HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Emergency Room		
Document:	Multidisciplinary Policy and Procedure		
Title:	Medico – Legal		
Applies To:	All Emergency Room Staff		
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1. PURPOSE:

1.1 To provide a guideline for the procedures to be followed in handling and reporting medico – legal cases present in the emergency room, OPD clinics and other areas within the hospital complex in compliance with Saudi Government Laws and Regulations.

2. DEFINITONS:

2.1 **Medico – Legal** – pertains to both medicine and the law. Medico – legal cases are cases that involve individuals whereby the injuries are sustained or presumed to be criminally inflicted secondary to an act of illegal physical aggression.

2.1.1 Medico – legal cases includes but are not limited to the following:

- 2.1.1.1 All motor vehicles collision (MVC) cases involving death or injury.
- 2.1.1.2 All cases of suicides and attempted suicides.
- 2.1.1.3 All cases of homicides or suspected homicide.
- 2.1.1.4 All cases of accidental of deliberate ingestion of poisons/ toxins/ drugs and alcohol.
- 2.1.1.5 All injuries caused by violence, or strong evidence to suggest violence.
- 2.1.1.6 All cases of injury/ trauma as result of stabbing, gunshot/ explosion.
- 2.1.1.7 All cases identified as un – natural/ unexpected death on arrival (U – DOA) to emergency room.
- 2.1.1.8 All cases whereby death would have been the result of an injury/ trauma as a result of a fall from height.
- 2.1.1.9 All fire, chemical or other burns cases.
- 2.1.1.10 Any other ambiguous suspicious cases.

2.2 **Rape** – intimate sexual contact by a male with a female, or male to male by compulsion through violence, threats, stealth, or deceit.

2.3 **Adultery** – sexual intercourse between a married man and a woman not his wife, or between a married woman and man not her husband.

2.4 **Homosexuality** – refers to an enduring pattern of or disposition to experience sexual, affection, or romantic attractions primarily or exclusively to people of the same sex.

2.5 **Homosexual** – morbid sexual passion for one of the same sex.

2.6 **Road Traffic Accident (RTA)** – an event that occurs on a way or street open to public traffic; resulting in one or more persons being injured or killed, where at least one moving vehicle is involved.

2.7 **Food Poisoning** – a type of poisoning due to food or drinks contaminated by bacterial toxins or by certain living bacteria, particularly those of the Salmonella group.

2.8 **Assault** – a violent attack.

2.9 **Casualties/Victims** – anyone who incurs loss or harm by mischance.

2.10 **Unknown Babies** – are those who are abandoned by parents or relatives and brought to the hospital by Red Crescent or Police.

2.11 **Handling of suspected child abuse cases** – the process by which all pediatric patient, who are presented to the hospital and suspected of being abused, are evaluated and discreetly assessed to rule out child abuse.

2.12 **Infanticide** – procurement of illegal abortion by any means at all stages of pregnancy or killing of a neonate up to 28 days after birth.

2.13 **Alcohol Abuse** – inappropriate use of drugs and medications, or the ingestion of any form of alcohol.

2.14 **Drowning** – is defined as respiratory impairment as a result of being in or under liquid and can lead to death.

2.15 **Near drowning**- is survival beyond 24 hours of submersion accident.

2.16 **Suicide** – defined as an act with a fatal outcome that is deliberately initiated and performed by the person in the knowledge or expectation of its fatal outcome.

2.17 **Care for Incompetent Patient**- approach towards disabled patient, with proper health education to family members and nursing care to patients.

2.18 **Trauma** – the unintentional or intentional wound or injury inflicted on the body from a mechanism against which the body cannot protect itself.

3. POLICY:

3.1 Basic policy:

3.1.1 Medico – legal cases are usually brought to ER by the police, with an official letter requesting medical examination, treatment and report. However, if the ER physician suspects that injuries or clinical features of walk – in patients are consistent with any of the listed medico – legal conditions, the hospital police should be informed immediately. Some of the medico – legal cases:

3.1.1.1 Suspected cases of rape or adultery
3.1.1.2 Casualties from civil disturbances
3.1.1.3 Homosexuality and homosexual rape
3.1.1.4 Abandoned Infants
3.1.1.5 Child abuse
3.1.1.6 Infanticide

3.2 Medico – legal injuries incurred anywhere in the hospitals should be informed immediately by the unit/ ward nurse to the treating physician who will document the incident in the patient's medical record (file). The supervisor should be informed and will report to the hospital police at once. Procedure on reporting, handling of medico – legal cases must be strictly followed.

3.3 Any act or injuries that are considered to be medico – legal in nature sustained by any hospital staff or personnel while on the time of duty should be informed to the hospital police through the Off-Duty-Manager (PRO) during non – regular duty hours or through their respective department heads on regular working hours.

