

INTRODUCTION

All vulnerable adults have the right to be protected from harm and the ambulance service should refer all cases of suspected abuse to the appropriate Social Services Department. Where there are concerns about the standard of care provided in a nursing or residential home, or by a domiciliary care agency, the case will also be referred to the Regional Office of the Commission for Social Care Inspection (CSCI). In circumstances which could be described as an emergency, cases will be referred to the police.

In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to meet the needs of the vulnerable person, taking into consideration their race, culture, gender, language and level of disability. To help clinicians recognise cases of abuse a set of notes are attached at **Appendix 1**.

OBJECTIVES

1. To ensure all clinicians are aware of, and can recognise, cases of suspected abuse of a vulnerable adult.
2. To provide guidance enabling Ambulance Clinicians and Control Officer to assess and report cases of suspected abuse of a vulnerable adult.
3. To ensure that all clinicians involved in a case of reported abuse are aware of the possible outcome and of any subsequent actions.

PROCEDURE

Principles of Adult Protection

The principles of adult protection differ from those of child protection, in that adults have the right to take risks and may choose to live at risk if they have the capacity to make such a decision. Their wishes should not be overruled lightly. For example, most older people are not 'confused'. Similarly, people with learning disabilities or mental health problems may have the capacity to make some decisions about their lives, but not others.

All Local Authorities should have Inter-Agency Adult Protection Procedures which comply with the 'No Secrets' guidance¹ and many authorities will also have an Interagency Adult Protection Committee. In addition, the CSCI is responsible for inspecting the standard of care provided in nursing homes, residential care homes and by domiciliary care agencies.

Actions when abuse or risk of harm is suspected

There are a number of ways in which ambulance crews may receive information or make observations which suggest that a vulnerable adult has been abused or is at risk of harm. An Ambulance Clinician will often be the first professional on scene and their actions and recording of information may be crucial to subsequent enquiries. It is particularly important that other people who may be present should not be informed of an Ambulance Clinician's concerns in circumstances when this may result in a refusal to attend hospital or in any situation where a vulnerable adult may be placed at further risk (**See Appendix 2**).

PATIENT ASSESSMENT

Ambulance crews should follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in calling for assistance. If necessary, they should ask appropriate questions of those present to clarify what is being said.

Crews should be aware that someone who is frightened may be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present. It may be helpful to make a note of the person's body language. It is important to stop questioning when suspicions are clarified. Avoid unnecessary questioning or probing, as this may affect the credibility of subsequent evidence.

NOTE: The ambulance service is not there to investigate suspicions. The task for ambulance crews is to ensure that any suspicion is passed to the appropriate agency, i.e. staff in the emergency department, the appropriate local Social Services Department, the Regional Office of CSCI or the police. This should be achieved by following the guidelines below in the section 'actions to be taken by ambulance crews'.

Actions to be taken by ambulance crews

If an Ambulance Clinician comes into contact with a vulnerable adult (**see Appendix 1**) and are concerned that they may have been abused or are at risk of abuse.

If there is another person present and the Ambulance Clinicians are concerned that they may be the abuser, they should not let the person know they are suspicious. If the patient is conveyed to hospital, the clinicians should inform a senior member of the

emergency department (ED) staff, or nursing staff if conveying to another department, of their concerns about possible abuse. They should ensure that a copy of the Patient Report Form (PRF) is handed over and a suspected abuse form completed, with a copy left with the ED staff. They should be careful not to do this in a way that would alert the alleged abuser or place the vulnerable adult at risk of further abuse or intimidation. Ambulance Control should be informed of the incident and a copy of the suspected abuse form faxed to them at the earliest opportunity. Patient transport service crews should also inform their site manager.

It is important to ascertain the wishes of the patient and to take into account whether or not they want to be conveyed to hospital. However, the decision not to convey a patient to hospital is one that must not be taken lightly. In some cases the clinicians may assess that the patient clearly does not have the capacity to make a judgement with respect to their need for medical care, and may decide to act under the Doctrine of Necessity (if there is risk to life or limb) or make alternative arrangements for the patient if their condition requires less immediate treatment (e.g. a General Practitioner visit the following day).

