Faculty of Forensic & Legal Medicine

Forensic Science Sub-Committee

NEWSLETTER July 2018

This month sees the publication of the updated *Recommendations for the collection of forensic specimens*. The FSSC meets every six months to review and revise the recommendations as appropriate.

The Committee also considers questions sent in by members of the FFLM and other interested parties. Here are the questions with answers from the last six months.

1. Why conduct a forensic medical examination on a complainant of rape when the complainant/complainer and the alleged assailant have had consensual intercourse in the recent past?

The committee agreed that there were a number of reasons why a forensic medical examination should still take place such as the documentation of injuries and the arrangement of further treatment, e.g. emergency contraception, STI screenings. Forensic swabs may be of value depending on the time interval between the consensual and non-consensual acts.

2. Why take genital/vaginal or endocervical swabs when the complainant is menstruating?

The committee advised that swabs should still be taken and highlighted that certain sanitary products (i.e. tampons) may hold sperm internally for a longer period.

3. When so many efforts in anti-contamination are made within the SARCs, should out-of-SARC ('grab-bag') examinations be avoided?

The committee discussed and advised that in certain circumstances, an out of SARC examination was the only available option. It would be important for the attending clinician to take all necessary anti-contamination precautions and document their actions.

4. Should swabs of the external genitalia excluding medial aspect of the labia majora, and one including it, be separated out as per the legal definition?

The committee discussed and advised that it would not make a difference if the swabs were separated out and that no changes were required to the Recommendations document.

5. To avoid the issue of whether a clinician should or should not tell a suspect the person who has alleged rape is HIV positive, should all suspects be advised to go to STI screening at the appropriate intervals?

Yes and the FFLM document the *Care of suspects of sexual assault in police stations* will be amended.

6. Should a skin control swab be done for every set of vaginal or anal swabs in addition to the unopened batch control swab?

No. The committee discussed and advised that if there is a visible injury/bite mark then a skin control swab should be taken.

An unopened batch control swab is not always needed as the kit providers keep controls. It should only be taken if there was a control swab in the kit. If there is no control swab in the kit, it is essential that the batch number is noted (as per the FME form).

7. Should the clinician shower and change all of their clothing between each case (even if the cases are unrelated)?

The committee advised that if the clinician was wearing personal protective equipment (PPE) and the cases were unrelated then they would not need to shower between each case. It was highlighted that ideally if examinations were required for the same case, a different examiner and room should be used. The risk of contamination between unrelated cases was queried and it was advised that following further investigation it may be possible to determine how contamination could have occurred between unrelated cases.

8. Page 6 of the FFLM Proforma *Adult female and male forensic sexual assault examination*: should clinicians ask the yes/no/don't know questions when the complainant has not yet been interviewed?

The committee discussed the importance of the clinician taking a history from the complainant and highlighted that it helped to determine further treatment.

9. If a complainant is either singly or doubly incontinent and is in incontinence pads is there any value in swabbing the area covered by the pad? What happens to sperm or touch DNA when exposed to urine or faeces for a prolonged period?

The scientists advised that that incontinence pads are very difficult to examine as they draw in fluids and it is therefore difficult to extract DNA so there is definitely value in taking swabs to avoid loss of evidence. DNA survives in faeces and the committee advised that swabs should still be taken in such cases.

10. If requested to take voluntary forensic samples from parents following a child death, where consent has been given and arrest is not appropriate - is there any guidance/policy around taking such samples from someone who does not come under PACE but is not a complainant?

The committee discussed and advised that it was a consent issue and that the situation should be clearly explained to the parents so that they could give appropriate informed consent.

11. Is a time gap of 20 minutes after a complainant has had drink/food still recommended before taking a buccal scrape?

The Home Office have advised that the guidance is there because there is potential for food and drink to inhibit the production of a DNA profile from a sample, after 20 minutes the food and drink residue levels should have diminished to a point at which there should no longer be an appreciable inhibition action i.e. that would affect the production of a DNA profile.

12. The period for obtaining forensic samples in the Recommendations table is up to 72 hours, however, if the examinee has been bed bound or has not washed over that period of time, can samples still be recovered?

The committee highlighted that the Recommendations state that the examining clinician must make a decision regarding obtaining samples on a case-by-case basis, as exceptions to the timescales are possible, e.g. if the examinee has been bed-bound.

13. Can samples be labelled with pre-printed labels, rather than handwritten.

Yes, as long as the information outlined in the FFLM document *Labelling forensic samples* is included.

14. Detainee in custody under arrest because he deliberately infected girlfriend with HIV. What blood bottle is used for taking a sample to have this tested and where would this be sent to analyse?

This is a specialist procedure (non-urgent), as is the investigation of any infection the consequence of which may be a criminal prosecution. A strategy discussion needs to take place to include the investigating officer and the forensic clinician along with appropriate advice from a specialist clinician e.g. in virology, microbiology and infectious diseases, to ensure the correct sample is taken with the necessary arrangements in place for its storage and transport, and testing, under a chain of evidence procedure. A specialist kit may be required to take the samples.

15. Detainee has been arrested for trying to run down partner and child with the intention of killing them and apparently was 'impaired' whilst driving. Could bloods be taken for driving a vehicle whilst impaired AND as intimate sample for attempted murder, or would one sample from either road traffic offence or attempt murder be enough/correct/lawful? Clearly the reason for arrest would have to be VERY clear and whilst one needs consent from detainee, the road traffic offence does not.

The HCP must obtain consent for a blood sample in all circumstances. What happens in this case is entirely dependent on the police and for what the individual has been arrested. If the individual has been arrested under Section 4 driving/in charge under the influence of drink or drugs then an assessment should be performed and the police advised whether there is a 'condition' due to a drug. This then allows the police to request a blood sample. If the individual is arrested under another offence then samples can be taken under the usual PACE requirements for intimate samples.

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Send any feedback and comments to forensic.medicine@fflm.ac.uk