3.4 All sustained injuries that are criminally inflicted to patient's visitors, relatives, and friends while in the ward/ unit should be reported by the unit/ ward nurse to the Off-Duty-Manager (PRO) who will then inform the incident to the hospital police officer.

3.5 Female patients should be examined by a female physician, if not possible, examining male physician must be accompanied by a female nurse.

3.6 The Social Worker is notified in all cases of suspected abuse/neglect and/or sexual abuse. After regular duty hours, a social worker is available on – call through the operator. The social worker shall act as the case manager and information coordinator between the hospital, social welfare office and the police department.

4. PROCEDURE:

4.1 Procedures to be carried out for medico – legal cases coming to ER will be as follows:

4.1.1 The ER receiving nurse prepares a medico – legal examination and registers it in the logbook.

4.1.2 The ER physician should attend and examined the patient(s) and carry out the necessary investigations.

4.1.3 Female patients are examined by a female physician; if not possible, examining male physician should be accompanied by a female nurse.

4.1.4 If medical specialist consultation is necessary, the appropriate specialist should be called.

4.1.5 Primary report is written by the ER physician.

4.1.6 Ministry of Health is informed as soon as possible using the required form in cases of food poisoning and substance abuse.

4.1.7 If the patient requires admission for further care the police should be informed. The final medical report will be written by the admitting physician on the time of discharge patient.

4.1.8 If the patient is to be followed up in outpatient specialist clinic, the final report should be written by the physician taking care of the patient.

4.1.9 All specimens taken should be saved, sealed and labelled with the name of the patient (4 names for the Saudi and complete name for the Non – Saudi), medical record number, gender, age, nationality and request signed by the ER physician, police and the patient or attendant and handed over to the ER nursing supervisor to be brought to laboratory.

4.1.10 No samples for drug analysis should be taken from patient suspected for drug and alcohol abuse without the request and presence of the police.

4.1.11 Victims should not be discharged from the hospital, without a written police clearance.

4.2 **Suspected cases of Rape or Adultery:**

4.2.1 Women or girls attend the emergency room for alleged rape, or they may be brought by the police. Police will request examination, and a report on the suspects or the victims.

4.2.2 As a safeguard against possible deception, ER Staff must obtain a sample of the victim's right and left fingerprints. This is to be labelled with 4 names for the Saudi and complete name for the Non - Saudi, date, medical record number, and name of the person obtaining the fingerprints. This is to be kept in the patient's hospital file.

4.2.3 Consent for examination for complete physical and vaginal examination must obtained, as surgical procedure.

4.2.4 A female gynecologist should attend. If this is not possible, examination can be done by male physician in the presence of a female nurse.

4.2.5 Clothes must be sealed, listed, and handed over to the police, with witnessed receipt.

4.2.6 Specimens of substances staining clothes may be taken.

4.2.7 Wet swabs must be taken in the following way and in the order describe.

4.2.7.1 1st – from uncleaned vulva and vagina (labelled 1st swab "vulva").

4.2.7.2 2nd – via a coscos speculum – a high vaginal swab (labelled 2nd swab "internal").

4.2.8 Complete initial police report.

4.2.9 The Medical Report Officer will take all swabs and specimens to the laboratory.

4.2.10 If patient requires in – patient care, inform police. Patient cannot be released/ discharged without written police clearance.

4.2.11 All medico legal swabs and blood samples must be obtained by the gynecologist.

4.2.12 If the alleged rape was very recent, the examining physician must recommend a date for the victim to return to the hospital for a pregnancy test.

4.2.13 Emergency contraception should be provided for precaution and prophylaxis against sexually transmitted disease.

4.3 **Reportable Cases:**

4.3.1 Infectious diseases and animal bites, as specified by the Ministry of Health should be reported to the Infection Control Officer of the hospital, who will forward the report to the Ministry of Health.

4.3.2 The following cases should be reported to the police through the Medical Report Officer or Off-Duty-Manager:

4.3.2.1 Deaths and Dead Bodies.

4.3.2.2 Any injury deliberately inflicted by another person, by any means, including the following:

4.3.2.2.1 Assault
4.3.2.2.2 Battery
4.3.2.2.3 All stab wounds
4.3.2.2.4 Assault with vehicle (road traffic accident)
4.3.2.2.5 Known or suspected child abuse or neglect
4.3.2.2.6 Poisoning
4.3.2.2.7 Gun-shot wounds
4.3.2.2.8 Attempted suicides
4.3.2.2.9 Known or alleged criminal abortions
4.3.2.2.10 Known or suspicion rape
4.3.2.2.11 Founding children or babies

4.3.2.3 The emergency department physician, or medical director, should be contacted if there are unusual circumstances or problems in the emergency room, e.g. major accidents, criminal cases.

4.3.3 Communicable diseases should be reported to the Infection Control Nurse/ Practitioner for reporting to the Ministry of Health on the specified form.

4.4 **Suspected Homosexuality or Homosexual Rape:**

4.4.1 Police will request examination, and a report on the suspects or the victims.

4.4.2 To safeguard against possible deception, ER staff must obtain a sample of the victim's right and left fingerprints. This is to be labelled with 4 names for the Saudi and complete name for the Non - Saudi, date, medical record number, and name of the person obtaining the fingerprints. This is to be kept in the suspect's hospital file.

4.4.3 The patient's underwear is checked and sealed. A list of receipt of the item are made and witnessed. The sealed clothes are given to the police. Valuables are handed immediately to the security who will assume responsibility for custody until claimed by the police or patient/ relative.

4.4.4 As general, physical examination is made, by the approved physician/ specialist, who will look for signs of violence. The physician will then write a report.

4.4.5 Wet swabs are taken as follows:

4.4.5.1 From the perineum, from the rectum, and labelled "External" and "Internal".

4.4.6 The swabs are sealed, and taken to the medical reports officer. Date and time are recorded on a label in which the patient's name and other details have been written. The physician's name is also written on the label.

4.4.7 Precaution and prophylaxis for sexually transmitted disease should be provided.

4.5 **Road Traffic Accident:**

4.5.1 Normally, victims of road traffic accidents arrive in the emergency room with a police escort, and a letter from the traffic police, requesting information.

4.5.2 If however, patient who has been involve in a road traffic accident arrives in the emergency room but police have not been informed, the police should be informed immediately by the Off-Duty-Manager (PRO).

4.5.3 The ER physicians take history, examine the patient, and carry out the necessary investigations, provide initial treatment, and write initial (primary) police report if the patients are to be admitted, or require OPD follow – up. They should write final police report if the injury is slight and there is no need for follow – up.

4.5.4 The police will be informed if the patients are to be admitted. These patients should not be discharged from the hospital without written police clearance.

4.5.5 Final medical report should be written by the specialist who has admitted the patients, and reviewed and signed by the physician who has followed up the patient in outpatient department.

4.6 **Suspected food poisoning:**

4.6.1 Cases of suspected food poisoning may occur after a group of people have eaten in a public place (e.g., a restaurant, café, picnic), or after buying contaminated food items from the market.

4.6.1.1 The ER physician attending the victims ascertains the nature of food ingested, and where and when it was eaten.

4.6.1.2 The ER physician then confirms the presence of the food poisoning (vomiting, diarrhea, abdominal pain).

4.6.1.3 The following specimens are then collected:

4.6.1.3.1 Sample of food item ingested (if this is available).

4.6.1.3.2 Gastric contents from each patient (this may be samples of vomitus, or stomach washouts).

4.6.1.3.3 Stool specimen from each patient (wet rectal swab if no stool sample can be produced).

4.6.1.3.4 Urine specimen from each patient.

4.6.1.3.5 The specimen are labelled, sealed and send to the laboratory.

4.6.1.3.6 Patients should be admitted as inpatients for at least 24 hours.

4.6.1.3.7 The infection control nurse should be notified as soon as possible after the admission. (For night admissions, she should be called the following morning. However, when a large party of persons is involved, she should be called in at the time of admission).

4.6.1.3.8 Details of the admission should be notified through telephone, by the ER physician, to the Ministry of Health as soon as possible (24 hours service). The written details should be faxed, as soon as possible to the Ministry of Health, by the infection control specialist.

4.6.1.3.9 The police should be informed by the infection control specialist/ Off-Duty-Manager (PRO).

4.7 **Bullet Wounds/ Injuries:**

4.7.1 Victims of bullet injuries presented in the ER should be subjected to the following procedures:

4.7.1.1 If brought by the police with letter of request to treat, then accordingly.

4.7.1.2 Even unknown to the police should be informed to them immediately through the Off-Duty-Manager (PRO), treatment must be given. However, vital or lifesaving treatment should not be delayed while waiting.

4.7.1.3 Should a bullet(s), shot(s), or shrapnel be lodged in the patient's body and requires surgical removal, all extracted materials should be saved, sealed and labelled, with the name of the patient (4 names for the Saudi and complete name for the Non-Saudi), date, medical record number, and site from which they were removed.

4.7.1.4 These should be handed over to the Off-Duty-Manager (PRO) who should take responsibility for handling them to the police and obtain the police signature of receipt.

4.7.1.5 If a victim of bullet wound is admitted into the hospital, the ER physician should write a primary police report, while the final report is to be written by the a specialist and signed by the admitting physician. If the victim is not admitted, and is not to be followed up in OPD, the ER physician is to write a primary/final report.

4.7.1.6 The patient should not be discharged from the hospital until police clearance has been obtained.

4.8 **Casualties from Civil Disturbances:**

4.8.1 These categories of patients should be brought to the emergency room by the police, with an official letter requesting medical examination, treatment and report. However, if the ER physician suspects those injuries in walk – in patients are consistent with intentional injury; the police should be informed through the Off-Duty-Manager (PRO).

