



Seattle / King County EMS

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CBT/OTEP 938 **Street Medicine - Crime Scenes**

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www.emsonline.net

Introduction

As an EMS provider, you might be called upon to provide emergency care at a crime scene. In doing so you must try to carry out your duties with minimal impact on potential evidence. In addition, your observations might be an important source of information for law enforcement and prosecutors. Above all your efforts to preserve evidence and document observations will help assure justice is served.

Note: This course will review the safety issues related to crime scenes and the basics of crime scene preservation for EMS providers. It is intended to provide general guidance to EMS providers in unique situations. You should follow your agency's local protocols when they vary from the recommendations presented in this course.

Before You Begin

This is a continuing education and recertification course for EMTs. It covers fundamental EMT-Basic concepts and terminology as well as advanced material. We highly recommend completing the practice exam before completing the exam.

The Elaboration links that appear throughout this course contain optional information about a specific topic to aid in achieving the objectives of the course. External Web site links are intended to expand your EMT knowledge base and provide continuing education. The course exams do not cover material from external Web sites.

Practical Skills

To receive CBT or OTEP credit for this course a trained skills evaluator must evaluate your ability to apply the guidelines outlined in CBT/OTEP 938 Street Medicine (Crime Scenes) for:

- Safety
- Crime scene evidence and preservation
- Documentation

Objectives

CBT938 is an EMT continuing education and recertification course. After completing this course you will be able to:

1. Recognize crime scene safety measures
2. Recognize examples of evidence in a crime scene
3. Apply knowledge of preserving evidence at a crime scene
4. Recognize crime scene observations that EMS providers should document

Terms

chain of evidence — Action taken by law enforcement showing that evidence was properly collected, transported, stored and documented without contamination.

dying declaration — Statements made by someone prior to death that may disclose information about his or her impending death.

evidence — Information that is helpful to a court in forming a conclusion or judgment including material objects, the testimony of witnesses or documents.

safe path — Entrance and exit areas that minimizes crime scene contamination or destruction.

Safety

A crime scene can be a volatile and dangerous place to be. If you believe you are entering a crime scene you must take measures to protect yourself and your crew.

- **request law enforcement** and stage if possible
- scan the area for dangers
- **be aware** of what's going on around you
- approach doors from the side
- select two emergency exits
- leave the patient an out (do not block their exit)



Do not rush into a scene you suspect might be unsafe-wait for the police.

Protecting Responders

Protecting a crime scene also includes protection of those who respond to the scene. Never leave a rescuer alone at a scene, especially if the suspect has not been apprehended. Be aware the suspect may be present or hiding nearby.

In some cases, the patient may be a threat to your safety. Be on the lookout for potential weapons and be alert to change in a patient's demeanor. Also, keep in mind that a criminal might be among the bystanders or nearby the scene.

Mistaken Identity

Just because you are an EMS responder don't think that everyone will be glad to see you. A criminal might see you as a threat because you are wearing a uniform. Some people perceive anyone wearing a uniform as an authority figure and therefore a threat.

Be aware that, since you are wearing a uniform, victims or onlookers at a crime scene might expect you to intervene in violent situations.

Note: **Criminals can mistake EMS for the police**

Approaching the Scene

When approaching a potential crime scene, consider having only one responder along with a police officer, initially approach the patient. This person can determine the best route of access and a course of action while the rest of the crew stays back.

Approach doors from the side and select two emergency exits that allow you egress in case the situation gets dangerous. Brief your crew on your plan.

Note: **Watch what you touch and where you step**

Safe Path

A safe path is the entry or exit to the scene that **was not used by a suspect**. Often, the police will have it identified. If a safe path is not an option, try stepping to the side of the doorways and hallways when entering a scene. If no alternative exists to use a safe path, make note of your approach route in your report.



Make sure you have a safe path before entering a crime scene.

Generally, one responder should approach the patient to see if he or she is viable. If you see signs of obvious death, then retreat from the scene and keep the rest of your crew back. A crime scene is no place for casual observers.

King County DNAR Protocol

Resuscitation efforts may be withheld or stopped in ANY of the following situations:

- *injuries incompatible with life*
- *lividity, rigor mortis*
- *DNAR directive such as POLST*
- *compelling reasons – end stage terminal illness, request from family the no resuscitation effort be attempted*

See KC EMT Patient Care Protocols p. 73 for more details.

Case: Assault

Read the information about the case below and then answer the question(s).

Overview

38-year-old female found unconscious and unresponsive in a warehouse parking lot. As you arrive on the scene you learn law enforcement has been delayed 5 minutes.

Scene Size Up

There are no apparent safety concerns (no obvious weapons, no bystanders etc), so you cautiously approach the patient. You notice the patient is breathing with shallow breaths.

Initial Assessment

- CC - Unknown
- Resp - 8, shallow
- Pulse - Carotid, weak
- Mental status - Unresponsive
- Skin signs - Somewhat pale, dry
- Obvious trauma - Significant blunt trauma to head

Question 1: Which are safety concerns for this scene?
(Select all that apply)

- A. the police have not arrived to secure the scene
- B. the patient could be holding a weapon in her right hand
- C. where is the perpetrator?

