



Australasian College
for Emergency Medicine

Forensic testing and examination in emergency departments

Policy P37

Document Review

Timeframe for review:	Every three years, or earlier if required
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Council of Advocacy, Practice and Partnerships
Document maintenance:	Department of Policy and Strategic Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	Jul 05	Approved by Council
V2	Nov 20	Reviewed and approved

Related documents

This Policy should be read in conjunction with the following ACEM documents.

- [P39 Policy on Domestic and Family Violence](#)
- [P35 Policy on Child at Risk](#)
- [G125 Guidelines on Pathology Testing in the ED](#)

1. Purpose and scope

This policy relates to the performance of forensic medical examinations and the collection of forensic tissue samples within emergency departments (EDs). The policy is applicable to EDs in Australia and Aotearoa New Zealand.

2. Policy

- 2.1 The primary focus of an ED is the delivery of emergency medical care to the acutely ill and injured.
- 2.2 Emergency clinical care takes precedent over forensic considerations.
- 2.3 As forensic evidence is not a core activity of emergency departments, there should be arrangements in place around seeking advice from a local or regional forensic service. However, all emergency medicine physicians and trainees should have education specific to the general principles of forensic preservation and collection available to them.
- 2.4 Emergency medicine physicians should work with forensic practitioners to achieve the best patient outcomes. The collection of specimens (for example, from patients presenting as victims of sexual assault) should be taken by staff trained in forensic specimen sample taking, evidentiary procedures, and court attendance.
- 2.5 Where the location has forensic practitioners in the area, these specialists should be made available to assist in the collection of forensic evidence. On occasions where a region does not have a specific forensic practitioner available in a timely manner, the emergency medicine physician may be required to undertake the specimen collection.
- 2.6 Forensic examination and/or samples taken in the ED should be performed in an appropriate space which is both in line with jurisdictional requirements for obtainment of evidence and also ensures the maintenance of patient dignity.
- 2.7 Contemporaneous documentation of patient history and all injuries should be made available to assist with potential judicial process.
- 2.8 Victims of sexual assault have the right to access an appropriately trained forensic practitioner.
- 2.9 Emergency department staff need to be aware of ethical issues involved in forensic cases such as breaching confidentiality. Formal processes must be adhered to when furnishing reports to Police or legal authorities. Emergency medicine trainees should receive education and assistance in medico-legal report writing.
- 2.10 Aboriginal and Torres Strait Islander peoples, Māori and culturally diverse communities in Australia and New Zealand may have different perspectives on consent, specimen collection, the provision of information and the involvement of family in the context of forensic testing. Efforts must be made to ensure that appropriate, culturally safe practices are used, with an emphasis on two-way communication (including through language interpreters).

3. Procedures and actions

- 3.1 Emergency departments should have procedures in place for referral of victims of sexual assault to appropriate services.
- 3.2 Emergency departments should have formal arrangements in place with the Police regarding the management of individuals suspected of 'body packing' drug smuggling.
- 3.3 Emergency Departments should have procedures in place for the collection of blood, urine and other samples requested by the Police.



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