Reference No: 2601

Title:	Management of Information Markers		
Author(s):	[redacted] Assistant Director for Governance, Risk and Assurance		
Responsible Director:	[redacted] Interim Director of Planning, Performance and Corporate Services		
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14/10/2025	0.1	[redacted]	Initial draft
11/12/2025	0.2		Second draft incorporating changes
12/01/2026	1.0		First version agreed

1.0 INTRODUCTION

1.1 Background

1.1.1. This policy has been developed to provide a framework for the management of Information Markers (IMs) which are contained within the Computer Aided Dispatch (CAD) system used in the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS).

1.1.2. IMs are used, primarily, to support frontline operational staff by alerting them about any potential issues or risks they may need to be aware of when attending a particular location.

1.1.3. Communication of information contained within an IM will help to inform staff's dynamic risk assessment at scene and whether there may be any additional measures they may need to take to help keep themselves, colleagues or patients safe.

1.1.4. The use of IMs at NIAS is an integral aspect of the Trust's obligations under The Health and Safety at Work (NI) Order 1978, particularly, its responsibilities to manage the risks from work related violence to its employees and to protect the health and safety of patients, staff, visitors and contractors.

1.2 Purpose

1.2.1 The purpose of this policy is to ensure a consistent approach for the placement, review and management of IMs at NIAS, and to set out how the Trust complies with its legislative requirements in respect of IMs, including relevant Data Protection legislation.

1.3 Objectives

1.3.1 The objectives of this policy are to:

- Ensure that there is a clear process for the application, verification and review of IMs used in the Trust.
- Support staff by ensuring that they are provided with accurate information about potential hazards, risks and issues before attending calls.
- Set out the governance arrangements for the management of IMs at NIAS.

- Ensure all staff groups are aware of their roles and responsibilities in respect of the use of IMs.

2.0 SCOPE

2.1 This policy covers the management of IMs pertaining to:

- Potential risks to staff (e.g., a history of violence and aggression).
- Any medical condition or clinical status that is likely to materially affect NIAS's response to a patient out with extant clinical pathways and guidelines.
- Specific issues regarding properties (e.g., keycode access).
- Relevant safeguarding information.
- IMs pertaining to individuals known to the Trust's Complex Case Team.
- Bariatric patients and associated moving, handling and lifting risks.

2.2 This policy applies to all IMs contained on the CAD. The default position will be to add an IM to the address where a particular service user resides. However, in exceptional circumstances, and where the information can be reliably verified, limited IM information can be placed on a specific telephone number.

2.3 A decision to place an IM on a telephone number should be discussed in the first instance with the Trust's Violence Reduction Lead and/or Assistant Director for Governance, Risk and Assurance. This will be considered only when there is likely to be a significant level of threat and harm to NIAS staff and/or the associated service user is transient (or has no fixed abode).

3.0 ROLES AND RESPONSIBILITIES

3.1 The **Chief Executive** has ultimate responsibility for the implementation and oversight of this Policy.

3.2 The **Medical Director**, as the Trust's Caldicott Guardian, will ensure that adequate governance arrangements are in place to support the appropriate and timely review of IMs.

3.3 The Medical Director (or Deputy) will also ensure that medical advice is provided in respect of the management and retention of IMs which relate to a patient's clinical condition.

3.4 The **Director of Planning, Performance and Corporate Services**, as the Senior Information Risk Officer (SIRO) will support the Medical Director in implementing appropriate governance and processes to ensure the Trust's

compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

3.5 The **Director of Operations**, through the **Assistant Director of Operations**, is responsible for ensuring that local procedures within the Emergency Operations Centre (EOC) and Non-Emergency Operations Centre (NEOC) are in place for the adding and review of IMs contained within CAD, in line with this policy.

3.6 Staff **working in EOC and NEOC** must be vigilant to any IMs recorded on CAD and **must inform the allocated crew of the IM** which is registered to the address – either through verbal instruction and/or by sending a message through the MDT.

3.7 The **Control Training & Quality Improvement Unit (CTQIU)** is primarily responsible for the administration of the CAD, including the management of IMs which are contained on the system. CTQIU will ensure that IMs which are added have undergone the necessary governance checks (as outlined below), appropriate review dates for IMs are added in line with this policy and that reports, and information are extracted from the system to support decision-making around IM retention.

3.8 The Trust's **Violence Reduction Lead** will review incidents of reported violence and aggression submitted through Datix and will be available to verify requests for related IMs, in line with guidance set out in this policy.