4.8.2 The ER physician should examine the patients and carry out the necessary investigations before writing a primary report.

4.8.3 If specialist medical consultation is necessary, the appropriate specialist should be called.

4.8.4 If patients require admission for further care, the final police report should be written by the admitting physician.

4.8.5 If patient should be followed up in outpatient specialist clinic, the final report should be written by the physician taking care of the patient, or his/her designee.

4.8.6 Victims should not be discharged from the hospital, without a written police clearance.

4.9 **Care of Unknown Baby:**

4.9.1 Inform the nursing supervisor on duty, about the arrival of the Unknown baby.

4.9.2 Inform the nursery Specialist on duty, about the arrival of the special nursery case (0 up to 28 days), for minor cases from 1 month up to 2 years of age, Pediatric physician will see the case.

4.9.3 General assessment, vital signs including the length, chest, head circumference and foot prints of the special baby must be taken and recorded.

4.9.4 ER assessment form must be filled by the staff nurse.

4.9.5 Nursing supervisor, Hospital coordinator and social worker must be informed and helped in facilitating admission of the baby.

4.9.6 Patients will be admitted in Neonatology and do all laboratory investigations which consists of CBC, ABO Rh, Chemistry, Blood culture and serology (HIV and Hepatitis marker).

4.9.7 If the baby is well and all laboratory results are negative, the baby will be cared in Neonatology unit until all documents are settled by the social worker to be finally transferred to Orphanage.

4.10 **Handling Child Abuse:**

4.10.1 Hospital Staff has to assess all children for signs and symptoms of abuse, neglect, or exploitation during routine assessment.

4.10.1.1 During the initial nursing assessment and/ or reassessment of inpatients, the nurse will assess the patient for signs and symptoms of possible abuse or neglect, particularly if any of the following conditions are present:

4.10.1.1.1 Any patient with physical signs or symptoms of abuse or neglect (e.g. bruising, history of frequent injuries, malnutrition, etc.).

4.10.1.1.2 Any patient who reports abuse or neglect.

4.10.1.1.3 Children with past history of physical or sexual abuse.

4.10.1.1.4 Children of parents who were physically or sexually abused.

4.10.1.1.5 Children whose parents are chemical abusers.

4.10.1.2 Conducts further assessment to all patients identified as being at risk after the Social Worker and the Pediatrician and consulted for assistance.

4.10.1.3 All Maternity and Children Hospital staff should report any case of abuse or suspected of abuse to the Medical Director who in his/ her term will call the Child Protection Team to study the case thoroughly to raise its final recommendations within 36 hours and off duty hours to the off-duty-manager (PRO).

4.10.1.4 After providing all the required emergency medical care, the attending physician should perform the following:

4.10.1.4.1 Complete related form meticulously and legibly.

4.10.1.4.2 Raise and discuss the case with the Child Protection Team in no more than 24 hours from assessing and diagnosing the case.

4.10.1.4.3 Will request the need of investigations to be used as documented evidences later on.

4.10.1.4.4 Adherence to total confidentiality and privacy of diagnoses and related results.

4.10.1.4.5 In case of sexual abuse, the attending physician is to perform the required examination as per the approved protocol in KSA after obtaining the consent of the legal guardian. After that the needed samples should be taken as well.

4.10.1.4.6 Consent for emergency treatment is signed by the Treating Physician and Emergency Technical Supervisor or Designated OPD staff only when the parents are involved in the abuse and refuse to sign the consent for emergency treatment and documents in the progress notes that the child is in need of emergency medical treatment.

4.10.1.4.7 Complete related form meticulously and legibly.

4.10.1.5 Child Protection Team should perform the following after receiving the case officially:

4.10.1.5.1 Hold discussion with the attending related physician for 36 hours to assure that case had been dealt with according to the sound medical and regulatory practices.

4.10.1.5.2 Revise the raised forms and assure its completion.

4.10.1.5.3 Reach to applicable recommendations and to document them.

4.10.1.6 In case there is a need for tight security to the abused/ alleged case or there is a need to detain the case at the hospital for a period of time, the police should be informed officially through the Patient's Affair or off-duty-manager (PRO) to provide the needed security. Detained patients should not be discharged except with the police approval for that.

4.10.1.7 Related Protection Committee at the health affairs Directorate should be officially notified within 48 hours from diagnosing the case. Expert skills could be requested from them in case of need.

4.10.1.8 Decision to discharge such cases should be approved by the Child Protection Team.

4.10.1.9 Records should be complete and include all pertinent information concerning the physical and mental condition of the patient and any diagnostic tests. It should include the diagnosis "Suspected Child Abuse", or "Alleged Child Abuse".

4.10.1.10 All documentation is secured to ensure utmost patient confidentiality.

4.10.1.11 Admit the patient if there is a cause for concern.

4.10.1.12 The Police Officer is to be informed by the Off-Duty-Manager or the Patient's Affair Director about the findings.

