



London Ambulance Service **NHS**
NHS Trust

Procedure for Patients Suspected of Alcohol and/or Drug Intoxication

DOCUMENT PROFILE and CONTROL.

Purpose of the document: This procedure aims to highlight the key risks associated with cases of suspected alcohol and/or drug intoxication, and to compliment the national and LAS guidance already in place.

Sponsor Department: Education and Development

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Amendment History			
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11/03/09	1.1	CGC recommendations	Minor – s.1.3 added 'potentially harmful' ; s 1.4 (full JRCALC guidelines title); 'compromise' replaced "impairment"; references
23/02/09	0.6	Head of Records Management	Minor - scope
12/02/09	0.5	Head of Records Management	Minor- amended formatting, added scope
30/12/08	0.4	Educational Governance Manager	Minor – implementation plan
28/11/08	0.3	Head of Records Management	Minor – made additional comments and
20/11/08	0.2	Records Manager	Minor – amended formatting
11/11/08	0.1	Educational Governance Manager, Medical Director	Major – First draft

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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CGC	23/02/09	1.0
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The Pulse	01/05/09	Records Manager	GDU

Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 2 of 9
------------------------------	--	--------------------

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	JRCALC Clinical Practice Guidelines for use in UK Ambulance Services (commonly referred to as JRCALC guidelines)	
OP/031	Policy for Consent to Examination or Treatment	
OP/020	Procedure for the Transportation of Persons to Hospital	
	LAS booklet 'Personal Safety and the Management of Conflict'	
TP/003	Policy Statement of Duties to Patients	
OP/015	Procedure for the Conveyance of Patients	
OP/016	Procedure for Actions Directly Relating to the Patient	
OP/017	Procedure on Actions Indirectly Relating to the Patient	

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Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 3 of 9
------------------------------	--	--------------------

1. Introduction

- 1.1 The London Ambulance Service NHS Trust (LAS) receives many calls to patients who have been involved in the misuse of drugs. While alcohol is the most common of all such substances, there are a myriad of other drugs that are capable of causing harm to patients with potentially fatal consequences. This vast spectrum includes licit (legal) drugs obtained on prescription or 'over the counter' sources, to illicit (illegal) substances that have been acquired unlawfully.
- 1.2 In responding to incidents of this nature, crews must remain mindful that not all cases of drug misuse are intentional. There are a wide range of illnesses and/or situations where patients can inadvertently become involved in medication and dosing errors. Equally, drugs can be administered unknowingly to patients, with the 'spiking' of alcoholic drinks of growing prominence.
- 1.3 Any drug when taken in excess must be viewed as potentially harmful, which clearly highlights the need for prompt and careful attention to all subsequent patient management regimes. The very nature of these substances can often create difficulties in making an accurate assessment of the patient. This may be exacerbated by the use of alcohol and the social environment in which the incident has occurred.
- 1.4 Considerable care must therefore be applied to the management of all cases of suspected alcohol and/or drug intoxication, with due regard to the vulnerability and significant risks associated with these patients. The attention of staff is drawn to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines for use in UK Ambulance Services, which contain comprehensive information relating to the management of overdose and poisoning, as well as the associated complications arising from reduced levels of consciousness and risk of airway compromise etc.
- 1.5 In addition, the Institute of Health Care & Development (IHCD) Basic and Paramedic Training manuals contain relevant information, along with numerous LAS Trust Policies and Operational Procedures (see links to related documents above). It is therefore imperative that staff remain fully conversant with all such literature, and seek guidance from line managers, the Clinical Support Desk or on call Clinical Adviser for any areas of doubt.
- 1.6 This procedure aims to highlight the key risks associated with cases of suspected alcohol and/or drug intoxication, and to compliment the national and LAS guidance already in place.

Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 4 of 9
------------------------------	--	--------------------

2. Scope

This procedure covers the awareness and management of risks relating to patients who have been involved, or are suspected of being involved, in the misuse of drugs and/or alcohol, and as such it may apply to all LAS staff.

3. Objectives

- 3.1 To provide additional direction and guidance to staff in their management of patients suspected of alcohol and drug misuse.
- 3.2 To assist in minimising the risks to patients and staff of misdiagnosis, and to emphasise the added vulnerability and dangers associated with alcohol and drug intoxication.
- 3.3 To reinforce the issues around primacy of clinical care, where other agencies, e.g., the police, may be present or required on scene.

4. Procedure

4.1 Safety on Scene

- 4.1.1 As with all situations, the safety of staff is of paramount importance and Personal Protective Equipment (PPE) should be utilised as a matter of routine. In approaching patients suspected of alcohol and/or drug misuse, staff must remain mindful that such substances can cause the patient to adopt erratic and unpredictable behaviour which requires careful and sensitive management. As with other potentially difficult situations, a calm and professional approach invariably helps minimise the risk of a patient developing uncooperative and aggressive behaviour.
- 4.1.2 It is equally important to recognise the potential risks from family, friends and bystanders, who may also be suffering from similar effects of alcohol/drug misuse. This once again highlights the need to approach and manage the incident in a caring and non-judgemental manner, thereby reducing the risk of confrontation.
- 4.1.3 However, in situations where staff still consider themselves to be at risk, they must withdraw from the immediate environment and summon police assistance at the earliest opportunity.
- 4.1.4 The personal issue LAS booklet 'Personal Safety and the Management of Conflict' contains detailed and helpful advice for staff, and has a particular relevance to incidents involving alcohol and drug misuse.

Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 5 of 9
-----------------------	---	-------------

4.2 Patient Management

- 4.2.1 While substances of misuse originate from wide and varied sources, the majority fall into one of two categories, i.e., Central Nervous System (CNS) depressants or stimulants. These are described in detail within the JRCALC Clinical Practice Guidelines – ‘Overdose and Poisoning in Adults’, with which staff must be fully familiar.
- 4.2.2 As highlighted previously, the very nature of these substances can create difficulties in making an accurate assessment of the patient. Most CNS depressant drugs, e.g., alcohol, when taken in excess can severely impair all physical and mental functions, leaving the patient particularly susceptible to respiratory depression, decreased levels of consciousness and airway compromise. Equally, patients may be at increased risk of hypothermia, and hypoglycaemia.
- 4.2.3 Stimulant misuse, .e.g., cocaine, has the same lethal potential, but patients may present with hyperactivity, agitation, delirium, tachycardia, sweating and dilated pupils. Hyperpyrexia can subsequently develop, leading to tremors and convulsions. Acute myocardial ischaemia is a recognised complication of cocaine toxicity.
- 4.2.4 Many of the signs and symptoms of substance misuse have close similarities with those of other illness and injury. This is further complicated where several different drugs types are involved, which invariably includes alcohol. Consequently, the ability to recognise and attribute these to any specific condition is difficult, particularly in the pre-hospital environment.
- 4.2.5 Therefore, while some signs of underlying illness or injury may be evident, it is rarely possible to exclude the risk of further injury or illness. The potential for misdiagnosis cannot be overestimated in this patient group, particularly in terms of head injuries or where other conditions such as hypoglycaemia may easily be confused or masked by substance misuse.
- 4.2.6 All procedures for assessing and managing patients of substance misuse are detailed in the JRCALC Clinical Practice Guidelines. These are mirrored in clinical training programmes provided by the LAS, as well as in activities arranged locally by Complex Training Officers.
- 4.2.7 It is essential that all staff remain current with the content of Guidelines, as well as with other bulletins and information provided by the LAS. Although key elements of patient assessment and management are generally reviewed as part of the Continuing Professional Development modular programme, staff with any queries or concerns should seek advice from their local trainer or management team.

Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 6 of 9
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4.2.8 Crews are also reminded that they can contact the Clinical Support Desk in Emergency Operations Centre (EOC) at any time. The desk is staffed by experienced paramedics who have been trained to support staff with patient related clinical problems. These include any aspect of patient assessment or treatment, as well as queries relating to substances of misuse.

4.3 The Role of the Police

4.3.1 In many cases of suspected alcohol and/or drug misuse, the police are already on scene and will provide support and assistance to crews as required. Alternatively, the police may arrive on scene as a result of the situation outlined in paragraph 4.1.3, or when requested by LAS staff in response to concerns over capacity in the event of the patient declining aid. (Please refer to OP/031 'Policy for Consent to Examination or Treatment' and OP/020 'Procedure for the Transportation of Persons to Hospital')

4.3.2 Irrespective of the reason for the police attending scene, it must be emphasised that the most qualified member of LAS staff has overall responsibility for the patient's clinical management at all times. This remains the case even in circumstances where the police are required to provide force and restraint in dealing with a specific patient.

4.3.3 In the event of a patient requiring restraint, there is an absolute need for close liaison and teamwork between the two services, as well as any other agencies on scene. This would generally take the form of a dynamic risk assessment, where the care and continuing welfare of the patient remains the key priority throughout.

4.3.4 In the vast majority of cases requiring the actual or potential need for force or restraint, the patient will be conveyed to hospital by ambulance. The dynamic risk assessment will have identified the level of support required from police officers to ensure the safety of all concerned, as well as allowing the ambulance attendant to continually monitor the patient's condition.

4.3.5 The use of an ambulance should always be the preferred option for transporting patients in view of the availability and accessibility of monitoring equipment etc. Therefore, the use of a police vehicle should only be considered in the rare circumstances of the patient being deemed so excessively violent that it would be unsafe to convey by ambulance.

- 4.3.6 In these situations, it is imperative that the ambulance attendant travels in the police vehicle, together with appropriate equipment items from the ambulance to render care. The ambulance should follow closely behind, and be capable of being summoned to stop and provide additional equipment in the event of a sudden deterioration in the patient's condition. It is once again reiterated that the ambulance attendant (or most clinically qualified person) retains responsibility for the patient's clinical needs throughout the entire process.
- 4.3.7 The attention of staff is once again drawn to LAS OP/020 'Procedure for the Transportation of Persons to Hospital' which contains full and detailed information relating to the joint LAS/MPS agreement. Equally, LAS OP/031 'Policy for Consent to Examination or Treatment' provides comprehensive guidance with regard to all aspects of capacity and consent.
- 4.3.8 In addition, the conditions of Positional Asphyxia and Acute Behavioural Disturbance have a particular relevance in the assessment and management of patients associated with alcohol and drug misuse. It is therefore imperative that all frontline staff have a thorough understanding of these two conditions, along with their recognition and prevention. Further detailed information and related video clips can be accessed via 'the pulse', under 'Patients' and 'Patient Protection'.
- 4.3.9 As in all situations, the importance of recording and documenting all observations, decisions and actions taken cannot be overemphasised. This includes noting the shoulder numbers of police, and/or the names and designation of other individuals involved in the assignment. It is imperative that all such information is captured on the PRF.

Ref. No. OP045-0209-0	Title: Procedure for Patients Suspected of Alcohol and or Drug Intoxication	Page 8 of 9
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IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	The topics highlighted in this policy are addressed in the core training programmes delivered by the Department of Education & Development.
Monitoring	Staff use and compliance with the content of this policy will be monitored by Team Leaders as part of their day-to-day role. In addition, the bi-annual Operational Workplace Review will also help identify any issues associated with the practices of staff, which can be further developed through the Personal Development Review process as necessary.