If the patient needs to be conveyed to hospital and another person tries to prevent this, crews may need to consider whether to involve the Police. The Ambulance Clinicians should inform Ambulance Control about the situation and complete a reporting form (**See Appendix 3**). Ambulance Control will take any further action (**see below**). A suspected abuse form should be faxed to Ambulance Control at the earliest opportunity.

If the patient is not conveyed to hospital, or if the Ambulance Clinicians have concerns about someone else in the household or on the premises, they should contact Ambulance Control and inform them of their concerns. If the vulnerable person is not the patient but is accompanying someone else to hospital, the clinician should inform ED, or other hospital nursing staff of their concerns. At the earliest opportunity they should complete a suspected abuse form, leaving a copy at the hospital and faxing it to Ambulance Control.

In all cases where abuse of a vulnerable adult is suspected a suspected abuse form must be completed and, where the vulnerable adult is conveyed to hospital, a copy provided to the department. In all cases a copy must be faxed to Ambulance Control. The original form should be sent with the rest of the clinician's documentation for recording and archiving in the usual way.

ACTIONS TO BE TAKEN BY AMBULANCE CONTROL OFFICERS

On receiving details about a potential case of abuse of a vulnerable adult, the senior Control Room Officer should consult any records held in the control room and contact the appropriate Local Authority Social Service Department if the incident occurs during normal working hours.

If the incident occurs 'out of hours', the Control Room Officer should use their judgement as to whether the case can wait until the next working day or whether the emergency 24-hour team needs to be contacted.

If the patient needs to be conveyed to hospital and another person tries to prevent this, the Control Room Officer may need to request police attendance and / or contact Social Services. The Control Room Officer will also arrange for an Ambulance Officer to attend the scene. In some circumstances, they should also inform the Regional Office of the Commission for Social Care Inspection.

As well as reporting the matter to the appropriate Social Service Department, it should also be reported to the Regional Office of the Commission for Social Care Inspection if either of the following conditions apply:

- the alleged abuse has taken place in a nursing or residential care home
- the alleged abuser is employed by a domiciliary care agency (including domiciliary care provided directly by the local authority).

Any observations / concerns about the standards of care provided by any of these services should also be reported to the Regional Office of the Commission for Social Care Inspection, even if this did not directly contribute to the condition of the patient, as other people may be at risk.

The Control Room Officer should make a decision whether also to report the incident to the police and / or ask an Ambulance Officer to attend the scene, based on the information received from the Ambulance Clinician.

When the Control Room Officer receives the completed form from the Ambulance Clinician, they should forward a copy to the relevant Social Services Department, and send the original fax to the designated senior manager at Ambulance Headquarters. If there are concerns about the standards of care in a nursing or residential care home, or the service provided by a domiciliary care agency, a copy should also be sent to the Regional Office of the Commission for Social Care Inspection. In addition, patient anonymised copies must be sent to the Ambulance Clinician's Station Officer and Training

Officer, or PTS site manager so that any need for support of the clinician by managers can be identified and provided. Ambulance Control must facilitate clinicians to complete and fax the suspected abuse form as soon as practicable, utilising Officers to facilitate access to fax machines where that is difficult out of hours.

Subsequent Action

Adult protection concerns notified by the Ambulance Service will be subject to enquiries by Social Services departments, who will co-ordinate an investigation. Investigations may be carried out jointly between Social Services, the Police and healthcare professionals, depending on the circumstances. All cases of institutional abuse will also be referred to the Regional Office of the Commission for Social Care Inspection.

Ambulance clinicians may be required to assist by giving a statement to clarify their observations in more detail. Ambulance clinicians may be requested to attend a case conference or to provide information.

ACTIONS TO BE TAKEN BY THE DESIGNATED SENIOR OFFICER

The Designated Senior Officer, or their deputy, will ensure that all suspected abuse forms are collected from Ambulance Control and a check made to see if the vulnerable adult has come to the attention of the service before. Follow up should be made to the relevant Social Services department to ensure that information has reached the appropriate persons and to establish what action is planned. This information should be relayed back to the Ambulance Clinician who raised the concern.

Senior Management Responsibilities

Senior managers will ensure that any request from a statutory agency for a statement or other information will be communicated through the clinician's line manager. They will also ensure that any member of Ambulance Service instructed to attend court to give evidence will receive appropriate support and advice from the Trust. This will include ensuring the documentation is available in good time, allowing time for brief / debrief before and after a Court appearance or case conference, and that the clinician will be accompanied by an Officer.

