



Scene Safety Stand Off and RVP Guidance

Recommended by	Legal Services and Service Delivery
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For use by	All PES Staff and Volunteers

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Standing-Off Procedure

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1. Introduction

- 1.1 Rendezvous Points (RVPs) are in routine use across NWAS and serve as a meeting point for responders. Their purpose is to mitigate potential risks that may be present at an incident scene or control access at an incident location. RVPs are used across a range of incidents, including major incidents and chemical incidents, however they are in more routine use at lower scale incidents such as assaults or incidents where there is an identified risk of harm to responders.
- 1.2 Internal investigations and coronial inquests have identified that where an incident occurs, other than large-scale incidents, decisions to nominate the use of an RVP are poorly documented, are inconsistent and lack any formalised procedures to guide and support the decisions being taken. It has also been identified that once an RVP is nominated, there is a lack of procedures to actively minimise the time spent at an RVP or review the potential of risks changing.
- 1.3 The term RVP needs clarity as to the location services meet prior to attending an incident scene. This procedure introduces the term 'stand-off' which is different from an RVP and this procedure seeks to offer clarity on the differences and the procedures to be followed for both RVPs and when standing-off.
- 1.4 This procedure is not designed to promote unsafe practices or force responders to attend unsafe scenes. The Trust is committed to taking all practicable steps to support the health, safety and welfare of staff and patients. This procedure aims to support and guide decisions taken during the management of incidents balancing any potential risk of harm to patients and responders.

2. Definitions

- 2.1 **RVP – Rendezvous Point.** A location where resources arriving at the outer cordon are directed for logging, briefing, equipment issue and deployment or a location where two or more agencies arrange to meet, prior to moving forward to an incident location. A location designed for multi-agency use, meeting up before attendance at an incident scene.
- 2.2 **Standing-Off.** A safe location close, but remote from the incident location where NWAS responders may arrive and spend time to gain information and carry out further risk assessments prior to attending an incident scene or prior to requesting assistance from another agency.

If whilst standing off, a decision is taken to request further support from another agency (likely to be the police), the location will become an RVP.

3. Aims of Objectives

- 3.1 The aim of this document is to provide NWAS operational and ICC teams with the necessary tools to make an informed, risk-based decision on safety at an incident scene.
- 3.2 It aims to ensure that adequate information is obtained and any risk to responders and the public is understood as far as is reasonably practicable and is then assessed in a balanced way to enable appropriate decisions to be made safely and in a supported manner.

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- 3.3 It introduces a risk assessment for staff to utilise in support of safe decision making and guides operational staff on matters of safety at scene and supports proactive management of any delays to an incident scene created by the potential of risk to the responders.

4. Operational Procedure (Responding Staff)

- 4.1 Information on matters of scene safety is usually received by the Emergency Operations Centre (ICC) via the 999/111 call or through the identification of a live marker against an address. All scene safety information should be passed to responding staff via the Mobile Data Terminal (MDT), verbally via Airwave or phone. Less frequently staff responding may themselves identify a risk whilst approaching an incident.
- 4.2 The risk assessment for incident scenes is the responsibility of the responding clinicians, utilising information available to them via ICC or historic clinical records. ICC should not routinely advise crews to stand-off unless there is a clear and immediate risk identified e.g. explosion, firearms incident, public order. In these circumstances, ICC in liaison with the Police should immediately identify an RVP for NWAS responders to attend and co-locate with Police.
- 4.3 Whilst responding to incidents, operational staff should continually assess for risk to themselves and their patients. When in receipt of information from a legitimate source, indicating the presence of a risk to responders, a more formalised risk assessment should be completed. The risk assessment and supporting documents in the appendices to this procedure should be utilised for this purpose.
- 4.4 Completing the risk assessment is likely to require clarity of information already received or further information from ICC. It is vital that channels of communication remain open.
- 4.5 Completion of the risk assessment should result in three outcomes:
 - **RISK REGARDED AS NORMAL - ATTEND SCENE**
 - **HEIGHTENED RISK - APPROACH WITH CAUTION**
 - **RISK TO YOU OUTWEIGHS RISK TO PATIENT – STAND OFF AND ASSESS**
- 4.6 It may not always be necessary to complete the entire assessment, if information obtained clearly identifies a risk at scene to responders that outweighs the risk of a delayed response to the patient, then the risk assessment is complete, however it is important to regularly review the risk assessment to ensure the risk remains the same and timeframes for reviewing the risk are defined in the documents at Appendix A.
- 4.7 It remains the case that risks are present at all incidents and whilst a scene may be attended following risk assessment whilst mobile to an incident, risk assessment should continue at scene and retreating from an incident scene may become necessary. In those circumstances and when safe to do so, a documented risk assessment should be carried out following this procedure.

