Forensic Capability Network

SARC Network News

29th May 2025

Issue #15

Your SARC is invited to participate in the SARC Declaration Pilot

The Office of the Forensic Science Regulator (OFSR) is developing further guidance on how SARCs declare compliance or noncompliance to the FSR Code of Practice from 2nd October 2025. You are invited to participate in a pilot to test the SARC declaration criteria, developed by the OFSR Declarations Guidance Working Group, by completing a declaration based on your current SARC compliance to the FSR Code of Practice.

It is important that you have your say on the SARC Declaration criteria before it is published by the OFSR and routinely used for SARC court reports.

SARCs are required, from 2nd October 2025 to declare to the courts their compliance to the FSR Code of Practice for all forensic science activities (FSA) conducted within the SARC.

SARCs that have achieved compliance to the Code including ISO15189 accreditation by 2nd October 2025 will be able to declare 'Yes' to being 'Compliant with the FSR Code' for those FSAs. Any FSAs not within the scope of accreditation cannot be declared as 'compliant'.

SARCs that have not achieved this accreditation for some, or all, of their FSAs will need to declare that they are 'not compliant to the FSR Code' for those activities, from 2nd October 2025. *Table 1: Declaration Criteria Table* has been developed to support FHPs in determining whether there are suitable mitigations in place to address the risk of non compliance.

Once the criteria has been completed in *Table 1: Declaration Criteria Table* the FHP can then complete *Table 2: Reported Declaration Table*, which is the table that will be included in the case work that is presented to the courts.

It is important that the practitioner reporting to the court understands what 'mitigations to the risk of non-compliance' their SARC has in place, hopefully Table 1 will assist with this.

We are asking for 2-3 Forensic Healthcare Practitioners from each SARC to complete *Table 1: Declaration Criteria Table* based on the current status of their SARC, then using the completed *Table 1: Declaration Criteria Table* to complete *Table 2: Reported Declaration Table*.

The deadline for each SARC to return the completed tables, along with any feedback is 30th June.

In addition to updating the FSR-GUI-0001 with SARC specific guidance, the OFSR Declaration Guidance working group plans to publish a Frequently Asked Questions document to support SARCs with this process.

The intention is for *Table 1:Declaration Criteria Table* (shown on page 3) to be used by the FHP to assess the SARCs level of compliance to the FSR Code of Practice.

Step 1 is to familiarise yourself with FSR-GUI-0001, particularly section 6, before completing this table. There is also further guidance available FCN-MGT-GUI-0035 Mitigation Guidance published by the FCN available on the Knowledge Hub.

Step 2 is to delete out the items in the second column of the *Table 1:Declaration Criteria Table* that have not been reported on in the case . As shown on page 4.

The example shown on page 3 and 4 are based on the following scenario:
The SARC has had a UKAS pre assessment, and no initial assessment planned and do not plan to include: *Body Injuries- Photography, Toxicology- Hair, Item Collection- Fibres (inc. Debris) or Hair (Foreign)* within their scope of accreditation. Evidence has been reported on and submitted to court for all the processes listed under the second column 'Scope of non-compliance within the FSA.

Step 3 is to answer 'Yes' or 'No' to the criteria set out for each of the '*Mitigations to the risk associated with non-compliance*' listed. Answering a 'Yes' is based on that criteria being in place and being complaint to the FSR Code.

As shown in the *Completed example of Table 2: Reported Declaration Table* (shown on page 5), any 'No's answered within the criteria will result in an overall 'No' for that '*Mitigations to the risk associated with non-compliance'*.

This declaration is binary- you only need to declare in this table the forensic science activities that you are not compliant to the FSR Code and ISO15189 accreditation.

The *Completed example of Table 2: Reported Declaration Table* shown on page 5 shows an example of the table that would be included in the case work reported to the court.