Key Points – Suspected Abuse of Vulnerable Adult

- Vulnerable adults have a right to be protected.
- Crews must document the circumstances giving rise to concern as soon as possible.
- The wishes of the patient should be taken into account where possible.
- Clinicians should not investigate allegations.
- Police involvement should be considered.

REFERENCES

- ¹ Department of Health. No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000.
- ² Data Protection Act (1998) London: HMSO. Available from: <http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>.
- ³ Lord Chancellor's Department. Who Decides: making decisions on behalf of mentally incapacitated adults. 1997.
- ⁴ General Medical Council. Duties of a Doctor: General Medical Council: London. Available from: http://www.gmc-uk.org/guidance/library/duties_of_a_doctor.asp, 2005.

METHODOLOGY

Refer to methodology section.

APPENDIX 1

PROTECTION OF VULNERABLE ADULTS RECOGNITION OF ABUSE

INTRODUCTION

Abuse is the violation of an individual's human and civil rights by any other person. It can vary from the seemingly trivial act of not treating someone with proper respect to extreme punishment or torture. In the context of vulnerable adults, the recognised forms of abuse include:

- physical abuse
- sexual abuse
- emotional or psychological abuse
- financial or material abuse
- neglect and acts of omission
- discriminatory abuse.

A person may be subject to one or a combination of these.

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with someone else. It may occur in the vulnerable adult's own home, either when they receive a service there or when the abuser either lives with them or visits them. It may also occur within nursing, residential or day care settings, in hospitals, or in public places.

Causes of abuse

A person may be vulnerable to abuse if they are unable to protect themselves from the actions of others. They may live or come into contact with people who inflict harm upon them or take advantage of their vulnerability to exploit them. In some cases, the place where they live or the services they receive may be of a poor quality. The nature of a person's disability, ability to communicate or mental capacity may increase the likelihood of abuse remaining undiscovered.

Who abuses?

All types of abuse may be inflicted deliberately; some may be as the result of negligence, ignorance, or lack of understanding. The person responsible for the abuse is often known to the person being abused. They may be:

- a family member, friend or neighbour

- someone providing health or social care services
- a volunteer
- another resident or service user
- an occasional visitor or service provider
- a stranger.

The person responsible for the abuse may be misusing alcohol or substances, or may be dependent on the vulnerable adult for housing or emotional support, or may have other special needs themselves.

Who is vulnerable to abuse?

Particular groups of people may be more vulnerable to abuse. These include people from minority ethnic groups, people with physical disabilities, people with learning disabilities, mental health problems, severe physical illnesses, older people, the homeless, people with sensory impairments or those diagnosed as HIV positive. Some people with special needs (e.g. sensory impairment or learning disabilities) may demonstrate challenging behaviour, which may or may not be as a result of abuse.

Abuse within personal relationships

A carer is a person who looks after an ill, disabled or frail relative, friend or neighbour at home. Some vulnerable people are themselves carers, and may find themselves being abused by the person they care for. The risk of abuse may increase if a vulnerable person is living or in contact with someone who has a history of violence, including domestic violence, or a history of sexual offences. The abuse of alcohol or other substances may also be a factor. Older people, people with disabilities and people with mental health needs often find themselves in unequal power relationships and this may lead to a situation where there is exploitation and abuse.

Institutional abuse

Abuse can take place in hospitals, day care, residential homes, nursing homes, hostels and sheltered housing. People living in their own homes may also be abused by staff employed to provide support to them. Abusive behaviour may be part of the accepted custom within an organisation, or it may be carried out by an individual member of staff or a particular staff group. It may be difficult to draw a line between poor quality care and abuse, and it is important that the Regional Office of the Commission for Social Care Inspection is informed of any concerns about poor standards of care.

Institutional abuse is more likely to occur if staff are inadequately trained, poorly supervised or work where there are inadequate staffing levels. It is also more likely to occur if staff feel powerless to influence practice and feel afraid of losing their job if they report any concerns.

Is abuse a crime?

Statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse, in that the responsibility for initiating the action rests with the state in the form of the police and the Crown Prosecution Service. This is usually done by working in partnership with health and social care colleagues. When a complaint about alleged abuse suggests that a criminal offence may have been committed, it is imperative that reference should be made urgently to the Police by the person receiving the complaint. In the Ambulance Service, this should be undertaken by Ambulance Control on behalf of the clinician.

What degree of abuse justifies intervention?

The law, as it stands, does not give a definition of the degree of abuse of a vulnerable adult that requires intervention. However, in determining how serious or extensive abuse must be to justify intervention, 'No Secrets'¹ suggests that a useful starting point can be found in 'Who Decides?'³ Building on the concept of 'significant harm' introduced in the Children Act (1989), the Law Commission suggested that: *"'harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development"*.

The seriousness or extent of abuse is often not clear when anxiety is first expressed. Once reported, Social Services will take the lead in co-ordinating an investigation, including making a judgement on the level of intervention required, based on the details of the case. In making any assessment of seriousness they consider the following factors:

- the vulnerability of the individual
- the nature and extent of the abuse

- the length of time it has been occurring
- the impact on the individual and
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

Disclosure

No problem arises where patients give informed consent to their information being disclosed to a third party.

Nevertheless, statute, case law and professional guidance recognises that confidentiality may be breached in exceptional cases and with appropriate justification. The GMC in its guidance Duties of a Doctor⁴ states:

"Disclosure may be necessary in the public interest where a failure to disclose information may expose the patient, or others, to risk of death or serious harm. In such circumstances you should disclose information promptly to an appropriate person or authority."

ABUSE OF VULNERABLE ADULTS

In *No Secrets*¹ and *Who Decides?*³, a 'vulnerable adult' is defined as any person over the age of 18 who is, or may be, in need of community care services by reason of mental or other disability, age or illness. Vulnerable adults may be unable to take care of themselves and are therefore unable to protect themselves against significant harm or exploitation.

Types of abuse

Abuse may consist of a single act or repeated acts. It may be an act of neglect or a failure to act. It may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical abuse

Physical abuse is non-accidental harm to the body, for example:

- being hit, slapped, pushed, shaken, kicked, bitten, burned or scalded
- purposely under- or over-medicating or other misuse of medication

- deliberately being underfed, being given alcohol or a substance that is known to cause harm (e.g. sugar for diabetic)
- being confined, locked up or otherwise physically restrained.

Some indicators of physical abuse are:

- any injury not explained by the history given
- different versions of the cause of an injury given to different people
- any self-inflicted injury
- unexplained fractures, lacerations, bruises or burns
- weight loss, dehydration, complaints of hunger
- untreated medical problems
- poor personal hygiene including incontinence.

Sexual abuse

Sexual abuse is the involvement of someone in sexual activities which they do not have the capacity to understand, have not consented to, or to which they were pressurised into consenting. It can also include the involvement of people in sexual activities where one party is in a position of trust, power or authority, or where a sexual relationship is outside law and custom. Sexual abuse can include:

- rape or sexual assault
- unwanted touching or being forced to touch another person in a sexual manner
- being subject to sexual innuendoes and harassment
- not having a choice about someone of the same sex to undertake intimate personal care.

Indicators of sexual abuse include:

- full or partial disclosure, or hints, about sexual abuse
- inappropriate sexualised behaviour
- torn, stained or blood-stained underclothing or bedding
- pain, itching or bruising in the genital area, thighs and/or upper arms
- sexually transmitted disease, urinary tract infection and vaginal infection
- obsession with washing

- pregnancy in a person who is unable to give consent to sexual relations.

Emotional or psychological abuse

Emotional or psychological abuse is any action which has an adverse effect on an individual's mental well-being, causing suffering and affecting their quality of life. This may include the threat that other types of abuse could take place. Psychological abuse can include:

- living in a culture of fear and coercion
- being bullied, controlled or intimidated
- being humiliated, ridiculed or blamed
- being threatened with harm or abandonment
- being isolated or deprived of contact
- being withdrawn from services or supportive networks
- having no choice about who to live with or spend time with
- being consistently ignored.

Abuse occurs where there is a power imbalance and a person may be reacting to living in fear because of threats and coercion.

Indicators of psychological abuse include:

- self harm
- emotional withdrawal and symptoms of depression
- unexplained fear or defensiveness
- severe lack of concentration.

