Recommended Guidelines

Washington State

Sexual Assault Emergency Medical Evaluation Adult and Adolescent

2010

The following is a guideline for conducting the medical-legal examination and collecting forensic evidence for adult and adolescent, male and female patients when there is a report or concern of sexual assault.

Summary of critical changes from 2007 Guidelines:

- Time frame for medical forensic exam changed to 120 hours (5 days from assault)
- Head hair and pubic hair plucking are deleted; head hair combing is deleted, pubic hair combing remains
- Recommend drying swabs with ambient air only, no fan
- Add metronidazole to post exposure prophylaxis
- HIV prophylaxis indications and recommendations are changed

These guidelines are not intended to include all the medical evaluations and tests which may be necessary for care for an individual patient. Likewise, not all the steps outlined here will be appropriate for every patient. The TriTech Sexual Assault Evidence Kit Re-WA 3 is designed to work with these guidelines and meets the requirements of the Washington State Patrol Crime Lab.

These guidelines were developed by a committee which included representatives from medical specialists, sexual assault nurse examiners, attorneys, forensic scientists, and law enforcement in Washington State. Development was sponsored by Harborview Center for Sexual Assault and Traumatic Stress, with support from the Department of Social and Health Services.

Recommended Guidelines Washington State
Sexual Assault Emergency Medical Evaluation
Adult and Adolescent 2010

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General

The medical exam is done for the benefit of the patient

Patient care comes first

- The medical forensic exam is done by the healthcare provider for the benefit of the patient
- Triage, history and exam should be done in a private setting
- Each step in the process should be explained to the patient
- The competent adult patient may decline any aspect of the exam or evidence collection
- The patient has a right to have a friend, relative or advocate present at the medical center or clinic (RCW 70.125.060)
- **Medical:** to identify and treat injuries, assess risk of pregnancy and sexually transmitted disease, document the history and medical findings, and provide prophylactic medication when indicated
- **Social/Psychological:** Respond to the patient's immediate emotional needs and concerns, assess safety and assist with intervention, provide information about typical reactions and coping strategies, explain the reporting process and Crime Victims Compensation
- **Forensic and legal:** Collect forensic evidence, preserve evidence integrity and maintain chain of custody, transfer to law enforcement with appropriate consent.
- **Refer/report:** refer for follow-up medical care, advocacy, and counseling. Assist with law enforcement report as requested by patient. In cases of minors or vulnerable adults, report to authorities as required by law (RCW 20.44.030)

Billing

A patient does not have to complete the CVC paperwork for the initial exam

- By law, the sexual assault exam must be billed to and paid by Washington State Crime Victims Compensation
- The victim is not required to make a police report for Crime Victim's Compensation to cover the initial exam.
- See Billing for Sexual Assault Exam

Triage

120 hours is the usual time frame for acute examination and treatment

- 120 hours (5 days) is the general time frame for evaluation, evidence collection and post-exposure prophylaxis
- Up to 2 weeks If the patient has been non-ambulatory, forensic evidence may be collected up to 2 weeks after the assault.
- In cases of abduction, forensic evidence may be collected more than 5 days after abduction
- If the patient presents outside of this time frame, refer to community

resources. Offer assistance in reporting to law enforcement

Evaluation for injury and co-existing conditions

- Patients with significant injury should be medically evaluated before or after the medical/ forensic exam. This includes patients who have: possible fractures, blunt injury to abdomen, altered mental status, facial injury, active bleeding, loss of consciousness, strangulation, and psychiatric emergencies

Treat life threatening injuries first

- If apparent psychiatric illness complicates assessment of report of sexual assault, both psychiatric assessment and medical forensic exam often will be necessary. Proceed according to patient needs and tolerance
- Pregnant patients, especially if over 20 weeks gestation need assessment for fetal health
- Safety for the patient and medical provider always comes first and may required modification of procedures (e.g., private room may not be safe)

Limited English Proficiency

- A medical interpreter should be accessed for limited English proficiency patients.
- Family members are not appropriate interpreters in this situation
- Professional phone interpreters are acceptable
- Patients may be embarrassed to ask for an interpreter, so always assess if an interpreter is needed, even if patient states initially they do not need one.

Telephone Triage

Referral to a hospital is not always be needed

- When a patient calls before arrival for examination, determine if the assault occurred within the examination timeframe
- Discuss with caller what to expect (see Telephone Triage)
- If more than 5 days have passed since the assault, emergency exam is usually not needed.(exception, abduction). Refer to community resources for care.

Consent for care

- The forensic exam is not a medical emergency
- The patient should provide informed consent for the collection of evidence understanding the risks and benefits of consent or refusal of forensic collection

- Inform the patient specifically regarding urine or blood specimens for toxicology, which will identify drugs the patient may have been given for has taken.

Refusal of care

The adult patient has the right to decline a forensic exam

- A competent adult patient may choose to decline all or part of the examination and evidence collection
- For example, he or she may consent to the physical exam but not forensic collection, or may decline hair plucking while consenting to other exam procedures
- The patient should be informed of the consequences of declining evidence collection procedures, specifically that this may impede criminal prosecution

- The clinician is not obliged to complete an exam or forensic collection if in his or her medical opinion this could cause physical or psychological harm to the patient

When the patient is not able to consent

Attempts should be made to obtain consent

Due to a transitory condition (e.g. Intoxication)

- The sexual assault exam should be delayed until the patient is capable of meaningful consent.
- This judgment should be made by the health care provider
- See When the patient is not able to consent

Due to a longer term condition (e.g. intubation) or if evidence will be lost (e.g. going to surgery)

- The health care provider determines whether in his/her opinion evidence collection is in the patient's best interest or in the interest of public health and safety
- With this assessment, it is legally permissible to collect forensic evidence, including clothing, hair, urine, and swabs from skin and orifices
- The evidence should be stored until specific consent from patient or legally authorized surrogate decision-maker is obtained.
- See When the patient is not able to consent

Minors

A crime against a minor must be reported to authorities

Consent for care

- In general the parent or legal guardian must consent for care for patients under 18 years of age.

