

ER doctors stress need for good communications with police

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A good working relationship with police is essential for the smooth operation of a busy Emergency Department. Police are in and out of EDs regularly, supporting EMS, transporting patients and helping to provide a safe environment for hospital staff.

Not surprisingly, differences of opinion arise from time to time over a health care worker's duty to protect patient privacy and the [police](#) need to conduct a criminal investigation.

That's why it's essential to develop strategies to optimize communications between police and ED workers, according to a paper published in the *Canadian Journal of Emergency Medicine* by ED physicians at St. Michael's Hospital.

Dr. Alun Ackery, an emergency physician and trauma team leader, said the two most common interactions between ED staff and police that highlight their different perspectives involve [trauma patients](#) and emotionally disturbed patients.

Trauma patients:

Physician perspective: The immediate priority for [health-care workers](#) is to assess the patient and obtain a complete medical history. Provincial laws require health care workers to protect patient confidentiality and personal health information. However, police sometimes overhear

information about a patient or view parts of the chart, such as a blood alcohol level, simply by being present in an ED.

The law: Health-care workers may disclose personal health information without a patient's consent only if police obtain a search warrant or if it's necessary to prevent a significant risk of harm. Seven provinces, including Ontario, have mandatory gunshot wound reporting laws and the four Western provinces require hospitals to report stab wounds that are not self-inflicted.

Police perspective: The paper says police need early access to information to perform their investigations. Life-threatening injuries are treated as a possible homicide, requiring a different approach to forensics, evidence-gathering and investigative resources.

How to improve: Dr. Brodie Nolan, a third-year emergency resident at St. Michael's and the paper's lead author, said an attempt to obtain patient consent should be made before disclosure of any information to police. But if that's not possible, ED physicians can disclose limited information such as a patient's name, next of kin and medical status (stable, fair or critical). If police request more, "a pleasant reminder regarding patient confidentiality should suffice." Police requests to stay within view of a patient can be accommodated by having police remain outside of the room if there is a glass barrier or wait in an area where they can see the patient but not hear the conversation. Conflicts should be referred quickly to the appropriate hospital administrator, Dr. Nolan said.

Emotionally disturbed patients

The law: Each provincial Mental Health Act allows police to detain and escort people to hospital if police believe they are suffering from a mental illness. No information can be given to police with patient

consent, unless there is an imminent risk of serious bodily harm or death to an identifiable person or group.

Physician perspective: Proper assessment of psychiatric patients takes time, especially if an involuntary admission is being considered.

Police perspective: The paper says patients accompanied by police may wait for hours in a busy ED before they can be assessed and transferred to a physician's care and the police officer can return to the community. Some EDs lack security or adequate mental health workers, meaning police may have to stay with some patients until they are admitted to in-patient psychiatric wards. Police can provide unique information regarding the state of the patient when he or she was detained, which can be helpful in filling out documents required for involuntary admission.

How to improve: The Human Services and Justice Coordinating Committee of Ontario, in conjunction with multiple regional health authorities and local police services, developed strategies for effective police-ED protocols, focused on improving communications and streamlining the process for [patients](#) brought in by police with a [mental health](#) crisis. Some hospitals have also developed an emotionally disturbed person information form, where police can describe their observations and information given to them by the patient before or during his or her trip to the hospital.

Provided by St. Michael's Hospital

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