



ACUTE CARE, INC.

COMPASSIONATE
EMERGENCY
CARE

Sexual Assault Awareness Month

April is Sexual Assault Awareness Month, so for our monthly travel theme for April 2009 we would like to provide you with some website resources regarding this subject. Also, please find following protocols from Iowa regarding adult and pediatric sexual assault exams.

<http://nsvrc.org/>

National Sexual Violence Resource Center

<http://www.nsvrc.org/saam/>

2009 Campaign Information

<http://www.rainn.org/>

Rape, Abuse & Incest National Network - great links for state law, federal law, etc.

<http://www.sexualassault.virginia.edu/Handbook%20for%20Survivors.pdf>

A guide to give patients who've experience assault.

<http://www.wiawh.org/media/documents/ccrv/CCRV%20Wisconsin%20Hospital%20Tool%20Kit.pdf>

Toolkit from Wisconsin from Compassionate Care for Rape Victims Coalition

<http://www.4woman.gov/faq/sexual-assault.cfm>

Requently asked questions, how to help a victim from the US Dept H&H Services

http://www.moreheadstate.edu/files/units/leo/sa_survivors_handbook.pdf

Sexual assault survivors handbook

<http://www.nativeshop.org/Policy.html>

Proposed Indian Health Service Guidelines For Provision of Reproductive Health Care

<http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

A National Protocol for Sexual Assault Medical Forensic Examinations



**CONSENT FOR EVALUATION AND TREATMENT OF SEXUAL ASSAULT/ABUSE
EXAMINATION**

Consent for Treatment

I, _____, consent and authorize _____
(Name of Patient) (Name of SANE)

and/or the staff of Mid Iowa SART to obtain medical history, perform a physical examination to collect laboratory material, provide prophylactic treatment, and obtain other medical specimens.

I further consent that this may be done by taking of photographs and videotaping.

Patient Signature

Date

*Under no circumstances will the patient's information be disclosed without
prior patient authorization unless otherwise required by law.*

Authorization for Release of Information

I, _____, consent and authorize _____
(Name of Patient) (Name of Hospital)

to disclose the information in my record to the following:

- Crime Victim Assistance Division, Iowa Attorney General's Office, for purpose of receiving payment of the costs of services provided.
- Mid Iowa SART for peer review and litigation purposes.
- Law Enforcement Officials of _____ County, Case #: _____

Patient Signature

Date

*Under no circumstances will the patient's information be disclosed without
prior authorization from the patient unless otherwise required by law.*

Name _____

Date of Birth _____

Address _____

Phone Number _____

LABEL

BEGINNING OF CASE

SANE Case #: _____

Law Enforcement Case # (if available): _____

Date: _____

Client Name:

SANE:

Contact Information: Polk Co. Crisis and Advocacy Services 515-286-3600

LABEL

**STANDING ORDERS FOR SEXUAL ASSAULT EXAM BY SEXUAL ASSAULT NURSE
EXAMINER**

Patient allergies: _____

Medications: _____

- 1) May complete vaginal, speculum, and colposcopic exam if indicated.
- 2) May do rectal exam if indicated.
- 3) May do lab work as indicated: (check if completed)

- Urine Pregnancy Test (baseline)
- Serum HIV Test (baseline)
- OraSure HIV Test (baseline)
- HepB Surface Antigen (baseline)
- Urine testing for Chlamydia and Gonorrhea

- 4) May give medications as indicated: (check if given)

- Azithromycin 1gm #1 p.o. Lot #: _____
- Cefpodoxime Proxetil 200mg #2 p.o. Lot #: _____
- Doxycycline 100mg #14 Lot #: _____
- Metronidazole 500mg tablets # 4 p.o. Lot #: _____
- Plan B #2 p.o. Lot #: _____
- Ceftriaxone 125mg I.M. (dilute with 0.9mL Lidocaine 1%, without epinephrine) Lot #: _____

- Cipro 500mg #1 p.o. Lot #: _____
- Other _____ Lot #: _____

- 5) Vaccines given as indicated: (check if given)

- Gardasil 0.5 mL IM Lot #: _____ See backside for instructions
- Hepatitis B (Energix-B) 0.5 mL IM Lot #: _____ See backside for instructions
- Tetanus (Td) 0.5 mL IM Lot #: _____ See backside for instructions

Authorized SANE _____ Date _____

Physician's Signature _____ Date _____

See Medication Guide on back of this form.

LABEL

1ST LINE DRUG

2ND LINE DRUG

GC		
Cefpodoxime Proxetil 200mg #2 p.o.		Ceftriaxone 125mg IM Dilute 250 mg vial with 0.9 mL Lidocaine 1%. 125 mg = 0.5 mL
		Referral to PCP in 3-4 weeks for culture.
CHLAMYDIA		
Azithromycin 1gm p.o. #1	If allergic to Azithromycin	Doxycycline 100mg p.o. bid x 7 days – CANNOT USE IN PREGNANCY
	If allergic to Azithromycin or Erythromycin, but pregnant	Amoxicillin 500mg p.o. tid x 10 days
VAGINOSIS and Trichomoniasis		
Metronidazole 500mg tablets #4 p.o.	If NOT pregnant	No medication given
	If pregnant, in 1st trimester	Clotrimazole vaginal tablets 100mg per vag qhs x 7 days
	If pregnant in 2 nd or 3 rd trimester	Referral to PCP

VACCINES

Human Papillomavirus (HPV, genital warts)*

Gardasil** 0.5 mL IM deltoid* at time zero, 0+2 months, 0+6 months. Given to females age 9-26 only who have not been vaccinated.

Hepatitis B***

Engerix-B Single dose vial of 20 mcg IM deltoid* at time zero, 0+2 months, 0+6 months. Only given to patients who have not been vaccinated.

Tetanus

Td 0.5 mL IM deltoid* (>7 years old).
All adults need 1 booster dose every 10 years.

* If all three injections are given, please use different limbs.

** Gardasil is a 3 injection series given at 0, 0+2 months, and 0+6 months. Follow up injections can be obtained at PCP, PPGI, or STI clinics. Crime Victim Assistance Division will pay for the series.

*** Hepatitis B is a 3 injection series given at 0, 0+1 month, and 0+6 months. Follow up injections can be obtained at PCP, PPGI, or STI clinics. Crime Victim Assistance Division will pay for the series.

LABEL

Beginning of Case

Patient Name	DOB	Sex
--------------	-----	-----

Assault/Abuse History

Date/Time of Assault/Abuse	Date/Time of Exam
----------------------------	-------------------

Assault/abuse was by: (stranger, acquaintance, spouse, relative, date, etc.)	Sex of assailants	Number of assailants
---	-------------------	----------------------

Which of the following occurred?

