



**POLICE
SCOTLAND**

Keeping people safe

POILEAS ALBA

**Drink, Drugs (Railways, Marine and Aviation)
Standard Operating Procedure**

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1. Purpose / Introduction

- 1.1. This Standard Operating Procedure (SOP) supports the Road Policing Police Service of Scotland (hereafter referred to as Police Scotland) Policy.
- 1.2 This SOP contains the procedures to be followed by Officers, from preliminary breath and impairment testing, to processing a person at a Police Station or Hospital who is suspected of offences in relation to alcohol or drugs when operating within the Railways, Marine or Aviation environment/industry.
- 1.3 Officers must refer to the correct section of this standard operating procedure depending on which subject matter they are dealing with.
- 1.4 The Railways and Transport Safety Act 2003 and Transport and Works Act 1992 make provisions for drink and drug offences within the Railways, Marine and Aviation environment/industry. The processes for dealing with such offences are similar to those pertaining to drink and drug driving within the Road Traffic Act 1988.
- 1.5 When dealing with individuals who do not use English as their first language or require a sign language interpreter, officers should utilise guidance contained within the Interpreting and Translating SOP.
- 1.6 When dealing with individuals from different cultures or religions, officers should utilise guidance contained within Police Scotland's [Diversity Booklet](#).
- 1.7 Officers must ensure that throughout any process the suspect's Human Rights are adhered to.

2. Railways

2.1 Legislation

- 2.1.1 The Transport and Works Act 1992 provides legislation governing drink & drug offences in the Railways industry.
- 2.1.2 This section applies to any transport system that falls in the following categories:
 - a railway;
 - a tramway; or
 - a system which uses another mode of guided transport and is specified for the purposes of this by an order made by the Secretary of State

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2.1.3 The prescribed limits under the Transport and Works Act 1992 are:

- Breath - 35 microgrammes of alcohol in 100 millilitres of breath
- Blood - 80 milligrammes of alcohol in 100 millilitres of blood
- Urine - 107 milligrammes of alcohol in 100 millilitres of urine

2.1.4 Section 27 - Offences

If a person works on a transport system -

- (a) as a driver, guard, conductor or signaller or in any other capacity in which he can control or affect the movement of a vehicle; or
- (b) in a maintenance capacity or as a supervisor of or look-out for, persons working in a maintenance capacity;

when he is over the prescribed limit OR unfit to carry out that work through drink or drugs, he shall be guilty of an offence.

2.1.5 A person works on a transport system in a maintenance capacity if his work on the system involves maintenance, repair or alteration of –

- (a) the permanent way or other means of guiding or supporting vehicles;
- (b) signals or any other means of controlling the movement of vehicles; or
- (c) any means of supplying electricity to vehicles or to the means of guiding or supporting vehicles;

or involves coupling or uncoupling vehicles or checking that they are working properly before they are used on any occasion.

2.2 Maintaining Safety

2.2.1 Officers must ensure that where the person is performing a task that is essential to the safe operation of the railway, arrangements must be made to contact a railway supervisor to make them aware of the incident.

2.2.2 Where the location of the person is on or near the railway line, it is essential that officers move to a place of safety before a breath test procedure is undertaken.

2.2.3 If it appears that a responsible operator or employer (contractor) has failed to exercise due diligence to prevent a Transport and Works Act 1992 offence, the circumstances should be reported to British Transport Police for further investigation.

3. Marine

3.1 Legislation

3.1.1 The Railways and Transport Safety Act 2003 provides legislation governing drink & drug offences in the Marine environment/industry.

3.1.2 The prescribed limits under the Railways and Safety Act 2003 for mariners are:

- Breath - 25 microgrammes of alcohol in 100 millilitres of breath
- Blood - 50 milligrammes of alcohol in 100 millilitres of blood
- Urine – 67 milligrammes of alcohol in 100 millilitres of urine.

3.1.3 Sections 78 & 79 - Offences

A person to whom the legislation applies commits an offence if their ability to carry out their duties is impaired because of drink or drugs OR the proportion of alcohol in their breath, blood or urine exceeds the prescribed limit.

