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Implementing a Forensic Educational Package for Registered Nurses in Two
Emergency Departments in Western Australia

Christine M. Michel
University of Notre Dame Australia

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APPENDIX 1

Ethics Committee Approval Letters

There were four Ethics Committee approval letters that were acquired before any data collection was attempted for this study. Approval letters contained in Appendix A include those from the University of Notre Dame, Australia; HospA and Hosp B; and HospC. In order to protect the identity of the participating hospitals all identifying details have been removed.

The original Ethics Committee approval letters remain in the possession of the researcher and are securely stored according to the University of Notre Dame, Australia policy.

APPENDIX 2

WANT to HELP ?
I NEED
NURSES

Are you interested in participating in nursing research within the
arena of

FORENSICS ?



My Ph.D. involves clinical interventions for the care of forensic patients who come to Western Australia emergency departments. I need Registered Nurses who work in the ED to participate. If you are interested and would like to participate, please contact me.

Christine Vecchi 0408933774

APPENDIX 3

Control Group Information Sheet

My Name is Christine Vecchi and I am a PhD student at Notre Dame University. I appreciate your interest in my research study. The complex issue of violence confronts healthcare professionals, especially ED nurses, every day. The aim of this study is to develop, implement and evaluate a clinical forensic nursing educational package in Western Australia emergency departments. My study will hopefully provide insight about how best to provide ED nurses with the clinical forensic education they require.

My study will be carried out in five phases; however, your involvement will require minimal commitment. You will be asked to complete two questionnaires. It is anticipated that each questionnaire will take you approximately 15 minutes to complete. The first questionnaire will be administered at the beginning of the study, and the second, two months later. Additionally, there will be three chart audits. At no time during the chart audits will you be contacted or required to complete any additional documentation. Your participation in this research is voluntary and you may withdraw from the study at any time.

There will be no cost or risks involved for you. You will be able to contact me during the study. At no time will your name appear on either of the questionnaires or data collected during the chart audits. If you feel you would like to participate in my study or have any questions, please contact me.

Your participation in this research will be invaluable to understanding forensic nursing practice in EDs in Perth, Western Australia.

Thank you for considering to participate in my research.

Christine Vecchi, MSN, RN (0408933774)

APPENDIX 4

Treatment Group Information Sheet

My Name is Christine Vecchi and I am a PhD student at Notre Dame University. I appreciate your interest in my research study. This study will hopefully provide me information about how best to provide ED nurses with clinical forensic education. The aim of my study is to develop, implement and evaluate a clinical forensic nursing educational package in Western Australia emergency departments.

My study will be carried out in five phases; however, your involvement will only be required in three phases. You will be asked to complete two questionnaires (it is anticipated that each questionnaire will take you approximately 15 minutes to complete). One questionnaire will be administered at the beginning of the study, and the second, two months later.

During phase three, you will be asked to attend a forensic workshop. Workshop times will vary to accommodate hospital rosters. During the lecture, forensic issues and evidence collection procedures will be discussed and demonstrated. You will also be instructed on how to use all materials contained in a forensic evidence kit which will be located in your ED.

Throughout the study there will be three chart audits in which you will not be required to provide any additional paper work. In phase four, you will be asked to attend a post study discussion session. This discussion group is not compulsory. It is designed for you to provide me with feedback about your experiences of participating in this study. Your participation in this research is voluntary and you may withdraw from the study at any time.

There will be no cost or risks involved for you. You will be able to contact me 24 hours a day for any support and backup you feel you need or want during the study. At no time will your name appear on any data collected. If you feel you would like to participate in my study or have any questions, please contact me.

**Thank you for considering to participate in my research.
Christine Vecchi, MSN, RN (0408933774)**

APPENDIX 5

Research
Code: ____

Pre-test Questionnaire

The purpose of this questionnaire is to find out the level of forensic knowledge participants have at the beginning of this study. This will help decide if additional content needs to be added to the forensic lecture.

Please read and answer each question as best you can. **Please** do not write your name on this questionnaire. The completed form will be collected in two weeks. If you need more space to write your answers, please use the blank page provided.

Please do not leave any question blank. If you do not know anything about the question could you please write that as your answer. Any additional comments are greatly appreciated. I value your input.

Some information about you

What is your age? (Please tick)

20-25

26-30

31-35

36-40

41 and over

What is your gender? (Please tick)

Female

Male

How many years have you been a RN? _____

How many years have you worked in ED? _____

Please list any advanced nursing courses/certificates/degrees you have completed

1. Do you believe having updated forensic knowledge is crucial for your unit?

Yes

No

Do not know

2. How would you define Forensic Nursing?

3. Which of the below patient types might you consider to be a forensic patient?
(Please tick all that apply)

- | | |
|--|--|
| Abuse of the disabled | Injuries sustained in a motor vehicle accident |
| A patient who reports he was hit in a fight at a bar | Work-related injuries |
| A Child who burned both feet and leg on a floor heater | Organ and tissue donation |
| Suicide attempt | A patient who dies suddenly in the ED |
| Patients in police custody | Sexual assault victim |
| A patient hit by her defacto | Transcultural female circumcision |
| Elder abuse and neglect | A patient who was exposed to toxic chemicals at work |
| Firearm injuries | Patients of catastrophic, mass destruction or acts of terrorism |
| A patient put on forms and sent to Alma St | Do Not Resuscitate orders |
| Gang violence | A suspected SARS patient |
| Human bites | A patient who believes her drink was spiked |
| Dog bite to a patients calf and upper arm | A Child who requires a blood transfusion but parents refuse on religious grounds |
| A patient who slipped on a wet floor in Target | |

4. Who do you believe is responsible to address a patient's forensic needs?
(Please tick all that apply)

- Doctors
- Nurses
- Hospital/Administration
- Police
- Attorneys
- First person to lend assistance to the individual
- Each individual is responsible for their own needs
- Other _____

5. Do you believe you have enough forensic knowledge to address your patients' needs? (Please tick one response)

Yes

No

6. Which of the following forensic patient needs do you believe are nursing responsibilities? (Please tick all that apply)

Collection of forensic evidence

Maintaining chain of custody

Notification of appropriate authority (police, coroner, department of child welfare)

Documenting of patient history

Documenting of injuries

Treatment of injuries

Taking of photographs

Ensuring patient safety upon discharge

Ensuring proper patient identification

Relative notification of patient's health status

Provide crime victim compensation information upon discharge

None of the above

7. Tick each category below that would be classified as a Coroner's case? (Please tick all that apply)

Unknown cause of death

The deceased person was not seen by a doctor within four months before death

A person died within one year of an accident to which the cause of death may be attributed

A person died while in police custody

The person died within 24 hours of the administration of an anesthetic

A person died a violent or unnatural death

None of the above

8. Can a patient who becomes a coroner's case be left alone with relatives for any length of time? (Please tick one response)

Yes

No

Do not know

9. List the types of patient problems and/or issues that healthcare workers are required to report to various authorities (ie. Police, Coroner, Department of Community Development).

10. Is educational material describing how to handle forensic evidence available on your unit? (Please tick one response)

- Yes
- No
- Do not know

11. What area(s), if any, would you like more forensic education about? (Please tick all that apply)

- Legal issues, please specify _____
- Forensic patient identification
- Documentation
- Evidence collection
- I am satisfied with my current level of forensic knowledge
- Other _____

12. Please match the most appropriate way for each article to be collected and/or stored. You may choose more than one item if applicable. (Place the letter from the right that **BEST** indicates how you believe each item on the left should be collected and/or stored)

Item	Answer selection
Clothes – shirt, shoes, socks, shorts	A. Envelope
Illegal drugs	B. Throw away
Knife	C. Plastic container
Bullet	D. All in same plastic bag
Saliva around wound	E. One item per plastic bag
Grass	F. Swab
Urine	G. Clean sheet of folded paper
Dried blood on skin (not near wound)	H. Urine specimen container
Hair	I. All in same paper bag
Bite mark	J. One item per paper bag
Damp jeans	K. Nothing listed appropriate
Glass	L. No action needed
Paint chips	M. Other (please specify)
Rope	
Shaved hair from wound site	

13. Who from the list below can collect forensic evidence? (Please tick all that apply)

- Doctors
- Nurses
- PCAs
- Police
- Coroners
- Patient relatives
- All of the above
- None of the above
- Do not know

14. What information must be placed on any forensic evidence collected?

15. Does the Privacy Act of 1988 prevent you calling the police if a patient admits to committing a crime? (Please tick one response)

- Yes
- No
- Do not know

16. If you found illegal drugs among a patient's personal effects, what actions would you take? (Please tick the response(s) that best describe what your action(s) would be)

- Leave the drugs there, they are not yours
 - Throw them out
 - Call the police
 - Document their presence in your notes
 - Tell the doctor
 - My hospital provides a specific protocol
 - Do not know
 - Other
-

17. If a child tells you in confidence that they have been sexually assaulted, are you required by law to keep the child's secret? (Please tick one response)

- Yes
- No
- Do not know

18. If you believe a child will be in danger of abuse upon discharge from the ED can you report your concerns, without doctor backup, to the Department of Community Development (DCD)? (Please tick one response)

Yes

No

Do not know

19. If you overhear a patient admit to lying about a workers compensation injury, are you obligated to document the patient's remarks in their nursing notes and notify other hospital personnel? (Please tick one response)

Yes

No

Do not know

20. The police want to talk with one of your patients. They ask you to leave the room but the patient requests you stay. Are you required to leave if the patient asks you to stay? (Please tick one response)

Yes

No

Do not know

Thank you for taking the time to complete this questionnaire

APPENDIX 6
Post-test Questionnaire

Research Code

The purpose of this questionnaire is to assist in evaluating how effective the forensic educational package has been. A comparison of results from your first pre-lecture questionnaire will help decide if any information needs to be added to further forensic nursing education.

Please read and answer each question as best you can. **Please** do not write your name on this questionnaire. I will collect the completed form in two weeks. If you need more space to write your answers, please use the blank page provided.

Please do not leave any question blank. If you do not know anything about the question could you please write that as your answer. Any additional comments are greatly appreciated. I value your input.

1. How would you define Forensic Nursing?

2. Tick as many of the choices listed below that you would consider a forensic patient

- | | |
|---|--|
| Abuse of the disabled | Work-related injuries |
| A patient who reports they were in a fight at a bar | Organ and tissue donation |
| Child who burned both feet on a floor heater | A patient who dies suddenly in the ED |
| Suicide attempt | Sexual assault victim |
| Patient in police custody | Transcultural female circumcision |
| A patient hit by her defacto | A patient who was exposed to toxic chemicals at work |
| Elder abuse and neglect | Patients of catastrophic, mass destruction or acts of terrorism |
| Firearm injuries | Do Not Resuscitate orders |
| A patient put on forms and sent to Alma St | A suspected SARS patient |
| Gang violence | A patient who believes her drink was spiked |
| Human bites | A child who requires a blood transfusion but parents refuse on religious grounds |
| Dog bite to a patients calf and upper arm | |
| A patient who slipped on a wet floor in Target | |
| Injuries sustained in a motor vehicle accident | |

3. Who do you believe is responsible to address a patient's forensic needs?
(Please tick all that apply)

Doctors

Nurses

Hospital/Administration

Police

Attorneys

First person to lend assistance to the individual

Each individual is responsible for their own needs

Do not know

Other _____

4. Do you believe you have enough forensic knowledge to address your patients' needs? (Please tick one response)

Yes

No

Do not know

5. Which of the following forensic patient needs do you believe are nursing responsibilities? (Please tick all that apply)

Collection of forensic evidence

Maintaining chain of custody

Notification of appropriate authority (ie. police, coroner, department of child welfare)

Documenting of patient history

Documenting of injuries

Treatment of injuries

Taking of photographs

Ensuring patient safety upon discharge

Ensuring proper patient identification

Relative notification of patient's health status

Provide crime victim compensation information upon discharge

None of the above

6. Do you believe you have gained useful forensic knowledge during your involvement in this study which will help you to address your patients forensic needs in the future? (Please tick one response)

Yes

No

Do not know

7. Tick each category below that would be classified as a Coroner's case?
(Please tick all that apply)
- Unknown cause of death
 - The deceased person was not seen by a doctor within four months before death
 - A person died within one year of an accident to which the cause of death may be attributed
 - A person died while in police custody
 - The person died within 24 hours of the administration of an anaesthetic
 - A person died a violent or unnatural death
 - None of the above

8. Can a patient who becomes a coroner's case be left alone with relatives for any length of time? (Please tick one response)
- Yes
 - No
 - Do not know

9. List the types of patient problems and/or issues that healthcare workers are required to report to various authorities (ie. Police, Coroner, Department of Community Development).

10. What area(s), if any would you like more forensic education about?
(Please tick all that apply)
- Legal issues, please specify

Forensic patient identification

Documentation

Evidence collection

I am satisfied with my current level of forensic knowledge

Other _____

11. Please match the most appropriate way for each article to be collected and/or stored. You may choose more than one item if applicable. (Place the letter from the right that **BEST** indicates how you believe each item on the left should be collected and/or stored).

Item	Answer selection
Clothes – shirt, shoes, socks, shorts	A. Envelope
Illegal drugs	B. Throw away
Knife	C. Plastic container
Bullet	D. All in same plastic bag
Saliva around wound	E. One item per plastic bag
Grass	F. Swab
Urine	G. Clean sheet of folded paper
Dried blood on skin (not near wound)	H. Urine specimen container
Hair	I. All in same paper bag
Bite mark	J. One item per paper bag
Damp jeans	K. Nothing listed appropriate
Glass	L. No action needed
Paint chips	M. Other (please specify)
Rope	
Shaved hair from wound site	

12. Who from the list below can collect forensic evidence? (Please tick all that apply)

Doctors
 Nurses
 PCAs
 Police
 Coroners
 Patient relatives
 All of the above
 Do not know

13. What patient information must be placed on any forensic evidence collected?

14. What area(s), if any, do you feel your forensic knowledge have increased due to your involvement in this study? (Please tick all that apply)

Legal issues, please specify

Forensic patient identification

Documentation

Evidence collection

Other _____

15. Does the Privacy Act of 1988 impact on a nurse calling the police if she/he suspects a crime has been committed? (Please tick one response)

Yes

No

Do not know

16. Are nurses permitted to call the police if a patient admits to committing a crime? (Please tick one response)

Yes

No

Do not know

17. If you found illegal drugs among a patient's personal effects, what actions would you take? (Please tick the response(s) that best describe what your action(s) would be)

Leave the drugs there, they are not yours

Throw them out

Call the police

Document their presence in your notes

Tell the doctor

Do not know

Other _____

18. If a child tells you in confidence that they have been sexually assaulted, are you required by law to keep the child's secret? (Please tick one response)

Yes

No

Do not know

19. If you believe a child is in danger of abuse upon discharge can you report your concerns without doctor backup to the Department of Child and Family Services? (Please tick one response)

Yes

No

Do not know

20. If you overhear a patient admit to lying about a workers compensation injury, are you obligated to document the patient's remarks in their nursing notes and notify other hospital personnel? (Please tick one response)

Yes

No

Do not know

21. The police want to talk with one of your patients. They ask you to leave the room but the patient requests you stay. Are you required to leave if the patient asks you to stay.

(Please tick one response)

Yes

No

Do not know

22. Do you have any comments relating to your involvement in this research study, the educational package content, how the information provided has impacted your nursing practice, or suggestions/critiques for me to consider in the future? Your input is extremely valuable.

Thank you for taking the time to complete this questionnaire and participate in this study.

APPENDIX 7

Hospital Policy and Procedure Log

Hospital _____

(Treatment guidelines, clinical pathways, legal implications, referral agencies)

Policy Title/Forensic Category	Description/Characteristics

APPENDIX 8

Healthcare Stakeholders Interview Questions

1. Do you feel that you and your staff have much contact with forensic patients?
2. What type of forensic patient do you have most contact with? (before showing 27 forensic patient category list)
3. Who from the forensic community would you have contact with?
 - How often?
4. How do you see your current relationship with the forensic community?
5. Do you see that there are any gaps or barriers between hospital Eds and the forensic community?
 - If yes, what would be your top 3 priorities to bridging the gaps and/or mending the barriers?
6. Would you feel confident for nurses to have greater role as a liaison person with the forensic community if training was provided?
7. Do you believe that hospital policies and procedures address most types of forensic patient issues and needs?
8. Do you think you staff have received sufficient training to cope with the variety of forensic patients that visit the ED?
9. Do you feel that you receive sufficient support from the forensic community re: their expectations of your staff or their role in the forensic process?
10. What are your current needs and wants from the forensic community re: issues surrounding forensic evidence collection?
11. How much forensic associated education would you or your staff receive on a regular basis?

APPENDIX 9

Forensic Stakeholder Interview Questions

1. How would you describe the current relationship you have with the ED nursing staff?
2. Who do you have most contact with in the ED?
 - Nurses looking after patients
 - Nurse coordinator
 - ED manager
3. Which hospital personnel do you receive forensic evidence from most of the time?
4. Are nursing staff forth coming with forensic evidence, documentation and access to patients during your forensic inquiries?
5. Usually has it been your experience that when you go to the ED proper forensic evidence collection procedures been followed?

If no, what have been the main problem areas

6. Do you feel there any gaps/problems in the flow of for evidence and information from the ED setting to the police?
7. If all nursing staff could receive some basic forensic training, could you describe your top five priority topics/issues you would want addressed in this educational session so that your forensic needs have a greater chance of being met more often?
8. Who do you see as the key ED players to promote, encourage and facilitate forensic policies and procedures within hospital ED's?

Probe: Any reasons for not using nursing staff?

APPENDIX 10

Focus Group Interview Questions

1. Can you tell me what you thought of the lecture material?
 - Was it clear
 - Content – easy to understand, too much information at once
 - Helpful
 - Long enough
 - Confusing
2. Do you think the information presented has encouraged you to change your assessment/documentation/nursing practice behaviours?
 - How
 - Why
 - What areas
3. Do you now feel more comfortable collecting evidence and passing it on to police?
 - Yes/No Why?
4. Do you think your knowledge regarding who is or might become a forensic patient has increased?
 - Yes/No Why?
5. Do you think the forensic educational materials were helpful?
 - Kit, flow diagrams, posters, pocket q-card
 - Yes/No Why?
6. Do you feel the information will be helpful for you to take care of your forensic patients?
 - Yes/No Why?
7. Do you have any questions/ issues that did not get answered during the lecture or that arose out of the lecture that were not addressed and you think could be included in further forensic educational sessions?

APPENDIX 11

Follow-up Interview Questions

1. Did you use any of the documentation sheets available in the Forensic File?

Yes => go to question 2

No => (If no, were there any instances that you could have used the sheets and chose not to or was unable to? Could you talk more about these experiences and what prevented you from using the forms?)

2. Do you recall which documentation sheets you utilized?

- A. Body diagrams
- B. Consent forms
- C. Chain of Custody forms
- D. Other _____

3. What did you do when you had completed the documentation sheet?

4. Do you recall using the documentation sheets more than one time?

5. Did you use only one type of documentation sheet or multiple forms?

6. Can you provide me with some feedback as to whether the form(s) you used guided your approach to patient care in a way that you may not have thought about prior to their introduction?

If yes, what aspects of the form(s) proved to be most beneficial to you that you might utilize in the future?

If no, was there any additional information that you needed (but was not available) that you feel would have been of assistance to you?

APPENDIX 12

Stakeholder Information Letter

My Name is Christine Vecchi and I am a PhD student at Notre Dame University. I appreciate your interest in my research study. The purpose of this study is to explore the effects of implementing a clinical forensic nursing educational package in three Western Australian emergency departments.

My study will be carried out in five phases however, your involvement will only be requested during Phase II. Your perceptions and experience are vital for me to develop a sound and applicable nursing forensic educational package. Your input will allow me to consider and incorporate your issues into the educational process. For there to be an effective and collaborative working relationship between the medicolegal communities, health and forensic issues must be explored and addressed. Therefore, your participation is vital for the effective development of a forensic nursing educational package.