4.10.1.13 The Nurse, the Social Worker and the Psychologist involved in the management of the case provide in-service educate on counselling (Psychotherapy) to reduce and alleviate the pain/ condition of the patient.

4.11 **Infanticide:**

4.11.1 Any woman who presents to the ER and is suspected of having illegal abortion should be reported to the police through the Off-Duty-Manager (PRO) and police medical report paper should be asked.

4.11.2 If the police bring any woman who is suspected to have illegal abortion to the ER the following procedure should be followed:

4.11.2.1 A female obstetrician, preferably, should examine the suspect, or in the absence of one, a male obstetrician should carry out the examination in the presence of a female staff.

4.11.2.2 Any product of conception recovered, should be saved and labelled record of this is made in the medical record of the patient.

4.11.2.3 Suspect should not be released from hospital without written police clearance.

4.11.3 If a dead neonate is suspected to be a victim of infanticide, the hospital should present the dead body for examination.

4.11.4 The body is examined by one of the ER physicians, with the aim of finding out the cause of death; the help of the Neonatologist should be sought in such cases.

4.11.5 If the cause of death is not apparent after clinical examination, the Forensic Pathologist should be informed.

4.11.6 Initial report is written by ER responsible medical staff and given to the police. Forensic Pathologist writes the final report.

4.11.7 The body is kept in the mortuary, and can only be released with police clearance.

4.12 **Alcohol Abuse:**

4.12.1 Primary report is written by the ER physician.

4.12.2 Ministry of Health is informed as soon as possible using the required form in cases of alcohol abuse.

4.12.3 If the patient requires admission for further care the police should be informed. The final medical report will be written by the admitting physician on the discharge of the patient.

4.12.4 If the patient is to be followed up in outpatient specialist clinic, the final report should be written by the physician taking care of the patient.

4.12.5 Patient brought to ER by police for alcohol intoxication – a written request for blood extraction from the police is given to EMT (emergency medical technician) on duty. The EMT after extracting blood obtains the patient's thumb mark on request form, which is cosigned by police and ER physician and the specimen is sent to lab by nurse.

4.12.6 All specimens taken should be saved, sealed and labelled with the name of the patient (4 names for the Saudi and complete name for the Non – Saudi), medical record number, gender, age, nationality and request signed by the ER physician, police and the patient or attendant and handed over to the ER nursing supervisor to be brought to laboratory.

4.13 **Drowning and Near Drowning:**

4.13.1 Triage – such cases usually mode of arrival is through civil police or red crescent ambulance and some cases by private people.

4.13.2 On arrival to the ER the cases prioritized according to Canadian Triage and Acuity Scale (CTAS) levels 1,2 and 3 and over in emergency department with continuous ABC management.

4.13.3 ABC management:

4.13.3.1 Critical cases immediately admitted to Red Zone "CTAS Level 1,CTAS 2" and airway, breathing and circulation is in action with full attention to the following:

4.13.3.1.1 C- spine injury and head injury

4.13.3.1.2 Aspiration

4.13.3.1.3 Hypothermia

4.13.3.1.4 Hypoxemia

4.13.3.1.5 Lactic acidosis with multi organ dysfunction

4.13.3.2 The victim will be managed according to his/ her presentation and further investigation to come out immediately:

4.13.3.2.1 X – ray chest C-spine

4.13.3.2.2 ECG, ABG

4.13.3.2.3 CBC, chemistry

4.13.3.2.4 Alcohol and drug level to be done in suspected cases in coordination with police

4.13.4 Medico – legal aspect:

4.13.4.1 Off-Duty-Manager (PRO) should be involved from the beginning and in the meantime to inform the police through them.

4.13.4.2 Necessary action should be taken such as issuing letter for examination and doing some test like drug level "narcotics" or alcohol level in the blood or after body fluids.

4.14 **Care of Suicidal Patient:**

4.14.1 Upon arrival of the suicidal patient to the emergency room, first they follow the Patient Flow System through triage.

4.14.2 Management starts according to their severity of illness and they are placed in the level of care accordingly with ABC evaluated and management to be started by ER physicians.

4.14.3 Patient shall be monitored/ cared at all times during his/ her stay in the ER/Ward.

4.14.4 The off-duty-manager (PRO) should be informed to notify the police as necessarily and the social worker should be notified also to attend to the patient once stabilized.

4.14.5 Preliminary report should be written and psychiatric referral/ physician to be done according to the patients need. After stabilization of the patient in ER, he/ she will be referred to the on call physician as per diagnosis, assessment and need for further management.

4.14.6 All cases of suicidal patients without family members and prior arrangements with the Psychiatric Hospital for further management and possible admission.

4.14.7 All suicidal patients without any family member who are planned for discharge, it is the responsibility of the treating team to arrange with the Psychiatric Hospital and the patient shall be transferred by the Hospital and to by personally and officially handed over to the Psychiatric Hospital.

