

Force Procedure No.: 129p
Replaces Force Procedure

Procedure Owner:
Head of Central Data Unit

Date Procedure Approved:
01/10/2003
Date Procedure Reviewed:
20/09/2010



FORCE PROCEDURE:

Police National Computer (PNC) Warning Signals

This procedure has been drafted in accordance with the Human Rights Act 1998, Race Relations (Amendment) Act 2000 and the principles underpinning it. It is suitable for public disclosure

POLICE NATIONAL COMPUTER (PNC) – WARNING SIGNALS

MAIN CONTENTS

<u>About This Procedure</u>	<u>3</u>
<u>Risk Assessments/Health & Safety Considerations</u>	<u>3</u>
<u>Procedure</u>	<u>3</u>
<u>Duplication</u>	<u>4</u>
<u>Role and Responsibilities</u>	<u>4</u>
<u>Related Protocols, Practices or Other Agency Service Agreements</u>	<u>5</u>
<u>Administration</u>	<u>5</u>
<u>Distribution/Publication</u>	<u>5</u>
<u>Monitoring/Evaluation</u>	<u>5</u>
<u>Review</u>	<u>5</u>
<u>Originating Department</u>	<u>5</u>
<u>Appendix 1</u>	<u>6</u>
<u>Appendix 2</u>	<u>8</u>
<u>Appendix 3</u>	<u>13</u>
<u>Appendix 4</u>	<u>23</u>

1. ABOUT THIS PROCEDURE ([MAIN CONTENTS](#))

This document specifies the procedures necessary to create and monitor Warning Signals on PNC. It ensures that supportive text has been provided and warrants a Warning Signal and that weeding complies with the Data Protection Act and Human Rights.

2. RISK ASSESSMENTS / HEALTH & SAFETY CONSIDERATIONS ([MAIN CONTENTS](#))

There are no relevant risks associated with the implementation of this procedure. This Policy has been put in place in order to minimise the risk of injury/harm or illegal activities, to both members of the public and Police Officers.

3. PROCEDURE ([MAIN CONTENTS](#))

Arresting/Processing Officer

Upon initial arrest or during the detention of a defendant, if the officer identifies a risk, danger or illegal activity of the person arrested, they will usually complete a PNC warning signal proforma (PNC/PHOENIX 15) with all the relevant information. However a Warning Signal may be added in any circumstance where there is adequate supporting evidence (e.g. intelligence). This is regardless of any existing Warning Signals, as it provides up to date data on the person arrested and shows a pattern of behaviour to warn others. It is also essential to ensure relevant markers are retained i.e. drugs.

In the event of a detainee who appears to suffer from learning difficulties, have a mental health condition, or an ailment, the advice of the Community Psychiatric nurse or other suitably qualified person should be sought in an attempt to confirm the exact condition for the appropriate Warning Signal. This needs to be clearly stated on the PNC15.

The PNC15 will be submitted to the Central Data Unit by the Custody Sergeant (prior to release from Custody) by Fax, for the details to be entered onto PNC. If authorisation is not of a suitable level, the proforma will be returned to the requesting Officer for the correct authorisation to be obtained.

National Intelligence Reports (NIRs)

Police Officers and certain members of Police Staff submit National Intelligence Reports (NIRs) on an ad hoc basis to their Local Intelligence Office (LIO). Intelligence contained therein may warrant one or more specific Warning Signals to be added to the appropriate record(s) on PNC. For this intelligence to be added to PNC as a Warning Signal it must meet the intelligence grading of B23.

The PNC15 will be submitted to Central Data Unit by the LIO Assistant/Officer (authorised by the DS) by Fax for the details to be entered onto PNC. If

NOT PROTECTIVELY MARKED

authorisation is not of a suitable level, the proforma will be returned to the requesting Officer/LIO Assistant for the correct authorisation to be obtained.

PNC Bureau inputter

The text field consists of only 60 characters, however additional text can be added in the OD (Other Detail) page and reference made to this in the Warning Signal text field.

Supervisor/Quality Assurance

The Supervisor, Systems Data Quality Officer and Quality Assurance Department will ensure the PNC15 is quality assured against the PNC entry and ensure relevant data is recorded. Details of any errors will be sent to the appropriate inputter for investigation and correcting.

