
Evidence Collection Guidelines

SJMH Trauma Program
Department of Surgery
Guideline Number **G-210.0**

Effective Date: 12/97
Revised Date: 01/04
Reviewed Date: 12/03

To ensure that evidence is collected and chain of custody is established and maintained, (in cases involving potential criminal and/or civil litigation) evidence will be:

1. Placed in a brown paper bag from evidence kit. (Evidence kits are kept in the ER, OR, and SICU).
2. Properly labeled with **Evidence Sticker**.
3. Sealed with **tamper-proof evidence tape** (after **Property Sheet** listing all contents is attached.)
4. Kept in the continuous and secure possession of one accountable individual until the evidence is either turned over to law enforcement, turned over to the Medical Examiner, or deposited in the evidence locker in the Security Office by a Security Officer.

KEY POINTS

- Persons collecting evidence will have received prior training in the process of evidence collection. **All persons outside of the Emergency Department or Operating Room should contact security to complete this process.**
- Associates will retain all clothing (including shoes), medication bottles, and any other objects accompanied by the patient and place in an evidence bag. Document all items on Property Sheet. **Do not discard or release personal articles to family.** Law enforcement and/or the Medical Examiner (ME) will determine if items are to be returned to the patient or family.
- Persons who collect evidence will be accountable for proper handling and disposition to the appropriate law enforcement agency involved in the investigation. If law enforcement has been called and cannot respond in a timely manner to pick-up the evidence, it should be transported by Security to the evidence locker.
- In the event that evidence must be turned over to another individual, (e.g. turning it over to Security for transport to the evidence locker), the evidence sticker on each evidence bag must be signed by the person taking over. Use additional stickers if necessary.
- Never open a sealed evidence bag.
- Never cut through existing holes or tears in clothing that were possibly made by penetrating objects.
- If evidence is soaked with body fluids, place each article in a double brown paper bag. The paper bag may be placed in a plastic bag prior to transport. The plastic bag should never be closed.
- Do not cleanse gunshot wounds because trace evidence can be cleansed away. Do not wash patient's hands until cleared by law enforcement to do so. Once the patient is admitted to the hospital, the caregiver should verify with law enforcement or Emergency Department staff that evidence collection has been completed prior to cleansing the patient. When evidence collection is complete and permission has been obtained to wash the patient, this should be noted in the patient's chart.
- **Security will be responsible for controlling all access to the evidence locker.**

Disposition and Transportation of Evidence: Living Patient

- A. **If a law enforcement officer is present, the sealed evidence bag should be turned over to him or her.** This must be documented in the nursing notes and on the property sheet. The law enforcement officer must sign the property sheet in the space provided and also sign each evidence sticker (on brown paper bag/s).
- B. If a law enforcement officer is *not* present, notify the primary agency involved in the case and **request that an officer pick up the evidence.** Evidence waiting to be picked up must be kept in the custody of the accountable person at all times. If a law enforcement officer is not available to pick up the evidence in a timely manner, contact Security to secure the evidence in the evidence locker.

Disposition and Transportation of Evidence: Deceased Patient

- A. **Care of the body.** Notify law enforcement officer and Medical Examiner Investigator (MEI) *immediately* upon the patient's death, to complete their investigation. If officers or MEI are not immediately available and the body must be moved, permission should be obtained from the MEI to move the body. All efforts should be made to preserve the body *exactly* as it was at the time of death. To keep evidence intact:
 - I. Minimize handling of the body.
 - II. Refrain from traditional postmortem cleansing.
 - III. Do not disturb debris, powder, glass or other trace evidence in a wound or on the body.
 - IV. **Invasive lines must be kept in place and secured with tape.** Identify and document all treatment attempts or other invasive therapeutic marks on the patient's body (e.g., incisions and needle punctures). Circle therapeutic wounds with marker and put "TX" next to them.
 - V. Encase the deceased's hands in paper bags to preserve evidence on hands or fingertips (e.g., gunpowder, skin, blood.)
 - VI. **No viewing of the body by family unless authorized by MEI and/or law enforcement officer.** If viewing is authorized, document this and who gave authorization in the nursing notes. If the family or other person views the body, an associate must be present to ensure there is no tampering with the body or potential evidence.
 - VII. The original transport bed sheet should remain under the body.
 - VIII. When it is necessary to remove any clothing from the body, place it in an evidence bag and secure and label as appropriate. After the patient is pronounced dead, all remaining clothing should be left on the body.
- B. Security must accompany the body to the morgue.

DOCUMENTATION:

Do not make forensic interpretations (e.g. "entrance wound" or "exit wound.")

Use descriptive terms (e.g. "Approx. one cm. oval wound.")