Mandatory reporting

- Is required when there is reasonable suspicion that a crime has been committed against a minor. HIPAA privacy regulations are over-ridden by child protection requirements

Confidentiality

- It is not possible to guarantee confidentiality from the parents or legal guardians. The young person should be counseled and assisted in informing his or her parents.

Vulnerable adults

A crime against vulnerable adults must be reported

- There are specific legal definitions of a vulnerable adult
- When there is suspicion of sexual abuse or assault of a vulnerable adult, a report must be made immediately to law enforcement and to the appropriate agency

Male victims

Patient care follows the same guidelines as females

- Men and adolescent boys can be victims of sexual assault by women or by men
- Sexual assault evidence should be collected as for females, with only a few differences in collection details
- Special issues include: a higher risk of STIs, including syphilis and
- HIV, when males are assaulted by males
- HIV post-exposure prophylaxis should be considered and offered for male victims of male assailants (see HIV post exposure prophylaxis)

Sexual minority patients

- Patients who are members of sexual minorities, gay, lesbian, bisexual and transgendered should be treated with sensitivity and respect

Coordination with law enforcement

The competent adult patient has the choice whether or not to make a police report

- The patient may have difficulty deciding immediately whether he/she wants to make a police report.
- The patient should be supported in his or her choice to report to police or to not report
- Procedures should be in place to allow evidence to be saved by the medical facility or by the police for a limited time (30 days is recommended) to allow this decision
- A directed brief, separate medical history should always be obtained separate from law enforcement. The medical history is not covered even by the most extensive law enforcement history and this report is best obtained in private.(See Medical History)
- The medical evaluation and exam may be done before or after a police report is made, or when a report will not be made
- In general the police officer or detective is not present in the room during the exam unless there are safety issues

Authorization for release of protected health information

- Protected health information includes:
- Information
- Medical records
- Photographs obtained by medical personnel
- Any evidence, including clothing and evidence kit obtained in the hospital
- These are protected health information and are subject to HIPAA regulations

- Information cannot be shared with anyone, including law enforcement, without authorization from the patient or legally authorized decision maker.
- Exceptions are made for children and vulnerable adults
- See Authorization for release of protected health information

Advocacy and support

Washington State has numerous advocacy programs

- Many hospitals have a partnership with the local Community Sexual Assault Advocacy Program (CSAP)
- This partnership may include calling an advocate before the patient arrives. The advocate can provide support and resources. In some communities, an advocate is available to the medical exam
- The patient has the choice to have an advocate or support person present at the medical facility RCW 70.125.060
- Medical information cannot be shared without the patient's authorization (except for minors and vulnerable adults)
- The patient and provider together decide who will be present during the examination
- With patient's written authorization, medical information can be shared with the CSAP for follow-up and advocacy
- If this partnership is not in place, provide information regarding local Community Sexual Assault Advocacy Programs before discharge

Medical History

- Provide privacy for initial history
- Obtain and document information regarding the assault event in order to provide appropriate medical care
- See Medical History outline

Past Medical History and Review of Systems

- Active medical problems
- Current medications
- Ob-gyn history
- Use of contraception – if oral contraceptives, how long taken and if any pills missed in cycle. Depoprovera (date of last injection). Contraceptive patch, date of last patch change
- Date of last menstrual period
- Time since last consensual intercourse – if within 10 days, specify number of days ago, or no prior intercourse ever
- History of hepatitis B vaccine or illness

- Last tetanus immunization
- Allergies to medications
- Review of systems, with attention to trauma related symptoms: pain, limitation of motion, nausea or vomiting, loss of consciousness, skin symptoms, bleeding, dysuria, rectal discomfort

Medical exam

- Each patient should have a complete head to toe exam, with attention to signs of trauma
- Medical exam may be conducted before or at the same time as evidence collection
- The order of exam and evidence collection can vary, it is usually best to begin with less sensitive areas (hands, face)

See Medical Exam and Forensic Evidence Collection

- Injury signs (bruises, abrasions, lacerations) should be noted in writing as well as photo-documented. Use of a Bodygram (traumagram) is helpful.

Evidence collection principles

Offer clear explanations or the reasons for each procedure, offer patient some control over the exam process

- In general, use all steps of the evidence collection kit
- Because a patient may not recall or may be embarrassed to report all aspects of the assault, the exam should be complete and evidence collection from all orifices (mouth, vagina, rectum) is routine.
- Exception: If oral assault only is reported, genital-anal exam may be omitted
- The patient may decline any aspect of the exam or evidence collection
- It is preferable that the patient does not eat or drink before the exam, but the patient's comfort should not be compromised to achieve this
- Oral swabs, for example, should be obtained immediately if patient is thirsty or wishes to rinse mouth
- Urine specimen may be collected before initiating the exam. This should be a "non-clean-catch" specimen (no wiping before collection)
- Drape patient appropriately
- The order of exam and evidence collection can vary.
- The Medical Exam and Forensic Evidence Collection Steps is an example which fits the order of envelopes in the Washington State Evidence Kit (Tri-Tech)

