The attached protocol for the management of victims of sexual assault is to be followed for all victims. Patients presenting to triage with complaints of sexual assault include: rape (forced vaginal penetration), forced anal penetration or contact, forced oral-genital contact, attempted sexual assault (e.g. no penetration), or sexual abuse.

Contents:

A. Appropriate Approach to survivors
B. Patients Rights and Consent
C. Guidelines to Mandatory Reporting
D. SAVI Advocates
E. Sexual Assault & Forensic Examiner
F. Initial Presentation
G. Physical Examination and Evidence Collection
H. Treatment
I. Preparation for disposition
J. Coordination of Follow-up Care
K. Social Work Checklist
L. Patient Information Sheet
M. Addendum A: Victims of Sexual Assault with Developmental Disabilities Flowchart
N. Addendum B: PEP Policy for Assault Victims
O. Addendum C: Drug Facilitated Sexual Assault Forms
   a. Clinical Staff Procedures
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Q. Addendum E: Photo Identification Sheet
R. Comprehensive Sexual Assault Assessment Form
   a. Page1: Consent Form
   b. Page 2-6: Assessment Form
A. Appropriate Approach to Survivors

Survivors of sexual assault have undergone a life-threatening and traumatic experience. All of the survivor’s responses, from calm to distraught, represent the spectrum of normal coping. There is no such thing as an “appropriate” or “inappropriate” affect or behavior after a sexual assault. In addition to collecting evidence and administering treatment in a meticulous fashion, the ED staff must provide:

- sensitivity in evaluation and treatment, including emotional support
- opportunities for the survivor to make choices and regain control
- a respectful and non-judgmental environment that will facilitate the process of healing

The ED staff should clearly explain all the procedures and answer any questions. It is necessary to explain to the patient before and during the exam exactly what is about to be done. The physical exam of a victim of sexual assault is especially difficult since it may be experienced as a second assault. Explanation is imperative. It is also important not to discuss the details of the assault while performing the physical exam.

The time since the sexual assault may vary from hours to weeks. Although some patients may present with a chief complaint of sexual assault, many patients may complain of symptoms of the assault without mentioning the assault itself. In addition, be aware that patients who are victims of sexual assault might be accompanied by the perpetrator.

If a patient/parent involved with a sexual assault situation calls the ED, the physician should speak with them and urge them to come to the hospital for evaluation. If patient does not choose to come in but would like to be contacted for sexual assault information and/or counseling, a name and phone number should be obtained if possible and given to SAVI (212-423-2140). Patient can also be given this information so they can contact SAVI themselves. For pediatric cases, the social worker should be called, and after consultation, the SAVI Advocate will be called, if indicated.

B. Patient’s Rights and Consent Regarding Medical Care/Evidence Collection

Survivors have the right to receive confidential, sensitive medical care. They have the right to consent or refuse any or all aspects of the medical treatment and evidence collection. If they refuse any or all aspects, their refusal, based upon knowledge of the risks and benefits, should be documented in the “Comprehensive Sexual Assault Assessment Form” (See Attachment).

Depending on the circumstances, the patient may or may not wish to involve the police in the incident. Adults not wishing to report the sexual assault should be encouraged to be examined and medically treated as indicated in their own best interest. They can agree to the collection of evidence, but deny its’ release to the police. If the patient does not consent for release of evidence, the “Authorization for Release” Form (found in Evidence Collection Kit) should be attached to the outside of the sealed kit and the evidence will be maintained for a maximum of 3 months by the Security Department. The patient may authorize release of evidence at any time during these 3 months. If the patient has not consented to its release after this time, the evidence is discarded or destroyed. Clothing is returned to the patient if so requested in writing.

Sexual assault is a confidential diagnosis including with adolescents. In patients over 12 and under 18 years of age, it is not necessary to obtain the consent of the patient’s parent/guardian to perform a physical exam or collect/release evidence as long as the patient is capable of giving informed consent.

For victims with developmental disabilities, see Addendum A for flowchart of guidelines.
C. Guidelines to Mandatory Reporting

It is **not** mandated to report a sexual assault in New York State, unless child abuse or neglect is reported or suspected, or injuries are inflicted by a deadly weapon. Follow the table below to determine if, what and to whom a report should be made.

If none of the below is applicable, reporting to the police is the survivor’s choice.

<table>
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<th>Age</th>
<th>What</th>
<th>To Whom</th>
<th>Phone Number</th>
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| 10 and under | --Patient provides new disclosure of sexual abuse/assault.  
              --Health care provider finds a serious and suspicious injury.  | Police   Manhattan Special Victims Squad – Child Abuse Unit | 212-694-3011   | SW              |
| 17 and under | --Proof or suspicion of any child abuse or neglect.  
              --If abuse was perpetrated by a family member or member of the household.  
              --If parent/guardian is unable to protect the child.  | Administration for Children’s Services (ACS) New York State Central Registry | 1-800-635-1522 | MD, RN, PA, NP or SW |
| All ages   | --Any injury caused by the discharge of a gun or firearm.  
              --Any injury that is or appears to be inflicted by an instrument that may result in death.  | Police – Precinct where crime occurred  
                                                      In any of these situations, it is not mandatory to report the rape unless the patient specifically requests. Only report the injury.  | Precinct where crime occurred or 212-860-6411 (23rd Precinct) | MD, RN, PA, NP or SW |
| All ages   | Patient requests a report to be made                               | Police  NYPD Special Victims Report Line | 646-610-7273   | MD, RN, PA, NP or SW |

If the crime is reported, the police will come to the ED, question the patient, and take custody of the evidence. **The police are not to be present during the history interview or during the physical exam.** Except in cases of child sexual abuse, written consent must be obtained for the release of information to appropriate authorities (see “Authorization for Release” Form in Evidence Kit). It is the responsibility of ED staff or the SAVI Advocate to ensure that the survivor understands the advantages and disadvantages of the various reporting options.