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RISK ASSESSED AS NORMAL

- 4.8** Following completion of the dynamic risk assessment, where the outcome is deemed to be normal risk, the scene should be approached and managed as usual, however risk can be present at any incident and colleagues should take steps to ensure they are as safe as possible by:
- Ensuring radios and communication devices are on and accessible, with correct talk groups.
 - Ensure access to emergency button facilities should they be necessary.
 - Continual assessment of the scene for changes to the risk or potential sources of risk.
- 4.9** Despite the initial assessment, if risk presents at scene that poses a significant or immediate risk of harm, manage the situation dynamically, summon assistance and withdraw if necessary. If withdrawing, follow the stand-off guidance in this procedure. All decisions will need to be documented on the EPR or recorded via radio discussion with ICC.

RISK ASSESSED AS HEIGHTENED

- 4.10** Following completion of the dynamic risk assessment, where the outcome identifies the potential for heightened risk, the scene should be approached with increased caution.
- 4.11** Personal safety is paramount, and the measures below may assist in reducing the potential of harm to colleagues and patients. This guidance is not an exhaustive list but is suggested as potential actions to reduce the risk:
- Lock the vehicle whilst approaching scene to reduce the risk of persons accessing the vehicle uninvited.
 - If not already, wear body worn camera is ready for activation, or activate early if you wish to do so.
 - Ensure radios are on, worn in an accessible place and on the correct talk-group. Place mobile phone in an accessible place.
 - Consider activation of ambient listening via ICC
 - Ensure familiarity with emergency button activation on communication devices.
 - Park as near as practicable to the incident, in a safe and well-lit area if possible, ensure egress in the vehicle is unhindered and vehicle is facing the direction of egress should you need to leave urgently.
 - Hold a discussion with colleagues to ensure all present are aware of the plan for approaching the incident.
 - Minimise separation of crew members to the absolute minimum by:
 - Consider minimum equipment requirement for the incident.
 - Consider both crew members retrieving extra equipment if necessary.
 - Stand back if waiting for a door to be answered, allow space for you to move backwards if necessary and stand together if more than one colleague on scene.
 - Take steps so that individuals at scene are unable to close doors between you and colleagues. If necessary, ask the individual to step out of the property rather than you enter the property.
 - Always consider egress from the room you are entering and place yourself between individuals at scene and the door.

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- If property has a high number of occupants, try to get the patient to the ambulance quickly, rather than remain in the property.
- Continually review the scene and the risk, avoiding more dangerous rooms such as kitchens, where weapons may be more easily grabbed.
- Use de-escalation techniques to maintain a calm scene and avoid crowds wherever possible.
- Observe all verbal and non-verbal cues for signs of increasing tension e.g. scowling, staring, clenching fists, raised voices, threats, sudden movements, invasion of personal space.

4.12 Despite the initial assessment, it is important to continually risk assess the situation and if the risk changes, or new information is received, the risk assessment should be performed again to ensure the correct response is being provided. This may mean the risk has reduced or may mean the risk has increased. Risk assessment is dynamic and should be repeatedly reviewed both en-route to the incident and whilst at scene.

