



# Computer Aided Dispatch (CAD) Markers Policy

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<b>Version</b>	<b>Date</b>	<b>Comments (i.e. viewed, or reviewed, amended approved by person or committee)</b>
Draft 1.2	March 2019	Reviewed to ensure compliance with the Data Protection Act 2018
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Document Reference	Health and Social Care Act 2012 (Regulated Activities) Regulations 2014 Data Protection Act 2018 Freedom of Information Act 2000 Mental Health Capacity Act 2005 Report of Accident, Incident, clinical Incident, Near Miss, Injuries, diseases, Dangerous Occurrences, Adverse Incidents and Disseminating Medical Device alerts and Serious Untoward Incidents Information Commissioner’s Office (ICO) Guidance December 2006 – Data Protection Good Practice Note – the use of violent warnings markers
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Linked procedural documents	Confidentiality: Code of Conduct Policy Safeguarding Adults and Safeguarding Children and Young People policies
Dissemination requirements	All managers and staff via email and intranet To be published on the Trust’s public web site
Part of Trust’s publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership,

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POL042 – Computer Aided Dispatch (CAD) Markers Policy pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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## 1 Purpose/Introduction

The aim of this policy is to ensure compliance with all relevant legislation in relation to specific patient or location information held on the Computer Aided Dispatch (CAD) as CAD “markers” (previously known as CAD flags or warnings in some instances). The CAD is the software used within the Trust Ambulance Operations Centres (AOC) to triage calls and deploy ambulance resources. The policy also allows the Trust to provide staff with the information they require to provide the best patient care regarding specific patient information and/or known risks to staff safety.

Under the Current Data Protection Legislation, the Trust is also obliged to release to the patient any information it holds about them or their address. Therefore, there must be an approved process for and evidence as to why information is stored on the CAD system.

All communication via email in relation to patient identifiable information in relation to this policy must be sent **to and from** secure email accounts in line with the Trust email policy. The Trust has a dedicated secure email address for communication in relation to this policy which are:

Risk Markers - [cadmarkers@eastamb.nhs.uk](mailto:cadmarkers@eastamb.nhs.uk)

Medical and other markers – [cadflags@eastamb.nhs.uk](mailto:cadflags@eastamb.nhs.uk)

Personal accounts for the CAD makers team should be avoided and where possible the use of the generic accounts should be utilised.

## 2 Policy Scope

This Policy applies to all operational staff including AOC and covers markers stored on the CAD in relation (but not exclusive) to:

- Potential Risk to Staff (for example history of violence)
- Medical Conditions (for example Specialist Pathways)
- Access Information (for example key codes)
- Safeguarding (for example missing persons)
- Police & Counter terrorism markers

This policy also covers the appropriate review and removal of the above.

This process will be owned by the Medical Director who has overall accountability for the associated clinical governance. The following have specific responsibilities within the policy:

- Named General Managers (GMs) in each locality (who will discharge this to Leading Operations Managers (LOMs) as described below)
- AOC Clinical Management Team in terms of the AOC CAD Marker administration.
- AOC Senior Operations Centres Managers in terms of the temporary markers, discharged via the AOC Duty Manager (DM)
- The Regional Directory of Services Lead who will chair the CAD Markers Governance Group (CMGG)

### 3 Risk Markers

If any risk markers relate to a patient under the age of 18, the CAD marker assistant will inform the Safeguarding team of the marker.

#### 3.1 New marker requests following an incident

This procedure is to establish an evidence-based format of recording markers of violence or potential violence on to the CAD system that is recorded and compliant with all legislation, but can be easily accessed, when required, to protect the health and safety of crews attending any address recorded as a site of violence or potential violence.

The procedure is shown as a flowchart in Appendix 1 (Risk maker flowchart).

After an incident when a staff member or volunteer has been exposed to actual or potential violence of any type, the staff member or volunteer should request that a temporary CAD marker be placed on the CAD system for the address in question.

The AOC Duty Manager (DM) will enter the temporary marker on the CAD system, The wording must be precise, based upon facts and not



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be subjective. The date for expiry should be set at 45 days and the type should be temporary. The marker should contain a patients name and DOB where possible.

On completion of the event, the staff member or volunteer are to complete an incident report via Datix and notify their line manager. The staff member / volunteer should also contact the Police where thresholds have been met for reporting to the Police.

The Investigating Officer (IO) are then responsible for completing an investigation of the incident raised through Datix. This IO must recommend either to remove the temporary marker or convert to a permanent marker. Where a marker has been requested a risk proforma MUST be completed with every Datix (Appendix 3) and attached to the Datix. The IO must message the CAD Markers team through the DATIX system.

If no confirmation is received within 45 days of the incident, then the marker will be automatically expire off the CAD system (This will mean it's not visible). Internal escalation will occur at this point.

