

Crime Scene

Standard:

To establish guidelines for conducting patient related activities on a potential crime scene.

Purpose:

When all resuscitative efforts have ceased it is every provider's responsibility to assist law enforcement by preserving evidence at potential crime scene. Any scene involving a patient that is pulseless and apneic is to be considered a crime scene and treated accordingly. In such situations provider's should also maintain a heightened awareness for the presence of weapons.

Application:

General principles of crime scene management:

1. The existence of a possible crime scene should not influence the decision to initiate resuscitative efforts. The first arriving Credentialed Provider on-scene must make patient access to determine whether resuscitative efforts are indicated. If law enforcement prevents entry, additional responding units should be reduced to "Code 1" response. All law enforcement refusal of access to patients by Providers will be retrospectively reviewed with law enforcement.
2. A provider should not handle weapons unless necessary to ensure a safe patient care environment. If weapons must be handled, the Provider must wear gloves, clearly document the items original and new location, and inform on-scene Law Enforcement.
3. Never use anything (phones, sink, bathroom, towels, sheets, blankets, pillows, etc.) from an incident scene.
4. Victims of suspected assault should be strongly discouraged against "cleaning up," washing or showering prior to arrival of Law Enforcement or transport.
5. Providers should not touch anything in the crime scene unless required for patient care activities. Patient demographic information should be obtained from law enforcement when possible.
6. Any ligature(s) involved should be left as intact as possible and should be cut rather than untied. All cuts made should be in an area well away from any knots.
7. Containers of any substance, which may have been ingested by the patient/victim, should be left in the position found unless needed for ongoing patient care. If the container must be touched, use gloved hands and limit handling to a minimum in order to preserve any fingerprints that may be present.
8. Disposable items used during resuscitation efforts are to be left in place on the body. Sharps used during the resuscitation should be stored in an appropriate container and taken away by EMS personnel. Any extraneous trash should be taken away as well.
9. Intravenous/IO lines, airways and all other disposable equipment used, that are successfully placed, are to remain in place on the body.
10. Termination of Resuscitation (TOR) should be made in accordance with the Criteria for Death or Withholding Resuscitation and Discontinuation of Resuscitation.
11. If requested to do so by Law Enforcement; providers may cover a body with a trace evidence blanket (when available), clean sheet or sterile drape. All efforts should be made to protect the dignity of the patient and block the public view of the body.
12. Once a TOR is obtained, the body falls under the jurisdiction of the Medical Examiner. It may not be touched or altered in any way without authorization from the Medical Examiner's Office.
13. It is acceptable to share patient care information with appropriate on-scene law enforcement once the TOR has been completed

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Crime scene management where no resuscitation is initiated:

1. Any Responder, who is not credentialed to seek a TOR of an obvious Dead on Scene (DOS), should immediately leave the area via the path of entry without touching anything.
2. When TOR is required, only one properly Credentialed Provider should make entry to the area.

Crime scene management with unsuccessful resuscitation:

1. Once resuscitation efforts have ceased and a TOR has been obtained providers should immediately vacate the area.
2. The Medical Examiner must be able to differentiate between punctures originating from resuscitation efforts and those present prior to arrival. All unsuccessful IV/IO or pleural decompression attempts should be marked on the body by circling with a marker or pen.

Crime scene management with patient transport:

1. Clothing, jewelry or other objects removed from the patient should be left on-scene. Clearly document any items left and inform on-scene Law Enforcement of the items original and current locations.
2. When cutting clothing for the purpose of assessment and/or treatment avoid cutting through existing defects in the clothing (tears, entry or exit points) whenever possible.
3. If the patient has been placed on a sheet, notify the receiving facility that the sheet and all personal effects may be considered evidence.
4. If law enforcement is not on-scene prior to transport, the first response agency is to remain on scene, out of the crime scene perimeter, until arrival of law enforcement. An effort should be made to keep all individuals out of the area.

Crime scene management with "exigent" circumstances:

1. Code of Criminal Procedure Title 1 Chapter 49.25 Removal of Bodies Section 8: "When any death under circumstances set out in Section 6 (below) shall have occurred, the body shall not be disturbed or removed from the position in which it is found by any person without authorization from the medical examiner or authorized deputy, except for the purpose of preserving such body from loss or destruction or maintaining the flow of traffic on a highway, railroad or airport."
2. In the case of these exceptions providers may be requested by law enforcement to assist with the movement/removal of the body. When possible evidence blankets should be used for patient movement and every effort should be made to preserve evidence where possible.

[Addition Information Texas Code of Criminal Procedure, Title 1. Code of Criminal Procedure, Chapter 49. Inquests Upon Dead Bodies.](#)