PNC Bureau

Upon receipt of a Warning Signal Review Daily Activity File (DAF) report from Hendon Data, the receiving Bureau will arrange for auditing of the report against the criteria in [Appendix 1](#). Individual entries will be reviewed to establish that the Warning Signal is accurate, relevant and up to date, and the entry either updated to show they have been reviewed, or deleted. Requests to update Warning Signals should be updated within 6 hours of receipt as per published departmental SLAs.

4. DUPLICATION ([MAIN CONTENTS](#))

Where a Warning Signal is superseded by another *identical* signal of the same nature, the older signal should be deleted leaving the most recent signal on PNC to thus avoid unnecessary duplication. There are however circumstances where the older signal is of a more serious nature and in this case it should be retained if the criteria support its retention and the newer marker either deleted at the time of the review or on its five year anniversary, whichever is the most appropriate in the circumstances. It is permitted to have more than one of the same type of Warning Signal against a record providing the circumstances differ sufficiently to allow this. As already stated though, if the circumstances are identical, the older marker can be deleted

5. ROLES AND RESPONSIBILITIES ([MAIN CONTENTS](#))

CUSTODY SERGEANT is responsible for submitting the PNC15.

LIO is responsible for submitting the PNC15 for Warning Signals generated from intelligence graded at B23 or above.

PNC BUREAU INPUTTER is responsible for ensuring that supporting text is relevant, timely and accurate and then updating and when appropriate weeding the Warning Signal on PNC.

NOT PROTECTIVELY MARKED

SUPERVISOR, SYSTEMS DATA QUALITY OFFICER & QUALITY ASSURANCE DEPARTMENT ensures data quality and provides details of any errors to either the PNC Bureau or the relevant Custody Department.

The decision making process for entry of Warning Signal onto PNC is available in [Appendix 4](#). This shows the criteria required for update onto PNC.

6. RELATED PROTOCOLS, PRACTICES OR OTHER AGENCY SERVICE AGREEMENTS ([MAIN CONTENTS](#))

There are no related protocols, practices or other agency service agreements. All Forces have a weeding policy for Warning Signals.

7. ADMINISTRATION ([MAIN CONTENTS](#))

The PNC15 proforma must be submitted to the PNC Bureau prior to the person arrested being released from Custody. PNC Bureau will update this information within 4 hours of receipt. PNC Warning Signals must be reviewed prior to the Weed date on PNC (which is variable depending on the signal as well as the nature and seriousness of the offence. Refer to [Appendix 2](#) for further guidance).

8. DISTRIBUTION / PUBLICATION ([MAIN CONTENTS](#))

This procedure is suitable for public disclosure. Publication to staff is via the force intranet.

Advice on the application of this procedure is available from the West Mercia Police Crime and Disorder Team, Headquarters.

9. MONITORING / EVALUATION ([MAIN CONTENTS](#))

These procedures will be monitored by CDU Supervisors & Systems Data Quality Officer and the Corporate Data Quality Unit. At regular intervals the Force Audit team will audit this data. The HMI audit all PNC. procedures annually.

10. REVIEW ([MAIN CONTENTS](#))

This procedure should be reviewed annually to ensure ongoing compliance and emergent legislation and Human Rights case law.

11. ORIGINATING DEPARTMENT ([MAIN CONTENTS](#))

Central Data Unit, Headquarters

NOT PROTECTIVELY MARKED

APPENDIX 1 – GUIDELINES FOR PNC WARNING SIGNAL REVIEW ([MAIN CONTENTS](#))

PNC Warning Signals on the PNC Names application include the following (Refer to [Appendix 2](#) for definitions and further usage instructions);

SU	Suicidal	MN	May suffer from mental disorder
AT	May have medical condition	IM	Male impersonator
IF	Female impersonator	ES	Escaper
XP	May possess explosives	CO	Contagious
FI	May possess firearms	WE	May possess weapons
VI	Violent	DR	May possess drugs
AG	May make false allegations	SH	May self harm whilst in custody

General Review Guidelines:

1. The CDU Departmental Manager has the responsibility for PNC Warning Signal reviews.
2. Where it is indicated the marker should remain for life this should be adhered to. In exceptional cases, if deletion is being considered, the advice of the PNC Corporate Data Quality Officer must be sought prior to the marker being removed.
3. All PNC markers should be supported by documentary evidence. The Force/Station reference number should provide a relevant number attributable to West Mercia that can be traced back to provide full evidence e.g. custody record number. If the marker cannot be supported then it should be deleted.