If the investigator requires more time to investigate, they should contact the CAD Markers team via Datix to request a 45 day extension to the temporary marker along with the reason for delay, ideally this should be done before the 45 days of the marker being placed on the system to prevent the marker being removed from the system.

If further time is needed after the 45 day extension the investigator must escalate to the Assistant General Manager (AGM) or above to request an extension, The AGM must then contact the CAD Markers team to authorise the extension.

If there is a request for Police to attend with crews the marker this must be validated with the Local Security Management Specialist (LSMS) and agreement with the appropriate constabulary.

If the Datix is purely to relay 3<sup>rd</sup> hand information (i.e. the crew have been given information by an external agency whilst treating a patient), the Trust will require written documentation from the

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external agency, refer to section 3.1.3. This will be the responsibility of the Local Management Team to provide.

### **3.2 New marker requests from Police Forces and Counter-Terrorism**

If we receive any risk intelligence from Police forces a CAD marker will be created, these requests are to be made in writing or by email to the CAD markers team and will be retained for 12 months.

If we receive any risk intelligence from Counter-Terrorism (CT) a CAD marker will be created, these requests are to be made in writing or by email to the CAD markers team and will be retained for 12 months. CT markers will only be accepted from the Counter-Terrorism unit.

### **3.3 New marker requests from External Agencies**

If a request has been made from an external agency for a risk marker the Trust will require supporting documentation, which includes the patient's name, DOB, address and where possible the patient's NHS number. It should also include clear information on what the risk is and how that organisation has become aware of the risk (i.e. Internal adverse incident, criminal record)

This will then need to be reviewed by the ECAT Operational Management Team or taken to the next CMGG meeting.

### **3.4 Actioning of the CAD marker**

The CAD Marker Administrator must ensure that the recommendations are actioned within 30 days post recommendation. This may include retaining or removing the marker, as directed by the CMGG/investigator / local teams.

- The CAD Marker Administrator will either remove the temporary CAD marker or convert to a permanent marker setting the date for the annual review on the basis of the recommendation. Following completion of the investigation a letter (Appendix 2) advising the individual to whom the CAD marker applies must be sent by the CAD Markers Administrators – unless there are exceptional circumstances e.g. – patients that may be adversely affected by receiving this letter. Localities are not permitted to

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send letters out to patients following the investigation, unless agreed by the ECAT Operational Management team

- If additional information is required by the group to make a decision, the CAD Marker Administrator will liaise with the relevant operational line manager to acquire the additional information needed.

The annual review will be highlighted by the CAD Marker Administrator, the operational line manager is invited to the CMGG to provide information (against criteria) to the CMGG for consideration of extension or removal. If no information is provided it will be reviewed by the CMGG with the information they have at the present time. This review should consider if any further transgressions have taken place involving the named individual and consider the details given during the original investigation and any further incidents in order to decide whether the marker should be removed or extended.

### **3.5 Review of Potential Risk to Staff markers**

Such markers will be reviewed on an annual basis by CMGG once the marker has been on the system for 2 years. This review will include:

- Validity of information (Address and life status)
- Appropriate wording of marker
- Level of restriction (i.e. No solo responders)
- Threat and harm level against staff.

If further information is required, it will be reviewed by the CAD Marker Administrator by contacting the local management teams or the LSMS.

If following the CMGG there is a unable to agree as to if the marker should remain the marker will be escalated to the Head of AOC's for a final decision (In the absence of the Head of AOC then the next senior manager above)

## **4 Medical Conditions (Patient Specific Protocol)**

This information is held to assist EEAST clinicians with information and decision making in relation to specific medical needs. Requests directly from patient will not be accepted, the CAD Marker Administrator will ask the patient to contact the HCP best connected with their care to request a marker (i.e. GP or specialist for their treatment)

If the request is purely to advise EEAST that the patient has a medical condition which is included in the “Management of Specific Condition (ESOP39)” ESOP then the marker will not be added to the system.

Markers should not request a priority response, if a priority response is requested by the HCP then the marker will be amended to require escalation for the CCORD for review. If advice on how to treat the patient is included, then this must be within the scope of the Ambulance Service.

If a request to transport to a specific destination (i.e. Emergency Department) which would be different to where we would normally convey then the receiving unit must be in agreement. EEAST will not place a marker for any patients that are ‘red carded’ or refused treatment due to their behaviour.

The procedure is shown as a flowchart in Appendix 1 (MEDICAL).

### **4.1 General information on a medical condition not requiring specific action**

The CAD Marker Administrator will add the marker to CAD if the request has come from the Patients GP, Consultant or other HCP’s connected to the patients care. These markers will remain for 2 years, the marker will be removed if requested by the HCP or the patient is deceased (which is checked yearly by the CAD Marker Administrator). It is the responsibility of the requesting HCP to keep EEAST informed of any medical changes or if the patient changes address.

