



## POSITION STATEMENT

# SARC Requests for Forensic Medical Examination during COVID-19 Pandemic

09 April 2020

The COVID-19 pandemic has created a situation that is highly dynamic. As such the advice given may change. We will be guided by PHE and local protocols.

- Please be mindful of frequent COVID-19 updates.
  - This guidance covers requests for forensic medical examinations.
  - The processes below are new. There are likely to be issues that arise that have not been covered in this guidance. We will update based on events and feedback.
  - These new processes effect other stakeholders such as police and for some SARCs other hospital departments, therefore local discussion and effective teamwork is essential.
  - SARCs may want to work with local GUM departments to develop protocols for provision of more than 5 days' worth of HIV PEP when it is required.
  - Please have a low threshold for discussing issues with a senior member of the SARC team.
1. A COVID-19 Telephone Screening and Triage tool should be used for any request for a Forensic Medical Examination (FME).
  2. Use Flowcharts 1 and 2 below to assist with decision making around the management of cases.
  3. In cases where the client is being seen in SARC, where possible, whilst maintaining safe and caring practice, limit face to face contact, as some may be infectious whilst symptomless.
    - a. Consider taking histories over the phone where possible;
    - b. Limit those accompanying a client attending SARC to minimum;
    - c. Ask all those attending SARC to wash their hands with soap and water on arrival;
    - d. Minimise movement of attendees and limit them to rooms that can be deep cleaned;
    - e. Keep as far as possible from others, including other SARC staff, professionals, clients and their family or friends.
  4. Ensure that your written records reflect the processes that you have undertaken.
  5. Please feedback anything that you think the team can learn from.

### Videoconferencing

NHSx has produced guidance for health workers with regards to using technology to communicate with patients during this COVID-19 crisis. On videoconferencing it states:

*"We encourage the use of videoconferencing to carry out consultations with patients and service users. This could help to reduce the spread of COVID 19. It is fine to use video conferencing tools such as Skype, WhatsApp, Facetime as well as commercial products designed specifically for this purpose."*

*The consent of the patient or service user is implied by them accepting the invite and entering the consultation. But you should safeguard personal/confidential patient information in the same way you would with any other consultation."*

<https://www.nhs.uk/key-information-and-tools/information-governance-guidance>

At present the consensus is that simple exposure to a case with confirmed or suspected COVID-19 with or without PPE can carry on working as normal unless they develop symptoms. Line managers should, however be informed of any potential exposure via normal incident reporting systems.

Clinicians who develop symptoms consistent with COVID of any degree of severity should self-isolate immediately (usually for 7 days). It may be prudent for providers to liaise with local public health teams to access staff testing in order to allow them to come back to work more quickly.

### Medication and COVID-19

There has been discussion that certain medication may exacerbate the effect of COVID-19.

### Ibuprofen/NSAIDs and COVID-19

The advice on 17.03.2020 from Professor Stephen Powls, Medical Director NHSE) says:



*There has been concern about the use of non-steroidal anti-inflammatory medications (NSAIDs) in relation to Covid-19 following a statement by the French Health Minister (a clinician) advising against the use of ibuprofen.*

*This statement was based on provisional information reported from French care settings which UK authorities have not seen and is, to date, unpublished. There is no current literature on the impact of NSAIDs use in Covid-19.*

*There appears to be some evidence for SARS 1 that there may be an adverse impact on pneumonia. There is also some literature suggesting NSAIDs may increase complications from simple acute respiratory infections or slow recovery. However the evidence is not conclusive overall.*

*There appears to be no evidence that NSAIDs increase the chance of acquiring Covid-19. In view of the current lack of clarity the Committee of Human Medicines (an advisory body of MHRA) and NICE have been asked to review the evidence. It is therefore suggested that, in the interim, for patients, who have confirmed Covid-19 or believe they have Covid-19, that they use paracetamol in preference to NSAIDs.*

*Those currently on NSAIDs for other medical reasons (e.g. arthritis) should not stop them.*

## ACEs and COVID-19

The European Society of Cardiology has on 13.03.2020 issued a Position Statement of the ESC Council on Hypertension on ACE-Inhibitors and Angiotensin Receptor Blockers.