Table 1: Declaration Criteria Table

			Mitigations to the risk associated with non-compliance				
Forensic Science Activity	**Scope of non-compliance within the FSA**	**Accredited to ISO15189 as per the Code**	**Competence of the practitioners involved in the work tested**	**Method employed validated**	**Method employed documented**	**All equipment/software used has been tested and is fit for purpose**	**The work is undertaken in a suitable environment**
Physical examination of an individual for biological and trace material which may be evidence or give rise to evidence in an alleged offence under investigation: i. 'Recording of information' may include the use of image capture devices (including colposcopes) for specialist image capture/photo-documentation in general and intimate images, and/or the use of body diagrams/maps to record the presence, location and measurements of injuries and marks, or the apparent absence of injuries and marks. ii. Material believed to be biological or non-biological (which includes particulate trace material).	Body Injuries- Documentation, management and interpretation of injuries	Yes/No: Accreditation Status (e.g. UKAS pre assessment arranged for x date)	Trained and deemed competent in the process	N/A	Methods documented and followed	Service Level Agreements procedure in place	Environment conditions defined (e.g. in a procedure) and checked (e.g. through auditing, and ongoing maintenance)
	Body Injuries- Colposcope Images		Training and competency record completed for activity		Document control and review process in place	Equipment quality assurance check/s completed	
	Body Injuries- Photography		Peer review process in place		Audit completed as per audit schedule	Equipment ongoing maintenance completed and planned maintenance schedule in place	
			Observation of live or mock completed				
Recovery of items. This includes obtaining blood and urine samples, and DNA buccal/hair samples and recording findings and information to enable body fluid distribution analysis and/or interpretation.	Non Intimate Swabbing	Yes/No: Accreditation Status (e.g. UKAS pre assessment arranged for x date)	Trained and deemed competent in the process	Underpinning Scientific literature review for established methods (where available)	Methods documented and followed	Consumables demonstrated to be fit for purpose	Cleaning process and products validated and demonstrated to be fit for purpose through verification
	Intimate Swabbing- Internal (inc. Penile) swabs - Oral including mouth rinse - Buccal Swabs - Vaginal Swabs - Anal Swabs		Training and competency record completed for activity	Objective and/or experimental data available to demonstrate the collection processes are fit for purpose in the form of validation/verification.	Document control and review process in place	Information Security procedure in place and audited within the audit schedule	Evidence of ongoing cleaning monitoring in place though environmental monitoring
	Toxicology - Urine - Blood - Hair - Fingernails Clippings		Peer review process in place	Proficiency test or cross organisation peer comparison (Interlab or collaborative learning exercise) completed for this activity		Case management system user acceptance testing completed	Accommodation layout and furnishings suitable for the purpose of minimising cross contamination
	Item Collection- Clothing - Toilet Tissue - Sanitary Wear - Condoms - Fibres (inc. Debris) - Hair (Foreign)		Observation of live or mock completed	End to end risk assessment complete and mitigations in place	Process audited within audit schedule	Service Level Agreements processes in place (including planned maintenance and software updates)	Suitability of environment subject to ongoing review. E.g. audits, Environmental Monitoring data review/ trend analysis. Including but not limited to: needs of the patient, health and safety, access control, DNA contamination
			Registered practitioner			Business continuity plans in place and tested	

Enter additional and/or supporting information related to the mitigations as outlined in section 6 of FSR-GUI-0001.

