Forensic Evidence Collection for Nurses

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Purpose

The purpose of this course is to inform healthcare professionals regarding the role of the Sexual Assault Nurse Examiner and the science of forensic evidence collection.

Learning Objectives

After successful completion of this course, you will be able to:

1. Define the term forensic and describe the importance of forensic evidence collection
2. Identify forensic principles
3. Describe forensic nursing
4. Describe components of a sexual assault exam
5. Define Chain-of-Custody and its importance

Did you Know?

Sexual violence is 2.5 times more prevalent than most commonly occurring diseases!

- 38% of heterosexual female rape victims were 18 – 24 years old when they were first raped
- 28% were first raped between 11 and 17 years old
- 64% of multiracial women and 40% of multiracial men have experienced some form of sexual violence other than rape
- 79% of women victims did not receive victim services
- 85% of male victims did not receive victim services
- 1.3 persons per 1000 are a victim of sexual violence
    - 0.4 persons per 1000 report the violence to law enforcement
    - 2.2 women per 1000 are victims of sexual violence
    - 0.4 men per 1000 are victims of sexual violence
- The estimated lifetime cost of rape victimization is
    - $122,461 per victim or $3.1 trillion for all rape victims
- More than half of the female victims were victimized by intimate partners
- More than half of the male victims were victimized by an acquaintance

(The National Center for Victims of Crime (NCVC), 2017)

Introduction:

Have you experienced the trauma associated with sexual violence; either as a victim, family member, peer, or as a healthcare worker?
What can we as healthcare professionals do to decrease the trauma associated with the aftermath of such an experience?

One way to support these victims is:
“the use of a humane and legally objective approach that integrates patient advocacy and observation; specimen collection for forensic analysis; mitigation of and protection against adverse health outcomes, including vicarious trauma; and identification of community

resources to support the patient reporting sexual assault" (International Association of Forensic Nurses (IAFN), pg. 14, 2015).

Combining the healthcare workers' skill in assessment, observation and documentation with the science of forensics may make this intolerable situation a little more tolerable for the victim and family.

Background

Sexual Violence

According to the Centers for Disease Control and Prevention (CDC) is defined as a sexual act committed against someone without that person's freely given consent (Centers for Disease Control and Prevention (CDC), 2017).

For more information regarding the various definitions needed to monitor the prevalence of sexual violence and to examine trends over time, visit
https://www.cdc.gov/violenceprevention/sexualviolence/definitions.html

Intimate Partner Violence

Describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (CDC, 2017).
For more information regarding this topic, review RN.com module: Intimate Partner Violence

Physical Assault

Assault is sometimes defined as any intentional act that causes another person to fear that the person is about to suffer physical harm. This definition recognizes that placing another person in fear of imminent bodily harm is itself an act deserving of punishment, even if the victim of the assault is not physically harmed (Bergman, 2017).

Test Your Knowledge

This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

A. Physical assault
B. Intimate partner violence
C. Sexual violence
D. Elder abuse

Rationale: Intimate Partner Violence describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (CDC, 2017).

What is Forensic Science?

Forensic science is the application of physics, chemistry, biology, computer science and engineering to matters of law. Forensic science plays a vital role in the criminal justice system by providing the analysis of physical evidence. During an investigation, evidence is collected, analyzed in a crime laboratory and then the results presented in court. Each crime scene is unique, and each case presents its own challenges (National Institute of Justice (NIJ), 2017).

Evidence is information or objects that may be admitted into court for judges and juries to consider when deliberating a case.

- May help trace an illicit substance, identify remains, or reconstruct a crime
- May be from genetic material, trace chemicals, dental history or fingerprints
- Must be meticulously identified, gathered, documented, interpreted and preserved

(NIJ, 2017)

What is Forensic Nursing?

The practice of nursing when health and legal systems intersect (International Association of Forensic Nurses (IAFN), 2015).