Penile/Oral Penetration Penetration with an object—describe _____
 Penile/Vaginal Penetration Digital Penetration Ejaculation—where? _____
 Penile/Rectal Penetration Oral Copulation Other: _____

Since the assault/abuse, patient has:

Douched Defecated Bathed/showered Brushed Teeth or Used Mouthwash
 Urinated Vomited Changed Clothes Had Food or Drink

At time of assault/abuse was:

Patient menstruating? Yes No Don't Know
Suspect injured/bleeding? Yes No Don't Know
Tampon present? Yes No Don't Know Where is tampon now? _____
Condom used? Yes No Don't Know Where is condom now? _____

At time of exam was:

Tampon present? Yes No
Patient menstruating? Yes No

EXAMINER PRINT NAME:

EXAMINER SIGNATURE:

DATE:

TIME:

PATIENT LABEL

Patient Information

Vital Signs (as warranted)

Admission	P	R	BP
Discharge	P	R	BP
Weight in Kg	Height		

Medical History

Allergies

Current Medications

Acute Illnesses

Past Surgeries

LMP

EXAMINER SIGNATURE:

DATE:

TIME:

PATIENT LABEL

Narrative History Caregiver/Patient

Physical Examination

General Appearance (Including condition of clothing)

Emotional Status (objective observation)

Names of those present during exam

Pertinent General Physical Findings (also mark pictures)

EXAMINER SIGNATURE:

DATE:

TIME:

PATIENT LABEL

Body surface (locate and describe injury, draw findings on pictures)
mouth/face
head/neck
back/buttocks
chest/breast
abdomen
upper extremities
lower extremities
Female
External genitalia (describe Tanner stage and general appearance)
Mons Pubis
Labia Majora
Labia Minora
Clitoris
Urethral Meatus
Vestibule
Hymen (include estrogen level and hymenal shape)
Fossa Navicularis

EXAMINER SIGNATURE:	
DATE:	TIME:

PATIENT LABEL

Posterior fourchette
Perineum
Vaginal Vault
Cervix
Female/Male
Buttocks
Anus
Anal Verge
Anal Rugae/folds
Perineal Skin
Anal Tone
Male
Circumcised: <input type="checkbox"/> Yes <input type="checkbox"/> No
Glans
Urethral Meatus
Perineum
Scrotum
Testes
Discharge from Penis

EXAMINER SIGNATURE:	
DATE:	TIME:

PATIENT LABEL

Anatomical Diagrams to Record Location of Injuries

Method of Examination (check all that apply)

Exam position: Knee chest Frog Leg Lithotomy Caretaker's Lap

direct visualization: Yes No

colposcopic exam: Yes No

bimanual exam: Yes No

Woods (or other UV) lamp: Yes No

speculum exam: Yes No

Foley catheter: Yes No

Photographs

Colposcopic prints

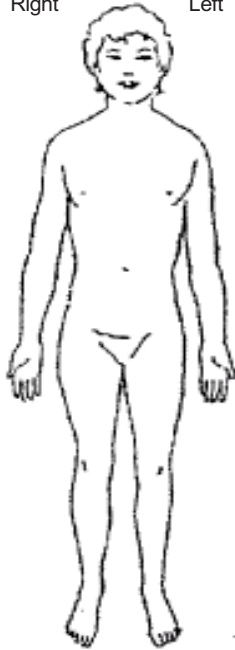
IDent

Number Taken: _____

Taken by _____

Right

Left



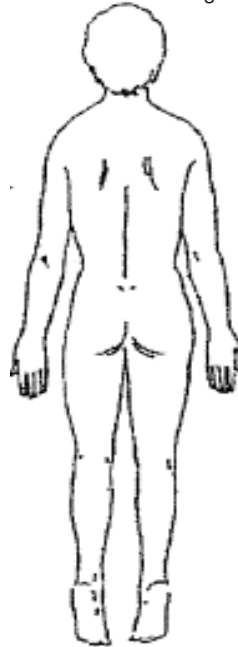
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Left

Right



Left

Right



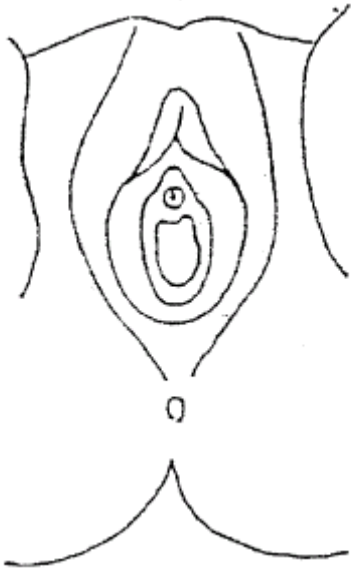

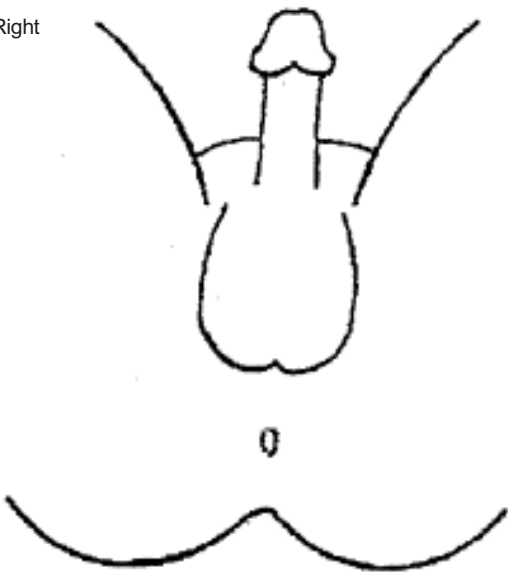




indicate the location and type of injury: abrasions, bruises (detail shape), erythema, contusions, induration, lacerations, fractures, bites, burns and stains/foreign materials.

EXAMINER SIGNATURE:

DATE:

TIME:

PATIENT LABEL

<p>Right Left</p> 	<p>Right Left</p> 
<p>Right Left</p> 	<p>Right Left</p>   <p style="text-align: right;">Left</p> <p>Right Left</p>   <p style="text-align: right;">Right</p>
<p>indicate the location and type of injury: abrasions, bruises (detail shape), erythema, contusions, induration, lacerations, fractures, bites, burns and stains/foreign materials.</p>	

EXAMINER SIGNATURE:	
DATE:	TIME:

PATIENT LABEL

Summary:

DCI Sexual Assault Kit used: Yes No

Lab(s) in addition to DCI sex assault exam kit:

Materials Collected

- Underwear
- Debris
- Pubic hair combings
- Pulled pubic hairs
- Vaginal swabs and smears
- Oral/rectal swabs
- Pulled head hairs
- Known buccal swabs
- Known blood sample

Follow-up Issues:

EXAMINER SIGNATURE:

DATE:

TIME:

PATIENT LABEL

Consent for Treatment

I, _____, consent and authorize _____
(Name of Patient) (Name of SANE)

and/or the staff of Mid Iowa SART to obtain medical history, perform a physical examination to collect laboratory material, provide prophylactic treatment, and obtain other medical specimens.

I further consent that this may be done by taking of photographs and videotaping.

Patient Signature

Date

Parent/Guardian/Other Signature (specify relationship) Date

Under no circumstances will the patient's information be disclosed without prior patient authorization unless otherwise required by law. You may revoke anytime. Please take a copy with you for your records.

Authorization for Release of Information

I consent and authorize _____ to disclose the information (including
(Name of Hospital)

HIV/mental status) in my record to the following for follow up of sexual assault:

- Crime Victim Assistance Division, Iowa Attorney General's Office, for purpose of receiving payment of the costs of services provided.
- Mid Iowa SART for peer review and litigation purposes.
- Law Enforcement Officials of _____ County, Case #: _____

Patient Signature

Date

Parent/Guardian/Other Signature (specify relationship) Date

Under no circumstances will the patient's information be disclosed without prior patient authorization unless otherwise required by law. You may revoke anytime. Please take a copy with you for your records.