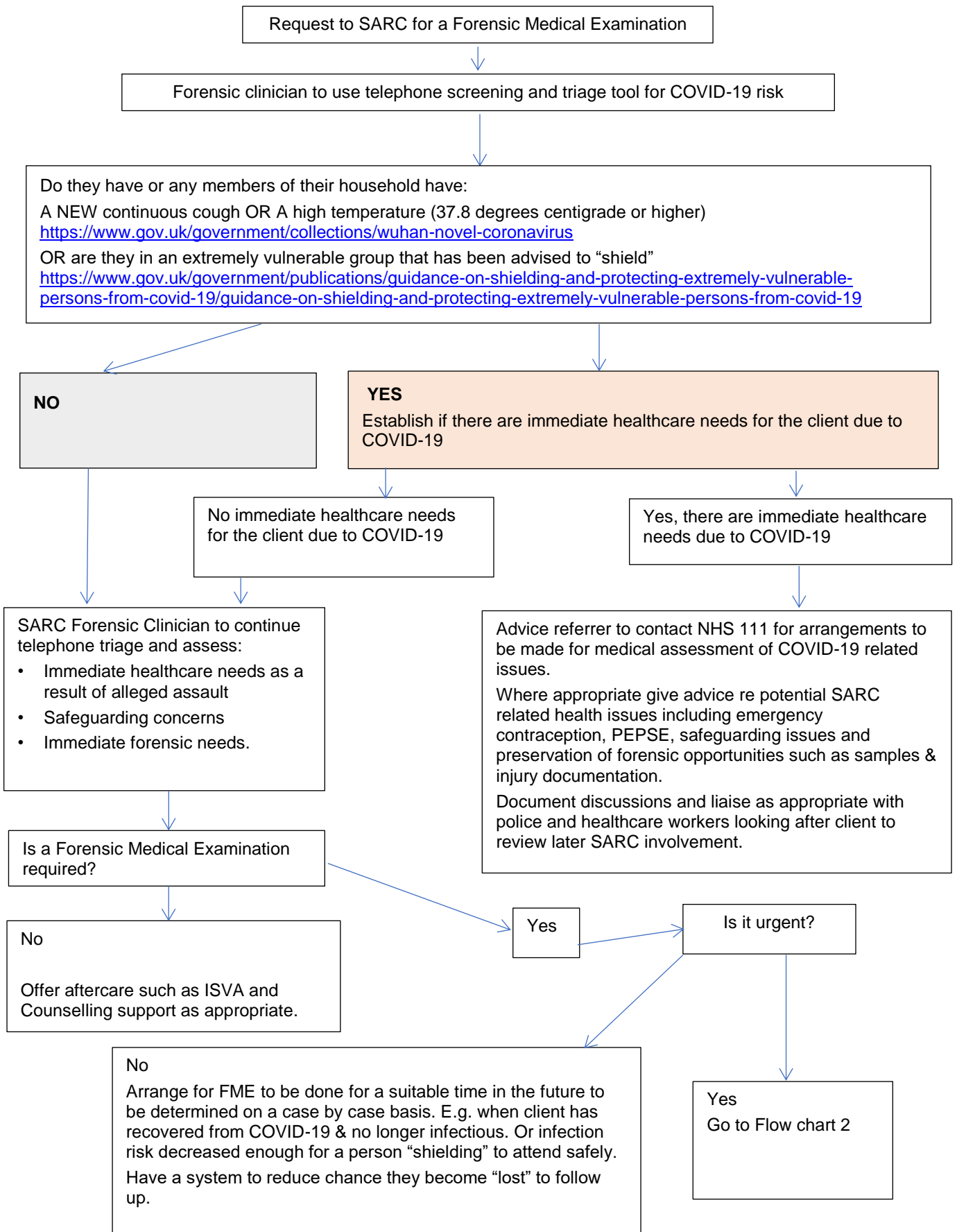
The full statement can be read [here](#) but it concludes with:

*The Council on Hypertension of the European Society of Cardiology wish to highlight the lack of any evidence supporting harmful effect of ACE-I and ARB in the context of the pandemic COVID-19 outbreak.*

*The Council on Hypertension strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARBs should be discontinued because of the Covid-19 infection.*



Flow Chart 1: Initial SARC Request





**Flow Chart 2: Requirement for urgent FME during the period of high prevalence of COVID-19 infection in the community**

Is it deemed essential by the Forensic Clinician and Police (if involved) after consideration of the particular details of the case that this client has a Face to Face FME?  
 For police cases see <https://fflm.ac.uk/publications/covid-19-pandemic-sarcs-a-guide-for-the-police>  
 N.B. All SARCs should try to identify an isolated room for "unexpected drop-ins" that arrive and may be infectious.