A forensic nurse:

- Is a nurse, first and foremost
- Provides specialized care for patients who are victims and/or perpetrators of trauma (both intentional and unintentional)
- Have a specialized knowledge of the legal system and skills in injury identification, evaluation and documentation
- Collects evidence, provides medical testimony in court, and consults with legal authorities
- Works in a variety of fields
    - Sexual Assault Nurse Examiner (SANE)
    - Domestic Violence
    - Child Abuse and Neglect
    - Elder Mistreatment
    - Death Investigations
    - Aftermath of Mass Disasters
    - Correction system
- Works in a variety of institutions
    - Hospitals
    - Community anti-violence programs
    - Coroners and medical examiners offices
    - Correction institutions
    - Psychiatric hospitals

(IAFN, 2015)

The Development of Forensic Nursing

1948	Article V in the Universal Declaration of Human Rights declares: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" (United Nations)
1975	John Butt, MD, Chief Medical Examiner in Alberta, Canada, recognizes the registered nurse as a valuable resource to the field of death investigation
1984	The United States Surgeon General, Dr. Koop, identifies violence as a public health issue and healthcare providers as key agents in ameliorating the effects of violence in our communities
1990	Virginia Lynch, RN, conceptualizes and operationalizes the role of the "forensic nurse examiner"
1991	The ANA publishes a position paper, asserting that violence against women is a nursing practice issue
1992	The American Academy of Forensic Sciences recognizes forensic nursing as a scientific discipline
1992	The IAFN is established as the first professional nursing organization for forensic nurses
1995	The ANA's Congress of Nursing Practice recognizes forensic nursing as a specialty
1997	The ANA and IAFN jointly publish the first edition of the Scope and Standards of Forensic Nursing Practice (ANA & IAFN, 1997).
2005	The Journal of Forensic Nursing publishes its first issue.
2009	Forensic Nursing Scope and Standards, 2nd edition
2015	Forensic Nursing Scope and Standards, 3rd edition
Adapted from IAFN, 2015	

Test Your Knowledge

The field of Forensic Nursing began in:

A. 1948
B. 1990
C. 1992
D. 2009

Rationale: 1990 Virginia Lynch, RN, conceptualizes and operationalizes the role of the "forensic nurse examiner" 1991: ANA position paper, 1992: Forensic Nursing is recognized as a scientific discipline

When Nursing and Crime Collide

Forensic nursing practice

- Is grounded in and uses the nursing process to diagnose and treat patients/families
- Is characterized by the provision of privacy, respect, and dignity

- Targets the identification, management, and prevention of intentional and unintentional injuries
- Collaborates with agents in the healthcare, social, and legal systems
- Integrates forensic and nursing sciences in the assessment and care of populations affected by physical, psychological, or social violence or trauma
- Advocates for minimum standards of assessment, collection of specimens for forensic analysis, and reporting of crime

(IAFN, 2015)

Developing Skills for Forensic Nursing

Developing forensic nursing skills should be encouraged at every level of nursing expertise. Nurses need to know the basics of evidence collection, chain of custody, and documentation of forensic findings.

Did You Know?

Collecting and preserving evidence is a nurses legal, ethical, and professional responsibility as nurses are often the first healthcare professional to see a victim of a crime or accident.

Forensic Nursing

Forensic nursing specifically responds to the specialized needs of patients and populations. The most common domain of forensic nursing is sexual assault. This module will delve into this practice.

Sexual Assault Nurse Examiners (SANE)

- In the early 1970's nurses recognized the services provided to victims of sexual assault was inadequate and not equal to the high standards of care provided to other emergency department patients.
- The first SANE programs were established in 1976 in Tennessee, Minnesota, and Texas
- In 1992 the IAFN was formed and as a result there are now over 800 SANE programs

It is the goal of the IAFN that a trained forensic examiner is available to provide care to every sexual assault patient that presents to the hospital (Office for Victims of Crime (OVC), n.d.).

In some areas SANEs and Forensic Nurse Examiners titles are interchangeable. SANEs provide culturally sensitive, developmentally appropriate, trauma-informed, and patient-specific evaluation and treatment. SANEs are also prepared to testify in a criminal or civil trial as a fact or expert witness when necessary, and understands the ethical obligations of their testimony and the limitations as well.

SANE education course requirements include:
Pediatric or Adult

- 40 hours of didactic coursework
- Clinical hours

Combined Pediatric and Adult

- 64 hours of didactic coursework
- Clinical hours

For more information on the training expectations for SANE, visit http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015_SANE_ED_GUIDELINES.pdf

Did You Know?

In 1987, California became the first state to standardize their sexual assault protocol statewide. The first man to be convicted of sexual assault with the help of DNA evidence also occurred in 1987. In 1991, the Minnesota Bureau of Criminal Apprehension (BCA) Laboratory was the first state crime lab to identify a suspect on DNA alone.