Evidence packaging, storage, and transfer

	▪ Clothing worn at the time of the assault should be placed in separate paper bags, taped closed, and labeled ▪ Underpants should be placed in paper bag in kit ▪ Wet clothing should be dried or transferred to law enforcement within 3 hours ▪ Specifics of evidence packaging may be obtained from **"Sexual Assault Evidence Packaging Handbook"** for Washington State ▪ For specific evidence collection order and techniques see Medical Exam and Forensic Evidence Collection
Forensic Evidence Storage and Transfer	▪ Forensic specimens are not processed within the hospital, but stored separately and transferred to law enforcement ▪ Evidence may later be tested by the Washington State Patrol Crime Lab ▪ All evidence is not necessarily processed
Chain of custody of evidence	▪ One staff member must be responsible for maintaining chain of evidence. That staff member at all times: – Maintains continuous physical possession of specimens and items of evidence, or – Designates another staff member to maintain possession of evidence, or – Locks specimens in closed area (room, cabinet, refrigerator or freezer) ▪ All evidence should be thoroughly dried before packaging ▪ If small items cannot be dried (e.g., tampons, condoms) continence pads, menstrual pads, or clothing) – Place in urine specimen cup – Place in locked freezer or refrigerator if available OR – Transfer to law enforcement within 3 hours ▪ If larger wet items are collected (incontinence pads, menstrual pads, clothing – Package in paper (may line bottom of the bag with plastic) – Transfer to police within 3 hours, or freeze until transfer. – Mark the outside of these packages "WET" ▪ Document transfer in hospital records
Drying swabs	▪ Maintain chain of custody while drying ▪ Swabs may be locked in room, cabinet or drying box to dry ▪ Do not use heat or fan to dry swabs

- If plexiglass drying box is used
  - Place swabs from only one patient at a time in drying box
  - Use plastic "Crash cart" lock to close box or lock box in a cabinet or room
  - When drying is complete, place used plastic lock into evidence kit to demonstrate chain of custody of evidence
  - Clean drying box between uses with 20% bleach or hospital approved disinfectant
- Time for drying
  - A swab moistened with 3 drops of water will take 1 hour to dry in a standard drying box. Swabs left outside of a box will take a similar time to dry

Medical photography

- If visible injuries are present, hand drawing as well photography is highly recommended for documentation
- A standard protocol should be in place for taking photos, storage, and transfer. See guidelines and techniques for Medical Photography.

Lab tests

Pregnancy test

- Obtain on all females ages 10 to 55 years of age, except if history of hysterectomy

STI Tests

- Patient assent for these tests should be obtained. Inform patient that these tests are related to health issues, and not forensic tests
- Many centers provide routine post exposure STI prophylaxis and do not routinely test before treatment
- Vulnerable adults and young adolescents are an exception: in these cases, if there has been no prior consensual activity STI tests may be legally important.
- Non-culture nuclear amplification tests (NAATs) for gonorrhea and chlamydia are acceptable in most cases
- Conventional culture tests for gonorrhea and chlamydia are necessary for testing of pharynx or rectum
- A positive non-culture test should be verified by another method before treatment
- RPR (syphilis) test is not routinely recommended, but may be done in follow-up

STI tests are not generally useful for forensic purposes; positive tests usually indicate pre-existing infection

HIV Testing

- Baseline HIV testing may be performed up to 2 weeks after assault, and may be performed at follow-up visit
- If HIV prophylaxis will be given, baseline HIV serology is recommended
- Patient must exhibit understanding that the acute test will not reflect

acquisition of HIV from the assault, but relates to possible exposure 2 months or more prior

Arrangements must be made to inform patient of results

Medical Treatment

- Washington Crime Victims Compensation provides payment for emergency contraception, post-exposure prophylaxis for STIs, and the first 3 days a 28 day course for post-exposure prophylaxis for HIV
- See Post-Assault Medications

Emergency Contraception

By Washington State law every hospital providing emergency care for sexual assault victims must

Emergency contraception will reduce the chances of pregnancy when taken up to 5 days of unprotected intercourse

- Provide information about emergency contraception
- Inform each victim of her option to be provided with this medication, and
- If not medically contraindicated provide emergency contraception immediately
- See RCW 70.41.350 and WAC 246.320.286
- There are no medical contraindications to the use of levonorgestrel emergency contraception, except existing pregnancy
- Even if taken in early pregnancy, there are no known teratrogenic effects
- Women who are using reliable contraception (Depo, patch, IUD, pills, and tubal ligation) may still choose emergency contraception to further reduce the chance of pregnancy after sexual assault. This is a reasonable practice.
- Levonorgestrel 1.5 mg po in a single dose is most effective when given as soon as possible after unprotected intercourse; there is a linear relationship between efficacy and the time from intercourse to treatment. If taken within 72 hours it reduces the chance of pregnancy by about 85%.
- **Levonorgestrel has efficacy up to 120 hours** after intercourse and may be started up to that time if necessary, but patients should be informed that efficacy may be reduced compared to earlier administration

Discuss and provide emergency contraception when:

- Assault occurred within prior 5 days and
- Patient is at risk for pregnancy and
- Patient feels any pregnancy conceived in the last five days would be undesirable to continue and
- Pregnancy test is negative
- See Post Exposure Medications

STI Post-Exposure Prophylaxis

- Single dose post-exposure prophylaxis is practical for prevention of gonorrhea and chlamydia
- Metronidazole po 2 gm single dose is recommended to treat or prevent trichomonas

	– Patient should be advised to not drink alcohol 24 hours before and 24 hours after taking metronidazole due to antabuse like effect ▪ An alternative is to not provide STI prophylaxis at the time of the acute visit, but to offer a 2 week follow-up with testing at that time. – This strategy is preferred for patients for whom STI presence might be legally significant, this includes young women who have not been sexually active and vulnerable adults ▪ See Post Exposure Medications
HIV Post-Exposure Prophylaxis	▪ Specific factors of the assailant (a man who has sex with men) and of the assault (anal assault, genital-anal tissue injury during the assault, multiple assailants) increase the risk of HIV transmission ▪ Discuss with the patient the risk of HIV, and medications available to decrease that risk ▪ Medication must be taken for 28 days to be effective, and follow-up must be arranged ▪ See HIV Post Exposure Prophylaxis