3.2 Professional Staff On / Off Duty

3.2.1 Section 78 applies to professional staff whilst **on duty** who are:

- a professional master of a ship;
- a professional pilot of a ship;
- a professional seaman in a ship.

3.2.2 Section 79 applies to a professional seaman **off duty** in a ship at a time when:

- they are not on duty, but
- in the event of an emergency they would or might be required by the nature of terms of their engagement or employment to take action to protect the safety of passengers.

3.2.3 For the purposes of these sections a master, pilot or seaman is professional if (and only if) he acts as master, pilot or seaman in the course of a business or employment.

3.2.4 Statutory Defence

A statutory defence exists if a person charged with an offence under Sections 78 or 79 of this act in respect of drugs can show:-

- that the drug was taken for medicinal purposes, in accordance with medical advice and;
- they had no reason to believe that it would impair their ability to carry out their duties or take action.

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3.2.5 If this defence is claimed this does not stop the process but a comment **must** be included in the “Known Defence” section of the Standard Prosecution Report (SPR).

3.3 Non-Professional / Recreational Mariners

3.3.1 The provisions do not yet apply to non-professional or recreational mariners, as Section 80 of the Act has not yet been enacted. However, the Common Law crime of Reckless Conduct may be considered.

3.3.2 A number of harbours and waterways have local byelaws in place in relation to non-professional mariners navigating ships or vessels whilst under the influence of alcohol or drugs. Officers should check with local harbour master, coastguard or ports unit for further details.

4. Aviation

4.1 Legislation

4.1.1 The Railways and Transport Safety Act 2003 provides legislation governing drink & drug offences in the aviation industry.

4.1.2 Prescribed Limits

4.1.3 The prescribed limits for an **aviation function or ancillary function (except if acting as a licensed aircraft maintenance engineer)** are:

- Breath – 9 microgrammes of alcohol in 100ml of breath
- Blood – 20 milligrammes of alcohol in 100ml of blood
- Urine – 27 milligrammes alcohol in 100ml of urine

4.1.4 The prescribed limits when acting as a **licensed aircraft maintenance engineer** are:

- Breath – 35 microgrammes of alcohol in 100ml of breath
- Blood – 80 milligrammes of alcohol in 100ml of blood
- Urine – 107 milligrammes of alcohol in 100ml of urine

4.1.5 Sections 92 & 93 – Offences

A person, to whom the legislation applies, commits an offence if they are impaired because of drink /drugs OR over the appropriate prescribed limit.

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4.2 Aviation Function / Maintenance Engineer

4.2.1 For the purposes of this subject the following (and only the following) are [aviation functions](#):

- (a) acting as a pilot of an aircraft during flight,
- (b) acting as flight navigator of an aircraft during flight,
- (c) acting as flight engineer of an aircraft during flight,
- (d) acting as flight radio-telephony operator of an aircraft during flight,
- (e) acting as a member of the cabin crew of an aircraft during flight,
- (f) attending the flight deck of an aircraft during flight to give or supervise training, to administer a test, to observe a period of practice or to monitor or record the gaining of experience,
- (g) acting as an air traffic controller in pursuance of a licence granted under or by virtue of an enactment (other than a licence granted to a student), and
- (h) acting as a licensed aircraft maintenance engineer.

4.2.2 A person acts as a licensed aircraft maintenance engineer if -

- (a) he issues a document relating to the maintenance, condition or use of an aircraft or equipment in reliance on a licence granted under or by virtue of an enactment relating to aviation, or
- (b) he carries out or supervises work on an aircraft or equipment with a view to, or in connection with, the issue by him of a document of the kind specified in paragraph (a) above.

4.2.3 An activity shall be treated as ancillary to an aviation function if it is undertaken—

- (a) by a person who has reported for a period of duty in respect of the function, and
- (b) as a requirement of, for the purpose of or in connection with the performance of the function during that period of duty.

4.2.4 A person who in accordance with the terms of an employment or undertaking holds himself ready to perform an aviation function if called upon shall be treated as carrying out an activity ancillary to the function.

4.2.5 Where a person sets out to perform an aviation function, anything which he does by way of preparing to perform the function shall be treated as an activity ancillary to it.

