

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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| NAME OF DOCUMENT | Management of a Crime Scene, not occasioning Death or the Death of a Consumer, while in or on leave from an Inpatient Mental Health Facility |
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| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | General Manager, Mental Health Service |
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| FUNCTIONAL GROUP | Mental Health |
| KEY TERMS | Crime scene, death, evidence, leave, inpatient, reportable, Coroner |
| SUMMARY | This document provides guidance for clinical staff and managers on the correct procedure for managing, reporting and documenting situations involving a crime scene/potential crime scene not occasioning death, or the death of a consumer, while a person is an inpatient or on leave from an inpatient mental health facility. Such deaths are reportable under Section 6 (1f) of the NSW Coroners Act 2009. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Management of a Crime Scene not occasioning Death, or the Death of a Consumer, while in or on Leave from an Inpatient Mental Health Facility

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1. POLICY STATEMENT

This Procedure supports the NSW Health Policy [PD2010_054 Coroners Cases and the Coroners Act 2009](#).

2. BACKGROUND

All deaths occurring within mental health facilities¹ are reportable to the Coroner². The NSW Ministry of Health Policy [PD2010_054 Coroners Cases and the Coroners Act 2009](#) provides guidelines for medical, nursing and midwifery staff on coroners' cases dying in hospital, but these are general in nature, and do not provide specific guidance to staff within mental health facilities who may be required to deal with the aftermath of an unexplained/unexpected death (including suicide).

In addition, staff may also have to deal with crimes, such as a physical or sexual assault, in which preservation of the 'scene of a crime' and associated evidence is important. This Procedure, therefore, refers not only to the management of the body following a death, and the scene of the death (which may be considered a crime scene for the purposes of NSW Police and/or coronial investigation) and to all items belonging to, or associated with, the deceased, but extends to the management and/or support of the victim(s) and perpetrator(s), as well as the scene, if a crime such as assault or sexual assault is suspected.

3. RESPONSIBILITIES

3.1 Employees will:

- Ensure that they are familiar with the Procedure and the requirement for compliance.

3.2 Line Managers will:

- Ensure that staff are familiar with the Procedure and the requirement for compliance.

3.3 District Managers/Service Managers will:

- Distribute the Procedure within their relevant services.
- Ensure that Line Managers and other staff are familiar with the Procedure and the requirement for compliance.

3.4 Medical staff will:

- Ensure that they are familiar with the Procedure and the requirement for compliance.

4. PROCEDURE

4.1 Unexpected/Unexplained Death – Management of the Body

- In the event of an unexpected or unexplained death, once death has been confirmed, staff are required to follow the process outlined in [Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health](#)

¹ As defined within the NSW Mental Health Act 2007

² As defined under Section 6 of the NSW Coroners Act 2009

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[Agencies](#) regarding the care and management of the body, including any medical or surgical equipment that was used during a resuscitation attempt.

4.2 Unexpected/Unexplained Death – Management of the Scene within the Inpatient Mental Health Setting

- As in Item 4.1, once death has been confirmed, staff must take measures to ensure that any items that may have been associated with the deceased, and possibly involved in their death, or the circumstances leading to the death (such as clothing, medication, ligatures, weapons or other items identified as relevant), as well as the room or space in which the death occurred, are secured for further examination, investigation and/or collection by NSW Police. Staff must restrict access to the room/area, by locking the door where applicable (e.g. bedroom), or by otherwise restricting access to the room, even if the space is a common area shared or used by other patients, staff or visitors. Where possible lock should be changed on the door to prevent access, the key should be given to the manager.
- The individual's property that is not within the crime scene (i.e. patient locker) should be logged and be placed in a safe place, for access by NSW Police and later family.
- The individual's file/records, and any paperwork relating to the consumer, such as engagement and observation, physical health records, should be collected and given to the manager, for safe keeping and for restricted access.

4.3 Unexpected/Unexplained Death – Management of the Scene on or around the Hospital Campus

- Hospital Security personnel must be contacted as a priority where there is an unexpected/unexplained death within the hospital surrounds or hospital grounds.
- Security personnel will support measures to ensure that any items that may have been associated with an unexpected/unexplained death, the deceased, and possibly those involved in their death, or the circumstances leading to the death – (such as clothing, medication, ligatures, weapons, or other items identified as relevant), as well as the space in which the death occurred – are secured for further examination, investigation and/or collection by NSW Police.
- Security personnel will contact NSW Police as per the requirements of [Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#) and monitor the scene until NSW Police arrive, recording details for reporting to NSW Police.
- Security personnel will also be able to secure the scene (limiting access to only essential personnel, preventing contamination and/or removal of evidence) and complete accurate records of everything that happens until NSW Police arrive.

4.4 General Principles – Potential Crime Scene

NOTE: Potential crime scene refers not only to the management of the body following a death, and the scene of the death (which may be considered a crime scene for the purposes of NSW Police and/or a coronial investigation) and to all items belonging to, or associated with, the deceased, but extends to the management and/or support of the victim(s) and perpetrator(s), as well as the scene, if a crime such as assault or sexual assault is suspected.

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On arrival at a potential crime scene (incident), the general principles of care are as follows:

- a) To isolate and contain the area so that any evidence located within can be preserved. Where a medical emergency is evident, see Section 4.5.
- b) Touch nothing and move nothing unless there is a life threatening situation.
- c) If a staff member does move something – they must keep a record ensuring they log all the relevant details such as original position, reason for moving the person/item of evidence.
- d) As soon as possible, take steps to secure the area from curious persons and others. Consider changing lock of area.
- e) If possible, remain on the scene and send others to call superiors or investigative personnel.
- f) Take precise notations of time and events as they occur.
- g) Establish a 'safe walk area' which will reduce the disturbance to the area of the incident, and be aware that possible evidence (e.g. fingerprints, footprints) may be found on doors, door locks, knobs, light fittings, floors and walls.

4.5 Medical Emergency at the Potential Crime Scene

If an injured person is at the potential crime scene (unexpected/unexplained death or incident area), they must be given first aid immediately, even though valuable evidence may be destroyed. Staff on the scene must:

- a) Administer first aid until a detailed examination by a NSW Ambulance Officer or doctor has been made.
- b) If there has been an attempt at suicide by hanging, call for assistance. Where possible, loosen or immediately cut free the noose, making sure (where possible) to keep the knot intact.
- c) Commence first aid and cardiopulmonary resuscitation (CPR) until relieved.

4.6 Management of Witnesses and Suspects at the Potential Crime Scene

Hospital Security personnel should be called for as a priority, as suspects and witnesses should be separated and:

- a) Witnesses should be instructed not to discuss the events, so as to prevent distortion of facts by suggestion or collusion.
- b) The crime scene should not be discussed with witnesses or bystanders.

4.7 Handover to NSW Police Officer at the Potential Crime Scene

On arrival of the investigating NSW Police Officer(s), report all that has been learned and observed and all actions taken. The handover briefing should include:

- a) Day, date, time, location.
- b) Timing of events (e.g. movement of persons in and out of the crime scene area).
- c) Who was present at the scene?
- d) If known, who had departed the scene?
- e) Established basic facts, e.g. if medical assistance was provided.

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- f) Noted observations – in particular, visible evidence such as blood spills, footprints, weapons etc. and conversations overheard or reported.

NOTE: The identical information provided to NSW Police should also be recorded in ims+ as per [NSW Health Policy Directive PD2020_047 - Incident Management](#).

4.8 General Requirements for Preservation of a Crime Scene/Potential Crime Scene

Crime scene preservation must override any other consideration at the scene, except for the provision of first aid or CPR to a victim who requires immediate medical attention.

Where the scene is on or around hospital campus Hospital Security personnel are responsible for preserving the scene and evidence, in order for it to be viewed and collected by investigating NSW Police.

5. DOCUMENTATION (AT THE POTENTIAL CRIME SCENE)

If the crime scene must be disturbed, then Hospital Security personnel responding must immediately make a record of the disturbance such as original position of person/items, reason for moving the person/piece of evidence etc. The investigating NSW Police Officer must be made aware of those activities as soon as possible.

6. AUDIT

Not required.

7. REFERENCES

NSW Health

- [PD2010_054 - Coroners Cases and the Coroners Act 2009](#)
- [PD2020_047 - Incident Management](#)
- [Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies](#)
- [NSW Government: Initial steps after a death is reported to the Coroner](#)

Other

- [National Safety and Quality Health Service \(NSQHS\): Standard 1. Governance for Safety and Quality in Health Service Organisations \(1.1, 1.14\)](#)

8. REVISION AND APPROVAL HISTORY

| Date | Revision No. | Author and Approval |
|---------------|--------------|---|
| October 2015 | 0v1 | First draft by Ian Wilson, SESLHD MHS Quality Manager. Reviewed by Angela Karooz, SESLHD MHS Clinical Nurse Manager. |
| November 2015 | 0v2 | Sent to MHS Clinical Operations Managers, MHS Quality Managers and SESLHD Enterprise Risk Manager for review. Minor feedback received and incorporated. |
| November 2015 | 0v3 | Endorsed by SESLHD MHS Clinical Council. |
| December 2018 | 1 | Under revision by Inpatient Service Managers. |

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| February 2019 | 1 | Endorsed by SESLHD MHS Clinical Council |
| May 2019 | 1 | Minor Review. Approved by A/Director Operations, SESLHD Mental Health Service. Added reference to <i>Protecting People and Property – NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies</i> . Added content on changing locks, how to log and secure patients personal items, securing patients file, records and associated paperwork. |
| June 2019 | 1.1 | Added reference to NSW Government: Initial steps after a death is reported to the Coroner. |
| July 2019 | 1.1 | Processed by Executive Services prior to publishing. |
| April 2022 | 2.0 | Routine review commenced. Document reviewed and updated for gender diversity, minor wording changes and all links checked and updated where required. |
| May 2022 | 2.0 | Document circulated to DDCC for feedback – no changes identified. Endorsed for publication by Executive Sponsor. |
| June 2022 | 2.0 | Processed and published by SESLHD Policy |