambulance must be called in the event of an unexpected labour or birth.</li> </ul>	

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<b>Contact</b>	For further information about this PSI contact Safety Group <b>Email:</b> <a href="mailto:safercustodypolicyandlearning@justice.gov.uk">safercustodypolicyandlearning@justice.gov.uk</a>
<b>Associated documents</b>	<ul style="list-style-type: none"><li>• PSI 11/2012 – Incident Reporting System</li><li>• PSI 64/2011 – Risk of Harm to Self, to Others and from Others</li><li>• Quick Time Learning Bulletin 13 – Medical Emergencies</li><li>• Michael Spurr’s Letter dated 7 February 2011 - “Emergency access to establishments for ambulance services”</li><li>• PSI 13/2011 - Management and Security of Communication/Control Rooms and Internal Prisoner Movement</li><li>• PSI 24/2011 - Management and Security of Nights</li><li>• PSI 04/2012 – Health Enabling</li></ul>
<b>Replaces the following documents which are hereby cancelled:</b> N/A	
<b>Audit/monitoring:</b>  Deputy Directors of Custody, Commissioners and Controllers will monitor compliance with the mandatory actions set out in this Instruction.	
<b>Introduces amendments to the following documents:</b> N/A	

## 1. EXECUTIVE SUMMARY

### 1.1 Background

- 1.2 HMPPS wishes to learn from PPO investigations into deaths in custody and we are consequently introducing a standard approach to how medical emergencies are responded to in prisons.
- 1.3 This instruction sets out the framework for calling a medical emergency consistently over the establishment radio network in all public and contracted prisons and HMPPS operated Immigration Removal Centres.
- 1.4 The intention is to ensure timely, appropriate, and effective response to medical emergencies and thereby to maximise the likelihood of a positive outcome for the patient. It is also designed to ensure compliance with relevant legal (including health and safety) obligations.

### 2. Desired outcomes

- 2.1 *All Governors / Directors must have a Medical Emergency Response Code protocol in place based on this instruction which:*
- Provides guidance to staff on efficiently communicating the nature of a medical emergency;
  - Ensures staff called to the scene bring the relevant equipment (i.e., medical staff and escort staff are alerted and bring relevant 'grab bags'); and
  - Ensures there are no delays in calling, directing or discharging ambulances.

### 3. Mandatory Actions

- 3.1 *All Governors / Directors of contracted prisons must introduce a Medical Emergency Response Code protocol based on this instruction.*
- 3.2 *All prison staff must be made aware of and understand this instruction and their responsibilities during medical emergencies.*

### 4. Resource Impact

- 4.1 There are no additional resource implications. The changes introduced by this PSI are intended to complement existing emergency response procedures.

(signed)