D. Sexual Assault and Violence Intervention (SAVI) Program Advocate

SAVI Advocates are on call Monday through Friday from 6pm to 8pm and 24 hrs on Saturdays, Sundays and holidays. Monday through Friday from 8am – 6pm, SAVI staff are the Advocates on-call The on-call schedule for the Advocate is always posted at the lead registrar desk but should be contacted through AMAC at X43611. **The Advocate’s role is to provide emotional support; help patients understand policies, procedures, medical care, and evidence collection procedures; and assist the patient in clarifying her/his needs to professionals involved.** The Advocate will work as a team with the medical and social work staff in providing sensitive and comprehensive care.
EMERGENCY DEPARTMENT POLICIES

SUBJECT: Sexual Assault Protocol (Code 11)

CHECKLIST FOR MANAGEMENT OF AER/PER CODE 11 SURVIVORS

E. Sexual Assault and Forensic Examiner (SAFE, SAE)
SAFE/SAE are increasingly available as consultants to the Emergency Department per monthly on-call schedule. The AMAC service will page an on-call SAE to the Attending in charge upon registration of a code 11, age 16 or greater. SAFE on call whose scope of practice includes ages 13-15 may respond to these cases as well.

F. Initial Presentation

The first person to identify the patient as a sexual assault survivor notifies the charge nurse and the ED attending as soon as the patient is identified. The charge nurse contacts AMAC to call the SAFE, Social Worker and SAVI Advocate.

Patients 12 and under: AMAC calls SAVI Advocate after evaluation by MD and SW.

Patients 13 and over: SAVI Advocate, SAFE and Social Worker are notified even if patient does not initially request.

REMINDER: ALL CASES OF SEXUAL ASSAULT/ABUSE MUST BE REPORTED TO THE ED ATTENDING AND TO THE SOCIAL WORKER ON CALL WHILE THE PATIENT IS IN THE ED.

The charge nurse will designate a nurse who will work with the physician or extender who will coordinate the medical care of the patient.

Patients are to be taken into the treatment area immediately. Patient should be taken to GYN room, preferably the Urgent Care Room A, where RN completes the registration process in private. Patient has the right to have SAVI Advocate, family or friends in the room if patients wishes and room allows. Patient should be seen alone at some point during the exam. The patient should be given the opportunity to sign the WAIVER form for billing purposes.

Attends to emergency issues. The ED physician is the primary physician for all sexual abuse/assault patients. If the patient has sustained serious injuries, medical or surgical intervention takes priority. The SAFE, if not a member of the ED MD/PA staff, acts as consultant to the ED.

The nurse explains to the patient/accompanying adult the importance of not disrobing, washing, going to the bathroom, or taking anything by mouth before being seen by the ED physician. This advice applies only to patients who have been sexually assaulted within the last 96 hours for the purpose of maintaining the evidence.

Explains role of SAVI Advocate and Social Worker (SW).

Records screening note and vital signs.

Remains with survivor and awaits arrival of SAVI Advocate, Social Worker and SAFE/SAE if available.

Assault less than 96 hours old:
Nurse will print out the CSAF from PICIS copies, or use preprints, Evidence Collection Kit, camera, Wood’s light.
Prepare evidence collection kit for use if patient has consented.
Whenever possible, patients should be evaluated in Urgent Care Room A for greater privacy and access to equipment.

For Assaults more than 96 hours old:
Only the Comprehensive Sexual Assault Assessment Form and Camera.
Keep consent form authorizing release to law enforcement officials.
G. Physical Examination and Evidence Collection

(Refer to instructions in Evidence Collection Kit as necessary)

- In general, the ED physician, PA or SAE performs the entire exam. If appropriate, GYN may be consulted.
- All evidence such as swabs, slides, clothing, etc., must be allowed to air dry before being placed in a paper bag. Do not use plastic containers since these trap moisture. The swab dryer may be used to facilitate the process.
- NOTE: evidence must not be left unattended at any time. The RN/MD/PA or SAFE performing the evidence collection must remain with the evidence at all times. If the evidence is left unattended, the chain of evidence is broken.

SAE/MD Explains what is to be done before and during physical exam/evidence collection process. The physical exam of a victim of sexual assault is especially difficult since it may be experienced as a second assault. The Sexual Assault Examiner will explain all procedures, exam and treatment and give the patient opportunity to choose.

SAE/MD Obtains written consent for physical exam, photography of visible injuries, collection of evidence, release of evidence to police, and permission to release information to prosecutor verbally and through records.

1. Page 1 of “Comprehensive Sexual Assault Assessment” Form or
2. “Authorization for Release” form in the Evidence Collection Kit if it is being used.

RN Makes multiple labels for patient evidence collection. If the patient suspects that s/he has been drugged and sexually assaulted, collect urine and blood specimen prior to rest of exam using the Drug Facilitated Sexual Assault (DFSA) Evidence Collection Kit. Follow the protocol in the DFSA Kit (see Addendum C). Time is of the essence; delays in collecting specimens for toxicology result degrade accuracy. Patients suspecting DFSA but refusing police report at time can elect to have specimens held by Security for up to 3 months.