Your involvement will involve participating in an interview that focuses on forensic and healthcare issues. It is anticipated that the interview will take approximately 45 minutes. A time and location for the interview to occur will be negotiated according to your availability. At no time will your name or employer be disclosed. All of your personal information will be de-identified for any reporting or publishing that may occur in connection with my study.

There will be no cost to you. You will be able to contact me regarding the research project at any time during the study. Your participate in this research is voluntary and you may withdraw from the study at any time should you choose to participate. If you feel you would like to participate in my study or have any questions, please contact me.

Thank you for your consideration and interest in my research.

Christine Vecchi, MSN, RN (0408933774)

APPENDIX 13**Participant Consent Form**

Title: Implementing a Forensic Educational Package for Registered Nurses in West Australian Emergency Departments

Nurse Researcher: Christine Vecchi, MSN, RN

Supervisor: Dr. Selma Allieux

I confirm that I am over 18 years old and have read the information sheet. I understand the nature, value and purpose of the study and my involvement level. I volunteer to participate.

I understand that my name will not appear on any data collected or in any published results of this study. I am under no duress to participate.

I understand that access to all consent form information, tapes and data collection instrument information will be restricted to Christine Vecchi, MSN, RN and Dr. Selma Allieux.

I have received a copy of the consent form and information sheet for my records. I understand that I can withdraw my consent at any time without prejudice or penalty after signing this form.

I may contact the following person during office hours about my rights as a participant in the study or to verify any of the above information. Dr. Selma Allieux, Research Supervisor, Notre Dame University, (08) 9433 0784

Participants

Name _____

Signature of

Participant _____ Date _____

I certify that I have explained this study and participation activities to the above volunteer and consider that the above individual understands their involvement level.

Researcher Christine Vecchi, 0408933774

Signature _____ Date _____

Witness Name _____

Signature of

Witness _____ Date _____

APPENDIX 14

Outline for Workshop Sessions

Lecture A

1. Welcome
 - a. Thanks for coming
 - b. Breaks & refreshments
 - c. Outline for 3 workshops
 1. A = Intro, go over questionnaire/package
 2. B = Kit, supplies, bags, practical
 3. C = Legal, documentation, discharge, ?/ans
2. What chart checks, questionnaires & interviews found
 - a. Identify & assess forensic patient pop (27 cat & study pop)
 - b. Documentation & collection of evidence
 - c. Communication
 - d. Discharge info
 - e. Legal requirements
3. Materials provided
 - a. Personal opinions - **Please return today**
 - b. Notebooks in department x 3
 1. Triage, Resus, desk
 2. Contents page
 3. Abstract
 4. Advantages/Challenges
 - c. Hand out packs
 1. Pens for all
 2. Go through documents
 3. Toys
 - d. Journal questions
 - e. Workshop evaluations – C
 - f. Posters in department
4. 27 Categories of forensic patients
 - a. Nursing Pathway
 - b. Checklist

Lecture B

1. Documentation
 - a. History in quotes
 - b. Injuries – describe, measure
 - c. Body diagrams & names in file
2. Evidence collection (see notebook for guidelines)
 - a. What is it – types
 - b. How to handle it
 - c. How to label it
 - d. Chain of Custody
3. Practice with materials & photos

Lecture C

1. Law
 - a. Mandate reporting
 - b. Consent form (**orange**) & Patient pop for study
 - c. Privacy Act
 - d. Patient property
 - e. Chain of Custody
 - f. Notification of Police
 - g. CC 236
 - h. Legal Facts
 - i. Child abuse
 - ii. Leaving room
 - iii. Coroners case
2. Agency referral list
3. Articles in back of notebooks
4. "I am on call 24/7"
5. Post Questionnaires
6. Feedback Sessions
7. Questions & Answers
8. Workshop Evaluations

APPENDIX 15

Pocket Prompt Card

Categories of Forensic Patients	
<ol style="list-style-type: none"> 1. Substance abuse 2. Occupation-related injuries 3. Assault and battery 4. MVA/Transportation injury 5. Forensic psychiatric 6. Child abuse and neglect 7. Personal injury 8. Control of communicable disease 9. Human and animal bites 10. Med Malpractice/Neg 11. Not for Resuscitation (NFR) 12. Domestic Violence 13. Toxic exposure 	<ol style="list-style-type: none"> 14. Sharp force injuries 15. Elder abuse and neglect 16. Firearm injuries 17. Organ and tissue donation 18. Questioned death 19. Abuse of the disabled 20. Sexual assault 21. Clients in police custody (CC236) 22. Burns over 5% BSA 23. Transcultural medical practices 24. Victims of mass destruction 25. Food and drug tampering 26. Product liability 27. Gang violence
(Vecchi, 2004)	

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Evidence Collection</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> ⇒ Always wear gloves ⇒ DOCUMENT history, Pt states "..." ⇒ Base x Height cm, describe on body diagram ⇒ Clothes into separate <u>PAPER</u> bags ⇒ <u>Do not</u> use alcohol wipe when blood sampling ⇒ Double swab technique ⇒ Chain of Custody form ⇒ Lock up or call Police ⇒ Need help, call me 0408933774 </td> </tr> </tbody> </table>	Evidence Collection	<ul style="list-style-type: none"> ⇒ Always wear gloves ⇒ DOCUMENT history, Pt states "..." ⇒ Base x Height cm, describe on body diagram ⇒ Clothes into separate <u>PAPER</u> bags ⇒ <u>Do not</u> use alcohol wipe when blood sampling ⇒ Double swab technique ⇒ Chain of Custody form ⇒ Lock up or call Police ⇒ Need help, call me 0408933774 	<div style="text-align: center; margin-bottom: 10px;">  </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Labelling Evidence</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> ⇒ Patients name ⇒ Hospital ID number ⇒ Date ⇒ Time ⇒ Type of specimen ⇒ Site of collection ⇒ Your Signature </td> </tr> </tbody> </table>	Labelling Evidence	<ul style="list-style-type: none"> ⇒ Patients name ⇒ Hospital ID number ⇒ Date ⇒ Time ⇒ Type of specimen ⇒ Site of collection ⇒ Your Signature
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Labelling Evidence					
<ul style="list-style-type: none"> ⇒ Patients name ⇒ Hospital ID number ⇒ Date ⇒ Time ⇒ Type of specimen ⇒ Site of collection ⇒ Your Signature 					
© Vecchi , 2004					

APPENDIX 16

Workshop Evaluation

	Very			Very	
	Satisfied			Unsatisfied	
	1	2	3	4	5

Please circle the answer that best fits your thoughts on the following questions

1. Please rate your satisfaction with the workshop;

a. <u>Lecture:</u>	Content	1	2	3	4	5
	Presentation	1	2	3	4	5

Comments:

b. <u>Practical Session:</u>		1	2	3	4	5
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Comments:

2. Were there aspects of the workshop that you feel need further explanation and/or demonstration?

3. Any general comments?

APPENDIX 17

Photo of Forensic Kit



APPENDIX 18

Forensic Kit Contents List

1. Brown bags	(Sm, Med, Lg)
2. Yellow specimen containers	(5)
3. Plastic specimen collection bags	(10)
4. Large plastic containers	(2)
5. Envelopes	(10)
6. Swabs	(20)
7. Cotton buds	(5 packets)
8. Razors	(5)
9. Comb	(2)
10. Slides	(5)
11. Needles	(5)
12. Vacutainer	(1)
13. Blood tubes	(3 red, 3 grey top)
14. Non-alcohol wipes	(10)
15. Band-aids	(10)
16. Tourniquet	(1)
17. Sterile Water/Normal Saline	(5 each)
18. Pencil	(1)
19. Black ink pen	(2)
20. Black permanent marker	(2)
21. Foam swab holder	(1)