5. Preliminary Breath / Impairment Testing & Arrest

- 5.1 Powers to require provision of preliminary breath / impairment tests broadly mirror those for drink / drug driving.
- 5.2 Roadside breath screening devices will be used for preliminary breath tests for Railways, Marine and Aviation alcohol/drugs offences.
- 5.3 Officers when dealing with an incident must not rely on a positive sample which has been undertaken as part of an internal railway screening test. The screening test must be obtained directly by a British Transport Police or Police Scotland officer.
- 5.4 Given the sensitivities surrounding breath testing staff; in order to maintain public reassurance officers are advised that screening breath tests are undertaken out of view of the travelling public to avoid unnecessary alarm.

5.5 Railways

- 5.5.1 Breath Tests - Where a constable in uniform has reasonable cause to suspect:
 - (a) That a person working on a transport system in any capacity mentioned above, has alcohol in their body; or
 - (b) That a person has been working on a transport system in any capacity with alcohol in his/her body and still has alcohol in their body;he may require that person to provide a specimen of breath for a breath test.
- 5.5.2 Where an accident or dangerous incident occurs on a transport system a constable in uniform may require a person to provide a specimen of breath for a breath test if there is reasonable cause to suspect that:
 - (a) At the time of the accident or incident that person was working on the transport system; and
 - (b) An act or omission of that person whilst working may have been a cause of the accident or incident.
- 5.5.3 A dangerous incident means an incident which in the constable's opinion involves a danger of death or personal injury.

5.6 Marine / Aviation

- 5.6.1 Preliminary Tests – Marine / Aviation - Where a constable in uniform has reasonable cause to suspect:
 - (a) that a person is committing an offence under this section,
 - (b) that a person has committed an offence under this section and still has alcohol or a drug in his body or is still under the influence of a drug, or
 - (c) an accident occurs owing to the presence of a ship in a public place OR involving an aircraft and the person was one to which the legislation applies

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he may require that person to provide a specimen of breath for a breath test or cooperate with an impairment test.

5.7 Arrest

5.7.1 In general terms powers of arrest for Railways / Marine / Aviation offences mirror those in relation to drink / drug driving offences - where there is reasonable cause to suspect that a person is or has been committing an offence. This includes:

- Provision of positive breath test
- Evidence of impairment
- Failure to provide a breath specimen or cooperate with an impairment test

5.7.2 The arrested person will be conveyed to the nearest police custody area and processed as per Section 6 (Station Procedure) and Force Forms as per Appendix 'D'.

5.8 Power of Entry

5.8.1 In Scotland, there is no statutory right of entry to premises where a person, regarded as a suspect in terms of these Acts, is believed to be. Powers in Scotland are covered by Common Law and the advice contained with the Drink Drugs Driving SOP (Section 5 - Power of Entry) provides advice in this regard.

6. Station Procedure

6.1 General

6.1.1 Station procedures broadly mirror those for drink / drug driving and officers should take cognisance of the general guidance contained within the Drink Drugs Driving SOP (Section 6 – Station Procedure).

6.1.2 Evidential breath testing devices (Intoximeter EC/IR's) located within police stations **must not** be used in relation to Railways, Marine or Aviation offences. Only blood or urine will be taken for the purposes of evidential analysis.

6.1.3 The relevant Force Forms (as per Appendix 'D') must be used in relation to Railways, Marine or Aviation offences.

6.2 Specimen Procedure – Blood / Urine

6.2.1 In taking a specimen the medical practitioner (e.g. Service Medical Examiner) or where appropriate, registered health care professional (Road Traffic Act 1988, section 11) is to use the appropriate kit. Officers should ensure the correct kits are used, the seals are intact and the date printed on the exterior of the kit has not expired.

6.2.2 Each component of the kit to be used should be examined before use. If any

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item is found to be defective the whole kit should be discarded and a different one used. Defective Kits should be returned to Procurement.