4.13 All decisions will need to be documented on the EPR or recorded via radio discussion with ICC.

RISK TO NWS STAFF OUTWEIGHS RISK TO PATIENT

4.14 As previously highlighted the Trust has a legal obligation to ensure the health, safety and welfare of both staff and patients and is committed to taking all reasonable steps to achieve safety for all.

4.15 Where the risk assessment based on all the information available suggests that the risk to NWS staff outweighs the risk to the patient and the public, responders should stand-off from the incident and commence a more thorough risk assessment. ICC should be informed of this decision and information shared to ensure the risk is being assessed using all information available.

4.16 ICC must work with responders to gain as much information as is practicably possible and to ensure decisions are based on the best available information.

4.17 The location to stand-off should be close enough to the incident to enable timely attendance at scene should that become necessary, but far enough away that individuals at scene are unable to see the responders and are therefore unlikely to approach them for a response. An egress plan should be considered in case of risk escalating at the location chosen.

4.18 When standing off from an incident, the responding crew and ICC should work together to clarify information and frequently risk assess the evolving situation. Risk assessments should be completed regularly or when new information is received, as a minimum the following is suggested:

- Category 1 Incident – At least every 5 minutes ICC and responders should review risk assessment and document in the log of the incident any new information.
- Category 2 Incidents – At least every 15 minutes ICC and responders should review risk assessment and document in the log of the incident any new information.
- Category 3 and 4 Incidents – at least every 30 minutes ICC and responders should review risk assessment and document in the log of the incident any new information.

4.19 If the risk assessment suggests that Police attendance is necessary to enable NWS to respond safely to the scene, the Police should be requested, and an RVP location agreed (likely to be

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location where stand-off has occurred). The Police should attend any incident where there is a real and immediate risk to life, or a real and immediate risk of serious harm.

4.20 All decisions should be logged in ICC and on EPR.

4.21 Despite the initial assessment, it is important to continually risk assess the situation and if the risk changes, or new information is received, the risk assessment should be performed again to ensure the correct response is being provided. This may mean the risk has reduced or may mean the risk has increased. Risk assessment is dynamic and should be repeatedly reviewed both en-route to the incident and whilst at scene.

5. Police Assistance and RVP Management

5.1 Police forces will dispatch officers to any incident to protect people, when there is a real and immediate risk to the life, or a real and immediate risk of serious harm. The police will require specific details of the risk identified, so it's important that communication on the risk is clear, unambiguous and accurately communicated from the NWS responders to the Police via ICC.

5.2 Prior to requesting police attendance, consideration should be given to:

- What real or immediate risk of harm is present? The risk assessment should aid identifying those risks, which will aid information sharing with the police.
- What powers or skills do the police have which is different or required at this incident?
- Could the risk be managed or reduced without Police assistance?

5.3 If following a risk assessment, police assistance is felt to be necessary, an RVP should be allocated to enable Police and NWS responders to co-locate prior to attending scene.

5.4 If the police refuse to attend the incident, escalation procedures established which each force should be followed and a risk-based discussion held between the two agencies.

5.5 If Police attend an incident scene, whilst NWS responders are at an RVP, Police may pass information to ICC that NWS can approach scene. For confirmation of the scene being safe, a 'collar number' at scene should be established.

5.6 If an RVP becomes compromised and NWS need to move from the RVP, ICC must be informed immediately.

5.7 Whilst waiting at an RVP, the risk assessment frequency and guidance at paragraph 4.17 must be followed.

6. ICC Procedures

6.1 ICC should not routinely inform a responding crew to stand-off from an incident, all risk information should be shared and the responders should complete a risk assessment using that information. In certain circumstances, ICC in liaison with the Police may immediately allocate an RVP, incidents of this nature include:

- Major Incidents Declared or Standby.