Discharge

	▪ Review medication side effects ▪ Explain to patient what tests were obtained ▪ Explain follow up for medical test results, if done ▪ Explain that if police report has been made, forensic evidence will be transferred to police. ▪ Explain that If police report is not made, then evidence will be discarded within a specific time period if the patient does not contact the person who manages evidence within the medical institution. Provide the patient with this contact name and number ▪ Explain that if police report was made, detective will contact patient within several days ▪ Provide written information regarding local sexual assault advocacy organizations and other crisis services. See Sexual Assault and Crisis Support Services ▪ Provide written discharge instructions. See Discharge Instructions sample ▪ Confirm plans for follow-up

Follow-up Medical Care

	▪ Follow-up medical visit by primary or specialized medical provider is recommended in 1-3 weeks after initial exam ▪ Review current physical and psychological symptoms ▪ See Follow-up Medical Care

Billing for the Medical Exam

CVC application should be given to patient. It should not be submitted for the ED visit, which is already covered without an application to CVC

- The initial medical forensic exam for sexual assault for the purpose of gathering evidence for possible prosecution must be billed only to Washington State Crime Victims Compensation
- Billing requires the use of specific local codes and completion of a SAFE form. See CVC information for providers.
- A Crime Victims Compensation application does not need to be completed for this coverage to be in effect.
- The patient is not required to make a police report for CVC to pay the costs of the exam
- There does not need to be a "positive finding" of sexual assault for the exam to be covered by CVC.
- CVC prefers that the application not be filled out until further medical or counseling care is obtained.
- Treatment, including antibiotics, emergency contraception, and 3 days of HIV prophylaxis is covered by CVC
- Assessment and treatment of injury (e.g . broken arm during the assault) is billed to the patient or their insurance. If patient applies to Crime Victims Comp and claim is approved, CVC becomes the secondary payer
- For further information see Washington State Crime Victim's Compensation.

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Telephone Triage

- If within 120 hours medical forensic exam is appropriate
- This time frame is extended for patients who have been non-ambulatory or have been abducted
- Advise patient
  - Do not bathe before exam
  - Bring in clothes worn at time of assault, and bring in change of clothing
  - The exam and wait time may be several hours
  - Bring a support person (family, friend) if possible
- If more than 5 days have passed since the assault, emergency exam is not needed. Refer to community resources for care.

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Minors Consent for Care, Confidentiality, Mandatory Reporting

Consent for Care and Confidentiality

- In general, the parent or legal guardian must sign consent for care for patients under 18 years of age
- If a child is brought in for care by someone other than the parent or legal guardian, the parent or guardian should be contacted to give consent for care.
- In Washington State, minors may consent to their own care for reproductive health issues - sexually transmitted diseases at age 14, and birth control at any age (RCW 70.24.110 and State v. Koome.84.wn.2d901 (1975). A minor may also sign for his or her own care under the Mature Minor Rule (considering age, intelligence, maturity, training, experience, economic independence, conduct as an adult, and freedom from control of parents)
- See Minor Health Care Rights in Washington
- The patient must be able to give informed consent, that is, understand the risks and benefits of the medical treatment and treatment alternatives
- If a minor signs for her own care, document patient's maturity, independence, decision making capacity, understanding of treatment, and plans for safety
- However, in care for sexual assault, mandatory reporting for minors still applies and confidentiality cannot be assured. The patient should be clearly informed of the limitations of confidentiality and the requirements for CPS or police reporting
- Health care provider should offer to assist the patient in informing the parent or guardian about the assault event
- If the patient feels it would be unsafe to tell the parent or guardian, then Child Protective Services should be contacted to assess safety and provide consent for care.

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Minors Mandatory Reporting

- Health care workers and other mandated reporters must report when they have reasonable cause to believe that a child (person under 18 years of age) has experienced sexual abuse, assault, or sexual exploitation by any person, including non-caregivers
- Mandatory reporting applies when there is a reasonable suspicion that a minor is a victim of a crime, even when the minor has signed for care
- The report must be made to law enforcement or Child Protective Services at the first opportunity, in no case longer than 48 hours.
- See CPS Reporting, or call 1-800-562-5624
- Sexual abuse includes consensual sexual contact when there is a specific age difference

Age of victim	Age of offender
Less than 12	24 months or more months older
12 or 13 years	36 months or more older
14 or 15 years	48 months or more older

- Sharing information: Upon receiving a report, DSHS and law enforcement shall have access to all relevant records of the child in the possession of mandated reporters and their employees.(RCW 26.44.030)

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Vulnerable adults

When there is suspicion of sexual abuse or assault of a vulnerable adult, a report must be made immediately to law enforcement and to the appropriate agency

- A vulnerable adult has a specific legal definition in Washington State
- Vulnerable adult" includes a person who is:(RCW 74.34.020)
  (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
  (b) Found incapacitated under chapter 11.88 RCW; or
  (c) Who has a developmental disability as defined under RCW 71A.10.020; or
  (d) Admitted to any facility; or
  (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
  (f) Receiving services from an individual provider.
- Mandatory report must be made to law enforcement to assure victim safety. (Mandatory Reporting for Vulnerable Adults)

In addition:

- For residents of long-term care facilities, including nursing homes, boarding homes, or adult family homes:
- A report must be made to law enforcement and the Department of Social and Health Services Complaint Resolution Unit 1-800-562-6078
- For vulnerable adults who reside in their own or family home or a place other than a residential care facility
- A report must be made to law enforcement and to Adult Protective Services
- For specific county contacts, view the web page: Mandatory Reporting for Vulnerable Adults

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When the patient is not able to consent

In specific circumstances, evidence can be collected and stored until appropriate consent is obtained