SAE/MD Discuss STI, HIV, pregnancy prophylaxis as appropriate. If accepted, order medications Wait to give meds until oral exam has been completed. (Step 1; rinse mouth; step 12; then give meds and proceed with rest of evidence collection.) If the patient refuses STI prophylaxis then GC/Chlamydia, trichomonas specimens are sent to the Lab.

NOTE: See Addendum B for HIV PEP—time is of the essence; HIV PEP is more effective if it is given ASAP and within 36 hours of the assault. For high risk exposures, over 36 hours, consult ID.

SAE/MD Order labs in Ibex for pregnancy screen, CBC, ER venous panel, hepatitis serologies as applicable.

RNA Leaves ED physician/SAE to take history.

SAE/MD Takes history. Avoid using the word “alleged”. Include verbatim statements
- Patient should remain in clothing. History is recorded using patient’s own words when possible.
- Use the terms “stated” or “reported”. Document only what is needed for medical purposes including use of force, number of assailants, injuries sustained.
- Police must not be present during history taking or medical exam.

RN Assures that MD has obtained appropriate consent on the “Comprehensive Sexual Assault Assessment” form.
RN____ Assists SAE/physician in examination and collection of clinical and/or legal specimens.

**SAE/MD** Performs Oral Examination (Oral swabs and smears- Step 1 in ECK)
1. Inspect oral cavity and note any trauma, pain, or foreign material.
2. Collect any foreign material as evidence. Using both swabs in Kit simultaneously, swab the oral cavity including areas behind the upper central incisors and between the lower lip and gums. Gently rub the material from the swab onto a frosted slide. After complete air-drying, place the unfixed, unstained slide in a cardboard holder; seal the circumference with tape and label. Place the dried swab in a cardboard mailer and similarly seal and label.

**SAE/MD** Collects Buccal Specimen (Step 12 in ECK)
1. Instruct patient to rinse inside of mouth with water.
2. Using swab from ECK, collect a specimen by swabbing with a scrubbing motion between cheeks and gums on both sides of the mouth.
3. Plastic rake is dried and placed in cardboard box, labeled and sealed in envelope.

**RN_____** Gives medications ordered After Oral Exam

**RN_____** Reports sexual assault according to “Guidelines to Mandatory Reporting” on page 3

**SAE/RN** Takes photo of survivor while still clothed if there are visible signs of assault (tears, stains, debris). Signs and dates back of pictures. Documents in medical record that photos were taken. Photos taken with the digital cameras (colpo and digital) should have memory card with patient label and measures in all photos and identifier photos with patient labels at beginning and end of photos. Place memory card & itemized list of photos on identification sheet in grey lock box (Attending Office).

- **Guidelines for Digital Photography:**
  - Photographs to be taken by SAFE Examiner and/or ED physician.
  - Consent for the taking of photos must be obtained from the patient except in cases of child abuse. Consent form is in kit and CSAF.
  - How to take photographs:
    1. Obtain digital camera and Memory Card from Pediatric PYXIS or SAFE cabinet.
    2. Ensure that memory card is loaded into camera and empty.
    3. Ensure battery is charged (Extra charged battery located in the Attending cabinet in Pediatric ED).
    4. Ensure that appropriate quality setting is correct.
    5. Obtain three (3) patient labels from IBEX.
    6. Obtain Photo Documentation Page from Copies, affix patient label, fill in your name, document subject of each photo (i.e. body part or injury).
    7. First and last picture in sequence must be of patient’s IBEX label.
    8. For all close up pictures, ensure that “macro” setting (flower icon) is enabled.
    9. Include in each picture: patient label and reference marker (paper ruler) if possible.
    10. Review all pictures taken to ensure clarity and identification. Delete unusable pictures.
    11. Remove memory card from camera.
    12. Place memory card and Photo ID page into envelope (located behind lock box in attending office), label envelope, and deposit in locked box located in attending office.
    13. Document in IBEX that photos have been taken and by whom.
  - How to upload images to Onbase (social work):
    1. Social work will check the locked box in Attending Office weekly, and also when contacted by on-call SW, to ensure that all pictures have been downloaded.
    2. Insert Memory Card into Card Reader.
    3. Select Onbase Program, enter user ID and Password.
    4. Download pictures to appropriate secure drive (i.e. Sexual Abuse, etc), inserting comments from the Photo ID Page.
    5. Ensure Photos are deleted from memory card.
    6. Return empty card to Pediatric PYXIS/SAFE cabinet.
7. Document in IBEX that pictures have been downloaded.
8. Give Photo ID Sheet to B.A. to scan into chart.

- After all photographs are completed and uploaded, ensure that appropriate documentation is completed in IBEX (i.e. “photos taken by ____”). Ensure that appropriate consents are scanned into the medical record.

RN__ Assists survivor in removing clothing over a clean sheet of examination roll paper (after history is complete). Any dislodged evidence is sealed in an envelope from the Specimen Evidence Kit and is appropriately labeled. (Trace Evidence-Step 2 in ECK)

SAE/RN If survivor consents, retain and label any clothing that shows signs of assault. (Clothing and underwear – Step 3 in ECK)

- Collect clothing, including underwear, which might be stained with the perpetrators bodily fluids (e.g. semen) or may provide a connection to a specific location (e.g. clothing with beach sand).
- Wet or damp clothing should be air dried before packaging
- Place in a paper bag (do not use plastic bag)
- If clothing has been collected for evidence, extra clothing, including underpants, is available in the closet behind the information desk, and it can be used to replace any articles retained as evidence. Underpants are the best evidence; place in waxed envelope in Evidence Collection Kit.
- If a patient decides to retain a relevant piece of clothing, note that on the “Comprehensive Sexual Assault Assessment Form”. Carefully examine and document any evidence found on these articles of clothing.

