New Zealand Police and Ministry of Health

Reporting of Firearm Injuries to New Zealand Police by Health Professionals

6 May 2022

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Reporting of Firearm Injuries to New Zealand Police by Health Professionals.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to NMH.
4. From a public health perspective, NMH supports the intention of proposals to improve public safety by encouraging the reporting of firearm injuries whilst retaining appropriate privacy.

Specific Comments

Question 3: Are you familiar with the information disclosure provisions set out in section 2.2 of the Discussion Paper, and do you think they are sufficient to enable sharing relevant firearms injury information with Police? Please explain.

The wordings in *Rule 11(2)(d) of the Health Information Privacy Code 2020* clearly states to the reader that health information can be disclosed where it is necessary to relevant or lessen a serious threat to public safety or the life or health of an individual. This could be supported with a list of examples so the reader can garner a greater understanding of the scope of the rule. In addition, there could be additional requirements that health professionals regularly need to review the Code to ensure that they are familiar with the document.

As the Discussion Paper sets out, the scope of Section 92 of the Arms Act is only restricted to licence holders. This could be amended to extend to all incidents.

Consideration needs to be given to how much the general layperson understands of fire-arm reporting. It may be that a public information campaign is required.

Question 4: Are you aware of any additional information sources or data on firearm injuries in New Zealand? If so, what are these sources?

NMH is not aware of any additional information sources.

Question 5: Does your workplace/organisation treat firearm injuries? If so, what data are recorded or collated on these injuries?

Yes, NMH does treat such injuries, any information would be available from coded data from admitted patients. This system has not been reviewed recently.

Question 6: In your opinion, what are the potential benefits of knowing how often firearms injuries occur?

Monitoring the types of firearm injuries in regards to whether they were accidents, assaults, intentional self-harm allows social services to determine the type of response required. For instance a large number of hunting injuries will elicit a different response than a large number of incidents of intentional self-harm. It is expected that data would also include location and demographics so that responses can be better tailored.

Question 10: As a health practitioner, what is your experience of reporting health information in other contexts, such as family violence or driver licensing?

What kind of health information do you report?

Who do you report this information to?

Do you find this process easy or difficult?

Do you know what happens with the data you report?

Are you aware of any unintended consequences arising from reporting this information?

NMH regularly report on medication adverse events/ adverse events following immunisation, or write to Waka Kotahi regarding medical contra-indications to driving.

The process is difficult to make such reports. In general practice we have established methods to make referrals to hospitals or each other, systems that draw the patient information from our patient management system without us having to type them all in again to a separate webpage. Having to enter patient details into a separate webpage is a disincentive to reporting.

Question 11: What do you consider to be the key benefits of sharing a client's or patient's personal information about firearm injuries with Police?

As mentioned in Question 6, additional information allows agencies to tailor responses at a public health level. In terms of personal information being given to the Police, this may be appropriate in situations regarding family violence and may also need to be given to supporting services such as Women's Refuge so that vulnerable families can be given the support that they need.

Question 12: What do you consider to be the key risks of sharing a client's or patient's personal information about firearm injuries with Police, and how could these be mitigated?

One of the key risks is that people do not seek healthcare because they are fearful of the consequences of revealing a firearm injury leading to severe medical problems or death.

Question 13 Do you believe if a client or patient knows that this information would be shared with Police it could deter them from seeking healthcare, or compromise trust and honesty when doing so?

Yes, this could occur especially in incidences related to family violence or criminal behaviour.

Question 14: Do you agree with the key outcomes outlined on page 13 and 14 of the Discussion Paper? Do you think any of the outcomes need to be amended or added? Please explain.

Yes, these outcomes seek to get a balance between improving public safety by encouraging reporting of injuries, promoting safe possession and use of firearms along with improved reporting, and retaining appropriate privacy, confidentiality, reduced inequities, and enabling Police with the tools that they require to investigate crimes.

Question 15: Please rank the above options (1) to (4) from your MOST preferred to LEAST preferred option and explain your reasoning.

Option 1: mandatory reporting in legislation

Option 2: mandatory reporting in legislation, with exceptions

Option 3: mandatory consideration of the need to report in legislation

Option 4: reporting encouraged through non-legislative mechanisms.

