Faculty of Forensic & Legal Medicine

Template for Step by Step Guidance for SARC FMEs conducted entirely remotely via telephone or videoconferencing during COVID-19 pandemic

18 November 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.

Users might find it useful to customise it to suit their local needs.

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.

1. Request for FME is made.

2. Decision made by the Forensic Clinician (in discussion with police if a police case) to manage the case via telephone or video consultation as per the most up to date *FFLM guidance*, including *COVID-19 Pandemic & SARCS: A guide for the Police*.

   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
   - **OR** a person identified as being in a group identified as being extremely vulnerable and advised to "shield" during the pandemic: *https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19*
   - They have no immediate health needs, COVID-19 or otherwise, that need immediate health care assessment
   - They would seem to be capable of self-swabbing
   - On balance (and this might be difficult, so discuss with senior colleagues if unsure) the risks of undertaking a face to face forensic medical examination and exposing the various parties to the risk of COVID-19 infection outweigh the possible benefits of having a face to face consultation.

3. Forensic Clinician to liaise carefully with the crisis worker and police officer and organise events.

4. Ensure that you have correct phone numbers for police / client involved.

5. 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.

6. This is clearly a very different process from normal and it is likely that people might feel stressed. Be patient with one another and allocate extra time in order to do things.

7. If this is an OOH request that needs to be dealt with OOH then the crisis worker and Forensic Clinician should both attend the SARC. They should be mindful of social distancing from each other.

8. Note that videoconferencing, e.g. use of Skype or Zoom etc. may be considered: *https://www.nhsx.nhs.uk/information-governance/guidance/covid-19-ig-advice*

9. Consider other communication difficulties that the client might have. Consider use of remote translation services.

10. Make sure documentation accurately reflects the processes and conversations.

11. Record a contemporaneous timeline of the various phone calls and decisions.

12. Continue to use usual FME paperwork & processes as much as possible.

13. The Forensic Clinician should take an account from the Police officer via the phone or videoconference, completing the FME pro forma as per usual.

14. The Crisis worker should spend some time talking to the client by phone or videoconference.

15. Always 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.

16. 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 where available a Learning disability screen & screen for DV as usual (mindful of who might be able to overhear any answers and how this might impact on a client's confidence to answer fully).

17. When the Crisis worker feels that the client is ready, the Forensic Clinician should assess the client's capacity and discuss consent with client as per the usual process.

18. As consent will not be written, the crisis worker should ideally witness this process.

19. The Forensic Clinician should undertake the usual:
    a. Medical, psycho-social history, including allergies
    b. Risk assessments 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.

20. The Forensic Clinician should undertake the usual process of:
    a. Confirming and checking with the client the nature of the allegations (unless inappropriate to do so for particular reasons specific to the case)
    b. Time since alleged assault and activities of the client in the interim in order to help determine what if any forensic samples might be of benefit
    c. Explore with the client if they think that they have any injuries and if so where they are, and how they think that they acquired them
    d. If the client is saying that they have injuries, consider the practicality and acceptability of documentation:
        i. Via videoconferencing
        ii. Police officer arranging photo-documentation
        iii. The FME notes should clearly reflect the above

21. As per standard practice the Forensic Clinician should spend time checking the understanding of the client, their ideas, concerns and expectations, mindful that they have the disadvantage of not being face to face with the client.

22. The Forensic Clinician should then have a separate conversation with the police officer in the case to agree a strategy:
    a. What forensic samples might be required (be mindful of Box 1 in FFLM guidance *https://fflm.ac.uk/resources/covid-19*) and the most up to date *FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects.*
    b. Consider the use, collection and retention of a couch cover to be used by the client during self-swabbing.
    c. Discuss with the police about the merits of seizing underwear, sanitary wear, bedding etc.
    d. Whether any photographs of injuries are required and who might take (mindful of *PICS Working Group Guidelines on Photography*)
    e. Whether any EC or HIV PEP or HepB is required.

23. Arrangements should be made for a named (COVID-19 free) person (to be agreed in discussion with the police) to attend SARC at an agreed time to collect the forensic samples, any medication, and paperwork as required.

24. If giving HIV PEP
    a. Consider (in discussion with local GUM) providing more than 5 day starter pack
    b. Complete prescription as per SARC usual practice
    c. Check content of the HIV PEP medication that all is present in the pack
    d. Record in the notes the batch numbers and expiry dates as per usual practice
    e. 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.

25. Emergency Contraception
    a. Assess, as per usual process, what EC is the most suitable and whether or not an increased dose is required
    b. Consider including a pregnancy test in the content going out to the client
    c. Record in the notes the batch numbers and expiry dates as usual practice
    d. Remember to give usual advice re efficacy, follow up care etc.

26. If Hepatitis B vaccination is required
    a. Liaise with the local GUM service to make arrangements that this can be given in a timely fashion when either the client is recovered from COVID-19 or on a COVID-19 ward
    b. Include this information in any patient information leaflet going to the patient and GP letter &ISVA follow up services.

