Injury Surveillance: Using A&E data for crime reduction

Appendices to the guidance for police analysts and practitioners

Overview

There are three appendices which provide additional information as referenced in the guidance document. These are:

Appendix A: Example Information Sharing Agreement (ISA)

Appendix B: Cambridge Traffic Light Scoring (TLS) System for monitoring licensed premises

Appendix C: The College of Emergency Medicine (CEM) Clinical Effectiveness Committee Guideline for information sharing to reduce community violence

Appendix A: Example Information Sharing Agreement[1]

This agreement is based upon [police force/community safety partnership/county council]'s recommended request form / agreement for providing downloads of information for the prevention and detection of crime and disorder. It has been adapted to facilitate the exchange of information between [hospital/trust] and the [police force/community safety partnership/county council].

The information supplied will only be processed for the purposes specified within this document. Any proposals to further process the information or for other uses will be referred back to [hospital/trust] before any action is taken.

The information supplied must be kept securely in both electronic and printed form. It should be accessible only to those that have a need and are authorised to have access. Hard copy should be protected by at least one physical security barrier e.g. a locked container within a secured building. Information should be disposed of securely and safely when no longer required for the purpose for which it was originally provided.

Name and address of organisation requesting information: [Name of police force/community safety partnership] [Address] [Postcode]

Name and address of organisation supplying the information: [Name of A&E department] [Address] [Postcode]

Details of information requested:

Data recorded from assault victims on entry to the A&E Department at [A&E department]. Specifically: - Data and time of the assault - Assault site (location of the assault) - Classification of assault site bar/pub, club, street, own home, someone else's home, work place, other - Address of Bar / Pub / Club (if known) - Sex of victim - Age of victim -Date of birth of victim It has been agreed that this data is required quarterly on an ongoing basis.

[1] Please note that this is an example ISA adapted from an existing agreement, and is used for illustration purposes only. This example ISA does not constitute legal advice.

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Reasons for information exchange:

Following the Crime & Disorder Act (1998) and the formation of Crime and Disorder Reduction Partnerships (CDRPs) there has been a requirement for partnerships to regularly monitor the level of crime and disorder in their area.

It is seen as vital that the [police force/community safety partnership/county council] that supports the information and research requirements of the partnerships in the county have access to a wide a range of data as possible.

The specific sharing of data relating to assault victims is intended to:

- Provide a better understanding of violent crime in the area as a large proportion of assaults go un-reported to the police.

- To help other local agencies understand the seriousness of violence from a health standpoint, particularly the number and seriousness of injuries sustained.

- To help the police and CDRPs target crime prevention measures more effectively

- To ultimately reduce the burden placed on the Emergency Department by reducing the number of assault victims.

Information Security:

1. *Who / what post will actually receive the data?*
2. *Where on your computer systems will the data be held? (e.g. a secure drive)*
3. *How will this data be protected (e.g. password, encryption)*
4. *How will you secure and protect hard copies of the data?*
5. *How will you securely dispose of electronic / hard copy data?*

1. [Named individual] will receive the data.

2. The data will be held on a secure network drive that only the following named individuals have access to:
   [Named individuals]

3. No unauthorised persons will be able to access the data and each of the named officers above have been subject to Criminal Record Bureau checking and data protection training.

4. Hard copies of the data will be stored in a locked filing cabinet that only the named individuals above have access to.

5. A procedure is in place at [police force/community safety partnership/county council] for the disposal of both sensitive and confidential paper and electronic documents.

Signatories

On behalf of [police force/community safety partnership/county council]

I agree to manage the data in accordance with the terms listed.

Name: **Signature......................** **Date.................**
Position:

On behalf of [hospital/trust]

I agree to the information detailed in this agreement being shared for the specific purposes listed, provided all conditions are adhered to.

Name: **Signature......................** **Date.................**
Position:

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Appendix B: Cambridge Traffic Light Scoring System

Reproduced here with the permission of Cambridgeshire Constabulary[2]:

LICENSING OBJECTIVES	MANAGEMENT/CONTROL **+ PLUS (BAD)**		MANAGEMENT/CONTROL **- MINUS (GOOD)**	TOTAL	**small under 300. 0< 9-19 <20**
PREVENTION OF CRIME & DISORDER	HOMICIDE OR LIFE THREATENING INJURIES	**+ 6**			**medium under 750. 0< 12-24<25**
	SECTION 18/20 (GLASS OR WEAPON USED) / RAPE	**+ 5**			
	SECTION 18/20 (GLASS OR WEAPON **NOT** USED e.g. kick)	**+ 4**			**large under 1000. 0< 16-29 <30**
	LARGE DISTURBANCE WITH SEVERAL ARRESTS PUBLIC ORDER (VIOLENT DISORDER)	**+ 4**			**very large 1000+. 0< 26-39 <40**
	SECTION 47 ASSAULT (ABH) (Includes assault on Police Officer or ambulance staff)	**+ 3**			
	AFFRAY,COMMON ASSAULT OR INDECENT ASSAULT	**+ 2**			
	RACIAL ABUSE, PUBLIC ORDER SECT 4 /5 AND ALCOHOL RELATED INCIDENT	**+ 1**			
			DETENTION FOR THE POLICE OF PERSONS SUSPECTED OF SERIOUS VIOLENCE INSIDE THE PREMISES	**- 2**	
			DP FOR ANY OTHER OFFENCE (ABH, Violence, Public Order etc)	**- 1**	
			DETENTION FOR THE POLICE OF DRUG DEALERS ON THE DOOR, PRIOR TO ENTRY.	**- 2**	
			DETENTION FOR THE POLICE OF DRUG DEALERS/POSSESSION INSIDE THE PREMISES	**- 1**	

[2] With acknowledgement to Sgt Trevor Jones and the Cardiff Licensing Department for devising the TLS scheme.

	FAILING TO PREVENT ENTRY KNOWINGLY ALLOWING ENTRY OF PERSON NIGHTSAFE BANNED LIST. IF CONDITION OF THE PREMISES LICENCE	**+1** **+2** **+3**	PREVENTION OF ENTRY OR PROMPT EJECTION OF PERSON SUBJECT OF A NIGHTSAFE BAN (Must be documented & recorded on Nightsafe Pubwatch database as proof and so exclusion can be extended)	**- 1**
PUBLIC SAFETY	REPORTS OF DRUNKEN UNCONCIOUS PERSONS AT THE PREMISES	**+ 1**	NO MINUS POINTS AWARDED	
PUBLIC SAFETY (CONTINUED)	EJECTION OF DRUNKEN PERSONS (TENDING TO SHOW EXCESSIVE DRINKING TOLERATED)	**+ 1**	NO MINUS POINTS AWARDED	
	COMPLAINTS OVERCROWDING FROM RESPONSIBLE AUTHORITY	**+ 1**	NO MINUS POINTS AWARDED	
PROTECTION OF CHILDREN	CONFIRMED UNDERAGE SALE (E.G. TEST PURCHASE)	**+ 2**		
	COMPLAINT OF UNDERAGE SALES FROM RESPONSIBLE AUTHORITY MEMBER	**+ 1**		
			NON SALE TO UNDERAGE PERSON (E.G. TEST PURCHASE RESULT)	**- 1**
			NON SALE TO DRUNK PERSON (E.G. TEST PURCHASE RESULT)	**- 1**
PUBLIC NUISANCE	NOISE COMPLAINTS FROM RESPONSIBLE AUTHORITY)	**+ 1**	NO MINUS POINTS AWARDED	
	REPORTS OF AFTER HOURS DRINKING/ LICENSING ACTIVITIES FROM RESPONSIBLE AUTHORITY. BREACH OF CONDITION	**+ 1** **+ 3**	NO MINUS POINTS AWARDED	

THE ABOVE INCIDENTS COMING TO THE NOTICE OF THE POLICE ARE IMPUT ONTO THE CARDIFF SCORING MATRIX

EXAMPLES: (+ 5) OR (- 2) TO SHOW RELEVANT BAD OR GOOD MANAGEMENT CONTROL OF THEIR PREMISES

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EXAMPLES OF HOW THE SYSTEM WORKS ARE:

(a) A Section 18 glassing inside the premises, counts as 5 points against them as security staff may have been able to quell the extent of the disturbance leading to the injury, but on the other hand if they detain the person responsible until police arrival, rather than just ejecting them onto the street, they get 2 points in their favour. The total points allocated therefore ends up as 3 points against them.

(b) As regards controls on the door coming to the notice of the police e.g. preventing actual entry to underage persons, drunken people, or apparent troublesome groups, do not get points as we expect them to do that even though the refusal is technically a disturbance they do not get awarded + points.

