



# Paediatric End of Life managed Care Network (PELiCaN)

## Notifying Police and Scottish Ambulance Service of Child Likely to Die in the Community (Occurrence Markers)

*This document has been developed by Katrina Marshall, Lead Nurse, NHS Lothian, DCI June Peebles, and colleagues, on behalf of Police Scotland and David Bywater and colleagues, on behalf of Scottish Ambulance Service. Thank you for your assistance in the development of this guidance. This guidance was adapted from a local process used by the Palliative Care Team in NHS Lothian.*

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Version	Description of amendments	Name & Designation	Date
V1	First Final Version Agreed	Shelley Heatlie	2021
V2	Update following introduction of de-briefs guidance	Shelley Heatlie	March 2023
V3	Added information on age limit & consulting PPU.	Shelley Heatlie	March 2024
V4	Updated flowcharts and patient criteria boxes.  Process & document review. Updated with links to family documents.	Shelley Heatlie	August 2025

The PELiCaN Service Development Group have endeavoured to create as complete a document as possible, however, if you have any constructive feedback or comments on this document this would be greatly appreciated. You can do this by emailing the team on [nss.pelican@nhs.scot](mailto:nss.pelican@nhs.scot) or by completing the following [feedback form](#). **NB:** All PELiCaN documents will be subject to NSS document governance and will be subject to regular review.

NOTE: This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

## Introduction

### 1. About this guidance

This guidance document was developed to be a national process for.

- Promoting clear pathways of communication with Emergency Services
  - Identifying vulnerable patients in the community
  - Highlighting plans in place for the child (e.g. ACP, Just in Case Box)
  - Identifying appropriate points of contact for further advice in the event of death (e.g. Death certification)
  - Helping to coordinate an appropriate response (If child dies at home or on arrival to ED)

The need for this process was identified through local cases which resulted in traumatic situations for families and professionals involved. The process shares a best practice approach to responding children who have died at home.

The process was developed by

- Medical and Nursing professionals from NHS Lothian and NHS Greater Glasgow and Clyde
- Police Scotland
- Scottish Ambulance Service

A summary of the members, consultation and approval process can be seen in Appendix 4.

The methodology followed to develop this guidance involved

- Local process identified in NHS Lothian
- Scoped current processes in other Boards
- Best practice process identified and agreed by group member consensus
- Consultation took place on draft document with groups noted in Appendix 4
- Final process ratified by Service Development group, Police, Scottish Ambulance Service and the PELiCaN Steering Group.

This guideline covers palliative patients who are vulnerable to sudden deterioration that could result in death at home and those who are actively dying and receiving end of life care (EOL care) at home. Age criteria for this process to be applicable is from birth to 18th birthday.

### 2. Purpose of this guidance

It is important that Police Scotland and Scottish Ambulance Service (SAS) are made aware of palliative patients who are vulnerable to sudden deterioration that could result in death at home and those who are actively dying and receiving end of life care (EOL care) at home. Age criteria for this process to be applicable is from birth to 18th birthday. Markers must be removed on a Child's 18th birthday and Occurrence markers/Ambulance alerts can **ONLY** be placed on **home addresses**.

### 3. Patient criteria for sharing key information with Police Scotland and Scottish Ambulance Service

There are two groups of palliative patients that will require different but specific information to be shared with Police Scotland and Scottish Ambulance Service. Patients **must** be aged between 0 and 18 years (markers must be removed on 18<sup>th</sup> Birthday). The rarity of child death is why criteria does not extend past 18 years old.

#### Group 1- Unstable / Deteriorating

Palliative patients whose condition can fluctuate between 'unstable' and 'deteriorating' who are at risk of a sudden death at home.

- **Please note:** It may be considered that this group of patients could deteriorate and die suddenly (sooner than anticipated) and that this is **NOT necessarily unexpected**.
- Even if the patient's CYPADM states Full and active OR modified resuscitation, it remains important to request an occurrence marker and share key information around likelihood of sudden deterioration and death at home. This will help to coordinate an appropriate response if patient dies at home or on arrival to the emergency department.

#### Group 2- Actively Dying

Palliative patients that are **actively dying** and receiving **end of life care 'at home'** (end of life is defined as last days or weeks of life).

- **Please note:** where a patient is receiving end of life care, it is essential that they have a resuscitation plan in place that states 'no active resuscitation'. This will help to avoid inappropriate resuscitative measures being inflicted which would be distressing and undignified.