3.9 The Trust's **Complex Case Team** will manage all IMs pertaining to service users that meet the Trust's frequent caller criteria and will engage with other departments across NIAS as required.

3.10 The **Head of Safeguarding** will be responsible for ensuring that processes are in place within the safeguarding team for the review and management of IMs pertaining to safeguarding matters, in line with the principles set out in this policy.

3.11 The Trust's **Datix team** will support all teams across the Trust who are involved in the management of IMs by providing any necessary information and/or adverse incidents reports which have been submitted by staff to verify a request for the placement of an IM. The Risk and Governance team will also carry out a review of all violence and aggression IMs on the system 12-months after their placement to verify up-to-date information and support decision-making around retention.

3.12 **All staff are responsible** for identifying any risks or hazards that might warrant placement of an IM and alerting their manager or EOC/NEOC when they

become aware of it. An adverse incident report must be submitted via Datix as soon as possible following identification of the issue for the IM request to be verified.

3.13 Operational staff attending a call must fully use the IM information to inform their response and management when at scene.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

4.1.1 No specific definitions associated with this policy.

4.2 Verification of IM Requests

4.2.1 IMs have the potential to materially affect NIAS's response to a patient and may contain sensitive information. NIAS must have a sound evidence-base and rationale for the placement of an IM on a person's address.

4.2.2 To substantiate the placement of an IM, an adverse incident report form must be submitted via Datix, containing relevant details about the issue at hand whether that be the potential for violence and aggression, access issues or safeguarding concerns etc.

4.2.3 An adverse incident report enables NIAS to investigate the circumstances leading to the request and to verify that there is a sufficient level of risk to support addition of an IM on CAD.

4.2.4 This includes situations where NIAS is notified of information by another HSC Trust or partner organisation with which NIAS has a data sharing agreement that may lead NIAS to place an IM on a property. Should NIAS be provided with such information, the person requesting placement of the IM should submit an incident report via Datix and document the relevant details to substantiate the placement of the IM.

4.2.5 It may be necessary to seek written documentation and further information from the third party, if there is insufficient information provided initially to compile an adverse incident report.

4.2.6 Only in extreme and exceptional circumstances should an IM be placed on CAD without an adverse incident report. For example, if a crew were to experience a serious assault at scene and there is anticipated to be a high likelihood of NIAS re-attending that location in the near future. In any event, an incident report form should be submitted via Datix as soon

as possible following the event to support placement of the IM, and ideally within 24 hours.

4.2.7 IMs relating to a patient's medical condition will not usually require an adverse incident report to put on Datix. The Trust's Medical Director should be informed of these IM requests directly and will authorise their placement on CAD.

4.3 Wording of IMs

4.3.1 The information included in IMs is important to enable staff working in EOC/NEOC and operational crews to identify any potential risks or hazards at a location quickly and efficiently, and to facilitate effective decision-making.

4.3.2 The wording of an IM will vary depending on the specific circumstances and type of IM, for example those pertaining to risks of violence and aggression will differ to IMs about access issues at a property.

4.3.3 IMs should be constructed as succinctly as possible and should only contain the necessary level of information needed to communicate the issue of concern. The key is to ensure information is relayed to highlight the risk to protect staff and others from risk of harm.

4.3.4 At a minimum the service user's name, address and date of birth (or approximate age) should be included within the IM to support accurate review and decision-making around the continued applicability of the marker.

4.3.5 It is important that those who access the system can understand the warning being flagged and that the IM is easily accessed.

4.3.6 The table below illustrates model wording for different types of IM.

4.4 Review and retention

4.4.1 An integral aspect of good information management and compliance with relevant Data Protection legislation is that information should not be kept for any longer than is necessary, and that IMs should be archived when there is no longer a risk.

4.4.2 NIAS will ensure that there are appropriate mechanisms in place to review IMs contained on the CAD and that decisions are taken to archive IMs where appropriate (as set out below).

4.5 Managing Violence and Aggression IMs

4.5.1 The primary purpose of placing IMs on addresses where there may be a potentially violent or aggressive service user(s) present is to protect staff who may attend that property in the future.

4.5.2 A decision to include an IM on an address must be based on a specific incident or expression of clearly identifiable concern by NIAS staff, rather than general opinions about that individual. An IM may be placed regardless of whether the act was intentional or not. The individual should pose a genuine risk and the decision to place an IM should be considered following any one of the incident types listed below:

- Physical assault (including spitting).
- Non-physical assault which may include:
  - Brandishing weapons or objects which could be used as weapons.
  - Attempted assaults.
  - Offensive gestures.
  - Threats.
  - Intimidation.
  - Harassment or stalking.
  - Damage to vehicles or equipment which causes a fear for personal safety.
  - Offensive language or behaviour related to a person's race, gender, nationality, religion, political opinion, disability status, age or sexual orientation.
  - Inappropriate sexual language or behaviour.