APPENDIX 20

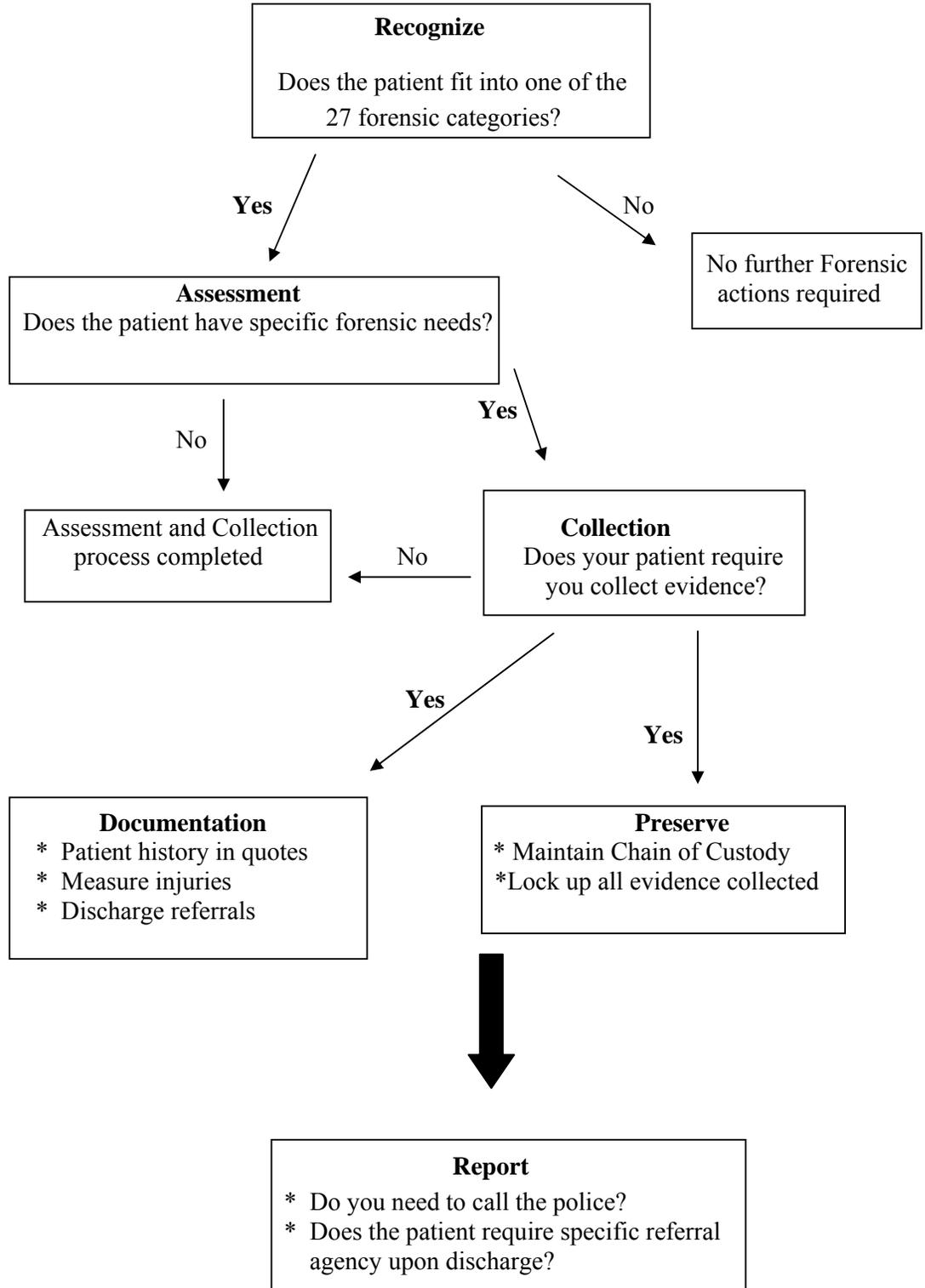
Six Orange Laminated Information Sheets

The following six pages contain the information sheets that were laminated and then attached to the forensic kit by a metal ring. The information sheets included; a list of the 27 types of forensic patients, a forensic patient clinical pathway, examples of common types of evidence the nurses may encounter and how best to preserve and label any evidence collected, general forensic swabbing guidelines, guidelines on how to transfer collected evidence, and a list of various forensic resource agencies and corresponding phone numbers

27 Categories of Forensic Patients

1. Abuse of the disabled
2. Assault and battery
3. Burns over 5% BSA
4. Child abuse and neglect
5. Clients in police custody
6. Domestic Violence
7. Elder abuse and neglect
8. Firearm injuries
9. Food and drug tampering
10. Forensic psychiatric clients
11. Gang violence
12. Human and animal bites
13. Malpractice and/or negligence
14. Motor vehicle trauma
15. Occupation-related injuries
16. Organ and tissue donation
17. Personal injury
18. Product liability
19. Questioned death cases
20. Sexual assault
21. Sharp force injuries
22. Substance abuse
23. Transcultural medical practices
24. Toxic exposure
25. Victims of catastrophic, mass destruction or acts of terrorism
26. End of life decisions, Not for Resuscitation (NFR)
27. Control of communicable diseases

Forensic Nursing Pathway



Guidelines for Collection and Preservation of Physical Evidence		
Specimen	Examples	Preservation Method
Clothing	<ul style="list-style-type: none"> • All garments (including cut & clothing pieces) • Footwear • Nappies • Bed linens (ambulance, ED) 	<ul style="list-style-type: none"> • Avoid cutting through holes, tears and rips • One item per paper bag
Body fluid	<ul style="list-style-type: none"> • Blood • Urine • Saliva • Vomitus • Seminal fluid 	<ul style="list-style-type: none"> • Fluids around wounds or wet body fluid stains should be collected with swabs • Samples should be collected using a cotton swab moistened with sterile normal saline • Allow swab to air-dry before placing in a paper envelope and labeling specimen with collection source
Hair & Fibers	<ul style="list-style-type: none"> • Hair- head or pubic • Shaved or cut hair from around the wound site • Carpet remnants • String/rope/tape 	<ul style="list-style-type: none"> • Collect sample and place in a folded piece of paper • Place each sheet of paper in a separate envelope
Debris	<ul style="list-style-type: none"> • Glass • Paint chips • Wood splinters • Animal/human teeth • Fingernail clippings • Cigarette fragments • Soil, vegetable matter 	<ul style="list-style-type: none"> • Collect and place each sample in a separate envelope
Foreign bodies	<ul style="list-style-type: none"> • Bullets • Pellets • Knives 	<ul style="list-style-type: none"> • Handle each specimen as little as possible • Do not mark on specimen • Place in plastic bag

(Adapted from Easter & Muro, 1995; Meserve, 1992; Wick, 2000)

***ALWAYS** wear gloves when collecting evidence.

*Have you labeled each specimen?

*Complete a chain of custody form, original to police.

*After collecting objects in appropriate paper bags, any heavy saturated items can be placed in plastic bags to avoid leakage of fluids and contamination of other evidence.

General Forensic Swabbing Guidelines

Forensically significant amounts of saliva, blood and other body fluids can be deposited during breathing, biting, sucking, licking and direct body contact. Therefore it is vital to recover all possible trace DNA evidence as possible.

Supplies needed

1 pair of gloves
2 swabs for each site of sample collection
Sterile water
Tape

Double Swab Technique Guidelines

1. Wash hands thoroughly before starting this procedure.
2. Put on a new pair of gloves and avoid breathing directly over area of body to be swabbed.
3. Check that the seal on each swab is intact. If the seal has been broken discard the swab and get another sealed swab.
4. If at any time during the collection procedure the swab is dropped or comes in contact with another surface, do not use the swab.
5. The **first** swab tip is wet with sterile water to wet the cotton tip completely.
6. The tip of the swab is rolled over the surface of the skin using moderate pressure and in a circular motion. This allows maximum contact between the swab and the skin and heightens any chance of collecting any deposited DNA.
7. The swab is then dried or placed back in the plastic container.
8. The **second** swab is **not moistened**.
9. Roll the second dry swab over the skin using moderate pressure and in the same circular motion as the first swab. This motion allows the dry tip to recover the moisture remaining on the skin's surface from the previous swab.
10. Return the second swab to the plastic container provided or set to dry before placing in another container.
11. Each swab should be carefully labelled with the following:
 - Name of patient
 - Date of Birth of patient
 - Date and Time swab taken
 - Area of body swabbed
 - Your signature
12. Seal each swab with tape and sign and date the tape.
13. Document in the nurses notes that swabs have been taken, what area of the body each swab was collected from, and who the swabs were given to.
14. Complete a Chain of Custody form.

If you have **ANY** doubts, questions or feel unsure about any of the above procedures or the needs of your patient, please call **Christine Vecchi on 0408933774**

Labeling and Transferring Evidence

Guidelines

1. Each bag of evidence released to any agency needs to be labelled with the following information.
 - Patients complete name
 - Hospital number
 - Date
 - Time
 - Type of specimen collected
 - Site of collection (if applicable)
 - Signature of person collecting specimen and title (RN, MD)

2. Complete Chain of Custody Form and transfer evidence to law enforcement or place evidence in locked cabinet.

3. Document in patients chart
 - Items collected from patient
 - Date evidence collected
 - Time evidence collected
 - Name of individual receiving evidence
 - Agency of individual receiving evidence
 - Whether evidence was stored in locked cabinet or collected by law enforcement or another agency member
 - Copy of the chain of custody form to be placed in patient's file. Original chain of custody form to go with law enforcement.
 - Signature and title (RN, MD) of individual who collected evidence

Referral Agency Phone Numbers

Aboriginal Health Services – Derbarl Yerrigan	9421 3888
Alcohol & Drug Information 24 hours	9442 5000 or 1800 198 024
Alma Street	9431 3555
Child Abuse Police Investigation Unit (office hours)	9492 5444
Child Protection Unit – Princess Margaret Hospital	9340 8290
Citizens Advice Bureau Legal Service	9221 5711
Crime Victims Compensation	9261 6222 or TTY: 1800 241 216
Crisis Care	9223 1111 or 1800 199 008
Communicable Disease Control	9388 4878
(Urgent public health action needed from healthcare workers only 24 hrs	9328 0553
Coroner	9425 2900 or (after hours) 9420 5200
Coronial Counselling Service	21 2491 or (after hours) 0419 904 476
Domestic Violence Police Liaison Officer Joondalup	9400 0943
Elder Abuse Seniors’ Interest Liaison Officer – WA Police Service	9356 0555
Family Help Line	9223 1100
Forensic Odontologist (Dr. Jenny Ball)	9386 1676 or 0419 044 549
Gay & Lesbian Community Services	9420 7201
Homicide Victims Support Group 24 hrs	0500 805 806
Infant Loss Support	1800 686 780
Joondalup Ranger	9400 4960
Kids’ Help Line	1800 55 1800
Legal Aid WA	9261 6200 or 1800 809 616
Lifeline – includes trauma counselling/crisis/suicide 24 hrs	13 11 14
Men’s Domestic Violence Helpline	9223 1199 or 1800 000 599
Mental Health Direct 24 hr advice line	1800 220 400
Multicultural Centre	9328 2699
NGALA Family Resource Centre	1 800 111 546
Organ Donation –Donate West	9346 3333
Parent Drug Information Line	9442 5050 or 1800 653 203
Parenting Line 24 hours	9272 1466 or 1800 654 432
Poison Center 24 hours	131126
Police Headquarters 24 hours	9222 1111
Police – Joondalup Station	9400 0888
Police Victims of Crime Unit	9356 0555 or 24 hr infoline 9356 0524
Psychiatric Emergency Team 24 hours	1800 676 822 or 9224 8888
Relationships Australia	1300 364 277
Salvos Careline	9227 8655
Samaritians 24 hours	9381 5555 or 1800 198 313
SARC 24 hrs	9340 1828 or 1800 199 888
SARC Counselling Line 24 hrs	9340 1899
SIDS Support Group	9474 3544 or 1800 199 466
State Child Development Centre	9481 2203
Translating & Interpreting Services 24 hours	13 14 50
Victims Support Service	9425 2850 or 1800 818 988
Women Domestic Violence Helpline	9223 1188 or 1800 007 339
Women Refuge Group	9420 7264
Youth Affairs Office	9476 2000