- 6.2.3 If a **urine** sample is provided, it should be divided into the two phials provided within the 'urine kit', ensuring the preservative tablets are within the phials and the lids of the containers are securely screwed on. The phials should be shaken to mix the preservative, as per enclosed instructions. Thereafter, the accused should be asked if they wish to be supplied with a portion of the specimen (one of the phials).
- 6.2.4 If a **blood** sample is provided it should be divided into the two phials provided within the 'blood kit' and shaken to mix the anti-coagulant. Thereafter the accused should be asked if they wish to be supplied with a portion of the specimen (one of the phials).
- 6.2.5 Where the accused wished to be supplied with a portion of the sample (blood or urine) they should be allowed to indicate the portion (phial) they wish to take. The sample retained by the police becomes the 'A' sample and the sample chosen by the accused becomes the 'B' sample.
- 6.2.6 The samples should be packaged as per instructed (see section 6.5) and the 'A' sample should be refrigerated but not frozen until it is sent for analysis.
- 6.2.7 The accused should be provided with the sample they have chosen (the 'B' sample), packaged appropriately, along with the booklet providing guidance on analysis. The accused should be informed that the sample must be stored and analysed as per the guidance on the envelope, which is self-explanatory.
- 6.2.8 Where the accused is kept in custody, the 'B' sample should be stored appropriately in a fridge by police on their behalf, until they are released or can arrange for a nominated person e.g. a Solicitor or a Defence Expert, to uplift same. The 'B' sample must **never** be added to accused's property and should be lodged as a production. Retention of B Sample Notice (Form 126-088) explains the procedure and must be added to accused's property.
- 6.2.9 The accused should be informed both verbally and in writing Retention of B Sample Notice (Form 126-088) that the 'B' sample will be retained by police in a fridge to protect against damage and that they, or a nominated representative, can uplift the sample.
- 6.2.10 It will be the responsibility of the reporting officer to ensure the sample is lodged as a production and stored correctly. They are also responsible for informing the accused and adding Retention of B Sample Notice (Form 126-088) to accused's property.
- 6.2.11 If the accused's solicitor attends at the Police station, they should also be informed both verbally and in writing (Retention of B Sample Notice (Form 126-088)) that the 'B' sample has been retained. The solicitor should be encouraged to seek direction from the accused in relation to retention and analysis of the 'B' sample as soon as possible

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- 6.2.12 Where the accused nominates a person to uplift the 'B' Sample, they should be informed that the nominated person should have a letter of declaration of authority from the accused and that person should produce identification. When the nominated person attends to uplift the sample, their identity should be confirmed and they must sign a production release form prior to the sample being given to them. They should also be given the booklet providing guidance on analysis. This person should be informed that the sample must be stored and analysed as per the guidance on the envelope.
- 6.2.13 When reporting the case to the Procurator Fiscal the fact that a 'B' sample has been retained by the Police should be clearly highlighted within the SPR.
- 6.2.14 Where a 'B' sample has been requested by the accused but subsequently not uplifted by them or a nominated person, it is the responsibility of the reporting officer to ensure direction is received from the Procurator Fiscal prior to the sample being destroyed.
- 6.2.15 Where the accused has stated they do not wish to be supplied with a portion of the blood / urine sample, they should be informed it will not be retained by police and it will be destroyed. The receipt section of the process forms should be completed and signed appropriately (006-009 D1R, 006-010 D2R, 006-011 D3R or 006-012 D4R). The 'B' Sample must not be sent with the 'A' sample for analysis. For further guidance on disposal refer to the Lost, Abandoned and Found Property SOP.

6.3 Medical Examinations (drugs suspected)

- 6.3.1 Forensic medical examiner or equivalent with the permission of the accused will carry out an examination to determine possible impairment. This will be carried out outwith the presence of police.
- 6.3.2 Accused persons who request examinations by their own doctor should be informed that this will be at their own expense, such examinations should take place after examination or observation by the police forensic medical examiner or equivalent.
- 6.3.3 The forensic medical examiner or equivalent and accused should be introduced and the accused consent to the examination confirmed again by the forensic medical examiner or equivalent in the presence of the police. They should also be advised that if drugs are suspected, then the police should be informed so that a requirement can be made for blood or urine.
- 6.3.4 If the accused refuses to consent to the examination or is incapable of giving or with holding consent, the forensic medical examiner or equivalent should only make observations.
- 6.3.5 The result of these examinations should be recorded on a soul and conscience form which should be placed within an envelope, sealed and marked confidential by the forensic medical examiner or equivalent, before being forwarded to the PF.