4.5.3 Following such an incident, staff should complete an adverse incident form on Datix in accordance with the *Reporting and Management of Adverse Incidents Policy*. It is important that staff enter the service user's name, address and date of birth (or approximate age) on the adverse incident form to ensure the IM is as meaningful as possible.

4.5.4 The reporter should ensure that a request for an IM is included on the incident form. Following receipt of the incident form, the Datix team will ensure it is coded appropriately and will assign it to an appropriate Incident Investigator and the Trust's Violence Reduction Lead for further review.

4.5.5 The Incident Investigator and Violence Reduction Lead will review the circumstances pertaining to the incident and verify the request to place the IM.

4.5.6 Several factors will be considered when deciding to place an IM including the nature and type of incident that occurred, the impact on staff and provision of services, the likelihood that the incident could be repeated and the level of risk of violence or harm that the individual poses.

4.5.7 Generally, an IM will only be placed when the level of risk is considered to be Medium or higher. Lower risk incidents, for example, generalised swearing or foul language not directly related to a person's individual characteristics would not necessitate an IM.

4.5.8 An IM will not be placed where there is insufficient evidence of actual violent and aggressive behaviour towards NIAS staff or where there are mitigating circumstances that do not warrant placement of an IM.

4.5.9 Once a decision has been made to place an IM on a property, the Trust's Violence Reduction Lead/Datix team will communicate the details to CTQIU, including the IM wording, property details and review date for inputting to CAD.

4.5.10 **Weapons**: where weapons including firearms, knives and other artefacts are displayed or visible at scene, staff must consider the intent and behaviour of the person(s) present. For example, if someone drew attention to the weapons in a manner that was considered threatening, or spoke about using them against NIAS staff, this would automatically warrant placement of an IM.

4.5.11 However, displaying such items in and of itself would not necessarily justify an IM. Where staff suspect that the items on display may be illegal, they should consider the need to notify the Police Service for Northern Ireland (PSNI).

4.5.12 **Potentially dangerous animals**: where staff attend a property and there is a potentially dangerous animal(s) present, crews should ask the persons at scene to control the animal and keep it secure until they have cleared the location. If such a request is refused, or if the animals are used in anyway to threaten or intimidate staff, an IM would be warranted.

4.5.13 Staff should always consider the need for seeking PSNI support in such circumstances where they are faced with a potentially dangerous animal which cannot be controlled at scene.

4.6 Managing Safeguarding IMs

4.6.1 All IMs pertaining to safeguarding concerns will be managed and reviewed by the Safeguarding team, following the principles outlined in this policy.

4.6.2 All safeguarding referrals at NIAS are managed via adverse incident reports which are submitted through Datix and are automatically allocated to the safeguarding team for review.

4.6.3 The safeguarding team will triage referrals and will determine whether an IM may need to be allocated to a property because of the information contained in the referral and further to any subsequent investigation.

4.6.4 Examples of relevant safeguarding referrals include, but are not limited to, unborn baby alerts, risk of domestic abuse and any other welfare issues NIAS staff may need to be aware of when attending that property.

4.6.5 The safeguarding team will liaise directly with CTQIU to facilitate the amendment and/or archiving of relevant IMs under their remit.

4.7 Managing Complex Case IMs

4.7.1 Similarly, the Complex Case Team will oversee the management of IMs associated with service users who are currently being managed under the Trust's complex case arrangements and associated policies and procedures.

4.7.2 When a service user meets the trigger for referral to the complex case team, the team will consider the IMs currently on CAD for the individual and whether the wording and frequency of review may need to be adjusted.

4.7.3 The Complex Case Team will liaise directly with CTQIU to facilitate the amendment and/or archiving of relevant IMs under their remit.

4.8 Managing Property Access IMs

4.8.1 Where it is identified that there are potential issues at a location which might inhibit a future response, for example a keycode or unique/challenging layout at an address, staff must ensure that the details are recorded on an adverse incident report form via Datix and an IM requested.

4.8.2 Staff must ensure that they secure the consent of the service user before acquiring details of how to access a property and document accordingly both on the ePRF and on the adverse incident report form.

4.8.3 On receipt of the incident report form, the Datix team will send the proposed wording of the IM to CTQIU for entry onto CAD.

