Crime Scene Response

POLICY

THE RULE

1. Never jeopardize patient care for the sake of evidence
2. Do not perform patient care with disregard for evidence
3. Use designated entry/exit points; limit responders entering and leaving the scene
4. Touch and move as little as possible; keep track of everything you touch or disturb
5. Cut around blood and holes in clothing, not through them
6. At death scenes, limit personnel to those essential to confirm death, if requested by law enforcement
7. Move the patient only to the extent necessary to determine death

WHY IT EXISTS

- EMS priority is personal safety, patient care, and collaboration with law enforcement
- Law enforcement priority is securing the scene, investigation, preservation, and evidence collection

APPLIES WHEN

- Recognize a crime scene: forced entry, blood splatter, weapons, signs of struggle
- Suspicious or unusual conditions in the environment
- Law enforcement present and the area taped off
- Death scenes: algor mortis (cooling), pallor mortis 15-30 min, livor mortis 30 min-2 hr, rigor mortis 2-6 hr

EXCEPTIONS & EDGE CASES

- Police requests should generally be accommodated when they do not interfere with immediate patient needs
- Do not accommodate if it would delay important care or risk deterioration of the patient
- Establish a command structure and protect physical evidence, including removed clothing

DOCUMENT IT

- Document your entrance and exit
- Document the scene details
- Document removed or cut clothing

Take Home Message:

Patient care always outranks evidence — but work the scene so both survive: designated paths, minimal contact, everything documented.