Royal College of Nursing

RCN Policy Unit

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Dealing with Knife Injuries: The Nursing Role

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Background

2008 saw a significant increase in media and political attention in relation to knife enabled crime (KEC) following a number of highly publicised deaths.

According to the British Crime Survey, which covers England and Wales, the number of violent crimes has fallen in recent years and the number of crimes that involve knives has remained at 8%[1] but according to analysis of Department of Health statistics, the number of patients presenting to emergency departments with stab wounds has increased significantly in the last five years.[2] The average age of KEC victims and perpetrators is also decreasing and so a greater focus is being placed on youth specific KEC. The Scottish Crime and Victimisation Survey also indicates an overall increasing trend of violent crime. [3]

The pervious Home Secretary, Jacqui Smith announced several draft proposals for trying to reduce KEC in the community including a suggestion that young offenders be referred to health professionals to get a first hand account of the types of injuries knives can inflict and to learn about some of the broader consequences of their actions.[4] This proposal does not include Scotland, which has already introduced a number of measures to tackle knife and other violent crime in recent years.

Legal and Regulatory Framework

The Nursing and Midwifery Council (NMC) Code states that nurses must respect patient's right to confidentiality and ensure that patients are informed about how and why information is shared by those who are providing care. The Code also requires nurses to disclose information if someone may be at risk of harm, in line with the law of the country the nurse is practising in. [5]

In the UK, section 115 of the Crime and Disorder Act (1998) allows health professionals to disclose confidential information to the police where they believe that such disclosure could assist in preventing a crime or assisting an investigation. Section 115 is generally considered permissive, not mandatory i.e. you have the power to disclose information but do not have to do so.

In addition to the Code the NMC have produced an advice sheet containing additional information about disclosing personal information. This advice sheet states that the disclosure of confidential information without consent should only be done in exceptional circumstances and that a nurse should be able to justify his/her actions in terms of the public interest to protect individuals, groups or society as a whole from the risk of

[1] http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf, *Crime in England and Wales 2007/2008*, Home Office Statistics Bulletin. 2008.
[2] http://www.independent.co.uk/news/uk/crime/14000-knife-victims-a-year-860857.html, *14,000 Knife Victims a Year*. The Independent. 2008.
[3] http://www.scotland.gov.uk/Resource/Doc/30859/0024985.pdf, Scottish Crime Survey. 2004.
[4] http://www.guardian.co.uk/politics/2008/feb/18/ukcrime.justice, *Smith announces New Measures to Tackle Knife Crime.* The Guardian. 2008.
[5] *The Code, Standards of Conduct, Performance and Ethics*. Nursing and Midwifery Council. 2008.

significant harm, giving possible examples such as child abuse, serious crime, or as a result of injuries sustained from knife or gunshot wounds.[6]

It is also important that nurses are aware that they may have to justify a decision to disclose information without consent to the courts or to the NMC and must keep a clear record of the decision making process and all advice sought.

The General Medical Council (GMC) has issued a supplementary guidance for doctors on reporting gunshot and knife wounds as part of their confidentiality guidance. This guidance describes a two-stage process for reporting these types of injuries:

a) You should inform the police quickly whenever a person arrives with a gunshot wound or an injury from an attack with a knife, blade or other sharp instrument. This will enable the police to make an assessment of the risk to the patient and others, and to gather statistical information about gun and knife crime in the area.

b) You should make a professional judgement about whether disclosure of personal information about a patient, including their identity, is justified in the public interest.[7]

Nursing Practice

There is no specific guidance from the NMC on reporting knife wounds but the NMC does have a guidance on confidentiality which describes instances where confidentiality may be broken to protect the public interest.

Nurses encounter knife wounds in a number of clinical settings but the majority of knife wounds injuries are seen by nurses working in emergency departments.

The GMC recommends that if a patient arrives at an accident and emergency department with a knife wound that is probably not the result of an accident or self harm it is important that the police are informed. [8]

In most cases the police will arrive and ask to see the patient. The health of the patient is the priority concern and the police will only be allowed access to the patient if this will not be detrimental to the patient's recovery. If the patient is not willing to speak to the police their decision must be respected.

If the police ask for more information, even if the patient cannot or has not given their consent, personal information could still be given to the police if there is an overriding public interest in doing so.

Deciding whether or not to disclose information without consent and what, if any information to disclose will involve making a judgement about the public benefit of disclosing information to the police with the desirability of maintaining patient confidentiality.

