

Please would you let me know in writing if you hold information of the following description:

- 1) The training that is given to West Midlands Police officers on how to respond to a case where there is a suspected victim of drug overdose;**

We cover casualty management during initial first aid training, which would include someone who has taken or is suspected of a drugs overdose. In addition to this, officers in key roles have further specialist training.

Aside from external training, the principles of first aid remain the same, whether a person is suspected of having taken an overdose or it is unknown. Following the principles of treatment pathway, an officer would decide upon the most appropriate course of action – please see the learning objectives below which each officer / staff member must demonstrate during first aid training.

Principles of treatment (the aims of a First Aider)

- To assess the situation quickly and safely and summon appropriate help
- To protect casualties and others at the scene from possible danger
- To identify as far as possible the injury or nature of the illness affecting the casualty
- To give each casualty early and appropriate treatment, treating the most serious condition first

Incident Management (COP 1/14, 7/14 & 14/14 LD of ENPSA418)

- Define the aims of the first aider
- Explain the management of a first aid scene
- State what is meant by the term casualty management
- Define the need for personal hygiene

Recovery Position (COP 2/14, 6/14 & 12/14 LD of ENPSA418)

- Describe how a first aider performs a primary assessment on an unconscious casualty
- Explain why first aiders need to do a primary assessment on unconscious casualty
- Demonstrate the assessment of an unconscious casualty
- Demonstrate the ability to perform a secondary assessment
- Demonstrate the ability to place an unconscious casualty into the recovery position
- Describe the signs and symptoms of positional asphyxia and how to reduce the likelihood of it occurring
- Demonstrate the correct and safe treatment of a casualty with a spinal injury

CPR & AED. (COP LD 3/14, 4/14 of ENPSA418)

- Demonstrate how to administer CPR to adult, child & infants
- Explain what is meant by respiratory arrest
- Outline the function of an AED
- Explain the procedure before using an AED
- Demonstrate the correct use of AED
- Describe actions to be taken after the casualty has left the scene

Choking (COP LD 5/14 of ENPSA418)

- Outline the importance of the airway
- Explain the process of treating someone that is choking
- Demonstrate the treatment of someone that is choking

Medical Conditions (COP LD 10/14 & 13/14 of ENPSA418)

- Outline the ways a casualty may become unconscious.
- Explain the treatment of a casualty who has fainted.
- Explain the treatment of a casualty who is convulsing.

2) The protocol that is to be followed by West Midlands Police officers on how to respond and investigate following a death from drug overdose.

The protocol in relation to this would be contained within the 'Sudden Death Attendance' force policy. Please see the relevant section below which has been extracted from this policy.

8. UNEXPLAINED / INQUEST REQUIRED DEATHS

8.1 After checking for signs of life and considering first aid, where the cause of death cannot be established as natural at scene, an inquest will usually be required by HM Coroner. This will normally include suicide and drug-related deaths and all other undetermined causes of death.

8.2 At an unexplained or unexpected death, the scene must be secured as if part of a criminal investigation and the scene guard will start a scene log, a copy of which should be attached to the sudden death form to the Coroner's Officer as soon as practicable. This should include considerations for scene cordons, common approach paths and an overarching consideration for forensic opportunities. At this stage, it would be advisable to contact FSI to discuss any requirements.

8.3 Consideration should be given to photographing or using Body Worn Video (BWV) or other technology to record the body in situ, the presence of any of the conditions listed for an AoD, medication, suicide notes or anything relevant to the situation in which the body was found and the circumstances of the death.

8.4 The responsibility for investigating collisions involving road death or potential road death rests with WMP Force Traffic or CMPG. In all such cases, a Force Traffic supervisor should be notified.