**Yes**  
 For example the nature of suspected acute injuries, young children, people who would be unable to self-swab.  
**If in doubt discuss with senior colleagues.**

**No**  
 Make arrangements to undertake a remote tele/videoconference FME

Forensic clinician & Crisis worker to assess over the phone the health & safeguarding needs of the client.  
 Explain limitations, such as inability to take samples, due to current pandemic situation  
 Arrangements to be made with third party to collect EC & HIV PEPSE if required.  
 Consider advising client to take photographs of injuries & storing clothes/bedding if appropriate  
 Document discussions & processes.  
 Safeguarding & ISVA referrals to be made by SARC staff in the usual manner.

Is this a police referral?

Yes

No

See in either an area of the SARC designated and with the correct processes in place to see COVID clients OR Liaise with Local ED/COVID designated area  
 Phone number:.....

Arrange suitable FME appointment time & venue taking into consideration:

- Needs of client
- Minimal risk to others entering facility
- Ensure room is forensically clean prior to use
- Police bringing client should wear appropriate PPE
- If possible arrange for client to wear mask en- route & prior to entry of facility
- Ideally only the client comes with police (clearly may be others e.g. parent)
- Ideally client to not travel in police vehicle
- Use of interpreter by 'phone/language line
- SARC staff to attend arranged venue
- Staff involved to don PPE prior to client's arrival and in line with latest PHE guidelines
- Forensic samples placed in sealed tamper evident bags making clear COVID-19 risk
- Arrangements in place for immediate deep clean of facility post FME warning cleaners of COVID-19 risk. Wait at least 20 minutes before cleaning rooms to give time for airborne particles to settle.
- Staff remove & dispose of PPE post exam in line with PHE guidelines
- FME waste bagged and disposed of in line with PHE & local facility guidance
- Minimise contamination risk during FME by restricting movement to forensic exam room and bathroom.
- Be mindful of client's COVID-19 health needs &

Forensic clinician & crisis worker to take history from police & client over the phone in as much detail as possible as if client was in SARC, including consent process. Use secure video facilities if possible.  
 Assess need for:

- Safeguarding including DASH assessments
- Emergency contraception & HIV PEPSE & Hep B
- Establish forensic sample strategy & discuss with OIC (see Box 1)
- See Telephone FME Consultation (Box 2) for details
- Police to arrange for collection from SARC of
  - EC & HIV PEPSE as required
  - Relevant swab modules & paperwork labelled with SARC reference number
  - Samples & paperwork to clearly state what was self-taken by client
  - Information leaflets
- Police, wearing appropriate PPE, to take EEK & skin swabs as necessary e.g. neck swabs. Buccal DNA swabs should be omitted. Consider the client taking own mouth samples
- Client to self-swab as appropriate
- Forensic samples to be stored in bags indicating COVID risk & taken, maintaining chain of custody, to police facility
- Wipe down Forensic bags to reduce COVID-19 risk
- SOCO, wearing appropriate PPE as per their protocols, to photodocument injuries where required
- Safeguarding & ISVA referrals to be made by SARC in usual manner
- SARC Documentation to make clear the processes undertaken
- Add to the FME notes a copy of the FFLM COVID-19 Pandemic Impact on FME Case Management covering letter.

Public Health England & PPE  
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>



### Box 1. Forensic self-taken samples

Ideally for SARC clients, any forensic samples would be either the routine EEK taken by police or those taken by a Forensic Clinician. During the COVID-19 pandemic this may not always be possible or advisable.

Self-taken samples by clients are not advocated other than in extreme circumstances.

There is a significant impact on the level of interpretation that a forensic scientist can provide regarding a self-taken sample.

Where a decision has been made that a face to face forensic medical examination is not possible and, having discussed the options with the police and client, the Forensic Clinician should decide if self-taken swabs are an option, bearing in mind the age of the client, menstrual status etc. If it has been decided that self-taken swabs are necessary then:

- Where possible collect underwear & sanitary wear (these are more important than self-taken ano-genital samples)
- There is no need to take both internal and external samples from the vagina (and anus).
- The client need take only one sample from each area required (e.g. one low vaginal swab and one anal/rectal swab) (see FFLM patient information leaflets, <https://fflm.ac.uk/publications/patient-leaflet-collection-of-a-self-taken-vaginal-swab/> <https://fflm.ac.uk/publications/patient-leaflet-collection-of-a-self-taken-anal-swab/>)
- Where skin swabs are required to be self-taken, consider any clothing worn over the area of interest at the time of the alleged incident or soon after, as this is likely to provide more robust evidence than self-taken swabs.
- Ensure the FME notes fully reflect the discussions and decisions.
- Ensure any paperwork associated with the forensic samples makes it clear which are self-taken.
- Ensure risk of contamination (in this case COVID-19) is clearly marked on samples and associated paperwork.