Document scissor cuts or tears done by staff on the medical record and property sheet.

SJMHS Patient Care Policy

Evidence Preservation, Collection, and Storage

SJMH
Care of the Patient
Policy Number 210.1

Effective Date: 12/01/97
Revised Date: 12/17/03, 05/09/07
Reviewed Date:

Approved by: Garry C. Faja, President & CEO

Policy

The purpose of this policy is to describe the proper preservation, collection, documentation, and disposition of evidence in cases involving potential criminal and civil litigation, and to ensure maintenance of the chain of custody. The chain of custody (who collected, who received) is the path the evidence takes from the time it is retrieved until it has served its purpose in the investigative process. The chain of custody assures that the evidence collected is authentic and in the same condition as when first obtained.

Definitions

Evidence - Describes “data presented to a court or jury to prove or disprove a claim.” This also includes physical findings, observations about the patient’s behavior, overall appearance, and unusual odors. Physical/Forensic evidence is real, tangible, or latent matter that can be visualized, measured, or analyzed for information. Wounds from penetrating objects, abrasions, contusions, and lacerations are all physical evidence. Any belongings, body parts or fluids, or foreign objects removed from the patient or patient wounds are considered evidence.

Excited Utterance – Verbal responses by the patient or reported accounts of the circumstances surrounding the event and past medical history obtained by EMS, witnesses, family and/or police. These need to be documented in the medical record.

MEI – Medical Examiner Investigator

Trace evidence - Small or microscopic physical evidence.

Procedure

1. The focus of this procedure is preservation of evidence so that those individuals with training in evidence collection and forensics can complete the evidence collection process. Anyone not receiving prior training in the process of evidence collection as outlined in this policy should contact Security before proceeding. **All persons outside the Emergency Center, SICU, or Operating Room should contact Security to complete this process.** For all cases involving alleged sexual assault, contact the Sexual Assault Response Team (SART) 24/7 at 734.817.3463. The SART staff will handle the evidence collection and documentation process.
2. While wearing disposable gloves, associates will retain all clothing (including shoes), medication bottles, and any other objects that accompanied the patient and place **each item** into a **separate** evidence (brown paper) bag. Do not discard or release personal articles to family. The evidence bag will be sealed with tamper-proof red evidence tape and labeled with an evidence sticker (see Appendix B). Information on the evidence sticker should include: the bag number, patient name, patient medical record number, your name, date and time sealed. Be sure to record identifying information about these items on the property sheet (see Appendix C). Every item must be listed on the property sheet and a copy secured to one of the evidence bags. If additional items are found once the evidence bags are sealed, you must begin an additional bag. Begin a new property sheet if needed.
3. Never open a sealed evidence bag once it has been sealed.

4. In the event that evidence must be turned over to another individual, the evidence sticker on each evidence bag must be signed by the person taking over possession of the evidence. Use additional stickers, if necessary, and attach on bag near but not covering the original sticker. **Maintain the legal chain of custody.**
5. Never cut through holes or tears in clothing possibly made by penetrating objects. Instead, cut adjacent to these holes or along side seams. Document on the medical record “clothing cut” (see 11. c.)
6. If evidence is soaked with body fluids, use appropriate infection control measures and place each article in a double brown paper bag. Never place wet items with dry items as this can destroy the integrity of the evidence. Place a “biohazard” sticker on the outside of the bag/s. The paper bag may be placed in a plastic bag just prior to transportation only. This plastic bag should never be closed, as a closed plastic bag generates heat that may contribute to the degradation of evidence.
7. **Gunshot Wounds**
 - a. Do not cleanse gunshot wounds as cleansing may allow trace evidence to be removed (e.g. gunpowder residue). Also, do not wash the patient’s hands until you are cleared by law enforcement to do so. If the patient is going to the OR, the nurse should clearly document the wound’s appearance prior to cleansing (see 11. b.). Once the patient is admitted to the hospital (e.g. SICU, MICU, etc.), the caregiver should verify with law enforcement or Emergency Center staff that evidence collection has been completed prior to cleansing the patient. Once approval has been given to cleanse the patient, document this in the nursing notes; include the name of the officer or person giving approval.
 - b. Penetrating wounds should not be used for the placement of therapeutic or surgical tubes, drains, chest tubes, etc.
8. **Criminal Sexual Evidence**
 - a. As describe in # 1, a Sexual Assault Nurse Examiner (SANE) will handle evidence collection and preservation for all e sexual assault cases. The SANE nurse is available through the SART contact number at 734.817.3463.