4.15 **Management of Patient with Suspected Abuse, Neglect or Violence:**

4.15.1 An employee (physician, nurse or any other member of the healthcare team in the inpatient, outpatient or emergency departments) who becomes aware of a suspected abused victim should notify the head of the concerned department, who will assess the situation, assign a physician to examine the patient.

4.15.2 Suspected pediatric victims should be examined by pediatrician and female victims by an internist/gynecologist (preferably female).

4.15.3 Child Victim Management:

4.15.3.1 History should be plotted as described by the child or caregiver, detailed explanation of injuries including how, who, when etc.

4.15.3.2 Special consideration to injuries (bruises, burns, fractures) that should be considered suspicious for physical abuse:

4.15.3.2.1 Age 0 – 6 months:

4.15.3.2.1.1 Any injury.

4.15.3.2.2 Age 6 months or older:

4.15.3.2.2.1 Bruises, lacerations, or burns to protected, fleshy, or flexor surfaces: for example, inner thighs, abdomen, neck, face (other frontal prominence), pinna, and genitalia.

4.15.3.2.2.2 Bruises, lacerations, or burns showing an object pattern: for example, belt loop, cigarette burn, curling iron.

4.15.3.2.2.3 Third degree burns especially metaphyseal fractures, complex or wide skull fractures, rib fractures, spiral fractures of humorous or femur, scapula fractures.

4.15.3.2.2.4 Significant head injury, especially subdural hematoma, retinal hemorrhage, subgaleal hematoma, avulsed hair, complex or wide skull fracture.

4.15.3.2.2.5 Head injury should be considered whenever a child presents with vomiting or altered consciousness, or bloody spinal fluid is found on lumbar puncture, but an infectious process cannot be readily diagnosed.

4.15.3.2.2.6 Intra – abdominal injury, especially rupture or hematoma of internal organ.

4.15.3.2.3 Age 0 – 10 years:

4.15.3.2.3.1 Positive urine or blood screen for alcohol or drugs of abuse.

4.15.3.2.4 Findings that should be considered suspicious for sexual abuse:
- 4.15.3.2.4.1 Any injury to the genitalia (especially to the hymen or vestibule in girls) or anus
- 4.15.3.2.4.2 Identification of sexually transmitted disease (STD): Chlamydia, Gonorrhea, HSV, HPV, HIV, HBV, HCV, Trichomonas, Syphilis.
- 4.15.3.2.4.3 Positive pregnancy test.
- 4.15.3.2.4.4 Any history, statement, or witnessed incident consistent with sexual abuse.

4.15.3.2.5 Findings that should be considered suspicious for neglect:
- 4.15.3.2.5.1 Growth parameters below expected for age.
- 4.15.3.2.5.2 Lack of medical care for a significant health problem; e.g. no medications for asthma, diabetes.
- 4.15.3.2.5.3 Lack of normal bonding with parent/guardian.
- 4.15.3.2.5.4 Disregard of one or more basic child care needs e.g. soft drinks in bottle feeding, child found in street.

4.15.3.2.6 Detailed social and nutritional history should be obtained.

4.15.3.3 Physical Examination:
- 4.15.3.3.1 A complete physical examination and fill the "Case Registration Form" form.
- 4.15.3.3.2 Explore detailed explanation of any injury.

4.15.3.4 Investigations:
- 4.15.3.4.1 Laboratory evaluation: CBC, electrolytes, PT, PTT, glucose, urinalysis, urine culture and sensitivity. Other labs as indicated clinically.
- 4.15.3.4.2 Developmental assessment.
- 4.15.3.4.3 Skeletal survey as needed with official radiology report.
- 4.15.3.4.4 MRI scan of head if there is a suspicion for subacute or chronic intracranial injury.
- 4.15.3.4.5 Nutrition consultation/assessment with caloric quantification if possible.
- 4.15.3.4.6 Document child's caloric intake, weight gain, and concerns regarding inappropriate parental behaviors, attachment, statements, or level of knowledge regarding the child, his/her care, or his/her condition.

4.15.4 Adult Victim Management:
- 4.15.4.1 The patient should be assessed by internist and gynecologist (for sexual assault cases).
- 4.15.4.2 History: The victim may present with the complaint, discovered by others, or referred by the police or similar authorities (with behavioural abnormalities and emotional distress).
  - 4.15.4.2.1 Detailed social history is needed.
  - 4.15.4.2.2 Psychological symptoms.
  - 4.15.4.2.3 Sexual assault/abuse history; beside the usual medical and gynecological history special attention to the following in addition to further details by gynecologist:
    - 4.15.4.2.3.1 Time, date and place of the abuse.
    - 4.15.4.2.3.2 Date, time of the examination.
    - 4.15.4.2.3.3 Sex, number and relationship of assailant(s), if known.
    - 4.15.4.2.3.4 Type of weapon used, if any, type of penetration, if any, did the patient douche, change clothes,

bathe, urinate, defecate, brush teeth, rinse mouth etc. since the last assault?, was patient menstruating at time of assault.