Standardized Protocols

U.S. Department of Justice Office on Violence Against Women has determined that coordinated community efforts are the best was to stop violence against women, hold offenders accountable and promote victim recovery. To this end, this organization has released and revised the National Protocol for Sexual Assault Medical Forensic Examinations for two populations:

- Pediatric/Prepubertal children who require a pediatric exam
- Adults/Adolescents (females who have experienced menses and males who have reached puberty)

(U.S. Department of Justice (DOJ), 2013)
This module will discuss the Adult version, as the pediatric population requires special training and considerations.

To read the entire protocol, please visit: https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf

National Protocol for Sexual Assault Medical Forensic Examinations
These guidelines:

- Suggest practices as opposed to requiring practices as they may be multiple valid ways to handle a situation. Be sure to know and follow your state, local, and facility laws, policies, practices, and needs
- Support the use of coordinated community response teams such as Sexual Assault Response Teams and Sexual Assault Response and Resource Teams
- Address the needs of victims while promoting the criminal justice system response
- Promote standardized, high-quality, sensitive, and supportive exams for all victims, regardless of jurisdiction and geographical location of service provision

Victim-centered care is paramount to the success of the exam process. Response to victims should be timely, appropriate, sensitive, and respectful.

Recommendations for the Sexual Assault Protocol
Initial Law Enforcement and EMS contact:

- Assess for potentially life-threatening or serious injuries, call for medical assistance when necessary
- Assess safety needs for the victim – is the perpetrator still in the area
- Inform victims/family of the reporting and evidence collection

Triage

- Consider sexual assault patients a priority
- Perform a prompt, competent medical assessment, respond to acute injury, the need for trauma care, and safety needs of patients before collecting evidence
- Alert examiners of the need for their services
- Contact victim advocates so they can offer services to patients, if not already done.
- Assess and respond to safety concerns of victims upon arrival at the exam site, such as threats to patients or staff
- Assess patients' needs for immediate medical or mental health intervention prior to the evidentiary exam, following facility policy

Documentation

- Ensure completion of all appropriate documentation
- Educate examiners on proper documentation
- Ensure the accuracy and objectivity of medical forensic reports

Forensic History

- Coordinate medical forensic history taking and investigative interviewing
- Advocates should be able to provide support and advocacy during the history, if desired by patients
- Consider patients' needs prior to and during information gathering
- Obtain the medical forensic history

Photography

- Consider the extent of forensic photography necessary
- Consider the equipment
- Be considerate of patient comfort and privacy
- Explain forensic photography procedures to patients
- Take initial and follow-up photographs as appropriate, according to jurisdictional policy
- Consider policies on storage, transfer, and retention of photographs

Exam and Evidence Collection Procedures (will discuss in detail later in module)

- Recognize the evidentiary purpose of the exam
- Strive to collect as much evidence from patients as possible, guided by the scope of informed consent, the medical forensic history, exam findings, and instructions in the evidence collection kit
- Be aware of and document evidence and injuries that may be pertinent to the issue of whether the patient consented to the sexual contact with the suspect
- Understand how biological evidence is tested
- Prevent exposure to infectious materials and risk of contamination of evidence
- Understand the implications of the presence or absence of seminal evidence

- Modify the exam and evidence collection to address the specific needs and concerns of patients
- Explain exam and evidence collection procedures to patients
- Conduct the general physical and anogenital exam and document findings on body diagram forms
- Collect evidence to submit to the crime lab for analysis, according to jurisdictional policy
- Collect other evidence
- Keep medical specimens separate from evidentiary specimens collected during the exam

Alcohol and Drug-facilitate Sexual Assault

- Promote training and develop jurisdictional policies
- Plan response to voluntary use of drugs and/or alcohol by patients
- Be clear about the circumstances in which toxicology testing may be indicated. Routine testing is not recommended
- Toxicology testing procedures should be explained to patients
- Toxicology samples should be collected as soon as possible after a suspected drug-facilitated case is identified and informed consent is obtained, even if patients are undecided about reporting to law enforcement
- Identify toxicology laboratories
- Preserve evidence and maintain the chain of custody

Sexually Transmitted Infection Evaluation and Care

- Offer patients information in a language they understand
- Consider the need for STI testing on an individual basis
- Encourage patients to accept prophylaxis against STIs if indicated
- Encourage follow-up STI exams, testing, immunizations, counseling, and treatment as directed
- Address concerns about HIV infection

Pregnancy Risk Evaluation and Care

- Discuss the probability of pregnancy with patients with reproductive capability
- Administer a pregnancy test for all patients with reproductive capability (with their consent)
- Discuss treatment options with patients in their preferred language
- A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines. Conscience statutes will continue to protect health care providers who have moral or religious objections to providing certain forms of contraception. In a case in which a provider refuses to offer certain forms of contraception for moral or religious reasons, victims of sexual assault must receive information on how to access these services in a timely fashion

