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| <b>POLICY:</b>                   | <b>200.03 CRIME SCENE RESPONSE</b>                       |                                   |                                       |
| <b>APPROVAL:</b>                 | VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS; |                                   |                                       |
| <b>EFFECTIVE DATE: 2/15/2024</b> |  |                                   | <b>ORIGINAL EFFECTIVE DATE: 08/16</b> |
| <b>DEPARTMENT SPECIFIC</b>       |  | <b>EMERGENCY MEDICAL SERVICES</b> |                                       |

**I. Purpose:**

To identify pre-hospital providers' role at a crime scene response.

**II. Policy:**

It is recognized that the primary duty of any pre-hospital provider at the crime scene is to render medical assistance to the victim(s). The police are in charge of any crime scene and have an interest in preserving any physical evidence, which may assist in the prosecution of the criminal case. Pre-hospital providers should adhere to the advice and direction of police on the scene in all matters relevant to evidence collection unless doing so directly compromises patient care.

**III. Procedure:**

**A.** Assess the scene to determine if conditions permit safe performance of professional medical duties.

1. In all cases where a crime, suicide or attempted suicide, accidental death or suspicious fatality has occurred. contact police and the coroner. You can contact the coroner by telling dispatch you have a 1079.
2. Illinois Compiled Statutes Chapter 55 Section 5/3-3020 Coroner to be Notified-Violation
  - a. Every law enforcement official, funeral director, ambulance attendant, hospital director or administrator, or person having custody of the body of a deceased person, where the death is one subject to investigation under Section 3-3013, and any physician in attendance upon such a decedent at the time of his/her death, shall notify the Coroner promptly.
  - b. Any such person failing to so notify the Coroner promptly shall be guilty of a Class A Misdemeanor unless such person has reasonable cause to believe that the Coroner had already been so notified.
  - c. Section 5/3-3019
3. Removal of Bodies-Violation
  - a. No dead body which may be subject to the terms of this Division or the personal property of such a deceased person shall be handled, moved, disturbed, embalmed, or removed from the place of death by any person, except with the permission of the Coroner, unless same shall be necessary to protect such body or property from damage or destruction, or unless necessary to protect life, safety, or health. Any person knowingly violating the provisions of this section is guilty of a Class A Misdemeanor.  
Section 5/3-3017
  - b. Treatment and transport should not be delayed pending police arrival unless the safety of the pre-hospital provider would be placed in jeopardy or the victim is obviously dead on arrival (DOA) (see item C).

4. Initiate patient assessment and treatment per protocol. If access to the patient is prohibited, immediately notify Medical Control. Document the police officer's name and badge number on the Patient Care Report.
  - a. Only ONE crew member should enter the crime scene to evaluate the pt to evaluate whether the patient is viable in order to preserve the scene.
  - b. 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.
  - c. Anything carried onto the scene (e.g. dressing, jump bag, monitor, etc.), should not be removed by the medical crew when they evacuate the scene. All items must be left on scene until released by Coroner or the investigating police officer.
  - d. 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.
  - e. Do not wash or clean the victim/patient's hands or areas which have sustained gunshot wounds.
  - f. 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 the police and documented on the Patient Care Report.
  - g. In hanging or asphyxiation cases, avoid cutting through or untying knots in the hanging device or other material unless necessary to free the airway.
  - h. In stabbing cases, any impaled object must be left in place, unless it will/could cause airway compromise, for both medical reasons and evidence collection.
5. If the patient does not meet the criteria for initiation of CPR, do not remove or continue to examine the victim.
  - a. Decapitation
  - b. Thoracic/abdominal transection
  - c. Massive cranial/cerebral destruction with brain extruded from open skull
  - d. Rigor mortis without profound hypothermia
  - e. Profound dependent lividity
  - f. Skin decomposition
  - g. Mummification or dehydration
  - h. Putrification
  - i. Incineration
  - j. Frozen state
  - k. Trauma where CPR is impossible
6. Document observations at the crime scene as soon as possible on the Patient Care Report. This should include the name and badge number(s) of police department personnel in charge at the scene.
7. Document all agencies assisting with the scene that may have been exposed to blood and/or body fluids on the Patient Care Report.

**Approval:**

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**James Kirchner**                      **Date**  
**Vice President of Professional Services**

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**Kathleen Geiger MSN, RN**                      **Date**  
**Manager of EMS & Emergency Management**