Completed example of Table 1: Declaration Criteria Table

			Mitigations to the risk associated with non-compliance				
Forensic Science Activity	**Scope of non-compliance within the FSA**	**Accredited to ISO15189 as per the Code**	**Competence of the practitioners involved in the work tested**	**Method employed validated**	**Method employed documented**	**All equipment/software used has been tested and is fit for purpose**	**The work is undertaken in a suitable environment**
Physical examination of an individual for biological and trace material which may be evidence or give rise to evidence in an alleged offence under investigation: i. 'Recording of information' may include the use of image capture devices (including colposcopes) for specialist image capture/photo-documentation in general and intimate images, and/or the use of body diagrams/maps to record the presence, location and measurements of injuries and marks, or the apparent absence of injuries and marks. ii. Material believed to be biological or non-biological (which includes particulate trace material).	Body Injuries- Documentation, management and interpretation of injuries	~~Yes~~ No: UKAS pre assessment held in Jan 2025. Initial assessment date not arranged.	Trained and deemed competent in the process Yes	N/A	Methods documented and followed Yes	Service Level Agreements procedure in place Yes	Environment conditions defined (e.g. in a procedure) and checked (e.g. through auditing, and ongoing maintenance) Yes
	Body Injuries- Colposcope Images		Training and competency record completed for activity Yes		Document control and review process in place Yes	Equipment quality assurance check/s completed Yes	
	~~Body Injuries- Photography~~		Peer review process in place Yes		Audit completed as per audit schedule Yes	Equipment ongoing maintenance completed and planned maintenance schedule in place Yes	
			Observation of live or mock completed Yes				
Recovery of items. This includes obtaining blood and urine samples, and DNA buccal/hair samples and recording findings and information to enable body fluid distribution analysis and/or interpretation.	Non Intimate Swabbing	~~Yes~~ No: UKAS pre assessment held in Jan 2025. Initial assessment date not arranged.	Trained and deemed competent in the process Yes	Underpinning Scientific literature review for established methods (where available) Yes	Methods documented and followed No	Consumables demonstrated to be fit for purpose Yes	Cleaning process and products validated and demonstrated to be fit for purpose through verification No
	Intimate Swabbing- Internal (inc. Penile) swabs - Oral including mouth rinse - Buccal Swabs - Vaginal Swabs - Anal Swabs		Training and competency record completed for activity Yes	Objective and/or experimental data available to demonstrate the collection processes are fit for purpose in the form of validation/verification. Yes	Document control and review process in place Yes	Information Security procedure in place and audited within the audit schedule No	Evidence of ongoing cleaning monitoring in place though environmental monitoring No
	Toxicology - Urine - Blood - ~~Hair~~ - Fingernails Clippings		Peer review process in place Yes	Proficiency test or cross organisation peer comparison (Interlab or collaborative learning exercise) completed for this activity Yes		Case management system user acceptance testing completed No	Accommodation layout and furnishings suitable for the purpose of minimising cross contamination No
	Item Collection- Clothing - Toilet Tissue - Sanitary Wear - Condoms - ~~Fibres (inc. Debris)~~ - ~~Hair (Foreign)~~		Observation of live or mock completed Yes	End to end risk assessment complete and mitigations in place No	Process audited within audit schedule No	Service Level Agreements processes in place (including planned maintenance and software updates) No	Suitability of environment subject to ongoing review. E.g. audits, Environmental Monitoring data review/ trend analysis. Including but not limited to: needs of the patient, health and safety, access control, DNA contamination No
			Registered practitioner Yes			Business continuity plans in place and tested No	
Enter additional and/or supporting information related to the mitigations as outlined in section 6 of FSR-GUI-0001.							

Completed example of Table 2: Reported Declaration Table

			Mitigations to the risk associated with non-compliance				
Forensic Science Activity	**Scope of non-compliance within the FSA**	**Accredited to ISO15189 as per the Code**	**Competence of the practitioners involved in the work tested**	**Method employed validated**	**Method employed documented**	**All equipment/software used has been tested and is fit for purpose**	**The work is undertaken in a suitable environment**
Physical examination of an individual for biological and trace material which may be evidence or give rise to evidence in an alleged offence under investigation: i. 'Recording of information' may include the use of image capture devices (including colposcopes) for specialist image capture/photo-documentation in general and intimate images, and/or the use of body diagrams/maps to record the presence, location and measurements of injuries and marks, or the apparent absence of injuries and marks. ii. Material believed to be biological or non-biological (which includes particulate trace material).	Body Injuries- Documentation, management and interpretation of injuries	No: UKAS pre assessment held in Jan 2025. Initial assessment date not arranged.	Yes	N/A	Yes	Yes	Yes
	Body Injuries- Colposcope Images						
Recovery of items. This includes obtaining blood and urine samples, and DNA buccal/hair samples and recording findings and information to enable body fluid distribution analysis and/or interpretation.	Non Intimate Swabbing	No: UKAS pre assessment held in Jan 2025. Initial assessment date not arranged.	Yes	No	No	No	No
	Intimate Swabbing- Internal (inc. Penile) swabs - Oral including mouth rinse - Buccal Swabs - Vaginal Swabs - Anal Swabs						
	Toxicology - Urine - Blood - Fingernails Clippings						
	Item Collection- Clothing - Toilet Tissue - Sanitary Wear - Condoms						
Enter additional and/or supporting information related to the mitigations as outlined in section 6 of FSR-GUI-0001.							