The only exception being suicidal (SU) and exceptional cases where the risk associated with deleting the marker outweighs the data protection issues in retaining them. If intelligence is being used to support a marker it should be evaluated, timely and relevant. If no further intelligence has been submitted to support the marker within the five-year period then the marker should be deleted. If further intelligence has been received it should be evaluated to ensure it justifies retaining the marker.

4. Although not an exhaustive list the decision to retain/delete a marker can usually be made from PNC and CRIMES records. There are however a few markers that will require research from the CRIMES Intelligence Corporate Data Quality Officer or the Police Officer responsible for submitting the marker.
5. It is important to note that each case must be treated on its own merits and there is an element of subjectivity involved. Whilst the below guidelines offer a structure and corporacy to the process there will always be a small number of markers that due to their very nature fall outside of the guidance given. It is impractical to cover every eventuality or potential scenario.
6. Where a marker is superseded by another marker of the same nature the older marker should be deleted leaving the most recent marker on PNC and often

NOT PROTECTIVELY MARKED

negates the necessity of conducting further research. However there are circumstances where the older marker is of a more serious nature and in this case it should be retained if the criteria support its retention and the newer marker either deleted at the time of the review or on its five year anniversary, whichever is the most appropriate in the circumstances.

7. If the 60 characters of text in the warning signal field are insufficient for supporting text the Other Details (OD) page should be used with appropriate cross-reference.
8. When deleting a Warning Signal ensure that any further details are removed from OD page if it has been utilised.

APPENDIX 2 – LIST OF WARNING SIGNALS AND DEFINITIONS ([MAIN CONTENTS](#))

SUICIDAL (SU) - All suicidal markers should remain on a subject's record for life (recommendation from the Allott enquiry). This is a vital warning signal for custody and prison staff. Accompanying text should include, wherever possible, method used, if in custody or not and when the attempt was made and any other relevant details.

SELF HARM (SH) - This marker relates to a subject who may harm themselves whilst in custody, although the incident of self-harm need not necessarily have occurred in custody. It is recommended that it should remain on a subject's record for life. Accompanying text should be as for SU. In exceptional circumstances where there is supporting evidence a proposal to delete the marker should be referred to the Corporate Data Quality Officer.

MENTAL (MN) - Markers indicating long-term conditions such as learning difficulties (e.g. a low mental age) or mental health conditions such as severe schizophrenia should remain for life. Wherever possible retaining the marker for a prolonged period should be medically confirmed. Other than obvious lifelong conditions they will be deleted at the five-year review or upon receipt of earlier notification.

Where there is no supporting medical evidence the following general guidance should be followed;

- If they have not come to notice within the five-year period the marker should ordinarily be deleted depending on the nature of their offending history.
- If they have come to notice again and the condition is evidenced then the marker should be retained. If the condition is not evident then the marker should be deleted.

Markers that relate to specific Mental Health Orders should be treated as temporary and removed if they have expired and there is no evidence to suggest grounds for further retention.

Refer to [Appendix 3](#) for further guidance into what is considered a mental condition and what is an ailment.

AILMENT (AT) - This PNC marker is used to cater for both ailments and disabilities. Disability may include hearing/sight/speech impairment. All markers relating to life long ailments e.g. asthma, diabetes, epilepsy should remain on a subject's record for life. Non life long ailments (e.g. alcoholism) should be reviewed as per the following guidance;

- If the subject has not come to notice within the five-year period the marker should be deleted.
- If they have come to notice within the last two years and the condition is still evident, preferably medically confirmed, then retain the marker for a further five years.

Short-term markers (e.g. pregnancy to ensure the appropriate welfare) should be removed following the due term and prior to the five-year period. ***This marker must not***

NOT PROTECTIVELY MARKED

be used to indicate a subject suffers from AIDS or is HIV positive and any such marker should be deleted immediately.

Refer to [Appendix 3](#) for further guidance into what is considered an ailment and what is considered to be a mental condition.

CONTAGIOUS (CO) - This marker may relate to many different diseases and conditions (e.g. hepatitis/scabies). ***It must not be used to indicate a subject suffers from AIDS or is HIV positive and any such marker should be deleted immediately.***

For any condition that is temporary (e.g. scabies) custody staff should notify PNC Bureau by form PNC16 of any subject that has a CO marker but the condition is no longer present. This marker should then be deleted. On the five year review, if there is no recent (within the last two years) supporting evidence that the condition still exists the marker should be deleted with the exception of life long conditions.

