

GUIDANCE

Forensic Medical Examination: Assessment, Collection and Recording of Forensic Evidence

FSR-G-212 CONSULTATION

This is a consultation issued to allow comments from interested parties; all comments will be given consideration when finalising the final document prior to publication. Comments should be sent to FSRConsultation3@homeoffice.gov.uk and should be submitted by **31 January 2019**. This mailbox is not for general correspondence and is not routinely monitored.

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1. INTRODUCTION

- 1.1.1 Sexual offences are devastating crimes; the impact of sexual violence is now well evidenced and can include significant consequences to the long-term health and well-being of [complainants](#). In the aftermath of an assault, all complainants, regardless of age or gender shall have access to a timely, high-quality [forensic medical examination](#):
- a. to address their concerns;
 - b. minimise trauma; and
 - c. aid and support their recovery.
- 1.1.2 At the same time the collection of [evidence](#) can provide the complainants with the option to assist in any criminal investigation. The evidence collected in the form of information and [items](#) will aid a criminal prosecution, so that the perpetrator can be caught and brought to justice, and prevent further sexual violence.
- 1.1.3 The provision of dedicated services for the health and well-being of complainants and delivery of justice has considerable benefits. Such services provide complainants with the opportunity for high-quality care alongside forensic medical examination,¹ as well as the collection of evidence. This provides both the police and the complainant with the best possible opportunity to recover evidence for use within an investigation, if the complainant so chooses, and minimises the risk of a miscarriage of justice. This includes the risk of wrongful conviction(s) or wrongful acquittal(s), obstructing or delaying investigation(s). It should be noted, however, that medical and therapeutic needs may override the requirement to collect forensic evidence.
- 1.1.4 Whilst the need to provide high-quality medical care is of primary importance, it is crucial that due consideration is given to the demands of the forensic context to achieve high-quality forensic sampling. Defined [standards](#) are necessary for all stages of the complainant's 'journey' immediately before and during the forensic medical examination so that there is confidence in the relevance of any medical [findings](#) documented during the examination, and in any subsequent

¹ The medical and therapeutic needs may override the requirement to collect forensic evidence.

scientific results from the samples taken during the examination. The complainant's care pathway varies, based on the individual case and local variation of service delivery. However, this should not detract from achieving the best health and justice outcomes for the complainant.

1.1.5 In order to achieve high-quality and consistent healthcare and forensic evidence provision delivery, defined standards are necessary for all stages of the complainant's 'journey' immediately before and during the forensic medical examination so that consistent, high-quality work is delivered by all participants. The implementation of standards and guidance as part of an 'accredited process' assessed by a third party, such as the United Kingdom Accreditation Service (UKAS) provides external scrutiny and assurance that the appropriate standard is being met.

1.1.6 Safeguarding issues, safety plans specifically relating to [children](#), and social issues are very important, and reference is made to the medical and therapeutic needs of the individual. However, these fall outside the scope of the Forensic Science Regulator's remit and are therefore not part of this guidance, this guidance covers the following areas:

- a. training and ongoing competence of personnel;
- b. accommodation and environmental conditions;
- c. equipment used for the examination;
- d. examination process and methods;
- e. handling, storage and transport of forensic samples;
- f. notes, [reports](#) and [statements](#) generated;
- g. quality management; and
- h. continuous improvement, review and audit.

1.1.7 This document provides good practice for the forensic medical examination of male and female complainants of sexual assault, both adults and children. These encompass:

- a. the gathering of information;
- b. retrieval of personal samples and other trace evidence from an individual for forensic purposes;
- c. the collection of clothing from the individual; and

- d. recording the presence or absence of injuries.

2. SCOPE

- 2.1.1 The purpose of this guidance is to support meeting the standards and requirements set out by the Forensic Science Regulator in the Codes² and FSR-C-116 the Forensic Medical Examination Standard: *Adult and Child Sexual Assault Complainants*³.
- 2.1.2 This guidance covers the processes within a [facility](#) where a medical examination and the collection of evidence from a complainant takes place. The most frequently used facility in England and Wales is known as a sexual assault referral centre (SARC). Other facilities also exist within police premises, such as complainant examination suites or sympathy suites, and within NHS premises, such as acute hospital settings, for example, emergency departments (EDs) and paediatric units. For the purpose of the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard and this guidance, these facilities are referred to collectively as a 'medical examination and sample collection facility' (the facility) and is recognised in part as a [forensic unit](#) for the purposes of relevant forensic science standards and guidance.
- 2.1.3 This guidance encompasses complainant care from the first disclosure or first suspicion, to the completion of the forensic medical examination and directly related activities within the facility. Other services provided to the complainant such as counselling, practical and emotional support are outside the scope of this guidance. Standards and guidance for the use of early evidence kits (EEKs) are included as these may be used at the facility, if not prior to the complainant's arrival at the facility.
- 2.1.4 Figure 1 (for adults) and Figure 2 (for children) set out in the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard outline where the facility practices and procedures occur within the 'complainant journey' from

² Forensic Science Regulator, *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System*.

³ Forensic Science Regulator, FSR-C-116 *Forensic Medical Examination Standard: Adult and Child Sexual Assault Complainants*.

the offence to court.⁴ These identify where the various standards and guidance apply.

- 2.1.5 It is important to note that the facility may require the input of multiple service providers working together to deliver the service for the complainant. For example, due to the historical commissioning and funding arrangements that have evolved in England and Wales, a range of service providers come together to deliver different elements of the service provision. The forensic medical provider will, in many services, be different to the provider of [crisis workers](#), counsellors and core administrative staff.
- 2.1.6 This guidance applies to all personnel involved in performing and supporting the medical examination and managing the facility, including services provided by different or multiple providers regardless of the commissioning arrangements or funding structure.
- 2.1.7 Areas such as medical evaluation and treatment, suicide risk and mental health assessments, case reviews and post-forensic examination treatment/follow-up are outside the scope of this guidance. These come under the responsibility of clinical governance.
- 2.1.8 For the purposes of this guidance it is assumed that all relevant training, processes and reporting to meet the requisite legal, medical and safeguarding requirements are implicit.

3. IMPLEMENTATION

- 3.1.1 The requirements set out in this guidance and the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard shall be incorporated into the policies, processes and procedures within the facility.
- 3.1.2 This document is available for incorporation into an organisation's standard operating procedures and [quality management system](#) (QMS) from the date of publication and comes into effect from October 2021.

⁴ These diagrams are not care pathways nor are they intended to be used as referral routes.

4. MODIFICATION

4.1.1 This is the consultation version of this document.

5. TERMS AND DEFINITIONS

5.1.1 The terms and definitions set out in the Forensic Science Regulator's *Codes of Practice and Conduct* (the Codes), FSR-G-207, FSR-G-212 and the [Glossary](#) section apply to this document. Definitions in BS EN ISO 21043-1:2018⁵ *Forensic Sciences Part 1: Terms and definitions* or ILAC G19:08/2014⁶ apply where there is no corresponding definition set out in the Forensic Science Regulator's guidance and the Codes.

5.1.2 The word 'shall' has been used in this document where there is a corresponding requirement in ISO 15189:2012, the Codes and FSR-C-116 Forensic Medical Examination Standard; the word 'should'⁷ has been used to indicate generally accepted practice where the reason for not complying or any deviation shall be recorded. The word 'may' has been used for recommendations. Recommendations have been used to indicate what ideal practice is when it is practicable.

6. MANAGEMENT REQUIREMENTS

6.1 General (ISO 15189 4.1)

6.1.1 A nominated senior responsible person shall be identified, in terms of top management, to support the delivery of good practice and the quality standards stated.

6.1.2 This guidance defines requirements for quality and competence that fall into two main categories:

⁵ ISO maintains a terminological database for use in standardization through their ISO online browsing platform: Available at <https://www.iso.org/obp>.

⁶ ILAC G19:08/2014 *Modules in a Forensic Science Process*.

⁷ In good medical practice 'should' is used when providing an explanation of how to meet the overriding duty and where the duty or principle will not apply in all situations or circumstances, or where there are factors outside the practitioner's control that affect whether or how guidance can be followed (General Medical Council *Good Medical Practice* guide).

- a. technical requirements, which are covered in section 7 of this document; and
- b. management requirements, which are covered in this section.

6.2 Organisation and management responsibility (ISO 15189 4.1)

- 6.2.1 The organisation and management responsibility of the facility shall be defined and documented.
- 6.2.2 The facility shall produce an organogram that makes clear the lines of responsibility, clinical governance structures and legal responsibilities that cover all aspects of the facility, including the staff working therein.
- 6.2.3 The facility shall be managed by a person or persons with the competence and delegated responsibility for all aspects of the services provided.

6.3 Quality management system (ISO 15189 4.2)

- 6.3.1 A quality management system (QMS) shall be established and maintained that directs and controls all providers of services at the facility with regard to quality.
- 6.3.2 A quality manager shall be appointed to ensure that the QMS functions correctly. The QMS shall include the elements outlined in 6.4 to 6.6.

6.4 Quality manual (ISO 15189 4.2.2.2, 4.1.2.3)

- 6.4.1 This shall include the following elements.
 - a. A quality policy signed by the top management of the legal entity for the facility. This shall include:
 - i. a commitment to good professional practice;
 - ii. the provision of quality examination and patient care; and
 - iii. compliance by all staff with the standards and good practice to which the facility operates.
 - b. A statement of the facility's service standards and a description of the objectives of the quality system.
 - c. Quality objectives and plans.
 - d. A description of the organisation, structure, responsibilities and authorities.

- e. A description of the elements of the quality system and any references to documented quality system procedures including:
 - i. control of documents;
 - ii. control of records; and
 - iii. control of collected evidential material.

6.5 Procedures, instructions and forms (ISO 15189 4.2, 5.5.3)

6.5.1 These sit below the quality manual in the hierarchy of required documentation and shall include the following.

- a. Policies that document the intentions and direction of the facility, as formally expressed by its top management.
- b. Procedures (often called standard operating procedures or SOPs) that outline the practical way to translate the policies into action.
- c. Day-to-day work instructions that are needed in the work area for easy reference, for example, giving step-by-step guidance on how to use a particular instrument, or decontaminate a work surface.
- d. Forms that are documents on which records are made that provide evidence that a procedure and/or related instructions have been carried out.

A document control system (ISO 15189 4.3)

6.5.2 This may be an electronic or paper-based system and requires that :

- a. documents are authorised for adequacy prior to issue;
- b. documents are reviewed and updated as required, and re-authorised with the changes highlighted;
- c. relevant versions of documents are available at the point of use; and
- d. unintended use of obsolete documents is prevented.

Continual improvement process (ISO 15189 4.12)

6.5.3 Opportunities to improve the effectiveness of the management of quality in the facility arise in a number of ways. They fall into three major categories of documented procedures that identify the sources for corrective, preventative and improvement actions.

- a. These may include evaluation and audits, trials and customer feedback, [peer review](#) and checking of outputs, self-assessment and suggestions from staff.
- b. Regardless of source, all shall be logged into an improvement, corrective preventative process for subsequent assessment and action. All actions are classified and prioritised on the basis of a risk assessment.
- c. Those taken forward are allocated to an appropriate owner to be resolved by an agreed target date.
- d. These are included as part of the management review.

Evaluation and audits (ISO 15189 4.14)

6.5.4 The facility shall have an ongoing rolling audit programme for the coming year and beyond. This shall include across the programme cycle:

- a. each area of work;
- b. all stages of the examination; and
- c. an assessment of staff [competency](#) in both practical work and in report writing.

6.5.5 Audits typically fall into two categories: internal (or in-house) and external.

- a. Internal audits carried out by the facility itself, focusing on some aspect of activity, for example, that staff are up to date with their training and competency records.
- b. External independent assessment by other facility auditors or by the United Kingdom Accreditation Service (UKAS) if the facility is [accredited](#) to ISO 15189:2012.⁸
- c. Audits provide an important mechanism for detecting and investigating quality issues or 'non-conformities' and provide a major input into the management review.