Due to a transitory condition (e.g. Intoxication)

- The sexual assault exam should be delayed until the patient is capable of meaningful consent as determined by the health care provider
- Clinical assessment is more useful than laboratory numbers of alcohol level

Due to a longer term condition (unconsciousness), or if evidence will be lost (e.g., patient going to surgery)

- Obtain consent from the legally authorized surrogate decision-maker
- If the legally authorized surrogate decision-maker cannot be located in a timely manner
  - The health care provider can determine if evidence collection is in the patient's best interest (by allowing the option of investigation for sexual assault)
  - With this assessment, it is legally permissible to collect forensic evidence, including clothing, hair, swabs from skin and orifices
  - However, the evidence cannot be transferred to police without authorization With this assessment, it is legally permissible to collect forensic evidence, including clothing, hair, swabs from skin and orifices

Evidence must be dried and stored in a manner that will preserve chain of evidence and integrity until authorization for release is obtained

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Authorization for release of confidential health information

- Information, medical records, photographs obtained by medical personnel, and evidence including clothing and forensic evidence are protected health information and are subject to HIPAA regulations
- Records and evidence cannot be transferred to law enforcement until authorization for release is obtained (exceptions for minors and vulnerable adults, see above). This authorization may be by:
  - The patient
  - Legally authorized surrogate decision maker
  - Court order or warrant
- Even if the patient is brought in by law enforcement, consent from patient or legally authorized surrogate decision maker must be obtained before releasing information to law enforcement
- Without this consent, only the following information can be released:
  - Name, age address, age, gender, and type of injury of the patient
- To disclose further information, another exception must apply
- Exceptions are: children under age 18, vulnerable adults, or to minimize an imminent and serious threat to health or safety
- If there are concerns about authorization for release, hospital risk management and legal counsel should be involved

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Medical History

Obtain and document information regarding the assault event in order to provide appropriate medical care and evidence collection

- Provide privacy for initial interview
- Obtain and document information regarding the assault event in order to provide appropriate medical care and evidence collection
- It is very useful to use a structured form or question list

Document

- Person who accompanied patient and relationship to patient
- Source of information (patient, police, or accompanying person)
- Police report if filed: police department and case number
- Current symptoms: pain, bleeding, respiratory distress, nausea, anxiety
- Time and place of assault
- Hours since assault

Note: The medical history is not a forensic interview. It is not necessary for the medical provider to obtain forensic details such as description of the assailant, exact location of the assault, etc. This information should be obtained by police investigators

- Brief narrative history of assault
- Document in patient's own words, in quotes, for salient statements
  - Ask specifically
  - Number of assailants and sexual assailants, relationship to victim (this is relevant to issue of STI and continued risk)
  - Nature of force used
  - Restraint, threat, weapon, victim unable to resist, hit, strangled, kicked)
  - Perceived life threat
  - If patient does not recall part or all of the event
  - If patient had impaired consciousness due to sleep, substances, or mental status
  - Known drug or alcohol ingestion by victim (how much and when)
  - Suspected surreptitious drug administration
  - If history of attempted strangulation (choking) is obtained, specifically ask if patient experienced:
  - Light-headedness, fainting or blackout, vision change
  - Neck pain, neck swelling
  - Difficulty breathing, trouble swallowing, voice change, sore throat

  - Nausea or vomiting, loss of control of bowels or urine
  - Weakness or numbness of arms or legs
  - Uterine cramping (for pregnant patients)
  - If any of these symptoms occurred, medical evaluation is mandatory
- Risk factors of assailant regarding Hepatitis B, syphilis, and HIV, if known
  - Assailant is known or suspected to be HIV positive
  - Assailant is a man who has had sex with men
  -
- Specific information regarding sexual contact
  - Sites of contact and sites of penetration (oral, vaginal, anal)
  - Contact or penetration by what: hand, mouth, penis, foreign object
  - Sites where saliva might be deposited
  - Sites where semen might be deposited
  - If condom was used
- Post assault activity – if patient
  - Showered, bathed
  - Douched, rinsed mouth, urinated, or defecated
  - Changed clothes, gave clothes to police at scene, or brought clothes worn at time of assault to medical exam

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Medical exam and forensic evidence collection

General

- Medical exam may be conducted before or at the same time as evidence collection
- The order of exam and evidence collection can vary, it is usually best to begin with less sensitive areas (hands, face)
- Injury signs (bruises, abrasions, lacerations) should be noted in writing as well as photo-documented.
- Use of a Bodygram (Traumagram) is helpful

Evidence collection principles

Offer clear explanations or the reasons for each procedure, offer patient some control over the exam process

- In general, use all steps of the evidence collection kit
- Because a patient may not recall or may be embarrassed to report all aspects of the assault, the exam should be complete and evidence collection from all orifices (mouth, vagina, rectum) is routine.
- Exception: If oral assault only is reported, genital-anal exam may be omitted
- The patient may decline any aspect of the exam or evidence collection
- It is helpful to affix labels to the drying rack to indicate site of swabs
- Use powder free gloves, and change frequently during exam to minimize cross-contamination
- For orifice swabs, use 4 swabs for each site
- For skin swabs, use 2 swabs at a time, use “wet-dry” swab technique as this increases recovery of foreign DNA
- Moisten one swab with sterile water (supplied in kit). Swab area lightly
- Repeat with dry swab
- Write on envelope any variations or modifications used in collecting evidence
- See Medical Exam and Evidence Collection Steps

Medical Exam and Evidence Collection Steps

Specific instructions for evidence collection are printed on each envelope of the Washington State Evidence Kit (Tri-Tech USA)

