
Interim Guidance – Forensic Medical Examinations for Complainers of Sexual Assault or Rape During the Novel Coronavirus (COVID-19) Pandemic

National Police Care Network
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V1.0

What is this guidance for?

This interim guidance has been produced in order to ensure that robust and reliable healthcare and Forensic Medical Examination (FME) services continue in response to complainers of Rape and Serious Sexual Crime during the COVID-19 pandemic. The National Police Care Network has co-produced this guidance with Police Scotland, Health Protection Scotland, the Scottish Government CMO Taskforce, and other partners to ensure the inclusion of trauma informed principles into the timely delivery of person centred and trauma informed care in a way that reduces the infection transmission risk for both complainers and staff.

This guidance is intended to complement existing Healthcare Improvement Scotland Standards and Quality Indicators for Healthcare and Forensic Medical Examination Services¹

This document incorporates elements of the COVID-19 FME guidance created by the Faculty of Forensic and Legal Medicine (FFLM)². Whilst the FFLM guidance is not entirely transferable in Scotland, the relevant parts have been incorporated where necessary and appropriate.

Who is this guidance for?

This guidance applies to all police and healthcare staff involved in the FME process during the COVID-19 pandemic, and is consistent with guidance from the Chief Medical Officer (CMO) on treating patients with COVID-19³.

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http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_indicators.aspx

² <https://fflm.ac.uk/resources/covid-19/>

³ <https://www.gov.scot/publications/coronavirus-covid-19-clinical-advice/>

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VERSION	DATE	CHANGES MADE	AUTORISATION
0.1	31.03.20	Creation of first version by National Police Care Network (NPCN)	PSoS COPFS NHS Service Leads NPCN ScotGov CMO Taskforce
0.2	02.04.20	PPE requirements updated Early Evidence Kit samples updated Decontamination Guidelines in Appendix A References to Police Custody amended Clarity over process for seriously unwell and symptomatic complainer	PSoS Archway NHS Tayside
0.3	03.04.20	Triage and Police Expectations text amended PPE requirements in Appendix A amended Suggestion of PSoS staff taking evidence for oral penetration only deleted	Public Protection Policy & Support team - PSoS
0.4	04.04.20	PPE revisions as per HPS guidelines Changes to pathway (Appendix A) Standard of Care 3 – photographs text deleted Appropriate labeling of samples added	NHS Tayside CMO Taskforce Archway
0.5	06.04.20	Decontamination of tamper evident bags confirmed as Virkon 1% solution Triage definitions amended for clarity	PSoS Directorate for Community Health and Social Care
0.6	07.04.20	Recording of triage information confirmed OSU PPE confirmed Wet/saturated evidence advice added	NHS GGC PSoS CMO Taskforce
0.7	08.04.20	Appendix B amended Appendix A, part 1 amended	CMO Taskforce Archway
0.8	10.04.20	Amalgamation of Standards of Care for flow	CMO Taskforce
0.9	14.04.20	Patient referral process clarified for Police Officers	CMO Taskforce Dr David Carson
0.10	19.04.20	Referral to HPS guidance amended to both Primary and Secondary Care	HPS

		Clarity on mask provision to complainers when PSoS attending Confirmation of acceptable early evidence kit gathering	
1.0	20.04.20	Guidance finalised	NPCN

Triage Assessment of Calls requesting Sexual Offences Examination

All sexual offence cases that require forensic medical advice will be dealt with via telephone triage, by phoning the NHS Police Scotland healthcare hub in your area. It is imperative that as much information is shared as possible in order for the correct advice to be given.

Screening for COVID-19 risk assessment - expectations of Police Scotland

Police Scotland (either the Sexual Offence Liaison Officer (SOLO) or First Responder) must ask the complainer the below list of screening questions prior to contact with the FME service:

1. Does the complainer have a new, continuous cough OR a high temperature (37.8 degrees centigrade or higher)?
2. Have they had contact with a known or suspected COVID-19 positive person in the last 14 days?
3. Do they feel unwell. If so, how?
4. When did they first have symptoms?

Once the need for immediate COVID-19 assessment has been eliminated or managed by calling 111 on behalf of the complainer, Police Scotland Officers should contact their Sexual Assault Response Coordination (SARC) single point of contact service to discuss the case or the relevant Out of Hours (OOH) number.

If neither of these services are available, the Service Manager or designated deputy should be contacted.

- **A flow chart to assist officers with the process can be found at Appendix A.**
- **An algorithm chart has been provided at Appendix B.**

Recording of Information

Processes around information recording in respect of the complainer will differ from Health Board to Health Board. Therefore, Police Scotland and NHS staff (Forensic Physicians, Sexual Offence Examiners or Forensic Nurses) must ensure that appropriate documentation and information sharing should be maintained, including the rationale for any deviations from usual practice.

When risk assessments are completed, these should be collated and recorded as and where appropriate by NHS staff.

Interim Standards of Care

The following standards of care have been agreed with Police Scotland, NHS Forensic Service Leads, the Crown Office and Procurator Fiscal Service, Health Protection Scotland and the Scottish Government CMO Taskforce.