6.6 Management review (ISO 15189 4.15)

6.6.1 Regular management reviews shall be conducted by the facility management team to ensure that performance of the unit and the procedures followed are,

⁸ ISO 15189:2012 *Medical laboratories – Requirements for quality and competence*.

and continue to be, effective from a quality perspective. This should be discussed and highlighted as part of the induction of any new staff members.

6.6.2 As a minimum the management review shall be conducted annually. However, initially these shall be undertaken more frequently as the review process beds in and the frequency becomes appropriate to the maturity of the quality management system. Inputs to the review shall include the following.

- a. Significant changes in organisation and management, staff (including the induction of new staff members) and other resources or process.
- b. Any changes to safeguarding and safety plans, specifically with regard to children.
- c. Assessments and audits of quality. These may include reports of assessments of outside bodies, internal audits of the quality management system and of the examination procedures.
- d. New quality incidents (i.e. occasions where a mistake has occurred, or quality procedures have not been adhered to).
- e. A review of the status of preventative, corrective and improvement actions.
- f. Complainant survey, complaints or feedback.

6.6.3 A report of the management review shall be generated that includes the following.

- a. A summary of the successes and failures since the last review.
- b. Decisions made and actions taken with regard to:
 - i. the needs of users;
 - ii. resource management (personnel, accommodation, equipment, [consumables](#));
 - iii. quality management including audits and assessments;
 - iv. health and safety;
 - v. education and training; and
 - vi. financial requirements.
- c. Future quality objectives and priorities.

6.6.4 This report shall be shared with staff, ideally in an open presentation by management in which staff can comment and ask questions. The report shall also be readily available (in electronic or paper form) to staff within the facility.

7. TECHNICAL REQUIREMENTS

7.1 Personnel: training and competence (ISO 15189 4.4, 5.1; ILAC G19 3.3 and FSR-G-212)

7.1.1 All professionals and personnel working within the facility, including any non-facility staff deemed appropriate, shall have undergone:

- a. training and assessment of competency; and
- b. ongoing competency in the theoretical and practical aspects of forensic science according to the role(s) within which they are working.

7.1.2 The [forensic practitioner](#) and their organisation shall ensure that the individual has access to continuing professional development to maintain ongoing competency⁹ and that records are kept to evidence this.

7.1.3 The guidance and requirements refer to all personnel working and/or providing services (ISO 15189 4.4) within the facility. Information and guidance for other practitioner-related roles is provided in STATEMENT: A statement is one form of a report. It is formatted to comply with the provisions of s9 Criminal Justice Act 1967.

8. ANNEX A: GUIDANCE ON THE ROLES OF OTHER PROFESSIONALS ASSOCIATED WITH THE FACILITY

8.1.1 of this guidance.

Crisis worker (however named)

8.1.2 The role of the crisis worker (CW) is to provide immediate support to the complainant and significant others where relevant (for example, family members where the complainant is a child), prior to and throughout the examination process.

⁹ Faculty of Forensic and Legal Medicine (2017a) *Child Sexual Abuse Forensic Medical Examinations: Interim Guidance regarding number of examinations and maintenance of competence.*

- 8.1.3 The CW acts as an advocate for the complainant, providing information to the complainant to enable them to make informed choices about what will happen to them at the facility.
- 8.1.4 The CW may be required to assist in the recovery of forensic evidence by:
- a. advising and administering the [early evidence kit](#) (EEK) where appropriate;
 - b. recovering clothing from complainants; and
 - c. assisting with the packaging and labelling of forensic samples collected.
- 8.1.5 The CW may be involved in the cleaning of those areas of the facility where the collection of forensic samples is undertaken.
- 8.1.6 The CW shall be competent to:
- a. provide information and initial crisis support to the complainant (and/or their significant others);
 - b. communicate and engage with the complainant (and/or their significant others);
 - c. advocate on behalf of the complainant (and/or their significant others);
 - d. carry out an initial assessment to identify the needs of and risks to the complainant of sexual violence;
 - e. administer the EEK;
 - f. assist in the collection and labelling of forensic samples;
 - g. clean the forensic areas of the facility to the accepted standard.
- 8.1.7 Organisations employing CWs shall ensure that the CW is trained to an appropriate standard that is maintained in order to meet the competencies to undertake the role. Such training shall include the following role and responsibilities (to include boundaries and safe practice):
- a. communicating and working effectively with the complainant and third parties;
 - b. assessment of need, risk and safety;
 - c. advocacy on behalf of the complainant;
 - d. general forensic awareness including an overview of the forensic medical examination;

- e. use of the EEK;
- f. assisting with the collection of forensic samples, packaging and storage;

8.1.8 cleaning of the forensic areas of the facility.

8.1.9 Competency assessment shall take place after training and ongoing assessment through regular clinical and management supervision. The organisation shall ensure that the CW has access to continuous professional development.

Forensic nurses and paramedics

8.1.10 The Nursing and Midwifery Council (NMC) sets the general professional standards for nurses working in the UK. For the individual nurse providing care, the NMC is clear that the nurse shall recognise and work within their competence.¹⁰

8.1.11 Nurses who work in a forensic setting undertake various roles, therefore competencies will vary dependent on the role undertaken. For example, some nurses will be purely supportive, others will be performing forensic examinations independently, thereby working at an advanced level as defined by the Department of Health,¹¹ NMC¹² and Royal College of Nursing¹³.

8.1.12 Nurses and/or paramedics who undertake forensic examinations independently shall hold recognised qualifications and competence that meets the requisite standards for forensic practice.¹⁴ This includes the expectations of what the forensic nurses shall achieve in relation to training, mentoring and supervision, and access to continuous professional development.

8.1.13 Where the complainant is a child aged under 16, the lead clinician shall always be a doctor. However, the forensic nurse may assist in the examination in accordance with the Faculty of Forensic and Legal Medicine (FFLM) and the

¹⁰ Nursing and Midwifery Council (2015) *The Code for Nursing and Midwives*.

¹¹ Department of Health (2010) *Advanced Level Nursing: A position statement*.

¹² Nursing and Midwifery Council (2005) *Nursing and Midwifery Council Definition of Advanced Nurse Practitioners*.

¹³ Royal College of Nursing (2012) *Advanced Nurse Practitioners: An RCN Guide to advanced nursing practice, advanced nurse practitioners and programme accreditation*.

¹⁴ Faculty of Forensic and Legal Medicine (2016a) *Quality Standards for Nurses and Paramedics*.

Royal College of Paediatrics and Child Health (RCPCH) Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse.¹⁵

- 8.1.14 The FFLM quality standards for nurses of complainants of sexual offences¹⁶ and the UK Association of Forensic Nurses (UKAFN)¹⁷ provide guidance for nurses working in the sexual assault setting in relation to:
- a. recruitment;
 - b. initial training and induction support;
 - c. ongoing mentoring and supervision; and
 - d. continuing professional development.

Forensic physician

- 8.1.15 The General Medical Council (GMC) sets the competencies for doctors working in the UK. For the individual doctor providing care, the GMC is clear that the doctor shall recognise and work within the limits of their competence.¹⁸
- 8.1.16 The forensic physician provides the medical and forensic examination for the complainant. If the complainant is a child the FFLM and RCPCH *Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse*¹⁹ recommend that a joint examination is conducted by a suitably qualified forensic physician and a paediatrician with complementary skills or a single doctor examination if one or the other is in possession of all the necessary knowledge, skills and experience for that particular case.
- 8.1.17 The forensic physician shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role to conduct a medical and forensic examination. Forensic physicians shall meet the quality

¹⁵ Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

¹⁶ Faculty of Forensic and Legal Medicine (2016a) *Quality Standards for Nurses and Paramedics*.

¹⁷ UK Association of Forensic Nurses, *Advanced Standards in Education and Training in Forensic Practice*. Course details available at: <http://ukafn.org/aset/>

¹⁸ General Medical Council (2013) *Good Medical Practice: Guidance for Doctors*.

¹⁹ Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

standards in forensic medicine²⁰ set out by the FFLM in relation to training, mentoring and supervision and access to continuous professional development.

Paediatrician

8.1.18 The role of the paediatrician is to provide for a child complainant either:

- a. the medical element of a forensic medical examination, which will include a comprehensive assessment of the physical and emotional development of the child or young person; or
- b. both the medical and forensic elements of the forensic medical examination, which will include a comprehensive assessment of the physical and emotional development of the child or young person.

8.1.19 The role of the paediatrician in the forensic examination of a child complainant will depend upon the competency of the paediatrician. The FFLM and RCPCH *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*²¹ state: “A single doctor examination may take place provided the doctor concerned has the necessary knowledge, skills and experience for the particular case. When a single doctor does not have all the necessary knowledge, skills and experience for a particular paediatric forensic examination two doctors with complementary skills should conduct a joint examination. Usually such examinations involve a paediatrician and a forensic medical practitioner. However, it may be necessary to involve another medical professional such as a genitourinary physician or family planning doctor, if the case demands it.”

8.1.20 Paediatricians shall meet the quality standards in forensic medicine²² set out by the FFLM in relation to training, mentoring and supervision, and access to continuous professional development. The RCPCH has guidance regarding numbers of examinations and maintenance of competence.²³

²⁰ Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*.

²¹ Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

²² Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*.

²³ Royal College of Paediatrics and Child Health (2017) *Child sexual abuse (CSA) forensic medical examinations: Interim Guidance regarding numbers of examinations and the maintenance of competence*.

Cleaner specialising in DNA decontamination

- 8.1.21 A person with responsibility for the decontamination cleaning of the forensic areas of the facility. The cleaner shall be deemed competent to:
- a. conduct the DNA decontamination cleaning to the required standard as defined in section 9.5 of this guidance; and
 - b. utilise the cleaning agents in a manner compliant with relevant health and safety requirements.

- 8.1.22 The decontamination cleaner shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to forensic cleaning:
- a. instruction and practical demonstration in the effective use of the cleaning reagents, cleaning equipment and personal [protective equipment \(PPE\)](#) (barrier clothing);
 - b. instruction and practical demonstration in the effective cleaning techniques to remove any potential contamination within the facility;
 - c. a basic understanding of the scientific principles for DNA decontamination procedures;
 - d. maintenance and accurate recording the cleaning logs; and
 - e. environmental sampling if appropriate.

Person with responsibility for quality management (ISO 15189 4.1.2.7)

- 8.1.23 The named person with overall responsibility for ensuring the facility's compliance shall establish, implement and maintain an appropriate quality management system, in conformity with ISO 15189:2012.
- 8.1.24 The named person and those who undertake these tasks shall be competent in:
- a. implementing and maintaining a quality management system;
 - b. reporting on the functioning and effectiveness of the quality management system; and
 - c. co-ordinating awareness of the needs and requirements of users.

- 8.1.25 These personnel shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following:
- a. a comprehensive understanding of the essential elements and functionality of a quality management system;
 - b. how to implement a quality management system and ensure that it is properly maintained;
 - c. the staff roles and responsibilities required for the effective operation of the quality management system; and
 - d. auditing of the quality management system.

8.2 Accommodation and environmental conditions (ISO 15189 5.2; ILAC G19 3.11; FSR-G-207 and FSR-G-208)

General

- 8.2.1 Accommodation at the facility shall be age appropriate, accessible to the community it serves and with adequate security for the service users and staff.
- 8.2.2 Where physical building changes or new build has been identified or is necessary then the requirements set out in FSR-C-116 Forensic Medical Examination Standard, section 7.2.2 applies.

Layout of the accommodation

- 8.2.3 Consideration shall be given to the layout of the accommodation. The design of the facility shall include measures to prevent cross-transfer and environmental contamination. This is to take account of the increasing sensitivity of methods used within forensic science and the high volume of throughput for such a facility.
- 8.2.4 The forensic area of the facility shall include the following.
- a. A pre-examination waiting room – a separate pre-examination waiting area for complainants who may undergo a forensic medical examination which is a designated [DNA clean area](#).
 - b. A dedicated forensic medical examination room that shall be a designated DNA clean area – this is where the forensic medical examination will take

place, the complainant's clothing shall be removed and forensic samples are collected. The room shall have access to the bathroom/toilet facility.

- c. A dedicated bathroom/toilet facility – this shall also be a designated DNA clean area and have access from the medical examination room and corridor, where early evidence collection can be conducted.

8.2.5 The forensic medical examination room shall have adequate space to minimise the risk of cross-contamination²⁴ between the complainant's outer clothing and the forensic medical examination area and equipment.

8.2.6 The DNA clean areas of the facility (the pre-examination waiting area, examination area and the dedicated bathroom/toilet facility) shall be secure at all times; entry into and exit from the forensic medical examination room shall be controlled and all personnel accessing the room shall be recorded to include date, time and activity/role.

Air quality and air flow

8.2.7 Air-flow within and between designated forensic areas of the facility shall be kept to a level that minimises the risk of trace evidence being transferred from the complainant to the room environment. This means that portable fans shall not be used and there shall be no strong air currents notably through vents or windows that may be positioned near the examination couch, sampling and packaging areas.

8.2.8 The style and finish of fixtures and fittings, such as air-conditioning, ceilings, lighting and working space shall allow for effective repeat cleaning.

8.3 Forensic medical examination room furnishings, equipment, reagents and consumables (ISO 15189 5.2, 5.3; ILAC G19 3.12; FSR-G-207 and FSR-G-208)

8.3.1 The furnishings, equipment, reagents and consumables that are utilised within the facility shall be such that they minimise the risk of [DNA contamination](#). The

²⁴ Although the main focus is DNA contamination other evidence types (such as dried flaking body fluids, hairs, fibres and particulate debris) can also cross-contaminate.

FFLM has provided guidance on the equipment for use in forensic medical examination rooms.²⁵

Environment, furnishings and equipment

8.3.2 The walls, floors, work surfaces and chairs should be of smooth finish, sealed, readily cleanable and resistant to degradation from frequent cleaning.²⁶

Workstation drawer units should provide sufficient storage capacity to enable work surfaces to be kept clear, other than equipment in daily use.

8.3.3 The following criteria for furnishings and equipment shall apply.

- a. Workbench surfaces, storage cupboards, seating and examination couches shall be impervious to water, easy to clean and resistant to disinfectants and cleaning reagents.
- b. In areas where a complainant undresses and where they are then subsequently forensically examined, floor surfaces shall be impervious and any joins in the floor shall be sealed.
- c. Computer keyboards, colposcopes and equipment controls shall be protected by removable flexible covers that can be cleaned or replaced (for example, keyboard, colposcope arm and head covers). Equipment with flat surfaces and smooth clean lines is preferable (for example, touch screens).
- d. Where a curtain shields the examination couch, the curtain shall be disposable. The frequency of curtain replacement will depend on the number of forensic medical examinations conducted in the room and shall be subject to risk assessment. For example, in a facility where more than 20 complainants are forensically examined each month, the curtain shall be changed monthly. Where fewer medical examinations are conducted the disposable curtain shall be replaced at least every three months. However, if any staining is visible on the curtain or material is thought to have been inadvertently transferred to the curtain, it shall be replaced

²⁵ Faculty of Forensic and Legal Medicine (2016c) *Recommendations: Operational Procedures and equipment for medical rooms*.

²⁶ The active agent, corrosive nature and downstream effects from the cleaning materials used need to be understood; surfaces need to be resistant to degradation as a result of frequent contact with the cleaning reagents.

immediately. A record of the date and reason for changing the curtain shall be kept.

- e. There shall be a designated hand-wash basin within the room where the complainant is being examined. The taps shall be capable of being operated without being touched by hand.
- f. The medical examination couch shall have height and position adjustments to allow for ease of movement.
- g. Wall clocks, height charts and weighing scales shall have surfaces that can be wiped.
- h. There shall be a labelled storage area for keeping consumables used for the forensic medical examination and packaging of samples.
- i. A colposcope shall be available for all child examinations and for adults as appropriate to record relevant injuries and findings.
- j. There shall be an approved sharps box and clinical and domestic waste receptacles, and appropriate disposal provisions arranged.
- k. Ability for photo documentation for general injuries and/or general observations.

DNA decontamination

8.3.4 Cleanliness of the forensic examination area of the facility is important to maintain the quality of the forensic medical examination and minimise the risk of contamination. Monitoring cleanliness enables corrective actions to be undertaken where contamination is established. It also provides evidence of due diligence and effective cleaning. See sections 9.4, 9.5, 9.6 and 9.7 in this guidance for further details.

8.3.5 Guidance on cleaning processes can be found in FSR-G-208, section 8.6.²⁷ The following practices shall apply to the forensic medical examination room.

- a. A general forensic clean shall be undertaken prior to and/or after each examination.
- b. Deep cleaning shall be undertaken at least every month.

²⁷ Forensic Science Regulator, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis.*

- c. The room shall be sealed or locked after each clean and the door labelled to identify the status of the room. This does not negate the requirement for monthly deep cleaning if the room is still sealed more than a month from the previous cleaning.
- d. The date of cleaning, (time if appropriate) and by whom shall be recorded in the cleaning logs and retained.

Reagents

8.3.6 Cleaning products and spillage kits that have been demonstrated to be effective in removing detectable levels of DNA in conjunction with appropriate cleaning procedures shall be used.²⁸ These chemicals shall always be used in a manner compliant with relevant health and safety requirements.

8.3.7 The Facility may take advice from [forensic science providers](#) (FSPs) as to which cleaning product to use, but shall demonstrate that the cleaning product is effective in their hands.

8.3.8 The application of the cleaning product shall be carried out according to the manufacturer's guidelines and in line with standard operating procedures – it is the combination of cleaning agent and how it is physically used that determines its effectiveness. The effectiveness of the cleaning at removing DNA shall be demonstrated by [environmental monitoring](#) (see section 9.7 for more details) undertaken at regular intervals

Consumables including personal protective equipment/barrier clothing

8.3.9 Consumables are single-use commodities used in the collection, preservation and processing of material for forensic analysis, and are bought and used up recurrently. These include PPE or barrier clothing, tamper evident containers, swabs, and packaging that comes into direct contact with the material for forensic analysis. A consumable can also be equipment used in the collection, processing and safe handling of the material, for example, disposable tweezers and scissors.

²⁸ Further guidance is available in Forensic Science Regulator, FSR-G-206 *The control and avoidance of contamination in crime scene examination involving DNA evidence recovery*; Forensic Science Regulator, FSR-G-207 *DNA Anti-contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*; and Forensic Science Regulator, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*.

- 8.3.10 Barrier clothing/PPE is required to minimise contamination and shall include:
- a. disposable single-use outer barrier clothing such as scrubs or an apron with disposable long sleeve covers;
 - b. non-latex unpowdered gloves in a range of sizes;
 - c. face mask;
 - d. mob caps; and
 - e. shoe covers.
- 8.3.11 Consumables that are free from detectable DNA²⁹ or [forensic DNA grade](#)³⁰ shall be used where these exist for sampling. The kit modules shall have a batch/lot and use-by date information recorded on them to ensure shelf life rotation. A record of the batch/lot information and expiry date shall be recorded on the examination records.
- 8.3.12 Exhibit packaging is required to preserve forensic evidence. It is an important principle that the packaging standards used for the collection of evidence are the same for complainants who self-refer to the facility and those who are referred to the facility by the police. Such packaging includes:
- a. paper exhibit bags of varying sizes;
 - b. plastic tamper evident bags of varying sizes;
 - c. breathable exhibit bags for wet exhibits;
 - d. white securitainers of varying sizes;
 - e. labels;
 - f. sealing tape;
 - g. vomit collection vessels;
 - h. white disposable paper towel rolls; and
 - i. dedicated forensic kit modules to ensure comprehensive forensic sample collection.³¹

²⁹ 'Detectable' means by the most sensitive DNA method(s) used in forensic analysis. This information may be available through the Association of Forensic Science Providers (AFSP) body fluid forum (BFF).

³⁰ ISO 18385, *Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*.

³¹ Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

8.3.13 The consumables (including barrier clothing) and reagents used shall not be past their expiry date, and shall be stored and handled appropriately to minimise contamination of them prior to and during use.

8.4 Examination methods and procedures (ISO 15189 4.4, 5.4.2, 5.5)

General principles

- 8.4.1 All professionals working at the facility who come into contact with complainants shall have the relevant skills, knowledge and competency to work with complainants in the immediate aftermath of a sexual assault.
- 8.4.2 Facility staff shall have a clear understanding of the different ways that complainants of sexual assault may behave following an assault. A non-judgemental approach shall be adopted in every case.
- 8.4.3 It is well known that some complainants will be unable to make an immediate decision about whether they wish to report the assault to the police or be involved in the criminal justice process. It is widely accepted that pressure to report may discourage the future involvement of the complainants in any subsequent court proceedings. However, the complainant shall be informed that a forensic medical examination could assist them to make the decision to report at a later date and offered the option of the [self-referral](#) route.
- 8.4.4 It is an important principle that acute medical needs take precedence over evidential needs. Therefore, the initial response to acute injury, the need for trauma care, and the safety needs of the complainant will take priority over the collection of forensic evidence.
- 8.4.5 While the time spans of the assault will be an important factor in determining whether a forensic medical examination shall take place, each case shall be properly considered, with the needs of the complainant being the paramount consideration.
- 8.4.6 It is common for complainants of sexual assault to have showered, eaten or taken other self-protective actions that may have destroyed evidence prior to engaging with the facility. Staff shall react in an understanding and non-judgemental manner if this has happened. Staff shall record the actions that

have been taken by the complainant on the forensic examination paperwork (see section 10.1 in this guidance for more details).

8.4.7 Gathering information about the assault can be a difficult process for complainants of sexual violence. Not only can discussing the assault cause them to feel re-violated, but also their emotional and physical condition may make communication difficult. They may also be uncomfortable discussing personal matters with involved professionals. Those seeking information about the assault shall seek to create an information-gathering process that is as respectful to the complainants as possible and minimises repetition of questions relating to the assault.

8.4.8 It is important to note that the forensic medical examination shall be a thorough process that can take a considerable length of time to conduct. An open mind shall be kept as to all forensic opportunities, rather than a focus solely on DNA. The speed of the examination process shall always be dictated by the needs of the complainant.

Prior to complainant's arrival at the facility – initial contact

8.4.9 It is important that staff at the facility ensure that complainants are always given the correct information and advice regarding a forensic medical examination and the options available to them. Where possible the facility shall seek to work in partnership with other relevant services (such as the police, social workers, health professionals and other support organisations). The facility shall ensure that such partners have been made aware of:

- a. the services that can be provided at the facility; and
- b. the importance of the recovery of forensic evidence if they provide the initial contact/first response to the complainants.

8.4.10 Staff at the facility shall be able to provide basic information to the complainant about:

- a. options to attend the facility and the opportunity to undertake a forensic medical examination, treatment and advice;
- b. options to report the sexual offence to the police if they so choose;

- c. potential medical concerns of the complainant that relate to the sexual assault; and
- d. the importance of body fluids and the recovery of such forensic evidence.

8.4.11 In relation to the collection of forensic samples, the facility staff providing the initial contact/first response to the complainant shall be able to explain the impact that the following might have on the collection of that evidence:

- a. washing and method undertaken for example, showering or bathing;
- b. urinating;
- c. defecating;
- d. smoking;
- e. drinking;
- f. eating;
- g. brushing hair or teeth;
- h. vomiting;
- i. rinsing mouth; and
- j. sexual activity.

8.4.12 In particular where the complainant reports vaginal or anal assault in the last 14 days or where the assault is suspected of being drug/alcohol facilitated, a urine sample from the complainant shall be taken. Ideally, this urine sample shall be collected using an EEK. However, if the complainant is unable to wait to urinate until an EEK is available, the professional providing the initial contact/first response shall explain to the complainant how they could collect a sample of their urine in a clean receptacle that can be handed to the police or staff at the facility later. At the earliest opportunity, this sample shall be transferred to the EEK collection vessel and the original receptacle shall be retained.

8.4.13 The staff at the facility providing the initial contact to the complainant will need to explain that the clothing worn at the time of the assault and any current underwear (if the clothing has been changed) may be taken as evidence; the complainant shall retain the clothing and not wash any of it. This also applies to sanitary products or underwear liners being worn or discarded, but available for evidence collection.

Decision to undertake an examination

- 8.4.14 Forensic samples are only one consideration in deciding upon the merits of undertaking a forensic medical examination. Opportunities to recover other forensic evidence, such as the presence of injuries and their sequelae,³² as well as an evaluation of therapeutic issues for the complainant shall be considered. The time spans for conducting a forensic examination will vary on a case-by-case basis.
- 8.4.15 Where there is any question about whether a forensic medical examination is required immediately or indeed at all, the forensic physician shall be consulted as soon as possible. The decision about whether and when to carry out the examination shall be made in accordance with the flowcharts provided by the FFLM in the *Guide to Establishing Urgency of Sexual Offence Examination*,³³ the *Recommendations for the Collection of Specimens from Complainants and Suspects*³⁴ and the medical needs of the complainant (for example, HIV post-exposure prophylaxis, emergency contraception).
- 8.4.16 Where children disclose sexual offences the need for, and timing of, a forensic medical examination could be particularly pertinent. It shall not be for the police officers and/or social workers to make decisions about whether children disclosing sexual abuse shall be examined or at what time. In these circumstances the forensic physician and paediatrician shall be consulted for advice on the recovery of potential forensic evidence.
- 8.4.17 Where it is necessary for the complainant to be taken to an emergency department from the facility, where the complainant appears to have serious injuries or an altered level of consciousness, the forensic practitioner shall attend at the hospital. It is generally accepted that in these circumstances forensic integrity may be compromised. However, the needs of the complainant shall come before the gathering of forensic evidence. In these cases forensic practitioners shall work alongside other healthcare providers or provide advice

³² Preceding injury in the same individual.

³³ Faculty of Forensic and Legal Medicine (2016d) *Guide to Establishing Urgency of Sexual Offence Examination: Flowchart for Pre-pubertal Complainants and Flowchart for Post-pubertal Complainants*.

³⁴ Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

to those who are treating the complainant. Any forensic samples shall be collected using recognised forensic sample kit modules (please see section 8.3.11 above for more details). Hospital swabs are not fit for forensic purposes and shall not be utilised. Blood and urine samples taken at hospitals, although not necessarily containing appropriate preservative, may still provide useful evidence and in the absence of any more suitable specimens shall be considered for forensic analysis.

Attendance of the forensic practitioner

- 8.4.18 Local policy will dictate who has the responsibility for requesting the attendance of the forensic practitioner and/or paediatrician and the expected time frames for attendance at the facility.
- 8.4.19 The provider of the forensic medical workforce shall ensure that they are able to “provide a timely response (within 2 hours, or as agreed for a particular case) to reflect the clinical and forensic needs of patients”.³⁵
- 8.4.20 To prevent cross-contamination, the forensic practitioner attending the forensic medical examination of the complainant of a sexual offence shall not provide any medical examination or any other service to the suspect in that case, for example, where the suspect is in custody. Where the provider of the forensic practitioner for the facility is also the provider of the forensic practitioners in the custody setting, there shall be two separate rotas in operation. These shall ensure that the forensic practitioner available for sexual offence forensic medical examinations is not also used for custody medicine at that time.
- 8.4.21 In exceptional circumstances (for example, very remote locations) it may become necessary to use the same forensic practitioner. In this case, the reason and rationale behind the decision should be documented, together with the steps that have been undertaken to reduce the risk of contamination. For example, cleaning of mobile equipment, showering, change of clothes shall be recorded, documented and disclosed in any subsequent report or statement provided for the criminal justice service.

³⁵ Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*. General Forensic Medicine (GFM) and Sexual Offence Medicine

Arrival of the complainant

- 8.4.22 On the complainant's arrival at the facility, a CW or equivalent shall meet the complainant (and their significant others). The CW shall accompany the complainant to the pre-examination waiting area of the facility to provide privacy for the complainant and support their sense of safety and security.
- 8.4.23 The CW shall provide immediate support to the complainant by explaining to them:
- a. their role in supporting and advocating for the complainant throughout their time at the facility;
 - b. the options available to the complainant, including the opportunity to have a forensic medical examination (8.4.10) and how the CW will be supporting them throughout the forensic medical examination;
 - c. the purpose of the forensic medical examination and its potential value, both in terms of the medical examination and the collection of forensic samples; and
 - d. how the medical examination will be conducted.
- 8.4.24 Although the CW may be repeating what has already been relayed to the complainant by the professional providing the initial contact/first response, it is important that the complainant understands why they are at the facility and the options available to them at that time.
- 8.4.25 Where a urine sample has not already been collected, the CW shall ensure that a urine sample is collected where appropriate, using the EEK³⁶ (if the complainant is able to pass urine at that time). Where there is any suggestion that penis-mouth penetration (fellatio) may have taken place, or the nature of the sexual assault is unknown, the CW shall obtain oral samples using the EEK.³⁷ The CW can also collect non-intimate skin swabs, for example, hand swabs where appropriate.

³⁶ Faculty of Forensic and Legal Medicine (2018a) *Recommendations of Collection of Specimens from Complainants and Suspects*.

³⁷ *Ibid.*

8.5 Medical examination and evidence collection (ISO 15189 5.4.3, 5.4.4, 5.5 and ILAC G19 4.3.3)

Preliminary matters

- 8.5.1 When the CW is satisfied that the complainant is ready for the forensic medical examination to take place, the forensic practitioner and/or paediatrician shall introduce themselves to the complainant (and their family if the complainant is a child) and explain what is going to happen during the medical examination.
- 8.5.2 Where specialised equipment, such as a colposcope,^{38,39} is to be used during the examination, the forensic practitioner and/or paediatrician shall explain the purpose and function and how it will be used during the examination.
- 8.5.3 The forensic practitioner and/or paediatrician shall explain to the complainant that they can:
- a. ask questions at any time during the examination;
 - b. have a break at any time during the examination;
 - c. decline any part of the examination or evidence collection; and
 - d. stop the examination at any time.

Obtaining consent

- 8.5.4 The forensic practitioner shall obtain informed verbal and written consent⁴⁰ from the complainant for:
- a. a full medical history;
 - b. a forensic medical examination;
 - c. the collection of forensic and/or medical specimens;
 - d. taking of notes, body diagrams, photographs/videos/digital images for recording information to be used for evidential purposes, second opinions from medical experts, peer review and audit;
 - e. completion of a report or statement for the police, if the police have already been involved and if a report or statement is requested;

³⁸ Faculty of Forensic and Legal Medicine (Reviewed, 2017b) *Guidance for best practice for the management of intimate images that may become evidence in court.*

³⁹ Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography.*

⁴⁰ See Supreme Court judgment UKSC11 2015 *Montgomery v. Lanarkshire Health Board.*

- f. agreement to the use of their anonymised photographs/videos/digital images/medical notes for teaching or research purposes;
- g. (for self-referrals) retaining and storing their samples⁴¹ for a defined period of time before destruction;
- h. (for self-referrals who do not want to progress to a police complaint) permission to process samples anonymously before destruction.

8.5.5 The forensic practitioner shall ensure that valid consent is given in accordance with guidelines from the FFLM,⁴² the GMC and the NMC in accordance with the Mental Health Capacity Act 2005. In situations where there is no capacity to consent, the detail of the decision making shall be documented such that the basis of the decision can be reviewed by another competent forensic practitioner.

8.5.6 The forensic practitioner shall ensure that the complainant understands the purpose of the examination and that consent is freely given.

8.5.7 The forensic practitioner shall ensure that the complainant is aware that there is no obligation to give consent and that it can be withdrawn at any time during the examination. If consent to any part of the examination is refused at any stage, that refusal and any reason offered for it, shall be recorded.

8.5.8 Where the complainant is a child, reference shall be made to the GMC⁴³, the Royal College of Paediatrics and Child Health (RCPCH)⁴⁴ and FFLM⁴⁵ guidance's for obtaining valid consent. Consent for a forensic medical examination shall be obtained from one of the following:

- a. parents/carers with parental responsibility;
- b. a child of sufficient age and understanding (as assessed by the doctor with advice from professionals);

⁴¹ Faculty of Forensic and Legal Medicine (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Question.*,

⁴² Faculty of Forensic and Legal Medicine (2011) *Consent from patients who may have been seriously assaulted.*

⁴³ General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors.*

⁴⁴ RCPCH *Child Protection Companion* at www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk

⁴⁵ RCPCH and FFLM 2015 *Service specification for the clinical evaluation of children and young people who may have been sexually abused.*

- c. children’s services, where the child is the subject of a Care Order, or an interim Care Order;
- d. a Family Proceedings Court as part of a direction attached to an interim Care Order, an Emergency Protections Order or a Child Assessment Order.

First account

- 8.5.9 Where the complainant has already reported the assault to the police, the forensic practitioner or paediatrician (where appropriate) shall take an initial account of the assault from the police officer who has attended with the complainant. If the complainant is a child, that account may be given by a social worker.
- 8.5.10 It shall be noted that police representatives will want to collect information from the complainant to help in the apprehension of suspects and the investigation. However, an achieving best evidence (ABE) interview shall not take precedence where a timely forensic medical examination is required.
- 8.5.11 The forensic practitioner or paediatrician shall confirm (where appropriate) and record the first account with the complainant and seek any clarification about the account where necessary. This is unlikely to be appropriate with a young child or vulnerable adult.
- 8.5.12 If the complainant has not reported the assault to the police and has self-referred to the facility, the forensic practitioner or paediatrician (where appropriate) will take the account directly from the complainant after consent has been given.

Medical/social history

- 8.5.13 The forensic practitioner or paediatrician (where appropriate) shall take a medical/social history from the complainant in sufficient detail to enable them to undertake a holistic assessment of the therapeutic and forensic needs of the complainant. Where the complainant is a child, a full paediatric history will be taken. This may be from a parent, care-giver or from the child them self dependent on the age and capacity of the child. In line with current practice, the child shall be given the opportunity to talk to the practitioner independently of

carers. Care shall be taken to ensure that questions are pertinent to the purpose of the medical examination and any subsequent findings. The FFLM has produced sample forms that can be utilised to ensure that important information is routinely asked by forensic practitioners⁴⁶ and paediatricians.⁴⁷

- 8.5.14 The forensic practitioner or paediatrician (where appropriate) shall use the medical history, together with the first account, to guide the examination, evidence collection and support any subsequent forensic laboratory examination and findings.

Addressing practical and emotional needs

- 8.5.15 Forensic practitioners or paediatricians (where appropriate) should ensure that the therapeutic, practical and emotional needs of the complainant, both prior to and during the examination, are met wherever possible. Pressing issues (for example, for the treatment of serious injuries, crisis intervention and support, translation and interpretation) shall be addressed before commencing with the examination.

- 8.5.16 The facility shall have procedures in place and forensic practitioners or paediatricians (where appropriate) shall be trained to accommodate the complainant's communication skill level and preferred mode of communicating. This is particularly important for complainants with communication-related disabilities and/or where English is not their first language.

- 8.5.17 Where interpreters are necessary, family members shall not be used and the gender preference of the complainant shall be taken into account. The interpreters shall be present prior to questioning and there should be space for them in the examination room to interpret for the complainant.

Record of attendees

- 8.5.18 A record of all persons in attendance at any time during the forensic medical examination shall be made. The name and contact details for each visitor, including non-facility professionals in attendance, and whether they wore

⁴⁶ Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations.*

⁴⁷ Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination.*

PPE/barrier clothing shall be recorded. This is in case a DNA sample is required from them at a later date for contamination elimination purposes. (Please refer to section 9.3 in this guidance for more details.)

Roles and responsibilities of those conducting the examination

8.5.19 Where more than one person is conducting the examination, for example, in the case of a child where a forensic physician and a paediatrician might be present, all practitioners shall agree and document their respective roles and responsibilities within the examination before it commences.

Removal of clothing

8.5.20 Clothing worn at the time of the incident, or afterwards, may contain important evidence in sexual assault cases as it provides a surface upon which traces of foreign materials, such as semen, saliva, blood, hairs, fibres, and debris from the crime scene, may be found.

8.5.21 Where damage to clothing is detected, the forensic practitioner or paediatrician (where appropriate) shall ask the complainant whether the damage relates to the assault. Damaged or torn clothing may be significant as it may be evidence of force. It is good practice for the forensic practitioner or paediatrician to see the complainant in the damaged clothes before they are removed and take photographic evidence of the observations where appropriate – this may indicate or correlate with the presence of physical injuries. Any existing holes, rips or stains on clothing shall not be cut through on removal of the clothing. This is particularly important if the complainant is receiving emergency medical treatment by other medical staff such as in an emergency department.

8.5.22 The complainant shall be permitted to remove their clothing in the forensic medical room where they can be afforded some privacy by being able to stand behind a curtain or screen.

8.5.23 Consideration shall be given to the use of a disposable floor standing sheet to collect foreign material dislodged from clothing during undressing. It shall be placed onto the floor to act as a barrier. Care shall be taken to avoid any evidence transfer. The complainant shall be asked to remove footwear first and

these shall be individually packaged if they are likely to yield relevant evidence, for example, debris from an outdoor scene location.

- 8.5.24 The complainant shall be asked to disrobe, one item at a time, trying to maintain the orientation that the garment is worn during removal. Damage may be noted or highlighted during undressing and it may be appropriate to photograph this before the item is removed (for example, damaged tights).
- 8.5.25 The professional/practitioner collecting and subsequently packaging the clothing shall wear two pairs of gloves (doubled gloved) and hold an exhibit bag open for the complainant to place the item inside. The outer gloves worn by the professionals do not require changing unless the professional handles individual items of clothing. The outer gloves shall only be retained, packaged and labelled when a penile examination and sampling has been undertaken.⁴⁸ Where the complainant is a self-referral or a [non-police-referral](#), the professional collecting the clothing will be a CW. Where the complainant is a [police-referral](#), the professional collecting the clothing could be a specialist trained officer (STO) or a CW.
- 8.5.26 No more than one item shall be placed in each exhibit bag; for example, each sock or shoe shall be packaged individually.
- 8.5.27 Any staining/soiling or detectable odours on the clothing shall be noted on the exhibit label and on the forensic medical examination exhibit collection documentation. If the facility utilises exhibit bags with windows, the soiled areas, where possible, should be visible through the window. Heavily soiled or notably wet items shall either be double bagged for transporting to a drying facility or placed in a breathable bag if available. Wet items can also be packaged in a plastic tamper evident bag and frozen with clear information about the condition of the item (for example, wet/damp/heavily soiled) being recorded on the exhibit label. Double bagging involves the item being placed in an open plastic exhibit bag, which is then inserted inside a sealed paper evidence bag.
- 8.5.28 All exhibit bags shall be sealed at the open end using adhesive tape, even where self-seal bags are utilised before they are transported for storage either

⁴⁸ Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

within the facility or at an agreed alternative storage facility. Additional sealing/labelling of the exhibits shall be the responsibility and ownership of the professional/practitioner collecting the items from the complainant. This should be done as soon as practically possible before items are stored.

8.6 The examination process (ISO 15189 5.5 and ILAC G19 4.7)

8.6.1 The forensic practitioner shall consider the medical, psychological and safeguarding needs of the complainant, alongside the collection of information that could potentially be used to support an investigation or subsequent court case relating to the assault. It is important that the forensic medical examination shall be carried out methodically to ensure that all relevant information relating to the assault is sought.

8.6.2 With regard to the collection of forensic samples, forensic practitioners, as part of the forensic medical examination, shall routinely collect the following information from the complainant or if not appropriate (for example, young child), then from alternative sources:

- a. time and date of the sexual assault(s);
- b. nature and description of sexual assault(s);
- c. recent consensual sexual activity;
- d. post-assault activities, for example, washing;
- e. assault-related medical information (including physical injuries);
- f. details of known medication(s) and alcohol consumption and/or other drug use by the complainant;
- g. description of assailant (if known) – to assist in risk assessment for HIV, etc.

8.6.3 There is a FFLM pro forma designed to assist forensic practitioners in the assessment of adult male and female complainants.⁴⁹ Organisations can use their own pro forma provided it meets the FFLM content as the minimum requirement. The FFLM has also designed a similar form for children.⁵⁰

⁴⁹ Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations.*

⁵⁰ Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination.*

- 8.6.4 Where the complainant is a child or young person the paediatric forensic medical examination⁵¹ shall include a comprehensive assessment. This shall consider the physical development and emotional well-being of the child or young person against the background of any relevant medical, family or social history that is known. This enables a full evaluation of the degree of significant harm suffered, or likely to be suffered, by the child as described in the Children Act 1989 and 2004. This assessment shall also lead the planning of any ongoing investigation or treatment required by the child and appropriate reassurance for the child and family. Use should be made of the FFLM pro forma designed to assist forensic physicians and paediatricians in the assessment of a child or young person who may have been sexually abused.⁵² Organisations can use their own pro forma, provided it meets the FFLM content as the minimum requirement.
- 8.6.5 Forensic practitioners or paediatricians (where appropriate) shall seek to collect as much evidence (samples, injuries, trace evidence) from the complainant as possible, guided by the scope of the informed consent.
- 8.6.6 The forensic practitioners or paediatrician (where appropriate) shall thoroughly examine the complainant from top to toe and check for any injuries, areas of pain or soreness. It is important that the forensic practitioner or paediatrician notes any medical signs that may impact on a differential diagnosis, either positive or negative. The forensic physician or paediatrician shall check with the complainant how any findings may have occurred and this shall be documented. All injuries shall be photographed⁵³ and if appropriate noted on a body diagram to demonstrate the relationship between multiple injuries.
- 8.7 Sample collection and handling (ISO 15189 5.2.5, 5.4.3, 5.4.4.3, 5.4.5, 5.4.6, 5.4.7; ILAC G19 4.3.3 and FSR-G-207)**
- 8.7.1 Having regard to the medical history and the first account of the assault, appropriate forensic samples shall be taken by the forensic practitioner or

⁵¹ Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

⁵² Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination*.

⁵³ Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography*.

paediatrician (where appropriate). The FFLM has produced recommendations for the collection of samples.⁵⁴ While the FFLM recommendations refer to specific time spans, it is important to note that these will vary on a case-by-case basis.

- 8.7.2 Where recommendations provide the order of sampling for a particular site, for example, the vagina, this should be followed. If for any reason it is not, then this shall be recorded in the documented notes with the reasons why, and on the associated documentation, for example, on the exhibit list and/or forensic medical examination paperwork.
- 8.7.3 During the collection of the samples, the forensic practitioner or paediatrician shall take steps to minimise contamination (see also sections 8.3.9 and 9.2 in this guidance).
- 8.7.4 The facility shall have clear policies for packaging, labelling and sealing samples since this is critical for their admissibility during criminal proceedings.
- 8.7.5 It shall be the responsibility of the person who obtains the sample to ensure that each sample is appropriately labelled as detailed in the FFLM guidelines on the labelling of samples.⁵⁵ In the event that a CW, police officer or scenes of crime officer (SOCO) (also known as crime scene investigator – CSI) is requested to assist with the labelling process, the responsibility to ensure that the samples are correctly labelled remains with the forensic practitioner or paediatrician (where appropriate).
- 8.7.6 Handling of the forensic samples shall be restricted to those persons necessary, who are involved and recorded in the [chain of custody](#).
- 8.7.7 The identification/exhibit number and/or timings shall reflect the order of sampling. Where two swabs have been taken from the same site there shall be a clear indication on the swab label regarding the order in which the swabs were obtained. These are normally indicated by wet and dry and utilising the letters A (for the first sample) and B (for the second sample). Where the order of

⁵⁴ Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*.

⁵⁵ Faculty of Forensic and Legal Medicine (2016f) *Labelling forensic samples*.

sampling is reflected on the swab label (for example, A and B), the timings can then be recorded as the same.

- 8.7.8 A chain of custody is required for all forensic samples and for sexually transmitted infection (STI) samples where they may be relevant to the forensic case.

Transfer of samples

- 8.7.9 Where the complainant has reported the assault to the police, it shall be the responsibility of a police officer to transfer evidence from the facility to the designated storage site used by the police, or directly to the forensic science provider's laboratory. This shall be documented appropriately to demonstrate the chain of custody.
- 8.7.10 Where the complainant has not reported the assault to the police, it shall be the responsibility of the forensic practitioner or CW to transfer evidence from the examination room to the storage room(s) within the facility. This shall be documented appropriately to demonstrate the chain of custody.
- 8.7.11 It is important that the transit time between collection and storage of samples shall be minimised wherever possible. Samples shall be packaged to avoid potential degradation. For example, all samples collected during the forensic medical examination shall be transported in a timely fashion in suitable insulated carrying containers to keep the samples cold during transportation.

Storage of samples

- 8.7.12 Samples collected before or during the forensic medical examinations shall be stored in secure locations at the facility with access restricted to authorised nominated personnel (for both self-referrals and non-police-referrals).
- 8.7.13 All forensic medical samples shall be properly stored until required for forensic examination in the laboratory. Detailed information on the required storage conditions is given in the FFLM recommendations.⁵⁶
- 8.7.14 The facility shall follow sample storage policies agreed with the police and the [forensic science provider](#) to ensure that:

⁵⁶ Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

- a. optimal storage conditions are adopted for all samples collected as part of the forensic medical examination; and
- b. the hazards for handling and storing evidence such as blood and urine are understood.

- 8.7.15 Where samples are held in cold storage at the facility, a system shall be in place to ensure that samples are kept at a specified temperature at all times. This system shall include maintaining temperature monitoring logs and the use of alarms to notify failure of the equipment.
- 8.7.16 The facility shall ensure that policies are in place to address evidence storage in cases where the complainant is undecided about reporting to the police. It is important that there is adequate space and provision at the facility to store samples taken from complainants who self-refer.
- 8.7.17 Where a limited-time policy for storage of samples is implemented at the facility, i.e. agreement to store a self-referral complainant's samples for a limited time only, it is important that the complainant is informed at the time of the forensic medical examination regarding the amount of time their samples will be stored. This is critical as it will be the period of time within which the complainant has to decide whether to report the assault to the police.
- 8.7.18 In the event that the complainant does not pursue a police complaint within the agreed time limit, then if consent was provided to analyse the samples anonymously, these should be provided to the police to process anonymously (real name withheld and name not on the exhibit labels). Otherwise the samples shall be destroyed in a safe and timely manner. The complainant shall be furnished with suitable information regarding this retention and destruction policy.

Sample documentation

- 8.7.19 The labelling, transfer and storage of samples and evidence collected as part of the forensic medical examination shall be documented. This is to ensure that there has been no loss or alteration of evidence prior to criminal proceedings.
- 8.7.20 The forensic practitioner shall have the responsibility for maintaining control of the collection, labelling, and sealing of samples obtained as part of the forensic

medical examination until the samples are handed over. Where the referral is a police-referral the samples shall be handed to authorised police personnel for transport to a designated storage site used by the police or directly to the forensic science provider’s laboratory for police-referrals. This hand-over shall be documented and a record retained. The documentation shall continue with each transfer of the evidence.

8.7.21 Where the referral is a self- or non-police-referral, the samples shall be placed in storage at the facility by the forensic practitioner or handed to a CW. This hand-over shall be documented. The responsibility for maintaining the integrity of the samples thereafter shall sit with the facility’s management team. Any subsequent movement or transfer of the samples shall be documented and a record retained.

Images

8.7.22 The facility shall determine the conditions (including specialist lighting) required for obtaining the resolution and image quality to:

- a. allow for re-sizing downstream processing to achieve life size images; and
- b. demonstrate the features of interest clearly.

8.7.23 The method(s) used for the electronic capture, storage and transfer of images shall maintain the security and integrity of the data.

8.7.24 It is the responsibility of the facility to ensure that any images taken by medical personnel at the facility adhere to the following process.

- a. The images are taken by personnel who:
- b. understand the concept of image quality and resolution;
- c. understand the effect and degradation of resolution by the capture and processing of images being used; and
- d. are appropriately trained and competent to carry out the role. This may vary depending on whether the image is intimate or non-intimate.
- e. The images are retained and stored securely.
- f. Their existence and location is recorded by the facility and acknowledged in the complainant’s medical records.

- 8.7.25 Due to the highly personal nature of the photography (including still photographs, video, CD or DVD) involved in sexual assault cases and due to the likelihood that this photo documentation will be used for second opinions and/or peer review, it shall be the responsibility of the forensic practitioner or paediatrician (where appropriate) to obtain the forensic images of intimate areas during the forensic medical examination. Where the complainant is a child and a permanent record is not obtained, the forensic physician or paediatrician shall record the reason for this in the documentation. The FFLM has published guidelines on photography.⁵⁷
- 8.7.26 The forensic practitioner or paediatrician (where appropriate) shall be appropriately trained and familiar with how to operate the equipment required to capture the permanent record.
- 8.7.27 Imaging records taken by forensic practitioners or paediatricians (where appropriate) shall be stored securely by the facility. Each facility shall have a defined system for the secure storage of records, which protects the anonymity of the complainant.
- 8.7.28 Procedures shall be in place to enable the disclosure of images where a request is made in court proceedings. The FFLM has produced detailed guidance on the handling and disclosure of intimate images.⁵⁸

9. ENSURING THE QUALITY OF EXAMINATION PROCEDURES (ISO 15189 5.6 and the Codes)

- 9.1.1 To ensure optimum levels of cleanliness, evidence of the following shall be routinely sought at regular intervals. The interval will vary depending how often forensic medical examinations are conducted and any level of risk identified during audits of the facility.
- a. Adherence to procedures that minimise the possibility of contamination from the moment a complainant arrives at the facility to undertake a forensic medical examination until completion of that examination.

⁵⁷ Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography*.

⁵⁸ Faculty of Forensic and Legal Medicine (2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

- b. Record keeping for the use of locks/security seals to rooms in the forensic area of the facility i.e. the pre-forensic waiting room, medical examination room and bathroom.
- c. Steps that have been taken to identify contamination (or the possibility of contamination occurring). Environmental monitoring (EM) sampling is considered as good practice and shall be undertaken, see 9.7 in this guidance.
- d. Staff engaged at the facility understand the scientific basis for both preventative and decontamination procedures and are competent in conducting practical cleaning regimes and associated record keeping.
- e. Staff engaged at the facility understand the difference between a deep clean and a general forensic clean.⁵⁹ Staff undertaking the role shall be trained in both of these procedures and shall be monitored annually to ensure compliance.

9.2 Use of personal protective equipment/barrier clothing (ISO 15189 5.2.5; FSR-G-207 and FSR-G-212)

9.2.1 To undertake a medical examination, the forensic practitioner shall wear PPE/barrier clothing as defined in 8.3.10 and below.

- a. Disposable single-use barrier clothing such as scrubs or aprons and disposable sleeve covers. As a minimum, the arms shall be covered.
- b. Non-latex powdered gloves in a range of sizes.
- c. Face mask.
- d. In addition it is preferable to wear the following:
 - i. mob caps; and
 - ii. overshoes.

9.2.2 The purpose of wearing a face mask to reduce the risk of contamination shall be explained to the complainant. If the complainant objects and the face mask is subsequently not worn, then this shall be recorded in the examination case notes. However, the forensic practitioner's DNA profile shall be available for

⁵⁹ Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis.*

contamination elimination purposes (please refer to section 9.3 below for more details)

9.2.3 PPE/barrier clothing shall be put on in the following order:

- a. face mask;
- b. overshoes;
- c. mob cap;
- d. inner base gloves;
- e. scrubs or apron and sleeve covers; and
- f. outer gloves.

9.2.4 PPE/barrier clothing shall be changed after every forensic examination, cleaning or maintenance task. The PPE/barrier clothing shall be appropriately disposed of after use.

9.2.5 Hand hygiene is a key part of the examination procedure. Hands shall be decontaminated before donning gloves and following their removal. Non-sterile gloves may be used where it is possible to undertake evidence collection without touching any key parts of the complainant, for example, by utilising aseptic non-touch techniques and venepuncture where blood for toxicology is collected. Where swabs are used the sampler shall hold them at the base, away from the sampling end.

9.2.6 Double gloving should be employed with the top gloves being changed for different sample sites or after touching surfaces such as taps or door handles in the forensic examination room. Top gloves shall also be changed after manoeuvring the curtain around the couch regardless of whether it is a disposable variety or other type.

9.2.7 Gloves shall not be washed and alcohol gel shall not be applied as this may compromise the integrity of the gloves.⁶⁰

9.2.8 Any other person entering the forensic areas of the facility (including family member, friend or supporter) shall be made aware of the potential contamination risks. The forensic practitioner and other professionals in attendance shall wear PPE/barrier clothing to mitigate against extraneous DNA

⁶⁰ Chalmers and Straub (2016) *Standard principles for preventing and controlling infection*.

being deposited in the facility's DNA clean examination room. A family member, friend or supporter in attendance should also wear PPE/barrier clothing. If PPE/barrier clothing is not worn, this shall be recorded in the case notes and increases the requirement for effective cleaning and the requirement to obtain a DNA elimination sample from each attendee (see 9.3 below). All attendees shall be recorded (see 8.5.18 in this guidance).

9.3 DNA elimination samples (ISO 15189 5.2.6 and FSR-P-302)

9.3.1 Any individual entering a facility may inadvertently introduce their DNA into the forensic environment. This may subsequently contaminate an exhibit or sample during or after its recovery, which may mislead⁶¹ an investigation, waste resources and cause unnecessary delay. The provision of an elimination sample and for the DNA profile derived to be included on a searchable [elimination database](#) as appropriate assists in detecting contamination and ensuring the relevance of detected DNA profiles.

9.3.2 The facility shall ensure that a policy is in place to address the following:

- a. agreement/consents for sample donation;
- b. security and access of information at a local/national level;
- c. secure storage and retention of samples;
- d. secure and recorded transfer of samples in accordance to guidance provided by the forensic science provider⁶² that will undertake the DNA profiling for elimination purposes; and
- e. sharing of profile information (between staff member, facility management, forensic medical provider, police investigator and elimination database provider).

9.3.3 All staff working within the facility and all attendees present at the forensic medical examination, including the complainant, whether police-referral or self-referral cases, interpreters, friends and family shall provide a DNA elimination sample prior to entering any part of the forensic area of the facility. This will

⁶¹ Gill (2014) *Misleading DNA Evidence: Reasons for Miscarriages of Justice*.

⁶² This could be the police force if the force acts as an intermediary.

include (but is not limited to) medical practitioners, crisis workers (CWs), cleaning staff and contractors.

9.3.4 A record shall be kept of:

- a. which room is used for each examination;
- b. the date and times of the examination: and
- c. the names of all persons who enter the examination room during the examination, including interpreters and any person who supports the complainant (please see section 8.5.18 in this guidance for more details).

9.3.5 The policy and procedures for taking and managing DNA elimination samples and the investigation of any identified contamination shall be in accordance with the Forensic Science Regulator protocol FSR-P-302.⁶³

9.4 Decontamination measures (ISO 15189 5.2.6 and FSR-G-208)

9.4.1 In the event that multiple complainants from the same incident attend the facility at the same time, staff shall ensure that they do not have contact with more than one complainant to prevent cross-contamination. If this is unavoidable, steps shall be taken to ensure that appropriate precautions are taken to minimise this. This shall include staff showering, including washing their hair, and changing their own clothes between contacts. As a minimum, all PPE/barrier clothing shall be changed between contacts. The forensic medical examination room, including equipment, shall be cleaned between each examination.

9.5 General cleaning (ISO 15189 5.2.6 and FSR-G-208)

9.5.1 Cleaning shall be carried out and recorded on a cleaning log. The cleaning processes shall be equivalent to those for laboratory activities as per the guidance in FSR-G-208.⁶⁴

9.5.2 Cleaning shall be conducted by appropriately trained staff every time a DNA clean area of the facility has been used.

⁶³ Forensic Science Regulator FSR-P-302 *DNA contamination detection – the management and use of staff elimination databases*,.

⁶⁴ Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*.

9.5.3 Deep cleaning shall be conducted at least every month regardless of the number of complainants who have undergone a forensic medical examination at the facility. This ensures that build-up of dust deposits from ventilation/heating systems are kept to a minimum. See FSR-G-208 section 8.6 for further guidance.

9.5.4 Cleaning processes adopted shall be documented and their effectiveness verified in the hands of the end-user. It is also essential to ensure that consideration is given to the health and safety implications of using these cleaning regimes, which shall be risk assessed and safe systems of work established prior to use.

9.5.5 An example of cleaning surfaces is as follows:

- a. spray the entire surface with a chemical that destroys DNA (for example, 1% solution of sodium hypochlorite);
- b. leave for five minutes;
- c. wipe the entire surface thoroughly using disposable cleaning roll (or similar); and
- d. finally clean with distilled water⁶⁵ to remove cleaning agent residue.

9.6 Decontamination of re-usable equipment (ISO 15189 5.3.1.3 and FSR-G-208)

9.6.1 Items that are not suitable for emersion in fluid without damaging them should be thoroughly cleaned using disposable cleaning roll or wipes liberally wetted with a chemical that destroys DNA, followed by cleaning with distilled water. Where equipment or items are susceptible to corrosion, then an appropriate cleaning agent that does not corrode⁶⁶ shall be used.

9.6.2 Small items thought to be contaminated that are suitable for emersion in fluid without damaging them should be submerged in a cleaning agent,

⁶⁵ Safety testing has revealed that cleaning with hypochlorite and ethanol can produce levels of gaseous chlorine at or above the recommended exposure limits. Ballantyne *et al.* (2015) 'DNA contamination minimisation – finding an effective cleaning method', *Australian Journal of Forensic Sciences*, vol. 47 (4), pp 428–439.

⁶⁶ Activ8™ contains no oxidising or corrosive ingredients and can therefore be used with confidence on all surfaces, including fabrics and carpets.

scrubbed/wiped down to remove material and then rinsed in sterile distilled water.

9.7 Environmental monitoring and gross contamination (ISO 15189 5.2.6; FSR-G-208 and FSR-G-212)

9.7.1 The principle of EM is to undertake a programme of testing on a periodic basis:

- a. to check that particular rooms or areas are DNA clean; and
- b. to assess whether the decontamination policy for the area in question is both effective and has been carried out properly.

9.7.2 The EM sampling regime reflects the risk profile of operation and is proportionate to the risk, for example, equipment or areas where large amounts of biological material are inevitably present should be sampled more frequently. Components typically sampled vary according to the function of the area.

9.7.3 The person collecting the EM samples (for example, swabs) shall be different to the person who undertook the deep clean. The forensic science provider undertaking the EM sample testing should be able to advise on the level of [gross contamination](#) from the results obtained.

9.7.4 EM samples shall take the form of a dip sample exercise and be conducted midway between each deep clean; this may be done by using monitoring forms with pre-printed sample collection sites. Initially the monitoring shall be carried out monthly to build a picture of the background level of DNA across the operational work areas and a steady state of acceptable levels is maintained. Based on the results returned, the frequency of the sampling can be adjusted and areas targeted based on risk and previous results.⁶⁷

9.7.5 Samples should be taken by swabbing selected areas and equipment that are in contact with operators, complainants and/or the items themselves at all stages in the supply chain. The development of a training manual explaining the EM dip-sampling procedure, which includes photographs of the sites to be swabbed, is good practice. [Table 1](#) sets the risk considerations, the frequency of monitoring and follow-up actions for unacceptable levels of DNA for various

⁶⁷ Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*, section 8.7 .

examples of equipment and areas within the facility. Where gross DNA contamination is identified through EM the room or equipment in which it has been identified shall be quarantined immediately and deep cleaning shall be repeated. Following the deep clean, EM samples shall be taken again and re-tested until 'clear' or at an agreed lower level, and the room or equipment can be reinstated for use. This may mean closing the entire facility if gross contamination has been identified in more than one room.

- 9.7.6 If the repeated EM results still show an unacceptable level or gross contamination, the facility management shall:
- a. either investigate to identify the root cause and implement corrective procedures; or
 - b. utilise an external reviewer to look at the results, policies and processes.⁶⁸

⁶⁸ In February 2014 an independent review was commissioned by Hampshire Police to assess apparent DNA contamination present in EM results of the sexual assault referral centre. This independent review resulted in the development of policies and procedures to respond to contamination levels.

Table 1. Example of environment monitoring – risk level, mitigation and actions

Item	Considerations	Contamination Risk	Action for L1 ¹ or L2 ²	Monitoring ³	Frequency
Client bed (couch)	Clean disposable cover used for every examination	Low	Re-clean	Cleaning efficiency. Monitor level for any significant increase.	Quarterly
Medical trolley	No clean disposable sheet used on trolley	High	<u>Embargo</u> ⁴	Thorough decontamination – re-sample and test ⁵	Frequent. Sample prior to use for examinations and randomly select for testing
	Clean disposable sheet used on trolley	Medium/Low	Re-clean.	Re-sample and test if L2 ²	Routine. Sample prior to use for examinations and randomly select for testing
Colposcope	Equipment that is close to and handled during examination of complainant. Change outer gloves every time handled	High	Re-clean. Re-sample and test if L2 ²	<u>Embargo</u> ⁴ Thorough decontamination – re-sample and test ⁵	Frequent. Sample prior to use for examinations and randomly select for testing
Initial room chair	Complainant wearing outer clothing and is not examined in that area	Low	Re-clean	Cleaning efficiency. Monitor level for any significant increase.	Quarterly
Initial room internal door handle	Inadvertent transfer by complainant. Staff hand washing and double gloving in examination room prior to examination	Medium/Low	Re-clean. Re-sample and test if L2 ²	Cleaning efficiency. Monitor level for any significant increase.	Monthly to quarterly intervals as appropriate, based on previous result.

Notes:

1. FSP profile result classified as fail: re- clean and resample.
2. FSP profile result classified as fail: close lab/isolate equipment/ re- clean all areas and resample.
3. Monitor level for any significant increase in non-staff profile elements through staff elimination database checks.
4. Immediate isolation, decontamination and sample at every use until acceptable result returned.
5. Include water swab sample control that acts as a routine water swab consumable handling check, and record result in monitoring records.

10. DOCUMENTATION – RECORDING OF NOTES AND STATEMENTS

10.1 Note taking and record keeping (ISO 15189 4.13; ILAC G19 3.5 and the Codes)

- 10.1.1 Each contact with the complainant by any professional shall be recorded in the set of case notes pertaining to that complainant. All notes shall be clear, accurate and legible and include detail of all activity that has taken place that is directly relevant to contact with the complainant at the facility.
- 10.1.2 Notes shall be recorded contemporaneously but where this is not possible, notes shall be made as soon as possible after the activity has taken place.
- 10.1.3 All manual notes shall be made in permanent ink, signed and dated including time if appropriate by the professional recording the notes. The name, role and professional registration/identification number of the professional shall be included and legible. If the recorder is not the practitioner undertaking the tasks then the practitioner's details are recorded and the practitioner reviews, signs and dates the notes as a true and accurate record.
- 10.1.4 For electronic notes, the name, role and professional registration/identification number and date, including time if appropriate, of the professional undertaking the tasks is recorded. These details are reviewed by the practitioner for accuracy.
- 10.1.5 Where any additions or amendments are made to the notes by any person, the amendment shall be clear, and signed and dated. If the amendment is made by someone other than original professional, the name, role and professional registration/identification number of that individual shall be recorded in the notes.
- 10.1.6 Where a correction to the notes is required, a single line shall be run through the correction so that the original note can still be read.
- 10.1.7 Where abbreviations are included in notes they shall be unambiguous and easily understood, for example, LVS for low vaginal swab.
- 10.1.8 It is important that any decision made by the professional is recorded along with the reason for making the decision. Where there is an expected course of action

that is not followed, the reason for making the decision not to follow the expected course shall be detailed in the record.

- 10.1.9 Case notes shall contain sufficient detail to enable a practitioner to generate a statement, if required, at a later date.
- 10.1.10 There is a range of specimen pro formas published by the Faculty of Forensic and Legal Medicine (FFLM) to assist forensic practitioners with the process of note taking.^{69,70,71} However, it is important for forensic practitioners to recognise that further information or activity may need to be recorded in the notes that is not prompted by the pro formas, for example, the batch number of consumable items such as swabs used and barrier clothing/PPE worn during the examination. The pro formas shall be seen as a guide only and not a definitive list of information for inclusion in the complainant's notes.
- 10.1.11 All notes (including permanent records such as colposcope images)⁷² shall be retained by the facility in a secure location that complies with data protection requirements. The notes shall be available and accessible when they are required for the purpose of second opinion, peer review, the investigation and/or any criminal justice proceedings.
- 10.1.12 Where notes are required to be removed from the facility, the reason for removal shall be documented and a record kept by the facility of the professional removing and returning the notes. It is preferable for copies, or secure electronic access (with audit tracking) to records to be used so that the potential to lose records is eliminated.

10.2 Preliminary findings (ISO 15189 5.7.1, 5.8.1 and the Codes)

- 10.2.1 Where the police request a written account of the findings immediately following the forensic medical examination, the forensic practitioner and/or paediatrician shall clearly state in writing that the written account contains preliminary findings only and that these findings shall be confirmed at a later date. The preliminary

⁶⁹ Faculty of Forensic and Legal Medicine (2016g) *Pro forma forensic medical examinations*.

⁷⁰ Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination*.

⁷¹ Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*.

⁷² Faculty of Forensic and Legal Medicine (2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

findings report shall be subject to an accuracy check and a critical conclusions check by another competent person prior to release to the police. The police shall be made aware that they should exercise care in making decisions based on the content of the preliminary findings rather than on a full statement or report, as the preliminary findings will not include full details of the forensic medical examination. If the preliminary findings have not undergone a peer review before release this shall be stated with the preliminary findings.

10.3 Statements and reports (ISO 15189 5.7.1, 5.8.1; the Codes; FSR-G-200 and FSR-G-225)

10.3.1 The facility shall define a process for the production of statements and reports in an agreed format and to an agreed standard. Due regard shall be taken to the disclosure obligations and the requirements set out in the Criminal Procedure Rules and Practice Directions⁷³ for experts. Though duties to the court of professional witnesses and experts are similar, it shall be borne in mind that the court can deem an individual ‘an expert’ to give an opinion based on their experience and knowledge. In addition opinion evidence may rely on the statements provided by other practitioners to base opinions upon. Legal obligations are set out FSR-I-400⁷⁴ and disclosure requirements in the *Guide Booklet for Experts*.⁷⁵

10.3.2 All cases shall be subject to an independent peer review of all critical conclusions by a second competent individual, in a timeframe that minimises potential harm. Depending on the case, this can be:

- a. either completed in stages (please see section 10.3.4 below for more details) as the case progresses; or
- b. for the whole case as part of the peer review of the contents of the statement or report against the findings recorded and agreed.

10.3.3 The facility shall define:

⁷³ Available at: <http://www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015>.

⁷⁴ Forensic Science Regulator FSR-I-400 *Legal Obligations for Witnesses Providing Expert Evidence*.

⁷⁵ ACPO/CPS (2010) *Guide Booklet for Experts*.

- a. a process to include the timings and stages of the peer review of the case by a second competent individual; and
- b. who has a suitable level of experience and authority to perform such reviews (see 7.1 in this guidance).

10.3.4 Review areas shall as a minimum include:

- a. medical care including risk assessment and subsequent management;
- b. forensic sampling and documentation;
- c. follow-up decisions and management including safeguarding;
- d. the content and accuracy of the report or statement and whether it is fully supported by the documented case notes.⁷⁶

10.3.5 Forensic practitioners shall be appropriately trained to produce a statement that is acceptable for use within in the criminal justice process. All forensic practitioners shall be provided with ongoing support from an experienced forensic physician to assist them with statement writing.⁷⁷

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⁷⁶ The format for *expert* and *non-expert technical reports* is set out in Forensic Science Regulator FSR-G-200 *Expert Report Guidance* and Forensic Science Regulator FSR-G-225 *Non-expert Technical Statement Guide* respectively.

⁷⁷ Faculty of Forensic and Legal Medicine (2018b) *Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings*.

Katherine Monnery (United Kingdom Accreditation Service – UKAS), Delia Geary (UKAS) , June Guinness (Forensic Science Regulation Unit) and Mary Newton (Independent National Advisor for Rape and Serious Sexual Assault).

12. REVIEW

12.1.1 This document is subject to review at regular intervals.

12.1.2 If you have any comments please send them to the address as set out on at:
www.gov.uk/government/organisations/forensic-science-regulator
or email: FSREnquiries@homeoffice.gov.uk

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15. ABBREVIATIONS

Abbreviation	Meaning
ABE	Achieving best evidence
ASET	Advanced standards in education and training
CJS	Criminal justice system
COP	College of Policing
CPS	Crown Prosecution Service
DNA	Deoxyribonucleic acid
ED	Emergency department
EEK	Early evidence kit
EM	Environmental monitoring
FFLM	Faculty of Forensic and Legal Medicine
FSR	Forensic Science Regulator
ICIDP	Initial Crime Investigators Development Programme
ISO	International Organisation for Standardization
ISVA	Independent sexual violence adviser
MedExD	Medical Examiners Elimination Database
NMC	Nursing and Midwifery Council
PAS	Publicly available specification
PPE	Personal protective equipment
QMS	Quality management system
RCPCH	Royal College of Paediatrics and Child Health
SARC	Sexual assault referral centre
SOP	Standard operating procedure
STI	Sexually transmitted infection

STO	Specialist trained officer
STODP	Specialist Trained Officer Development Programme
UKAFN	United Kingdom Association of Forensic Nurses
UKAS	United Kingdom Accreditation Service
UKSC	United Kingdom Supreme Court

16. GLOSSARY

ACCREDIT(ATION): Procedure by which an authoritative body gives formal recognition that a body or person is competent to carry out specific tasks.

CHAIN OF CUSTODY: Chronological documentation of the movement and location of items, from seizure until presented to court.

CHILD(REN): A child is anyone who has not yet reached their 18th birthday. For a child under 16 years old, the lead clinician shall always be a doctor.

COMPETENCY: The ability of an individual to do a job properly.

COMPLAINANT: An individual subjected to, or suspected of being subjected to sexual assault and encompasses ‘victim’, ‘patient’, and ‘survivor’.

CONSUMABLES: Single-use commodities used in the collection, preservation and processing of material for forensic analysis, which are bought and used up recurrently
CRISIS WORKER: A dedicated support worker whose role is to provide immediate information, advice and advocacy to a complainant of sexual violence prior to and throughout a forensic medical examination.

DNA CLEAN AREA: Area in which appropriate DNA contamination prevention measures shall be maintained at all times.

