

Emergency Department Protocol for Sexual Assault Examinations at SART (Sexual Assault Response Team) Center in Greater South Los Angeles

Advice on Preserving Evidence While Awaiting Transport to SART:

In order to successfully prosecute these sexual assault cases, preservation of biological evidence is extremely important and necessary. Listed below are guidelines from some common areas of evidence preservation in the ED.

Urine	If the victim needs to urinate, please have her/him void in a sterile specimen container (dirty catch only, do NOT advise a clean catch) and advise her/him NOT to wipe herself/himself! Label urine container with victim's name, EXACT time of collection and who collected, etc. Hand this to the officer to preserve chain of custody. SART center will collect underpants later.
Clothing	If you need to change her clothing, please collect her clothing in a brown paper bag and label with her ID information. Hand to officer.
Food & Drink	Ask the victim if anything happened to his/her mouth during sexual assault, such as oral copulation within the past 6 hours. If she/he admits to this AND is still within a 6 hour time frame, do not give her anything to eat or drink. If there was NOT any oral sexual activity, food or drink is OK.
Dirt or Debris	Do NOT clean the victim or have her change clothes or wash-up until after the forensic evidentiary examination, if possible.
Labs/Blood	If there is a reason to draw blood on the victim, please draw and gray top tube and hand it to the officer. Be sure to label with patient ID, EXACT time drawn, date, etc.
Wounds	Treat any wounds (bites, abrasions, scratches) that are actively bleeding or causing severe pain. Cover minor wounds with sterile dressing, but do not clean, disinfect, or apply antibiotics until after the forensic evidentiary examination if possible.
Bleeding	Address any life-threatening bleeding as you would any other patient. If the patient endorses vaginal bleeding, you need to conduct an examination to control for any hemorrhage or lacerations requiring repairs
Documentation	Keep documentation of details of the sexual assault brief and cursory (this will create less discrepancies with forensic and police reports).

If you have any questions on any evidence preservation issues, please do not hesitate to contact the ON-CALL Forensic Nurse Specialist. **Think of the Forensic Nurses as a 24/7 consult service.**

Directions for the patient:

SART is located at 1300 W. 7th Street in San Pedro. From Gaffey Street, turn right on 7th Street to hospital. Park near the ER, go into the ER and tell the clerk you are there for SART. A security officer will come and escort you to the SART center located on the 4th floor.

When the sexual assault patient does NOT want police called OR does NOT want a forensic examination:

If a victim/patient presents to your healthcare facility without law enforcement and discloses at some point that she has been a victim of sexual assault and that she is seeking medical treatment because of that crime, the medical professional IS REQUIRED BY LAW to report this to the appropriate law enforcement agency!

Hospitals and health care practitioners are required to report to the local law enforcement agency in all cases in which medical care is sought where injuries have been inflicted upon any person in violation of any state penal law. The report must be made immediately by phone and in writing within two working days of receiving the information. It must state the name of the injured person, if known, the current whereabouts, the character and extent of injuries, and the identity of the alleged perpetrator if known." (Penal Code 11160).

"The failure of a hospital or health practitioner to report cases where injuries have been inflicted in violation of a state penal law is punishable by a fine not to exceed \$1,000, by imprisonment in the county jail for a period not to exceed 6 months, or both." (Penal code 1162).

Mandatory Reporting:

- Cal OES 2-920: Suspicious Injury Report
- Instructions: <https://www.ccfmtc.org/wp-content/uploads/2-920-Instructions-1.pdf>
- Form: <https://www.ccfmtc.org/wp-content/uploads/2-920-Mandated-Suspicious-Injury-Report-1.pdf>
- Note: SART Center will complete additional reporting as indicated (i.e. Cal OES 2-923: Acute Adult/Adolescent Sexual Assault Exam)

These cases are often difficult and require additional sensitivity and fortitude on part of the health care practitioner. It is advised NOT to perform any genital examination until after a police interview is conducted. Sensitivity and reassurance given by the responding officer may facilitate the patient in deciding to go forward with a forensic evidentiary examination. An unnecessary genital or speculum examination may disrupt valuable forensic evidence and make opinions of injuries indeterminate.

The patient ALWAYS has the choice to cooperate with the police in giving crime information or simply refuse in cooperating in reporting the crime. In this case, after the police leave, conduct a usual GYN/STD examination and offer emergency post-coital contraception.

Of note, if the patient does not want to report a crime to law enforcement, they are still encouraged to have a SART examination performed and are legally allowed to be privately transferred to SART center for evidence collection.