### **4.2 Defined individual needs of a patient.**

The CAD Marker Administrator will refer the information to the AOC Clinical management team or the Frequent Caller Lead for

POL042 – Computer Aided Dispatch (CAD) Markers Policy consideration and establishment of the terms of the Marker (as per the Policy for Patients with Defined Individual Needs). The AOC Clinical management and Frequent Caller Lead will consider if the protocol is within the appropriate scope of clinical practice and if not, escalate to the Medical Director or Consultant Paramedic for a decision. If the protocol is not agreed the AOC Clinical or Frequent Caller Team will inform the AOC CAD Marker Administrator. Due to the text limit of the CAD system where possible the information should be reduced to be contained within the marker, where this is un-avoidable then the S Drive access should be referenced.

The AOC Clinical and Frequent Caller Team will then send a letter (unless it is deemed inappropriate to do so for example if the patient is not aware of the HCP referral for a specific reason or there is a safeguarding concern) to the patient. This will inform the patient that the information will remain in place unless they request otherwise.

After one year (and recurrently after that), CAD Marker Administrator will check the appropriate system and remove if the patient is deceased or has moved out of our operational area. If the marker is still valid, it will be extended for one year and the process repeated.

#### **4.3 Review of Medical Conditions markers**

Such markers will be reviewed on an annual basis by the CAD Marker Administrator who will check for life status on the appropriate system. If the patient is deceased, the marker will be removed. If the patient has moved residence, the marker will be moved to the new address unless the patient has moved out of EEAST's area.

## **5 Information CAD Markers**

Within the CAD system we hold a number of other information markers including access instructions, specialist instructions or hazardous sites.

### **5.1 Access Information**

#### **5.1.1 Private Property access information**

Within the CAD system it is possible to store information such as:

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- Access codes to buildings and key safes
- Information to assist staff in finding caller location.
- Access codes to public locations (Such as bollards or fire gates)

Patients, Family, or someone acting in the interests of a patient can request a Key safe marker to be added to the system, this is completed either in writing using the key safe request form or using the webform located on the Trust's Website. Key safe markers will be retained for 3 years, it is the responsibility of the requestee to update, request a deletion or to reapply to extend the Key safe marker. Consent must have been gathered from the patient unless they are unable to consent due to lack of capacity.

Communal access codes or gates maybe given by a building / landowner will be retained for 3 years.

If a patient (or someone acting in their best interests) has requested a communal code to be added to the system which would allow access to more than their property (i.e. gate code to a private estate, or code for the communal door to a block of flats) then the marker will be stored against their address rather than a communal address or CAD feature.

### **5.1.2 Public access information**

If the request has come from a local authority or Highways England for a bollard or access gate within a public road (i.e. Bollard to a high street) the marker will be placed on the system as a feature and will remain indefinitely unless informed by the requestee to remove. It is the responsibility of the requestee to inform EEAST of any changes to the code.

### **5.2 Resilience Markers**

Marker requests authorised by the Head of Resilience will be actioned, if there are any concerns these will be escalated to the Regional DoS Lead. This shouldn't be used to override the patient specific protocol for clinical treatment of a specific patient.

Resilience Markers will be reviewed with the requestee every 2 years and will be retained on a 2 year basis (or less if approved by the Head of Resilience)

### 5.3 COMAH sites

Requests for Control of Major Accident Hazards (COMAH) sites will be added to the CAD system and retained indefinitely. The CAD Marker administrator will contact the requestee every 2 years to confirm the marker is accurate. The marker will be removed when requested by the requestee or resilience.

### 5.4 Hazardous environments

Attending crews can request a marker to be placed on an address where there is an environmental hazard concern, (i.e. unsafe stairs, hoarding). The crew will need to complete a Datix detailing the hazards at the site. These markers will be retained for 3 years and will be worded in a way to prevent delayed attendance. Where possible they will be attached to a patient's name to enable life status checks, if a patient moves property the marker will be removed and will not be placed on the new address. The marker will be removed if a crew advice the CAD markers team that the property is no longer in a hazardous state.

## 6 Safeguarding markers

Patients with a safeguarding marker will not be informed of the CAD marker on their address / name. This is due to the nature of the marker and to avoid any harm.

The below timescales are for retention of the marker, once the marker has reached the retention period the CAD marker administrator will contact the Safeguarding team to inform them the marker is due to expire. If no response is received within 45 days of the marker will be removed.

Markers maybe removed earlier if requested by the safeguarding team or if the patient is deceased.

Type of Marker	Retention Period
National Alert for missing Person	6 months
Vulnerable/ High Risk patient info (e.g. issues based on past experiences, high risk suicide)	2 Years

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MARAC Domestic Abuse Alert	2 Years
Child Protection Notification regarding Unborn Baby	6 Weeks after estimated due date**
Risk marker for child	Safeguarding – Retained for 2 years or when reaching 18 years. Datix – Retained for 2 years then reviewed at CMGG.

\*\* Unborn baby alerts will automatically expire after 6 weeks of the estimated due date and will not be confirmed with safeguarding.