SAE/RN Performs Debris Collection (Step 4 in ECK). Collect any foreign material found on victim’s body.

SAE/RN Prepares survivor for physical examination. Evidence collection will proceed if survivor consents. (Document refusal).

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EMERGENCY DEPARTMENT POLICIES

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<th>SUBJECT:</th>
<th>Sexual Assault Protocol (Code 11)</th>
<th>NO. 26.4</th>
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<td>PAGE NO.</td>
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SAE/MD Performs a thorough physical exam—use Wood’s light and colposcope (if available). Describe and document the following in detail in “Comprehensive Sexual Assault Assessment Form” using the traumagram.

1. Tender areas, visible injuries, signs of trauma,
2. Blood or semen stains, and other foreign material.
3. Do not document negative findings, i.e. do not document things you do not see, e.g. “no bruises” Avoid discussing details of the assault during the physical exam. Expose only those areas currently being examined.

SAE/MD Collects evidence of dried secretions and/or bite marks (Step 5 in ECK)

Semen stains fluoresce white or bright yellow with the Wood’s Lamp. These areas and other areas noted by the patient to possibly have semen on them should be examined. Specimens can be obtained by moistening a sterile cotton-tipped applicator with sterile water and gently rubbing the stain found on the skin. The dried swab is sealed and labeled. Use additional swabs and envelopes in closet if there are more than 2 sites. Dry, label as to area where sample was taken.

NOTE: Be sure all specimens “air dry” before placing in cardboard tubes or covering slide in Evidence Collection Kit. Swab dryer is used to facilitate drying specimens.

SAE/MD Documents above with pictures (if consent given by the patient).

- Photo document only visible injuries
• With labels and paper rulers where appropriate

SAE/RN Collect Fingernail Scrapings (Step 6 in ECK) – Fingernail scrapings may be obtained by the patient of SAFE with the use of orange stick (in Evidence Collection Kit). Transfer material from each hand and stick into separately labeled folded papers.

NOTE: DO NOT PULL HEAD OR PUBIC HAIRS. (Steps 7 and 9). To avoid further trauma to the patient, it is not recommended that pubic or head hair standards be pulled at this time. If pulled hairs are necessary for DNA Evidence, they can be collected at a future time.

SAE/RN Allow or assist patient to comb pubic hair over paper provided (Step 8 in ECK)- Hair should be lightly combed over a sheet of white paper (in the Specimen Evidence Kit) using a comb from the Kit. Transfer loose hair, dislodged material, and the used comb to the appropriately labeled envelope in the kit. Seal and label.

SAE/MD Performs Rectal Examination (Anal swabs and smears--Step 10 in ECK) --Swabs are taken with permission even if patient denies anal contact/penetration as this memory might be suppressed.
1 Inspect the perianal area for trauma or foreign material. Use a clean pair of gloves for this part of the exam.
2 Perform a digital rectal exam and record any signs of trauma or pain. Retain any foreign material found as evidence.

SAE/MD Inspects genital area (Vaginal/penile swabs and smears – Step 11)-- two swabs, held together, are collected for each area. Use colposcope if available.
1 Inspect the genital area and record any trauma or foreign material found. Palpate for areas of pain.
2 Identify any semen stains with the aid of a Wood’s Lamp and obtain swabs as in above. If any pubic hair appears to have semen on it, clip a few hairs, allow to air dry, and seal in a labeled envelope.
3 It is necessary to examine for very minute lacerations around the introitus.

SAE/MD Performs Pelvic Examination
1 For young children, the modified pelvic exam may be only an external exam, obtaining culture, and a rectal exam (if indicated) with cultures. In older children it may be possible to do a bimanual exam after taking cultures/evidence. Obtain as much information as possible without traumatizing the patient.
2 If doing a vaginal exam, examine the walls, posterior fornix, and cervix for trauma and foreign material. Collect the material and note and record any indications of pain and in what area it is noted. Record any evidence of trauma.
3 After obtaining the above samples, perform a bimanual exam.

SAE/MD Examination is complete. All collected specimens are returned to the ECK, the med history sheet with time of exam, time of assault, number of assailants and last consensual sex is included in the box. The box is sealed and provider signs the outside of the box. The consent to evidence collection is fixed by rubber band to the outside of the box. The box is given to police if the survivor consents, otherwise to Security following chain of custody. Completes the CSAF appropriate forms and the discharge form.

RN_____ Administers any additional medications ordered - sign off on the ED chart.
RN_____ Provides the survivor with the necessary items to clean up and change clothes if available.
H. Treatment

SAE/MD Provides treatment. Refer to the SA Checklist. Addendum D.

