Quality Division Use Only

Quality Tracking #:	2021-026	**Classification:**	Incident
Non-Conformance Level:	N/A	**Section:**	Crime Scene
Date of Discovery:	04/21/21	**Date of Incident:**	01/14/21

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2020-14013	**162677419**

Description of Non-conformance:

A crime scene investigator (CSI) failed to document a deviation from policy in her case record. The CSI and her supervisor responded to a request to process a scene with Bluestar (a chemical processing method used to enhance possible blood). Upon arrival at the scene the CSI discovered that the blood control card used as a quality control check for Bluestar was not located in the Crime Scene Unit vehicle as expected. The CSI proceeded, with management approval, to use her own blood to create a positive control to demonstrate the functionality of the reagent. Although the CSI had verbal approval from management to deviate from the CSU SOP, she did not document it in her case record as required by the CSU SOP and the HFSC Quality Manual.

Additional Information/Follow-Up:

Two CSIs and a supervisor responded to the scene. One of the CSIs was tasked with processing the scene with Bluestar. When she discovered that the blood control card used as a quality control check for Bluestar was not located in the Crime Scene Unit vehicle as expected, she notified the supervisor who was on scene with her. The supervisor contacted the Acting Director at that time to discuss how to proceed. It was decided that the CSI would use a known blood sample from her finger in order to conduct the quality control check. Once the quality control check was conducted with acceptable results, scene work proceeded with no further issues. The scene consisted of a large area that needed to be processed by Bluestar, including the inside of a house, a trailer, and the backyard.

The scene in question was over an hour drive from HFSC and returning to HFSC to obtain a blood control was not a viable option. Additionally, no other CSIs were available to bring a blood control to the scene.

The CSI pricked her finger with help from another CSI using a single-use razor blade and then used her blood as a control to verify that the Bluestar was performing as expected. Prior to any further processing, the CSI washed her hands, applied a band aid to her finger, and donned gloves.

Summary of Root Cause Analysis:
Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.

When interviewed, the CSI stated that she forgot to document the deviation in her case record because she was focused on processing a large area with Bluestar.

Although the nonconformance revolves around failure to document a deviation from policy, the lack of an available blood control while on scene is also of concern. Historically, blood control cards were stored with phenolphthalein (PHT) blood screening kits, which were available to CSIs in their personal crime scene kits. These cards were also used as controls for Bluestar. Concerns had been raised regarding the shipping and storage of PHT reagents (see Quality Report 2020-069) and the decision was made to remove PHT kits from CSI's personal crime scene kits and place them in crime scene vehicles. Blood control cards were also placed in the storage cabinet where the Bluestar and Leuco Crystal Violet reagents are kept. These changes were communicated to staff in an email sent by the Acting Director on 12/11/2020, and the nonconformance occurred on 01/04/2021. Although the intent was to have PHT kits and blood cards available in each vehicle, this did not occur. CSU continued to have documented anomalies with their PHT quality controls and as a result, PHT kits were removed from five CSU vehicles on 03/19/2021.

Actions Taken:

This nonconformance was discovered during an interview with another CSI on 04/01/2021 about an unrelated topic. Upon learning of the nonconformance, the Quality Division reviewed the case record and interviewed both the CSI who processed the scene with Bluestar and the supervisor who responded to the scene. During the interview it became apparent that the proper chain of command was followed in order to obtain a deviation, but the deviation was not documented in the case record.

On 04/30/2021 the CSI and her supervisor added documentation to the case record as to why a blood control had to be made on scene using a CSI's own blood, and that they had approval from the Acting Director. The Acting Director was able to confirm that she was contacted while the CSI was on scene and approved the deviation.

CSU has undergone several changes since this nonconformance occurred. The Acting Director has since become the Director and has initiated several improvements to how information is communicated to staff. She has resumed weekly squad meetings and initiated bi-weekly video messages. Supervisors are also holding regular one-on-one meetings with their CSIs. This increased communication is intended to share information about quality incidents/corrective actions as well as unexpected events at scenes, such as this nonconformance.

Section Manager: Carina Haynes **Date:** 11/01/21

Division Director: Carina Haynes **Date:** 11/01/21

Incidents or Corrective Actions that involve the Biology/DNA section are reviewed by the Technical Leader and CODIS Administrator.

Technical Leader:	N/A	**Date:**	N/A
CODIS Administrator:	N/A	**Date:**	N/A
Quality Director:	Erika Ziemak	**Date Closed:**	11/02/21