Discharge and Follow-up

- Address issues related to medical discharge and follow-up care
- Advocates, law enforcement representatives, and other involved responders can coordinate with health care providers to discuss a range of other issues with patients prior to discharge

Examiners Court Appearances

- Encourage broad education for examiners on testifying in court
- Promote prompt notification of examiners if there is a need for them to testify in court

- Encourage pretrial preparation of examiners
- Encourage examiners to seek feedback on their testimony to improve effectiveness of future court appearances

Sexual Assault Exam

The sexual assault exam begins and ends with victim-centered care

Recognize the evidentiary purpose of the exam

- Methodically document physical findings and facilitate collection of evidence from the patient's body and clothing – may provide information to help reconstruct the details of the crime

Strive to collect as much evidence from the patient as possible, guided by the scope of informed consent, the medical forensic history, exam findings, and instructions in the evidence collection kit

- This evidence serves to help identify the subject, document recent sexual contact, document force, threat, or fear, and collaborate the facts of the assault
- Place a clean sheet on floor as a barrier and a collection paper on the barrier
    - Patient should disrobe, remove shoes etc., while standing on the collection paper
    - Determine if patients are wearing the same clothes worn during the crime or immediately after the crime
    - Examine for foreign material, stains, or damage
    - Collect only the clothing necessary for evidence to the crime, replace clothing items if possible (what they are wearing may be all they own)
        - If clothing is not the same and has not been brought to the hospital, notify law enforcement to retrieve the clothing
    - Collect sanitary garments and products if patient is menstruating
        - Air dry and place in separate evidence bay
    - Ensure wet evidence is packaged in leak-proof containers
        - Alert law enforcement about the presence of wet evidence
- Collect debris
    - Obvious debris (dirt, leaves, fibers, and hair) should be collected on a collection sheet
- Fingernail clippings
    - If the patient has obvious material under their nails, or if they say they scratched the suspect gather fingernail clippings
        - Package nail clippings, scrapings, tools used to obtain evidence and seal and initial seal
- Other foreign materials
    - Use a moist swab to collect dry secretions followed by a dry swab
    - Use a separate swab for every sample area
    - Package each sample area separately

    - If available use an alternative light source to identify areas of body fluids
    - Collect swabs from potentially high-yield areas (neck, breasts, or external genitalia)
- Collect hair combings
    - Use comb and collection paper from rape kit
    - Place paper under hair and comb
    - Fold comb, hair, debris into paper
    - Package and seal
    - Collect hair reference samples as needed
- Oral and anogenital swabs/smears
    - Obtain consent
    - Collections should be taken only from orifices and surrounding areas that the patient reported to be involved in the assault
    - If law enforcement/policy requires that all three orifices need to be swabbed, oral, rectal, and vaginal, make sure consent is obtained for all three
    - Care should be taken not to contaminate swabs with secretions from near-by areas (e.g. vaginal to rectal; penile to rectal)
    - Oral swabs
        - Place swabs together to collect specimen from oral cavity between gums, cheeks, and under tongue
        - Be sure to remove dentures or partial plates
    - External genital swabs
        - Swab external genital dry-area with swabs
            - One dry and one wet swab
    - Vaginal/cervical swabs
        - Use swabs together to collect a sample from vaginal pool
        - It is prudent to collect swabs from both the vagina and cervix, regardless of time between assault and exam
    - Penile swab
        - Slightly moisten swabs with distilled water and thoroughly swab the external surface of the penile shaft and glans
        - Swab all outer areas of the penis and scrotum where contact is suspected
        - Avoid swabbing the urethral meatus
    - Anal/rectal swab
        - If there was vaginal/anal contact, there may be leakage of semen in the perineal area
        - Use an alternate light source on the anal area and flake off or swab areas of dried secretions using a moist swab followed by a dry swab
- Additional collections
    - Oral reference swabs
        - Rinse mouth with tap water
        - Swab cheek with gentle pressure
    - Blood collection
        - Use least invasive method to collect blood

        - Dry blood
        - Finger poke
        - Venipuncture
    - Medically necessary collections should be completed after forensic evidence is collected
        - Keep all medical specimens separate from evidentiary specimens

Be aware of and document evidence and injuries that may be pertinent to the issue of whether the patient consented to the sexual contact with the suspect

- The absence of physical trauma does not mean coercion/force was not used
- The absence of physical trauma does not imply consent
- Physical findings are not always indicative of sexual assault

Understand how biological evidence is tested

- Semen, blood, vaginal secretions, saliva, vaginal epithelial cells, and other biological evidence may be identified and profiled by a crime lab
- Blood or buccal (inner cheek) swabbing should be collected from patients

Prevent exposure to infectious materials and risk of contamination of evidence

- Examiners should wear non-powdered gloves and change them throughout the exam/evidence collection whenever cross-contamination could occur or when moving to different body surface areas.