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6.4 Labels / Sealing

- 6.4.1 Four self-adhesive labels (2 large and 2 small) are provided in each kit and should be completed in ink (in the case of blood, by the forensic medical examiner or equivalent and the police officer involved). The small labels should be securely attached to the glass phials and the large labels to the plastic securitainers, with the details facing outwards. (Note: Older style blood kits containing only two large self-adhesive labels remain in circulation and can continue to be used providing the expiry date has not been exceeded. Where only two large stickers are provided, they must be attached to the outside of the plastic securitainers and **not** on to the glass phials.)
- 6.4.2 The phials or bottles, with the labels attached, should then be placed upright into the translucent securitainer, care being taken to ensure that they are securely sealed with the white cap. **Do not** remove the tear off strips. Labels as described at 8.6.1 should then be attached.
- 6.4.3 The securitainer containing the accused's sample is to be placed in the printed envelope, which is to be sealed. The envelope is to be signed across all three sealed edges by the police surgeon and police officer involved. Security tape is to be placed firmly, without overlap, along the three sealed edges.
- 6.4.4 The accused is to be asked to sign in the appropriate place on the relevant procedural form, indicating that they have received or declined to accept his part of the specimen. In the event of the accused declining to accept the sample and/or declining to sign the form accordingly, the officer in charge of the case is to indicate this by signing to that effect in the appropriate place on the form. They have to retain the refused specimen with the other productions until the case has been finally disposed of when the specimen is to be incinerated.
- 6.4.5 The envelope is to be given to the accused together with the 'List of Analysts' and the accused's attention is to be drawn to the details printed on the envelope, which are self-explanatory.
- 6.4.6 Any relevant documentation that is required to be retained must be carried out in compliance with the Records Retention SOP.

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6.5 Packaging of Productions

- 6.5.1 The prosecution part of the specimen in its Securitainer is to be placed in the envelope provided. In the case of a blood specimen this envelope is pre-addressed. Blood specimens require the police officer and the police surgeon to sign the envelope across all sealed edges.
- 6.5.2 For urine analysis, **both** police officers will require to sign over the three sealed edges. Thereafter security tape is to be placed firmly, without overlap across the signature and sealed edges.
- 6.5.3 The following details are then to be printed in ink on the front of the envelope:
- Date sample taken;
 - Local Policing Area and station or hospital where sample taken;
 - Accused's name; and
 - Whether it contains a 'blood' or 'urine' sample.
- 6.5.4 **Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 35 Law Enforcement and Section 39 Health, Safety and the Environment prior to publication.**

6.6 Drug Details

- 6.6.1 Where a specimen has been obtained for analysis for drugs, the form is to be clearly marked "Drugs Suspected" and any information as to the type of drug likely to be involved (including any prescribed medicines), is to be provided together with a sample pill, tablet or ampoule, where available.

6.7 Blood

- 6.7.1 Only a medical practitioner (e.g. Force Medical Examiner) or registered health care professional are to take blood specimens and the sample should be taken in the presence of a police officer. It should be noted that a registered health care professional can only be engaged to take a blood specimen in relation to prescribed limits offences (Transport and Works Act 1992, Section 27(2), Railways and Transport Safety Act 2003, Section 78(3), 79(3), 93). Registered health care professionals should not be used during any other part of the drink/drug evidence gathering process.
- 6.7.2 The medical practitioner or registered health care professional is to obtain the accused's consent and must complete the appropriate force form. For information relating to forms refer to Appendix 'D'.
- 6.7.3 Should a medical practitioner or registered health care professional state that, in their opinion, a specimen of blood cannot or should not be taken from the accused on medical grounds no separate document is required to certify this: completion of the appropriate part of the procedural form is sufficient.

