

Policy and Procedures

Title: Crime Scenes / Criminal Activity

Date issued / last revision: December 5, 2003

Date effective: Immediately

Crime Scenes / Criminal Activity

Statement:

Cooperstown Medical Transport, Inc. (CMT) is outlining the responsibilities of field providers if placed in the given situation.

Purpose:

To provide guidelines to be followed when faced with situations of known or suspected criminal activity.

Scope:

This policy applies to all employees, full time, part time, interns and observers.

Policy:

- 1. DO NOT ENTER A SCENE UNTIL IT IS DETERMINED TO BE SAFE.**
2. CMT's dispatch center will attempt to have a law enforcement agency dispatched when they are told it is a crime scene or they suspect there is a crime scene.
3. Do not enter a known or suspected crime scene until it is determined to be safe.
4. If a law enforcement agency is not already on scene or enroute to the scene, contact CMT's dispatch center and request the dispatch of a law enforcement agency.
 - a. Provide any requested information or assistance to the on-scene law enforcement
5. If you have already made patient contact before determining the presence of a crime scene:
 - a. Leave the scene immediately if there is a threat to crew member safety. The patient should be removed only if doing so does not compromise crew safety.
 - b. Contact CMT's dispatch center and request the dispatch of a law enforcement agency.
6. All physical evidence shall be preserved and protected at a crime scene. Disturb the scene as little as possible without hindering your ability to treat the patient.
 - a. Be aware of holes in the patient's clothing made by bullets, knives or other weapons.
 - b. Avoid cutting through these holes; try to cut larger pieces of cloth that preserve the holes. If you must cut through holes, remember who did the cutting and with what instrument.
 - c. Save all clothing.
 - d. Be aware of any changes that you have made to the crime scene in your attempt to assist the patient.
7. Do not add anything to a crime scene.

- a. Remove all items that you had brought into the scene.
 - b. Leave as few footprints as possible
 - c. Avoid stepping on anything.
8. If the possibility of life exists:
- a. Advise law enforcement on scene.
 - b. Attempt to move the patient away from the scene as soon as possible
 - c. In the event a patient wishes to give testimony:
 - i. Record this testimony verbatim, if possible
 - ii. Notify law enforcement of the testimony as soon as possible
 - d. Treat and transport the patient accordingly
9. If it has been determined that the possibility of life does not exist (refer to *DNR / Field Determination of Death* policy):
- a. Avoid covering a crime victim's body unless directed to do so by on-scene law enforcement or Medical Examiner.
 - b. Leave the immediate surrounding area but keep the site in visual range.
 - c. Report your findings to law enforcement on scene.
10. Items that shall be documented on a PCR are to include, but not limited to, the following:
- a. Times as appropriate.
 - b. Findings on scene
 - i. Location of the patient
 - ii. Position of the patient
 - iii. Location of items around the patient, if applicable.
 - c. Criteria for determination of death, if applicable.
 - d. EKG strips and rhythm interpretation.
 - e. All patient care contact findings and treatment rendered.
11. Suspected child abuse:
- a. Refer to *Child Abuse Reporting* policy.
12. Suspected patient /elder abuse:
- a. By an employee:
 - i. It is the policy of CMT to report alleged abuse by an employee to the supervisor (or management) on duty **immediately**.
 - A. A supervisor or member of management is available 24-hours a day through dispatch.
 - B. Do not broadcast the incident over the radio.
 - ii. The employee who is alleging the abuse must fill out an incident report and forward it to the supervisor on duty (or management) within 24 hours.
 - iii. All reports of abuse will be investigated.
 - iv. This, as with any other abuse, will not be tolerated.

- A. Any employee found to be guilty of abuse will face law enforcement action, disciplinary action and/or possible termination.
- b. By other than an employee:
 - i. It is the policy of CMT to report alleged abuse to the appropriate authority / agency.
 - ii. If alleged abuse is witnessed or suspected, contact a supervisor (or management).
 - A. Do not broadcast the incident over the radio.
 - B. Do not confront anyone.
 - iii. If the scene becomes unsafe, do not place yourself in danger.
 - iv. Complete an incident report with as much detail as possible. Refer to *Incident Reports* for further information.
 - v. Forward the incident report to the supervisor on duty (or management) within 24 hours.
 - vi. Management will evaluate the report of abuse and notify the appropriate authority / agency.

13. Domestic violence:

- a. It is the policy of CMT that none of our crews are to respond into a domestic violence scene unless law enforcement has a unit on the scene.
- b. If you should arrive prior to law enforcement, park in a safe location as close to the scene as possible, but make sure you do not place yourself or any other crewmembers in a compromising situation.
- c. If you arrive on a scene of a call, that was not reported as a domestic violence call and you suspect that domestic violence has occurred, then you should request a law enforcement agency to the scene. If the scene becomes violent prior to law enforcement arrival, try to retreat with the victim, if possible. Remember your safety comes first!
- d. The crew for any of the above-mentioned situations will generate an incident report.
- e. Domestic violence subjective assessment:
 - i. The ambulance may provide a “SAFE” environment for the victim of domestic violence to admit that there is a problem or ask for assistance. One or more of the sample questions must be asked of all victims of injury or in cases where there is a high level of suspicion based on the documented indicators. The only exception is when the cause of injury is clearly known or obvious. All of the sample questions may not be appropriately asked of all patients. The EMT must decide which should be asked and how, if necessary, they may be modified. Ask the patient direct, non-threatening questions in an empathetic manner. Emphasize that these questions are asked of all injured patients and all other patients where there is a particular concern.
 - ii. If a child is involved who provides information that gives you reasonable cause to suspect child abuse or neglect, do not ask further questions. Simply be positive and receptive if the child continues to speak (refer to *Child Abuse Reporting* policy).

- iii. You may find it difficult to ask these questions. However, asking these questions should be part of your patient assessment. It is the first step toward appropriate care.
- iv. SAMPLE QUESTIONS:
 - A. *We often see people with injuries such as yours which are caused by someone else, could this be happening to you?*
 - B. *You seem frightened. Has anyone hurt you?*
 - C. *Many patients tell me someone close to them has hurt them. Could this be happening to you?*
 - D. *Sometimes when others are overprotective and jealous, they react strongly and use physical force. Could this be happening to you?*
 - E. *Are you afraid of anyone in your household?*
 - F. *Has any member of your household physically hurt you or threatened you?*
- a. Domestic violence indicators / observations:
 - i. Patient fearful of household member.
 - ii. Patient reluctant to respond when questions.
 - iii. Patient is in an unusually isolated, unhealthy or unsafe living environment.
 - iv. Patient exhibits poor personal hygiene / inappropriate clothing.
 - v. Patient and household member give conflicting accounts of incident.
 - vi. A history that is inconsistent with the injuries or illness.
 - vii. Household member is angry or indifferent towards patient and refuses to provide necessary assistance.
 - viii. Household member refuses / hesitates to permit transport to hospital.
 - ix. Household member seeks to prevent the patient from interacting privately or speaking openly.
 - x. Household member concerned about a minor patient problem but not the patient's serious health issue.
 - xi. Previous or repeat police / EMT response to scene, indicating frequent violence in household.
 - xii. Unexplained delay in seeking treatment for injury.