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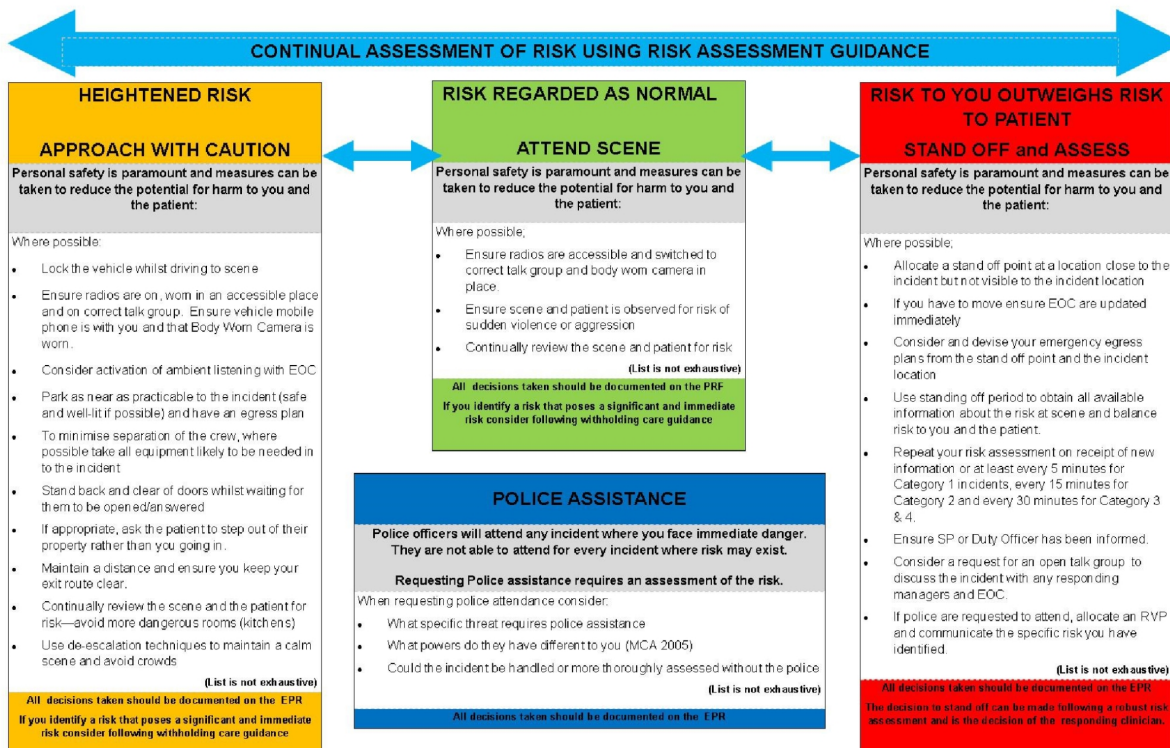
- Large Scale Incidents such as explosions, flooding, large fires.
- Public Disorder.
- Pre-Determined Plans for RVPs – such as COMAH sites.
- Incidents involving firearms.
- Police initiated RVP incidents.
- Clear threat made to any NWS responders

- 6.2** ICC should follow Procedure EOC-BAU-33D for the management of responders standing off or at an RVP.
- 6.3** ICC need to observe the frequency of risk assessments defined in this policy and ensure that information is obtained to support the ongoing risk assessments necessary, specifically when standing-off or when waiting at an RVP.

