

FORENSIC EVIDENCE TIPS FOR THE HEALTHCARE SETTING



Every patient may be a forensic case before you are able to assess them and determine their medical problems and nursing care needs. Here are some things to keep in mind...

1 HISTORY

A medical record is a tool that may result in the conviction of an assailant if the case ever goes to court. Clearly document all findings, interventions, and actions. Document verbatim statements exactly as they are made without bias, alteration, or interpretation. In order to obtain the most information, open-ended questions should be used.



2 PHOTOGRAPHY

Include color photographs of the injuries before treatment. If photographs are taken, attach a consent form to the chart and use a Polaroid or digital camera to take the images. One photograph should be a full body shot that includes the victim's face. This clearly links the injuries to the victim. Include two shots of each injury taken from two different angles with a reference device such as a ruler in the picture to indicate the size of the wounds.



3 DESCRIBING/DIAGRAMING

Precision is important, wounds should be measured in centimeters and described according to size, shape, appearance, and location using readily recognized landmarks. Diagrams are visual supplements to written assessment findings. Drawings are also important to show the relationship of injuries one to another and provide a pattern of wounds present.



4 COLLECTION OF PHYSICAL EVIDENCE

Clothing, hairs, fibers, stains, bullets, glass, soil, powder, paint and laboratory specimens are all classified as physical evidence. Gloves are always worn during the handling of all physical evidence. Label all packages used to collect evidence with the date, time, patient's name, description, and source of the material including the body location. Standard/reference samples for comparison that come from known sources should be collected such as blood, hair, fibers, and buccal swabs from potential victims or suspects.



5 COLLECTION OF PHYSICAL EVIDENCE FROM CLOTHING

If the patient is ambulatory, they should remove one item of clothing at a time while standing over a clean sheet or piece of paper placed on the floor. Avoiding excessive shaking or handling. Each item must be placed in a separate paper bag to prevent cross-contamination. Plastic bags are not used because moisture can form within the bag and degrade the evidence. If any hair, fibers, or debris clings to the clothing, do not remove it, Air-dry any wet clothing before it is packaged. Place protective paper between stains to prevent them from touching.



6 COLLECTION OF BODY EVIDENCE

Forceps with plastic coated tips are used to carefully remove hair, fibers, or other debris from the body. If the patient is awake and can walk, have them stand on a paper sheet prior to disrobing to collect any potential specimens that may fall off the clothing. Include this sheet with the collected evidence. Bullets should be wrapped in gauze to preserve the evidence and then placed inside another container such as a cup, envelope, or bag. Do not use metal instruments to touch bullets. If gunpowder residue is present, use a piece of tape to collect the residue and then apply it to a glass slide.



7 BODY FLUIDS

Dry secretions are collected by moistening a swab and rubbing over the stains. The swab is air-dried before packaging in paper. Bite marks are first photographed and then swabbed.



8 CHAIN OF CUSTODY

Regardless of whether they have proper training in forensics, the nurse must initiate and maintain the chain of custody for this evidence. Labeling of specimens and packages of evidence is essential. The minimum chain of custody record would show the collector's initials, the location of the evidence and date of collection. Clothing that is left lying in the ER room unbagged or bullets that are sent to pathology are examples of situations in which chain of custody can be questioned. The more people that handle evidence, the more likely it is that the evidence will be compromised.

To make a **child abuse** or neglect
report in Connecticut,
call **1-800-842-2288**

References:

Howard, P. & Steinmann (2009). *Sheehy's Emergency Nursing: Principles and Practice, 6th ed.* Mosby: Maryland Heights.

Saferstein, R (2018). *Criminalistics: An Introduction to Forensic Science, 12th ed.*; Pearson Education, Inc.: Boston.

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