Financial abuse

Financial abuse is the theft or misuse of money or personal possessions, and can include:

- money being withheld or stolen
- goods or services purchased in someone's name without their consent
- being deliberately overcharged for goods or services
- misuse or misappropriation of property, possessions or benefits
- money being borrowed by someone who is providing a service to the vulnerable adult.

Indicators of financial abuse include:

- someone being dependent on the vulnerable adult for the provision of accommodation (this may also apply to other forms of abuse)
- a person lacking goods or services which they can afford
- a person living in poorer circumstances than other members of a household
- a person being encouraged to spend their money on items intended for communal use in a residential home
- benefits being absorbed into the household income and not being used for the vulnerable person.

Neglect and acts of omission

A person will suffer if his or her physical and / or emotional needs are being neglected. Examples of neglect can include:

- failing to respond to a person's needs or preventing someone else from meeting their needs
- ignoring someone's medical or physical care needs
- failing to provide access to appropriate health, social care or educational services
- withholding necessities of life such as medication, adequate hygiene, nutrition or heating
- preventing someone from interacting with others.

When a professional or paid care provider does not ensure that the appropriate care, environment or services are provided to those in their care, they may be open to a charge of 'wilful neglect'. It should be noted, however, that adults have the right to choose their own lifestyle in their own home (including self-neglect) if they have the capacity to make such a decision. However, the judgement as to whether an individual has the capacity to make decisions leading to on-going significant self neglect is more complex than those surrounding a single event with regard to consent to treatment and may well be outside the competencies of Ambulance Clinicians. If Ambulance Clinicians are concerned that the level of self neglect is such that it is/would lead to significant impairment of health, they should consider breaking confidentiality and allowing appropriately trained and competent staff from Social Services to make an assessment as to the individual's capacity. Any such breach of confidentiality should be carefully and fully documented.

Indicators of neglect can include:

- neglect of accommodation, including inadequate heating and lighting
- failure to provide basic personal care needs
- inadequate or unsuitable food
- failure to give medication or giving too much medication
- failure to ensure appropriate privacy and dignity.

Discriminatory abuse

Discriminatory abuse includes ill-treatment motivated by racism, sexism, homophobia or on the basis of religion or disability. This can include:

- harassment
- denying people their rights
- belittling or humiliating people
- not providing appropriate food
- preventing access to places of worship
- preventing people from carrying out cultural or religious practices
- regarding someone as being intrinsically different from other human beings.

Indicators of discriminatory abuse include:

- lack of self-esteem
- emotional withdrawal and symptoms of depression
- self harm.

NOTE: These notes should be read in conjunction with The Ambulance Service's operational procedure - Suspected Abuse of Vulnerable Adults and reporting forms for the Protection of Vulnerable Adults.

APPENDIX 2

PROTECTION OF CHILDREN & VULNERABLE ADULTS

Guidelines for Ambulance Clinicians

These guidelines summarise what you need to be aware of if someone tells you that they have been abused, or if you suspect that someone has been abused. The guidelines should be used in conjunction with the Protection of Children and Suspected Abuse of Vulnerable Adults Operational Procedures, Recognition of Abuse notes (Appendix 1) and suspected abuse form (Appendix 3).

It is your role and responsibility:

- to listen to the person telling you about the abuse
- to ensure their safety and your own safety
- to report the abuse via the appropriate channels
- to keep a detailed record of your observations and / or what you have been told.

If someone tells you that they have been abused

If the person is an adult, move to a private place if possible. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent Police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this. (This will give them the chance to stop talking if they are not happy for this to happen.)

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses, if there were any. By inadvertently telling the alleged abuser, for example, you may later be accused of 'corrupting evidence' or 'alerting'.

Reporting

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Complete a suspected abuse form in as much detail as possible and follow the appropriate Operational Procedure for reporting the abuse.

NOTE: As a health care worker who may come into contact with children and vulnerable adults, you have a duty to report concerns about abuse. If you do not report the abuse you may be putting the victim at greater risk. You may also discourage them from disclosing again, as they may feel they were not believed. This may put other people at risk.

APPENDIX 3 PROTECTION OF VULNERABLE ADULTS SUSPECTED ABUSE – REPORT FORM

Patient's name Address

Age / DOB
.....
.....

Date Crew 1.....
..... 2.....