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Appendix A

Scene Safety Standing Off and RVP Procedures



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Appendix B

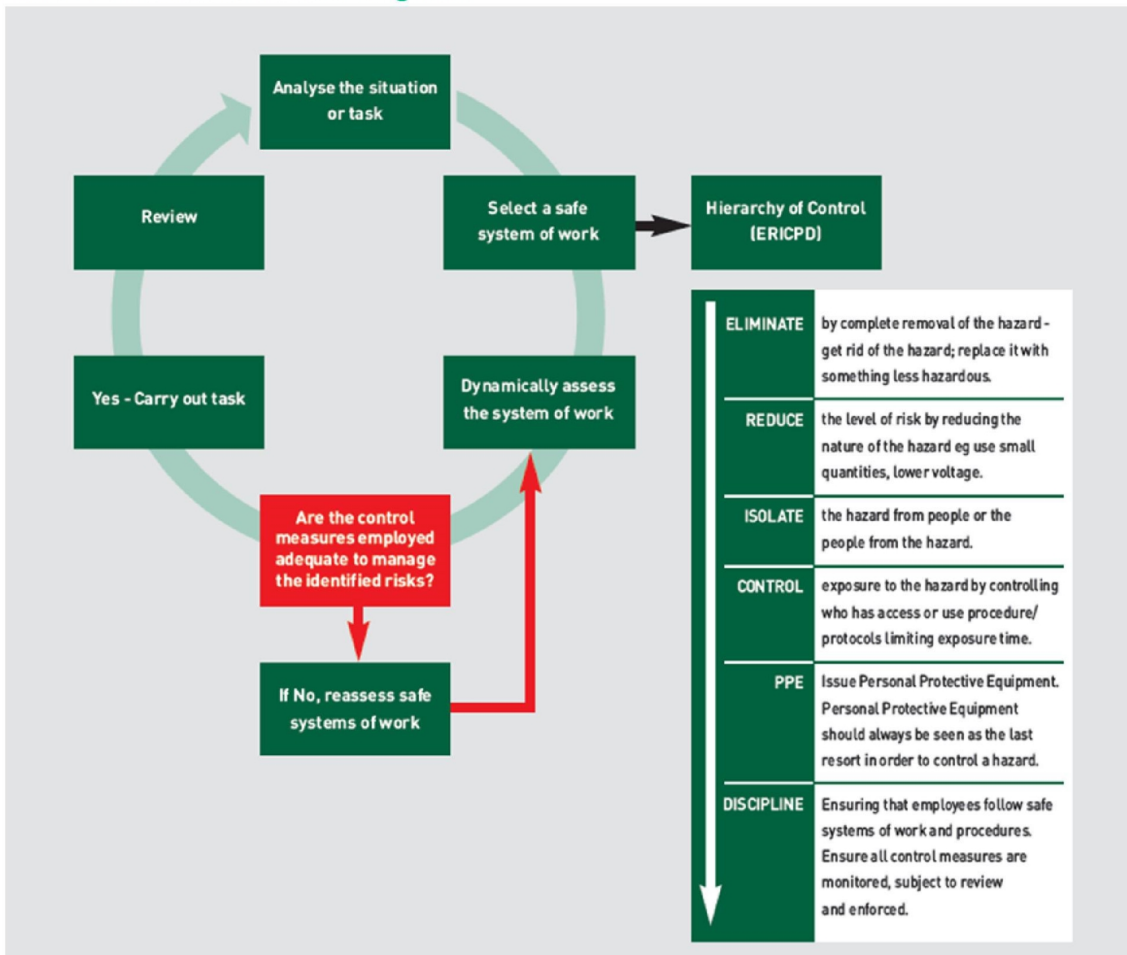
These questions aim to assist a decision on risk and inform the dynamic risk assessment completed by responding staff. . Any stand off decisions are to be communicated to ICC and documented within the EPR of the incident. This list is not exhaustive.

Risk assessment review: Category 1, EVERY 5 MINS. Category 2 15 Minute intervals, Category 3/4 30 Minute Intervals

