



Template for Step by Step Guidance for Face to Face FMEs of COVID-19 positive or suspected SARC Clients

25 March 2020

Introduction

This template has been drawn up to assist in the management of SARC cases requiring an FME during the COVID-19 pandemic.

It has been reviewed by a number of stakeholders including the Forensic Science Regulator, Forensic scientists, CPS, Police RASSO Leads and NHS England.

In the spirit of the good practice to record, retain and reveal, **users might find it useful to print off the version of the template that they use in a particular case, ticking off actions etc. and retaining within the FME records as evidence of the guidance that they were working to at the time of the FME.** If they do so, they should record their name, date, time and sign the template.

The guidance below is based on a Police referral. For Self-referrals it can be used but omitting any elements concerning forensic samples.

Request for FME

1. Decision made to see a COVID-19 (or suspected COVID-19) positive case for face to face FME as per the most up to date [FFLM guidance](#).

So this client would be:

- Known or suspected to be COVID-19 positive **OR** they are isolating due to a household member being symptomatic of COVID-19;
 - They have no immediate health needs, COVID-19 or otherwise, that need immediate health care assessment;
 - They would seem to be not capable of self-swabbing;
 - On balance (and this might be difficult, so discuss with senior colleagues if unsure) the possible benefits of having a face to face consultation outweigh the potential risks of bringing a COVID-19 person to a designated COVID-19 area and exposing healthcare workers to the risk of infection.
2. Get the advice of an Infection Control expert to assess if the space is suitable for FME of COVID-19 positive or suspected SARC clients.
 3. This can then be the designated SARC COVID Area. Wherever possible it should not be used for any other activity.
 4. The Forensic Clinician and Crisis Worker to establish when this area will be free and factor this information into the usual triage decision making process to determine an agreed appointment time with the police.
 5. Check that there is a good supply of the correct PPE available (gloves, face masks, eye protection, aprons).
 6. Crisis Worker and Forensic Clinician should be aware of how PPE should be put on and taken off before agreeing to see a case (see Appendix 1).

Discuss with the police

- 7a. How client is going to be transported to SARC (or COVID designated area) (ideally not in a police vehicle, as this puts police officer at increased risk of infection and will necessitate the vehicle having to be deep cleaned afterwards).



- b. Advise that as few people as possible should attend SARC.
 - c. If police really must travel in same vehicle as the client then:
 - i. The client and police should wear face masks whilst together;
 - ii. The police should consider other PPE in the car and adhere to their protocols regarding decontaminating the police vehicle afterwards.
 - d. Send maps to police and client if necessary showing them where they need to go.
 - e. Make sure that they have a phone number to call if they get lost and SARC has a contact number for police and client.
8. Depending upon the time of day, alert other members of the SARC team (and where relevant other SARC on call teams) that you have arranged a COVID case.

History Taking Pre-arrival

As we should be minimising the amount of time spent face to face with the client, where possible undertake as much history of the police and client consent and history by phone/videoconference before attending the SARC.

9. Note that videoconferencing, e.g. use of Skype or Zoom etc. may be considered:
<https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance>

Forensic Clinician

- Obtain history of allegation from Police.
- Confer with Crisis Worker once they have spoken to client (see below) then.
- Discuss with client the consent process.
- Work through as much of the standard SARC FME paperwork as possible, making a note of who the client is with when they are answering these questions.

Crisis Worker

- Should outline service options with client.
- Obtain the usual client detail information.
- Commence standard screening processes:
 - Such as Learning disability;
 - Domestic violence DASH where appropriate.
- Outline that the Forensic Clinician will get a history of events from police before speaking to the client.
- The Crisis Worker should be mindful of who might be able to overhear any answers and how this might impact on a client's confidence to answer fully.

Preparation prior to client arrival at SARC

10. Ensure that the hospitality tray in the examination suite is stocked with snacks and there is hot water for drinks.
11. The Crisis Worker and Forensic Clinician should change into disposable scrubs.
12. They should check that there is a good supply of face masks, an eye visor each, and aprons.
13. Don PPE as per local protocols/PHE guidance (see Appendix 1).
14. Place wipeable chairs in area available for use of police and any supporters if they are not permitted to use soft furnishings (see below).
15. Prepare as much paperwork as possible.



Preparation of Forensic Samples

- 16a. Labelling swabs and bags etc. at SARC (using same processes as usual, i.e. wearing disposable scrubs in forensically cleaned medical exam room) prior to meeting with the client.
- b. Label all bags with COVID risk stickers.