1. _____ Treats traumatic injuries as indicated.
2. _____ Administers Tetanus - Diphtheria prophylaxis if needed.
3. _____ Aggressive V.D. prophylaxis is recommended. See IBEX/Meds/BBF/STIs
   The Beta HCG test results must be obtained prior to choosing treatment

4. _____ Gonorrhea
   **Children** (under 45 kg)
   Ceftriaxone 125mg IM as a single dose.
   - **Adults**
   Cefixime 400 mg po, or
   Ceftriaxone 250mg IM X1 (available in ED), or
   Azithromycin 1 g po

5. _____ Chlamydia
   a. **Children**
      Children less than 12 years old:
      Erythromycin 50mg kg/day divided into 4 doses, p.o. x 7 days.
      Children over 12 years old:
      Azithromycin 1 gram po X1
   b. **Adults**
      Azithromycin 1 gram po X1 (available in ED)

6. _____ HIV - please refer to HIV Post Exposure Prophylaxis Policy (Addendum B).
   Truvada 1 tab daily and Kaletra 2 tabs twice daily by mouth for 1 month.

7. _____ Hepatitis B - If previously vaccinated, check titers; if incomplete series, administer Hep B vaccine;
   if source known to be Hep B positive and survivor has not been vaccinated, offer HBIG and Hep B
   vaccine; refer for series.

8. _____ Trichomonas
   Metronidazole 2 grams po X1 may be offered to take within 2 days.

9. _____ Late manifestations:
   a. **Herpes Simplex**
      Start if visible lesions: Valacyclovir 1 gram BID for 7 days ($$$), OR Acyclovir 1 tab 5x daily for 7 days ($).
   b. **Papilloma Viruses**
      Podofilox 2X daily application with swab for three days

10. _____ Pregnancy Prevention
    a. In pre-pubertal children and post-menopausal women this is not a consideration. Beta HCG
       should be sent on patients who on physical exam appear to be pubertal and menarche has not been
       reached.
    b. For the pubescent teenager or adult, if the STAT serum pregnancy test in the Emergency
       Department is negative, the patient is counseled regarding the option to terminate potential
       pregnancy. If pregnancy prophylaxis is not desired at the time, medical follow-up within 72 hours
       is recommended for further discussion.
    c. Plan B (Levonorgestrel available from pharmacy) 2 tabs po in ED. Refer to GYN for follow-up 4
       weeks.
I. Preparation for disposition

RN_____ Leaves survivor with Advocate/SW while she labels and sends all clinical (MSH) specimens using the specimen delivery sheet (Addendum A). Sends all specimens to the appropriate lab with ED staff. ED staff must sign “person delivering” and laboratory person must sign “person receiving”.

RN_____ Completes all nursing documentation in PICIS.

SAE/RN_____ Completes the Nursing Sections of the Patient Information Sheet. This includes medical follow-up information.

1. For prepubertal patients, the pediatrician and social worker will determine when follow-up medical and counseling appointments will be made. Medical appointments should be made with the child’s primary care physician. If the child does not have a physician, the social worker, in collaboration with the medical staff and family, will make appropriate referrals for follow-up for patients under 13 (preferably with the examining physician), or a private doctor’s office.

2. For pubertal patients, appointments with the Adolescent Health Center or private doctor will be arranged by the pediatrician and social worker. Mental Health Counseling appointments to the Adolescent Health Center (AHC) should occur within two working days. At the time of contact with the AHC Mental Health Counselor, follow-up medical appointments will be scheduled. In general, the appointments should be at 4 weeks.

3. Adult patients should receive an appointment to Jack Martin Clinic (for baseline HIV and ongoing prophylaxis) in 2 working days. Female patients may also be referred to GYN clinic and male patients should receive appointment to IMA or private MD at four weeks. A phone number to call SAVI (212-423-2145) for a counseling appointment must be given. SAVI coordinator will also follow up with patient for counseling and support services.

RN_____ Assures that “Patient Information Sheet” is reviewed with the survivor and that the survivor signs for receipt of this information.

   a) Gives survivor the original: retain the copy with the Code 11 forms.
   b) Makes sure survivor knows the status of her pregnancy test before leaving the Emergency Department so she has a clear understanding of the treatments given.

SAE/RN____ Places labeled memory card and photo identification sheet in grey lock box in Attending Office.

   Notifies SW that photos were taken.

SAE/RN____ Assures that physician completes and signs all MD sections of the forms. The physician must also sign the top of the box if Evidence Collection Kit has been used.

SAE/RN____ Collaborates with survivor and social worker/SAVI Advocate regarding:

   • any problems getting prescriptions filled or transportation to get home.
   • appropriate community resource handouts for the survivor.
   • disposition/Child Welfare Administration arrangements, as necessary
   • safe shelter, temporary arrangements if necessary

SAE/MD Arranges psychiatric consult for the survivor only if the survivor requests or if deemed necessary by any member of the health care team. A psychiatric consult is not required for all survivors.
RN______ Makes sure that a current address and phone number of patient or relative/neighbor is known before the patient leaves the ED.

RN______ Checks Evidence Collection Kit for the following items:
   a) Presence of all specimens/evidence, properly labeled and sealed with orange label from kit and initialed.
   b) All containers that hold evidence must be labeled (white labels found in Evidence Collection Kit). The labels must have the patient’s name, unit number, physician’s name, initials of ED staff member who witnessed the collection, type of specimen and where it was obtained from, and date and time written on them.
   c) Completion of the “Authorization for Release of Evidence” form. Do not discard even if evidence is not released to law enforcement.
   d) Completion of information on Top of Evidence Collection Kit box and
   e) Attachment of authorization of release form to the outside of the kit with a rubber band.
   f) Clothing is placed in paper bags and kept with the ECK at all times.