Name _____ Date of Birth _____

Address _____ Phone Number _____

PATIENT LABEL

**PATIENT INTERVIEW/PHYSICAL EXAM
SEXUAL ASSAULT EXAM RECORD**

Date of Assault:	Time of Assault:
Date of Exam:	Time of Exam:

Patient Statement of Assault:

GENERAL APPEARANCE (document physical injuries):

EMOTIONAL STATE:

EXAMINER INITIALS:	DATE:
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LABEL

During the assault, did

Yes

No

Unsure

Assailant's penis penetrate vagina?			
Assailant's penis penetrate anus/rectum?			
Assailant's penis penetrate mouth?			
Assailant wear a condom?			
Assailant ejaculate?			
Digit or foreign body penetrate vagina?			
Digit or foreign body penetrate anus/rectum?			
Digit or foreign body penetrate mouth?			
Race of assailant, if known			
Other:			

Type of violence/threats used:
Weapons/restraints used:
Forced use of alcohol/drugs:

CIRCUMSTANCES SINCE THE ASSAULT (duplicates DCI information)

Since the assault, has the patient:

Yes

No

Unsure

Showered or bathed?			
Douched?			
Changed clothes? If so, are clothes patient was wearing available?			
Eaten/drank fluids?			
Gargled or brushed teeth?			
Vomited?			
Urinated?			
Defecated?			
Washed hair?			
Had consensual intercourse within the last 72 hours?			
Allergies:			

Medical History

Medications:	
Tetanus vaccine current:	<input type="checkbox"/> yes <input type="checkbox"/> no
Hepatitis B vaccine current:	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the patient received HPV vaccine?	<input type="checkbox"/> yes <input type="checkbox"/> no
Last Menstrual Period	Menstrual interval:
General Health:	

EXAMINER INITIALS: _____ **DATE:** _____

LABEL

GENERAL EXAMINATION (Include lacerations, abrasions, bruises, and other findings):

Persons present for the exam:			
BP	P	T	R
PAIN: using a scale of 0-10 (0= no pain, 10= severe pain)			
NEURO:			
HEAD/NECK:			
FACE/EENT:			
CHEST: Heart:		Lungs:	
BREASTS:			
BACK:			
ABDOMEN:			
EXTREMITIES:			
R arm:			
L arm:			
R leg:			
L leg:			

COLPOSCOPE/WOODS LAMP

Colposcope used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photos taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Woods Lamp used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Female: GU/GYN (see drawing next page)

Introitus:
Labia minora:
Clitoris:
Fossa navicularis:
Posterior fourchette:
Perineum:
Hymen:
Vagina:
Cervix:
Fornices:
Uterus:
Adnexae:
Anus/rectum:
Other:

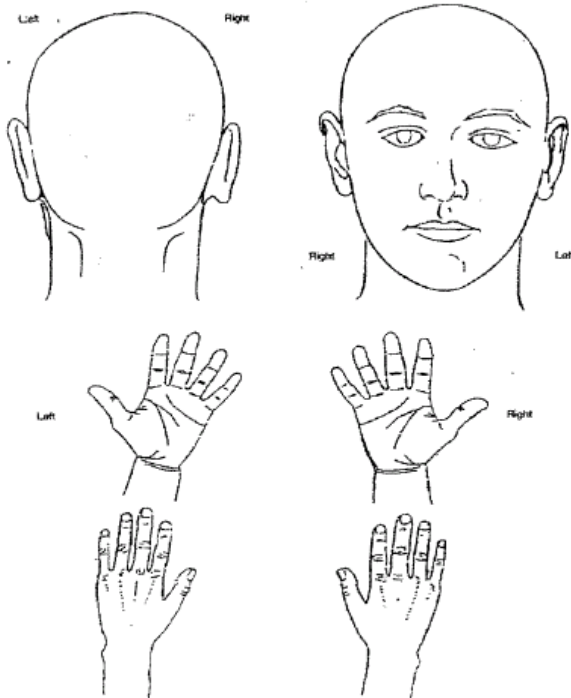
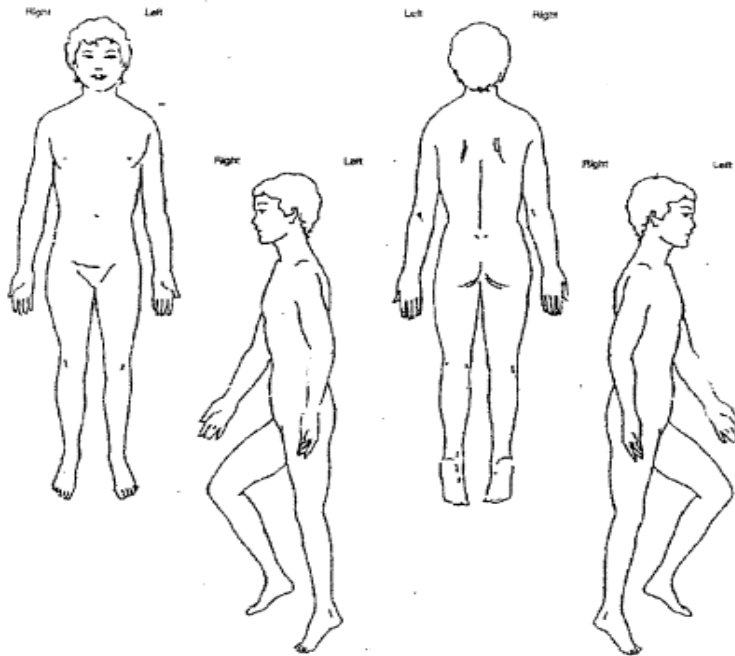
Male

Penis:
Scrotum:
Anus:
Rectum:
Other:

EXAMINER INITIALS:	DATE:
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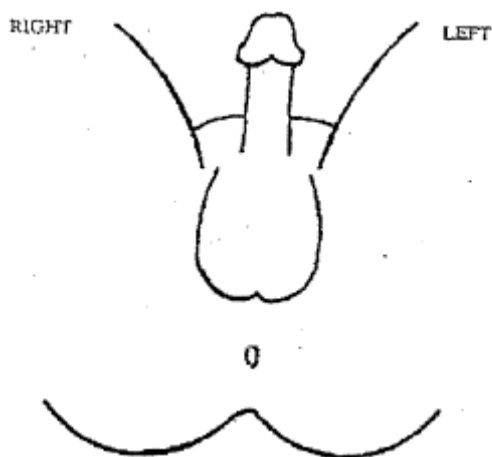
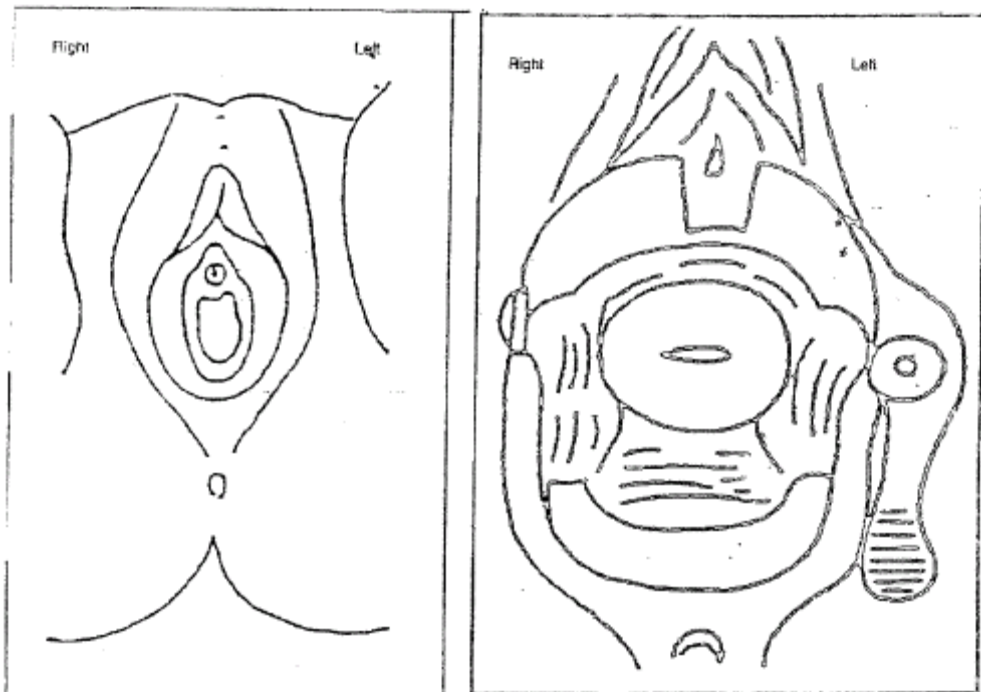
LABEL