4.15.4.2.3.5 Current medications. Acute illness, recurrent violence.

4.15.4.2.3.6 Abuse of drugs and substances.

4.15.4.2.3.7 Other family members involved in violence.

4.15.4.3 Physical examination: general physical examination with special concerns to suspected injured areas and:

4.15.4.3.1 Detailed examination of all injured areas, abrasions, lacerations, bruises.

4.15.4.3.2 Sexually Transmitted Diseases (STD) e.g. Hepatitis, Syphilis, Gonorrhea, Chlamydial Infection, Trichomoniasis, HIV infection.

4.15.4.3.3 Pregnancy (Uncommon).

4.15.4.3.4 Elicits specific details including: general appearance, description of condition of clothing e.g. torn, dirty, bloody, etc., emotional status (objective observation).

4.15.4.3.5 Photo documentation with consent.

4.15.4.4 Investigations:

4.15.4.4.1 Basic CBC, liver and kidney function tests, electrolytes.

4.15.4.4.2 HIV, Hepatitis and sexually transmitted diseases STD screening.

4.15.4.4.3 Blood pregnancy test.

4.15.4.4.4 Other investigations as indicated.

4.15.4.5 Treatment:

4.15.4.5.1 General support of the victim as needed.

4.15.4.5.2 Emergency management as indicated.

4.15.4.5.3 STD prophylaxis in case of rape cases.

4.15.4.5.4 Post – coital emergency contraception with the female adolescent patient when indicated.

4.15.4.5.5 Admission or plan for follow up as required.

4.15.5 Medico – Legal Cases (cases referred by the police, a court or any other official institute):

4.15.5.1 Medico – legal examination is performed in the Maternity and Children Hospital, Hafer Al BAtin only after official authority written request.

4.15.5.2 Female victims with sexual assaults will be examined be gynecologist (preferably female physician).

4.15.5.3 Forensic examination when required is performed by the forensic medicine specialist according to their policy.

4.15.5.4 Males above 12 years are referred to the appropriate institute for further assessment and care.

4.15.5.5 Consider medical and legal ethics and humanity, keeping confidentiality of all information within restricted involved personnel only. Discuss all action to the case ahead.

4.15.5.6 The primary aim should be providing the victim and the family with the necessary support and medical care.

4.15.5.7 A multidisciplinary approach is recommended to adequately evaluate and treat abuse victims; however, the responsibility lies with the first line physician to recognize and treat these cases at first presentation and to organize care to prevent significant morbidity and mortality.

4.15.5.8 Referral for psychological counselling and social services.

4.15.6 Consent:

4.15.6.1 General informed consent is signed by the patient or the legal reference caregiver.

4.15.6.2 Consent for photographs is obtained if indicated.

4.15.6.3 Other consents are obtained according to each case.

4.15.6.4 When consenting is not possible by the victim and the caregiver refuses any necessary procedure, the treating team shall explain the need for that and discuss the possibility of obligation under law. The police or the authorized request is considered as guidance for two physician to sign the consent.

4.15.7 Collection, Transfer and Preservation of Samples:

4.15.7.1 Sample are collected by the physician in charge who is performing the examination.

4.15.7.2 All samples are secured separately and appropriately in well – identified bags.

4.15.7.3 Medico – legal samples are labelled with site, time and date of collection.

4.15.7.4 Samples are handled with care and deposited with a signed paper to the police officer or the laboratory personnel.

4.15.7.5 If not otherwise specified by official request by the police, referring court or other official authority the following materials and samples are collected properly:

4.15.7.5.1 Underwear clothes.

4.15.7.5.2 Two rectal swabs superficial and deep.

4.15.7.5.3 Two vaginal swabs superficial and deep (external vestibular swabs for virgin girls).

4.15.7.5.4 Blood sample (5cc red tip tube).

4.15.7.5.5 Oral swabs, under nail scrapings, and pubic hair sample are done when indicated.

4.15.8 The Medico – Legal Report:

4.15.8.1 Is primarily the responsibility of the physician in charge.

4.15.8.2 It should include the following important information:

4.15.8.2.1 Patient (victim) identifications by 2 identifiers 4 names for the Saudi and complete name for the Non – Saudi and Medical Record Number should be present on all papers and samples.

4.15.8.2.2 Date and time of examination, date and time of events.

4.15.8.2.3 Event history in patients own words.

4.15.8.2.4 Medical review (Obstetrics/Gynecology history in adults and adolescent female)

4.15.8.2.5 Detailed clinical examination head to toe, including genital and anal exam, demonstration figures are used when appropriate.