APPENDIX 21

Forensic Resource File Contents

1. Research Abstract
2. Research Project Advantages & Disadvantages
3. Forensic Patient Evidence Protocol
4. Forensic Patient Consent Form
5. 27 Categories of Forensic Patients
6. Forensic Nursing Pathway
7. Forensic Patient Checklist Form
8. Labeling and Transferring Evidence Guidelines
9. Labeling Evidence Bags/Items
10. Chain of Custody Form
11. Chain of Custody Information Sheet
12. General Forensic Swabbing Guidelines
13. Glossary of Common Forensic Medical Terms
14. Body Diagrams
 - ▶ Child body
 - ▶ Adult body
 - ▶ Head/Face
 - ▶ Arms
 - ▶ Hands
 - ▶ Feet
 - ▶ Female sexual organ
 - ▶ Male sexual organ
15. Referral Agency Phone Numbers
16. Forensic Kit Contents Sheet

17. Information Sheets
 - ▶ Mandated Reporting in Western Australia
 - ▶ Patient Property
 - ▶ Criminal Code 236
 - ▶ Privacy Act 1988
 - ▶ Legal Facts – Did you know?
 - ▶ Child Abuse Police Investigation Unit

18. Forensic Articles
 - ▶ Forensic Aspects of Health Care: New Roles, New Responsibilities
By Virginia Lynch, MSN, RN, 1993

 - ▶ Forensics and the Critical Role of the ER Nurse
By Lynda Benak, MSN, RN, 2001

APPENDIX 22

Forensic Patient Consent Form

HospC
Health Campus

Name: _____
Date: _____ (Patient label)

I, _____, the patient, parent,
(person's name)

guardian, or custodian do willingly consent and authorize for the medical and/or nursing staff in the emergency department at HospC to release, discuss or disclose my personal information or any collected personal property collected on _____ to the proper law enforcement agencies.
(date)

The confidentiality of such information will be guarded to prevent its release to unauthorised individuals. This permission includes the taking of photographs if such is indicated by the judgement of the above mentioned healthcare professionals.

Signature of Patient, Parent, or Guardian

Date

Name of Witness

Signature of Witness

APPENDIX 23

Forensic Patient Protocol

There are a limited number of circumstances in which the forensic evidence collection protocol will be undertaken by staff in the emergency department at Joondalup Health Campus under the research project guidelines.

The researcher to contact should there be any questions is Christine Vecchi. She may be reached 24 hours a day on **0408933774**.

Due to the Privacy Act, research objectives and the hospital guidelines, the following circumstances must occur before any forensic evidence may be collected, bagged, authorities contacted and personal patient information released.

1. **Coroners Case:** If a patient is classified as a coroners case (see list of criteria), before any patient property and tubes can be removed or washing of the body can occur, the healthcare staff **MUST** contact the coroner and get approval to do so. This patient category falls under the Western Australia law for Mandatory reporting, regardless of family approval.
2. **Communicable Diseases:** If a patient has been diagnosed with a Mandatory notifiable disease (see Appendix W), the proper health authorities must be contacted and patient information may be released under law (without patient consent).
3. **Consenting Forensic Patient:** If the patient falls into one of the 27 forensic patient categories (see list provided), **AND** the patient gives their consent (staff to obtain a consent form first), the healthcare staff may contact the proper authorities (ie. Police) and collect forensic samples and property.
4. **Unconscious Patient:** If a patient comes into the emergency department unconscious/unresponsive is not able to provide any identifying details **AND** there is a serious and imminent threat to the individual's life, health or safety; or a serious threat to public health or public safety, the police or other appropriate authorities may be contacted. Contacting authorities (ie. Police) will be done to confirm identity and report health related concerns.

APPENDIX 24

Notifiable Diseases in Western Australia

There are certain communicable diseases that healthcare professionals are required to report by state law. The following are the diseases that must be reported:

Adverse event following immunisation	Melioidosis
Amoebiasis	Meningococcal infection
Amoebic meningitis	MRSA
Anthrax	Measles
Arboviral encephalitis	Mumps
Botulism	Paratyphoid fever
Brucellosis	Pertussis
Campylobacter infection	Plague
Cholera	Pneumococcal infection
Cryptosporidiosis	Poliomyelitis
Chancroid	Q fever
Chicken flu	Rabies
Chlamydia	Ross River Virus infection
Dengue fever	Rubella
Diphtheria	Salmonella infection
Giardiasis	Scarlet fever
Gonorrhoea	Shiga toxin
Haemolytic influenza	Shigellosis
HIV/AIDS	SARS
Hepatitis A, B, C	Syphilis
Hydatid disease	Tetanus
Influenza	Tuberculosis
Legionella infection	Typhoid fever
Leprosy	Typhus
Leptospirosis	Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg)
Listeriosis	Yellow fever
Malaria	Yersinia infection
Measles	

The number for the reporting of any of the above diseases to the Communicable Disease Control authorities is 9388 4878 or A/H emergency 9480 4960

APPENDIX 25

Healthcare Stakeholder Coded Interview Transcript

CM: Do you see that most of the hospital policies and procedures that are in place now address most types of forensic patient needs and issues?

HCS2: *They usually are very basic. Certainly from what I am used to and looking here, the policies are very basic and generally say “yep you can do this, if you want to there is no hard and fast rule, if it is in your scope of practice”. There is no structure to the nursing policies for forensics. Even in as much as if you do something, what sort of support is the hospital going to give the person, there is nothing there. So I don’t think most organisations do that very well.*

CM: And why do you think that is?

HCS2: *It’s that territory thing again. It’s not in our territory.*

CM: But yet you have forensic policies?

HCS2: *Only very minimal saying, acknowledging that it exists and you know, your role in this is not expected but if you take it on and it is in your scope of practice, you can take it on. That’s the basis of the policy.*

CM: Do you see these policies as helpful and sufficient for your staff to follow and to be guided by and are comfortable with?

HCS2: *They have been sufficient whilst no-one has actually been taking forensic specimens, or looking or digging deeply into a forensic issue with a patient. There is no education and no awareness, then they become obsolete, they are just not in line. Most of the domestic violence polices would just say call “D” with which ever government department it is, but it doesn’t actually help you deal with a patient in front of you.*

CM: So when you said they are fine up to the point when you are taking forensic evidence, are people doing that? Are people being asked to do that?

HCS2: *Not in this department, not in nursing. Our medical staff will, but not nursing staff.*

CM: Before, you mentioned there was no education, do you had a wish list about the areas of forensic education that you would want or that would be useful?

HCS2: *I guess the identification of somebody in front of you, to learn how to ask the questions, to have then the evidence that “yes I have someone in front of me who has been a victim”. I think that has to be the biggest thing, the first step, because I don’t think nurses know how to identify and I don’t think they are comfortable asking the questions.*

CM: What do you think they are uncomfortable about?

HCS2: *I think it is prying into personal questions, as we are not very good with personal questions if it is not of a physical nature. Or it may be not knowing what to do with the answers, I am not sure which one it is. I would lean more towards not being comfortable with asking personal questions.*

CM: Anything else that you could think of that would be helpful, as far as education?

HCS2: *That’s the main ones I can think of at the moment.*

CM: Do you have input from the forensic community at the moment? And if you could get some feedback or had some communication with them would that be helpful?

HCS2: *I don’t think there is a great deal in my limited experience, I don’t think there is a great deal. Certainly a greater liaison would be beneficial. I don’t think we have to break down barriers, just to provide, or to pick up the phone and say “hey can you help us out with the procedure for this and this, I don’t know where to turn with this one”.*

APPENDIX 26

HospC Policy on Child Maltreatment

D: Domestic Violence - CHILD ABUSE AND/OR NEGLECT (CC05.157)

PERSONNEL ABLE TO PERFORM

Medical Staff, Nursing Staff, Social Work Staff

OUTCOME

- Children deemed to be at risk are protected from potential or actual physical, sexual, emotional harm or injury or neglect.
- HospC and the Department for Community Development agree to work together to protect children and reduce the trauma associated with child abuse to achieve the best possible outcome for the child and his / her family. The emotional well being of the child will be considered a priority.
- Both agencies acknowledge and support the philosophy, objective, Principles, descriptors and definitions of the Reciprocal Child Protection Procedures October 2002. These specific procedures have been developed collaboratively and are based on the existing Procedures between the Department for Community Development and other State Government Agencies.

EQUIPMENT

- Reciprocal Child Protection October 2002, Addendum January 2006 (HospC And The Department For Community Development)
- For children under 1 year presenting to ED - DR to complete Injury Assessment HR (No. to be advised)

Procedures

1. Requests for information from HospC by the Department for Community Development (DCD).
2. Referrals to DCD from HospC.
3. Children who present to HospC with suspected non -accidental injuries.
4. Statutory powers
 - 4.1 Power to keep child under six year of age in hospital (all hospitals).
 - 4.2 Use of Power to keep child under six year of age in hospital
 - 4.3 Provisional protection and care of newborn babies and children

in Hospital

- 4.4 Procedures for provisional protection and care of a newborn
- 4.5 Health care and documentary procedures
- 4.6 Procedures for provisional protection and care of child

A folder containing the:

1. Reciprocal Child Protection Procedures - Addendum January 2006
2. Children and *Community Services Act 2004* (complete Act held in Executive Office and Social Work. Relevant extracts in all other files).
3. Reciprocal Child Protection Procedures
These will be held in the following departments:
 - Social Work Department
 - Emergency Department
 - Paediatric Ward
 - Obs & Gynae
 - After Hours Managers Office
 - Executive - DON Office

References:

1. *Reciprocal Child Protection Procedures, October 2002 - Addendum January 2006. HospC & DCD*
2. *Reciprocal Child Protection Procedures between:*
 - *Western Australia Police Service, PMH, KEMH, DSC, Dpt. Education, Dpt. Justice, Dpt Of Health Western Australia, State Coroner, and DCD.*
3. *Children And Community Services Act 2004*

Originally Compiled By:	Social Worker and Manager Paediatric Services, April 1999, Last Revised by Social Worker, May 2002
Revised, Confirmed Current & Authorised At:	April 2006 Senior Social Worker, CNC Quality, DON - Adjunct Associate Professor

APPENDIX 27

Forensic Nursing Self-Directed Learning Package

Clinical Forensic Nursing: What Knowledge and Skills are Required to Care for Forensic Patient Populations?