17. Based on the history obtained and the subsequent risk assessment prepare all medication that might be required, making a note of batch numbers and expiry dates:
 - a. Consider, depending on case and local protocols, getting more than the usual 5 day starter pack supply of HIV PEP if this is available and HIV PEP is consistent with BASHH guidelines, recording in the notes the batch number and expiry dates.
 - b. Get Emergency contraception as required (considering the need for a double dose).
 - c. Get Hep B vaccine if indicated, recording in the notes the Batch number and expiry date.
 - d. Get STI self-screening packs (if available in your service) if they might be required, making a note of batch numbers and paperwork whilst still in SARC.
18. Crisis Worker to complete as much as possible of patient information leaflets prior to arrival of the client.

Client arrives at SARC

- 19a. They (and anyone who is with them, e.g. parent) should wear a face mask BEFORE entering the SARC.
- b. If at all possible lifts should not be used as otherwise it will need decontaminating before used by anyone else. (Ensure lift is not used before it is cleaned).
- c. Ensure reception area and corridor are empty and other SARC staff know not to leave offices until client has passed through.
- d. The Crisis Worker, wearing face mask, apron, double gloves and scrubs, should meet the client at SARC door.
- e. Usher client straight through into designated COVID area.
- f. Police and any supporters should immediately wash their hands.
- g. Place client straight into Initial room (this should be as Spartan as possible and all surfaces should be able to be cleaned down afterwards).
- h. Anyone who has had contact with the client (police officers, supporters) MUST:
 - i. NOT go anywhere other than designated SARC COVID area;
 - ii. NOT use any rooms with soft furnishings;
 - iii. Must wear Face masks all the time they are in designated SARC COVID area.
20. The Crisis Worker should explain to the client the need for the PPE and that everyone will be keeping a safe distance (at least 2m).
21. Keeping a safe distance (at least 2m), the Forensic Clinician should get any further details from attending police officer.
22. If the Crisis Worker needs more information from the client they should:
 - a. Either sit as far away as possible from the client in the Initial room;
 - b. Use a phone to speak to the client in the initial room whilst sat elsewhere;



- c. The clinician should do the same.
- 23. Keep face to face interaction with client to the minimum necessary in order to undertake a safe examination.
- 24. Consider on a case by case basis whether or not the Crisis Worker needs to be in the room all of the time (bearing in mind the importance of having a chaperone).
- 25. Revisit in brief, consent with client. No need to get written consent (to minimise infection risk - pen and paper) but record this in your paperwork.

Examination Room

- 26. The examination room should be prepared prior to the client entering it.
- 27. Have as little as possible in the room.
- 28. Do **NOT** have a fan on.
- 29. Keep physical contact with client to a minimum.
- 30. Only undertake an examination of the mouth if there has been a recent oral assault.

Wear eye protection if this is the case.

Forensic samples:

- 31a. Do not take buccal DNA samples.
- b. Do not take oral samples unless wearing eye protection as well as face mask.
- c. If Police already have a urine EEK then a second urine sample is not necessary unless clear history of Drug Facilitated Sexual Assault (DFSA) or significant drug use.
- d. Only take blood sample if clear history of DFSA or significant drug use.
- e. Place samples in their relevant sample bags before placing in large evidence bags labelled a COVID-19 risk.
- f. Place this large evidence bag in a brown evidence bag, clearly marked COVID-19 risk.



a. Place sealed bags in large evidence bag marked COVID-19 risk



b. Place this large evidence bag in a brown evidence bag, clearly marked COVID-19 risk

- g. Hand over forensic samples to attending police officer mindful of the usual chain of custody practices and **warning them of COVID risk. They should wear gloves and mask when handling samples.**
- h. The police officer should carefully wash their hands, ideally with soap and water or alcohol gel if soap not available, after handling the sample bags.



Evidence shows that COVID-19 appears to live for 72 hours on plastic, 48 hours on stainless steel and 24 hours on cardboard. (<https://www.nejm.org/doi/full/10.1056/NEJMc2004973>)

Therefore samples requiring freezing should be handled with care and frozen as soon as possible.

Coronavirus is not destroyed by freezing, therefore the risk of infection remains with frozen samples. Therefore samples should be stored in a manner that minimises future risk. Any handling of the bags should be done using double gloves and followed by careful cleaning.

Aftercare

32. If indicated, give usual medical aftercare (EC, HIV PEP, Hep B, RU Clear) to client.
33. Unless absolutely necessary do not offer a shower to the client.
34. Use disposable cups and paper plates for any drinks / food given to the client.
35. Give client the usual SARC patient information to take home and Washbag if required.