4.9 Medical and Treatment-related IMs

4.9.1 An IM relating to a patient's medical condition(s) or treatment will be added to CAD where it is likely to materially affect NIAS's response and clinical decision-making.

4.9.2 NIAS's Medical Director will consider all requests and will liaise directly with CTQIU to ensure that they are inputted onto the system: requests should be submitted by a registered Healthcare Professional.

4.9.3 Any request made by a service user for the placement of an IM must be substantiated by information provided by a registered clinician with respect to the service user's diagnosis or condition necessitating the IM.

4.9.4 It is the responsibility of the requestee to keep NIAS informed of any medical changes, if the patient changes address or if the patient dies.

4.9.5 Requests for a priority response and those for transport to a specific destination will be considered on an individual basis: these requests must be substantiated by information provided by a registered clinician. These IMs will be caveated that at times of extreme operational pressure, the Duty Manager in EOC will have discretion over facilitating.

4.9.6 IMs regarding general information on a medical condition not requiring specific action which are accepted will be held on CAD for 2 years.

4.10 Complex moving and handling IMs

4.10.1 Where NIAS staff have attended a property and identified that a service user requires a specific or specialist moving, handling and lifting intervention, for example if they are bariatric, following a risk assessment, an IM should be placed on CAD.

4.10.2 After an adverse incident report has been submitted with the details about the patient and property, the Datix team will liaise with the Incident Investigator to verify the circumstances and any additional controls which have been put in place because of the risk assessment.

4.10.3 The Datix team will then notify CTQIU of the IM wording and the review date.

4.11 Summary Table for IM Management

4.11.1 The table below sets out model wording and the typical retention periods of the most common types of IM used at NIAS:

IM Category	IM Type	Model IM Wording	Minimum Retention Period
Violence and Aggression	Physical Assault	"Exercise caution. On [DATE] [NAME AND DOB] physically attacked and assaulted NIAS staff at this location."	2 years
	Non-Physical Assault	"Exercise caution. On [DATE] [NAME AND DOB] was abusive/threatening towards NIAS staff at this location."	12 months
Safeguarding	Vulnerable/High Risk Information	"Safeguarding concerns have been identified with [NAME AND DOB] at this location."	2 years
	Child risk markers	"Safeguarding concerns have been identified regarding a child at this location."	2 years
Complex Case	Various	As per Complex Case Team	As per Complex Case Team
Medical and Treatment	Oxygen Alerts	"Do not use high-flow oxygen for [NAME AND DOB] at this location. Target oxygen range is [88%-92%]."	12 months
	Treatment Alert	"[NAME AND DOB] at this location has [TREATMENT ALERT]."	2 years
Property Access	Keycode	"Keycode access for this property is [1234[."	3 years
	Location Difficulties	"At this location you must [DESCRIPTION] to access the property."	3 years
Complex moving and handling	Moving, handling and lifting risk	"[NAME AND DOB] at this location is bariatric. Review any risk assessment and consider need for additional resources and support."	3 years

4.11.2 The above formulations are to be used as a reference guide only and are not prescriptive. Where there are specific details pertaining to a relevant

incident that are likely to be material in informing a crew's decision-making, they should be included in the IM.

4.11.3 Where there are multiple IMs on the CAD relating to the same property, the most recent IM should be displayed first. Consideration should be made to condensing the amount of information which is displayed where there are several markers to ensure that relevant information is clearly visible to attending crews.

4.12 Review of IMs

4.12.1 As noted above, the Safeguarding and Complex Case Teams will be responsible for ensuring that IMs under their remit are subject to regular review, amendment, and consideration for archiving in line with the minimum retention periods outlined in the table above.

4.12.2 Specifically, the Complex Case Team will facilitate a monthly meeting, chaired by the Deputy Medical Director, and attended by other professional groups as necessary, to discuss service users known to the team and the continued relevance and appropriateness of IMs on CAD.

4.12.3 The Risk and Governance team will undertake a review of all other types of IM 12 months following its placement on CAD to verify contemporaneous information contained on the Northern Ireland Demographic Information System (NIDIS).

4.12.4 Where it is identified that the service user to which the IM relates is deceased, the IM will be removed from CAD. If the service user has moved property, and the IM is still within its retention period, the IM will be moved to the new address (if it remains within NIAS's jurisdiction).

4.13 Retention decisions

4.13.1 Any IMs not being managed by the Safeguarding and Complex Case Teams will be reviewed by an Information Marker Retention Group (IMRG) in advance of it reaching its specified retention period end date.

