

CRIME SCENE MANAGEMENT/EVIDENCE PRESERVATION

PURPOSE: To provide guidelines for prehospital care personnel when patient assessment, treatment and/or transport is required at the scene of a possible crime. It is clearly understood that the first duty of all personnel is to protect and preserve human life. Prehospital personnel must ensure that patient care is given highest priority. Furthermore, and to the extent possible, this care shall be given with consideration to the needs of law enforcement with respect to personnel safety, crime scene management, and preservation of evidence.

POLICY:

1. The law enforcement officer is in charge of a crime scene. The officer will make a determination of status of the scene and make this information available to responding police, fire, and medical units. In the absence of being notified, fire and medical units shall not assume that the scene is secure and take precautions to protect themselves from any potential danger.
2. Prehospital personnel shall follow the directions of law enforcement with respect to crime scene management. This direction shall not prevent nor detract from quality patient care.

AUTHORITY: California Health & Safety Code, Division 2.5, Sections 1798.6, 1797.220; CCR, Title 22, Division 9, Chapter 4, Section 100147.

BLS/ALS

CRIME SCENE CLASSIFICATIONS:

1. Closed Access to Unsecured Crime Scene: (Hazard still exists)
 - a. Hostage situation
 - b. Suspect(s) still on scene
 - c. Environmental hazards present
2. Limited Access Crime Scene: (Critical evidence could be destroyed or compromised, or hazards may still be present):
 - a. EMS personnel will take direction from the officer in charge who will direct entrance and arrange appropriate escort.
 - b. Life saving considerations will take precedence. EMS will determine death on obvious suicides/homicides.
3. Open Access Crime Scene - Evidence still has to be collected, but personnel have access to the entire area. Consult with law enforcement.
4. Cold Crime Scene: No evidential concerns or hazards present.

EVIDENCE PRESERVATION:

1. In the event that EMS personnel discover a crime scene, or are at a crime scene without law enforcement, an immediate request for law enforcement shall be made. Until such time as law enforcement arrives or until the scene is secured, EMS providers shall assure their own safety and, if necessary stage at a near by location and notify dispatch and law enforcement of the location.
2. Parking of EMS vehicles should be done in such a way as to provide access for EMS personnel by with consideration for the crime scene; i.e., do not run over expended shell casings or destroy physical evidence such as tire tracks, foot prints, and/or broken glass, etc.
3. Entry to the crime scene should be made by the minimum number of EMS personnel necessary to access and provide care to the patient(s).
4. When possible, entry and exit to the crime scene should be accomplished by the same route.
5. It is the responsibility of all responding fire and medical units to be aware of the important evidence that can be damaged or destroyed upon entering a crime scene. Fire and medical personnel shall consult with police officers before disturbing items that may be evidence of a crime. When directed to do so, care should be taken not to disturb any physical evidence. Physical evidence can be as small as a single hair.



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6. In situations where an investigation is possible and the victim must be removed to perform critical patient care, the victim's location should be "chalk" (this can also be done with tape, spray paint, etc.) at their head and groin, and their position if possible or have law enforcement visually note victim location prior to moving. This should be done only if this procedure will not unduly delay patient care.
 - a. Exercise reasonable care to not step in blood evidence during the evaluation of the patient.
 - b. Clothing:
 - Removal of the patient's clothing should be kept to a minimum, if possible. The bullet/stab wound hole, powder particles or powder smudges around the hole can have considerable investigative value as evidence and should not be modified. Clothing removal should be done in a manner which will minimize the loss of physical evidence; i.e., do not cut clothing through bullet or knife holes.
 - Where clothing is bloody, do not allow blood and debris from one area or garment contaminate another area or garment. Do not roll garments up in a ball. Never put wet or bloody garments in plastic bags. They should be allowed to dry. If absolutely necessary, carefully place garments in paper bags (one item per bag), sealed, dated and initialed.
 - Handle clothing as little and carefully as possible. Powder flakes from gunshot wounds may fall off of clothing, decreasing the value of powder-deposit examination.
 - Clothing and all other personal articles of the patient are to be left in the possession of, or given to law enforcement personnel. Do not discard anything.
 - c. Put wrappers and other disposable "trash," which accumulates as patient care is rendered, in a single site away from the patient and/or potential crime scene evidence. Do not pick up on-scene trash items and discard because evidence may be destroyed. On-scene law enforcement personnel may suggest a site to be used for trash which would be most ideal to maximize preservation of evidence.
7. If sexual assault is alleged by the victim, see **ALS Protocols Module, Sexual Assault** policy.
8. Try to start IVs above the hands, if the patient actually fired, or may have fired the weapon. If time permits, consider bagging the hands.
9. Patients who meet the probable death criteria should be assessed utilizing the **Determination of Death** policy.
 - a. EKG assessment should be accomplished with the use of quick look paddles.
 - b. It is important that prehospital personnel understand that law enforcement or physicians have the authority to declare death. If this has occurred, the responsibility for the declaration of death is law enforcement's. If death has been declared by a law enforcement officer, medical confirmation procedures do not need to be performed by prehospital providers.
10. When in doubt as to how to proceed, yield to the primary investigative agency on the scene.
11. Do not discuss the situation (call) with anyone not involved in the investigation.
12. Every effort to cooperate with law enforcement should be made. In the event of a disagreement with law enforcement, EMS personnel should document the problem and refer the matter to their PCC and complete a Confidential Investigation Report and submit it to Nor Cal EMS within seventy-two (72) hours of the incident.