4.15.8.2.6 Detailed explanation of injuries sign and nature as seen.

4.15.8.2.7 Name and signature of the physician(s) in charge and the one wrought the report.

4.15.8.2.8 The Maternity and Children Hospital, Hafer Al Batin department where the examination is performed.

4.15.9 Confidentiality:

4.15.9.1 All the hospital staff are required to keep the confidentiality of the patient, information, record and reports.

4.15.9.2 Penalties are considered in case of non – compliance.

4.15.10 Maintenance of Records:

4.15.10.1 All medico – legal cases are considered as legible for regular medical care and hospital medical record.

4.15.10.2 The records are dealt with in confidentiality and respect and must be secured all the time against loss or damage

4.15.11 The same process of reporting and actions should be followed with all victims of abuse regardless of nationalities.

4.16 **Care of Patient Not Competent to Care for Themselves:**

4.16.1 For patient that cannot take care of themselves, the following steps are to be taken in case the patient is presented to emergency department:

4.16.1.1 Do triage; if patient is critical provide ABC management. After stabilizing admit the patient for further care as per the need.

4.16.1.2 In case the patient is stable, they are to be evaluated and then if found that they are not for admission to the hospital, the social worker has to be notified to deal with such category of patients.

4.16.1.3 They may need to be send home and full instruction to the family members for nursing care to be provided at home such as feeding and if necessary through nasogastric tube and care of Foley catheter.

4.16.1.4 Provide instructions on position changing of bedridden patient, care for bed sores and medication to be taken. All these instructions to be discussed with family members through the treating physician and nurse.

4.16.1.5 Social worker should be involved at all times and security staff to be involved when necessary.

5. MATERIALS AND EQUIPMENT:

5.1 Logbook
5.2 Swabs
5.3 Blood Extraction Paraphernalia
5.4 Medical Report Form
5.5 Accident and Emergency Form

6. RESPONSIBILITIES:

6.1 Physician
6.2 Nurse
6.3 Off-Duty-Manager (PRO)
6.4 Police

7. APPENDICES:

7.1 Medico – Legal Specimen Receipt

8. REFERENCES:

8.1 Kingdom of Saudi Arabia, Ministry of Health Baish General Hospital, 2018

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Alreem Mofareh Al Rashidi	Head Nurse of PER		January 05, 2025
Prepared by:	Ms. Reem Kammadh Al Dhafeeri	Head Nurse of OBS-ER		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 06, 2025
Reviewed by:	Dr. Amal Abdullah Al Harbi	Pediatric Emergency Room Consultant		January 07, 2025
Reviewed by:	Dr. Mohannad Yaghmour	OBS-ER Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hezam Al Shammari	Hospital Director		January 19, 2025

KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ مستشفى:

Region: _____ المنطقة/المحافظة:

Dept./Unit: _____ القسم/الوحدة:

MRN: | | | | | | | | | | رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسية:

Age: _____ ☐ سنة Years ☐ شهر Months ☐ يوم Days العمر:

Date of Birth: ____ / ____ / 14____ H ____ / ____ / 20____ تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

REFERRAL FORM نموذج تحويل

REFERRER DETAILS: ☐ Out Patient ☐ In-Patient ☐ Emergency ☐ Life Threatening

Referred By (Name):	Mobile No:	Referral to:
Referrer Designation/Organization		
Date of Referral	Time:	
Is the Patient Aware of Referral: Yes ☐ No ☐	Does the Patient Agree for Referral: Yes ☐ No ☐	

PHYSICAL EXAMINATION: Vital signs: Temp_____ Puls_____ Respiratory rate (RR)_____ BP_____ Others

INVESTIGATIONS:

PROBLEMS/DIAGNOSIS:

PROCEDURES:

TREATMENT:

PATIENTS CONDITION: ☐ Stable ☐ Critical ☐ Conscious ☐ Unconscious

REASON FOR REFERRAL:

☐ Consultation ☐ Admission ☐ Treatment ☐ Further Investigation ☐ Other (Specify):_____

TRANSPORTATION: ☐ Ambulance ☐ Helicopter ☐ Med-Evac. ☐ Other: _____

ESCORT: ☐ Relative ☐ Doctor ☐ Nurse ☐ None ☐ Other: _____

Documents accompanying referral: ☐ Med. Report ☐ Lab. Result ☐ X-ray ☐ Other: _____

DR.'S Name:_____ Signature:_____ Date:____/____/____ Hospital / PHC Stamp

Date Received: _____ Time :_____

Received By:_____

Designation:_____ Signature:_____

GDOH-COR-REF-377 1 OF 1 ISSUED DATE: 09/02/2013 0 000000 003773 SN

Medico – Legal Specimen Receipt

Name of Patient: _____
Medical Record Number: _____
Diagnosis: _____
Specimen Collected: _____
Name of Staff who collected the specimen: _____
Date and Time: _____
Signature: _____
Name of Staff who received the specimen: _____
Date and Time: _____
Signature: _____