4.13.2 The IMRG will consider whether it may be necessary to retain the IM beyond this timeframe. In doing so the IMRG will consider the circumstances which led to the initial application of the marker, the service user's engagement with NIAS since the IM was placed and the anticipated risks that the service user may pose. In particular, the IMRG will consider whether, based on the information available, the incident was likely to have been a "one-off" (for relevant IMs).

4.13.3 The IMRG may decide to archive the IM in line with the existing retention window or extend its retention period which should not normally be for a further period of 12 months.

4.13.4 The IMRG will meet bi-monthly and will be chaired by the Medical Director, supported by the Assistant Director for Governance, Assurance and Risk, Violence Reduction Lead and other staff groups from across NIAS as required.

4.14 Data Protection Legislation

4.14.1 Under The Health and Safety at Work (NI) Order 1978, NIAS has a legal obligation to manage the risks from work-related violence to its employees and to protect the health and safety of patients, staff, visitors and contractors. As per the associated Regulations, the Trust must:

- assess all risks to the health and safety of their employees;
- identify the precautions needed;
- make arrangements for the effective management of precautions;
- provide information and training to employees.

4.14.2 All data contained within IMs will be recorded and retained in accordance with the Data Protection Act 2018 (DPA) and the UK General Data Protection Regulation (GDPR). Under GDPR organisations must have a lawful basis for the processing of individual data. In respect of IMs, the Trust's basis for processing this information is because it is necessary to comply with its legal obligations under Health and Safety law.

4.14.3 The Trust's Privacy Notice explains how personal data is processed and handled, including how it may be used to place IMs on CAD.

4.15 Sharing IM information

4.15.1 There may be occasions when NIAS considers it necessary to share information contained in an IM with another HSC Trust or organisation.

4.15.2 Reasons for sharing information legitimately include:

- For the protection of rights and freedoms of others;
- For the purposes of public safety;
- The prevention of crime or disorder; or
- The protection of health.

4.15.3 Considerations about sharing such information will be guided by the Caldicott and GDPR principles. Any decision to share IM-related

information with a third party must be made by the Trust's Medical Director, as Caldicott Guardian, and advice sought from the Information Governance team.

5.0 IMPLEMENTATION

5.1 Dissemination

5.1.1 This policy will be made available to all NIAS staff through existing communication channels and will be hosted on the Trust's SharePoint site.

5.1.2 Staff working in teams that have frequent engagement with the IM process, for example CTQIU, the Datix team, Safeguarding and Complex Case teams will receive specific communication in respect of the implementation and availability of this policy.

5.2 Resources

5.2.1 There is no specific or generalised training requirement arising from the implementation of this policy.

5.2.2 Staff who are involved in the application, review and amendment of IMs will receive specific training in the use of related systems at a local level.

5.3 Exceptions

5.3.1 Not Applicable

6.0 MONITORING

6.1 The implementation and oversight of this policy will be facilitated by the Trust's Information Governance and Cyber Security Group, which will report any significant issues, risks, and concerns to the Senior Management Team, and to Trust Board via the Governance, Audit and Risk Assurance Committee as required.

6.2 At an operational level, the IMRG will ensure that placement, review and retention of IMs is carried out consistently and in line with principles and processes as outlined in this policy.

7.0 EVIDENCE BASE/REFERENCES

- Health & Safety at Work (Northern Ireland) Order 1978.

- Management of Health and Safety at Work Regulations (Northern Ireland) 2000.
- Data Protection Act 2018 and the General Data Protection Regulation.

8.0 CONSULTATION PROCESS

8.1 Feedback on this policy was sought from all teams which are directly involved in the management and review of IMs including the Datix, Violence Reduction Safeguarding, Complex Case and CTQIU teams.

9.0 APPENDICES

Not Applicable

10.0 EQUALITY SCREENING

10.1 Under Section 75 of the Northern Ireland Act 1998 the Trust has a legal responsibility to undertake an equality screening of all policies. To fulfil this duty an equality screening template must be completed by the policy author.

10.2 The outcome of the equality screening for this policy is:

- Minor Impact ☐
- Major Impact ☐
- No Impact ☒

11.0 STATUTORY RURAL IMPACT ASSESSMENT DUTIES

11.1 The Trust has a legal responsibility to have 'due regard' to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services.

11.2 To satisfy this 'due regard duty' Trust staff must consider the impact of any policy, proposal or decision on the social and economic needs of people who live in a rural community.

11.3 Please tick the box to indicate that you have paid 'due regard' to the social and economic needs of the rural community when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services and that a rural impact assessment is not required. ☒