### 7 Data Protection

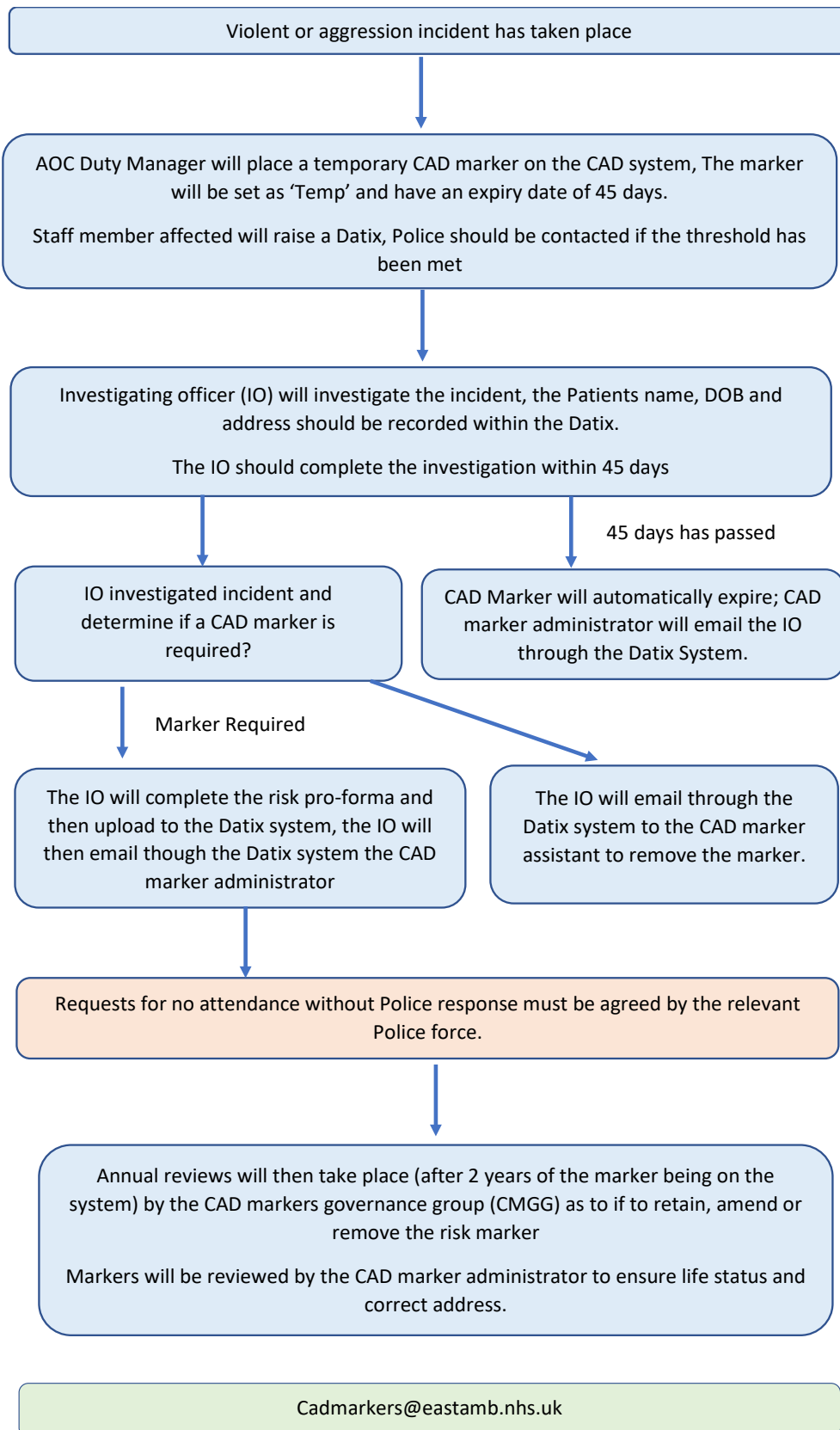
All information will be processed and handled in line with the current Data Protection legislation. For full information regarding this, please see our Privacy Notice – Patients and Public which can be found at:

<https://www.eastamb.nhs.uk/about-us/GDPR/Privacy%20notice%20-%20patients%20and%20public.pdf>

