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1.0 Purpose

Policies and procedures guide the care of Medico Legal cases coming to the emergency department and procurement of evidences.


2.0 Scope

All Medico Legal Cases handled by the hospital

3.0 Procedure

- 3.1 All cases of Road traffic related accidents, Domestic accidents, burns, Physical assaults, alleged suicide or homicide, fall industrial accidents, Known and unknown Poisoning, Sexual Assault / Abuse History/ Rape, Acid Attack (Vitreolage), drowning, mass casualties due to natural and unnatural cases (Earth quake, building collapse, floods etc.) shall be registered as medico legal cases (MLC) and to be endorsed in the medico legal report register
- 3.2 When a case identified as medico legal is brought to the department of Accident and Emergency, the emergency room doctor shall provide immediate medical care as required, assessing and stabilizing the patient including active resuscitation
- 3.3 The Emergency Room doctor shall inform the Medico-Legal authorities through the Security/Housekeeping Supervisor through an intimation slip. The Casualty Medical Officer **ensures that the treatment gets priority over written work related to the Medico Legal Case**
- 3.4 RED Color stamp is to be used as 'MLC' stamp on all Admission forms, Case sheets / Radiological imaging reports, Lab requisitions and reports, Primary assessment sheets etc
- 3.5 Two identification marks excluding Thumb impression of Victim will be taken on the Medico Legal Case Register, Primary assessment sheet and on the form of very first Radiological investigations done in Emergency
- 3.6 If the victim is not desirous of being classified as a Medico-Legal Case, treatment will not be refused, however the Medico Legal Case will not be deferred, as it is the onus of the Emergency Room doctor to comply with the law. (****Remember always that the MLC is not by the choice of the concerned.**)
- 3.7 The Security Supervisor shall intimate the Police for subsequent initiation of Medico legalities. Police intimation report is to be made in duplicate, one copy for the Security office and one for Police
- 3.8 Medico-Legal Case Report Form shall be filled by Emergency Room doctor in Duplicate (one copy for Medical Records Department and one for the Police). Opinion will be given as "Reserved"
- 3.9 In case of hospital admission, the Admitting consultant will give the final opinion.
- 3.10 Medico Legal Case report shall be completed and signed as soon as possible after the patient arrives in the department of Accident and Emergency, and in all cases

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before the Emergency Room Doctor goes off duty. The Emergency Room doctor shall not be relieved until Medico Legal Case reports for patients managed in the tenure of duty are completed. All medico legal cases will be attended to and will receive immediate attention and concern of sort

3.11 Urgent Radiological Investigations (X-rays, CT scan, and Ultrasound) and Blood Investigations will be decided by the Emergency Room Doctor

3.12 Lifesaving, Sight saving and Limb saving surgery will be undertaken immediately, **ALL REQUISITE CONSENTS** may be signed by Emergency Room doctor or attending specialty consultant in case if no attendant or close relative is available

3.13 The Medico-Legal Case Register is to be kept under lock and key at ALL times when not in actual use

3.14 Responsibility of the Medico-Legal Case Register lies with the Senior /Charge Nurse and the Emergency Room Doctor/Casualty Medical Officer (CMO).

3.15 All the Brought Dead cases to be labeled as Medico Legal Case. The body should not be handed over to the relatives but should be sent to mortuary together with death certificate forms after informing the Police authorities (If the death appears to be of natural causes, the case may not be labeled as Medico- Legal. **Injury sheet must be prepared. The cause of death to be written as “not known.”**)

3.16 All cases registered as Medico Legal in hospitals where he/she reported first must also be registered as Medico legal and the ‘Outside MLC ‘number of that hospital is to be recorded on the Patient’s case file

3.17 The Medico Legal case transferred from other hospital is to be labeled as, “OUTSIDE MLC”

3.18 Any aforesaid mentioned case of a cognizable offense as mentioned above even if brought at a later date by the relatives or the police. It must be registered as medico legal case

3.19 Original reports/ Radiology Reports/Films/Images will be retained in the hospital and marked as Medico Legal Files.


3.20 In case a police request for medical opinion regarding the injury is made, the opinion given must be expressed by Emergency Room doctor as 'Opinion reserved' pending the Consultant’s opinion. Only attending Consultant under whom the case has been transferred and treated can make a detailed classification of injury.

3.21 If the Medico-Legal patient is in sound mind, Verbal / Oral statement will be recorded by the Police, if necessary, in presence of the Emergency Room doctor

3.22 Procurement of Evidences

3.22.1 In cases of Medico Legal Cases preserve the personal belongings, clothing, blood samples and if required Gastric Lavage Samples, Urine for toxicology, foreign embedded objects on the body, vaginal smears etc. of the victim should be procured and handed over to Security supervisor, in case these items are required by the police.

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3.22.2 ALL THESE SAMPLES WILL BE ENDORSED/ SIGNED BY THE EMERGENCY ROOM DOCTOR/ ASSIGNED NURSE IN PRESENCE OF THE SECURITY SUPERVISOR / POLICE AUTHORITY

3.22.3 The above-mentioned samples must be labeled properly and kept in safe custody. The report/opinion of the investigation may be given to the investigating police authorities through Medical Records Dept. and the duplicate copy must be kept along with the records

3.22.4 Authorities require the clothing from victims and suspected perpetrators of murder, assault, and rape and road traffic accident for trace evidence examination. The ER nurse shall handle the clothing carefully. Clothing should not be cut or torn if preventable, however clothing may require to be cut and remove for medical necessity. The nurse shall pack the clothing on a flat piece of paper, roll it up and then in a plastic bag which is to be sealed

3.22.5 Physical evidence – Real, tangible or latent matter that can be visualized, measured or analyzed for information

3.22.6 They shall document all body marks accurately to help preserve evidence that can expedite the investigation. Diagrams of body marks or any injuries shall be recorded including exact locations, shapes and sizes, depth, characteristics of edges, discoloration around wounds, and pattern of direction of tissues that may indicate a foreign objects direction of entry

3.22.7 Refrain from naming the type of injury or using subjective terminology. Use objective descriptive terms to describe body marks. DO NOT MAKE FORENSIC INTERPRETATIONS


3.22.8 In cases of Drug Overdose, Intoxications and Poisonings, the Body fluids including the Gastric Lavage / Stomach Wash will be labeled with patients' details, preserved in multiple vials / bottles to be kept under lock and key till the time they are sealed and handed over to the security supervisor

3.22.9 The Samples of the Gastric Lavage / Stomach Wash to be collected as early as possible, latest within one hour of the ingestion/ arrival of the Patient First returning sample to be preserved in a sealed container, labeled with patient's name, UHID, Date, Time and Signature of the Emergency Room doctor

3.22.10 Blood should be collected for Alcohol Profile if applicable (At least two vials of 10 ml each). Should be labeled, preserved and refrigerated, to be handed over as when asked by the concerned authorities.

3.22.11 Urine sample to be collected as soon as possible and should be labeled, preserved and endorsed. (For Drug Profile, and other relevant investigations as applicable.)

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3.22.12 Collect and preserve two vials of 20 ml of the blood serum. Label, preserve and endorse for further use. (Such samples can be used for any other additional investigations required for Medico-Legal purposes.)

3.22.13 In case of alleged history of “Sexual Assault / Abuse History/ Rape the patient shall be examined and treated by the Obstetrics and Gynecology doctor on call, who shall in all cases will sign and endorse the report.

3.22.14 The Obstetrics and Gynecology doctor on call will examine the patient with the written consent. The examining doctor shall remain empathetic and sensitive to the victim and also provide due privacy. The parents / guardian / person in whom the victims have trust should be allowed to be present during the medical examination.

3.22.15 A detailed description of “Assault / Abuse History” be mentioned by the attending doctor on the MLC of the Victim; the doctor must ensure that the complete narration of the history of the case detailed by the victim and her escort is recorded. The examination of the patient shall be done in a designated/ identified area.


3.22.16 The basic equipment's, adequate stock of sexual assault forensic evidence (SAFE) kit shall be kept available in the room for collection of the forensic evidence. All required samples/ evidence material shall be collected and preserved. Preserve of samples likely to putrefy in their pathological facility till such time the police are able to complete their paperwork for dispatch to forensic lab test including DNA.

3.22.17 The Vaginal smear studies to be initiated in cases of alleged sexual assault or rape. Such Smear may be preserved and handed over to the concerned authorities.

3.22.18 The victim shall be provided prophylactic medical treatment against STDs. Sexual Assault Forensic Examination (SAFE) Kit: consisting of items / examination tools listed below for gathering and preserving physical evidence following a sexual assault shall be kept available at all times.

- a. Forms for documentation
- b. Blood sample vials
- c. Urine sample container
- d. Paper bag for clothing collection
- e. Large sheet of paper for patients to undress over
- f. Cotton swabs for biological evidence collection
- g. Sterile water
- h. Glass slides
- i. Unwaxed dental floss
- j. Wooden stick for fingernail scrapings
- k. Envelopes or boxes for individual evidence sample
- l. Labels

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3.22.19 Foreign / Embedded Objects, Articles, Sharps and Bullets that are removed are packed in Gauge and then in a rigid container to prevent alteration. Container should be sealed and hand over to Security Supervisor and subsequent handover to the Police / Jurisdictional Police Station (Under acknowledgement)

3.22.20 It is strongly recommended and emphasized that the Emergency Room doctor records the clinical findings as existent. The Emergency Room doctor will not venture an opinion about the possible clinical condition of the patient on the date of injury or prior to it. Medico legal Case Charges will be levied as per norms

4.0 Records:

S No	Record	Responsibility	Review Period	Retention Period
1	Emergency Dept – Nominal Register	Nurse In-Charge & CMO	As per MRD Policy	As per MRD Policy
2	Accident / Wound Register	Nurse In-Charge & CMO	As per MRD Policy	As per MRD Policy
3	MLC Register	Nurse In-Charge & CMO	As per MRD Policy	As per MRD Policy
4	Police Intimation Register	Nurse In-Charge & CMO	As per MRD Policy	As per MRD Policy
5	Death Register	Nurse In-Charge & CMO	As per MRD Policy	As per MRD Policy

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