

## Briefing for Committee Stage on Private Members' Bill: Assaults on Emergency Workers (Offences) Bill 2017-19

### Summary

- We firmly believe more action is needed to protect our health care staff from violence and aggression. We therefore welcome and support the intention of the Bill.
- There has been a 4% rise in physical assaults against health care workers in England from **67,864** in 2014-15 to **70,555** in 2015-16.<sup>1</sup> The number of criminal sanctions recorded over this same period are 1,642 and 1,250 respectively, indicating that a very low proportion of physical assaults result in criminal sanctions. Figures from Wales show that there were 18,000 physical assaults against NHS hospital staff in a five year period from 2011 to 2016.<sup>2</sup>
- We welcome the provisions in the Bill that place in statute that such offences are aggravated when perpetrated against nursing staff and others working in emergency services. We hope the legislation will act as a deterrent to those who perpetrate such crimes, as well as communicating the unacceptable nature of these actions to the public.
- We believe that with further strengthening the Bill will offer a range of health care workers increased support and protection. Specifically:
  - **Clause 3: we welcome the introduction of an amendment to broaden the definition of “emergency worker” to include all clinical workers, including nursing staff, providing NHS services.** Physical assaults on nursing staff occur in a variety of environments and across settings and staff working in these settings must be afforded the same protection. We need confirmation that nursing staff working in the criminal justice system will also be covered by the Bill.
  - **Clause 4: there must be evidence-based guidelines to support non-clinical decision makers who are responsible for authorising taking samples.** We are concerned that the decision maker currently identified in the Bill, as rank of inspector or above, may not have the necessary clinical knowledge to assess the risk of transmission of infectious disease. To ensure the practical implementation of the Bill and objective assessment of clinical risk, we believe guidelines must be developed to equip these individuals with the necessary skills and expertise.
  - **Clause 4: the Bill must provide clarity regarding the role of nursing staff in taking samples from a person suspected of assaulting an emergency worker.** Currently the Bill is unclear about the role and responsibility of clinicians and their part in taking samples. Guidance must be developed to support nursing staff to fully understand their role and execute their duties in an ethical manner.

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<sup>1</sup> NHS Protect Statistics, Reported physical assaults on NHS staff figures, accessed on 21 November 2017.

<sup>2</sup> BBC News, *18,000 Physical Attacks on Hospital Staff in Wales*, accessed on 19 September 2017. Available [here](#)

## Additional information on proposed amendments

### Clause 3: “Meaning of emergency worker”

#### Amendment to Clause 3: *Meaning of emergency worker*

- **Clause 3, page 3, line 29**, leave out paragraph (h) and insert—  
“(h) a person employed for the purposes of providing, or engaged to provide—  
(i) NHS health services, or  
(ii) services in the support of the provision of NHS health services, and whose general activities in doing so involve face to face interaction with individuals
- It is unclear if nursing staff in the criminal justice system would be covered by the Bill. We need confirmation that nursing staff working in the criminal justice system will be covered by the Bill.

We welcome the amendment to extend the definition of an “emergency worker” to include all clinical workers providing NHS services and support workers who have direct interaction with patients or the public. Broadening the definition is crucial to ensure all nursing staff employed to deliver NHS funded care, including those working in the independent sector, receive the same level of support and protection.

Nursing staff work in a variety of clinical settings, including high risk environments. Examples of scenarios where nursing staff have been assaulted include a mental health triage nurse who was assaulted whilst dealing with a psychiatric emergency in a community setting; a midwife dealing with an emergency caesarean in a midwifery suite and an intensive care nurse responding to a cardiac arrest. Moreover, the risk of physical assault is even higher for staff working alone - the proportion of lone workers in the NHS sustaining an injury from a physical assault is approximately 9% higher compared to non-lone workers.<sup>3</sup>

However, we need confirmation that nursing staff working in the criminal justice system will be covered by the Bill. For example, it is unclear if a custody or forensic nurse employed by the police service or a nurse working in a prison will be covered by the extension of the definition.

### Clauses 4: *Taking blood samples*

#### Clarification required for Clause 4: *Taking blood samples*

- There must be comprehensive guidelines to support non-clinical decision makers who are responsible for authorising samples. It is crucial that they are fully equipped with the knowledge and expertise to handle such high risk situations in order to avoid any unintended consequences, including stigmatisation of individuals.
- Guidance must be developed to support nursing staff to fully understand their role in the process and to ensure they execute their duties in an ethical manner.

Within the NHS the decision on the level of risk following an exposure incident (be that a bite, spitting incident or injury with a blood contaminated sharp) and whether to seek consent from the patient for a blood test is taken by a clinician. As it stands in the Bill, it is proposed that the decision is made by an officer of the rank of inspector or above.

We are concerned that a police officer may not have the necessary clinical knowledge to assess the risk and that the default position would be to authorise a blood test in every incident. There is a risk that such a decision could have the unintended consequences of perpetuating misunderstandings that HIV can be transmitted through contact with saliva such as though spitting. This could lead to stigmatisation of individuals or groups of individuals who may be living with a blood borne virus such as HIV.

<sup>3</sup> NHS Protect, *Lone Worker estate mapping exercise*, 2015

We would also recommend that alongside the implementation of the Bill, employers take measures to educate staff on the risks of exposure to blood borne viruses, first aid measures to take if exposed and the importance of protective vaccinations such as the Hepatitis B vaccine. The principles set out in the Health and Safety Executive's guidance should underpin this work<sup>4</sup>.

It is unclear who will be seeking consent and taking authorised blood samples. If this will be nursing or other clinical staff, then comprehensive guidelines must be developed to outline roles and responsibilities, and support clinicians to fully understand and execute their duties in an ethical manner.

**Royal College of Nursing, November 2017**

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<sup>4</sup> Health and Safety Executive <http://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm>