

**KENORA DISTRICT SERVICES BOARD  
POLICY and PROCEDURE**

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<b>TITLE: TREATMENT OF VICTIMS</b>	<b>SECTION: LAND AMBULANCE</b>
<b>DATE: June 22, 2001</b>	<b>POLICY NO.: KDSB-LAS-VI-11</b>
<b>APPROVED BY: Resolution No. 2001-102</b>	<b>REVISED:</b>

**1. POLICY STATEMENT**

Ambulance staff will treat victims of suspected foul play in a manner appropriate to the victim's injuries and conditions.

**2. PROCEDURE**

- 2.1 An accident suicide/death scene, will be treated as a homicide until proven otherwise.
- 2.2 Ambulance staff will move as few things as possible, remembering where the item was and where it was moved to.
- 2.3 Ambulance staff will not touch the obviously dead, weapons, or items of evidence, regardless of how insignificant they may appear.
- 2.4 If the person is not obviously dead, ambulance staff will move the patient, if necessary, and note the position and condition of the person, and if possible, mark in some way the position of the patient prior to removal.
- 2.5 In an attempt to preserve continuity of evidence, all linen used will be carefully bagged and held for the investigating officer(s). The hospital should also be cautioned regarding suspected foul play, so they may carefully preserve the patient's clothing, personal effects, hospital linen, etc. for the investigating officer(s).
- 2.6 The situation will not be discussed with the news media, spectators or witnesses.
- 2.7 Ambulance staff will note the apparent mental condition of persons at the scene whether it be the suspect, victim or a witness (e.g. did the person appear nervous, calm, upset, or under the influence of alcohol or drugs, etc.).
- 2.8 Ambulance staff will try to accurately remember as much detail as possible and complete the A.C.R. and Incident Report (and V.S.A. Report if necessary) once the patient has been delivered to the appropriate health care facility paying attention to:
  - a) times of dispatch, arrival, departure and arrival at hospital (if patient carried).
  - b) a diagram of the scene showing surroundings and any items of importance, plus position of patient, etc.
  - c) note any outstanding smells, peculiar or otherwise; i.e. gas, perfume, smoke (cigar, cigarette) etc.
  - d) weather conditions.
  - e) exact location.
  - f) other details that would be significant, i.e. history of incident, signs and symptoms of patient, any statement made by patient, witnesses, etc.

Reviewed: March 21, 2007

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2.9	If access to the patient is denied, ambulance staff will remain on the scene and will notify dispatch of the situation. Police will be summoned if reasons for denial of access are not given by a police officer.
2.10	Document the reasons for the denial of access on the A.C.R. and, if possible, request the signature of the person who denied access on the A.C.R.
2.11	<p><u>Hanging</u></p> <p>In case of hanging, the following precautions will be taken:</p> <ul style="list-style-type: none"><li>a) The patient will be freed immediately (unless death is obvious) by grasping the lower limbs, raising them to take the weight off the rope, and removing it from around the patient's neck. Careful observation will be made of the rope's position around the patient's neck.</li><li>b) The rope will be cut (and the knot preserved) only if the rope cannot be readily slipped off.</li><li>c) Ropes passed over branches will be left, if at all possible, or at most, lifted off not pulled off. Ambulance staff will note where the fixed end of the rope is and how it is fixed.</li></ul>
2.12	<p><u>Sexual Assault</u></p> <p>In the case of sexual assault, ambulance staff are guided as follows:</p> <ul style="list-style-type: none"><li>a) Genitals will not be examined by ambulance staff unless obvious bleeding or laceration requires the application of a dressing.</li><li>b) The patient will be advised not to wash, douche, urinate, or defecate until a physician has had an opportunity to make an examination at the E.R.</li><li>c) Other injuries (fractures, lacerations, etc.) will be treated according to appropriate routine procedures.</li><li>d) Obtain as clear a history of the incident as possible.</li><li>e) Clothing and dressings will be preserved for continuity of evidence. Ambulance staff should, whenever possible, seek to have a police officer accompany the patient to the hospital to ensure the victim's clothing is packaged separately and with care upon removal to avoid contamination.</li><li>f) Ambulance staff will advise hospital staff of the nature of the incident, so they may take necessary steps to preserve and package the clothing for the investigating officer.</li></ul>
2.13	<p><u>Child Abuse</u></p> <p>If ambulance staff respond to a situation where child abuse has occurred, or even a strong suspicion of it exists, be it physical, sexual, severe neglect, emotional, etc., ambulance staff are required by law to report it to the Children's Aid Society or the agency responsible for the welfare of children in that jurisdiction.</p>