ASSAULT REFERENCE DIAGRAMS



EXAMINER INITIALS: _____ **DATE:** _____

LABEL



EXAMINER INITIALS: DATE:

LABEL

Summary:

DCI Sexual Assault Kit used : Yes No

Lab(s) in addition to DCI sex assault exam kit:

Materials Collected

- Underwear
- Debris
- Pubic hair combings
- Pulled pubic hairs
- Vaginal swabs and smears
- Oral/rectal swabs
- Pulled head hairs
- Known buccal swabs
- Known blood sample

Follow-up Issues:

EXAMINER:	
DATE:	TIME:

LABEL

MID IOWA

Mid Iowa Recommended Protocol for the Forensic and
Medical Examination of Sexual Assault Victims

April 2, 2008

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MID IOWA SART MISSION STATEMENT

Our mission is to assess/treat patients, collect information, provide acute interventional services, collaborate with legal and judicial representatives, and provide education to the community regarding sexual assault issues.

SANE

A Sexual Assault Nurse Examiner (SANE) is a nurse who has advanced education in forensic examination of sexual assault victims.

INITIAL LAW ENFORCEMENT RESPONSE

- A. Law enforcement is an essential part of the Polk County sexual assault response team.
- B. Law enforcement of the jurisdiction where the assault occurred will be contacted whenever possible.
- C. Patient should be made aware that talking to law enforcement does not mean a report is automatically made. He or she has the right to choose to speak to law enforcement.
- D. The advocate ensures that every effort is made to contact law enforcement.
- E. The victim's wishes of whether or not to report will be respected, unless Iowa Statute dictates a mandatory report.
- F. Law enforcement is required to pick up the evidence kit.

ADULT PROTOCOL

Treatment Plan

It is advantageous for all victims of sexual assault to seek medical treatment from a health care facility. In order to be most convenient for the client, the sexual assault team goes where the victim is. Participating facilities in Polk County include: Methodist Medical Center, Blank, Lutheran Hospital, Mercy Medical Center, Broadlawns Medical Center, and Planned Parenthood Rosenfield Center. If a victim of sexual assault arrives to a hospital not equipped to provide a sexual assault examination, arrangements should be made to transfer the victim to the nearest designated treatment facility.

Intake

The treatment of victims of sexual assault should be considered a medical emergency. Every minute spent waiting may cause undue stress to the victim.

The physician will see and treat the patient initially. Immediate medical attention will take priority if the patient is injured. The sexual assault nurse examiner's goal is to arrive to the exam site within 30 minutes of being notified. The nurse will then proceed with the care of the patient as appropriate.

Support Personnel

The importance of having a support person available to sexual assault victims cannot be overemphasized. Whenever possible, an advocate should be assigned to stay with the victim throughout the entire emergency department visit.

The advocate is trained to provide crisis intervention for sexual-assault victims and their families. Many of the advocates are qualified to provide follow-up counseling to victims on a short or long-term basis. The advocate also facilitates access to community resources as well as support the victim and family throughout the medical exam, investigation, and the criminal justice process.

Victim/Patient Consent

The consents included in the exam packet include a consent for treatment and a release of information to law enforcement, SART, and the health care facility. Even when consent is obtained, the victim has a right to refuse any treatment or any portion of the exam. Exam sites should follow their usual procedures for consent.

Drugs and Sexual Assault

A detailed history from the victim in addition to clinical exam findings may suggest a drug facilitated sexual assault (DFSA). Drug screens may be performed when clinically indicated. Patient should be informed that drug screens will detect other drugs in addition to those possible used for DFSA. For suspected drug facilitated sexual assault, collect blood in a grey-top tube and urine in a specimen cup. Label specimens with a patient sticker and attach a chain of custody paper to specimen bags. Store specimens on ice until can be refrigerated.

Pass specimens to law enforcement on ice. Notify the county attorney that a specimen was collected (286-3333). Specimens will be processed by an outside lab, not in the hospital. Law enforcement or an authorized agent will transport the specimens.

THE FORENSIC MEDICAL EXAMINATION

A medical examination should be performed in all cases of sexual assault, regardless of the time that may elapse between the time of the assault and the examination. The purpose of this examination is to look for any physical injuries that may have occurred as a result of the assault.

Attending Personnel

The only people who should be with the adult victim in the examination room are the healthcare provider and, with the consent of the victim, a trained support person. Although every effort should be made to limit the number of people in attendance during the examination, there may be instances when a victim requests the presence of a close friend or family member. If at all possible, these requests should be honored.

There is no medical or legal reason for a law enforcement representative, male or female, to observe these procedures. The healthcare provider can maintain the chain of evidence or custody during the examination. Subjecting patients to the observation by law enforcement personnel during this process, as well as having law enforcement representative privy to the patient communications between the victim and the health care provider, is an invasion of the patient's privacy and is an unnecessary practice.

Specimen Collection and Handling

Packaging

In order to prevent the degradation of biological fluid stains and the loss of hairs, fibers, and other trace materials, clothing and other specimens must be air dried and then sealed in paper or cardboard containers.

Specimen Integrity (Sealing and Labeling)

The custody of any sexual assault examination kit and the specimens it contains must be accounted for from the moment of collection until the moment it is introduced into court. This is necessary in order to maintain the legally necessary 'chain of evidence.' Therefore, anyone who handles these items should label them with their initials, the date, time, source of specimen, and the name of the patient. **Each envelope should be labeled, sealed, and included in the kit (even if not used).**

Clothing Collection

Frequently, clothing contains the most important materials in the case of sexual assault. The reasons for this are twofold:

- Clothing provides a surface upon which traces of foreign matter may be found, such as the assailant's semen, saliva, blood, hairs and fibers, as well as debris from the crime scene. While foreign matter can be washed off or worn off by the body of the victim, the same substances often can be found intact on clothing for a considerable length of time following the assault.
- Damaged or torn clothing may be significant. It may be evidence of force and can also provide laboratory standards for comparing trace evidence from the clothing of the victim with the trace evidence collected from the suspect and/or the crime scene.

The most common items of clothing collected from victims are submitted to crime laboratories for analysis such as underwear, hosiery, blouses, shirts, and slacks. There are also instances when coats and even shoes must be collected.

Each garment should be placed separately in its own paper bag to prevent cross-contamination from occurring. (This includes items such as socks.)