	Exam	Evidence
Urine pregnancy test	For all females 10 to 55 years of age, except if hysterectomy	
Toxicology	For medical care, when indicated Obtain stat blood alcohol and urine toxicology through hospital lab	
Forensic toxicology	Forensic urine should be collected with patient's permission in all cases If assault was within prior 24 hours, collect urine and blood for forensic toxicology	Urine for forensic toxicology (routine) 30 ml urine only Collect urine in standard specimen cup, then transfer urine to state toxicology leakproof plastic cup or 2 red top tubes. Place in biohazard bag with one paper towel. Label cup and bag Maintain at room temperature or refrigerate until transfer. Plastic urine cup may be frozen Blood for forensic toxicology If concern for drug facilitated assault, and < 24 hours since event Collect blood in 2 grey top tubes Maintain at room temperature or refrigerate until transfer. Do NOT freeze glass tubes. **Do NOT package urine or blood in kit**. Transfer separately to law enforcement
Trace Debris	If patient has not bathed or changed clothes especially when assault was out of doors	Place clean bed sheet (or paper sheet) on floor Place paper from "Trace Debris" envelope on top Have patient undress while standing on paper Fold paper to retain debris Place in envelope, seal, sign and date over tape Have patient dress in examination gown
Clothing	Examine clothing for rips, stains. Ask if these occurred during assault. Document on report	Collect clothing worn at time of assault Place each article in a separate brown paper bag Tape, label bags

Underpants		Collect underpants, even if changed after assault Package in a small paper bag Seal, label, place in the Evidence Kit ***Note: Do not attempt to dry wet underpants or incontinence pads. Either transfer to law enforcement within 3 hours, or place in open plastic container (basin) or open plastic bag. place in double paper bag, seal. Label "WET" and refrigerate or freeze until transfer***
Mouth	Examine soft and hard palate, inner lips and tongue for bruising or lacerations Note broken or loose teeth	Oral swabs Use 4 cotton swabs total. Do not moisten Using 2 swabs at a time, swab around gingival border, at margins of teeth, buccal and lingual surfaces Repeat with remaining 2 swabs
Hands	Examine for nails broken at assault, wounds on hands Examine for foreign debris	Fingertip swabs Use 4 swabs total - 2 swabs for each hand With 1 moistened swab, swab all 5 fingertips one hand, concentrating on area under nails Repeat with 1 dry swab on same hand Repeat process on other hand Both swabs from one hand may be packaged in same box
Blood specimen on filter paper	To obtain patient DNA	Use lancet from kit, or small needle and syringe May obtain at the same time in same syringe as other labs Place blood on designated filter (FTA) paper, fill at least 2 circles
Head and neck	**Scalp:** Palpate for tenderness or swelling **Ears:** blood in canals, bruising on pinna or behind ear **Neck:** tenderness or limitation of motion Examine for bruises or ligature marks Note if voice is hoarse **Eyes:** Conjunctival hemorrhage (sclera and inner eyelids) Periorbital petechiae	Ask patient if areas may have assailant saliva or semen deposition Swab all suspect areas, as well as visible bite marks or suction bruises, and dried secretions on skin.

Skin **Chest/ Breasts** **Abdomen** **Extremities**	Examine for tenderness, bruises, bite marks Palpate for tenderness, masses Note bruises, ligature marks, lacerations, abrasions Evaluate pain, tenderness, range of motion arms and legs	Obtain swabs even if patient bathed after event, since bathing may be incomplete Use 2 swabs total for each site Moisten 1 swab with 1 drop of water Swab area of suspected foreign secretions Repeat with second, dry swab Repeat 2 swab wet/dry technique for each suspect area **Indicate on envelope if saliva or semen is suspected by patient report**
Genital exam female	Examine in dorsal lithotomy position. Modify for patients with movement limitation Examine inner thighs, labia majora, perineum. Document tenderness, bruises, abrasions, lacerations,	With patient in dorsal lithotomy, place clean paper under buttocks Using supplied comb, comb downward to collect loose hairs Fold paper to retain hairs, and place in envelope If matted pubic hair is noted, use clean scissors to clip hair
	Using labial separation and then labial traction, examine labia majora, labia minora, introitus, posterior fourchette, fossa navicularis	<u>Vulvar perineal swabs</u> Use 4 cotton swabs total Moisten 2 swabs with 1 drop of water on each Swab external genital folds and perineum Repeat with 2 dry swabs
Speculum exam is recommended only in specific circumstances, and is contra-indicated in premenarchal adolescents	Examination of cervix and vagina is not always necessary, since trauma to these structures is uncommon If patient reports bleeding, or bleeding noted on exam and source is not obvious, speculum exam should be performed to distinguish menses from vaginal laceration	<u>Vaginal swabs</u> Use 4 cotton swabs total Using one swab at a time, insert in posterior direction approx 4”, and swab posterior vaginal pool

	If assault was more than 24 hours prior, chance of recovery of foreign cells is higher if swabs are obtained from the endocervix as well as posterior vaginal pool Rinse speculum in warm water for patient comfort. Lubricant (e.g. Surgilube) is generally not necessary for speculum use, and may interfere with forensic tests.	If lubricant is used for exam, place opened lubricant container or packet in kit for lab chemical analysis
Retained foreign bodies	Retained foreign bodies such as tampons, condoms	Place in urine specimen cup Place cup in biohazard bag and label Transfer to law enforcement within 3 hours or freeze for later transfer
Toluidine blue dye	May be used to delineate small areas of abrasion on non-mucosal skin. Use only after perineal/ vulvar and anal swabs, and before speculum exam Apply toluidine blue 1% with cotton swab, wipe off dye with water, petroleum jelly, or dilute solution (2.5%) acetic acid. Lacerations will be stained blue. Diffuse uptake is non-specific ***Bimanual exam is not indicated in the absence of symptoms/ signs of PID or other medical concerns***	
Genital exam – Male	Examine inner thighs, all sides of penile shaft, corona, foreskin, glans penis, scrotum, and perineum Document abrasions, bruises, lacerations, erythema, and inflammation	Penile swabs Use 4 cotton swabs. Moisten 2 with 1 drop of water on each Swab penis: anterior, lateral, posterior and glans penis and under foreskin with moistened swabs Repeat with 2 dry swabs After drying , package in “vaginal endocervical” envelope. Write site of collection on envelope Perineal swabs Use 4 cotton swabs total Moisten 2 swabs with 1 drop of water on each Swab perineum and scrotum Repeat with 2 dry swabs After drying , package in “Vulvar-perineal” envelope