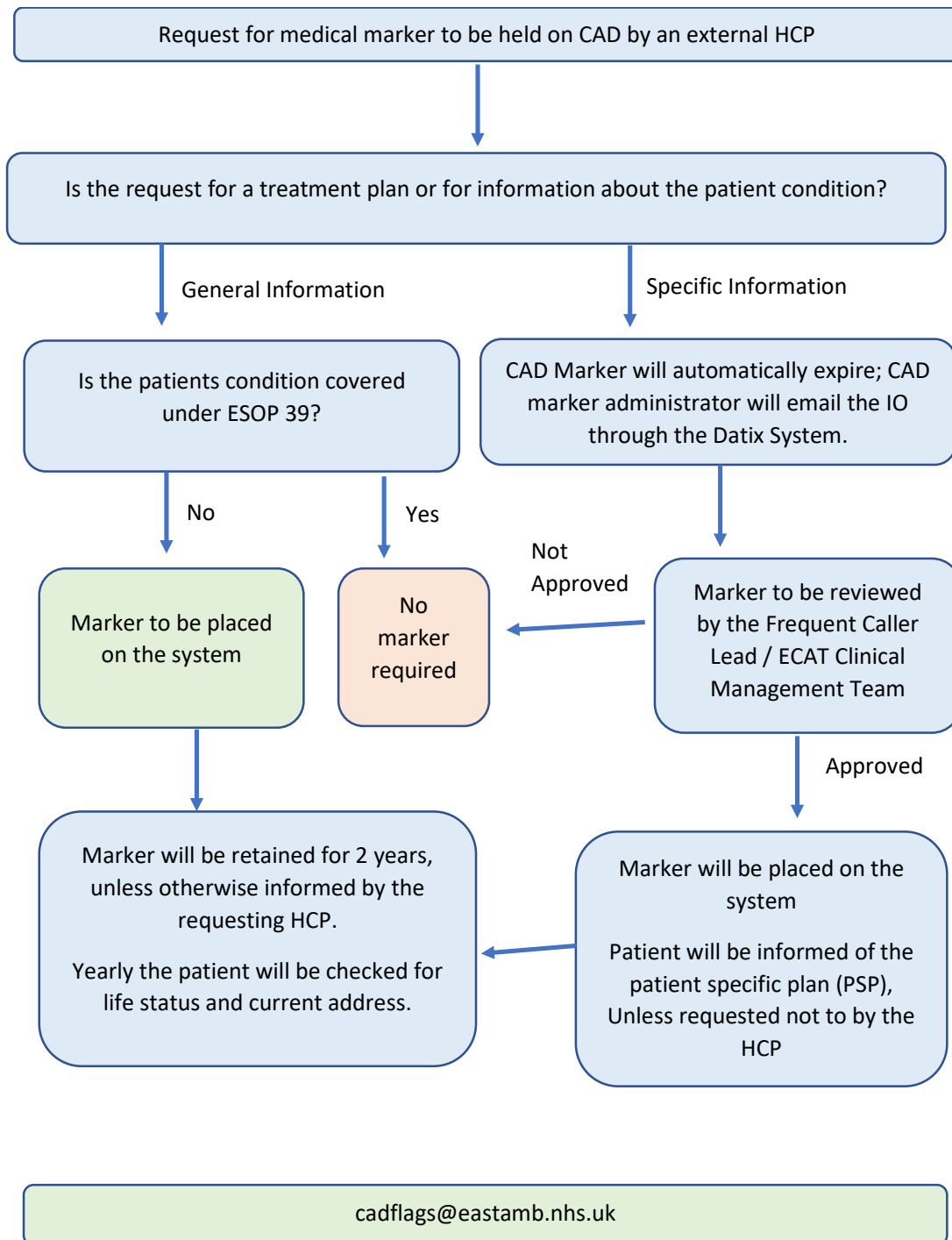


## 8 Appendix

### 8.1 APPENDIX 1: CAD Marker Flowchart – Risk Markers



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**8.2 APPENDIX 1: CAD Marker Flowchart – Medical Markers**



### 8.3 APPENDIX 2a: Example Risk Letter (Amber)

Dear **Patient's name**

**Acknowledgement of Responsibilities Agreement between **Patient's name** and East of England Ambulance Service NHS Trust.**

I am writing concerning your recent contact(s) with our service on **Date(s) of incident(s)**.

**It is alleged that on these occasions your actions have been inappropriate when a request has been made either by you or by a third-party caller for the attendance of an Emergency Ambulance via the 999 system.**

Any behaviour that poses an unnecessary risk to an individual's personal safety is unacceptable and will not be tolerated. As an employer, East of England Ambulance Service NHS Trust has a legal responsibility to protect its staff's safety by providing so far as possible a safe working environment. We are firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or risks to their personal safety.

Therefore, in view of the above and as a necessary precaution to help protect our ambulance staff, we will be putting a warning marker on our Computer Aided Despatch (CAD) system alerting our crews to proceed with extra caution to any future calls to your address. This may result in a delayed attendance due to any further dynamic risk assessments they may deem necessary prior to entering your property.

While I appreciate you may be experiencing some challenging or deeply distressing issues, I must urge you to consider your behaviour when requesting the NHS Emergency Ambulance Service in the future.

We very much regret having to adopt this position and it is hoped that further action will not be necessary; however, we will be closely monitoring any attendances to your address and any repetition of similar behaviour in the future may result in further action being considered. We will review the marker on your address in a year's time and if there has not been any further reports and our risk assessment is low, then the marker will be removed.