Client Leaving SARC

36. Continue to wear PPE including face mask until client has left.
37. Client and police and supporters should leave wearing PPE.
38. Ensure that corridor and exit is free of others before client exits designated SARC COVID area.
39. If lift is used then:
 - a. Alert relevant cleaners that it will need to be decontaminated;
 - b. No one else should use it until decontaminated.
40. Change into a new set of scrubs (placing other in **correct waste** bag as per local guidance).
41. Wash hands and any areas that you are worried may have been exposed ASAP with soap and water.

Decontamination of designated SARC COVID area

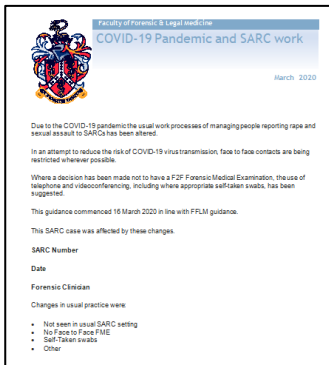
42. Wait 20 minutes prior to cleaning any room/area used by client (so that any droplets have settled).
43. Continue to wear face masks until cleaning has been completed.
44. Place all rubbish in correct waste bags as per local guidance, knot, and seal and dispose as per local guidance.
45. Wash hands.
46. Return any unused medications.

Completion of paperwork

- 47a. Follow usual processes re. paperwork.



- b. Work with the crisis worker to complete any documentation on their SARC IT systems, paper systems as per usual practice.
- c. Make sure that the paperwork reflects the divergence in usual SARC process and include in the notes the [FFLM COVID-19 Pandemic Impact on FME Case Management covering letter](#).



The FME notes should be reviewed as per usual SARC process.

- 48. Debrief process as necessary and feedback any learning for future cases.



Appendix 1

PPE

Face masks

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf

- Should be worn at all times with the client or any other contact who has been with them.
- Should be changed if get too “wet”- approx. every 15 minutes.
- Should be worn all the time in the examination room.
- Should be taken off immediately after leaving the examination room, placed in the bin in the sluice, outer gloves changed, and prior to donning new face mask if necessary.

Aprons

- Should be worn all the time dealing with the client.
- Should not be worn outside of Designated SARC COVID Area Suite.
- Should be disposed of in the Designated SARC COVID Area Suite sluice.

Face Visor

- Should be worn if having to undertake a close examination of the eyes or mouth.
- Should be worn if client coughing ++.
- Disposable one should be disposed of in Designated SARC COVID Area Sluice.
- Reusable one should be taken off in Designated SARC COVID Area Sluice and cleaned.

Order of putting on PPE in SARC

<https://vimeo.com/395445987/43a38a606c>

1. Wash hands thoroughly with soap and water.
2. Put on two pairs of gloves.
3. Change into disposable scrubs.
4. Take off outer pair of gloves.
5. Put on disposable apron.
6. Put on face mask, making sure snug over nose and under chin, ties at back of mid head (check correct surface facing out).
7. Eye goggles or face visor (if considered necessary)
8. Outer pair of gloves, pulled to cover the wrist.

Order of Taking off PPE in SARC

<https://vimeo.com/396930337/e67c55bd8d>

1. Outer Gloves. Peel off outer glove of one hand, then slide fingers under the glove of the second hand, not touching the outer surface and peel off. Place in bin.
2. Clean hands with alcohol gel.
3. Apron. Break or undo tie at back, remove by only touching the inner, uncontaminated side of the apron. Place in bin.
4. Clean hands with alcohol gel.



5. Eye protection. Touch only the rear elastic or ties. If disposable place straight in bin. If reusable place straight into receptacle for cleaning.
6. Clean hands with alcohol gel.
7. Face mask. The front may be contaminated so don't touch. Unfasten or break lower tie first, then the top, remove without touching outer aspect and place straight into bin.
8. Take off inner gloves.
9. Wash hands using 7 steps.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf



Public Health England

When to use a surgical face mask or FFP3 respirator

When caring for patients with **suspected or confirmed COVID-19**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask



In cohorted area (but no patient contact)

For example:
Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

PPE to be worn

- Surgical face mask (along with other designated PPE for cleaning)

Close patient contact (within one metre)

For example:
Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn

- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator



When carrying out aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19

In high risk areas where AGPs are being conducted (eg: ICU)

The AGP list is:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

PPE to be worn

- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

Always fit check the respirator

REMEMBER

- PPE should be put on and removed in an order that minimises the potential for self-contamination
- The order for PPE removal is gloves, hand hygiene apron or gown, eye protection, hand hygiene, surgical face mask or FFP3 respirator, hand hygiene