Anal exam, male and female	Document perianal abrasions, lacerations,bruising, anal laxity For women, exam may be done in dorsal lithotomy position For men, examine in supine or prone knee-chest or bending over exam table Separate anal folds to visualize lacerations Digital exam is not indicated, except if concern for foreign body retention **Anoscopy** is indicated if there is anal bleeding by history or exam. Should generally be done after forensic swab collection A clear plastic anoscope provides an adequate view of mucosa. Lubricant should be used	Peri-anal: Use 2 swabs total Moisten 1 swab with 1 drop water Swab peri-anal folds. Repeat with dry swab Anal: Use 2 swabs total Moisten each with 1 drop of water Insert 1 swab 1-2 cm into anus Repeat with second moistened swab Place opened lubricant container or packet in kit for lab chemical analysis

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Medical Photography

If visible injuries are present, photography with digital, specialized Polaroid, or video camera

- Each camera type has advantages and limitations.
  - Polaroid photos generally have poor color and preservation
  - Video should have no sound recording unless all parties are aware of and consent
- Careful documentation with drawing or writing is mandatory even when photographs are obtained
- Each institution should take appropriate steps to maintain the privacy and dignity of the patient in photos
- Always document name of photographer and date of photos
  - This may be done by documentation in the chart, in a photo log, or by writing the photographer name and date on the patient identification label which is then photographed

Technique

Staff must be trained in specific camera and photography techniques

- If date function is used, verify that date is correct
- Check flash function: photos may be better either with or without flash
- First photo is of patient identification label
- One photo should include patient face
- Photograph each injury site 3 times
- First, at least 3 feet away, to show the injury in context
- Second, close up
- Third, close up with a measuring device (ruler, coin, or ABFO rule)

Body photos

Photos of body injury may be more significant than genital injury in sexual assault cases

- Drape patient appropriately, photos may be shown in open court
- Hospital personnel may either take the photos or assist law enforcement in obtaining photos

Bite Marks

- Bite marks should be photographed, but police should be notified for police photographer to obtain technically optimal photos
- Use of a measuring device and good technique (camera perpendicular to plane of skin) is particularly important

Colposcopy

- Magnified photos of the genital or anal area can document injury
- Use photo or video-colposcope, or camera with macro function
- Measuring device is not needed in these photos
- If blood or debris is present, photograph first, then clean area and photograph

again

- If toluidine blue is used, photograph before and after dye application (see page 11)

Photo storage and release

- Photos are part of the medical record
- Photos may be stored outside of the medical records department (just as x-ray films are stored in the radiology department)
- Follow HIPPA compliance policies for release of all records including photos

- Photos may be released to law enforcement with proper authorization
- Follow medical records retention rules regarding disposal of photographs
- Because of the extremely confidential nature of colposcopy photos, these photos are not released like other portions of the medical record

Provide formal tracking of copies, release dates, and person responsible for releasing and receiving photos.

- Colposcopy photos or genital/anal photos are released only in response to a subpoena and then are released directly to the medical expert who will review the photos

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Post-Assault Medications

Emergency contraception	Levonorgestrel 1.5 mg po x 1	Take medicine as soon as possible within 5 days after unprotected intercourse May be taken even if patient is using reliable birth control or has had a tubal ligation Confirm negative pregnancy test prior to giving medication
STI prophylaxis	Cefixime* 400 mg po x 1	For gonorrhea prophylaxis *Alternative: Ceftriaxone 125 mg IM x1
	PLUS	
	Azithromycin 1 gm po x 1	For Chlamydia prophylaxis Take with food to decrease GI side effects
	PLUS	
	Metronidazole* 2 gm po x1	For trichomonas prophylaxis
	Hep B vaccine	If patient not fully immunized Refer for completion of 3 dose series
	Tdap	If more than 5 years since last Td, and open wound

* Metronidazole should not be taken within 24 hours after OR 24 hours before alcohol ingestion. Advise patients of antabuse-like reaction if combined with alcohol. Patient may choose to defer treatment

- For pregnant patients, consider providing no prophylactic antibiotics. In this case, gonorrhea and chlamydia tests should be obtained at follow-up visit in 2 weeks. If prophylaxis is strongly desired, cefixime and azithromycin are Class B drugs

For penicillin allergic patients

- There is a 5-10% incidence of concurrent cephalosporin allergy.
  - If late onset, atypical, or undocumented allergy: use cefixime and azithromycin, as above

If history of anaphylaxis or immediate hives - consider either:

- Azithromycin 1 gm po (no cephalosporin) -This is appropriate in areas of low gonorrhea prevalence. Retest for GC in followup 2 weeks after assault OR
- Azithromycin 2 gm po at once (this will treat GC and Chlamydia, but is not generally recommended due to concern emerging resistance), may cause nausea

For updates, see newest CDC STI treatment guidelines

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HIV Post Exposure Prophylaxis

Risk

The risk of HIV acquisition from sexual assault is low, but higher in certain circumstances