If any further action is deemed necessary, this will be taken without any further direct communication with you.

Should you wish to register a complaint regarding this matter or have any other representations you would like to make, then these should be detailed in writing and addressed to our Patient Experience Department at the following address:

Bedford Locality Office  
Hammond Road  
Bedford

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MK41 0RG

Yours sincerely

Name

Senior Operation Centres Manager – Clinical Services

## 8.4 APPENDIX 2b: Example Risk Letter (Red)

Dear **Patient's name**

**Acknowledgement of Responsibilities Agreement between **Patient's name** and East of England Ambulance Service NHS Trust.**

I am writing concerning your recent contact(s) with our service on **Date(s) of incident(s)**.

**It is alleged that on these occasions your actions have been dangerously inappropriate when a request has been made either by you or by a third-party caller for the attendance of an Emergency Ambulance via the 999 system.**

Any behaviour that poses a serious and unnecessary risk to an individual's personal safety is unacceptable and will not be tolerated. As an employer, East of England Ambulance Service NHS Trust has a legal responsibility to protect its staff' safety by providing so far as possible a safe working environment. We are firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or risks to their personal safety.

Therefore, in view of the above and as a necessary precaution to help protect our ambulance staff, we will be putting a warning marker on our Computer Aided Despatch (CAD) system alerting our crews to proceed with extra caution to any future calls to your address. This may result in a delayed attendance due to any further dynamic risk assessments they may deem necessary prior to entering your property.

In addition, we have been advised that a Police presence maybe required for any future calls to your address which could result in an additional delayed attendance.

While I appreciate you may be may experiencing some challenging or deeply distressing issues, I must urge you to consider your behaviour when requesting the NHS Emergency Ambulance Service in the future and ask that you abide by the following conditions when interacting with our staff;

1. That you only use the NHS Emergency 999/111\* system, for emergency medical treatment or conditions, which require immediate ambulance attendance.
2. That you do not seek to cause distress to NHS staff members by any means of communication or when attending to you in person.
3. That you do not act in a way that is likely to cause fear, alarm or distress towards visiting NHS staff members.

We very much regret having to adopt this position and it is hoped that further action will not be necessary; however, any repetition of similar behaviour in the future may result in one or more of the following actions being considered:

- Any incidents will be formally reported to the Police, with a view to this Trust supporting criminal proceedings against you.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

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We will review the marker on your address in a year's time and if there has not been any further reports and our risk assessment is low, then the marker will be removed.

If any further action is deemed necessary, this will be taken without any further direct communication with you.

Should you wish to register a complaint regarding this matter or have any other representations you would like to make, then these should be detailed in writing and addressed to the Patient Experience Team at the following address:

Bedford Locality Office

Hammond Road

Bedford

MK41 0RG

It is strongly advised that you seek independent legal advice regarding the content of this letter and to advise you of the consequences of your actions should it be considered that you continue to pose a serious and dangerous risk to our staff as well as yourself.

Yours sincerely

Name

Senior Operation Centres Manager – Clinical Services

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**8.5 APPENDIX 2c: Example Risk Letter (Reduced capacity / Additional needs)**

Dear **Patient's name**

**Supporting your treatment from the Ambulance Service**

I am writing regarding East of England Ambulance Service (EEAST) recent contact(s) with our service on **Date(s) of incident(s)**.

Whilst our Ambulance Clinicians attended to you \*\*\* Details of Incident \*\*\*

As an employer, East of England Ambulance Service NHS Trust has a legal responsibility to protect its staff's safety by providing so far as possible a safe working environment.

Therefore, in view of the above and to best support you and your treatment, as a precaution to help protect our ambulance staff, we have put a warning marker on our Computer Aided Dispatch (CAD) system alerting our crews to proceed with caution to any future calls to your address. This may result in a delayed attendance due to any further dynamic risk assessments before entering your property.

While I appreciate you may be experiencing some challenging or deeply distressing issues, we want to reassure you that we will still be providing the most appropriate care going forward.

We will review the marker on your address at regular intervals and if there has not been any further reports and our risk assessment is low, then the marker will be removed.

If any further action is deemed necessary, this will be taken without any further direct communication with you.

Should you wish to register a complaint regarding this matter or have any other representations you would like to make, then these should be detailed in writing and addressed to our Patient Experience Department at the following address:

Bedford Locality Office  
Hammond Road  
Bedford  
MK41 0RG

Yours sincerely

**Name**

Senior Operation Centres Manager – Clinical Services

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**8.6 APPENDIX 2D Example Risk Letter (Dangerous animal)**

Dear **Patient's name**

**Out of control animal at property**

I am writing regarding East of England Ambulance Service (EEAST) recent contact(s) with our service on **Date(s) of incident(s)**.

Whilst our Ambulance Clinicians attended to you it is alleged that you had an out of control animal at the property.

As an employer, East of England Ambulance Service NHS Trust has a legal responsibility to protect its staff's safety by providing so far as possible a safe working environment.