The most commonly documented conditions are outlined as follows;

- Hepatitis A – has a one to two month life span and the marker should be deleted after six months.
- Hepatitis B – has an approximate life span of two years and the marker should be deleted on the five-year review.
- Hepatitis C – infection can be relatively short lived but in the majority of cases will span several decades and any marker should be retained for life unless there is medical evidence that the infection has been cured.
- Tuberculosis – the most common form the police will come into contact with is TB of the lungs. This is a very aggressive disease with fatal consequences if not treated. Therefore any such marker should be deleted on the five-year review.

Refer to [Appendix 3](#) for further guidance into what is considered to be a contagious condition.

MALE IMPERSONATOR (IM) - This marker is used for a female whose modus operandi is to impersonate a male for the commission of the offence. This marker should remain on subject's record for five years before review. If they have not committed an offence using this MO within the last five years the marker should be deleted.

FEMALE IMPERSONATOR (IF) - This marker is used for a male whose modus operandi is to impersonate a female for the commission of the offence. This marker should remain on a subject's record for five years before review. If they have not committed an offence using this MO within the last five years the marker should be deleted.

ESCAPER (ES) - The circumstances surrounding the method of the escape and subsequent conviction should be taken into account in the review process. Markers relating to subjects running away to avoid arrest should not be created or retained. A marker can be created where the very serious nature of the offence makes it likely an escape may be attempted (e.g. a member of a dangerous gang) but should be deleted on conviction for that offence if no actual attempt to escape has been made.

NOT PROTECTIVELY MARKED

If the nature of the escape or attempt escape from police custody, court or prison is serious (and supported with a conviction) the marker should be retained for a period of at least 15 years. If the marker is not supported by a conviction or other evidence it should be deleted on review. Markers relating to circumstances that are not considered particularly serious but are supported by a conviction should be retained for ten years. If there are no further attempts made then the marker should be deleted after this period.

EXPLOSIVES (XP) - These markers relate to circumstances involving the criminal use or unlawful possession of explosives in any circumstances and should be retained for five years. On the five-year review if there is a supporting conviction or recent intelligence (within the last 2 years) to support a marker it should be retained for a further 5 years. If the offence was of a serious nature the marker should be retained for a period of at least 15 years. This marker is not intended for firework misuse.

FIREARMS (FI) - Where the marker relates to circumstances involving the criminal use or unlawful possession of firearms in any circumstances, it should remain on a subject's record for five years. At the five-year anniversary, markers should be reviewed against conviction records or intelligence held and retained in the event of any conviction for criminal use or unlawful possession of firearms.

Guidelines for the most common markers are as follows;

Airweapons

- Possession in a public place – delete on 5-year review
- Use of causing deliberate physical injury to persons – retain for 15 years.

CS/Pepper Spray

- Possession – delete on 5 year review.
- Use of – retain for 10 years.

Nail Gun

- Use of causing deliberate physical harm to persons – retain for 15 years.

Imitation/replica/blank firing guns

- Possession – delete on 5 year review
- Use of – retain for 10 years

Shotgun

- Unlawful possession – retain for 10 years
- Criminal use – retain for life

Section 1 Firearms

- Possession – retain for 15 years
- Criminal use – retain for life.

WEAPONS (WE) - Markers that relate to circumstances involving the use of weapons in order to commit an offence should be treated more seriously than possession only. They should all be reviewed against conviction history. WE relate to offensive weapons and should not be used for instances where the subject picks up a glass/piece of wood/chair to attack someone. The most common types of weapon are knives, batons, rice flails or

NOT PROTECTIVELY MARKED

screwdrivers. Needles can be placed on as a WE marker. General guidance for the review of WE markers are as follows;

- Possession only supported by a conviction – delete on 5-year review unless there is a subsequent offence where it should be retained for a further 5 years
- Use of weapon in a criminal offence such as robbery/assault – retain for 10 years
- Threats with or use of against police or prison staff – retain for 10 years.

This warning signal can be used to record the fact that someone has HIV/AIDS but only if that person has deliberately threatened to infect, or is likely to infect, someone else with the disease, whether that be by use of an infected needle or other means that utilise infected and relevant bodily secretions (i.e. they are using the disease as a weapon). Such a warning signal must be retained for life.

