

# CRIME SCENE GUIDELINES

## ALL PROVIDERS

- ❑ Although preserving evidence never takes precedence over patient care, it is the responsibility of EMS responders to do everything reasonable not to complicate the investigation of a crime scene.
- ❑ These guidelines are intended to facilitate the quality of patient care while maintaining the integrity of the crime scene.
- ❑ **Safety**-Units should stage out of direct line of sight of the dispatched address. Emergency medical units should not enter a known crime scene until police have secured the scene and have confirmed that it is safe for EMS to enter. During any crime scene investigation, personnel safety and the preservation of life carries the highest priority and is paramount in respects to initial crime scene management.
- ❑ **Entering and Exiting**-When entering a crime scene, EMS personnel must lean on updated information from police officers and experience based judgments. Caution should be made to prevent driving over footprints, tire tracks, broken glass, shell casings etc... It may be unnecessary for an entire crew to enter the scene. Information may dictate the need for only two crewmembers to determine patient viability. The names of those entering the scene and the time should be noted on entrance and exit from the scene for investigative documentation.

Make every effort to be cognizant of your surroundings. When possible, responders should enter and exit by the same path and leave the scene in its original condition. Responders should anticipate following direction from police on scene, but not if it impedes quality of care.

- ❑ **Patient Care**-Personal protective equipment will protect caregivers from bodily fluid contamination, but will also protect the scene by preventing responders from leaving their DNA in areas where investigators may have to perform timely elimination fingerprinting. Extra care should be taken to avoid stepping or kneeling in pools of blood or other fluids. Make every effort to avoid cutting through any holes in the clothing, namely bullet holes or stab wounds. Responders should handle and remove clothing as little as possible to minimize loss of evidence.

When removing clothing becomes medically necessary, responders should make every effort to retain the articles in paper bags. Crime scene techs or arson investigators can be called upon to provide paper evidence bags. Bloody clothes should never be placed in plastic bags. Plastic bags promote moisture, which degrades evidence and enhances decomposition. Bags should be identified with patient name. Personal articles and clothing should remain on scene with investigators. Items discovered on the patient after transport should be handled carefully and promptly reported to the police. These items are now evidence.

EMS should never move or unload a firearm unless they pose an immediate threat. Notify police of any and all weapons to be secured for evidence. When firearms are present, the patient's hands should not be cleaned but bagged in paper bags at the direction of investigators, police officers or crime scene techs.

When possible, initiate an IV above the hand. Consider placing the IV away from injury when possible. All trash (except for sharps) created during the treatment process should be left behind so that investigators can determine where the patient was treated and what treatments were performed.

EMS should not approach patients who are obviously deceased. For those deemed "obvious", ECG confirmation of asystole or any other manipulation of the body shouldn't be performed. If a judgment call is necessary to confirm death, then ECG should be done with minimal movement of body and clothing. Under no circumstance should a body be covered with a sheet.

- ❑ **Documentation**- Many law enforcement agencies use video recording as routine documentation procedure. EMS responders should never use video or still photography at a crime scene. Any videos or photos taken (along with the device) become the property of the district attorney until the investigation is complete. Video and picture documentation should only be done by the police.

EMS should thoroughly document their actions on scene and the documentation should include to whom and under what circumstances any comments are made from victims, possible suspects or witnesses. This includes any conversation during transport. Carefully document any "dying declarations". Often, patients who are fearful of their outcome may voice concerns involving the incident. These statements may provide critical information in

solving the case.

Notes should be constructed in chronological order using only the facts of the incident. Clearly describe overall actions, and descriptions of the scene, and document your section of the scene in detail with all of the actions you've taken.

- ❑ **After the incident**-First responders should anticipate being contacted by investigators. Provide all documentation and information that is requested by the investigator. Debrief the incident as a crew. It is a great way to confirm the timeline of events and actions taken. This also gives crew members the opportunity to diffuse a stressful incident.