Prior to the full examination, great care must be taken by the attending healthcare provider to determine if the patient is wearing the same clothing she or he wore during or immediately following the assault. If so, all clothing that appears damaged or has foreign debris, hairs or stains related to the assault should be collected.

Prior consent should be obtained from the victim before collecting relevant clothing as it is unlikely that the clothing will be returned. Label the paper collection bag with the item inside.

If it is determined that the patient is not wearing the same clothing, the attending sexual assault nurse examiner should inquire as to the location of the original clothing, such as the victim's home or at the laundry for cleaning. **THE UNDERWEAR THE PATIENT IS WEARING SHOULD BE COLLECTED.** This information should then be given to the investigating officer so that he or she can make arrangements to retrieve the clothing before any potential evidence is destroyed.

Collection Procedures

If the patient has been transported to the treatment facility in an emergency vehicle and has been wrapped in or was resting on a sheet, this sheet should be collected.

To minimize loss of evidence, the patient should disrobe over a sheet of paper or a sheet that has been laid over another cloth or paper sheet. If patients cannot undress on their own, and due to their condition it is necessary to cut off items of clothing, be sure not to

cut through existing rips, tears, or stains. If the patient consents, the clothing should then be collected and packaged in accordance with the following procedures:

Any wet stains, such as blood or semen, should be allowed to air dry before being placed into paper bags. It is preferable that each piece of clothing be folded inward, placing a piece of paper against the stain, so the stains are not in contact with the bag or other parts of the clothing.

Swabs and Smears (Oral, Vaginal, Penile, Anal, Bite marks, and other dried fluids)

Prior to collection of any swabs or smears, any injury to orifice or skin surface should be documented/photographed.

The nursing assessment and what victim states will determine what sites and what specimens are collected for the kit. The SANE should take care not to contaminate the individual collections with secretions or matter from other areas, such as vaginal to anal or penile to anal. Always remember to clearly mark what is inside each collection container.

In cases where victims insist that contact or penetration involved one or two or no orifices at all, it is important for the victim to be able to refuse these additional tests. The 'right of refusal' also will serve to reinforce a primary therapeutic principle-that of returning control to the victim.

The nurse will make an effort to complete the assessment and information collection before bathroom use. The order of the exam can be adapted according to nursing judgment and the patient's needs. If a patient must use the bathroom they should be advised to take special care to not wash or wipe away those secretions until after the evidence has been collected.

1. Oral Collection Procedures

The purpose of this test is to recover information from recesses in the oral cavity where bodily fluids may be found.

- Collect two (2) cotton swabs together and swab the mouth. Attention should be paid to those areas of the mouth, such as between the upper and lower lip and gum, where seminal material might remain for the longest amount of time.
- Another tool in collecting possible seminal fluid present in the victim's mouth is the use of dental floss. The floss should be placed in a piece of paper, folded and placed into an appropriately labeled envelope.

2. External and Internal Female Sexual Organs Evidence collection Procedures

- First photograph the external genitalia, using the colposcope.

- Next gently separate the labia and photograph the genitalia.
- Then obtain specimens from the external genitalia region using two swabs simultaneously. Allow to air dry then package, seal, and label.
- After inserting speculum, examine area with colposcope magnification and photograph any injury.
- Use two swabs to collect additional material from the vaginal vault and two swabs on the cervix, making sure to collect from the cervical os or opening, but not inside the os. Air dry, seal, and label the swabs.
- When collecting vaginal slides, the SANE should ensure that the frosted-end slide is properly labeled. A hospital identification sticker may be used. After the glass slide has been placed back into the slide protector, it should be air dried before sealing.
- The slide protector should then be labeled and sealed with tape.

3. Anal Material Collection Procedures

- First examine and photograph the peri-rectal area using the colposcope.
- Next examine and photograph the peri-anal area.
- The anal smear is prepared by using two cotton swabs, one at a time and swabbing just inside and outside the anal opening. To minimize discomfort the patient, these swabs should be moistened slightly with water.
- After the anal swabs have air dried, they should be placed in the paper envelope, sealed, and labeled.

4. Penile Collection Procedures

- First examine and photograph the external genitalia.
- Moisten two cotton swabs and swab the external surface of the penile shaft and glans (do not swab the urethra). All outer areas of the penis and scrotum should be swabbed. Allow swabs to air dry, seal in envelope, and label.

5. Bite Marks and Other Dried Fluids Collection Procedures

- A hand-held ultraviolet light (Wood's lamp) may be used to scan the patient's body to locate any possible semen or saliva stains. If secretions such as dried blood, seminal fluid, or saliva are observed on the patient's body during the examination, the material should be collected by swabbing each area. A different swab should be used for every secretion collected from each location on the body. Since not all foreign substances may fluoresce, it is recommended that swabs be taken of areas the patient states potentially had contact with fluids from the perpetrator, such as areas that were kissed or sucked.
- Moistening the swab slightly with water and swabbing the indicated area collects dried secretions. Place air-dried swab in an envelope, seal, and label. Be sure to indicate on the envelope the location on the patient's body from which the secretion was collected.
- The collection of saliva from the bite mark should be made prior to the cleansing or dressing of any wound. If the skin is broken, swabbing of the actual punctures should be avoided when collecting dried saliva.
- Photographs of bite marks may be taken. It is recommended that a representative of the local law enforcement agency or a forensic odontologist be contacted if possible.

Hair

- Assess head hair and pubic hair for debris. Collect loose hairs, fibers, and any other debris in a folded paper.
- Pulled hair may be collected at the discretion of the nurse and with the permission of the victim. Pulled hair samples are used to compare hairs found on the patient's/suspect's clothing at the crime scene or in debris taken from the patient.
- Several pulled head hairs are needed for a standard sample and should be folded into paper, sealed, and labeled.
- Patient should have the option of pulling own hair to help maintain his/her sense of control.
- The absence of head and/or pubic hair should be documented
- As with all portions of the exam and evidence collection, the client may refuse to have his or her hair pulled.

Fingernail Scraping/Swabbing Collection Procedures

Trace materials, such as skin blood, hairs, soil, and fibers can collect under the fingernails of the patient.

If fibers or other materials are observed under the patient's fingernails, fingernail scrapings should be collected. The nails should be swabbed with a moistened cotton swab, or scrapped with a toothpick over paper, one hand at a time. If damage is present, the SANE should consider clipping the nail proximally to the damage and placing in paper and an envelope. The envelope should then be sealed and labeled.

It is important that the scrapings be made for each hand over a separate piece of paper. Each paper holding scrapper and scrapings should then be folded and sealed. If swabs were obtained, dry, package and label as with other swabbing evidence.

The SANE should complete the labeling information making certain to differentiate between 'left' and 'right' hand. The labeled and sealed paper folds should then be placed in an envelope labeled 'fingernail scrapings,' and sealed.

Sexually Transmitted Infection and HIV Testing

Patients should be counseled on the risk for sexually transmitted infections (STI's) and provided with information and referrals for testing of these and other STI's. If these tests are run within 96 hours of the assault, it should be explained that this would be baseline testing only and would not indicate if the person acquired these infections as a result of the sexual assault. Blood may be drawn to test for STI's and/or HIV, but will remain at the hospital for processing

If blood or other specimen collections are indicated and cannot be stored in the kit for chain of custody maintenance, the County Attorney should be called for approval.