Question 2: What precautions should you take to preserve evidence?
(Select all that apply)

- A. don't cut through the foot print on the shirt
- B. wait until police arrive to cut the shirt
- C. remove the shirt, shake it and turn it inside out
- D. be careful not to park over tire skid marks

Question 3: This patient is viable. You have to roll the body to check for possible injuries. What should you do to properly preserve evidence?
(Select all that apply)

- A. mark the resting position
- B. note it in your report
- C. tell police the original location of the body when they arrive

Evidence

Evidence is information that is helpful to a court in forming a conclusion or judgment including **material objects, the testimony of witnesses or documents**. The following are examples of evidence at a crime scene you should not disturb:

- fingerprints
- footprints
- bite marks
- broken fingernails
- blood and body fluids
- weapons
- tool marks
- hair
- clothing fibers
- tire marks and
- physical debris such as paint and glass

Preserving Evidence

When you approach a crime scene, remember that your presence will permanently alter a scene. This means you should try to **bring as few people and as little equipment as possible**. Try to have minimal contact with the scene.

EMS activities can greatly impact the integrity of a crime scene. Remember that you affect evidence whenever you care for a patient. If you must alter any items at a scene, make specific note of the change and notify a police officer of what you did.

Guidelines for Preserving Evidence

Although patient care is your priority, you must take reasonable precautions to preserve evidence. This will help assure justice is served for the victims and their families. Here are some guidelines for preserving evidence at a crime scene.

Be observant and look for hazards

Before approaching a patient, take a moment to look at the scene and observe details such as room layout. Look at the location of the patient and anything that might be evidence. You must write down your observations on the patient care report.

Touch only what is required for patient care

If you must touch or move something tell police first. If possible, ask the police to move or protect the item for you. DO NOT touch or move hazardous items (e.g., guns, explosives, etc).

Wear gloves

Your standard practice of wearing gloves as a BSI measure will also prevent you from leaving your fingerprints at a scene. However, it will not prevent you from smudging other fingerprints.

Watch where you step

Pay attention to the floor and avoid driving over or kicking anything lying on ground.

Bring only necessary equipment and personnel only

Collect and remove your debris prior to leaving. If you are unable to do so because of patient need, designate a person to do so prior to your departure.

Document your observations

Write down you what you see, hear and smell -- don't rely on your memory.

Doing Your Job at a Crime Scene

As an EMS provider your main job is to provide care when someone is injured at a crime scene, but you must try to carry out your duties without hindering the work of law enforcement. Note: **Don't destroy evidence with your rig**

Try to minimize your impact on the crime scene by touching as little as possible while still doing your job. **A crime scene is no place for a crowd!**

Things to Be Aware Of (Don'ts)

When at a crime scene, it is important to not touch things unless absolutely necessary and do your job with a minimum number of people.

DO NOT

- cut through bullet holes or stab wounds in clothing
- shake or turn clothing inside out
- leave medical packaging or gloves at the scene
- rely on your memory
- alter the position of evidence unless absolutely necessary
- step in blood stains or splattered blood
- touch weapons or bullets

Victims of alleged sexual assault should not wash or use the restroom until examined at hospital. Likewise, preserve items of clothing that you remove to facilitate treatment and notify the police immediately. If you have a question, ask a police officer.

If You Must Move Something

If you must move something to get to the patient or do your job:

- make note of its original position, mark if possible
- tell police
- note it in your patient care report

Do not move the body if a patient is not viable as indicated by signs for obvious death such as decapitation, rigor mortis or lividity

Observations at the Scene

Your observations at a crime scene are important. Law enforcement may use them in solving the crime or you may need to testify at a criminal trial what you saw.

Take a moment to take in the scene and surroundings with all your senses including sight and smell so you can accurately recall the details. Note and document in writing the following:

- evidence of forced entry
- room layout
- location of patient
- location of weapons or potential weapons
- signs of struggle
- bullet casings or cartridges
- tire marks

Note transient details of the scene as you approach the patient:

- lighting (on/off)
- drapes (open/closed)
- TVs, radios (on/off)

- furniture position
- evidence of forced entry

Observations of the Patient

You can be helpful to law enforcement and prosecutors by **documenting your observations**. Do not rely on your memory. Write down all your observations related to evidence.

You should document essential information about a patient such as:

- patient position and location
- mental status
- evidence/statements of intoxication (drugs and/or alcohol)
- evidence of injuries
- evidence of sexual assault
- statements made by patient or bystanders
- dying declarations
- bullet holes in clothing
- bindings or restraints

Don't Rely on Your Memory

Written documentation of your observations should include details such as:

- how you approached and exited the scene
- items you moved
- statements of patient or bystanders
- evidence of drug activity
- location of weapon and its relationship to the patient
- patient position and location
- powder burns, wound locations
- damage to clothing

Statements Made by Patient or Bystanders

Although your chief goal on a crime scene is to assess and treat the patient, you should be aware of statements made by the patient or bystanders. Use these guidelines when documenting your observations:

Record the "first" statements by victim
 Note to whom the victim made statements
 Note statements made by witnesses
 Put patient's or bystanders' exact words in quote marks
 Report all of the above to the police

SOAP Narrative – Sample 1

S: At 2032 hrs Engine 2 was dispatched to a welfare check with police. Dispatch reported the 75-year-old female resident was last seen two days ago. Police forced entry and cleared the house prior to our arrival. Unknown medical history and medications were not sought due to crime scene.