If not listed here, then reference to the following current public health guidelines should be applied:

GP/SARC Setting – Primary Care⁴

Hospital Setting – Secondary Care⁵

If COVID-19 symptoms are suspected or present following the COVID-19 assessment process, then attending officers should wear the full PPE as issued via the Operation Talla team and directed by a Senior Investigating Officer (SIO) or SOLO when attending to the complainer. For Police Scotland Officers, this includes:

- boot covers
- white suit
- double gloves (long cuffed)
- hair net
- goggles, and
- FFP3 face mask.
- **For the complainer:** A surgical mask

Please note that throughout the FME process, immediate health care needs must take precedence over forensic capture.

Standard of Care 1: Complainers of rape and sexual assault have the right to access a full and comprehensive healthcare and justice process.

In order to maintain this standard, Police Scotland and NHS staff should take note of the following:

Covid Screening Questions

- Ask the screening questions above in order to inform NHS on contact with Forensic Services
- Ascertain from the complainer (see page 3) if COVID-19 symptoms are suspected or present
- Refer to clinical pathway (see Appendix B) algorithm to define risk categories - asymptomatic, self-isolating (asymptomatic but recent (within seven days) contact with a symptomatic person or minimal symptoms), shielding or likely or confirmed COVID-19).
- **Do not ask the complainer to self-gather any evidence.**

⁴ <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

⁵ <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-secondary-care/>

Personal Protective Equipment (PPE)

- Complainers who are self-isolating, displaying symptoms or positive should still be offered an FME, with appropriate PPE worn by all present. The complainer should be given a surgical mask. The SARC service will ensure that meeting the health care needs of the complainer are paramount, keeping in line with NHS Health Protection Scotland policy.
- Inform complainers that they may encounter healthcare staff and Police Officers wearing PPE, and provide reasoning for this.
- To obtain early evidence, Police Scotland Operational Support Unit (OSU) Officers to use full PPE equipment as issued via Op. Talla and directed by an SIO/SOLO, as highlighted above.
- All other members of staff who have direct contact with a complainer who is suspected or confirmed as being positive for COVID-19 should wear an FRSM, disposable gloves a disposable apron and eye/face protection, as per HPS guidance⁶
- A forensic medical examination does not constitute an aerosol generating procedure.
- If at any point a complainer requires cardiopulmonary resuscitation (CPR), compression-only CPR should be performed by placing protected hands together in the middle of the chest and push hard and fast and/or early defibrillation until medical assistance arrives. PPE must be worn as per Health Protection Scotland guidance, prior to commencing CPR.

FME Protocols

- Wipe plastic Tamper Evident Bags (TEBs) using Virkon 1% solution, and use disposable pens when marking. Virkon is effective against COVID-19.
- Ensure that the medical facility (pre and post examination) is thoroughly cleaned⁷ and decontaminated by NHS staff in accordance with the national decontamination protocol⁸. Police Officers should not be left to decontaminate suites. See Appendix A for further information.
- Ensure all samples taken from a patient are double-bagged, with the outermost bag labelled as 'COVID-19 RISK' during this pandemic. The outermost bag must bear the production label details so the production can be logged onto SPA Forensic Services systems, on submission to the lab. Please clarify if a non-isolating lower risk or an isolating higher suspected risk to allow a difference in handling when removing from freezers at a future date.
- If a complainer is so ill that they are at risk of collapse, call for an emergency ambulance.
- If a complainer is very unwell or too ill to travel, then Police Officers should enquire whether the complainer has contacted 111 or their GP before, when this took place, and what advice was given to them. This will help determine whether transport to an NHS COVID-19 Assessment Centre or referral to hospital is required. A delayed examination or an abbreviated examination should also be considered.
- Police Officers are encouraged to seek further medical advice from the on-call Forensic Physician, if necessary.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf

⁷ https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2930/documents/1_covid-19-guidance-for-primary-care.pdf

⁸ <https://www.gov.scot/publications/forensic-medical-examinations-dna-decontamination-guidelines/>

Standard of Care 2: The collection of evidence to support the justice process should remain person centred and incorporate the principles of trauma informed care.

In order to maintain this standard, Police Scotland and NHS staff should take note of the following:

- The appropriate PPE must always be worn to collect any early evidence (see p5), with the complainer being advised before and throughout as to why this approach is being taken.
- This may seem daunting to complainers and create anxiety regarding disclosure and participation in the process. With the patient's understanding and consent beforehand, and their continued input throughout, the pathway should be adhered to as closely as possible
- Early evidence is restricted at this time to urine sample, sanitary wear, underwear, clothing and, where appropriate, fingernail swabs and tissue wipe used after urination.
- Collection of any samples that may induce coughing (e.g. throat swabs being obtained should a complainer present with a disclosure of oral rape) should be done with consideration of minimising transmission. This should only take place during the FME.
- Any wet (saturated) item should be double bagged in brown paper bags, then placed into a plastic bag. The plastic bag should be sealed and wiped down with Virkon before being transferred to a Police Scotland facility. Wet items will be dried in adherence to Police Scotland local guidance regarding the drying of contaminated items.
- If samples are taken from a complainer who is confirmed or suspected to have COVID-19, it is important that these samples are double bagged and clearly marked highlighting this.
- As far as possible, the requirements set out in the Healthcare Improvement Scotland Standards should be met⁹. This is important to help maintain the confidence of complainers throughout the process.
- Complainers have the right to withdraw at any time, should they no longer wish to continue with the examination. Police Officers should adhere to the algorithm and advice of the healthcare professional, and should regularly reassure the complainer that healthcare support is available to them.

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http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_indicators.aspx

Standard of Care 3: Follow up healthcare and support should be offered, respecting complainers' wishes as much as possible, whilst aiming to minimise potential risk to staff.

In order to maintain this standard, NHS staff should take note of the following:

- All necessary clinical aftercare should be in place for the complainer post-examination as per the HIS Standards and Quality Indicators.
- During the COVID-19 pandemic, telephone or NHS Near Me video should be used where appropriate to minimise non-essential face to face contact.
- As the availability of some services may be reduced due to the ongoing pandemic, good dialogue with the complainer will be necessary to assess their immediate needs and how this can be met safely.
- Deferral of non-clinical after care should be minimised but where this is absolutely necessary, the reasons for this should be clearly communicated to and understood by the complainer in line with the principles of trauma informed care.
- Police officers (SOLOs) will ensure relevant criminal justice support services and safety planning is in place.

Points to remember

- It is imperative that processes around information recording in respect of the complainer are used, so that information is tracked and recorded appropriately. Where no remote access is available, the healthcare professional should document details for retrospective entry.
- Police Officers should not take medical readings of a complainer, such as temperature or blood pressure. NHS staff will undertake this should the complainer become unwell during the FME.
- **Any medical advice provided is not final.** Police Officers must telephone the healthcare professional for further advice if symptoms worsen or new symptoms develop.
- If a complainer is very unwell or too ill to travel, then Police Officers should enquire whether the complainer has contacted 111 or their GP before, when this took place, and what advice was given to them. This will help determine whether transport to an NHS COVID-19 Assessment Centre or referral to hospital is required.
- If a complainer is so unwell they are at risk of collapse, call for an emergency ambulance.
- In these instances, please refer to the [Health Protection Scotland Primary Care Guidance, Section 4.](#)
- Consideration of if, when and where a FME should be undertaken can be decided with the local SARC team thereafter. The complainer's safety must remain paramount.
- Police Scotland staff are reminded that when a person requires referral to hospital, they must call ahead to the appropriate point of contact for their area, to ensure all complainers are expected and can be directed to the most appropriate and safest location of care.
- If Police Scotland staff are experiencing any problems during discussions with hospital staff, the local SARC team should speak to the hospital in order to provide clinician to clinician assurance and explain why attendance is necessary for the complainer.

Appendix A

INTERIM PATHWAY FOR FME IN RESPONSE TO THE COVID-19 PANDEMIC

1. Report received by Police Scotland, who will then speak to the complainer and ascertain if a Forensic Medical Examination (FME) is required.
2. Officers ascertain if any COVID-19 symptoms are present via agreed screening questions that Police Scotland staff ask (see page 4).
3. Officers contact their local Sexual Assault Response Coordination (SARC) to discuss the case (via in hours or OOH number).
4. Police wearing full PPE obtain early evidence prior to attending SARC for an FME.
 - a. Early evidence that should be collected by Police Scotland Officers includes, at this time, urine sample, sanitary wear, underwear, clothing and, where appropriate, fingernail swabs, mouth swabs and tissue wipe used after urination. Evidence bags should be wiped with 1% Virkon solution. The bag should be fully sealed prior to wiping down. When risk of contamination is no longer present, PPE can be reduced. **For wet items, refer to Standard of Care 2.**
5. If symptomatic of COVID-19, Operational Support Unit to provide complainer with a surgical mask. The Senior Investigating Officer (SIO) should decide, in consultation with the Forensic Physician or Sexual Offence Examiner, the most appropriate way for the victim to be transported to SARC for examination.
6. If complainer is identified as not requiring to self-isolate and is not symptomatic, transfer in normal way.
7. Upon arrival at facility, observe hand sanitisation protocol on entry into a building
8. All SARC staff in the examination room should wear the Health Protection Scotland (HPS) approved PPE (disposable gloves, disposable plastic apron, FRSM, and single or reusable face/eye protection). The patient should wear an FRSM. Police Officers to wear Force-approved PPE.
9. Important that shower facilities should be available for staff between each case.
10. Prior to examination, a chlorine based disinfectant (e.g. Actichlor) should be used to clean the medical room. In addition, pre and post examination, the room should be decontaminated as per DNA Decontamination Guidelines for Forensic Medical Examinations¹⁰.
11. Arrangements for ongoing support and ongoing clinical care confirmed.
12. Complainer returns home, transferred back to home or to a safe location as per usual protocols. If a Police Scotland vehicle has been used for this process, please ensure that the vehicle is appropriately cleaned and decontaminated following the transfer.

¹⁰ <https://www.gov.scot/publications/forensic-medical-examinations-dna-decontamination-guidelines/>

Appendix B