VIOLENT (VI) - This marker is for those subjects who may resort to particularly violent behaviour. It is not for use in common assaults or ABH unless against police or prison staff. It can be used for resist or obstruct arrest although obviously not for giving false details. It is not for use where the subject has been or is likely to be simply aggressive in manner. Each case should be judged on its own merits and viewed against conviction history and any term of imprisonment taken into account when considering deleting a marker. General guidance as follows;

- Section 18/Section 20 (GBH) – one incident – remain on PNC for 5 years after any period of custodial sentence.
- Section 18/Section 20 (GBH) – 2 to 4 incidents – remain on PNC for 10 years after last period of custodial sentence.
- Murder/Att Murder – If supported by a conviction the marker should remain for life.
- Five or more offences (robberies, rapes, S18/20 assaults, violent disorder, including any combination of these). –remain on PNC for a minimum of 20 years.
- Resist arrest or lesser assault on police supported by conviction – delete on 5-year review for first such offence. Subsequent offences of a similar nature should be retained for 10 years.

This warning signal can be used to record the fact that someone has HIV/AIDS but only if that person used violence in a deliberate attempt to infect, or is likely to infect through an act of violence, another individual with the disease. Such a warning signal must be retained for life.

DRUGS (DR) - This warning marker should only be used for illegal possession of controlled drugs. DR markers should be reviewed against conviction history and intelligence which may indicate continued misuse of drugs and support retention of the marker. General guidance is as follows;

Class B/C

- Possession with intent to supply, supply, being concerned in the production of, importation. Should be supported by a conviction and depending on the seriousness of the offence deleted on 5-year review. If there is a significant period (2 years or more) of custodial sentence the marker should be retained for 5 years after release.

NOT PROTECTIVELY MARKED

Class A

- Possession only supported by a conviction – under normal circumstances delete on 5 year review unless subsequent offences of a similar nature have been committed or other evidence of continued misuse of drugs when the marker should be retained for a further 5 years. For markers created from the subject's admission or other evidence such as needles but not supported by a conviction this should be deleted on the 5-year review.
- Supply/production/importation supported by a conviction. The marker should be retained for 10 years following any conviction or release from custodial sentence. If the marker is based on intelligence and unsupported by a conviction it should be deleted on the 5-year review.

This warning signal may also be used to highlight that the subject has taken action to obstruct searching under the Misuse of Drugs Act 1971, i.e. they swallow drugs.

ALLEGES (AG) - This marker should only relate to those allegations that are made against police staff which are shown to be unwarranted and false allegations. A new marker should be entered on a subject's record for each allegation made. Under normal circumstances the marker should be deleted on the 5 year review unless a subsequent similar false allegation has been made when it should be retained for a further 5 years.

NOT PROTECTIVELY MARKED

APPENDIX 3 – A TO Z OF AILMENTS, MENTAL CONDITIONS & CONTAGIOUS CONDITIONS ([MAIN CONTENTS](#))

REASON FOR ADDING	WS TYPE ON PNC	SIGNAL TO REMAIN ON PNC FOR LIFE	FURTHER INFORMATION *ALL WS REQUIRE MANDATORY SUPPORTING/ADDITIONAL TEXT*
A			-
ABSENCE SEIZURES	AT	✓	Sufferers appear to be in a daydream or switching off. Mainly happens in childhood. Sufferers miss out on tiny pieces of information, so they may only hear the first part of a sentence. They are briefly unconscious and unaware of what is happening.
ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)	MN		
AGORAPHOBIA	MN		
ALCOHOLIC	AT		Only add warning signal for an actual alcoholic or if suspected alcoholic stated. If person is just drunk then do not add.
ALLERGIES	AT		Only add to show an allergic reaction that has an extreme effect on health (i.e. peanut allergy that can lead to an anaphylactic shock)
ALZHEIMER'S DISEASE	MN	✓	
ANGER MANAGEMENT ISSUES	MN		
ANGINA	AT	✓	

NOT PROTECTIVELY MARKED

ANXIETY (GAD - GENERALISED ANXIETY DISORDER)	MN		
ARTHRITIS (OSTEOARTHRITIS)	AT		Only add Warning Signal if visibly severe
ARTIFICIAL LIMB	AT	✓	State which limb is missing and if a prosthetic is worn (remember to update the MS page – Lacking)
ASPERGERS SYNDROME	MN		
ASTHMATIC - ASTHMA	AT	✓	
AUTISTIC - AUTISM	MN		
B			-
BI-POLAR (PREVIOUSLY CALLED MANIC DEPRESSION)	MN	✓	Ensure if medicated, it is recorded in the text
BLIND (VISUAL IMPAIRMENT)	AT	✓	Only add Warning Signal if registered blind. A marks and scars should be added using PECU (Peculiarity)
BLOOD CLOT (EMBOLISM)	AT		State what type of embolism (blood clot) and where it is