Therefore, in view of the above and to best support you and your treatment, as a precaution to help protect our ambulance staff, we have put a warning marker on our Computer Aided Despatch (CAD) system alerting our crews to proceed with caution to any future calls to your address. This may result in a delayed attendance due to any further dynamic risk assessments before entering your property.

We kindly ask that when any of our Ambulance staff attend your property that you have put any animals away in a safe place prior to our arrival, this will allow our staff to assess you or any patients at the property without a delay. We would recommend either placing the animal in a suitable cage / enclosure or behind a secured door.

We will review the marker on your address at regular intervals and if there has not been any further reports and our risk assessment is low, then the marker will be removed.

If any further action is deemed necessary, this will be taken without any further direct communication with you.

Should you wish to register a complaint regarding this matter or have any other representations you would like to make, then these should be detailed in writing and addressed to our Patient Experience Department at the following address:

Bedford Locality Office  
Hammond Road  
Bedford  
MK41 0RG

Yours sincerely

**Name**

Senior Operation Centres Manager – Clinical Services



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**8.7 APPENDIX 2E Example Risk Letter (Weapons / Firearms at property – No Threat)**

Dear **Patient's name**

**Weapons and/or firearms at the property**

I am writing regarding East of England Ambulance Service (EEAST) recent contact(s) with our service on **Date(s) of incident(s)**.

Whilst our Ambulance Clinicians attended your property it was observed that a **weapon / firearm** was at the property, however our clinicians weren't threatened or harmed.

As an employer, East of England Ambulance Service NHS Trust has a legal responsibility to protect its staff's safety by providing so far as possible a safe working environment, to meet this requirement we place markers on our Computer Aided Dispatch (CAD) system.

Therefore, we have placed a marker on your property inform attending crews that a weapon is present at the property, but no harm was caused. This will not delay an attendance to your property or change the way we respond you or any patients at the address unless we deem there is a threat to staff safety at the property, This is in line with any other 999 received by the Trust.

Should you wish to register a complaint regarding this matter or have any other representations you would like to make, then these should be detailed in writing and addressed to our Patient Experience Department at the following address:

Bedford Locality Office  
Hammond Road  
Bedford  
MK41 0RG

Yours sincerely

**Name**

Senior Operation Centres Manager – Clinical Services

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**8.8 APPENDIX 3: Risk Marker – Assessment Pro-forma**

**Violence and Aggression Risk Assessment Proforma**

Name	
WEB	
Address	
DOB	

Please complete this proforma for the CAD marker to be made permanent. Please then attach the proforma to the datix and send a datix message to the CAD markers team to action.

1. Evidence of weapons with threat made to use		
2. Evidence of weapons with no threat made to use		
3. Physical violence/aggression to staff with intent		
4. Physical violence/aggression witnessed to others		
5. Threat of violence/aggression to staff		
6. Threat of violence/aggression to others		
7. Evidence of Deliberate Self Harm (DSH)		
8. Verbal abuse to staff		
9. Persistent invasion of personal space (Warning issued and continued)		
10. Alcohol misuse/intoxication with potential threat		
11. Drug misuse with potential threat		
12. Harassment (Racial/Sexual/Equality) on 2x occasions		
13. Harassment on 2x occasions with physical contact		
14. Dangerous animal on scene – uncontrolled**		
15. Dangerous animal on scene – staff attacked/injured**		
16. Staff prevented from freely leaving premises		
17. Mental health problems with violence/aggression – with capacity *		
18. Mental health problems with violence/aggression – without capacity*		
19. Dementia with violence/aggression – with capacity *		
20. Dementia with violence/aggression – without capacity *		
21. Medical Problem with violence/aggression – with capacity *		
22. Medical Problem with violence/aggression – without capacity *		
Outcome		
<b>Deployment Variations</b>		
<b>Variation</b>	<b>Required</b>	<b>Rationale</b>
No solo Female Responders	Yes / No	
No Solo Male responders	Yes / No	
No solo responders (either sex)	Yes / No	
No all-female crews	Yes / No	
No all-male crews	Yes / No	
Patient is not to be left alone with single staff (This will require additional responses to scene)	Yes / No	
Crew not to attend without Police (Local Management to have Police approval)	Yes / No Police officer approved details:	
Deployment variations (above) to apply to C1 calls	Yes / No	
Did the patient have capacity at the time of incident?		Yes / No

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

Police incident reference number:					
Comments					
<b>Green</b>	No marker	<b>Amber</b>	Decision by CMGG and local management	<b>Red</b>	Marker required

*\* Reduced capacity / Additional needs letter to be sent*

*\*\* Dangerous animal letter*

## 8.9 APPENDIX 4: Consent Document Examples (if required)

### Consent to Hold Information on the Computer Aided Dispatch (CAD) System

- Consent form to hold information about an individual on the East of England Ambulance Service NHS Trust Computer Aided Dispatch System Database
- This information will be passed to the Ambulance Staff in the event of an Ambulance being called to the defined location.