The FSR Code of Practice version 2 has now been approved by both Houses of Parliament

The OFSR is preparing the version released as draft v2, into the final approved Code v2 for publishing. We understand there will be no changes between those two versions, other than stating its approval and addressing a few typographical issues.
The Code will come into force on the 2nd of October 2025 for most FSAs including SARCs and Geolocation, but 3 FSAs (Incident Scene Examination, Friction Ridge Detail Comparison, and s5a Tox) have a deferred start date for full compliance.
The FSR has written to all SAIs this week informing them of this position and outlining the key regulatory changes.
A detailed Code v1 to Code v2 comparison document has been included in the email with this newsletter.

A comparison has been completed for all areas of the FSA-BIO 100- Forensic Medical Examination of Complainants section 91 of the FSR Code Version 2 against version 1. All changes made have been described below:

Forensic medical examination of complainants						
Section Title	**Sub-Section Title**	**Code V2 Clause No.**	**Code V1 Clause No.**	**Code Version 2 Final Changes**	**Change from V1**	**Comments (Activity/Consideration)**
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Scope	91.1.2	102.2 - 102.2.1	Further detailed guidance is provided in FSR-GUI-0020 -Forensic medical examination of sexual offence complainants [102].	This replaces the section in V1 entitled '102.2 Standards and guidance' which referenced the other guidance documents published by the Regulator, including 'Validation', 'The control and avoidance of contamination in forensic medical examinations', 'DNA contamination detection - the management and use of DNA elimination databases' and 'The assessment, collection and recording of forensic science related evidence in sexual assault examinations'.	Consider reviewing and removing reference to the obsolete guidance publications in relevant procedure(s)/ document(s)
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Technical requirements	91.4.8	102.5.8	The furnishings, equipment, reagents and consumables which are utilised within the facility shall be such that they ~~minimise~~ manage the risk of DNA contamination.	Emphasis on importance of understanding and managing the risk rather than working on minimising	Suggest revisit unit's end to end contamination risk assessment and review if any mitigations implemented when the requirement was to 'minimise' may be able to be managed in a different way.

Forensic medical examination of complainants						
Section Title	**Sub-Section Title**	**Code V2 Clause No.**	**Code V1 Clause No.**	**Code Version 2 Final Changes**	**Change from V1**	**Comments (Activity/Consideration)**
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Technical requirements	91.4.12	102.5.12	The forensic unit shall demonstrate that the cleaning product continues to be effective at removing and denaturing DNA to acceptable levels for example, through environmental monitoring.	Addition of 'for example' as a way to manage demonstrate DNA is at acceptable levels	Minor change More permissive with how the unit can demonstrate effectiveness of cleaning products
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Technical requirements	91.4.13	102.5.13	The forensic unit shall have a policy and procedures for the procurement, receipt and storage of reagents and consumables (including ~~barrier clothing~~ PPE) that are fit for their intended use [13], [14]. These shall also include instructions for use, handling and disposal.	Barrier clothing' substituted with 'PPE'	Definition of PPE in Code appendix includes 'barrier clothing and gloves' as types of PPE. No impact
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Decision to undertake an examination	91.6.4	102.7.4	Where the patient needs to be taken to an emergency department (or undergo an examination in other premises, e.g. residential property) the forensic healthcare practitioner shall either attend and/or provide instructions for the examination to other forensic healthcare providers. Offsite and examinations conducted in custody are excluded from accreditation for FSA BIO-100.	Addition to reiterate that offsite and examinations completed in custody are excluded from Accreditation	Significant impact stated in change within FSA in section D1, 40.3.2