Background

Violence has been recognized as a global public health problem (WHO, 2002). As a result, the nursing profession is faced with new educational needs which involve the specialty field of forensics (McGillivray, 2004). Often, forensic patients encounter healthcare professionals within Australian hospitals prior to any contact with the police or other legal professionals (O'Brien, 2006). Therefore, many nurses are unknowingly caring for forensic patients on a daily basis.

Providing competent and effective care to forensic patients requires a Registered Nurse to have special skills and unique knowledge (Glittenberg, Lynch, and Sievers, 2007). A nurse must have a clear understanding of their professional scope of practice, State and Federal laws as well as understand forensic science principles (Hammer, Moynihan, and Pagliaro, 2006; Glittenberg, Lynch, and Sievers). These special skills and unique knowledge allow nurses to meet the demands of the diverse forensic patient needs (Benak, 2001).

The content of this SDLP is based on the findings of a PhD research project that explored forensic nursing issues as a preamble to developing a forensic educational package for ED nurses in Western Australia. This SDLP is directed at all Registered Nurses working in a variety of environments. It will introduce participants to issues that surround forensic nursing.

Aim

The aim of this SDLP is to increase the awareness of Registered Nurses about who forensic patients are and provide clinical strategies that can be incorporated into everyday practice to enhance the outcomes for all forensic patients.

Expected Learner Outcomes

On completion of this SDLP, the Registered Nurse will be able to:

1. Identify who forensic patients are.
2. Define what forensic nursing is.
3. Have a greater awareness about the ethical and legal implications that are connected with forensic patient care.
4. Develop a basic understanding of the importance of evidence identification, collection and protection.
5. Be able to perform basic forensic evidence collection skills.

What is Forensic Nursing?

Forensic nursing, by definition, incorporates law and healthcare practices (Butterworths, 2003). According to Lynch (2006), forensic nursing involves merging the forensic aspects of healthcare with the bio/psycho/social/spiritual aspects of patient care.

Who are Forensic Patients?

A “forensic patient” refers to any individual who seeks treatment for complaints that interface with or have the potential to interact with the law (Pasqualone, 1998). Therefore, in everyday practice, all nurses regularly come in contact with forensic patients. In the literature (Pasqualone, 1998; Michel, 2007), there have been 27 different forensic patient categories identified. A complete list of the 27 categories of forensic patients are identified in the table below (Pasqualone, 1998; Michel, 2007).

1. Abuse of the disabled	15. Occupation-related injuries
2. Assault and battery	16. Organ and tissue donation
3. Burns > 5% body surface area	17. Personal injury
4. Child abuse and neglect	18. Product liability
5. Clients in police custody	19. Questioned death cases
6. Domestic Violence	20. Sexual assault
7. Elder abuse and neglect	21. Sharp force injuries
8. Firearm injuries	22. Substance abuse
9. Food and drug tampering	23. Transcultural medical practices
10. Forensic psychiatric clients	24. Toxic exposure
11. Gang violence	25. Victims of mass destruction/ terrorism
12. Human and animal bites	26. End of life decisions: Do Not Resuscitate (NFR)
13. Malpractice and/or negligence	27. Control of communicable diseases
14. Motor vehicle trauma	

Documentation – A Systematic Approach

In accordance with the Nursing Board of Western Australia guidelines (2004), documentation of patient care is a key requirement for every nurse. The recording of relevant history, interventions, observations, and results is an essential component of professional nursing practice. All documentation associated with patient care should be relevant, appropriate and accurate.

In many situations, forensic patients rely on medical notes as evidence to enable them to seek justice. Medical records can be used as evidence in court to determine events that may have contributed to a patient's injury or death. Any statement, record, testimony, or other things which tends to prove the existence of a fact can be used as evidence in court (Wallace, 2001). Therefore, it is vital all nurses are meticulous about the type and quality of documentation they employ.

The following are some useful points that may assist nurses in guiding their documentation style when caring for forensic patients.

- Write legibly and spell correctly. Incorrect spelling reflects upon your professionalism and increases the chance of misinterpretation.
- Notes should be concise, accurate, and relevant. Subjective descriptions and moral judgements are inappropriate and unprofessional.
- Use approved hospital abbreviations only.
- When taking a patient's medical history, put relevant patient history in "quotes". Documenting exact words can highlight why certain nursing interventions were initiated or not included in your nursing care plan.
- Know how to define everything you write and use professional language. For example, know that the word "cut" and "laceration" are different and are caused by two different types of injury mechanisms.
- All injuries should be described in the nursing notes. Descriptions should include: Anatomical location, size of injury (base X height in cm), colouring, and a brief description. For example: 2 x 2cm open laceration to bridge of nose oozing serosanguinous fluid. The use of body diagrams clarify observations.
- If a patient has no observable injuries after being subjected to or involved with a traumatic event then this too should be stated. For example: No physical injuries noted upon examination.
- Read what you wrote and make sure you understand what you are trying to convey because if you don't understand, NO ONE will.
- Make sure the patient's name is on every page of your nursing documentation.
- If you didn't do something explain why.

Lastly, there are some specific documentation items that can prove to be very important in forensic cases. Therefore, a make a final check that your documentation has addressed and included the following:

- Where was patient going upon discharge and with whom. Duty of care responsibilities continue until your patient has left the ward/facility.
- Document the time the patient left the ward/facility. If questions arise concerning the whereabouts of patients during their hospital admission, time lines can be created which identify and/or clarify any inconsistencies.
- Provide discharge instructions. Document what type of instructions you gave your patient and their reaction to such instructions. For example, "The patient was provided with a head injury advice sheet and the information on the sheet explained. The patient voiced their understanding of such discharge instructions".

- Ensure that the chain of custody form has been completed if applicable. It is vital to ensure the integrity of any specimens collected. The failure to maintain a proper chain of custody may render evidence inadmissible in court.

Legal Issues

There are many legal issues to consider when caring for forensic patients. However, in this SDLP, the main legal issues that will be addressed include civil vs. criminal acts, consent, Western Australia mandate reporting laws, existing hospital policy and procedures, and other State/Country specific legislation.

Civil vs. Criminal

Legal disputes arise when a person or body claims that another has done them wrong (Wallace, 2001). Forensic patient issues are dealt with through two main legal options; civil or criminal proceedings. Civil action is instigated by an individual when they believe that another individual has harmed them physically, mentally or economically and desires compensation for the actions (Wallace). In such cases, judges are responsible to act as a referee by determining the facts and interpreting the law. Criminal cases are initiated by the Crown through the police. In such cases, police claim that an individual has committed a wrong by committing a crime. In criminal cases, the Crown is only interested in punishing the offender. Therefore, a forensic patient may have to endure two legal proceedings if justice and compensation is desired.

In civil cases, the burden of proof is only that a doubt as to the validity of the case is present. An example of a forensic patient category that could lead to civil proceedings includes occupation-related injuries and malpractice and/or negligence issues. In criminal cases, the State is required to provide a much higher level of proof where the jury must believe that a person is guilty “beyond a reasonable doubt” before an accused person can be found guilty (Wallace, 2001). An example of a forensic patient category that could lead to criminal proceedings includes child abuse and neglect and sexual assault.

Consent

Obtaining consent from a patient prior to initiating any procedure is fundamental to nursing practice. Under law, all healthcare professional owe a duty of care to patients to consider the need for “informed consent” (Wallace, 2001). Therefore, to avoid the action of trespass (assault and battery) against a person or an action of negligence, informed consent must be obtained by healthcare professionals before providing care (if the individual is competent to provide such consent).

The issues of consent are exactly the same for all aspects of forensic patient care with one major exception. Under *Western Australia Criminal Code s236*, any patient who

is in police custody and has been charged with an offence may have biological evidence (ie body swabs, blood) taken without consent. Nurses who collect such samples at the request of a police officer cannot be charged with assault. However, overall, any evidence collected from patients must be obtained with prior consent of the patient. In addition, under the *National Privacy Act*, before the police are called regarding any non-mandated reportable issue, consent to talk with police must first be obtained from the forensic patient.

Mandate laws

Statutes are the only pieces of legislature that regulate mandate reporting in the state of Western Australia. Currently, there are only **three** situations that healthcare professionals are mandated to report to Western Australian authorities.

The three situations that healthcare professionals are required to disclose to authorities include:

1. Patient condition/situations that qualify under the *Coroners Act 1996*.
2. Certain Communicable diseases.
3. A suspicion of child sexual abuse.

Definitions

<u>Mandate</u>	=Enforcing strict compliance, obligated, required by an official authoritative instruction, command or according to law.
<u>Report</u>	= the act of disclosing information, to give an account of, describe.
<u>Statutes</u>	=An act passed by Parliament. A written law that must be followed and over rules an individual's wishes.

1. Coroners Act of 1996

The following situations/conditions that healthcare professionals are required to report to the to the Coroner that are considered “**reportable deaths**” include:

1. The patient's death has an unknown cause.
2. Of a person whose identity is unknown.
3. A person has died while in, or temporarily absent from certain establishments that have been providing them with care, treatment, and assistance such as a hospital, residential centre, welfare facility or residential childcare centre.
4. A medical practitioner has not and will not issue a certificate stating the cause of death.
5. The person was not attended by a medical practitioner within the period of 3 months immediately preceding his or her death or suspected death.
6. A person died within one year and one day of an accident to which the cause of death may be attributed.
7. A person died while in police custody.
8. That occurs during an anaesthetic or within 24 hours of the administration of an anaesthetic and is not due to natural causes.

9. A person died a violent or unnatural death or directly or indirectly from injury.
10. The number for the State Coroner is 9425 2900 or A/H 9420 5200.