NOT PROTECTIVELY MARKED

BRAIN HAEMORRHAGE	AT	✓	
BRAIN TUMOUR	AT	✓	
BREATHING PROBLEMS	AT	✓	Specify exact condition (i.e. Emphysema, Asthma)
BRITTLE BONES (OSTEOPOROSIS)	AT	✓	
C			-
CANCER	AT		In text, state the type of cancer and medication taken if possible
CATAPLEXY	AT	✓	Sudden loss of muscular control (e.g. jaw drops, head drops, speech slurred or legs collapse). Normally triggered by emotion. Attacks can last seconds or several minutes. Frequency varies from daily to once a year. Often a symptom of narcolepsy
CEREBRAL PALSY	AT	✓	
CIRRHOSIS OF THE LIVER	AT	✓	
CLAUSTROPHOBIA	MN		
CORONARY HEART DISEASE	AT	✓	

NOT PROTECTIVELY MARKED

COLOSTOMY BAG	AT		State in the text whether it is permanent or temporary
COPD - CHRONIC OBSTRUCTIVE PULMONARY DISEASE	AT	✓	Lung disease
CROHN'S DISEASE	AT	✓	Chronic (long term) condition that causes inflammation of the lining of the digestive system
CYSTIC FIBROSIS	AT	✓	
D			-
DEAF (HEARING IMPAIRMENT)	AT	✓	Please state if one or both ears. If uses a hearing aid then a marks and scar should be recorded using PECU (Peculiarity)
DEMENTIA	MN	✓	
DEPRESSION	MN		Please add all new occurrences, add historical occurrence when non existent on PNC. Include dates of occurrences and if medicated, state in all instances
DIABETES/DIABETIC	AT	✓	Please state whether the condition is controlled by medication or diet
DIETARY REQUIREMENTS	AT		If relates to an allergy with severe consequences then put onto PNC (e.g. nut allergy). If it is a personal dietary choice do not put onto PNC (e.g. vegetarian)
DVT (DEEP VAIN THROMBOSIS)	AT		Please state if on medication

NOT PROTECTIVELY MARKED

E			-
EMBOLISM	AT		Please state what type of embolism (blood clot) and where it is
EMPHYSEMA (SEE ALSO COPD)	AT	✓	Lung Disease
EPILEPSY - EPILEPTIC	AT	✓	If possible, state when last seizure occurred
F			-
FOOD ALLERGY	AT		See dietary requirements
H			-
HAEMOPHILIA	AT	✓	Blood clotting disorder which can cause prolonged external bleeding. Internal bleeding occurring around the joints & muscles is also a common symptom. If known state if mild, moderate or severe.
HEART CONDITION	AT		
HEPATITIS A	CO		Liver inflammation caused by a virus. Please state which type it is in the text
HEPATITIS B	CO	✓	
HEPATITIS C	CO	✓	
HIGH BLOOD PRESSURE (HYPERTENSION)	AT	✓	State if medicated & add any other associated illnesses

NOT PROTECTIVELY MARKED

HIGH CHOLESTEROL	AT		Only add warning signal if medicated. Add any other associated illnesses
HUGHES SYNDROME	AT	✓	Autoimmune condition where immune system attacks healthy tissue. Wide range of symptoms, most commonly, blood clots
HUNTINGDON'S DISEASE	AT	✓	Inherited disease of the brain. Affects movement, cognition & behaviour
HYPERVENTILATING	AT		Usually associated with other illness/ailment. List all details known
I			-
IMPETIGO	CO		Highly infectious bacterial infection of the skin
K			-
KIDNEY DISEASE OR FAILURE (RENAL FAILURE)	AT	✓	State in text if receiving kidney dialysis
L			-
LIVER DISEASE	AT	✓	Give detail (e.g. Cirrhosis)
LOW BLOOD PRESSURE	AT	✓	State if medicated and add any other associated illnesses
LEUKAEMIA	AT		
LUNG DISEASE	AT	✓	If possible, state exact name of the disease (e.g. Emphysema)