<p>Call Information Check</p> <p>What is the information from the call that indicates a risk? Has there been any shouting? What is the context of the shouting? Who is at scene? Who is being aggressive? What is being said? Is there a direct threat to NWS staff or responders? Any mention of weapons? If so, in what context</p>
<p>Patient Clinical Presentation Check</p> <p>Could the delay cause significant harm to the patient? Consider the presenting clinical condition, age, co-morbidities etc. Is CPR active on scene? Is there a potential threat to the patient’s life? Is there information about the patient’s consciousness? Can the patient move to a safer place for the crew? Are there historic clinical records indicating risk?</p>
<p>Personal Safety Information</p> <p>Is there a marker at the address? Has this been reviewed? Is there any information that there is a threat to my safety now? Is the patient currently being aggressive? Could this be linked to their medical condition? Is there volatility from others on scene? Context of that volatility? What is the background noise? Is there any information to indicate the patient has previously intentionally harmed staff? Are there risk triggers including alcohol, substance misuse, medical issues that may result in aggression? Is there any direct threat to NWS responders? Are radios functioning and accessible?</p>
<p>Environment Information</p> <p>Are there other people on scene? Can the patient move from the current environment to make the incident safer for responders? Are there security / clinical or care staff / police already present? What are the lighting levels? What room is the patient in?</p>
<p>Weapons</p> <p>Is there a real/actual threat with of a weapon? For self-harm patients, is the weapon related to harming themselves or threatening others?</p>

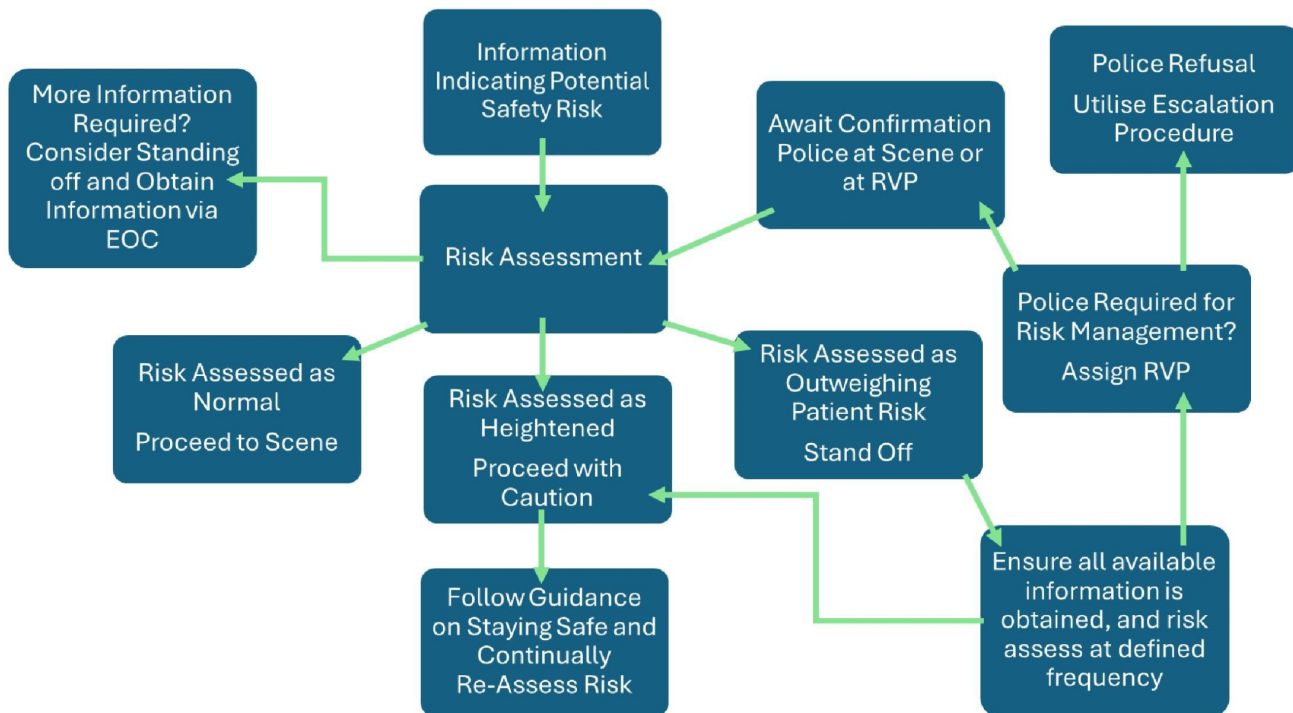
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Appendix C – Decisions and Risk Mitigation



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Appendix D – Guidance Flow Chart



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