Forensic medical examination of complainants						
Section Title	**Sub-Section Title**	**Code V2 Clause No.**	**Code V1 Clause No.**	**Code Version 2 Final Changes**	**Change from V1**	**Comments (Activity/Consideration)**
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Decision to undertake an examination	91.6.6	102.7.6	The forensic healthcare practitioner attending the forensic medical examination in a Sexual Assault Referral Centre shall not provide any service to custodial facilities, e.g. police stations and detention centres, during that shift. ~~If, in exceptional circumstances (e.g. in very remote locations), it is necessary to use the same forensic healthcare practitioner, the reason and rationale behind the decision and the steps taken to reduce the risk of contamination shall be documented and disclosed in any subsequent report or statement provided for the CJS.~~	Addition of 'in a sexual assault referral centre' to incorporate change of inclusion of examinations outside of SARC where the Code applies. Deletion of any permission to work across custodial and SARC facilities within the same shift Deleted sentence: If, in exceptional circumstances (e.g. in very remote locations), it is necessary to use the same forensic healthcare practitioner, the reason and rationale behind the decision and the steps taken to reduce the risk of contamination shall be documented and disclosed in any subsequent report or statement provided for the CJS.	Review associated procedure(s) and ensure that any permissive language for FHPs seeing cases within a SARC (or other facilities) and cases within custody within the same shift is removed. This may impact on the forensic units resource. Review the current workforce, shift patterns and cover and consider changes required to ensure that there would never be a time that an FHP would be required to attend both services within the same shift without compromising the service to the commissioning body/patient
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Decision to undertake an examination	91.6.8		If an instance arises where the same forensic healthcare practitioner was used, this shall be documented and disclosed in any subsequent report or statement provided for the CJS as a non-compliance with the requirement in this Code.	New clause	Consider reviewing procedure(s) for examination, reporting and associated documents to ensure that this is incorporated and the change is appropriately communicated to the practitioners
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Ensuring the quality of examination procedures	91.11.6	102.12.6	A policy and procedures shall be in place to require a DNA elimination sample from all personnel who work at the facility prior to entering the forensic medical examination areas of the facility to detect inadvertent contamination of samples processed and for the addition of their DNA profile to a DNA elimination database(s) to facilitate automated routine contamination checks. These personnel will include (but are not limited to) forensic healthcare practitioners, crisis workers, consumable store and cleaning staff.	Additions all to give clarity for the purpose. Addition of 'Consumable Store' to ensure that the risk of potential contamination of pre-examination items which include DNA-grade is able to be identified if it happens	Forensic units may wish to review their elimination database policy and procedures to ensure that it includes all personnel who have access to the consumable store.

Forensic medical examination of complainants						
Section Title	**Sub-Section Title**	**Code V2 Clause No.**	**Code V1 Clause No.**	**Code Version 2 Final Changes**	**Change from V1**	**Comments (Activity/Consideration)**
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	N/A	N/A	102.12.9	Clause removed	Signposting to guidance removed Further guidance is provided in DNA contamination detection – The management and use of DNA elimination databases [121] published on the Regulator's website.	Minor impact. With direct signposting no longer included, ensure that the forensic unit has alerts for new FSR guidance documents changes and that any new publications are reviewed, considered for incorporation in any relevant organisation procedure(s) and are managed within the management system.
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Contamination prevention	91.12.1	102.13.1	A policy and procedures shall be in place for dealing with the ~~minimisation~~ management of contamination including cross contamination in the event of multiple patients from the same incident attending the facility at the same time.	Emphasis on managing the risk of contamination	Minor impact
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Contamination prevention	91.12.2	102.13.2	A policy and procedures shall be in place for cleaning rooms, areas and equipment. These shall include: a. training and authorisation of personnel; b. cleaning methods demonstrated to effectively remove/denature DNA; c. frequency of cleaning and deep cleaning; d. decontamination of re-usable equipment (ISO 15189:2022 section 6.4.4 [5]); and e. records of cleaning to include the name of the cleaner, employer (if cleans at multi-sites and custody areas) and when.	Reference to ISO 15189 updated to specify the version that is being referred to. Addition of the requirement to record details of the cleaner employer if they carry out their rile within multiple sites and custody areas	Minor impact Forensic units should review their current policy and procedure(s) for cleaning and ensure that records will reflect traceability of the cleaner employers (if applicable)
Forensic medical examination of sexual offence complainants - assessment, collection and recording of forensic science related evidence	Documentation- recording of notes and reports	91.13.2	102.14.2	The forensic unit shall have a process for the production of statements and reports in a format that complies to the disclosure obligations and the requirements set out in the Criminal Procedure Rules ~~[35]~~ and Criminal Practice Directions [34]. ~~Legal obligations are set out in guidance published by the Regulator [20] and disclosure requirements in the Guidance for Experts on Disclosure, Unused Material and Case Management [31].~~	Removal of signposting to obsolete FSR guidance Deletion of final sentence: Legal obligations are set out in guidance published by the Regulator [20] and disclosure requirements in the Guidance for Experts on Disclosure, Unused Material and Case Management [31].	Minor impact. With direct signposting no longer included, ensure that the forensic unit has alerts for new FSR guidance documents changes and that any new publications are reviewed, considered for incorporation in any relevant organisation procedure(s) and are managed within the management system.