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MID-IOWA SART PEDIATRIC PROTOCOL

Recommended Guidelines Sexual Abuse Medical Examination for Children Under 14 Years

Purpose of the Pediatric Sexual Abuse Response Protocol

To provide high quality, comprehensive, standardized, non-judgmental, equitable, developmentally appropriate treatment of children who are reported victims of sexual abuse. This protocol seeks to improve the collaboration between disciplines to better serve child victims of abuse by avoiding duplicative medical exams and in depth interviews/questioning. The medical needs of child victims of sexual abuse are best served when addressed by medical providers with a high level of pediatric sexual abuse training including specific child development knowledge, clinical supervision, continuing education, peer review and support from a multidisciplinary team.

Definition of Sexual Abuse

709.1 SEXUAL ABUSE DEFINED.

Any sex act between persons is sexual abuse by either of the persons when the act is performed with the other person in any of the following circumstances:

1. The act is done by force or against the will of the other. If the consent or acquiescence of the other is procured by threats of violence toward any person or if the act is done while the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness, the act is done against the will of the other.
2. Such other person is suffering from a mental defect or incapacity which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters.
3. Such other person is a child (anyone under 14 years old).

Definition of a Sex Act

702.17 SEX ACT DEFINED

The term "*sex act*" or "*sexual activity*" means any sexual contact between two or more persons by: penetration of the penis into the vagina or anus; contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person; contact between the finger or hand of one person and the genitalia or anus of another person, except in the course of examination or treatment by a person licensed pursuant to chapter 148 , 148C , 150 , 150A , 151 , or 152 ; or by use of artificial sexual organs or substitutes therefore in contact with the genitalia or anus.

Definition of Terms

DHS – Department of Human Services

CPA – Child Protective Assessment, the personnel from DHS responsible for conducting the assessment of child abuse involving a caretaker.

LE – law enforcement officers including local police departments (patrol & officers of any rank), county sheriff's offices, Iowa State Patrol, DCI, FBI, ICE, etc.

CAO – County Attorney's Office

AG – Attorney General's Office

RCPC – Regional Child Protection Center, Blank Children's Hospital

Advocate – Sexual Assault Advocates from Polk County Crisis and Advocacy Services

SART – Sexual Assault Response Team

SANE – Sexual Assault Nurse Examiner

P-SANE – Pediatric Sexual Assault Nurse Examiner

ER/ED – Emergency Room/Emergency Department

CVAD – Iowa Attorney General's Crime Victim Assistance Division

STI – Sexually Transmitted Infections

Indications for a Child Sexual Abuse Evaluation

- Child has made a statement of contact of a sexual or confusing nature
- A witness (including the alleged offender) observes an offense
- Corroborative evidence (photos, video, etc.) suggest a sexual offense has occurred

Considerations

- A decision to obtain a medical examination should not depend of report of penetration
- Children may minimize the extent of contact due to psychological, cognitive or developmental reasons
- Children may present with a combination of concerns: parent's perception of an unsafe situation, or non-specific genital complaints such as redness or discomfort, with or without a child's statement of sexual abuse
- A young child's statements may be difficult to interpret due to cognitive or language development, or the impact of trauma
- Physical injuries to the genital or anal regions usually heal quickly, therefore it is not unusual to have a normal exam following the disclosure of sexual abuse

- The medical provider should consider differential diagnosis or alternative explanations for physical signs and symptoms
- Evidence from the crime scene (linens, furniture) or the child's clothing are more likely to reveal positive DNA evidence than samples from the preadolescent child's body.

Emergency Department Triage

- Concern of child sexual abuse is often a psychosocial emergency for the family, and should be triaged for urgent emotional support
- A detailed history of concerns should be gathered outside of the child's hearing
- Depending upon the presenting concerns, the ED exam may be limited to a medical screening exam per EMTALA protocol, with or without evidence collection. The child may then be referred for a more complete evaluation at the Regional Child Protection Center (RCPC).
- As Mandatory Reporters, the ED staff is responsible for contacting DHS when child sexual abuse is suspected. The ED shall adhere to internal policy and procedures established at each hospital for making a Mandatory Report of child abuse. If the child has made a statement of abuse, the ED shall immediately call DHS.
- The Polk County Crisis and Advocacy Counselors/Advocates are an excellent resource to assist the ED staff in supporting the emotional needs of the child/family. The Advocates shall be contacted 24 hours per day by calling (515)286-3535.
- The ED should notify Polk County Crisis and Advocacy that a SANE or P-SANE is needed for an acute sexual assault exam. The ED will provide the age or date of birth of the child to the Advocate. The Advocate will determine whether a SANE or P-SANE will be contacted based upon the age of the child.

GUIDELINES FOR EXAMINATION

Examination within 24 hours is recommended when

- Clear report by child, or witnessed sexual contact which occurred **less than 72 hours prior**
- Active vaginal or rectal bleeding of unknown etiology and concern for abuse
- High risk situation, for example an abduction by a stranger

In the event an acute child sexual abuse examination will occur, the ED staff should advise the family

- Not to bathe or feed child before the exam
- Do not remove clothes worn at time of incident, and if possible, bring an additional change of clothing for the child
- If the clothes worn during the incident have already been removed they should not be washed. LE should collect the clothing in a paper bag as evidence
- Bring one additional support person that both the child and family find supportive. Too many people may overwhelm the child.

Examination within the next 1 to 10 days is recommended when

- Clear report by child, or witnessed sexual contact which occurred **more than 72 hours prior**
- The child should be examined at the Regional Child Protection Center
- DHS should be contacted by the ED staff for a Mandatory Report of child abuse.

Examination by a primary medical provider (not by a P-SANE) is indicated when

- Child has concerning symptoms, such as pain with urination, vaginal discharge, or signs such as vulvar redness, and no clear report or witnessed abuse
- Visible vaginal or anal abnormality with no definite abuse event
- A young child has made vague statements which might have a variety of interpretations
- The primary provider may request a consult with the Regional Child Protection Center

Examination should not occur when solely

- Children exhibit developmentally inappropriate sexualized behavior. Children should be referred to a local mental health provider or educator who specializes in working with children with such behavior concerns
- Children are exposed to sexual offenders, and no specific report of abuse

COMPONENTS OF THE SEXUAL ABUSE ASSESSMENT

Medical

- Assess and treat injuries, sexually transmitted diseases and pregnancy
- Diagnose, treat and refer for medical conditions that are not due to abuse
- Inform the child/family regarding physical findings, injuries, disease risk and recommended treatment.

Legal

- Document history
- Document medical findings
- Collect forensic evidence when appropriate, maintain chain of custody and transfer to appropriate law enforcement.

Psychological/Social

- Respond to the emotional concerns of the child/family
- Provide education and reassurance to the child/family that the child is normal and healthy
- Assess safety and connect child/family with appropriate intervention
- Explain HIPAA requirements to the child/family
- Explain the Iowa's Mandatory Reporting requirements to the child/family
- Explain Crime Victims Assistance Compensation fund to the child/family
- Explain Advocate privilege and confidentiality to the child/family

Report/Referral

- Report to law enforcement and/or the Department of Human Services when the medical provider has a reasonable suspicion of child abuse
- Refer for follow up medical care
- Refer for advocacy and/or mental health services

Professional Qualifications

The examiner should be knowledgeable in normal pre-pubertal genital anatomy, child development, means to maintain child's comfort, and non-intrusive methods of examination and specimen collection

- Sexual Assault Nurse Examiners (SANE) should obtain specific training in exams of children before conducting these exams
- Pediatric exams require differential diagnosis. Exams which include photo documentation should be reviewed by an independent practitioner with expertise in child sexual abuse (MD, PA, ARNP)
- SANEs whom have completed P-SANE training through an accredited P-SANE program are authorized to complete a pediatric sexual abuse examination without direct supervision.
- Training requires completion of pediatric sexual abuse exams under the supervision of an independent practitioner with child abuse expertise until the P-SANE is deemed competent.
- Continuing education in the evaluation of child sexual abuse is strongly recommended.

