

Case 10 Issue 41 – Call handling		
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Failure to respond appropriately to a suspected death

A caller handler failed to ask relevant questions in relation to a suspect death, raising issues about:

- *Training to support police officers providing cover as call handlers*
- *How call handlers code suspected death incidents*

This case is relevant to the following areas:

Call handling		Mental health	
Information management			

Overview of incident

A hotel staff member went to check on Ms A’s room as she had failed to check out on time. He received no response at the door but could hear water running. He opened the door and found Ms A submerged under water.

A different hotel staff member called 999. This was answered by PC B who had been assigned to assist as a call handler at the control room. PC B had completed call handling training seven months ago. This had been offered to operational staff who were not trained in incident logs. PC B had worked three shifts alone in the control room since his training.

The officer later told the IOPC he believed the training he received was rushed to increase and improve staffing levels in the control room.

During the call, the staff member explained to PC B they “appeared” to have a dead guest in the hotel. PC B opened the incident as suspicious circumstances and listed it as an immediate response. The officer failed to open a Standard Operating Procedure (SOP) for this opening code. A SOP is a document providing guidance for call handlers about how to deal with an incident depending on the opening code they have selected. Had the officer opened the SOP for the ‘suspicious circumstances’ code, he may have identified he had used the wrong opening code.

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He told the hotel staff member on the call that police would be there in 15 minutes. He asked for Ms A personal details and told the staff member to secure the hotel room and make sure no one entered until police arrived.

While PC B was on the call, a dispatch operator updated the incident log to ask *“have they checked for vital signs? Please call [ambulance service]”*. The control room duty officer added *“CAD seen and noted, please advise ASAP if deemed suspicious or unexplained”*. These questions and comments were not directed to a specific member of staff, but the system would show something new had been added to the incident log when accessed.

In PC B’s statement to the IOPC, he believed he heard the hotel staff member check Ms A’s breathing which is why he did not ask further questions. PC B’s honest held belief was that Ms A was dead, so he focused on getting police officers to attend. He did not verify at any point with the caller if Ms A was breathing.

Seconds after the call between the officer and the hotel staff, the officer saw the new comments added to the system. However, he closed the incident log. This was in breach of the training undertaken by the officer which notes the incident log should only be closed once the call is finished and all actions have been completed.

A second call was made to the police by the hotel manager around four minutes later. This call was picked up by call handler C. The hotel manager explained someone was in the bath who he believed had taken their own life. Call handler C recorded the incident as an immediate response under the code ‘concerns for safety’ and told the hotel manager he would call an ambulance. During the call, the hotel manager explained the police had just arrived. This was not heard by call handler C who proceeded to ask questions regarding Ms A.

The IOPC investigation found no issues with the second opening code. However, similar to the first call, the call handler also failed to open the SOP in line with force training.

Ten minutes after the initial call to the police, PC D and PC E had arrived at the scene. They took Ms A out of the bath and started CPR shortly before two ambulances arrived. Ms A had a very faint heartbeat but an hour later was pronounce dead.

Type of investigation

IOPC independent investigation

Findings and recommendations

Local recommendations

Finding 1

1. No first aid or CPR was given to the injured party at the scene. This was not delivered by the members of the public or requested by the police call handler. No questions were asked as to whether it had been given, or whether there were signs of life and if this was verified. The assumption was made that the injured person was already dead.

Local recommendation 1

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1. The IOPC recommends the force considers reviewing and updating the sudden death Standard Operating Procedure (SOP) to include under the 'first contact' heading 'request if anyone present is medically trained to initiate first aid / CPR.'

Local recommendation 2

2. The IOPC recommends the force considers reviewing and updating the concern for safety Standard Operating Procedure (SOP) to include under the 'first contact' heading 'request ambulance service' and also 'request if anyone present is medically trained to initiate first aid / CPR'.

Local recommendation 3

3. The IOPC recommends the force considers producing and circulating guidance in relation to the importance of opening the SOP when a call is taken.

Local recommendation 4

4. The IOPC recommends the force considers reviewing its police staff training and mentoring programme. In particular, the time allocated to students researching the different SOPs and adding guidance around the most relevant opening code to use when a 'believed' dead person is found.

Response to the recommendations

Local recommendations

Local recommendation 1

1. The force did not accept this recommendation. first contact recruits are already instructed not to use the opening code 'sudden death' for this type of incident. If a first call handler accidentally uses the opening code 'sudden death', it becomes apparent by the content of the SOP that this is not the appropriate code to use for these circumstances. The SOP can later be used after police arrive on the scene and verification is obtained. The call handler is required to request an ambulance at the scene if they are not already there. The relevant opening code 'collapse, illness, injury, trapped' directs the call handler to the SOP. This already states: "After giving this simple advice, if there are further questions, operators will simply revert to our standard position that we are not trained to give medical advice and an ambulance has been called and to ask if anyone else present has medical / first aid training".

Local recommendation 2

2. The force partially accepted the recommendation to update the concern for safety SOP to include under the 'first contact' heading 'request ambulance'. However, the force did not accept the recommendation to include under the 'first contact' heading 'request if anyone present is medically trained' to initiate first aid/CPR. This SOP refers to a number of other circumstances and there is no mention in the SOP of finding a believed dead person or someone unconscious. This SOP is primarily for use when a person has not been seen and there are concerns about their wellbeing e.g. missing person.

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If a first call handler accidentally uses the opening code 'concern for safety', it becomes apparent by the content that this SOP is not the appropriate code to use for these circumstances. Therefore, there is no requirement to 'request if anyone present is medically trained' to initiate first aid/CPR.

Local recommendation 3

3. The force accepted this recommendation and issued a robust reminder to all control room staff. This message reinforced the mandatory requirement that all SOPs must be opened on receipt of a call and to make sure all relevant actions have been taken as stated in the SOP.

Local recommendation 4

4. The force accepted this recommendation and launched a new training academy tasked with reviewing the content of the training course. THRIVE is now included as part of the new recruits training and will be integral to the course. In relation to training provided when a 'believed' dead person is found, this is already included in initial training. Trainees are instructed never to use 'sudden death' as an opening code unless an independent medical doctor or the ambulance service at the scene has confirmed that a death has taken place. The correct opening code is 'collapse, illness, injury, trapped'.

Outcomes for officers and staff

PC B

1. The IOPC investigation found PC B had a case to answer for misconduct. Following consultation with the force, it was accepted PC B could be dealt with by means of unsatisfactory performance procedures (UPP) stage 1.

Questions to consider

Questions for policy makers and managers

1. What measures does your force have to make sure call handlers use correct opening codes to categorise incidents?
2. How does your force assess and monitor performance for new starters?
3. How does your force make sure questions added to an incident log are answered?

Questions for police officers and police staff

4. What other questions could the police officer have asked during the initial call?
5. Would you know where to access relevant guidance if you were unsure of the correct opening code to select for an incident?
6. What would you do if you felt you had insufficient training before starting a new role?

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7. Would you know what process to follow if you received a call reporting a suspected death?