#### **Individual's Details:**

Surname/Family Name:

First Name/Given Name:

Date of Birth: Male Female

Communication Needs (if any):

Contact Telephone Number:

Contact e-mail address:

Contact Telephone Number:

Contact e-mail address:

#### **Location Details:**

Type of Location (e.g.: Home Address, School, College, Work):

Building Name/House Number:

Road Name:

District:

Town:

Post Code:

Contact Telephone Number:

Contact Name (if different from Individual/Parent/Guardian):

### Statement to be held by East of England Ambulance Service Trust:

#### **Statement of Individual**

## POL042 – Computer Aided Dispatch (CAD) Markers Policy

Please consider the information that you record on this form carefully. Upon receipt of the completed form, your statement will be added to the Computer Aided Dispatch (CAD) System and held for a period of one year, after which we will write to you again, requesting completion of a further consent form. If you move house, or if any of the locations listed above change, please write to us to let us know.

**I agree** to the statement being held on the Computer Aided Dispatch System and being passed to any Ambulance Personnel and Trust staff responding to the location.

**I understand** that you cannot give me a guarantee that the Ambulance crew will receive the information before arrival at the scene.

**I understand** that I will write to you if any details change

**I understand** that I will be required to complete and re-submit the form on an annual basis to keep the information live (a reminder will be sent near to the renewal date)

Individuals Signature:..... Date:.....

Name (Printed): .....

**A witness should sign below if the individual is unable to sign but has indicated his or her consent.**

**Young people/children may also like a parent to sign here (see notes).**

Signature ..... Date .....

Name (Print) .....

Capacity in which you are signing on behalf of the patient (e.g. Parent/ Legal Guardian/ Power of Attorney)

.....

Address for Correspondence:

CAD Marker Administrator  
Emergency Operations Centre (EOC)  
East of England Ambulance NHS Trust  
Hammond Road  
Bedford  
MK41 0RG

8.10 Appendix 7 – Equality Impact Assessment

**Equality Impact Assessment**

<b>EIA Cover Sheet</b>	
Name of process/policy	CAD Markers Policy
Is the process new or existing? If existing, state policy reference number	POL042
Person responsible for process/policy	Gary Morgan
Directorate and department/section	AOC
Name of assessment lead or EIA assessment team members	Sandra Treacher
Has consultation taken place? Was consultation internal or external? (please state below):	Internal
Internal	

POL042 – Computer Aided Dispatch (CAD) Markers Policy

<p>The assessment is being made on:</p> <p>Please tick whether the area being assessed is new or existing.</p>	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state)	
	Training programme.	

<b>Equality Analysis</b>																			
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The aim of this policy is to ensure compliance with all relevant legislation in relation to specific patient or location information held on the Computer Aided Dispatch (CAD) as CAD “markers” (previously known as CAD flags or warnings in some instances). The CAD is the software used within the Trust Emergency Operations Centres (EOC) to triage calls and deploy ambulance resources. The policy also allows the Trust to provide staff with the information they require to provide the best patient care with regard to specific patient information and/or known risks to staff safety.</p>																			
<p>Who does the policy/procedure/practice/event impact on? All</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Race</b></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><b>Religion/belief</b></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;"><b>Marriage/Civil Partnership</b></td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Gender</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>Disability</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>Sexual orientation</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Age</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>Gender re-assignment</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>Pregnancy/maternity</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>	<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>	<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>
<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>														
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>														
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>														
<p>Who is responsible for monitoring the policy/procedure/practice/event? CMGG</p>																			
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>The CMGG meeting notes are available Reduction in inappropriate markers being on</p>																			
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No No</p>																			
<p>Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:</p>																			



POL042 – Computer Aided Dispatch (CAD) Markers Policy

<b>Race</b>	<input checked="" type="checkbox"/>	<b>Religion/belief</b>	<input checked="" type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input checked="" type="checkbox"/>
<b>Gender</b>	<input checked="" type="checkbox"/>	<b>Disability</b>	<input checked="" type="checkbox"/>	<b>Sexual orientation</b>	<input checked="" type="checkbox"/>
<b>Age</b>	<input checked="" type="checkbox"/>	<b>Gender re-assignment</b>	<input checked="" type="checkbox"/>	<b>Pregnancy/maternity</b>	<input checked="" type="checkbox"/>

Please provide evidence:

This policy has a positive impact on protecting our staff and volunteers and members of the public who have a high acuity condition.

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Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:  
No

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**Action Plan/Plans - SMART**

Specific

Measurable

Achievable

Relevant

Time Limited

**Evaluation Monitoring Plan/how will this be monitored?**

Who: The CMGG

How: Bi-monthly meetings

By: The members of this group

Reported to: Deputy Director of Service Delivery – AOC, performance and community collaboration.