## Box 2. Telephone consultation Forensic Medical Examinations

- This is clearly a very different process from normal.
- Note Page 1 of this document sets out that videoconferencing, e.g. use of Skype etc. may be considered.
- Remember others involved are likely to be stressed. Be kind to each other. Allocate more time than usual to ensure time pressures are less likely to be an issue.
- Ensure that you have correct phone numbers for police / client involved.
- Collect also the email addresses for police and where available the client (test email first) as useful e.g. for those whose hearing is impaired
- Consider other communication difficulties.
- Make sure documentation accurately reflects the processes and conversations.
- Continue to use usual FME paperwork & processes as much as possible.
- When taking a history on the phone – ask & record who is in the room with the person you are talking to. Where possible have the client on their own where they can talk privately to SARC staff.
- Crisis worker to speak to client, outlining that the Forensic Clinician will get a history of events from police before speaking to the client. Crisis worker to go through usual paperwork including LDSQ & screen for DV as usual (mindful of who might be able to hear answers)
- Meanwhile the Forensic Clinician to take a history from the police officer.
- Forensic Clinician to discuss consent with client. As consent will not be written, the crisis worker should witness this process.
- Undertake a risk assessment regarding emergency contraception (and consider if needs double dose of Levonelle), HIV PEPSE, Hep B, suicide risk, imminent self-harm, safeguarding etc. the same as usual.
- Discuss the need for arrange for a third party (COVID-19 free) to attend SARC to collect EC or HIV PEP as necessary.
  - If giving HIV PEP consider (in discussion with local GUM) providing more than 5 day pack
  - Complete prescriptions same as usual
  - Record batch Numbers and expiry dates as usual practice
  - Give written information of STI GUM clinics and particularly for HIV PEPSE cases advise that the client will need to phone the clinics in good time as they too may be doing telephone consultations only. Wherever possible the SARC should liaise with the GUM clinic to help facilitate the initial appointment.
- Discuss with the police what the forensic strategy will be. (be mindful of Box 1)
- If self-taken swabs are required:
  - Wear usual SARC PPE so as not to contaminate samples whilst preparing them.
  - Fill out necessary paperwork, FFLM FME form or other local form, making it clear samples are SELF TAKEN and you have not seen the client due to COVID-19 risk.
  - Record on FME forms the venue that self-taken swabs will take place at
  - Label samples and bags with:
    - Date & your name/reference number.
    - Client name & DOB
    - SARC Number Nature of sample
    - SELF TAKEN COVID-19 Risk
  - Place all required samples in their matching unsealed sample bags and place these in large evidence bag. Include water vial in case required and the pack of paper.
  - Ideally underwear and sanitary wear will also be collected so add bags for that too.
  - Place in a large evidence bag and seal.
  - In a separate sample bag include an adequate number of gloves and a forensically clean pen.
  - Place all of the above in a large brown evidence bag together with the exhibit forms
  - Arrange for the police to pick up the unused Forensic Samples and associated paperwork (keeping a copy of the latter in the forensic notes).
  - Additionally give the attending police officer
    - The relevant Patient Information Leaflet on Self-taken Samples
    - The usual post FME SARC information leaflets.



- Where appropriate a SARC Washbag
- Any medication that has been determined as necessary.
- Your chain of evidence in the contemporaneous records should reflect what you have done.
- Discuss with the police if SOCO need to attend to document images.
- Be available to talk to the client as required when they are taking any self-taken samples. Consider having the crisis worker present during this process as a “remote chaperone”
- The client should
  - Wear gloves when taking the samples,
  - Place samples into the correct sample bags
  - Place the individual bags into one large evidence bag which should be sealed
- The police officer handling samples should be double gloved and place the large sealed evidence bag into a paper evidence bag. They should then, without touching anything else, remove the outer gloves, place inside the paper evidence bag before sealing with bio-hazard tape, labelling as appropriate
  - Client details
  - Continuity details.
  - COVID-19 risk
- 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.
- 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.
- At the end of this episode the Forensic Clinician should talk through with the police officer at the scene what forensic samples have been collected and make a record in the notes.
- The Forensic Clinician should discuss with the client
  - Any medication that you have sent to them
  - The usual aftercare issues such as GP letter, STI screening, ISVA re-contacting etc. etc. and also Hep B PEP if appropriate.
  - Go through any concerns they have (bearing in mind the role of NHS111 for COVID related matters and the most up to date PHE guidance).
- For more detail see FFLM document [Template for Step by Step Guidance for SARC FMEs via telephone or videoconferencing during COVID-19 pandemic](#)

**Feedback to the FFLM any ways that this process can be improved.**