O: Upon our arrival at the scene police contacted us and asked us to confirm death of a subject inside. We entered the home by the exterior kitchen door and saw an approximately 75-year-old female lying on her left side on the floor. There were several papers on the floor that appeared to be mail or printed documents. The kitchen table was at an angle to the counter top. She was lying next to a wheel chair and her body was naked from the waist down. There was a blue absorbent pad partially underneath her left thigh. There was a tan pair of shorts about 3 feet behind her on the ground. Next to her feet was a pair of metal scissors that appeared to have blood on the blades. The blades were closed. From the appearance of the room there appears to have been a physical confrontation.

The patient was cold to the touch and had mottled skin in her legs below the knees (appears to be lividity). She had dark marks, possibly bruising on her left temple and left shoulder. There was a small amount of fluid around the patient's mouth, possibly saliva mixed with blood. There were no obvious lacerations or other open wounds. The patient's mouth was open, eyes were closed. We checked for a pulse at the right carotid artery and did not find one.

We left the room being careful not to disturb anything.

A: DOA, unknown downtime; unknown cause of death

P: Confirm DOA for police. Minimize impact on incident scene. Take notes for future reference. Provide additional written statements for Police Department. Return to service.

SOAP Narrative – Sample 2

S: At 1322 Hrs Aid 2 was dispatched to an assault in progress, stage for police. After staging, Aid 2 arrived and was directed to a 22-year-old male who has been stabbed unknown number of times in the chest, lower arm, and neck. Patient was found in front of the address given (a small white house). The patient complained of shortness of breath and lightheadedness. He stated his friend 'Mike' had stabbed him because of a fight after a drug deal. The patient denies having taken any drugs today and also denies use of alcohol. No medical history, no prescription medications, no medical allergies.

O: Patient found lying on the front walkway of the house. He was lying on his right side somewhat curled up with obvious pain.

Vital Signs: B/P 96/50, HR 128, RR 36, LOC Alert x4,

HEENT: Mildly pale and cool, dry skin. Patient has a 2" laceration to left side of the neck about 3 inches below the jaw line with minor bleeding. Eyes are MERTL. No other signs of trauma to head or neck.

Chest: Patient has 4 stab wounds to the front of the chest, with no exit wound on the back. Three of the wounds are on the right side of the chest above the nipple line. The fourth wound is on the left chest 3 inches below the nipple line. This wound is a sucking chest wound. All of the chest wounds are ¾ to 1 inch in length. There are no other signs of trauma to the chest. Lung sounds are good on the right side and absent on the left.

Abdomen: Abdomen is without signs of trauma. Soft in all quadrants and no pain with palpation.

Extremities: Patient has several lacerations on his right forearm with no active bleeding (defensive wounds?). Good distal CMS to injury site. Left arm and both legs are unremarkable.

Neurological: Patient is alert to time place, person, and events.

A: Multiple stab wounds secondary to assault with a blade. Sucking chest wound with pneumothorax. Possible impending shock.

P: Patient exam, immediate occlusive dressings to all chest wounds with all sides closed except fourth side open on bandage applied to the left chest (sucking) wound. Request an engine company and ALS unit to the scene. Oxygen via non-rebreather mask at 15 lpm. Secure patient on back board with cervical collar. Begin transport, rendezvousing with ALS en route to hospital. Aid crew returned to the incident scene after transport and gave written statements to the police.

Notes: Patient's SOB improved with high flow oxygen and vital signs on arrival at the hospital were B/P 100/P, HR 118, RR 28, LOC Alert x4, O2 saturation of 95%, Blood Sugar of 124.

Aid crew removed clothing without cutting through any suspected knife holes and clothing was collected and given to police at the incident scene. The patient made no other statements not related to his medical treatment during transport.

Summary

If you think you are entering a crime scene you must take **safety measures** to protect yourself and your crew.

- request law enforcement and stage if possible
- scan the area for dangers
- be aware of what's going on around you
- approach doors from the side
- select two emergency exits
- leave the patient an out (do not block their exit)

When approaching a potential crime scene with no apparent hazards, consider having only one responder initially approach the scene.

A **safe path** is the entry or exit to the scene that was NOT used by a suspect.

Evidence is information that is helpful to a court in forming a conclusion or judgment including objects, the testimony of witnesses or documents.

General guidelines for **preserving evidence** at a crime scene include:

- be observant and look for hazards
- touch only what is required for patient care
- continue best practice of wearing gloves
- watch where you step
- bring necessary equipment and personnel only

Try to minimize your impact on the crime scene by touching as little as possible. **Do not touch things** unless absolutely necessary and do your job with a minimum number of people.

Write down your observations of the scene and the patient. They should be very detailed and note any potential evidence you moved and the position of the patient.