

Crime Scene Operations

Supersedes:

Effective: 05-07-07

1. The primary responsibility of EMS members at the scene of a crime is to provide emergency medical care to persons who may require such care. However, members should be aware of the responsibilities of other agencies, which may be operating at the crime scene. The actions and observations of Department members at crime scenes are frequently an important part of court testimony, thereby requiring accurate documentation.
 - 1.1. For the purposes of this policy, a crime scene is defined as any location at which evidence of a crime or suspected crime is found. This includes, but is not limited to: homicide, suicide, rape, motor vehicle-pedestrian crashes, motor vehicle crashes involving serious injury or death, aircraft crash incidents, fires of a suspicious origin, assaults, or discovery of drug manufacture or paraphernalia. Any location in which a deceased person is found is to be considered a crime scene until otherwise designated by law enforcement.
2. All members are expected to utilize good judgment in the recognition of, and subsequent operation at known or suspected crime scenes. Personnel shall refrain from smoking, eating, or drinking at a crime scene. Personnel should also refrain from using the sink, toilet, telephones, or any other conveniences at the crime scene.
3. After evaluating the scene for personal hazards, the rendering of immediate patient care and transportation is the primary responsibility of EMS personnel. Patient care should not be compromised in order to protect a crime scene or evidence. However, patient care shall be rendered with as little disruption to potential evidence as possible. Cutting directly through bullet holes or knife marks, etc., should be avoided wherever possible.
4. All members operating at a potential crime scene should consider the entire location (apartment, park, etc) as being involved in the crime scene. Upon entering or leaving the scene, use a single path of travel, if possible, and have all members entering and leaving the scene utilize the same path. Department members should be particularly aware of issues of "transfer", where their footprints, fingerprints, or medical waste left behind might complicate investigations and at no time should EMS personnel unnecessarily examine or move crash debris, shell casings, suicide notes, or any other physical evidence.
5. In the absence of a law enforcement agency, BEMS personnel should attempt to limit the number of personnel entering the scene to those necessary to treating and/or removing the patient(s). All non-essential members or first responders are to remain outside the crime scene area until their assistance is required. Responding agencies should consider designating one member to represent each agency to

enter the crime scene, and only as required. The EMS representative should be noted on the PCR.

6. In the absence of law enforcement personnel at the scene, attempt to limit the access of bystanders, family members and witnesses. Department members may not restrain, eject, or otherwise physically restrict the movements of anyone at the scene, but should be aware that allowing unnecessary persons into the scene may impede the investigation of the crime.
7. After establishing a presumptive diagnosis of death, personnel should refrain from otherwise moving or disturbing the body. In addition, no obviously dead victim of a hanging should be cut down, nor any bound body be untied, following the determination of death. Refrain from covering a dead body at a potential crime scene, except in cases of public view.
8. Boston EMS personnel shall restrict comments and/or opinions to known facts when communicating with other authorities. No statements or information regarding a crime scene investigation shall be disseminated to the media, civilians, or other agencies without authorization from the law enforcement agency in charge.