FCN SARC Network – the future with SARC Support

The FCN SARC Network has been operational now for 5 years and the change in compliance to the FSR Code by SARCs across England and Wales is significant. The challenges met and overcome have sculpted the tools and guidance available to all SARCs and police forces on the FCN Knowledge Hub groups, the FCN website and updated in national guidance. This would never have been possible without the experience, skills and expert advice from all of the individuals who have engaged in the network over the years.

As we move into a new financial year, the projects aligned to SARCs are reducing and the resources that were outputs from the Network will remain available. SARC support is transforming into FCN BAU.

With this in mind, there are likely to be fewer regular working groups, and these are likely to be 'as needed or required'. The Quarterly FCN National meeting, attended by OFSR, Quality Managers, Police representatives, SARC Managers, crisis workers and FHPs will remain active. This is a forum for the SARC community to come together to discuss progress of any national SARC projects and discuss national challenges. The date and time for the first one of the financial year 2025/2026 will be confirmed shortly.

If you are not already on the mailing list for this meeting and would like to attend, then please do get in touch to be added: michelle.gaskell@dorset.pnn.police.uk

We continue to encourage all within the SARC service to contact the FCN for advice or support, or if you identify any challenges or areas of high risk to the CJS, forensics or victims.

Forensic Medical Examination Strategy: Collaborative Learning Exercise (CLE)

Huge thank you to all the SARCs that participated in the CLE. We have received 227 strategies from FHPs across 45 SARCs.

The FCN are currently working through this data with the SARC specialist board to determine whether sampling strategies are as expected, in line with FFLM guidance. Each SARC will receive an individual report for their SARC along with a second report providing a summary of the national strategy response to the case scenarios presented in this CLE.

Early Evidence Kit (EEK) - Incorrect use of water ampoule with swabs

Eurofins has alerted us to a few recent instances with EEK 'wet' swabs being received in their casings, but the casings contain water. These have been from different forensic swab kits and received from different forces. It is thought that the operator may have emptied the water ampoule contents into the casing either before swabbing (to moisten the swab) or after swabbing.

This has caused a number of issues:

1. Sample dilution – when testing for semen or saliva, the sample has been significantly diluted.

2. Processing – to try and rectify the pre-analytical issue, more lengthy and non-standard processes have needed to be completed by the FSP.

3. Leaking – in one instance the water from the swab leaked into the TEB during transit to the FSP, leading to sample recovery issues.

This is likely to be a training issue so please ensure that your officers and staff are competent in the techniques needed for utilising early evidence kits (EEK). Please remind all users of EEKs not to decant the water ampoule into the swab casing when retrieving samples using a 'wet' swab.

Working with the FFLM, SPA are in the process of creating a video to demonstrate how to use an EEK and this will appear as a QR code on the kits to assist first responders with training or refresh at point of use.

We will alert SARCs and forces when this video becomes available.