**Digby Griffith,**  
**Director of National Operational Services, NOMS**

## Operational Instructions

- 5.1 *Governors/Directors of all prisons must ensure that a Medical Emergency Response Code protocol exists that enables staff discovering a prisoner who is exhibiting any of the symptoms listed in annex A, to clearly and concisely convey the nature of the medical emergency simultaneously to all interested parties and contact the communication or control room.*
- 5.2 *Local procedures must ensure that staff understand they should not delay summoning emergency assistance. For example, it must not be a requirement for a member of the prison healthcare team or a Duty Manager to attend the scene before emergency services are called.*
- 5.3 *It is essential that an ambulance is called in all cases where there are serious concerns about the health of a prisoner and that access to both the prison and the individual prisoner is not delayed.*
- 5.4 *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 prisoners and therefore, in these situations when the medical emergency is called over the radio network, an ambulance must be called immediately.*
- 5.5 *As the logistical and operational arrangements of each prison will differ, the terms of the medical emergency response protocols must be written and agreed in conjunction with the local healthcare commissioner at the prison and the local ambulance trust.*
- 5.6 *Local protocols 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). It is recommended that 'Code Red' should be used for blood / burns and 'Code Blue' for breathing / collapses. However, Governors / Directors may use Code One and Code Two if this is already local practice. These are HMPPS codes, for use within the prison only. They should not be used when communicating with ambulance service staff, who are unlikely to be familiar with them. Referring to the codes in external communication may cause confusion and result in delays to ambulance attendance.*
- 5.7 *As a minimum, local protocols must:*
- *Inform staff that if they are in any doubt about the nature of the injury, 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 nature of codes being used. This must be sufficiently prescriptive to describe the incident that staff are responding to and trigger automatic contingencies such as those described in annex A.*
  - *Be clear that an ambulance must be called in the event of an unexpected labour or birth.*
  - *Explain that the member of staff using the medical emergency code must also provide relevant information about the condition of the prisoner to the control room staff, so that they can pass it on to the ambulance service for use in the triage process.*
  - *Define what must be done when there is not a nurse or doctor on duty, or if the nurses are not first aid trained. For example, access to first aid trained staff.*
  - *Describe how to cancel the 999 call if a healthcare professional determines that an ambulance is not required.*
  - *Prevent any unnecessary delay in escorting ambulances and paramedics to the patient and discharging them from the prison (with or without the patient). This must*

*include procedures for admitting and discharging ambulances during the night state (PSI24/2011 - Management and Security of Nights).*

- *Minimise delays to staff accessing cells during patrol state and the night state (PSI24/2011 - Management and Security of Nights).*
- *Set out how the operation of the protocol will be monitored and reviewed. Regular reviews of the protocol should be built into the process and agreed with the local healthcare commissioner and ambulance trust. Any significant alterations to the operating arrangements in a prison should automatically trigger an ad-hoc review.*

## Annex A

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

# HQ policy

## *Equality Impact Assessment*

<b>Policy</b>	PSI 03/2013 - Medical Emergency Response Codes
<b>Policy lead</b>	Tom Wilson & Ron Elder
<b>Group</b>	OSRR
<b>Directorate</b>	NOS

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## **What is an Equality Impact Assessment (EIA)?**

An EIA is a systematic appraisal of the (actual or potential) effects of a function or policy on different groups of people. It is conducted to ensure compliance with public duties on equality issues (which in some areas go beyond a requirement to eliminate discrimination and encompass a duty to promote equality), but more importantly to ensure effective policy making that meets the needs of all groups.

Like all other public bodies, the National Offender Management Service is required by law to conduct impact assessments of all functions and policies that are considered relevant to the public duties and to publish the results.

**An Equality Impact Assessment must be completed when developing a new function, policy or practice, or when revising an existing one.**

*In this context a **function** is any activity of the Prison Service, a **policy** is any prescription about how such a function is carried out, for instance an order, instruction or manual, and a **practice** is the way in which something is done, including key decisions and common practice in areas not covered by formal policy.*

**If you are completing this document as part of the OPG process, you must complete and return it together with the final Business case for OPG approval and publication alongside the AI/PSI/PI.**

## **Your Equalities team**

It is important that all policies are informed by the knowledge of the impact of equalities issues accumulated across the organisation. Early in the policy development process, and before commencing the EIA, please contact the relevant equalities team to discuss the issues arising in your policy area.

- HR issues – Staff Diversity and Equality Team – 030 0047 5005 or [equalities.group@noms.gsi.gov.uk](mailto:equalities.group@noms.gsi.gov.uk)
- Service delivery issues relating to gender and younger offenders – Women and Young People’s Group – [matthew.armer@noms.gsi.gov.uk](mailto:matthew.armer@noms.gsi.gov.uk)
- All other service delivery issues – Equalities Group – 030 0047 5005 or [equalities.group@noms.gsi.gov.uk](mailto:equalities.group@noms.gsi.gov.uk)

## **The EIA process**

The EIA has been constructed as a two-stage process in order to reduce the amount of work involved where a policy proves not to be relevant to any of the equalities issues.