8.5 The Force Response Operational Inspector must be informed and the duty FCID Detective Inspector should consider attending the scene to lead the investigation in respect of the following incidents. This list is not exhaustive:

- Deaths related to drugs
- Deaths in Prison or Immigration Centres
- Deaths in Police Custody
- Deaths in the workplace (see **Appendix G**)
- Deaths of young people under 18 (see **Appendices D, E and F**)
- Deaths in Mental Health Institutions
- Electricity, carbon monoxide or other chemical related deaths (Please refer to Force CBRN policy on Individual Chemical exposures)
- Aircraft deaths (including sports aviation)
- Diving deaths
- Apparent suicides particularly hanging
- Deaths as a result of Fire
- Deaths involving firearms

8.6 **NB:** A hanging as with any death must be treated with caution to ensure it is not a murder. [REDACTED]

8.7 As part of the initial investigation, new technologies must be used as standard to improve evidence gathering. Consideration will be given to taking photographs/videos of the deceased and scene as well as obtaining a statement from the person(s) finding the deceased in all cases. Clearly these will require correct identification and labelling to ensure no unnecessary exposure to potentially explicit or disturbing content.

8.8 Formal identification of the deceased should be made to police by a suitable person and be recorded in the officer's pocket notebook (PNB) and WG427 form prior to removal of the deceased from the scene. If no identification can be made at the scene, the Coroner's Officer should be contacted as soon as possible and OASIS log updated.

8.9 The deceased is to be collected by duty undertakers or Coroners Service and transported to the designated mortuary. In WMP area of operation, there is an implied consent that all bodies which may be suspicious or unexplained after consultation with FCID supervisors be transported to Mortuary in [REDACTED] where all Forensic Post Mortems are conducted.

8.10 Items of any evidential value (e.g. drugs paraphernalia/medication/medical records) should be photographed in situ before being seized, appropriately sealed and exhibited and then stored in police property stores.

8.11 All property receipts of items of evidential value will be added to the WG427 form to inform the Coroner's Officer and the pathologist of exactly what items have been seized, reasons why and where they are located.

8.12 Next of kin (NOK) must be identified and informed in person where possible. The details of the NOK should be clearly marked on the WG427 form. If the NOK cannot be located, the officer should clearly detail on the WG427 and OASIS log what efforts have been made to trace one and if further enquiries are outstanding this should be passed onto the next duty team until completed or negated.

8.13 The last known person seeing the deceased alive should be identified and a statement taken from them where available. Details should be added to the WG427 form. In order to further assist the Coroners, Officers should make every attempt to also identify the deceased Doctor or General Practitioner (GP). If there is no evidence at scene to determine this, officers should consider using NHS 111 telephone service and thus note Doctor and NHS number on the WG427. If no Doctor or GP can be located, both WG427 and Oasis log must record what efforts have been made to trace them.

8.14 Form WG427 is to be submitted to the local Coroner's Officer via the generic Coroner's Officer email address for the relevant area as soon as possible and in all cases by the end of the attending officer's duty. In the case of an unexpected or unexplained death, this is to be the responsibility of the supervisor in charge of the investigation. This form is an investigative report and must contain all relevant information. The form must be reviewed by a supervisor prior to submission and in all cases by the end of the allocated supervisor's duty. It is important for the Coroner's Officer to be aware of the death as soon as they next come on duty.

8.15 Where the ambulance service has attended, any generated forms must be requested and attached to the form WG427 for submission.

8.16 Consideration should also be given to sending the following items with the WG427 or as soon as practicable:

- A covering WC202 Investigation Record to HM Coroner outlining circumstances of death, actions completed by police and others, witness accounts and a rationale if the decision is that no criminal offence has been committed after consideration
- Original statements if no criminal case required
- Photographs of scene or brief description of footage obtained
- Any relevant medical notes or history if known
- Copies or photographs of any suicide notes or other relevant documentation (originals to be stored in secure police property stores).
- Copy of the incident log.

8.17 The deceased will be subject of a post-mortem conducted by a local pathologist unless there is evidence to link the death to a criminal act. If a Duty Detective Inspector has attended the scene of an unexplained death, they will consult with the Coroner's Officer in respect of the need to attend the post-mortem. Reference should be made in these cases to

the Murder Investigation Manual (**Appendix C**). The Duty Crime Superintendent will authorise payment for a Home Office “forensic” post-mortem if one is deemed to be required.

8.18 All unexpected child deaths (under 18) must be referred to the Coroner and the local Multi-Agency Safeguarding Hub (MASH) in order for a strategy meeting to be convened with Children’s Services. See **Appendices D, E & F** for further guidance.