Time

CAD / ref no Call sign

Concerns (please tick):	In your opinion, why is the person vulnerable? (please tick):	Reason for concern (please tick):
Physical abuse <input type="checkbox"/>	Vulnerable? <input type="checkbox"/>	Physical signs <input type="checkbox"/>
Sexual abuse <input type="checkbox"/>	Older person <input type="checkbox"/>	Inconsistent story <input type="checkbox"/>
Emotional abuse <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Behavioural signs <input type="checkbox"/>
Financial abuse <input type="checkbox"/>	Learning disability <input type="checkbox"/>	Environment <input type="checkbox"/>
Neglect <input type="checkbox"/>	Mental health problem <input type="checkbox"/>	Disclosure by victim / other person <input type="checkbox"/>
Discriminatory abuse <input type="checkbox"/>	Other <input type="checkbox"/>	

Is the patient a resident of a nursing / residential care home / hostel? (please tick): Yes No

If Yes, please state name and address of the home / hostel:

Do you have concerns about the standard of care received by the patient at the home / hostel?

Yes No

Do you have concerns about the welfare of other residents?

Yes No

If Yes, please include in 'Details of the Environment' below.

Does the patient use a Day Care Service? (please tick): Yes No

If Yes, please state address where the service is based (if known):

Do you have concerns about the standard of care received by the patient at the Day Care Service?

Yes No

Do you have concerns about the welfare of other service users?

Yes No

If Yes, please include in 'Details of the Environment' below.

Suspected Abuse of Vulnerable Adults and Recognition of Abuse

Does the patient receive a service in their home from a domiciliary care agency? Yes No

If Yes, please state name and address of the agency (if known):

Local Authority area:

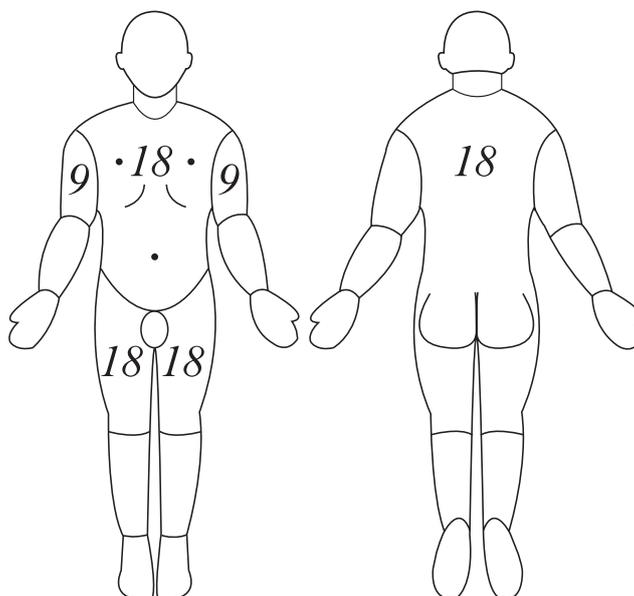
Do you have any concerns about the standard of service provided by that agency? Yes No

If Yes, please include in 'Details of the Environment' below.

Please give a written description of your concerns, including the general appearance, condition and behaviour of the patient (give an example if possible):

Version of events given by the victim (and what they want to be done about the situation):

Please give a description of your findings. If the patient has a physical injury, please mark it below using the front and back figure :



Injury = X
?Fracture = #
Burns = O
Pain = ●

Suspected Abuse of Vulnerable Adults and Recognition of Abuse

Details of significant family members, members of staff, friends or other people who are with the patient:

Details of the Environment (including concerns about nursing / residential care homes / hostels / Day Care Services / Domiciliary Care Agencies):

Patient conveyed to hospital

Accompanied by Not conveyed to hospital

Hospital **Reported to:** Control

Hospital staff signature Social Services Police

Hospital Staff Name In person By telephone

Crew signature Form sent to

Date / Time By e-mail Fax Post

CONSENT (where applicable)

The information contained in this form may be shared between the Ambulance Service and other agencies, in order to protect you from harm.

Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.

Name: Signature:

The Ambulance Service will act in accordance with the Data Protection Act (1998)² and the obligations contained therein, within its role as Data Controller.

For advice / support, ring

When completed, this form must be faxed to
on