[6] http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4289, Confidentiality Advice Sheet, Nursing and Midwifery Council. 2008..
[7] *Confidentiality: Reporting Gunshot and Knife Wounds*, GMC Guidance 2009.
[8] *Ibid.*

Whether or not the police are informed about a patient with a knife wound also involves a judgement about the cause of an injury. There is no need to inform the police if a knife wound is the result an accidental injury.

If the cause of an injury is not clear or if a nurse is still unsure about whether to disclose information about the patient to the police, it may be helpful to discuss the matter with a senior colleague who has more experience assessing injuries and making public interest judgements.

If a nurse is still unsure about the correct way to proceed they can contact their regulatory body or trade union for advice however this is not always possible outside office hours.

If it is the police who first make contact, asking about a patient with a knife injury, the same test should apply. Only information that is proportionate and relevant may be shared. This will often mean that the police need to demonstrate why they are seeking this information.

The health service has a vested interest in preventing violent crime. Ideally each hospital should work with local law enforcement agencies to create guidance for staff. All staff should be well briefed and aware of their responsibilities when sharing information with the police and when and in what situations the police should be contacted. This ensures that medical staff can devote their fullest attention to patient care and that the police know what to expect when they ask for information.

A document entitled "Effective NHS Contributions to Violence Prevention, The Cardiff Model" identifies a three tiered care pathway for emergency departments to assist in the prevention of violent crime:

1) Staff can share anonymised information about violent attacks including the type of weapon used and the location of the attack.

2) Prevention can be achieved by taking the opportunity to educate the victim about violence and possible triggers including alcohol.

3) Prevention can be achieved, where appropriate, through prompt referral to a mental health professional to treat post-traumatic stress or counselling service.[9]

By asking patients about the circumstances surrounding their injury, nurses can collect valuable data that can help police identify trends in crime such as the types of weapons used and crime "hot spots". Glass bottles were first identified as weapons by emergency departments and not the police.[10] By talking to the patient, nurses can also establish if they need assistance in reporting the crime to police.

Pilot studies conducted in two Glasgow hospitals in partnership with the Strathclyde police have nurses trained to offer brief counselling sessions to victims of stabbings on the

[9] Document prepared for Rt Hon Alan Johnson MP, *Effective NHS Contribution to Violence Prevention, The Cardiff Model*, Cardiff University, 2007.
[10] Krug EG *et al* (Eds). *World Report on Violence and Health*. World Health Organisation, Geneva 2002.

effects of violence and alcohol. A preliminary evaluation suggests that these sessions can have a positive effect in promoting healthy lifestyle choices and prevent future injury. [11]

RCN Policy Position

1) Patient confidentiality

The RCN supports the creation of a NMC guidance on knife crime.

The NMC should also work with the GMC to ensure there is congruity in each institution's approach. It is important for such guidance to be created with reference to the Scottish Government guidance, *Information Sharing Between NHS Scotland and the Police*[12], to avoid inconsistency in Scotland.

The NMC Code and confidentiality advice sheet does not provide specific direction to nurses who encounter knife wounds although it does refer to circumstances when information may be disclosed to protect the public from the risk of significant harm. Nurses are advised to involve senior staff and consult the NMC or their professional body before making a decision.[13] Ultimately the decision to disclose is left in the hands of the nurse and it is possible that this could be legally challenged by a patient.

The GMC guidelines on the reporting of gunshot and knife wounds are a direct response to a request from the Association of Chief Police Officers to the GMC to encourage Doctors to report gun-shot wounds, as many went unreported.

However, there are first points of contact for knife wound victims that do not always have medics present. These include nurse led walk in centres and custody suites. In these settings it is especially useful for nurses to have clear guidance in the same way that doctors do. If nurses are seen as less likely to report a knife wound it is possible that victims who do not wish to have their injuries reported would favour nurse led centres over hospitals.

2) Knife Referral Schemes

The previous Home Secretary, Jacqui Smith, announced that several schemes are being developed to expose young people who are caught with knives or who have been the perpetrators of KEC, with the help of A & E staff, to some of the medical and social consequences of their actions.[14] Whether or not this should involve actually meeting with the victims and families of victims has been a point of contention.

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[11] Delivery of a brief motivational intervention to patients with alcohol-related facial injuries: Role for specialist nurse F. Oakey, A.F. Ayoub, C.A. Goodall, A. Crawford, I. Smith, A Russell, I.S. Holland British Journal of Oral and Maxillofacial Surgery 46 (2008) 102–106

[12] http://www.sehd.scot.nhs.uk/mels/CEL2008_13.pdf *Information Sharing Between NHS Scotland and the Police.*

[13] http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4289 Confidentiality Advice Sheet, Nursing and Midwifery Council. 2008.