27. If self-taken swabs are required:
    a. The Forensic Clinician should wear usual SARC PPE so as not to contaminate samples whilst preparing them and in a forensically clean SARC examination room:
        i. Label samples and bags with:
            1. Date & your name/reference number
            2. Client name & DOB
            3. SARC Number/Nature of sample
            4. SELF TAKEN
            5. COVID-19 Risk (use stickers where available)

        ii. Place all required samples in their matching unsealed sample bags and place these in large evidence bag labelled as COVID-19 risk
        iii. Include water vial in case required
        iv. Include sealed pack of paper (that samples can be placed on at examination site)
        v. Include the disposable couch cover (and this should collected & retained) as a possible source of evidence by the police)
        vi. Ideally underwear and sanitary wear will also be collected so add labelled bags for that too
        vii. Place a generous amount of gloves in two evidence bags (one for the police officer to use, one for the client)
        viii. Add a forensically clean pen

        ix. For safe transportation place all of this in another large evidence bag and seal this bag

x. Place all of the above in a large brown evidence bag together with the exhibit forms and include another large brown evidence bag that is labelled COVID-19 Risk

xi. Fill out necessary paperwork, FFLM FME form, making it clear samples are **SELF TAKEN** and you have not seen the client due to COVID-19 risk. Keep a copy of this paperwork in the FME notes and give the other copies to the police officer who has been tasked with attending SARC

xii. Record on FME forms the venue that self-taken swabs will take place at

xiii. Record in the notes the name and collar number of the police officer attending SARC to collect the forensic samples and medication etc.

xiv. Write a list of what is being handed over and get the police officer to sign it.

28. Additionally give the attending police officer
    a. The relevant FFLM Patient Information Leaflets on Self-taken Samples available at: *https://fflm.ac.uk/resources/covid-19*
    b. The usual post FME SARC information leaflets
    c. Where appropriate a SARC Washbag
    d. Any medication that has been determined as necessary
    e. Self-swabbing STI packs if this is usual SARC practice

29. Your chain of evidence in the contemporaneous records should reflect what you have done.

30. The police will then take the forensic samples and any medication to the client.

31. 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”.

32. Remember that videoconferencing, e.g. use of Skype or Zoom etc. may be considered: *https://www.nhsx.nhs.uk/information-governance/guidance/covid-19-ig-advice*

33. The client should be advised to:
    a. Use the couch cover over the area that they will be using
    b. Utilise a forensically clean paper sheet for lying out the forensic samples etc.
    c. Read through the self-swabbing guidelines and clarify any concerns with the Forensic Clinician.

34. Follow the FFLM Self-taken swab guidelines: *https://fflm.ac.uk/resources/covid-19*


Collection of a self-taken anal swab


Collection of a self-taken vaginal swab

35. The police officer handling any forensic 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:
    a. Client details
    b. Continuity details
    c. COVID-19 risk

36. 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.

    Fomite transmission is a concern regarding COVID-19. Evidence has suggested 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*). Its continued viability depends on the surface and temperature. *https://virologyj.biomedcentral.com/articles/10.1186/s12985-020-01418-7*

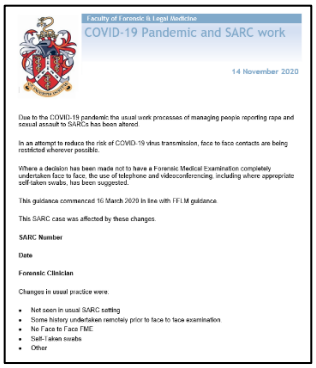
    Therefore samples requiring freezing should be handles with care and frozen as soon as possible.

    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.

37. 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.

38. The Forensic Clinician should discuss with the client
    a. Any medication that you have sent to them
    b. The usual aftercare issues such as GP letter, STI screening, ISVA re-contacting etc. etc. and also Hep B PEP if appropriate
    c. 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)
    d. Any safeguarding referrals

39. The Forensic Clinician should:
    a. Liaise with the Police Officer and agree any further actions required, recording a summary of this discussion in the FME records
    b. Dictate a GP letter
    c. Work with the crisis worker to complete any documentation on their SARC IT systems, paper systems as per usual practice
    d. Ensure usual SARC systems are in place for any Safeguarding, ISVA, follow on referrals etc.
    e. Make sure that their 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:*


Faculty of Forensic & Legal Medicine

COVID-19 Pandemic and SARC work

14 November 2020

Due to the COVID-19 pandemic the usual work processes of managing people reporting rape and sexual assault to SARCs has been altered.

In an attempt to reduce the risk of COVID-19 virus transmission, face to face contacts are being restricted wherever possible.

Where a decision has been made not to have a Forensic Medical Examination completely undertaken face to face, the use of telephone and videoconferencing, including where appropriate self-taken swabs, has been suggested.

This guidance commenced 16 March 2020 in line with FFLM guidance.

This SARC case was affected by these changes.

SARC Number

Date

Forensic Clinician

Changes in usual practice were:

- Not seen in usual SARC setting
- Some history undertaken remotely prior to face to face examination
- No Face to Face FME
- Self-Taken swabs
- Other

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

41. Debrief the process as necessary & feedback any learning for future cases.