Appendix C: CEM Guideline for information sharing to reduce community violence

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CLINICAL EFFECTIVENESS COMMITTEE

Guideline for information sharing to reduce community violence

Summary of recommendations

1. Emergency departments should routinely collect, electronically wherever possible, data about assault victims at registration. Receptionists should collect the **date and time** of the assault, the **location** (name of pub, club, school, street etc) of the assault in free text and which **weapon** (fist, foot and so on was used.)
2. There is no need for a formal information sharing agreement between the Emergency department and the Community Safety Partnership (CSP).
3. This data should be shared with the local CSP and crime analysts in an anonymous and aggregate form.
4. Senior emergency physicians should be supported to participate in CSP meetings.

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Scope

This guideline is to assist Emergency Physicians sharing data with Community Safety Partnerships (formerly known as Crime and Disorder Reduction Partnerships in England) to reduce community violence.

Reason for development

This guideline has been prepared to help implement Best Practice.

Introduction

Around 80% of assault victims requiring emergency department treatment do not report their assault to the police. [1 2] Work from Cardiff and the South East of England has shown that data collection by emergency department receptionists that is shared with Community Safety Partnerships (CSPs) is very effective in reducing the number of assaults requiring emergency department treatment. [3] (Level 3 evidence) At best, this can lead to 30% reductions in the number of attendances for assault. Anonymous data needs to be shared monthly with local crime analysts. This informs targeted policing of 'problem premises' and violence hotspots. An example of the data format is shown below.

Receptionists are the best people to collect this data at registration. Only three additional items are required. These are shown in the figure below. The data should be shared monthly with the crime analysts. There is no need for a formal information sharing agreement as the data is anonymous.

The effectiveness of this information sharing process is considerably enhanced if a senior emergency physician from the emergency department attends the CSP meetings.

This guidance does not replace the responsibilities of emergency physicians to promptly inform the police in cases of firearms and stabbings. The GMC guidance on reporting gunshot wounds and knife wounds should be followed.

www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

Useful information about implementing this can be found on the Department of Health website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084703

More information about Community Safety Partnerships can be found on the Home Office website:

http://www.homeoffice.gov.uk/crime/partnerships/

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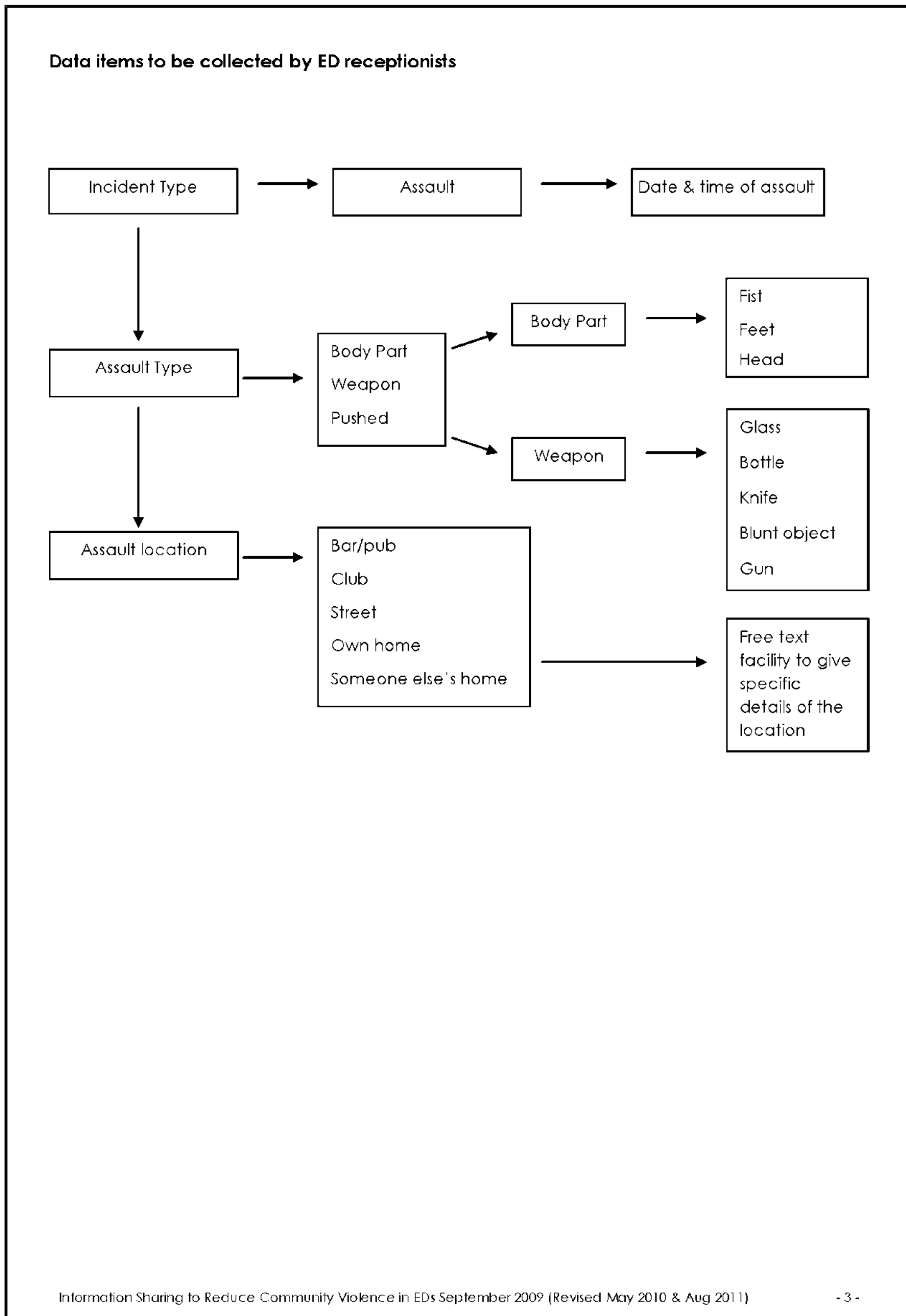
Data items to be collected by ED receptionists
Incident Type
Assault
Date & time of assault
Assault Type
Body Part
Weapon
Pushed
Body Part
Fist
Feet
Head
Weapon
Glass
Bottle
Knife
Blunt object
Gun
Assault location
Bar/pub
Club
Street
Own home
Someone else's home
Free text facility to give specific details of the location
Information Sharing to Reduce Community Violence in EDs September 2009 (Revised May 2010 & Aug 2011)
- 3 -