9. **Disposition and Transportation of Evidence: LIVING PATIENTS**

- a. Release of information and evidence to law enforcement will be in compliance with HIPAA policies. If questions arise regarding disclosure or release of information or evidence to a law enforcement officer, check with the HIPAA Privacy Officer or with SJMHS Legal Counsel (who can be reached through the operator).
 1. CRIME VICTIMS:
 - a. If a law enforcement officer is present, the sealed evidence bag/s should be turned over to him/her. This must be documented in the nursing notes and on the property sheet. The law enforcement officer must sign the property sheet and each evidence sticker (on brown paper bag/s).
 - b. If a law enforcement officer is not present, call Security Lead Officer to take custody of evidence (other than biological specimens) and secure in the Security Evidence Locker.
 2. SUSPECT and/or VICTIM: If the patient is believed to be a suspect in a crime or is both a suspect and a victim, the law enforcement officer must produce a warrant before proceeding with evidence collection.

10. **Disposition and Transportation of Evidence: DECEASED PATIENTS**

- a. Care of the body: Notify law enforcement officer and the Medical Examiner’s (ME) office immediately upon patient’s death, so they can complete their investigation. To reach the ME office in Washtenaw County, call 734.477.6313, and for Livingston County call 517.545.9655. For SJMH, staff may also go through the hospital paging operator to reach the Medical Examiner Investigator (MEI). If an officer or MEI is not immediately available and the body must be moved, permission must be obtained from the MEI to move the body. All efforts should be made to preserve the body exactly as it was at the time of death and to keep all evidence intact: Minimize handling of the body.
 - i) Refrain from traditional postmortem cleansing routines, as cleansing may wash away spatter or blood marks and distort wounds.
 - ii) Do not disturb debris, powder, glass or other trace evidence in a wound or on the body.
 - iii) Invasive lines (IV lines, catheters, sutures, drains, ET tubes, chest tubes) must be kept in place and secured with tape. Document treatment attempts on the body (e.g. incisions and needle punctures) or

- other invasive therapeutic marks so it can be determined whether a wound arose from a procedure or prior to arrival (e.g. circle therapeutic wound with marker and put "Tx" next to it).
- iv) Encase the deceased's hands securely in paper bags to preserve evidence on the hands or fingertips (e.g. gunpowder, skin, blood). Each bag should be labeled (right or left) and initialed along with date/time bagged.
 - v) To avoid intentional or accidental disruption of evidence, no viewing of the body by family, pastoral care, or other visitors will be allowed unless 1.) It is explicitly authorized by the MEI, and 2.) if the MEI is present during the viewing.
 - vi) The original transport bed sheet should remain under the body.
 - vii) When it is necessary to remove any clothing from the body, place **each piece separately** in an evidence bag and secure and label as appropriate. After the patient is pronounced dead, all remaining clothing should be left on the body.
- b. Security must accompany the body to the morgue.
10. Placement of evidence in the evidence locker
- a. If a law enforcement officer is not present to take the evidence, notify Security Lead Officer to take custody of evidence (other than biological specimens) and secure in the Security Evidence Locker.
 - b. All evidence (other than biological specimens) will be signed into the Security evidence logbook and secured in the evidence locker.
 - c. Biological specimens will be properly labeled (patient name, medical record number, date, time and initials) and signed in on the Evidence Collection Log, and placed inside the refrigerator in the Security Office.
11. Documentation
- a. The chain of custody must be well documented on the evidence sticker, the medical record and on the property sheet. In the event that the evidence must be turned over to another individual (e.g. in OR, change of shift), the evidence sticker on each evidence bag will be signed by the person taking over responsibility, with date and time. This is done to streamline the chain of custody.
 - b. Wounds/Defects. Do not make forensic interpretations (e.g. entrance or exit wound). Refrain from naming the type of injury (e.g. gunshot wound) or using subjective terminology. Use objective descriptive terms (e.g. "approx. 1 cm ovoid wound or defect) to describe body marks. Document observations of wounds/defects thoroughly and include:
 - Exact location
 - Shape and approximate size in centimeters
 - Depth
 - Characteristics of edges
 - Discoloration around wounds, and
 - Note any alterations of body marks made by incisions or surgical skin preps.
 - c. Clothing. Document scissor cuts or tears done by staff on the medical record and the property sheet. Document if the patient was wearing clothing in a nontraditional manner (e.g. 'inside out' or 'backwards').

The County Medical Examiner Investigator will be responsible for the disposition of the evidence from the evidence locker in Medical Examiner cases. To contact the Washtenaw County MEI, call 734-477-6313, 24-hours a day, and ask for the MEI on-call for St. Joseph Mercy Hospital. To reach the ME office in Livingston County, call 517.545.9655.