**Emergency Department Protocol for Sexual Assault Examinations
at SART (Sexual Assault Response Team) in San Pedro
located at Little Company of Mary San Pedro Peninsula Hospital
1300 W 7th Street
(310) 832-3311 [main hospital]**

Procedure for Referring ED Sexual Assault Victims in greater south LA are:

1. If a victim presents **with** law enforcement and has no physical injuries or complaints other than rape and needing forensic evidence collection, perform a medical screening examination according to your hospital's policy and discharge the patient. Advise law enforcement to take the victim directly to the Redondo Beach SART Center for specialized forensic evidence collection (see below for the calls the officer must make before transporting the patient to SART).

Responding sheriff/police make two calls before transport:

- 1. Forensic Nurse Specialist: 1-562-497-0147**
- 2. Rape Crisis Agency: 1-877-943-5778 (or Sexual Assault Hotline at SACA (Sexual Assault Crisis Agency) (562) 989-5900)**

2. If a victim presents **with** law enforcement and has minor physical injuries that do not need emergency stabilization or treatment (i.e. minor scratches, bites, avulsions), perform a medical screening examination according to your hospital's policy. Have the attending physician call the Forensic Nurse on call to discuss the treatment needed and verify that SART staff can attend to the additional medical needs. Taking these steps preserves as much evidence as possible.

3. If a victim presents **with** law enforcement after a sexual assault and has physical injuries that need emergency stabilization or treatment; perform a medical screening examination according to your hospital's policy and treat any emergency medical condition. Have the attending physician call the Forensic Nurse on call to discuss the treatment needed and verify that SART staff can attend to the additional medical needs. Taking these steps preserves as much evidence as possible.

4. If a victim presents **without** law enforcement reporting a sexual assault, either by walk-in or by paramedics/ambulance, perform a medical screening examination according to your hospital's policy and stabilize any injuries or attendant medical conditions. Utilize the above guidelines for treating physical injuries. Contact the law enforcement WHERE the crime

occurred. Once a law enforcement officer arrives and authorized a forensic evidentiary examination, **instruct the law enforcement officer to make two phone calls.**

(1)- Forensic Nurse Specialist (SART Staff) at (562) 497-0147

(2) - Sexual Assault Hotline at SACA (Sexual Assault Crisis Agency) (562) 989-5900

- Please note, LA county Sheriff's Department and PD may may a courtesy report on behalf of other counties in order to prevent delay in law enforcement arrival and time to SART center.

The Forensic Nurse Specialist and advocate are ON CALL and must be notified directly by law enforcement. The officer can then discuss ETA to SART in Redondo beach (or other closest SART).

Prior to referral to SART in Redondo Beach, the patient must be medically cleared and all emergency medical conditions stabilized. The patient should then be discharged from the ED. The police or family can then transport the victim to the SART for forensic evaluation.

This is NOT considered an inter-facility transfer under EMTALA since the patient has been discharged from the ED and is being transported as a private re-conveyance. Sexual assault evidentiary examinations are NOT part of medical care or stabilization. They are strictly intended to assist law enforcement in their efforts to prosecute perpetrators of sexual violence.

Age of victim: SART will examine any age victim. Please note checklist in Peds ED for pediatric patients.

Frequently Asked Questions:

Can Social Work complete Cal OES 2-920: Suspicious Injury Report for me?

What if it is after hours; how does this change?

What if the patient needs to be admitted?

What if the patient requires admission and is OOP?

What if the assault occurred outside of Los Angeles County?

What testing should I run on a patient who present after sexual assault?

Who should get STD prophylaxis? What should I give?

Who gets Plan B?

Who should I give HIV prophylaxis to?

The risk that a woman will become infected with HIV after a single episode of consensual vaginal intercourse (not sexual assault) with an HIV infected man is estimated at 0.1 percent, and from a single episode of consensual anal intercourse at 2 percent. The risk of developing HIV from a sexual assault may be higher, especially if your skin is torn or cut, if there was bleeding, or if there were multiple assailants. (https://www.uptodate.com/contents/care-after-sexual-assault-beyond-the-basics?topicRef=15758&source=see_link)

What is a High-Risk HIV Exposure?

- Having sex or sharing needles with a known HIV-positive partner or a partner of unknown status and one of the following events:

Unprotected receptive anal sex or with a failed condom

Unprotected insertive anal sex or with a failed condom

Unprotected receptive vaginal intercourse or with a failed condom

Unprotected insertive vaginal intercourse or with a failed condom

Sharing injection drug paraphernalia

What discharge instructions do I use?

What kind of follow-up do these patients need?