NMH ranking would be 2,3,1,4. Option 2 and 3 are better options to achieve the Outcomes above. Option 2 retains flexibility for health practitioners in certain situations to account for complexity but there is the danger that the Police are not notified and that could impact public safety whereas Option 3 gives health professionals discretion but could lead to inconsistent practice.

Question 17: Is it appropriate and reasonable to place responsibility on the health practitioner to identify a likely cause of an injury? For example, any mandatory requirement to report could be 'where the injury could reasonably be determined to be caused by the discharge of a firearm'.

NMH does not think it appropriate to place responsibility on the health practitioner as situations can be complex and evolving over the course of a patient's admission (assuming that most patients end up admitted). Using reports from coding teams would be seen as more appropriate.

Question 18: At option 1 (mandatory reporting in legislation), which types of injuries are suitable for exclusion?

In regards to Option one, this should only be used for injuries caused by the discharge of a firearm or airgun. All other injuries should be excluded.

Question 19: At option 2 (mandatory reporting in legislation, with exceptions), is it appropriate to provide for exceptions from mandatory reporting of firearm injuries in certain situations? If so, which situations?

Any situation where there is uncertainty about the cause of injury should be exempt.

Question 20: At option 3 (mandatory consideration of the need to report in legislation), what specific factors do you think should be considered in guidance?

There should be a requirement to operationalise habitual reporting (using coded data) with expectation that this is done. Appropriate codes would need to be available to be reported against, and would also need to consider what automatic method to use if patient did not happen to be admitted, such as if they died before hospital or in ED)

Question 21: At option 4 (reporting encouraged through non-legislative mechanisms), how do you think awareness within the health sector could be raised to encourage reporting?

This approach may not work in practical terms, given the time pressures that clinicians are facing, additional voluntary reporting may easily be over looked.

Question 22: What do you consider the consequence should be when a health practitioner fails to meet a mandatory reporting obligation?

This should not be a mandatory requirement for clinicians.

Question 23: Which workforces are most likely to treat a firearm injury in the context you work in? Are they best placed to report the incident, or someone else on their behalf?

As above, reporting should be automated using data processing avenues, not expected of individual clinicians.

Question 24: Do you have an opinion on how broadly or narrowly health workforces should be defined, and on which specific workforces should be in or out of scope

As above, reporting should be automated using data processing avenues, not expected of individual clinicians.

Question 25: Do you consider there may be other groups or organisations, in addition to health professionals, that may come across information indicative of misuse of a firearm or airgun that should come within a reporting framework? If so, who?

Police, Ambulance Officers

Question 26: If you work for an organisation, does it currently have internal policies, protocols and/or guidance for reporting of firearms injuries? If so, please describe these.

No

Question 27: What key elements would you like to see included in guidance to support reporting of firearms injuries by health professionals to Police? What else would be required to effectively implement this reporting in your healthcare setting?

Reporting should be done using data analysis, not by adding a job to clinicians' workloads.

Question 28: What information do you think should and should not be provided when a health professional is making a report to Police?

Reporting should be done using data analysis, not by adding a job to clinicians' workloads.

Question 29: If you are a health professional, when making a report, is your preference to do so:

On the phone, via Police's 111 or 105 phonelines, or

By submitting a report online.

Reporting should be done using data analysis, not by adding a job to clinicians' workloads.

Question 30: What impact would reporting firearm injuries to Police have on your organisation? For example, time commitment, additional costs, or new processes required. How could these impacts be mitigated to enable more effective and efficient reporting?

Once a data system was set up, the appropriate codes in place for coders, or to extract the data, this could be automated and the information provided in the same was as other routinely reported data to MoH.

Question 31: Do you consider that the benefits of increased reporting outweigh the costs of doing so?

NMH recommends that initially work is undertaken to scope what it would take to automate the process. This would then assist with decision making.

Conclusion

5. NMH thanks the New Zealand Police and Ministry of Health for the opportunity to comment on the Reporting of Firearm Injuries to New Zealand Police by Health Professionals.

Yours sincerely

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