BEFORE any tubes, medical devices, clothing or personal property on or of the patient may be removed, disposed of or given to relatives, you **MUST** have approval from the Coroner. Under section 29(1) of the *Coroners Act 1996*, the body is under the control of the coroner investigating the death and is subject to any directions the State Coroner may give. This includes any next of kin who wish to view or touch the body.

2. Communicable Diseases

Under public health legislation, healthcare providers are required to report certain notifiable diseases to health authorities (*Health Act 1911*). Because Western Australia State law requires notifications to the Department of Health of certain communicable diseases, the notification of such diseases do not breach the *Privacy Act 1988* (National Privacy Principle 2.1 (g)). The following are the diseases that must be reported: Adverse event following immunization, Amoebiasis, Amoebic meningitis, Anthrax, Arboviral encephalitis, Botulism, Brucellosis, Campylobacter infection, Cholera, Cryptosporidiosis, Chancroid, Chicken flu, Chlamydia, Dengue fever, Diphtheria, Giardiasis, Gonorrhoea, Haemolytic influenza, HIV/AIDS, Hepatitis A, B, C, Hydatid disease, Influenza, Legionella infection, Leprosy, Leptospirosis, Listeriosis, Malaria, Measles, Melioidosis, Meningococcal infection, MRSA, Measles, Mumps, Paratyphoid fever, Pertussis, Plague, Pneumococcal infection, Poliomyelitis, Q fever, Rabies, Ross River Virus infection, Rubella, Salmonella infection, Scarlet fever, Shiga toxin, Shigellosis, SARS, Syphilis, Tetanus, Tuberculosis, Typhoid fever, Typhus, Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg), Yellow fever, and Yersinia infection.

3. Suspected Child Sexual Abuse

On 7 March, 2007, Western Australia Premier Alan Carpenter, announced that Western Australia would require doctors, nurses, teachers and police to report evidence of child sexual abuse as part of the Government's response to the Ford Review of Western Australia's child protection system. Prior to this, the groups of people mandated to notify their concerns or suspicions to the child protection authority was limited to court personnel, counselors and mediators; licensed providers of child care, and outside school hours care services.

Existing hospital policy and procedures

The amount and type of existing hospital policies pertaining to forensic patient care is extremely varied. It is imperative that nurses work within their scope of practice outlined by the Nurses Board of Western Australia, but also abide by their hospital policies. Therefore, all RNs should know what type of policies that exist in their hospitals and how they apply and affect their nursing practice.

Other State/Country Specific Legislation

Privacy Act of 1988

The *Privacy Act* sets out 10 National Privacy Principles (NPP) under Schedule 3 which are legally binding about how organizations must handle personal information.

A summary of NNP obligations that are applicable to this SDLP include:

- Use fair and lawful ways to collect personal information.
- Get consent to collect sensitive information unless specified exemptions apply.
- At the time you collect personal information or as soon as practicable afterwards, take reasonable steps to make an individual aware of;
 - * Why you are collecting information about them
 - * Who else you might give it to; and
 - * Other specified matters.

There are three NNPs from Schedule 3 that will be outlined below as they relate specifically to forensic patient care. These include:

1. NNP 1 Collection
2. NNP 2 Use and disclosure
3. NNP 6 Access and correction

1. NNP 1 Collection

- 1.1. An organization must not collect personal information unless the information is necessary for one or more of its functions or activities.
- 1.2. An organization must collect personal information only by lawful and fair means and not in an unreasonably intrusive was.

2. NNP 2 Use and disclosure

- 2.1 Primary and related purposes means that an organization can only collect and use the personal information collected directly from the individual that correlates to the particular purpose.

Any use and disclosure of personal information for a secondary purpose is not allowed except where such use falls within the exceptions listed below.

- 2.2 If personal information is to be used for a secondary purpose, there must be something that arises in the context of the primary purpose within reasonable expectations. **Reasonable expectation** is understood to be what an individual with no special knowledge of the industry or activity involved would expect.

Personal information for a secondary purpose may be disclosed if it has the individual's consent.

- 2.3 Personal information for a secondary purpose may be disclosed in emergency situations where there is a serious threat to health and safety and using or disclosing personal information will help reduce that threat.

Serious threat = a threat of bodily injury, mental health, illness or death.

- 2.4 If an organization is **required** by law to use or disclose personal information it has no choice and it must do so. If an organization is **authorized** by law to use or disclose personal information it means the organization can decide whether to do so or not.
- 2.5 An organization may use or disclose personal information where it reasonably believes this is reasonably necessary for a range of functions or activities carried out by, or on behalf of, an enforcement body.
- 2.6 A provider of a health service may disclose health information in some circumstances where the individual is unable to give consent and where the disclosure is not contrary to any known wish of the individual. Such a disclosure is only permitted to ensure the individual receives appropriate care or treatment or where it is necessary for compassionate reasons – for example a guardian, close relative or friend.

3. NNP 6 Access and correction

- 6.1 Where health information is involved, an organisation would be able to deny access where there is a serious threat. The serious threat does not have to be imminent. It could happen at any time.
- 6.2 If an organisation is required by a law to refuse access it has not choice. If an organisation is authorised by law to refuse access the organisation can decide whether to do so or not.
- 6.3 Organisations are not required to provide access to personal information where unlawful activity is reasonably suspected, for example fraud or theft, and access would prejudice investigations into that activity.

Criminal Code - Section 236

When a person is in lawful custody upon a charge of committing any offence of such a nature and alleged to have been committed under such circumstances that there are reasonable grounds for believing that a sample of any matter on the person's body will afford evidence as to the commission of the offence, it is lawful for;

- (a) a legally qualified medical practitioner; or
- (b) a nurse as defined in the *Nurses Act 1992* ,

acting at the request of a police officer, and for any person acting in good faith in aid of, and under the direction of, the person acting at the request of the police officer, to take the sample from the person so in custody and to use such force as is reasonably necessary for that purpose.

Ethical Issues – advocate or informer

Healthcare professionals are often confronted with difficult legal and ethical dilemmas when providing care to forensic patients. According to Wallace (2001, p.627), ethics is the “study of rational processes for determining the course of action, in the face of conflicting choices”. There are several codes of ethics which nurses can consult when faced with difficult decisions (Nurses Board of Western Australia Code

of Ethics, International Council for Nurses, National Health and Medical Research Council, Hospital Codes of Ethics).

While such codes provide principles to guide actions, the variety of statements can often be general and confusing. Therefore, before acting on an unfamiliar or confusing situation, nurses should make sure they have a firm grasp of all the facts. Facts to consider could include the nature of an individual's diagnosis, the patient's prognosis, what the patient has been told previously, and what the patient's perception of the issue is. After considering all the facts, nurses should then review the law. Sometimes there are legal requirements that are attached to a situation that will provide guidance and make clear the course of action that must be followed. Should these avenues provide no clear cut pathway to follow, often the best choice of action is obtain through group consultation amongst colleagues and facility management.

Practical skills

There are a few basic skills that all nurses should have to enable them to provide comprehensive care to forensic patients. Such clinical skills centre on forensic evidence collection. The discussion that follows will focus on what nurses need to know about how to collect common types of physical evidence.

Evidence collection

Evidence can be defined as:

Any statement, record, testimony, or other things, apart from legal submissions, which tends to prove the existence of a fact in issue (Butterworths, 1998).

When a healthcare worker comes into contact with a client's property, when it is given to them for safekeeping and when they have to handle it on other occasions, there are two types of situations in which Western Australia law is interested.

1. The wrongful interference with a person's goods
2. The careless or negligent treatment of a person's goods when they have been given for safekeeping.

A patient's personal property should only be given to someone else other than the patient if the patient has been asked and authorized the third party to take their property. Under Western Australia law, the patient must give consent for a third party to take control of their property. The only exception is with a minor child. The parents of the minor child are able to legally take possession of the minor child's property (Wallace, 2001).

The following is a checklist of items you may want to consider when dealing with a patient's personal property.

1. Have I informed the patient about what hospital policy is regarding collection of personal property?
2. Have I listed each object by type and condition?

3. Have I secured the patient's consent to take their belongings?
4. Have I secured another healthcare professional as a witness, if possible, before taking the personal property?
5. Have I given the patient or their family members a copy/receipt for any personal property taken?
6. Have I and do I need to complete a chain of custody form?
7. Have I documented in the nursing notes what I have done with all personal property taken from the patient?

Some guidelines for collection and preservation of physical evidence is listed below:

1. Before collecting any item **ALWAYS** don gloves.
2. All garments (ie. clothing, footwear, nappies, bed linen) should be placed in paper bags (one item per paper bag if possible).
3. Body fluids such as blood, urine, saliva, vomitus should be placed directly in a specimen container (a small yellow top urine container is sufficient) and sealed. Tape should be placed around the lid to seal the container thus minimizing the ability of the item to be tampered with or damaged.
4. Hair, fibers (ie. carpet remnants, string, rope, tape), debris (glass, soil, vegetable matter, cigarette fragments) can be collected and placed in a specimen container or in an envelope and sealed.
5. All items should be handled as little as possible.
6. Items should be described accurately and objectively. For example, do not describe a ring as "gold" but rather as "yellow metal". This will minimize confusion and any misunderstandings of what products the valuables are composed of and who is to blame if the valuables returned do not match the noted description or what the patient interprets the description to mean.
7. Each item should be sealed with tape and hand labeled with a black or blue pen. Information that should be placed on each item include:
 - ▶ Patient's name (do not affix a patient label as they can be removed).
 - ▶ Medical record number
 - ▶ Date of birth
 - ▶ Description of article (ie. one short sleeve red t-shirt).
 - ▶ Date and time item was packaged
 - ▶ Collectors signature and designation
8. Complete a chain of custody form and maintain contact with collected items until secured in a locked cabinet or handed over to authorities.

Evidence Protection

"Chain of Custody" can also be referred to as "chain of evidence". Either term can be defined as the identity of individuals having control or custody of evidence, potentially evidence or other property (Lynch, 1995). All evidence to be cited as proof in a court of law at trial is subject to a number of tests to establish its admissibility and relevance. To ensure the integrity of any article/item/specimen collected, the whereabouts of such items must be able to be traced. Failure to maintain such a chain of custody can render potentially evidence worthless in a court of law.