DNA CONTAMINATION: The introduction of DNA, or biological material containing DNA, to an exhibit, or subsample derived from an exhibit during or after its recovery from the scene of crime or a person. In the context of the facility this could occur for any of the following reasons.

- a. Poor practice⁷⁸ employed by staff using fixtures and fittings and/or collecting forensic samples.
- b. DNA contamination from anybody who has had access to the forensic waiting room and/or the medical examination room. Here key risk groups are people from whom elimination DNA profiles have not been taken and included in an elimination database, and therefore may be inadvertently associated with a crime rather than being identified as contamination. These may include visitors, contractors and people accompanying a complainant into the forensic waiting room and/or the medical examination room.
- c. Insufficient use of cleaning regimes, or ineffective cleaning reagents used, as part of a general forensic clean or a subsequent deep clean.
- d. Residual DNA from the manufacture/maintenance of fixtures and fittings that have not been deep cleaned.

EARLY EVIDENCE KIT (EEK): A dedicated kit used to collect forensic samples that are affected by both time and activities undertaken by a complainant post-assault.

ELIMINATION DATABASE: Collection of DNA profiles held in a searchable format from staff whose access/role/activities are deemed to be a potential DNA contamination risk. This may include not just the staff working within a specific facility, but also profiles from visitors to the facility, staff of manufacturers supplying consumables for DNA processing, and unsourced contamination profiles. The profiles are used to identify instances of inadvertent contamination.

ENVIRONMENTAL MONITORING (EM): A sampling and analytical (DNA) process for equipment, furniture and work areas that both monitors and audits the cleaning procedures and decontamination methods applied within the facility.

⁷⁸ It should be noted that even good practice does not eliminate the risk of contamination, it only helps to minimise it.

EVIDENCE: Is wider than just the samples taken. It also includes the absence or presence of injuries (fresh and healing), scars, and elements of the history pertaining to and provided by the [complainant](#).

EXAMINATION: Act or process of observing, searching, detecting, recording, prioritizing, collecting, analysing, measuring, comparing and/or interpreting

Note 1 to entry: Examination can include collecting [items](#) from persons.

[SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

FACILITY: Physical environment used to protect the [item](#) integrity, conduct testing, or support any other aspect of the [forensic process](#).

EXAMPLE: Buildings, designated area, tents, storage areas, mobile office or laboratories and vehicles. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

For the purpose of this document, this is any medical examination and sample collection facility, which in part is a [forensic unit](#).

FINDING: Information concluded as a result of an [examination](#) [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

FORENSIC: Related to methods, techniques and processes used to establish conclusions and/or opinions, facts and [findings](#), which can be used for legal proceedings. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

FORENSIC DNA GRADE: Consumables certified to having met the requirements in ISO 18385:2015.

FORENSIC PRACTITIONER: The term is used to describe both forensic physicians and forensic nurses.

FORENSIC PROCESS: Set of interrelated or interacting [forensic](#) activities.
SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

FORENSIC SCIENCE PROVIDER (FSP): An organisation that undertakes any part of the evidence recovery, analytical process and interpretation on behalf of the police or other criminal justice system customers; police evidence recovery laboratories are also included.

FORENSIC UNIT: A forensic unit is a legal entity or a defined part of a legal entity that performs any part of the forensic science process. [SOURCE: ILAC-G19:08/2014 *Modules in a Forensic Science Process*]

GROSS CONTAMINATION: Is the transfer of DNA from a single person where a partial or complete DNA profile (these alleles are 'dependent') is obtained as a result of a single contamination event and the donor could be identified.

The term is also used in environmental monitoring (EM) sampling where a profile from multiple persons from an unidentified number of events is obtained and the donors cannot be identified.

ITEM: Object, substance or material that is collected, derived or sampled as part of the [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

NON-POLICE-REFERRAL: The term used to describe a complainant who has not reported a sexual offence to the police and is referred to support services, including a forensic medical examination, by professionals, for example, doctors, counsellors, independent sexual violence advisers (ISVAs).

PEER REVIEW: Evaluation of the [reports](#), [examinations](#), notes, data and [findings](#) by others competent in the same field to assess that there is an appropriate and sufficient basis for the conclusions and/or opinions. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

PERSONAL PROTECTIVE EQUIPMENT (PPE): Items, for example, clothing and gloves, which are used to prevent skin and mucous membrane exposure when in contact with blood and body fluid on or from any complainant. PPE is also worn to protect the practitioner from contact with harmful chemicals for example, during decontamination and to minimise the chance that the wearer causes inadvertent DNA contamination.

POLICE-REFERRAL: The term frequently used to describe a complainant who has reported a sexual offence to the police and is seeking/offered additional support services including a forensic medical examination.

QUALITY MANAGEMENT SYSTEM (QMS): A management system to direct and control an organisation with regard to quality.

REPORT: Communication of outcomes of the [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*] These include but are not limited to:

- a. streamlined forensic reports (SFRs);
- b. section 9 statements (Criminal Justice Act 1967);
- c. interim reports;
- d. email; or
- e. oral communication.

SELF-REFERRAL: The term frequently used to describe a complainant who has not reported a sexual offence to the police or other professional and is seeking/accessing support services including forensic medical examination.

STANDARD: In essence, a *standard* is an agreed way of doing something that is to a level of quality or attainment.

STATEMENT: A statement is one form of a report. It is formatted to comply with the provisions of s9 Criminal Justice Act 1967.

17. ANNEX A: GUIDANCE ON THE ROLES OF OTHER PROFESSIONALS ASSOCIATED WITH THE FACILITY

17.1 Professional providing initial contact/first response at the facility

17.1.1 The first professional responding to a phone call or personal contact from the complainant, for example:

- a. staff at the facility;
- b. the police;
- c. a social worker, if the complainant is a child or young person;

- d. health professionals (such as GPs, emergency department [ED] staff, sexual health staff); and
- e. staff at another agency, such as rape support services.

17.1.2 The first professional at the facility shall be competent to:

- a. provide relevant information and immediate support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);
- c. carry out an initial assessment to identify the immediate needs of and risks to the complainant; and
- d. provide information regarding the preservation and prevention of loss of forensic evidence until the complainant receives appropriate practical support.

17.1.3 The professional providing initial contact/first response shall be trained to an appropriate standard to ensure that they are able to meet the competencies to provide initial response to complainants. Such training shall include the following:

- a. communicating and working effectively with the complainant and third parties, including assessing age, disability, language;
- b. assessment of immediate need, risk and safety, including emergency medical provision;
- c. general forensic awareness, including forensic evidence preservation, for example, laundering clothes, urine samples if an early evidence kit (EEK) is not immediately available; and
- d. the options available to complainants for forensic medical examination, including timescales and police/self-referrals.

17.2 Police officers

First response police officer

17.2.1 The first response police officer is the professional who responds to the complainant following the response from the call handler/initial contact person. The first response police officer shall be competent to:

- a. provide information and support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);
- c. carry out initial assessment to identify the immediate needs of and risks to the complainant;
- d. provide information regarding the preservation and prevention of loss of forensic evidence;
- e. provide an overview of the forensic medical examination; and
- f. gather initial forensic evidence, including the EEK, clothing, etc.

17.2.2 The first response police officer shall be trained to an appropriate standard to ensure that they are able to meet the competencies to provide an appropriate initial response to complainants. Such training shall include the following:

- a. communication skills and working effectively with the complainant and third parties, including assessing age, disability, language;
- b. assessment of immediate need, risk and safety, including emergency medical provision;
- c. use of the EEK;
- d. preservation, packaging and labelling of forensic samples;
- e. options available to complainants for forensic medical examination, including timescales; and
- f. an overview of the forensic medical examination.

Specialist trained officer

17.2.3 The specialist trained officer (STO) is the police officer who takes responsibility for the complainant following the first response police officer or call handler/initial contact response, in the event that a first response police officer has not been dispatched. The STO shall be competent to:

- a. provide information and initial crisis support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);

- c. carry out an initial assessment to identify the needs of and risks to the complainant of sexual violence;
- d. assist in the collection and labelling of forensic samples;
- e. provide information regarding the preservation and prevention of loss of forensic evidence;
- f. provide an overview of the forensic medical examination; and
- g. gather initial forensic evidence, including the EEK, clothing, etc.

17.2.4 The STO shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to the forensic medical examination:

- a. the STO's role and responsibilities;
- b. communication and working effectively with the complainant and third parties;
- c. assessment of need, risk and safety;
- d. general forensic awareness including an overview of the forensic medical examination;
- e. use of the EEK;
- f. assisting with the collection of forensic samples, packaging and storage;
- g. preservation, packaging and labelling of forensic samples; and
- h. the options available to complainants for forensic medical examination, including timescales.

17.2.5 The STO Development Programme (STODP) developed by the College of Policing (COP) is an example of good practice in relation to training STOs.

Investigation officer

17.2.6 The investigation officer is a detective at detective constable (DC) or detective sergeant (DS) level who has competencies in:

- a. forensic knowledge;
- b. strategy setting in relation to sexual offences; and
- c. management and practical knowledge of the forensic evidence collection at a scene and subsequent forensic medical examination.

17.2.7 The investigation officer may be part of a joint investigation team or a member of a dedicated team dealing with adult sexual offences and or child protection cases. In terms of training the investigation officer, the Initial Crime Investigators Development Programme (ICIDP) as defined by the College of Policing (COP) is recommended as good practice. The investigation officer shall be competent to:

- a. conduct an evaluation of the material gathered during the initial response to develop an investigation strategy;
- b. ensure that the material is retained and recorded in line with current legislation and policy;
- c. develop and maintain investigative strategies, identifying and prioritising lines of enquiry to maximise the gathering of forensic information that could assist with the forensic medical examination; and
- d. deal with complainants of sexual assault in an ethical and effective manner, recognising their needs with respect to race, diversity and human rights.
- e. shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role.

17.2.8 Such training shall include the following in relation to the forensic medical examination:

- a. ensuring the source and provenance of different types of potential forensic material recovered during the forensic medical examination and/or following the use of an EEK;
- b. ensuring the forensic medical examination is incorporated within any wider forensic strategy that is developed as part of the investigation;
- c. understanding the role and responsibility of the STO, crisis worker, forensic practitioner, paediatrician, forensic authoriser and local forensic science provider;
- d. planning and communication with the appropriate staff at the sexual assault referral centre (SARC) regarding when and how possible forensic evidence may be retrieved from the complainant, including contingencies where care of the complainant may affect forensic evidence recovery; and

- e. collating information about the forensic medical examination and retrieval of forensic evidence, including the security of forensic samples and any subsequent access to the samples.

Authority for forensic science submission

17.2.9 This is a person with a crime scene, forensic science or investigative police background who has up-to-date knowledge in relation to forensic science, and associated evidence-based sampling time frames. This person shall understand forensic strategy setting and have knowledge of contractual forensic arrangements with the forensic science provider(s). In respect of the forensic medical examination, this person shall be competent to:

- a. explore and identify all potential forensic opportunities from the evidence collected at the forensic medical examination and any samples obtained from the use of an EEK;
- b. formulate a forensic strategy in all sexual offence cases in order for relevant samples to be collected at the forensic medical examination; and
- c. establish the facts from the witness accounts and consider the best items for forensic submission in consultation with the investigating officer and the forensic science provider.

17.2.10 The forensic submissions authoriser shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to the forensic medical examination:

- a. ensuring the source and provenance of different types of potential forensic material recovered during the forensic medical examination and/or following the use of an EEK;
- b. ensuring the forensic medical examination is incorporated within any wider forensic strategy that is developed as part of the investigation;
- c. understanding the role and responsibility of the STO, crisis worker, forensic practitioner, paediatrician, forensic authoriser and local forensic science provider;

- d. planning and communicating the forensic strategy requirements from the point of first submission to any subsequent phased submissions with the local forensic science provider; and
- e. having an understanding forensic science results in relation to sexual offences and the ability to challenge results where appropriate with the forensic science provider.

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