The initial screening tool should be completed in all cases, but duplication of material between it and the full EIA should be avoided. For instance, where relevance to an equalities issue is self-evident or quickly identified this can be briefly noted on the initial screening and detailed consideration of that issue reserved for the full EIA.

Further guidance on this will be given by the relevant equalities team.

### **Stage 1 – initial screening**

The first stage of conducting an EIA is to screen the policy to determine its relevance to the various equalities issues. This will indicate whether or not a full impact assessment is required and which issues should be considered in it. The equalities issues that you should consider in completing this screening are:

- Race
- Gender
- Gender identity
- Disability
- Religion or belief
- Sexual orientation
- Age (including younger and older offenders).

## **Aims**

### **What are the aims of the policy?**

- To provide guidance to prison staff on efficiently and consistently communicating the nature of a medical emergency.
- Ensure that staff called to the scene bring the relevant equipment (i.e. medical

staff and escort staff are alerted and bring their relevant 'grab bags').

- Ensure there are no delays in calling, directing or discharging ambulances.

## Effects

**What effects will the policy have on staff, offenders or other stakeholders?**

- Directly employed staff, NHS stakeholders and prisoners will benefit from a more focussed response to medical emergencies.

## Evidence

**Is there any existing evidence of this policy area being relevant to any equalities issue?**

*Identify existing sources of information about the operation and outcomes of the policy, such as operational feedback (including local monitoring and impact assessments)/Inspectorate and other relevant reports/complaints and litigation/relevant research publications etc. Does any of this evidence point towards relevance to any of the equalities issues?*

- The instruction is not directly relevant to any particular equality issue however, indirectly, elderly prisoners and those with physical disabilities or severe and enduring health problems are likely to benefit from a more structured response to medical emergencies.

## Stakeholders and feedback

**Describe the target group for the policy and list any other interested parties. What contact have you had with these groups?**

- All prisoners (no contact)
- Prison discipline and Healthcare staff (written consultation with several prisons)
- Offender Health (written consultation)
- NOMS Health & Wellbeing Co-commissioning (written consultation).
- Security Group (written consultation and meetings)
- Prisons & Probation Ombudsman (written consultation)

**Do you have any feedback from stakeholders, particularly from groups representative of the various issues, that this policy is relevant to them?**

- Yes, there is feedback from all groups as mentioned above except that of Offender Health.

## Impact

**Could the policy have a differential impact on staff, prisoners, visitors or other stakeholders on the basis of any of the equalities issues?**

- No, there are no concerns that there will be a differential impact on staff, prisoners, visitors or other stakeholders on the basis of any of the equalities issues.



**Local discretion**

Does the policy allow local discretion in the way in which it is implemented? If so, what safeguards are there to prevent inconsistent outcomes and/or differential treatment of different groups of people?

- There is minor discretion in implementation however, this is primarily in terminology and not delivery and therefore should not impact on consistent outcomes or differential treatment of different groups of people.

**Summary of relevance to equalities issues**

Strand	Yes/No	Rationale
Race	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Gender (including gender identity)	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Disability	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Religion or belief	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Sexual orientation	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Age (younger offenders)	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.
Age (older offenders)	No	The instruction prescribes responses to medical emergencies for prisoners as a whole and not in groups.

If you have answered 'Yes' to any of the equalities issues, a full impact assessment must be completed. Please proceed to STAGE 2 of the document.

If you have answered 'No' to all of the equalities issues, a full impact assessment will not be required, and this assessment can be signed off at this stage. You will, however, need to put in place monitoring arrangements to ensure that any future impact on any of the equalities issues is identified.

**Monitoring and review arrangements**

Describe the systems that you are putting in place to manage the policy and to monitor its operation and outcomes in terms of the various equalities issues.

- The PSI will be monitored by the National Safer Custody Manager (NSCM) Team through the functional Mailbox.

State when a review will take place and how it will be conducted.

- A review will be undertaken based on comments received after 6 months.

	Name and signature	Date
Policy lead	Tom Wilson	
Head of group	Pat Baskerville	