[14] http://www.guardian.co.uk/politics/2008/feb/18/ukcrime.justice, *Smith announces New Measures to Tackle Knife Crime.* The Guardian. 2008.

It is clear from the pilot work that has already been undertaken that nurses can make a major contribution to the education of those involved in knife crimes about the impact and consequences of such attacks and related injuries. However there are clearly practical problems with bringing young offenders into emergency departments. Any referral scheme needs to be developed with a particular sensitivity to the victims and families of victims of KEC and it's equally important that the normal running of a hospital or department is not adversely affected.

Rather than taking young people to emergency departments, experienced emergency department staff could provide invaluable first hand insight into the gruesome effects of knife enabled crime and involve victims and families of victims should they wish to be involved. This need not necessarily be held at the hospital. The RCN will explore with key stakeholders how such schemes can be developed.

3) Data Collection

Studies conducted in Bristol, Cardiff and Swansea show that between three quarters and four fifths of assaults resulting in hospital treatment, do not appear on police records.[15] Emergency departments are in an excellent position to collect anonymised data to assist police. This type of data has already helped police identify crime "hot spots" where reduction efforts can be focused.

Liverpool John Moores University holds a database of information collected from Merseyside emergency departments related to trauma and injury. Police have used this database to plot information regarding alcohol related violence.

By consulting with law enforcement agencies, hospitals and emergency departments can ensure that an efficient system for collecting and reporting anonymised data about victims of crime can be created and used as a crime fighting tool.

[15] Document prepared for Rt Hon Alan Johnson MP, *Effective NHS Contribution to Violence Prevention, The Cardiff Model*, Cardiff University, 2007.

Appendix

Knife Injuries and Nursing

The RCN advocates that every hospital should have a policy on how to respond in a situation where a patient arrives with an injury that is likely to have been the result of a violent attack. This should be the first point of reference for any nurse in a hospital setting.

Nurses who are working outside a hospital setting or where there is no policy in place can use the following to assist in making a decision about whether or not to share information with the police about a patient who may have been the victim of an assault with a knife or other sharp object and how to decide what information to share. It is intended only as a basic guide.

Breaching patient confidentiality is against the NMC Code of Conduct and should be avoided unless there is an overriding public interest in disclosing information. It is strongly recommended that every nurse read and be familiar with the NMC Guidance on confidentiality which can be found on the NMC website.

If you encounter a patient with a stab wound that you suspect is the result of a violent crime:

1) Your first responsibility is to the patient's welfare. Treating the patient is your priority.

2) Determining whether to report a stab wound to the police will involve an assessment about the potential cause of the wound. If the wound is the result of an accident or of self harm there is no need to inform the police.

3) If you are caring for a patient you suspect has been the victim of a knife assault it is important that the police are aware of a potential attack but no personal information about the patient needs to be shared at this stage.

4) The police may arrive at the place the patient is being treated and ask to see the patient. If this happens you must ask the patient if he or she is willing to talk to the police. If the patient does not wish to speak to the police this decision must be respected. The health of the patient is your priority concern and the police should only be allowed access to the patient if this will not be detrimental to the patient's recovery.

5) The police may ask for more information. Normally you should seek the patient's permission before disclosing personal information. Discussing personal information with the police without the patient's consent places you at risk of breaching patient confidentiality under the NMC Code.

6) If the patient refuses to give consent you may still disclose personal information in special circumstances. Section 115 of the Crime and Disorder Act (1998) allows health professionals to disclose confidential information to the police where they believe that such disclosure could assist in preventing a crime or assisting an investigation. Under common law staff may also justify disclosure without consent to prevent abuse or serious harm to others.

7) Deciding whether or not to disclose personal information to the police will involve balancing the desirability of maintaining patient confidentiality against the public interest of disclosing personal information. If there is an overriding public interest in disclosing information you may disclose only the information that is relevant and proportionate. Deciding whether to disclose personal information and what information to disclose can be very difficult because every situation is different and because of the risk of breaching confidentiality without proper cause. For this reason it is always desirable to discuss this with a senior colleague.

8) Where possible, nurses must ensure that people in their care are aware that information about them may be disclosed to third parties involved in their care. If you make the decision to disclose information without consent you should inform the patient except in special circumstances such as if there is a threat of violent response. It is also important that you are aware that you may have to justify your decision to disclose information without consent to the courts or to the NMC and must keep a clear record of your decision making process and advice sought.