RN______ Logs and locks up Code 11 forms in the colpo closet. Clothing in paper bags, Evidence Collection Kit (if not taken by police), and DFSA kit will be kept in a locked secure area by Security for up to 3 months. Calls Security to open cabinet/refrigerator when you are ready to secure chart and any specimens.
   a) When security or police pick up evidence kit, chain of custody form on top of kit must be signed.
   b) Security will release Specimen Evidence Kit to Law Enforcement Officials only after they have completed and signed the “Receipt of Information” section at the bottom of the “Authorization for Release Form,” and signed the chain of custody form attached to the top of the Specimen Evidence Box.

RN______ Retains original (white) copy of Authorization for Release of Information Sheet, with the medical chart and gives the carbon (yellow copy) to the law enforcement officer receiving the Kit. If survivor authorized Evidence Collection but did not want Law Enforcement personnel called at this time, retain both forms and specimens as per policy.

SAE/MD____ Forms that need to be signed:
   1. Comprehensive Sexual Assault Assessment Form
   2. Comprehensive Sexual Assault Assessment Consent Form
   3. History form in Kit
   4. Top of Evidence Collection Kit
   5. Waiver form if patient has signed
   6. PICIS chart if ED MD/SAE
J. Coordination of Follow-up Care

1. After review of a case, the SAVI Designee (423-2140) will document the presence and activities of the SAVI Advocate.

2. Jack Martin Clinic or Adolescent Health Clinic will follow up on patient late returning tests such as Hep B status.

3. CSAF forms should be scanned into PICIS. Sign the log documenting transfer of charts to medical records.

4. If the patient has consented to the release of evidence, photographs, x-rays and other diagnostic results are released to the appropriate authorities upon request by the patient per the hospital policy.

5. If a pediatric patient has been assessed by an on-call social worker, the on-call social worker must relay written information to the PER social worker (x7129) by the following morning. For the adolescent patients, the PER social worker will contact the Adolescent Health Center (AHC) sexual abuse services coordinator. If involved, the SAVI staff will also contact the AHC sexual abuse services coordinator. The AHC sexual abuse services coordinator will contact the patient for follow-up.
K. Social Work Sexual Assault Protocol Checklist

SW_____ completes a psychosocial assessment and remains with the survivor as long as possible during the ED visit.

SW_____ collaborates with nursing staff regarding survivor’s wishes about making a police report.

SW_____ contacts Special Victims Squad if the survivor is under 11 years of age and specific criteria is met (see Department of Social Work Services Policies and Procedures Manual Policy 5.3).

SW_____ follows the Department of Social Work Services Policy 5.2 Domestic Violence Protocol if survivor is also a victim of domestic violence.

SW_____ contacts the Administration for Children’s Services Central Registry at 1-800-635-1522 if the parent: is the suspected perpetrator on the child; is the suspected perpetrator of the sexual assault on the other parent and child is witness; is unable or unwilling to protect the child.

SW_____ assesses for safety at home if survivor is to be discharged. If survivor’s home is unsafe, social worker assesses whether survivor can go to family/friends or wishes to be referred to temporary shelter. If survivor is under 18 and does not have safe shelter, ACS should be notified by the social worker.

SW_____ assesses safety of children in the home and need for follow-up services for children.

SW_____ assesses for emotional and other support by family/friends.

SW_____ assesses for clothing, transportation and pharmacy needs.
**GENERAL INFORMATION**
R.N.: Your doctor’s name/SAE in the Emergency Department: ____________________________
Your Social Worker: ________________________________________________________________
Your SAVI Advocate: _____________________________________________________________
If you have any questions about referrals, or legal or counseling information, please call:
Sexual Assault & Violence Intervention Program (SAVI) 212-423-2140

**MEDICAL TREATMENT**
In the Emergency Department, tests were taken to determine whether or not you were pregnant.
Medications also may have been given to you to prevent pregnancy or VD (gonorrhea or syphilis) as a result of the assault:

- The result of your pregnancy test was: □ Negative □ Positive
- M.D.: You received the following medications:
  - □ Azithromycin, Cefixime or Ceftriaxone (STI prevention) □ Azithromycin (STI prevention)
  - □ Plan B (Pregnancy prevention) □ Hepatitis B Vaccine □ Flagyl (STI prevention)
  - □ Tetanus booster □ Truvada and Kaletra. (HIV prevention) You must continue Truvada 1 tab daily and Kaletra 2 tabs twice daily and follow up with JMF or AH clinic below to obtain additional doses for one month.

It is very important that you see a doctor in 4 weeks for a gonorrhea test, pregnancy test and syphilis test. A medical follow-up appointment was made for you at: (clinic, tel. #, date, time):
- □ GYN (212-659-8557)/IMA (212-659-8551) Clinic Date: ________ Time: __________
- □ Adolescent Health Center (212-423-2981) Date: ________ Time: __________
- □ Jack Martin Clinic (212-241-7968) Date: __________ Time: __________

**COUNSELING**
An appointment was made for you for follow-up counseling with: (name of program, tel. #)
Date: ________ Time: ________

If no appointment was made for you while you were in the Emergency Department, please call the Sexual Assault & Violence Intervention Program office (212-423-2140) for a counseling appointment either for yourself and/or family and friends.

**POLICE**
R.N.: Only if you gave consent, the police were called. The officer you spoke to was:
Name: ___________________ Precinct _________ Tel. # _____________ Report# _________
Evidence Released: □ Yes □ No

I have received and understand this Patient Information Sheet. The Social Worker /Counselor □ may □ may not call me at (telephone #) ___________________ to discuss any questions or concerns that I may have.