6.8 Urine

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- 6.8.1 When a urine specimen is being taken two police witnesses are to be present during the collection and during the whole of the procedure involved. Only officers of the same sex as the accused may supervise the collection of urine.
- 6.8.2 During the procedure, officers involved must wear the protective gloves issued.
- 6.8.3 Two specimens of urine must be collected within one hour of the requirement, the first specimen is to be disposed of and disregarded.
- 6.8.4 The second specimen is to be collected in a suitable receptacle and, in the presence of the accused, divided equally between the two glass bottles supplied in the urine kit. The remainder of the specimen should be discarded and the container used, rinsed, and placed in the receptacle marked "Clinical Waste" for destruction. The samples should be shaken for at least 30 seconds to ensure the preservative, contained within each phial, is dispersed thoroughly.
- 6.8.5 Each bottle is then sealed, labelled and placed within the plastic containers, protected by cotton wool. The lids of containers are then securely fixed and the containers labelled in the presence of the accused. Each phial and securitainer should be labelled using one of the four large labels included in the kit. Each phial should be placed in its own securitainer together with an absorbent pad, and a piece of foam packaging placed on top of the phial and sealed as per instructions. Do **not** remove the tear-off strips.
- 6.8.6 Analysis for alcohol can be carried out on very small quantities of urine. Analysis for drugs, however, requires a larger quantity and effort should therefore be made to obtain a sufficient quantity.
- 6.8.7 A new set of specimen bottles is to be used for each sample. The bottles are to be destroyed by incineration when all criminal proceedings in the case including any appeal have been concluded.
- 6.8.8 The suspect's part of the sample should be dealt with as per the section on labels/sealing.

6.9 Submission of Blood / Urine Samples for Analysis

- 6.9.1 Officers when submitting blood or urine for analysis in relation to drink/drug driving offences should now use form 126-030 Blood/Urine Specimen for Analysis. This form is self-explanatory and should be completed by the reporting officer(s).
- 6.9.2 **Standard procedure** - The main section of the form should be completed and enclosed within the sample package before closing and the completed stub attached to the outside of the sealed package. The sample should then be lodged at a suitable location (see list at Appendix 'D'). **Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 35 Law Enforcement and**

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Section 39 Health, Safety and the Environment prior to publication.

- 6.9.3 There are some areas where it is not practicable to have the sample taken by a driver, these samples can be posted.
- 6.9.4 **Posting** - Samples should only be posted when for operational reasons the standard procedure cannot be complied with. The entire form should be placed within the sample package before closing. The package should then be posted using Royal Mail Special Delivery Guaranteed or similar, to ensure prompt and secure delivery.

7. Hospital Procedure

- 7.1 Hospital procedures broadly mirror those for drink / drug driving. When it is decided to proceed under Railways, Maritime or Aviation legislation and the suspected person is a patient in a hospital, the appropriate form is to be raised and the procedure contained therein followed.
- 7.2 When seeking a specimen of breath for a breath test from a patient in a hospital, no such requirement shall be made unless the **medical practitioner** in immediate charge of the patient's case has been notified and consents to the requirement being made and has completed the hospital procedure form; "Medical practitioner" means a doctor and **not** a "nurse practitioner" nor a "registered health care professional".
- 7.3 Officers should note the medical qualification of the person approached to obtain consent to make a requirement to provide a specimen of breath for a breath test as this is fundamental to the admissibility of any subsequent evidence obtained.
- 7.4 When a blood sample is to be required, a forensic medical examiner or equivalent is to be summoned to take the specimen. The specimen of blood is not to be taken by the hospital doctor.
- 7.5 A patient remains a patient at a hospital until they are discharged by a doctor or 'self-discharges'.
- 7.6 The power of arrest in respect of Railways, Marine and Aviation offences does not apply to a person who is a patient at a hospital.
- 7.7 Obtaining Blood Sample from Unconscious Persons at Hospital**
- 7.7.1 The legislation empowers a medical practitioner to take a blood specimen from a person suspected of a Railways, Marine or Aviation offence, while that person is incapable of giving consent. The procedure mirrors that pertaining to drink / drug driving offences.
- 7.7.2 In these circumstances, the medical practitioner in charge of the medical care of the accused should be asked if they have any objections to a police medical practitioner taking a specimen of blood. They can only object if they believe

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the procedure would be prejudicial to the proper care and treatment of the patient.