**Please note-** For any child, regardless of stage of illness, appropriate risk assessments should be undertaken to identify whether discussion with Child Protection (Public Protection) Team is required prior to placing a Police Occurrence Marker/Ambulance Alert. This contact and outcome should be recorded in the child's medical and nursing records.

- Occurrence Markers/Ambulance alerts can **only** be placed against a home address.
- Occurrence markers/Ambulance alerts **cannot** be placed on a school, respite/residential service or hospice.

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### **4. When a Police occurrence marker/Ambulance alert is no longer required**

When a Police Occurrence marker/Ambulance alert is no longer required (e.g. patient has died) then the responsible healthcare team must ensure to inform both Police Scotland and Scottish Ambulance of this so that the occurrence markers/alerts can be removed from the deceased patients address. For patients who turn 18 on their birthday, the police occurrence marker should be closed on this date. For the Scottish Ambulance Service, access to relevant patient information e.g. the CYPADM and Anticipatory Care Plan, is highly valuable. While the occurrence marker should be removed due to patients turning 18, uploading this information to the patient's Emergency Care Summary (ECS) via the patients GP, will enable SAS clinicians to access it when needed.

Please refer to pathway over page for guidance on how share key information, request a new occurrence marker/ambulance alert or update information on patient with an existing occurrence marker/ambulance alert.

### **5. Family Information Leaflet and Letter**

Based on feedback from families, who requested a supporting letter to sit alongside their Children and Young People Resuscitation Management (CYPADM) Form and Future Care Plan to have a physical item to give to Police or SAS to signpost these services to further information. PELiCaN has developed a letter which should be completed when raising a marker and provided in physical copy to the family.

The letter is available on the PELiCaN website under the Police Occurrence Marker / Ambulance Alert section here - [NSD610-002.20 PELiCaN – Occurrence Marker Family Letter.](#)

We have also produced a helpful family information leaflet on the process which can also be found here: [NSD610-002.19 PELiCaN- Occurrence Marker Family Info Leaflet.](#)

## **Pathway to sharing of key information with Police Scotland and Scottish Ambulance Service (SAS)**

### **New marker:**

**Palliative patient with a CYPADM/DNACPR requires a Police occurrence marker/ambulance alert to be implemented. Discuss** case with the Health Board Public Protection Team. **Record** outcome in the child's medical and nursing records

Discuss with appropriate MDT members to identify clinical status of patients condition. Following appropriate risk assessment, identify if discussion is required with public protection team. Patients condition must meet either of the following categories.

Palliative patients considered to be '**unstable**' or '**deteriorating**' (sudden deterioration/death would NOT be unexpected)

Palliative Patients who are actively '**dying**' (last days/weeks of life) and receiving '**end of life care**' at home

**Agree who will action the request (this must be either a registered nurse or Medic)**

**Complete Form** [NSD610-002.09 Request for a NEW Police Occurrence Marker/ Ambulance Alert \(Appendix 1\)](#)

Email the above information to:

**Police Scotland:** [childdeathgovernance@scotland.pnn.police.uk](mailto:childdeathgovernance@scotland.pnn.police.uk)

**AND**

**Scottish Ambulance Service** [sas.endoflifecare@nhs.scot](mailto:sas.endoflifecare@nhs.scot)

### **Existing patients:**

Existing patients with Police occurrence markers/Ambulance alerts who require key information to be **updated** with Police Scotland and Scottish Ambulance Service e.g. patient was previously 'unstable/deteriorating' but is now receiving 'end of life' care at home:

**Complete Form** [NSD610-002.10 Request for an EXISTING Police Occurrence Marker/Ambulance Alert to be UPDATED \(Appendix 2\)](#)

### **Closing an alert:**

#### **Closing Police occurrence markers and Ambulance alerts**

It is the responsibility of the patient's health care team to ensure that occurrence markers/ambulance alerts are closed on the address when no longer required (e.g patient has died).

**Complete Form** [NSD610-002.11 Request for REMOVAL of Police occurrence marker/Ambulance Alert from following patient's address \(Appendix 3\)](#)

**GOOD PRACTICE:** Copy of patients CYPADM/ DNACPR and Anticipatory care Plans should be sent to the Scottish Ambulance Service (email as above)



## Guidance for Children's Hospices' Across Scotland (CHAS)

There may be a situation where a CYPADM is completed for a child during their stay at the hospice. Pathway above only needs to be followed where there are plans to discharge a child back home for ongoing care or end of life care. Police Scotland and Ambulance Service should be notified [as per the pathway] where a child meets either of the criteria detailed above e.g. 'unstable /deteriorating or 'dying'.