- The risk of HIV transmission from a positive source in a single act of receptive vaginal intercourse is estimated to be 1 per 2000. The risk of transmission from a positive source in a single act of anal receptive intercourse is 1 per 200.
- The risk for an individual patient are extremely difficult to calculate, since details about the assailant's risk factors and HIV status are usually unknown
- It is not feasible to wait for HIV serologic tests in the assailant even if the assailant has been already arrested. This testing may take weeks to accomplish
- HIV post-exposure prophylaxis is not recommended if there has been no semen or blood to mucosal contact
- **Higher risk circumstances are:**
  - Multiple assailants
  - Receptive anal intercourse
  - Assault by a man who has sex with men
  - Exposure of blood to mucosa or open wound
  - Victim has visible genital or rectal tears

Treatment

- HIV post- exposure prophylaxis **should be initiated within 72 hours** of possible exposure, and continued for 28 days
- Consult with a specialist in HIV treatment, if PEP is being considered
- Baseline labs are: CBC and platelets, liver function tests, HIV serology, creatinine: treatment should not be delayed while awaiting results
- Assistance with post-exposure prophylaxis decisions can be obtained by calling the National Clinician's Post-Exposure Prophylaxis Hotline (PEPLine), telephone: 888-448-4911
- Provide a limited number of days of medication to start, many patients will decide to not continue in completing the full course of treatment
- Follow-up, including one visit during treatment and HIV serology follow-up must be arranged

Follow-up

- Crime Victim's Compensation will pay for the initial 3 days of medication

Cost

- The complete 28 day course may be covered by patient's own insurance or by CVC, if an application is completed and approved

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Discharge instructions sample

INFORMATION FOR ADULTS AND TEENS

What happens next?

If you have made a police report, a detective will call you within several days. If evidence such as clothing and swabs was collected during the exam, and you have signed a release of information form, the evidence will then be transferred to the police.

Here are some helpful things that you can do:

- Take good care of yourself by paying attention to your basic needs for rest, food and exercise.
- Talk with a friend, family member, or someone you trust about what has happened.
- Be moderate in your use of alcohol and other non-prescription drugs.
- Talk with a counselor about your concerns and questions.
- Call our office if you have any questions or concerns

Can I talk to a counselor or advocate?

If you have signed an authorization, an advocate will call you within a few days. Or you can call

Agency : _____ Tel: _____

[Provide information about local agencies]

The following was done today as part of your exam:

☐ Tests for legal evidence.
If you have made a police report and signed a release, these tests are transferred to the police. If a criminal case develops the detective may ask that these samples be processed at the Washington State Patrol Crime Lab.

The results of these tests are not normally available to you or the medical provider. Please contact the detective if you have questions regarding these tests.

If you have not decided to make a police report or you are not sure, we will keep the evidence and clothing for one month. We will attempt to contact you before discarding the evidence.

☐ Lab tests to find out if you have any STD's (diseases you can get from sexual contact). There is a very low risk of HIV from sexual assault. If you have questions about this, please talk to the medical provider.

☐ Pregnancy test. Result: _____

☐ Digital photographs of injuries

If photos were taken of general body injuries (bruises, etc.) they will be provided to the police department if you have made a report. Photos of intimate areas are not normally provided to law enforcement.

***A Pap Smear (test for cancer) was <u>not</u> done. This should be done as part of your regular medical care.**

<u>The following medicines were prescribed</u>

☐ **Plan B (levonorgestrol)** 1 package
This is to decrease the chance of getting pregnant**.**
You may have some bleeding like a menstrual period a few days after taking the medicine, or you may not. If you do not have your next period at the expected time, you should get a pregnancy test.

☐ **Azithromycin** 1 gm (4 tablets)
This medicine will treat Chlamydia if you have it or prevent it if you were exposed to it during the assault.
<u>Take all 4 tablets at the same time. It often helps to take this with food.</u>

☐ **Cefixime** 400 mg
This medicine will treat Gonorrhea if you have it, or prevent it if you were exposed to it during the assault.
<u>You can take this at the same time as the other pills, or at a different time.</u>

☐ **Metronidazole** 2 gm
This medicine will treat or prevent Trichomonas.
It is important to <u>NOT</u> use alcohol for 24 hours before and after taking this medication

☐ **Hepatitis B vaccination # ____**
This vaccine helps protect you from a virus, which can cause severe liver problems. If this was your first vaccination, you must have a repeat dose in one month and again in six months.
These can be obtained at _____

☐ **Other medications:** _____

If someone needs a copy of these medical records, they can call _____
Records will be released only with your authorization

If you are having any emergency problems related to the assault, call _____

Date: _____ Clinician: _____

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Follow-Up Medical Care

Recommended visit 1 -3 weeks after initial evaluation

- Follow-up medical visit by primary or specialized medical provider is recommended in 1-3 weeks after initial exam
- This visit is typically not covered by CVC, unless it is done to complete the initial acute exam

Review with patient

- Acute exam findings
- Medical lab results, if any (crime lab results will not be available)
- Current physical symptoms
- Emotional reactions (sleep disorders, anxiety, depressive symptoms, flashbacks)
- Concerns for safety and legal issues
- Concerns regarding STIs and HIV

Medical exam

- Individualize exam, depending on history and symptoms
- Check for resolution of injury
- Evaluate any new symptoms
- Refer for ongoing medical care, if needed

Lab tests

- Depending on risks and patient concerns
- Pregnancy test
- Test for gonorrhea and chlamydia if single dose prophylaxis was not given at initial evaluation
- Syphilis test (RPR) 6 weeks after possible exposure
- Saline wet mount and KOH prep to evaluate vaginitis if symptoms present

HIV testing

- Baseline, 6 weeks, 12 weeks, and 24 weeks after exposure
- Hepatitis B vaccine
- If series initiated at acute examination, continue to complete 3 vaccine series

Assess social support (family, friends)

Refer for follow-up medical care, counseling and advocacy

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