- 7.7.3 The reason for such a refusal should be recorded in the officer's notebook. If such an objection is raised, the specimen cannot be taken and the procedure ends. If permission is granted, the procedure in the form should be followed. This can only be initiated if the person has been involved in an accident. Where the appropriate form is used, this should be completed up to the relevant section and then stored locally to allow access once the patient regains consciousness.
- 7.7.4 Where a blood sample has been taken, it will be divided into two parts and sealed in the tamper evident bags. Both bags will be placed into a third large jiffy bag. This bag will then be retained as a production, and stored in a refrigerator at a police station.
- 7.7.5 This envelope will be clearly marked as follows:
- 'UNCONSCIOUS PERSON CASE - NOT TO BE OPENED EXCEPT ON THE SPECIFIC INSTRUCTION OF (OFFICER IN CHARGE OF CASE).'**
- 7.7.6 In the interim period the patient's condition should be monitored to ascertain if and when they can be interviewed. A designated officer should make enquiries with the hospital at least once each day.
- 7.7.7 When the patient regains consciousness and prior to interviewing them, the investigating officer must confirm with the medical practitioner in charge of the patient if they are fit to be asked to give permission for the analysis of the specimen and to receive a warning of the consequences of refusal.
- 7.7.8 It is an offence to fail to give permission for analysis of the specimen. The patient should be offered the second part of the specimen and if declined, it should be retained as normal.

7.8 Admission Blood Samples

- 7.8.1 In more serious cases, such as where a serious or fatal incident has occurred, then arrangements should be made with the relevant hospital to secure and retain the admission blood sample obtained from the suspect. This should be carried out without delay to prevent the sample being destroyed or discarded by the hospital. This process will be formalised through contact with the local PF.

8. Reporting of Offenders

- 8.1 Any offences detected in relation to Drink / Drug offences will be reported to the PF in the usual manner using a SPR.

9. Analyst's Report

- 9.1 The analyst's report will be sent from the Laboratory to the Case Management Unit covering the area concerned, in duplicate. The two copies are to be included in the report to the Procurator Fiscal, except in cases where the proportion of alcohol in the specimen is below the prescribed limit, in which case the two copies are to be filed.

List of Associated Legislation

- Transport and Works Act 1992
- Railways and Transport Safety Act 2003
- Human Rights Act 1998
- Data Protection Act 2018

List of Associated Reference Documents

- Drink, Drugs Driving SOP
- Interpreting and Translating SOP
- Record Retention SOP

List of Associated Forms

- D1R – Force Form 006-009 (Station Procedure – Alcohol)
- D2R – Force Form 006-010 (Station Procedure – Unfit Alcohol / Drugs)
- D3R – Force Form 006-011 (Hospital Procedure / Unconscious Casualty)
- D4R – Force Form 006-012 (Hospital Procedure – continuation)
- D5R – Force Form 006-013 (Preliminary Impairment Test)
- 126-030 Blood-Urine Specimen for Analysis
- Retention of B Sample Notice (Form 126-088)

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Appendix 'D'

Police Stations where Blood or Urine Samples can be Lodged

'A' Division	Queen St
'B' Division	Elgin
	Inverurie
	Peterhead
'C' Division	Stirling
	Falkirk
	RPU Stirling
'D' Division	Perth
	Bell St Dundee
	Arbroath
'E' Division	St Leonards
	Livingston
'G' Division	Stewart St
	Partick
	Drumchapel
	Maryhill
	London Rd
	Baird St
	Kirkintilloch
	Easterhouse
	Shettleston
	Govan
	Cathcart
	Gorbals
	Giffnock
	Barrhead
	Pollock
'J' Division	Hawick
	Galashiels
	Kelso
	Dalkeith
'K' Division	Greenock
	Paisley
	Johnstone

OFFICIAL: POLICE ONLY

'L' Division	Clydebank
	Dunoon
	Lochgilphead
	Campbeltown
	Oban
	Tobermory
	Bowmore
'N' Division	Inverness
	Dingwall
	Wick
	Fort William
	Portree
	Aviemore
	Nairn
	Tain
	Kirkwall
	Lerwick
	Stornoway
	Balivanich
'P' Division	Kirkcaldy
	Glenrothes
	Dunfermline
'Q' Division	
'U' Division	Saltcoats
	Irvine
	Kilmarnock
	Ayr
	Cumnock
'V' Division	Dumfries