Billing

- The initial and subsequent medical exams for sexual abuse shall be billed to the Iowa Attorney General's Crime Victims Assistance Division (CVAD).

Consent for Care of a Minor

- In general, the parent or legal guardian must sign consent for care for patients under 18 years of age
- If the child's parent or legal guardian is unavailable or unwilling to sign consent, and the medical provider deem that an exam must be done emergently, the P-SANE, the advocate and the presenting ED will address issues of consent through hospital policy and procedure.
- Under certain circumstances reproductive health care may be rendered without consent from parents or guardians.

Mandatory Reporting

A report to DHS and/or LE is mandatory if the medical providers have a reasonable suspicion of child abuse.

- A mandatory verbal report must be made within 24 hours in accordance with Iowa Code section 232.70 to the DHS office in which the child resides. Local DHS Intake (includes Polk, Dallas, Marion, Madison, Boone and Warren counties) should be contacted by calling (515) 283-9222. To contact DHS Intake for a child who resides outside these counties, contact the Statewide Child/Dependant Adult Abuse Hotline at 1-800-362-2178.

- A mandatory written report should follow and be faxed to (515) 283-7912 or sent to Department of Human Services, Intake Unit, 1200 University Ave., Des Moines, IA 50314.

SEXUAL ABUSE EXAMINATION

Documentation of Patient History

In compliance with Mid Iowa SART procedures, the P-SANE will gather and document patient history on the Pediatric SANE Patient History form.

Reviewing the Exam Process

In compliance with Mid Iowa SART procedures, the P-SANE will engage in the following process prior to the start of the examination:

- A thorough, age appropriate discussion of the medical exam procedures should occur with the child/family prior to beginning the examination.
- The child/family should have the opportunity to ask questions about the procedure
- Discuss the extent of the exam including photo documentation and evidence collection prior to beginning the exam

The child should not be held down or restrained for the exam. An accurate evaluation cannot be completed under these conditions. If it is necessary to restrain the child, then either the exam should be deferred or the child sedated.

Sedation

Sedation can remove the sense of control away from the child, possibly leading to an increased experience of trauma. Although anxious parents may request sedation for their child, it is very rarely indicated for the pediatric sexual abuse exam. The decision should be weighed carefully and discussed thoroughly with the family. Indications may include:

- Active vaginal or rectal bleeding where the exam is needed for assessment and treatment of injuries
- Removal of a foreign body from the vagina or rectum

If sedation is indicated, the P-SANE shall coordinate the examination with the attending ED physician and in accordance to the hospital's pediatric sedation protocol.

Physical Exam

A complete physical exam, with particular attention to findings of trauma or neglect, should be documented on the P-SANE Medical Examination Form in every case. The physical exam shall include a visual exam of the external genitalia, as well as exam under colposcopic magnification.

For pre-pubertal or early pubertal girls, the vaginal speculum exam is not necessary and is contraindicated. At no time should a digital exam be conducted in a preadolescent female.

Written Documentation

The P-SANE shall complete the **Pediatric Assault/Abuse History and Exam form**. All written reports completed by the P-SANE shall include date and time of the exam, patient name, patient date of birth, and the medical record number assigned by the presenting ED.

A written report shall indicate the findings of the exam or lack thereof. Injuries judged as concerning for abuse and/or non-abusive abnormalities shall be documented as thoroughly as possible, including detailed medical drawings and photo documentation.

If photo documentation of suspicious findings other than colposcopy is warranted, the P-SANE shall contact the appropriate law enforcement agency and/or DHS to conduct the photographic documentation.

Photographs taken by the P-SANE shall be maintained as part of the patient medical record. Release of the written medical examination report and photographs shall be given to law enforcement and/or DHS. Completed Patient Authorization for the Release of Information and Chain of Custody forms are not required for the P-SANE to release the medical examination report or photographs to law enforcement and/or DHS.

The DCI kit shall only be given to the appropriate law enforcement officials and shall be documented by completing the Chain of Custody form. A copy of the completed Chain of Custody form shall be maintained in the patient medical record. If additional photos are taken by law enforcement and/or DHS, the photos are property of that agency. The P-SANE shall document in the patient medical record that photos were taken by the investigator/DHS even though the actual photos shall not be included in the patient medical records.

Protected Health Information shall be kept confidential by the P-SANE, the Mid-Iowa SART, the presenting hospital, DHS and law enforcement except as needed for billing, auditing, professional standards review, and criminal prosecution.

Indications for Medical Evidence Collection

- Clear report or witnessed sexual contact within prior 72 hours, even if child has bathed
- Perineal injury and clinician suspects abuse
- High risk situation, such as an abduction

Laboratory Testing

Pregnancy Testing Indications

- Any female child who has had any menstrual periods
- Allegations of intercourse
- At the request of the patient

STI Testing

Routine testing for all STIs in children has a very low yield. Each case should be evaluated regarding the risk for STI testing. Universal screening of postpubertal children is recommended, while more selective criteria should be used for testing prepubertal

children. The Regional Child Protection Center shall be contacted at 515-241-4311 for consultation by the P-SANE prior to STI testing of prepubertal children.

Toxicology

Indications for toxicology include:

- Patient appears impaired, intoxicated, or has altered mental status
- Patient reports blackouts, memory lapse, partial or total amnesia of the event
- Child or parent is concerned the victim has been drugged
- Young child has been exposed to drugs in the environment

The P-SANE is authorized to collect urine, and shall use the Chain of Custody Collection Cup. The urine collection and chain of custody should be documented in the patient medical record. A quantitative screen should be requested for children.

Discharge and Medical Follow Up

Prophylaxis

- Prophylactic treatment of STIs should not be given to children under the age of 12 years as it may compromise the conclusions of infection
- Treatment should be initiated only after the confirmation of infection
- Prophylactic treatment of STIs may be indicated in 12 and 13 year olds
- For recommended treatment regimens, see CDC Sexually Transmitted Diseases Treatment Guidelines or the American Academy of Pediatrics Red Book
- The Regional Child Protection Center shall be contacted at 515-241-4311 for consultation prior to administering prophylactic treatment for children under the age of 14 years.

Emergency contraception

- If a child has reached menarche, pregnancy testing should be considered
- A negative pregnancy test should be confirmed before administering any medication including emergency contraception

Discharge instructions

- Discuss medical findings including the need to refer to the RCPC for consultation on diagnosis. A referral form should be completed by the P-SANE and faxed to the RCPC and Mid Iowa SART
- Explain tests, if any, and necessary medical follow up to the child/family
- Indicate DHS or LE will be contacted by the medical provider as required by Iowa Law
- Discuss the support systems and immediate safety of the child with the family
- Offer child/family printed educational materials
- Give written discharge instructions
- Partner with Polk County Crisis and Advocacy Services to arrange referrals to community resources

STANDING ORDERS FOR HIV PROPHYLAXIS
ADMINISTERED BY SEXUAL ASSAULT NURSE EXAMINER

Patient allergies: _____
Medications: _____

1-800-PEP-LINE (available 24/7)

OR

Monday-Friday 9am-8pm EST- Warmline (1-800-933-3413)

(See Algorithm for evaluation and treatment of possible non-occupational HIV exposure on reverse side)

- 24 hour HIV nPEP: Kaletra (lopinavir/ritonavir 200/50 mg) 2 capsules PO **AND** Truvada (emtricitabine/tenofovir disoproxil fumarate 200/300) 1 tablet PO. Follow with Kaletra 200/50 2 capsules PO BID (dispense #4 for 24 hours) **AND** Truvada 200/300 1 (one) tablet PO daily (dispense #1).