### Requesting new Police occurrence marker or Ambulance alert:

CHAS team should discuss with appropriate lead professional/team from the child's demographic health board as it will be the responsibility of the local health care team to take over management of the occurrence marker/alert follow the child's discharge from the hospice to home.



**Discuss** with appropriate MDT members to identify clinical status of patient's condition.

- Following appropriate risk assessment, identify if discussion is required with public protection team.



#### Next steps

- Agree who will action submitting the request (this must be either a Registered Nurse or Medic)
- Complete the appropriate form as noted below
- **Record** outcome in the child's medical and nursing records

Complete [Form 1](#) and send to Police Scotland and Ambulance Service (refer to pathway for guidance) and copy in the identified health professional/team from Child's demographic health board

### Requesting for an EXISTING Police Marker/Ambulance Alert to be UPDATED:

In the situation where a Police occurrence marker or Ambulance alert requires updating whilst the child is in the care of the hospice e.g. child's condition has changed from 'unstable/deteriorating' to 'dying'



**Discuss** with appropriate MDT members to identify clinical status of patient's condition.

- Following appropriate risk assessment, identify if discussion is required with public protection team.



Complete [Form 2](#) and send to Police Scotland and Ambulance Service (refer to pathway for guidance) and copy in the identified health professional/team from Child's demographic health board



CHAS team to notify the child's health board as they will be responsible for the ongoing management of the occurrence marker/ambulance alert



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### Requesting REMOVAL of Police Marker/Ambulance Alert:

It is the responsibility of the patient's health care team to ensure that occurrence markers/ambulance alerts are closed on the address when no longer required (e.g. patient has died).

**If patient dies whilst in the hospice- CHAS team must notify lead professional/team responsible for the ongoing management of the occurrence marker/ambulance alert**

**GOOD PRACTICE:** Copy of patients CYPADM/DNACPR and Anticipatory care Plans should be sent to the Scottish Ambulance Service (Refer to Pathway), and patient's leading healthcare team should be copied into to all correspondence

## Appendix 1 - NSD610-002.09 Request for a NEW Police Marker/Ambulance Alert

This is a request for a new occurrence marker/ambulance alert for the following patient:

<b>Patient Name:</b>	
<b>DoB/CHI:</b>	
<b>Address (must include postcode):</b>	
<b>Is there a second address?</b> <i>E.g. Parents at different addresses</i>	

<b>1)</b>	<b>Diagnosis</b>	
<b>2)</b>	<b>Please select as appropriate:</b>	
	Palliative patient considered to be <b>unstable or deteriorating</b> and although they are not receiving end of life care at this stage, sudden deteriorating resulting in death would NOT be unexpected	
	Palliative patient who is actively <b>dying</b> (last days/weeks of life) and receiving end of life care at home	
<b>3)</b>	<b>Is there a CYPADM or DNACPR in place?</b>	
	If YES, State resuscitation as written on the CYPADM/DNACPR:	
<b>4)</b>	<b>Is there an Anticipatory Care Plan in Place?</b>	
<b>5)</b>	<b>Are there cultural or spiritual wishes to be aware of?</b> ( <a href="#">See NES Spiritual Care Guidance</a> )	
	If Yes please provide details:	
<b>6)</b>	<b>Does the patient have a 'Just in Case' Box of medications for symptom management?</b>	
<b>7)</b>	<b>Any other information that Police Officers/Ambulance Crew should be made aware of?</b> <i>E.g. is patient likely to have a major bleed?</i>	
<b>8)</b>	<b>Please provide all the following details (name and contact) of professionals who can provide further information /advice if needed.</b>	
	Lead Consultant:	
	GP:	
	Other:	

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	<b>GOOD PRACTICE POINT:</b> where the patient is unstable/deteriorating it may be difficult to predict whether lead consultant will be available at time of death. Please provide as details of the Speciality Teams and GP who may be able to advise Police Scotland if required
9)	<b>Death Certification: <u>where patient is receiving end of life care at home,</u> plans for death certification will have been made. Please provide details of agreed plan and contact details or state if not applicable.</b>

**Once completed this form should be sent to both the following email addresses:**

Police Scotland: [childdeathgovernance@scotland.pnn.police.uk](mailto:childdeathgovernance@scotland.pnn.police.uk)