Patient’s Signature: ___________________ Date: __________
Hoja de información para el Paciente

Información general (General Information)
El nombre de su médico/SAE en la sala de emergencia____________________
Su trabajadora social____________________________________________________
Su defensor/defensora____________________________________________________
Si usted tiene alguna pregunta sobre referimiento, información legal o consejo, favor de llamar: El Programa de Intervención de Violencia y Asalto Sexual> (SAVI) 212-423-2140

Tratamiento Médico (Medical Treatment)
En la sala de emergencia exámenes fueron hechos para ver si usted está embarazada. También le podrían haber dado medicina para prevenir embarazo o infección transmitida sexualmente (STI) tal como gonorrea, o sífilis a consecuencia del asalto.
El resultado de su prueba de embarazo fue: Positivo □ Negativo □
Usted recibió las siguientes medicinas
□ Ciprofloxacin or Ceftriaxone (prevención de STI) □ Azithromycin (prevención de STI)
□ Plan B (prevención de embarazo) □ Hepatitis B vaccine □ Flagyl®
□ Tetanus booster □ Truvada® and Kaletra® (prevención de VIH). Tiene que continuar tomando Truvada®, una (1) tableta diaria y Kaletra dos (2) tabletas diarias. Siga el próximo día de trabajo con la Clínica Jack Martin o la Clínica para Adolescentes (AHC) para obtener dosis adicionales para un mes.
Es muy importante que usted vea a un médico en 4 semanas para repetir los exames de gonorrea, embarazo, y sífilis. Favor de llamar una de las clínicas siguientes o su propio médico para una cita en 4 semanas.
□ GYN (212-659-8557 en el piso “E” en el Pabellón Klingenstein, de la 5ta Av.
□ Internal Medicine Clinic (IMA) (212-659-8551 Avenida Madison y la 101.
□ Adolescent Health Center (212-423-3000) 312 Este de la calle 94
□ Clínica Jack Martin (212-659-8548) Pabellón Guggenheim, pasillo principal

Asesoramiento (Counseling)
Le han hecho una cita para asesoramiento subsiguiente (Nombre del Programa y número telefónico)________________________fecha_______Hora_______
Si no le hicieron una cita cuando estaba en la sala de emergencia, favor de llamar: El Programa de Intervención de Violencia y Asalto Sexual (SAVI) 212-423-2140 para una cita de asesoramiento, para Ud y/o familiares/amistades.

Policía (Police)
Solamente si usted dio su consentimiento avisaron la policía.
El policía con quien usted habló se llama:_________teléfono____________Número del reporte_________
Liberación de pruebas: □ Sí □ No - Contacte a SAVI para solicitar liberación de pruebas.
Yo he recibido y entiendo, “Hoja de Información para el Paciente”. La trabajadora social/consejera □ me puede llamar, □ NO me puede llamar para conversar sobre preocupaciones que tenga. (mi número:___________)
Firma del paciente:_________________________ Fecha:________________________
Victims of Sexual Assault with Developmental Disabilities

When a victim of sexual assault with Developmental Disabilities presents in the Emergency Department, use this flow chart to provide the best services to the patient. Remember that this is a guide; check with your hospital policies.

Consult flowchart below for further guidance.
Person with DD presents in the emergency department and is identified as being sexually assaulted.

Speak with the patient alone, in a safe and confidential location.

Take time to question the patient using these tips:
- Explain your role and why the exam is being performed.
- Go slowly -- remember that the stress of trauma can cause a victim to have more difficulty speaking, communicating, and comprehending than usual.
- Ask open-ended questions using simple words and basic sentence structure.
- Discuss one thought or concept at a time.
- Allow the patient approximately 10 seconds to answer before rephrasing your question.
- Use age-appropriate language.
- Remember that receptive and expressive communication may be at different levels. A patient may understand more than he or she can verbalize, or verbalize more than he or she can fully understand.

Can the patient verbally describe what happened to him or her?

No

Is the person accompanying the victim a legal guardian? Can they show legal documents that prove guardianship?

Remember:
- A parent may not be a legal guardian if the victim is over 18 years of age.
- A person can have guardianship over certain aspects of someone's life but not others, for example guardianship over control of money but not control of medical decisions.

Yes

Was the patient accompanied to the ED by another individual?

Yes

No

Can the patient describe what happened in another, non-verbal way, such as a picture board or facilitated communication?

Yes

No

Does the patient understand the concept the forensic exam? Does the patient give informed consent?

No

Yes

Does the guardian give informed consent to forensic evidence collection?

Yes

No

Is the patient preventing the procedure from being performed because he/she is angry, upset, or physically fighting the evidence collection?

Yes

No

Perform the forensic evidence collection. Only conduct the procedure that has received informed consent.

No

Do not perform the forensic evidence collection because the patient and/or guardian have not provided consent.
EMERGENCY DEPARTMENT HIV POST EXPOSURE PROPHYLAXIS POLICY

POLICY:
Survivors of sexual assault who present to the Emergency Department shall be offered HIV post exposure prophylaxis if all three conditions are met:

- presentation to the ED within 36 hours of exposure
- potential for significant exposure to HIV to include known positive perpetrator or unknown perpetrator and blood or semen contact with the vagina, rectum or mouth
- patient has been informed about the risks and benefits of the treatment and agrees to the treatment AND close follow up program

IMPLEMENTATION:
1. The patient shall be evaluated as quickly as possible following the sexual assault and blood and body fluid exposure guidelines. Hepatitis B prophylaxis is also offered if appropriate.

