

Police in the Emergency Department

Contents

(click on the link below to go straight to the appropriate topic)

1. [Patients under arrest](#)
2. [Confidentiality](#)
3. [Intimate Searches](#)
4. [Blood Samples from Drivers](#)
5. [Personal Effects](#)
6. [Sexual Assault](#)
7. [Illegal Drugs](#)
8. [Section 136](#)
9. [General](#)



1. Patients Brought in Police Custody

Patients being brought in whilst under arrest with acute medical problems can be dealt with as clinically appropriate. Wherever possible, to maintain patient dignity, police officers should be asked to remain outside the cubicle, except in the case of known violent offenders (GMC: Good medical Practice).

2. Confidentiality

- a. Patients who are in the A&E department & involved in a road traffic collision can have their demographic details released without consent (Road Traffic Act 1988), as can any patient thought to be involved in terrorist activities (Prevention of Terrorism Act 1989).
- b. Clinical information may not be given to the police without consent of the patient except:
 - i. Patient is unable to give consent and has suffered a serious assault or RTC (GMC: Good medical Practice)
 - ii. Injury as a result of stabbing or shooting (GMC: Confidentiality).
 - iii. An appropriate Form (0819b) request signed by Inspector or above (usually for the consultant to do, unless there is a compelling reason for haste to protect the public).
- c. If a patient has given signed consent on the appropriate form then a copy of the notes can be released.
- d. Any persistent requests for clinical information by police outside these guidelines should only be with consultant guidance; do not be swayed by threats of “obstruction” as has happened in the past-our duty is to patient confidentiality (GMC: Confidentiality).
- e. If a patient, or relative/friend is armed with a knife or gun, the police should be immediately informed.

3. Intimate Searches

- a. Persons in police custody who are brought for the purposes of an intimate search to look for drugs will be provided a cubicle and only the forensic physician (police surgeon) is to perform this (BMA/FFLM Guidance July 2010 and PACES Code C 2008). Involvement from clinical staff in these patients will be only:
 - i. The person has suffered injuries that need assessment and treatment

A&E Clinical Guidelines

- ii. The person is acutely medically unwell as a result of the suspected drugs concealed which require emergency medical intervention and removal of drugs for the treatment of the person.

- b. We do not get involved with screening stool etc for possible concealed drugs or routine periods of observation.

4. Blood Samples from Drivers for Alcohol levels

Permission for the taking of blood samples for alcohol levels must be given by the treating clinician and documented (i.e. to ensure it does not interfere with the ongoing treatment of a patient), but the actual taking of the sample must only be done by the forensic physician (BMA/FFLM Guidance July 2010). Blood taken for clinical purposes cannot be used for this.

5. Personal Effects from Patients

Clothes removed during the process of exposing a patient for assessment after a serious assault or RTC may be handed over to the police for evidentiary purposes.

6. Victims of Sexual Assault

Patients who have been the victims of a sexual assault, may be stabilised for any immediate life threatening condition or associated injuries, but any further investigation or intimate examinations etc must be conducted at St Mary's at the Manchester Royal Infirmary, or by a designated forensic physician within the department. Do not remove any clothing and avoid any washing of the patient if possible.

7. Illegal Drugs in Patients Possession

- a. Any illegal drugs removed or discovered in the course of dealing with a patient who lacks capacity must not be returned to the patient. They may remain in the clothing if being given to police as evidence(see above), or destroyed e.g. by pharmacy via the Controlled Drugs Cupboard (Misuse of Drugs Act 1971).
- b. If the patient is conscious or has capacity, then don't get involved. There is no legal requirement for you to inform the police, and this would be breaching patient confidentiality.

8. Section 136

Patients brought in by the police on a Section 136 (Mental Health Act 1983) must be seen directly by the duty psychiatrist (unless acutely medically unwell requiring urgent intervention)

9. General

Police are in the A&E department to arrest someone, recapture a prisoner, save life or limb, prevent serious property damage or deal with a breach of peace. They have a job to do, and often need to interview patients and, provided the patient has consented and their medical care is not delayed, this is perfectly acceptable.