REFERENCES:

(1) Sutherland I, Sivarajasingham V, Shepherd J. Recording of community violence by medical and police services. Injury Prevention 2002; 8:246-247.

(2) Faergemann C, Lauritsen JM, Brink O, Stovring H. The epidemiology of repeat contacts with an Emergency Department or an Institute of Forensic Medicine due to violent victimization in a Danish urban population. Journal of Forensic and Legal Medicine 2007; 14(6):333-339.

(3) Warburton AL, Shepherd JP. Development, utilisation, and importance of accident and emergency department derived assault data in violence management. Emerg Med J 2004; 21(4):473-477.

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Review

The Clinical Effectiveness Committee approved this guideline in 2009. It has been revised and updated in May 2010 and August 2011. It will be reviewed in September 2012 or sooner if important evidence becomes available.

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research Recommendations

None identified.

Audit standards

Completeness of location recording should be 70% of assault cases.

Key words for search

Violence, assault, information sharing.

Appendix 1

Methodology
Where possible, appropriate evidence has been sought and appraised using standard appraisal methods. High quality evidence is not always available to inform recommendations. Best Practice Guidelines rely heavily on the consensus of senior emergency physicians and invited experts.

Evidence Levels
1. Evidence from at least one systematic review of multiple well designed randomised control trials
2. Evidence from at least one published properly designed randomised control trials of appropriate size and setting
3. Evidence from well designed trials without randomisation, single group pre/post, cohort, time series or matched case control studies
4. Evidence from well designed non experimental studies from more than one centre or research group
5. Opinions, respected authority, clinical evidence, descriptive studies or consensus reports.

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Appendix 2

Specimen data output

Arrival Date	Arrival Time	Incident Location	Incident Date	Incident Time	Weapon
01/03/2009	04:34	WHITE HORSE	01-Mar-09	05:04	Knife
01/03/2009	11:44	WHITE HORSE	01-Mar-09	15:00	Gun
02/03/2009	05:27	WHITE HORSE	02-Mar-09	08:12	Bottle
02/03/2009	13:18	REGENT STREET	02-Mar-09	17:05	Fist
02/03/2009	14:35	OXYGEN NIGHTCLUB	02-Mar-09	17:09	Feet
02/03/2009	18:11	RED LION PUB	02-Mar-09	19:06	Club
03/03/2009	19:26	OUTSIDE OXYGEN NIGHTCLUB	03-Feb-09	23:09	Fist
03/03/2009	21:55	REGENT STREET	03-Mar-09	22:45	Fist
05/03/2009	05:18	HOME	05-Mar-09	08:18	Axe