Regardless of its importance to a case, any evidence lost, damaged, or unaccounted for prior to its arrival in court can be ruled inadmissible by the judge. Aside from the potential harm to the case, such a loss reflects poorly upon the professionalism of the responsible healthcare professional and the agency.

The following are some guidelines for ensuring that a chain of custody is maintained.

1. Legal chain of custody should be maintained on all specimens/articles/items collected from a forensic patient (established or potential).
2. Complete the designated chain of custody form before releasing any specimens/articles/items to the care of another professional (ie. police, hospital).
3. Keep the original form in the patient notes and give a photo copy to the individual from the collecting agency.
4. Document in the nursing notes that you have collected evidence, that the chain of custody form was completed, and what agency took position of the evidence or that you locked the evidence up. Date, time, and your signature should accompany this statement. You can have the person collecting the evidence (ie. police, coroner) sign your nursing notes to support your documentation.
5. Try to eliminate the number of times any evidence must be handled or transferred. Fewer mistakes will be made.

Discharge and Referral Agencies

One of a nurse's main responsibilities is to ensure continuity of care for all patients. That is especially important to forensic patients who have often been exposed to or involved in traumatic events. Appropriate discharge planning often requires a multidisciplinary and coordinated process (Crisp and Taylor, 2005). The process of discharging a forensic patient may not always mean that the patient will be leaving the healthcare facility to go to their home environment. Some forensic patients may need to be transferred within the same facility to another ward or be transferred to another specialized facility to begin a rehabilitation process. Therefore, it is imperative that good verbal communication occurs between all healthcare professionals, patients, and family members.

Sometimes, due to the situational circumstances, forensic patients require referrals upon discharge. Referral requirements could be formal such as specified follow-up appointments with medical specialists (fracture clinics or post-op surgical consultations). However, many forensic patients could require the name and details of an organization such as; Police, Family Help Line, Legal Aid Western Australia, Victims Support Service, Alcohol & Drug Information, Women Refuge Group. Being provided with names and telephone details of such agencies could assist forensic patients' gain access to applicable treatment opportunities thus increasing the likelihood of successful and long-term health benefits.

Journal Articles

The following journal articles will be included within the SDLP.

1. Assid, P. (2003). Evidence collection and documentation; Are you prepared to be a medical detective? *Topics in Emergency Medicine*, 27(1), 15-21.
2. Goll-McGee, B. (1999). The role of the clinical forensic nurse in critical care. *Critical Care Nursing Quarterly*, 22(1), 8-18.
3. McCracken, L. (2001). The Forensic ABCs of Trauma Care. *Canadian Nurse*, 97(3), 30-33.
4. Saunders, I. (2000). Forensic Nursing; formalizing a new role or recognizing existing practice? *Australian Nursing Journal*, 8(3), 49-50.

Case Studies

There will be three case study examples included within this SDLP. One case study will address pediatric issues, one will address adult forensic issues and one will address the forensic concerns of the elderly and/or disabled patient populations. Each case study will contain a case history, case photographs, and a short quiz at the end. The learner will be asked to apply their understanding of forensic issues presented in this SDLP to answer the case study questions. In addition, the case photos will allow the learner the opportunity to practice their injury documentation. The quiz at the end of each case study will allow the learner to self evaluate their understanding of the various forensic issues provided within this SDLP.

Glossary of Terms

A list of commonly used forensic related words will be included within the SDLP to help learners clarify terms, enhance documentation, and assist with learning. Below are some common terms utilized regularly in forensic cases.

1. **Abnormal**: Deviating from a standard, not average, typical or usual.
2. **Abrasion**: An area of skin or mucous membrane removed by some mechanical process (“a scrape”).
3. **Asphyxia**: Death caused by lack of oxygen to the brain.
4. **Atrophy**: Wasting away of tissue.
5. **Blunt trauma**: Injury inflicted by an object or surface that is not sharp.
6. **Bruise**: An injury that does not break the skin but causes ruptures of small underlying vessels with resultant discoloration of tissues. Also called **contusions**, **ecchymosis**.
7. **Buccal swab**: A swabbing collected from the inside surface of the cheek.
8. **Burn**: An injury produced by mechanical means – by heat, cold, electricity, or chemicals.
 - * 1st degree: redness and tender skin – ie. Sunburn
 - * 2nd degree: blisters – ie. Scald burn
 - * 3rd degree: involves deeper layers of tissues (no pain) – ie. Fat muscle
9. **Cause of death**: The immediate reason for a death; the action or injury that most directly caused a person to die. ie. A stab wound to the chest.

10. **Chain of Custody**: Procedures and documentation used to ensure the integrity of evidence from collection to courtroom presentation to the final destruction of evidence.
11. **Concussion**: An impact or injury usually refers to loss of consciousness following a blow to the head. A fracture may or may not be present.
12. **Congenital**: Refers to conditions that are present at birth, regardless of their causation.
13. **Contusion**: See bruise
14. **Cut**: To open up or incise with a sharp edge or instrument.
15. **Defendant**: The accused in a criminal proceeding; in a civil case, the person or party being sued.
16. **Defence wounds**: Wounds found on a body or living person that resulted from defensive actions taken during a struggle.
17. **Diaphoresis**: A profuse perspiration.
18. **Erythema**: An intense redness of the skin due to excess blood in the dilated superficial capillaries.
19. **Forensic Nursing**: The application of nursing skills to legal matters and law enforcement.
20. **Forensic Patient**: Any patient whose presenting symptoms and/or discharge diagnosis have legal implications.
21. **Hematoma**: The swelling caused by collection of blood in a space such as under the skin or under the skull
22. **Haemorrhage**: The escape of blood from vessels.
23. **Incised wound**: A wound created by cutting with an object such as a knife or scissors.
24. **Laceration**: A wound which is characterized by being torn or having ragged-edged.
25. **Latent prints (fingerprints)**: Left at a scene on an object that are not visible, barely visible, and/or potentially visible.
26. **Lividity (livor mortis)**: The settling of blood that occurs in a body after the heart stops beating.
27. **Manner of death**: The classification of a death as accidental, homicidal, indeterminate, natural, or suicidal.
28. **Mechanism of death**: The specific medical, biochemical, and/or physiological process or failure that causes death eg. In a stabbing, blood loss can lead to shock, and often this shock is the mechanism of death.
29. **Modus operandi (MO)**: The methods, techniques, and approaches that a criminal uses to commit a crime. A person's MO can change over time.
30. **Mongolian spot**: Common blue-black area at the sacrum or buttocks; variation of hyper-pigmentation of the skin; often in Native American, Latin and Asian newborns that fades during the 1st year. Can be confused with child abuse injuries.
31. **Mottling**: A lace-like pattern of dilated cutaneous vessels.
32. **Nevus**: A large, flat macular patch covering the scalp or face; dark red, bluish or purplish in colour and intensifies with crying, exertion, or exposure to heat or cold (also called a Port-Wine Stain).
33. **Non-accidental injury**: An injury which occurs other than by chance. Legally this refers to an injury which is inconsistent with the stated cause.
34. **Oedema**: The presence of increased fluid in the tissues of the body.

35. **Pattern injury**: a bruise or wound whose shape suggest the instrument or weapon that caused it ie. Belt buckle, broomstick, burning cigarette, pinch marks, bite marks.
36. **Paralysis**: Complete or partial loss of function involving usually motor function in a part of the body.
37. **Peri mortem**: Occurring at the time of death or very near to it.
38. **Petechiae**: Small pin-point hemorrhages of the skin which do not blanch (whiten) on pressure.
39. **Proximal**: Nearest; closer to the point of reference.
40. **Purpura**: Bleeding into the skin which is a large bruise or ecchymosis.
41. **Pus**: Turbid fluid.
42. **Putrefaction**: A stage of decomposition that begins with a greening of the skin along with a surge in microbial degradation leading to bloating and purging of gases and fluids from the body.
43. **Rigor mortis**: The stiffening of a body that occurs shortly after death, usually within 2-6 hours after death.
44. **Scar**: The flat, raised or depressed area of dense fibrous tissue that is left by the healing of injured tissue.
45. **Strawberry mark (Immature hemangioma)**: A raised bright red area with a well-defined borders about 2-3 cm in diameter; does not blanch with pressure and is present at birth; usually disappears between ages 5-7 years.
46. **Swelling**: Abnormal enlargement or increase in volume, associated with accumulation in the tissue of a protein-containing exudate.
47. **Tear**: To separate or pull apart by force.
48. **Tenderness**: A state of unusual sensitivity to touch or pressure.
49. **Trauma**: Referring to an injury.
50. **Vesicle**: Circumscribed, elevated lesion <1 cm in diameter and containing clear serous fluid ie. Blisters of herpes simplex.
51. **Welt**: A lump on the skin of the body which is usually the result of blood in the tissue as well as oedema fluid from injured blood vessels.
52. **Wheal**: Superficial, raised, transient and erythematous; slightly irregular shape due to oedema ie. Mosquito bite, allergic reaction.

The above definitions came from the below cited references.

1. Bell, S. (2004). *The facts on file dictionary of Forensic Science*. New York: Checkmark Books.
2. *Concise Collins Dictionary* (1989). London: William Collins Sons & Co. Ltd.
3. Jarvis, C. (1996). *Physical examination and health assessment*. Philadelphia: W.B. Saunders Company.

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All of the references cited in the SDLP excluding the references cited under the glossary of terms and relevant journal article headings are listed below.

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12. Nursing Board of Western Australia, (2004). Management of patient information and documentation guidelines. Western Australia: Australian Nursing Council.
13. Wallace, M. (2001). Health care and the law (3rd ed.). Sydney: Lawbook Co.
14. World Health Organisation (WHO). (2002). *World report on violence and health: summary*. Geneva: WHO.

Legislation Acts and Bills

Coroners Act 1996

Health Act 1911

Nurses Act 1992

Privacy Act 1988

Western Australia Criminal Code 1996