



**Updated versions of the following documents are available in January 2021:**

- Recommendations for the collection of forensic specimens from complainants and suspects;
- Recommendations for the collection of forensic specimens from complainants and suspects - the evidence;
- Recommendations for the examination of female suspects;
- SARC Storage of Forensic Samples & the Human Tissue Act: Frequently Asked Questions;
- Step by Step Guidance for Face to Face FMEs of SARC Clients during COVID-19 pandemic.

**Questions to the FSSC**

1. One of the Saint Mary's SARC team saw a woman who thought her drink had been spiked 36 hours earlier. The doctor took blood & urine samples for toxicology but also arranged for her to return in 6 weeks for hair samples.

When I questioned this and relooked at our guidance I think it is a bit confusing. It says if the incident happened more than 3 days ago then do hair sample at 4-6 weeks. But in the Hair section it says that if there is the possibility drugs may have been eliminated from urine (drugs are eliminated at rates varying 12 hours to over three weeks) arrange for hair sample.

So the question my doctor had was what if she was spiked with something that was eliminated after 12 hours?

In an ideal world the clinician would take a blood, urine and hair sample for every case, as drugs have different detection times. The hair sample is useful in cases where the drugs would have been eliminated from the urine and blood samples. A hair sample taken at 36 hours would not be useful for toxicology purposes.

Hair samples can be taken by police or in the case of self-referral the complainant who had self-referred would have to come back to the SARC for the sample.

The Recommendations document January 2021 for the collection of forensic specimens from complainants and suspects have been amended as follows:

*'Drugs are eliminated from the body at varying rates, resulting in detection times in urine from 12 hours to over 3 weeks after use/ingestion (depending on the drug type). Drugs are stored and therefore can be detected in hair for much longer periods of time. Therefore, if the incident occurred up to 6 months prior to the examination and there is a possibility that drugs may have been eliminated from the urine, a sample of hair may be the best possibility for drug detection. It is of note that a cut hair sample is required and that it takes*

*at least a few weeks for hair to emerge above the skin, so a sample of hair should only be collected a minimum of 4-6 weeks after the date of interest. If in doubt consult the laboratory for advice.'*

2. We have recently come across an increasing number of cases of police officers requesting toxicology bloods for victims of serious physical assaults (GBH/ABH). These are voluntary samples but we have also been asked to do them in patients that are currently lacking capacity (in which case we would treat them as unconscious bloods and obtain consent when possible).

We are not sure what is driving this but were wondering what the rationale is for these tests on the victim? Have other areas in the country been doing this for a while?

It is recommended to take both blood and urine samples for testing to see if alcohol and drugs of abuse or prescribed medications are present. The police should take the urine samples as soon as practically possible, in case there is a delay with the clinician taking the blood sample.

The FFLM has guidance documents for this area of practice: [Consent from patients who may have been seriously assaulted](#).

Doctors will be aware that the GMC recently published ['Decision making and consent'](#) (in effect 09 November 2020) and section 87 refers to 'overall benefit' to describe the ethical basis on which decisions are made about treatment and care for adult patients who lack capacity to decide for themselves.



3. Instructions for labelling the blood bottles in the RTA blood kits are incorrect – adding the large named label to the bottle covers the information already written on the bottle.

It was brought to the FSSC's attention that the current instructions in the RTA blood kits were incorrect as they related to an older system for taking blood rather than the new vacutainer system.

It is essential that the time the blood sample is taken is recorded on the vial as sometimes only the time the sample was sealed in the tamper-evident bag is being recorded. The timings are useful when back calculations are required.

The instructions will be updated in the RTA kits.



#### Addition - 26 February 2021

Please note that whilst the road traffic kits have changed in many police forces some are still using the 'older' kits.

The 'older' road traffic kits are still available with the bottle below and the previous instructions should be followed. The long label goes around the bottle so there is consistency when samples are received at the laboratory. The process of having the long barcode on the sample also standardised things with the urine containers which are again different. The time the sample is taken is ALWAYS recorded, this is a requirement in the MGDD/B, and is also written on the outer tamper evident bag the samples are sealed in.

