

## Appendix 1

Accessed from the GMC website, 7<sup>th</sup> April 2004

<http://www.gmc-uk.org/standards/default.htm>

### **Reporting gun shot wounds guidance for doctors in accident and emergency departments**

September 2003

This guidance has been developed with the Association of Chief Police Officers and is supported by the British Association of Accident and Emergency Medicine.

- Q1 Should all gun shot wounds be reported?

Yes, gun shot wounds are the result of a serious incident. The police should be told whenever a person has arrived at a hospital with a gun shot wound. At this stage identifying details, such as the patient's name and address, should not usually be disclosed.

- Q2 When should the police be informed?

As soon as possible. Quick reporting may help prevent further incidents or harm to others. But the interests of the patient must always come first.

- Q3 Who should contact the police?

The doctor with responsibility for the patient should ensure the police are contacted.

The doctor may delegate this task to any member of the A&E staff.

- Q4 Why should the gun shot wounds be reported to the police?

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

- The risk of a further attack on the patient;
- Risks to staff, patients and visitors in the A&E Department or hospital;

- Risk of further shooting near to, or at, the site of the original incident.

- Q5 What happens when the police arrive at the hospital?

The police will usually ask to see the patient.

The treatment and care of the patient is a doctor's first concern. Doctors should not allow police access to the patient if this will delay or hamper treatment or compromise the patient's recovery.

If patients' treatment and condition allow them to speak to the police, a member of the health care team should ask patients whether they are willing to do so, and if not explain what the consequences, if any, may be. The health care team and the police must abide by the patient's decision.

- Q6 What happens if the patient refuses to talk to the police, or the patient is unconscious?

Patients have a right to expect that information about them will be held in confidence by their doctors. This is an important element of a relationship of trust between doctors and patients.

However, if the patient cannot give consent, or says 'no', information can still be disclosed if there are grounds for believing that this is in the public interest or disclosure is required by law.

Disclosures in the public interest are justified where:

- A failure to disclose information would put the patient, or someone else, at risk of death or serious harm.
- A disclosure may assist in the prevention, detection or prosecution of a serious crime.

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 patients should be told that a disclosure will be or has been made.

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

Further guidance on disclosures in the public interest is available in our booklet *Confidentiality: Protecting and Providing Information*.

- What happens if there is no public interest justification for disclosure?

If there is no immediate public interest reason for disclosure, no further information should be given to the police. The police may seek an order from a judge for the disclosure of confidential documents, under the Police and Criminal Evidence Act 1984 (Schedule 1). They can also use powers in S19 of this Act to seize evidence, such as clothing, which may help in detecting or prosecuting a crime.

In addition, those responsible for the continuing care of the patient should be told that further discussion with the patient is needed to ensure, for example, that that patient is fit to hold a firearms licence.