Scottish Ambulance Service: [sas.endoflifecare@nhs.scot](mailto:sas.endoflifecare@nhs.scot)

## Appendix 2 - NSD610-002.10 Request for an EXISTING Police Marker/Ambulance Alert to be UPDATED

The following patient has existing occurrence marker/ambulance alert which requires updating:

<b>Patient Name:</b>	
<b>DoB/CHI:</b>	
<b>Address (must include postcode):</b>	
<b>Is there a second address?</b> <i>E.g. Parents at different addresses</i>	

<b>1)</b>	<b>State reason for the update:</b>	
<b>2)</b>	<b>Has the patient's clinical condition changed?</b>	
<b>3)</b>	<b>Please select as appropriate:</b>	
	Palliative patient considered to be <b>unstable or deteriorating</b> and although they are not receiving end of life care at this stage, sudden deteriorating resulting in death would NOT be unexpected	
	Palliative patient who is actively <b>dying</b> (last days/weeks of life) and receiving end of life care at home	
	Patient has moved address	
	If YES, then provide new address and postcode:	
<b>4)</b>	<b>Is there a change to Resuscitation status?</b>	
	If YES, state resuscitation as written on the CYPADM/DNACPR:	
<b>5)</b>	<b>Is there an Anticipatory Care Plan in Place?</b>	
<b>6)</b>	<b>Are there cultural or spiritual wishes to be aware of?</b> <a href="#">(See NES Spiritual Care Guidance)</a>	
	If Yes please provide details:	
<b>7)</b>	<b>Does the patient have a 'Just in Case' Box of medications for symptom management?</b>	
<b>8)</b>	<b>Any other information that Police Officers/Ambulance Crew should be made aware of?</b> <i>E.g. is patient likely to have a major bleed?</i>	

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9)	<b>Please provide all the following details (name and contact) of professionals who can provide further information /advice if needed.</b>	
	Lead Consultant:	
	GP:	
	Other:	
	<b>GOOD PRACTICE POINT:</b> where the patient is unstable/deteriorating it may be difficult to predict whether lead consultant will be available at time of death. Please provide as details of the Speciality Teams and GP who may be able to advise Police Scotland if required	
10)	<b>Death Certification: <u>where patient is receiving end of life care at home</u>, plans for death certification will have been made. Please provide details of agreed plan and contact details or state if not applicable.</b>	

**Once completed this form should be sent to both the following email addresses:**

Police Scotland: [childdeathgovernance@scotland.pnn.police.uk](mailto:childdeathgovernance@scotland.pnn.police.uk)

Scottish Ambulance Service: [sas.endoflifecare@nhs.scot](mailto:sas.endoflifecare@nhs.scot)

## **Appendix 3 - NSD610-002.11 Request for REMOVAL of Police Marker/ Ambulance Alert**

**The following patient has existing occurrence marker/ambulance alert which requires updating:**

<b>Patient Name:</b>	
<b>DoB/CHI:</b>	
<b>Address which has existing Police occurrence marker/ambulance alert (must include postcode):</b>	
<b>Is there a second address?</b> <i>E.g. Parents at different addresses</i>	

<b>10)</b>	<b>STATE reason for requesting REMOVAL of Police occurrence/ Ambulance alert</b>

**Once completed this form should be sent to both the following email addresses:**

Police Scotland: [childdeathgovernance@scotland.pnn.police.uk](mailto:childdeathgovernance@scotland.pnn.police.uk)

Scottish Ambulance Service: [sas.endoflifecare@nhs.scot](mailto:sas.endoflifecare@nhs.scot)

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### Appendix 4 – Working Group Members and Approval

Name	Role	Health Board
Katrina Marshall	Lead Nurse	NHS Lothian
Scott MacKinnon	Palliative and End of Life Care Programme Lead	Scottish Ambulance Service
David Bywater	Lead Consultant Paramedic	Scottish Ambulance Service
June Peebles	Detective Chief Inspector	Scottish Police Service
Jennifer Culross	Detective Constable	Scottish Police Service
Karen Tomlinson	Detective Constable	Scottish Police Service

Group	Consultation & Review
PELiCaN Service Development Group	Draft document circulated to group following development, minor comments received and final changes made. Document ratified.
PELiCaN Steering Group	Draft document circulated to the SG, discussed at meeting, changes were made and then the document was ratified.
Police Scotland	Process approved by DCI, information shared with relevant staff.
Scottish Ambulance Service	Approved by organisation, information shared with relevant staff.