NOT PROTECTIVELY MARKED

LUPUS CONDITION	AT	✓	If other associated illnesses are documented then add the warning signal. Lupus is an autoimmune condition which has various possible symptoms including skin rash, fatigue, depression and Raynauds phenomenon. It tends not to be medicated and people can grow out of it
M			-
MARFAN SYNDROME	AT	✓	Rare genetic condition that affects body connective tissues which can affect heart and blood vessels
MULTIPLE SCLEROSIS (MS)	AT	✓	
N			-
NARCOLEPSY	AT	✓	Chronic sleep disorder that can cause sleep attacks (fall asleep without warning). State any other associated symptoms
NUT ALLERGY	AT	✓	See also section on Allergies
O			-
OPERATION	AT		Do not add a warning signal if person is due to have an operation but if post operative and there are wound sites or complications, please add a signal with supporting text (this is a temporary entry on PNC and will be removed after 6 months)
OSTEOPOROSIS (BRITTLE BONES)	AT	✓	
OPPOSITIONAL DEFIANT DISORDER (ODD)	MN		An ongoing pattern of disobedient, hostile and defiant behaviour toward authority figures. Prevalent amongst children.

NOT PROTECTIVELY MARKED

P			-
PANCREATITIS	AT		Disease of the pancreas
PARALYSIS/PARALYSED	AT	✓	State details of the condition
PARKINSON'S DISEASE	AT	✓	
POLIO	CO		Polio is a virus spread through the faeces of an infected person (contagious for up to 6 weeks). More common in less developed countries with poor sanitation. Symptoms vary from flu like to muscle paralysis.
POST-POLIO SYNDROME (PPS)	AT	✓	PPS affects 20-60% of people who had polio but it develops between 10 & 40 years after the illness
POST - OPERATIVE	AT		See operation
POST TRAUMATIC STRESS DISORDER	MN		
PREGNANCY	AT		State the stage of pregnancy/due date (it will then be removed from PNC when no longer relevant)
PSYCHOSIS - PSYCHOTIC	MN	✓	This is not a condition itself, it is a symptom of other mental health conditions
PULMONARY EMBOLISM	AT		Clot on the lung
PRUNE BELLY SYNDROME	AT	✓	This is an abdominal muscle deficiency syndrome. It is a birth defect that affects the urinary system. Can have partial or complete lack of abdominal muscles so can have folds of skin covering the belly

NOT PROTECTIVELY MARKED

R			-
RENAL FAILURE	AT	✓	Loss of kidney function. Dialysis/transplant required
RHEUMATOID ARTHRITIS	AT	✓	More severe than osteoarthritis
S			-
SCABIES	CO		Contagious skin condition that causes intense itching
SCHIZOPHRENIC - SCHIZOPHRENIA	MN	✓	
SEPTICAEMIA	AT		Blood poisoning
SICKLE CELL ANAEMIA	AT	✓	Blood disorder that causes breathlessness, dizziness, fainting, palpitations and a high temperature
SPLEEN - SPLEENECTOMY (NO FUNCTIONING SPLEEN)	AT	✓	Suppressed immune system. Usually on penicillin daily
SLEEP APNOEA	AT	✓	A condition which causes interruptions in breathing during sleep
STRESS	MN		Must be stated if stress is along with other associated conditions (e.g. anxiety, depression etc)

NOT PROTECTIVELY MARKED

STROKE	AT	✓	State when happened and any lasting effects in the text
SURGERY	AT		See Operation
T			-
TOURETTE'S SYNDROME	MN	✓	
TUBERCULOSIS (TB)	CO		Bacterial infection primarily of the lungs. Treatment can take up to 6 months
TUMOUR	AT		State where on the body the tumour is and if on any medication
V			-
VISUAL IMPAIRMENT	AT	✓	Only add warning signal if registered blind
W			-
WILSON'S DISEASE	AT	✓	A genetic disorder in which copper builds up in the body (mainly the liver & brain). Without treatment, can cause serious illness and be fatal. Treatment is given to remove the copper and prevent further build up.
WOLFF-PARKINSON-WHITE SYNDROME	AT	✓	Heart condition. Born with a strand of extra muscle tissue between heart chambers which causes a fast heartbeat. Also associated with adult sudden death syndrome.

APPENDIX 4 – DECISION MAKING PROCESS FOR PNC WARNING SIGNALS ([MAIN CONTENTS](#))