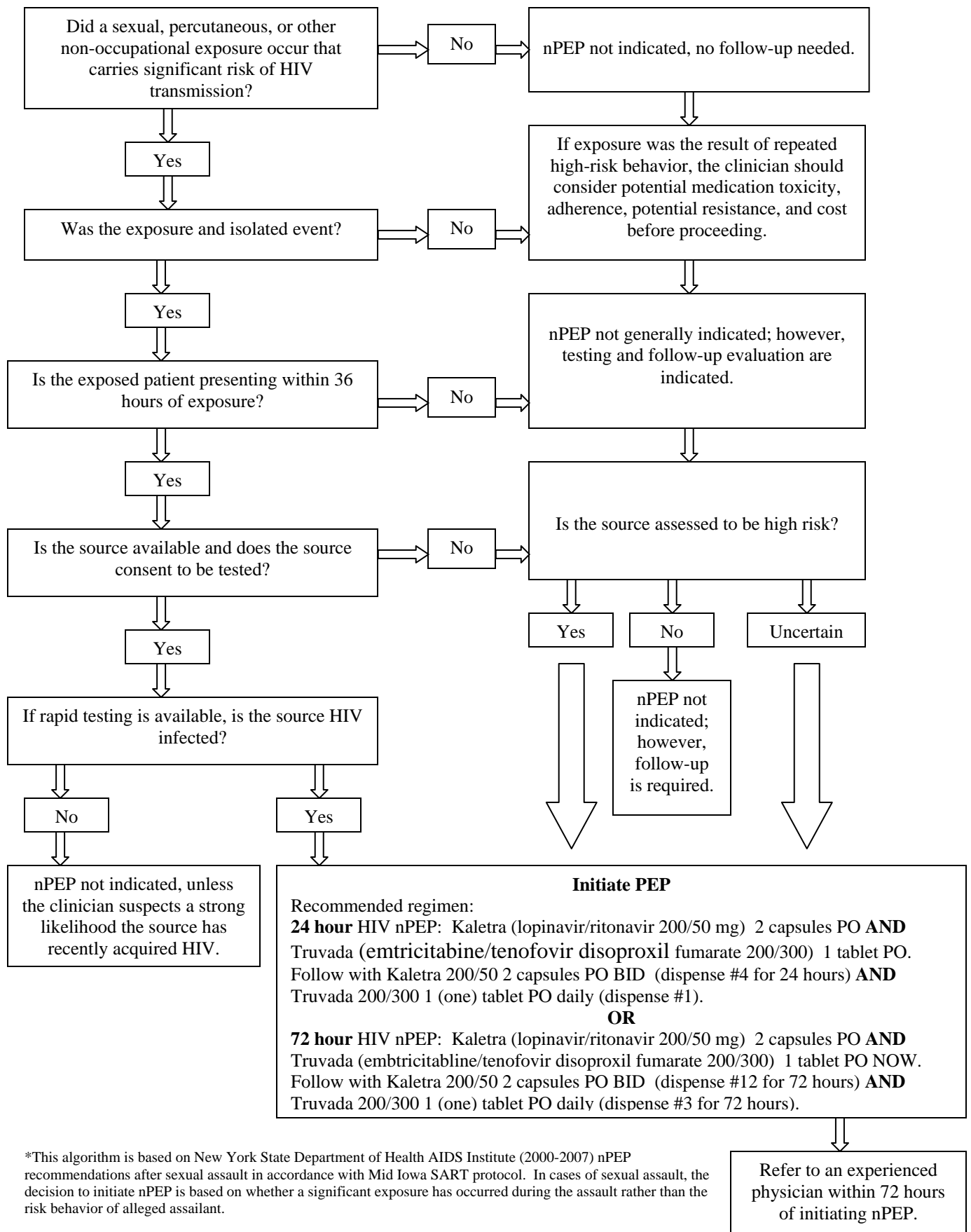
- 72 hour HIV nPEP: Kaletra (lopinavir/ritonavir 200/50 mg) 2 capsules PO **AND** Truvada (embtricitabline/tenofovir disoproxil fumarate 200/300) 1 tablet PO NOW. Follow with Kaletra 200/50 2 capsules PO BID (dispense #12 for 72 hours) **AND** Truvada 200/300 1 (one) tablet PO daily (dispense #3 for 72 hours).

Contact primary care provider or infectious disease specialist for further follow-up.

Authorized SANE _____ Date _____

Physician's Signature _____ Date _____

LABEL



POST EXAM INFORMATION FORM

Patient Name: _____ **Hospital/Clinic Name:** _____

Examining Physician/Nurse: _____ **Date of Exam:** _____

If you need further medical attention, please return to the emergency department. The following is a list of medical services you received.

Medications

- You were given an antibiotic(s) to prevent gonorrhea and Chlamydia as well as information about each antibiotic.
- Ceftriaxone doxycycline 100 mg #14 Azithromycin 1gm Cipro 500mg #1
- You were not given treatment to prevent gonorrhea, Chlamydia, or any other venereal disease because: _____
- Cipro was given, patient needs to return for gonorrhea testing in 4-6 weeks.
- You need to return for tests and possible treatment the week of: _____
- Other medication(s) given: _____ medication information pamphlet given

Immunizations

- You were given Gardasil (HPV vaccine) You were given information about Gardasil
- Declined Gardasil Follow up injections due in 2 months and 6 months.
- You were given Energix-B (Hepatitis B vaccine) You were given information about Energix-B
- Declined Energix-B Follow up injections due in 1 month and 6 months
- You were given Td (Tetanus vaccine) You were given information about Td
- Declined Td

Pregnancy

- You were given the pregnancy prophylaxis (Plan B) and instruction sheet.
- Declined pregnancy prophylaxis (Plan B) and instruction sheet.

The items listed below are concern for follow up:

- A blood test for syphilis
- A test for Human Immunodeficiency Virus (HIV)
- Pregnancy test
- Other: _____
- You were given the information on HIV and AIDS and a list of testing sites in Iowa.
- You were given information about medications to try to prevent HIV (post exposure prophylaxis "PEP")
- You were given a list of Sexual Assault Service Programs in Iowa. The name and phone number of the one nearest you is: _____
Advocate present: _____ not present: _____
- You were informed that the state of Iowa will pay the cost of the sexual assault examination and follow-up exams for treatment of sexually-transmitted infections.
- An appointment was made at _____ for follow-up medical treatment at (date): _____ (time) _____ am/pm.
- No appointment was made for follow-up treatment. You are responsible for on-going care. If you need further medical attention, please return to the emergency department.
- Yes No May we contact you at a later date about your examination and follow-up? If yes, phone: _____
- I have received the patient information form:** _____
Patient signature

Provided by examiner: _____ Time discharged: _____

PLEASE KEEP THIS FORM FOR FOLLOW UP APPOINTMENTS

BE SURE TO COPY FOR THE CHART

LABEL