Understand the implications of the presence or absence of seminal evidence

- It is critical to note that failure to recover semen is not an indication that a sexual assault did not occur.

Modify the exam and evidence collection to address the specific needs and concerns of patients

- Examiners should be aware that patients' beliefs might affect whether and how certain evidence is collected. For example, patients from certain cultures or religious backgrounds may view hair or fingernails as sacred and decline collection of hair evidence

Explain exam and evidence collection procedures to patients

Conduct the general physical and anogenital exam and document findings on body diagram forms

Test Your Knowledge

Evidence collection is a priority, even over medical treatment when:

A. Life threatening injuries are present
B. Medical specimens are needed for diagnosis
C. Non-life-threatening injuries are present
D. In all sexual assault cases

Rationale: Perform a prompt, competent medical assessment, respond to acute injury, the need for trauma care, and safety needs of patients before collecting evidence. Medical necessary collections should be completed after forensic evidence is collected

Photographing Injuries

When photographing injuries, consider to what degree forensic photography is necessary and explain forensic photography procedures to the patient. Use the most up to date technology available. Photographs taken by examiners should not immediately be turned over to law enforcement and remain part of the medical forensic record. Body diagrams will guide law enforcement in the decision to subpoena photographs (DOJ, 2013).

- If a camera is being used, all photographs need to be labeled with the patient's name and/or case number in the picture
- Some protocols may recommend writing the date, time, patient/victim case number, and the examiner's name and title on a piece of paper that should be shown in the photograph
- If photographs are required, every attempt to maintain the individual's dignity should be made by draping and taking close-up pictures only

Documentation

Accurate documentation is a critical component in forensic cases. Inaccurate or sloppy documentation may result in the evidence being inadmissible in court. As with nursing documentation, forensic documentation should include:

- Objective and detailed information
- Direct quotes using quotation marks as often as possible (even if a patient uses vulgar terms or slang words that describe the event)
- Avoiding paraphrasing
    - Using the patient's own words without medical terminology or grammatical corrections will help to establish the patient's history and credibility
- Avoid judgmental documentation
    - For example: the word alleged; alleged can imply the possibility that the patient's statements might not be true
    - Use direct quotes whenever possible

Sexually Transmitted Infections (STI)

Contracting a sexually transmitted infection (STI), also commonly known as a sexually transmitted disease or STD, from assailants is typically a significant concern of sexual assault patients. Because of this concern, it should be addressed as part of the medical forensic exam. Mechanisms should be in place in any setting where these patients are examined for STIs to ensure continuity of care (including timely review of test results) and monitor compliance with and adverse reactions to any therapeutic or prophylactic regimens.

Testing at the time of the initial exam does not typically have forensic value if patients are sexually active and an STI could have been acquired prior to the assault. Also, despite rape shield laws, there may be a concern that positive test results could be used against patients (e.g., to suggest sexual promiscuity). There may, however, be situations in which testing has legal purposes, as in cases where the threat of transmission or actual transmission of an STI was an element of the crime. For non-sexually active patients, a baseline negative test followed by an STI could be used as evidence, if the suspect also had an STI.

Trichomoniasis, bacterial vaginosis (BV), gonorrhea, and chlamydial infection are the most frequently diagnosed infections among sexually assaulted women.
(DOJ, 2013)

Follow-up for STI

The CDC recommends a follow-up appointment within 1 to 2 weeks of the assault.

- If patients tested negative at the time of the medical forensic exam and chose not to receive prophylaxis, follow-up testing should be conducted.
    - The CDC recommends that in this case the follow-up exam be done within a week to ensure that positive test results are discussed promptly with patients and treatment is offered.
    - For patients who received treatment only, if they report having symptoms consistent with an STI should receive follow-up care to confirm the presence or lack of infection.

