

## **Reporting Knife Wounds**

### **Interim Guidance from the General Medical Council and the Department of Health**

The General Medical Council will be consulting on guidance relating to the reporting of knife wounds in September 2008 and final guidance will not be published until after the consultation is completed. This version has been agreed with the Information Commissioner and satisfies the requirements of the Data Protection Act 1998

Department of Health  
Information Policy  
5 August 2008

Withdrawn - October 2009

## Reporting knife wounds

The police are responsible for assessing the risk posed by members of the public who are armed with knives. They need to consider:

- the risk of a further attack on the patient
- risk of staff, patients and visitors in the A&E Department or hospital
- the risk of a further incident near to, or at, the site of the original incident

For this reason, the police should be told whenever a person arrives at hospital with a wound inflicted in a violent attack with a knife, blade or other sharp instrument. Police should not be informed where the injury to the patient is accidental, or a result of self-harm. If you are in doubt about the cause of the injury, you should where possible consult an experienced colleague. Quick reporting at this stage may help prevent further incidents or harm to others. If you have responsibility for the patient, you should ensure that the police are contacted, but you may delegate this task to any member of staff.

Identifying details, such as the patient's name and address, should not usually be disclosed at the stage of initial contact with the police.

### Make the care of your patient your first concern

When the police arrive, you should not allow them access to the patient if this will delay or hamper treatment or compromise the patient's recovery. If the patient's treatment and condition allow them to speak to the police, you or another member of the health care team should ask the patient whether they are willing to do so. You, the rest of the health care team and the police must abide by the patient's decision.

### Disclosing personal information without consent

Where it is probable that a crime has been committed, the police will seek further information. If the patient cannot give consent (because they are unconscious, for example), or refuses to disclose information or to allow health professionals to do so, information can still be disclosed if there are grounds for believing that this is justified in the public interest or disclosure is required by law. Disclosures in the public interest are justified where:

- failure to disclose information may put the patient, or someone else, at risk of death or serious harm.
- Disclosure would be likely to assist in the prevention, detection or prosecution of a serious crime and failure to disclose would be prejudicial to those purposes.

If there is any doubt about whether disclosure is justified, the decision to disclose information without consent should be made by, or with the agreement of, the consultant in charge, or the Trust's Caldicott Guardian. Wherever practicable, you should seek the patient's consent to the disclosure or tell them that a disclosure has been made unless, for example, that:

- may put your or others at risk of serious harm, or
- would be likely to undermine the purpose of the disclosure, by prejudicing the prevention, detection or prosecution of crime.

The reasons for disclosure should be recorded in the patient's notes.