Responsibility

System Integration Leader Safety and Security

References

- Davis, G.J. (1994). Your role in death investigations. AJN, September, 39-41.
- Meserve, K.L. (1992). Preserving medicolegal evidence: A guide for emergency care providers. Journal of Emergency Nurses, 18(2), 120-3
- Muro, G.A. & Easter, C.R. (1994). Clinical forensics for perioperative nurses. AORN Journal, 60(4), 585-93.

Cross References

SJMHS Patient Care Policy No. 225. Care of the Patient at the Time of Death, 06/06.

SJMHS Patient Care Policy No. 226, Medical Examiner Cases: Viewing of Bodies, 11/06

SJMH OR Services Manual. Care and Handling of Forensic Specimen Removed From A Patient., 2-04-02-002
(04/01).

SJMHS HIPAA Guideline: A Practical Guide for Disclosure of Protected Health Information to Law Enforcement,
draft version, 11/06/06.

JCAHO Functional Chapter

SJMHS Environment of Care

APPENDIX A

LOCAL LAW ENFORCEMENT AGENCIES

AGENCY	PHONE NUMBER
ANN ARBOR	734-994-2911
BELLEVILLE	734-699-2395
BRIGHTON MSP	(810) 227-1051
CHELSEA	734-475-9122
CLINTON SHERIFF	517-224-5200
CLINTON POLICE	517-456-4110
EASTERN MICHIGAN UNIVERSITY	734-487-1222
FLAT ROCK MSP	734-782-2434
GENESSEE COUNTY SHERIFF	810-257-3422
GREEN OAK TWP	810-231-9626
JACKSON COUNTY SHERIFF	517-788-4200
JACKSON MSP	517-782-9443
LENAWEE COUNTY SHERIFF	517-263-0524
LIVINGSTON COUNTY SHERIFF	517-546-6220
MANACHESTER TWP.	734-428-7090
MILAN	734-439-1551
MONROE COUNTY SHERIFF	734-241-2727
MONROE POLICE	734-241-3300
MONROE MSP	734-848-2015
NORTHVILLE MSP	248-348-1505
NORTHVILLE TWP	734-971-1954
OAKLAND COUNTY SHERIFF	810-858-4951
PINCKNEY POLICE	734-878-3700
PITTFIELD TWP.	734-996-3011
PLYMOUTH	734-453-8600
ROMULUS POLICE AND FIRE	734-941-1111
SALINE	734-429-7911
SUMPTER TOWNSHIP	734-699-2397
UNIVERSITY OF MICHIGAN	734-763-1131
VAN BURN TOWNSHIP	734-699-8930
WASHTENAW COUNTY SHERIFF	734-971-8400
WAYNE COUNTY SHERIFF	313-224-2222
YPSILANTI POLICE DEPT.	734-483-2311
YPSILANTI MSP	734-482-1213

APPENDIX B
EVIDENCE STICKER

Bag _____ of _____		
Name _____		
Medical Record # _____		
EVIDENCE		
Sealed by _____	Date _____	Time _____
Received by _____	Date _____	Time _____
Received by _____	Date _____	Time _____

APPENDIX C
PROPERTY SHEET

Location: ☐ EC ☐ OR ☐ SICU ☐ Other _____

Date _____ Time _____

PROPERTY COLLECTED	DISPOSITION OF PROPERTY			
Describe clothing: color, stains, tears and any alterations made by medical staff. Also indicate site from which items were removed (e.g. " <i>Ring removed from right ring finger, watch removed from left wrist, wallet removed from right rear pant pocket.</i> ")	With Pt	With Family	To Law Enforcement	To Evidence Locker
1.				
2.				
3.				
4.				
5.				
6.				
Purse/Wallet				
ID/Drivers License				
Cash/Coins				
Credit Cards				
Keys				
Ring/s				
Necklace/s				
Watch				
Earring/s				
Bracelet/s				
Dentures				
Hearing Aid/s				
Glasses/Contact Lenses				
Prosthetics/Misc.				
Specimen/s				

Valuables Envelope ☐ Yes ☐ No Envelope #: _____

Security Signature: _____

Property Collected By: _____ (Associate Signature)

Witness: _____ (Associate Signature)

Property released to Patient/Family _____ (Patient/Family

Signature)Witness: _____ (Associate Signature)

PROPERTY RELEASED TO LAW ENFORCEMENT

Associate releasing property: _____ to _____
(Name, Title) (Officer & Agency)

_____ on _____ at _____
(Badge #) (Date) (Time)

Patient Name	Medical Record #	ME Case #	# of Evidence Bags	# of Specimens	Date & Time In	Signature	Date & Time Out	Released to: Agency, Signature (If Law Enforcement, include Badge #)