The CDC recommends testing for syphilis and HIV infection should be repeated 6 weeks, 3 months, and 6 months after the assault if initial test results were negative and if these infections are likely to be present in assailants.
(DOJ, 2013)

Pregnancy Risk Evaluation and Care

Becoming pregnant from a sexual assault is a significant concern of sexual assault patients, and patients of different ages, social, cultural, and religious/spiritual backgrounds may have varying feelings regarding acceptable treatment options. Most programs offer pregnancy prevention or interception for sexual assault patients if they are seen within 120 hours of the assault. Examiners and other involved health care personnel must be careful not to influence patients' choices of treatment.

- Obtain consent and perform a pregnancy test for all patients with reproductive capability
- Discuss treatment options, including emergency contraception
    - Conscience statutes will continue to protect health care providers who have moral or religious objections to providing certain forms of contraception. In a case in which a provider refuses to offer certain forms of contraception for moral or religious reasons; however, victims of sexual assault must receive information on how to access these services in a timely fashion.
    - The recommended treatment is levonorgestrel
        - most effective if used within 120 hours
        - Can reduce of pregnancy by 89%
        - Traditional dosing
            - Levonorgestrel 0.75 mg orally, two doses 12 hours apart
            - Levonorgestrel 1.5 mg orally, once

(DOJ, 2013)

Discharge and Follow-up

Most medical facilities can provide a private area for the survivor to change clothes, brush their teeth, and shower (DOJ, 2013). Keep in mind that a survivor may be afraid to return home alone, so it is important for the nurse or forensic examiner to offer to call a relative or friend to be with them during the exam and to take them home.

In some cases, the survivor may need alternative safe housing such as a shelter. The nurse should provide the survivor with written instructions and materials since the individual may be in a state of shock. A post-exam advocate will continue to offer support by making follow-up phone calls within 24-48 hours or accompanying the victim to follow-up appointments (DOJ, 2013).

Counseling and Crisis Intervention

Other major components include crisis intervention, mental health assessment, and a referral for follow up counseling. Whenever possible, involve community services that can help support the survivor. This highly specialized form of counseling includes the emergency counseling in the immediate aftermath of sexual assault. Longer, more complex counseling in the months following, may be necessary, as a victim tries to regain a sense of security and self-worth.

Healthcare professionals should be aware that ongoing anxiety and fear resulting from a sexual assault may significantly impact an individual's ability to function on a day to day basis. Counseling should be strongly encouraged. In addition to sexual violence, psychological violence or abuse may also have been used. Psychological violence is usually intended to control a victim and to cause fear, humiliation, and degradation.

These patients should be referred to a psychologist, a clinical social worker, or therapists. Local rape centers can help provide the contacts:

- 1-800-656-HOPE

The Chain of Custody

It is not appropriate, for law enforcement to be in the exam room when the evidence is collected.

Maintaining the proper chain of custody is as important as collecting the proper evidence. The examiner must maintain control of the evidence during the exam, while the evidence dries, and until the evidence is in the kit container and sealed. Complete documentation, with signatures, of chain-of-custody is essential to help ensure that the collected evidence is admissible in court. (DOJ, 2013.

Chain-of-Custody Documentation should include:

- Name of victim and case number
- Date and time of forensic exam
- Name of forensic examiner
- Each piece of evidence should:
    - Have an individual item number
    - The number of items in the evidence bag
    - A description of the item(s)

- Each time the evidence is given to another person it should be documented with
    - Item number
    - Date and time
    - Signature of who released the evidence
    - Signature of who received the evidence
    - Location transfer of evidence occurred
    - Any comments

(DOJ, (2013)

Test Your Knowledge

Evidence should be collected, packaged, sealed, and documented individually; signatures of staff involved in the transfer of evidence, and the location documentation as part of the:

A. Chain of evidence
B. Chain of custody
C. Chain of command
D. Chain of information

Rationale: Maintaining the proper chain of custody is as important as collecting the proper evidence. The examiner must maintain control of the evidence during the exam, while the evidence dries, and until the evidence is in the kit container and sealed. Complete documentation, with signatures, of chain-of-custody is essential to help ensure that the collected evidence is admissible in court.

Conclusion

In many ways, the processes utilized in forensic evidence collection parallel those used within the practice of nursing. Nurses are taught to apply the process of assessment and information gathering in order to develop a plan of care based on the information (evidence) that has been collected. Although the services of a specially trained forensics nurse are preferable, if they are not available, a trained bedside nurse should be used.

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Disclaimer

Note: All dosages given are for adults unless otherwise stated. The information on medications contained in this course is not meant to be prescriptive or all-encompassing. You are encouraged to consult with physicians and pharmacists about all medication issues for your patients.