



Aims:

- Recognise the accepted source of requests for statements to the Police and Coroner
- List the information that is required

Background:

The very nature of HEMS work means that many of the incidents the team attends will result in a request for a Police statement. The likely sources are the Coroners Officer in the event of a fatality or an investigating Police Officer in the event of serious injury. On some occasions you may be required to provide a statement for a public inquiry. Police statements are read to a lay (not medical) audience and so should be written legibly and in plain English. Medical terms and jargon should be avoided as this will greatly decrease the chances of you being called to court to translate. If you do use medical terms these should be explained in brackets.

The principal of patient confidentiality should always be addressed. Information that is passed to the Police should therefore be with the patient's consent. If the patient is alive, but unable to give consent, you cannot provide a statement. A relative's consent is not adequate.

Only if non-disclosure would put others at risk, can information be given without consent. It is advisable to speak to the duty pre-hospital care consultant in this situation. Do not use second or third party information, only include what you saw or carried out.

Policy:

- Requests for statements are made by external agencies. There should be a locally agreed policy as to the exact process of making such a request
- Statements should be completed as soon as possible
- There should be no paragraphs or gaps in the prose
- You are providing evidence as a professional witness not an expert witness
- Rarely should a statement be longer than 8 or 9 lines
- Sign at the top of the page and the end of the prose
- Fill in a fee claim form as provided by the requesting agency
- Ask for the help of the duty pre-hospital care consultant if you are unsure.
- A local policy may be agreed whereby statements are checked by a consultant in pre-hospital care prior to their submission
- The following should always be included:
 - Your name and role during the incident
 - How you came to be involved
 - Your current employment, duration of that employment and qualifications
 - The time and place you saw the patient and roughly the position you found them
 - Who was on scene
 - A description of the patient's level of consciousness, extent of injuries and any assessment or treatment carried out. All in lay terms. There is no need for drug names /doses etc.
 - Who you handed the patient over to (on scene or at hospital)
 - Whether or not the mechanism of injury was discussed with the patient.
 - Accurate timings wherever possible, especially the time at which resuscitation was discontinued and life pronounced extinct