



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: CRIME SCENE / LAW ENFORCEMENT INTERACTION

SECTION: FIELD OPERATIONS

POLICY NUMBER: B-5

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

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PURPOSE:

To delineate the inter-related roles and responsibilities of EMS personnel and Law Enforcement during the care of patients. Law Enforcement at a potential crime scene have an interest in preserving any physical evidence, which may aid in future legal cases. When safe for the patient to do so, EMS personnel should adhere to the direction of on scene Law Enforcement.

POLICY:

1. Assess the scene to determine if conditions permit safe performance of EMS personnel duties.
 - a. In all cases where a crime, suicide or attempted suicide, accidental death or suspicious fatality has occurred and police are not on the scene, request their services.
 - b. Treatment and transport should not be delayed pending police arrival unless the safety of the prehospital provider would be placed in jeopardy or the victim is determined triple zero.

2. Initiate patient assessment and treatment per Region 8 SMOs. If access to the patient is prohibited, immediately notify Online Medical Control, and document the police officer's name and badge number on the ambulance run report.
 - a. Contamination of the crime scene is to be avoided. If necessity requires the alteration of the scene for the purpose of aiding the victim/patient, the police must be informed. Avoid unnecessary contact with physical objects at the scene.
 - b. Anything carried onto the scene, (i.e., dressing, wrapping or packages) should be removed by the medical team when they evacuate the scene. Do not remove anything from the scene other than those items.
 - c. If it is necessary to cut through the clothing of the victim/patient, avoid cutting through tears, bullet holes, or other damaged or stained areas of clothing.
 - d. Do not wash or clean the victim/patient's hands or areas, which have wounds unless directly necessary for patient care.
 - e. In gunshot cases, be aware that expended bullets can be found in the clothing of the victim/patient (especially when heavy winter clothing is worn). These items of evidence may be lost during examination and/or transportation. Check your vehicle and stretcher after transport. Any items of evidence found should be turned over to Law Enforcement and documented on the patient care report.
 - f. In hanging or asphyxiation cases, avoid cutting through or untying knots in the hanging device or other material unless necessary to free the airway.
 - g. In stabbing cases, any impaled object must be left in place for both medical reasons and evidence collection.

3. If the patient does not meet the criteria for initiation of CPR. Do not remove or continue to examine the victim.
4. Document observations at the crime scene as soon as possible on PCR. This should include the name of Law Enforcement at the scene.
5. Document all agencies assisting with the scene that may have been exposed to blood and/or body fluids on the PCR.
6. Should conflicts occur between EMS personnel and on-scene Law Enforcement:
 - a. Law Enforcement assistance in EMS Care / Operations
 - i. In cases that there is a potential for physical altercations or combativeness, law enforcement shall be requested to assist in the safe handling of the patients.
 1. If law enforcement refuses to assist in safe access / handling of a patient EMS shall contact medical control. Medical Control shall be made aware of the situation and safety concerns.
 2. If Medical Control is contacted and requests that the patient be transported, and the transport of the patient would add danger to the crew's safety, the crew shall not commence transport.
 - b. Although the state EMS Act states that the "authority for patient management in a medical emergency shall be vested in the EMS Medical Director or his designee" (Ill. Rev. Stat. ch. 111.5, sub-section 5518), in circumstances where police/ambulance personnel come into conflict, legal counsel advises that the police officer has the ultimate authority at the scene.
 - c. If EMS personnel anticipate by their training, skill and experience that a foreseeable harm or patient deterioration is likely to occur, and are ordered by a police officer not to proceed with appropriate care, they should make all reasonable attempts to convey their concerns to the officer verbally. Document all communications with the officer thoroughly in the patient care report and contact On-Line Medical Control as soon as possible.
 - d. Should EMS be asked to pronounce a patient deceased via Medical Control, EMS must be able to assess the patient. Should Law Enforcement prohibit EMS access to the patient, Medical Control must be contacted. If Medical Control is still unable to obtain access to the patient for EMS, no time of death shall be given and Law Enforcement shall contact the coroner's office.

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