2. An assessment is made by the treating physician regarding the patient’s ability to understand the risks and benefits of the prophylaxis offered and the ability to comply with the regimen. Consultation with ID may assist the patient in making the decision. For pediatric patients, please see information at end of this plan. Pregnant patients with high-risk exposures or late presenting (>36 hours) survivors of assault by known HIV positive perpetrators should be discussed with ID re: recommendations for treatment.

3. The ED staff must discuss the lack of research on efficacy of these drugs in sexual assault exposure, side effects of the medication and need for close follow up.

Estimated risks for HIV from unprotected intercourse are 1/500 if HIV positive and 1/1500 for unknown HIV status. Forceful and/or gang rape would increase the risk. Risk reduction in one study was 25 to 8% with PEP; some cases have not been prevented.

Side effects of the drugs include headache, nausea, fatigue, dizziness, diarrhea, blurred vision, taste disturbances, flatulence, minor anemia and kidney stones depending upon agents prescribed.

The Department of Health recommends that HIV-PEP therapy be initiated as soon as possible at the index visit for any case in which the perpetrator is not known to be HIV negative, anal or vaginal penetration was involved without a condom and presentation within 36 hours, and continued for four weeks with HIV testing at entry, 4 weeks, 12 weeks, six months and one year.

4. All victims, whether accepting HIV PEP or not, are referred to clinics the next working day. For follow up, baseline HIV testing and further medication supply. Patient name, unit number, phone at work or home and reason for referral are left as a phone message.
5. **Five-day starter medications of HIV-PEP are available in the Pyxis.** There is no charge to patients **who are victims of sexual assault or employees with occupational blood/body fluid HIV exposure.** The first dose is administered in the ED. If the supply is exhausted or other combinations have been recommended by ID, the ED physician shall write outpatient prescriptions, which are sent to hospital pharmacy and given to patient prior to discharge. If the patient has no insurance and cannot follow up in clinic (e.g. returning to Europe next day), social work can arrange for the full supply of HIV PEP meds.

- **Truvada 1 tab daily**
- **Kaletra 2 tabs po twice daily**

6. A patient instruction sheet is provided with these meds.

**Peds Doses: (information and editorial provided by Dr. Robert Posada)**

Peds ID fellow on call is available for consultation on pediatric exposures. Note: you will have to send outpatient prescriptions to the pharmacy if less than the adult dose is needed. Adolescents Tanner III or more get the adult regimen. Discuss risks and benefits with caregiver as appropriate. Suggest 3 drugs for sexual assault.

Complete Hep B vaccination series if not up to date. HBIG is reserved for unvaccinated patients with known exposure to HbsAG.

**AZT (Zidovudine) 160 mg/m2/dose q 8 h (max 200 mg po q 8 h)**

Adolescents less than Tanner Stage 3

Adult regimen above

All pediatric patients who elect to begin HIV PEP or Hep B should have baseline CBC, LFT, hepatitis serologies. Refer all peds cases to Peds HIV clinic (Jack Martin) for follow up.
“Drug Facilitated Sexual Assault” Testing

CLINICAL STAFF PROCEDURES

Rape drug testing is not a routine part of the sexual assault exam. It should be offered only when indicated and up to 72 hours after the assault. However, the results are most accurate when collected immediately after the assault. Patient must consent to screening.

As of March 2000, rape drug testing can only be guaranteed when the patient has made a police report. Specimens will be sent via police to the Toxicology Reference Lab. Specimens can be obtained and held for later decision by the patient. Should he/she decide to have analysis of the specimens completed WITHOUT reporting to the police, he/she will be responsible for lab fees. Please explain this to the patient. However, it is not requisite for the patient to report to the police simply to have the DFSA Kit completed and specimens held as per hospital policy (i.e. by Security for 3 months).

1. Obtain the Toxicology Testing Packet from the cabinet in the ER Store room.
2. Review the protocol with patient and have patient sign consent on first page of Comprehensive Sexual Assault Assessment Form.
3. Collect blood sample in grey top tubes provided. Ensure tubes are completely filled.
4. Give the patient the Toxicology Urine Specimen Container and retrieve the filled container from the patient.
5. Follow the policy in the toxicology packet for obtaining urine specimens
6. Place the Urine Specimen Container in the transport bag and seal.
7. Fill out the “Drug Facilitated Sexual Assault Chain of Custody Form”
   --Put in the time that the patient thinks she/he ingested the drug and the time the specimen was collected.
   --Have the patient release the specimen over to you.
   --Sign where it says “Received by Collector” indicating that you received the specimen from the patient.

Do not use Lab Corps Forms in Toxicology Kit or send specimens to Lab Corps.

8. As with the evidence kit, you must keep the specimen in your possession until you sign it over to the appropriate law enforcement officer or Security. When you do so, sign the “Released by collector to police” line, and have the police officer/Security sign the appropriate line.
9. The police officer/Security should take the specimen and the chain of custody form (as well as the evidence kit).
“Drug Facilitated Sexual Assault” Testing
CHAIN OF CUSTODY FORM

I, (print name)__________________________(    ) do (    ) do not authorize Mount Sinai Hospital to supply a urine and blood specimen from this visit to the appropriate law enforcement officer for drug testing. I understand that the specimen may be tested for a number of different drugs including alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, GHB, marijuana, and opiates. I hereby release the hospital from any liability or responsibility in connection with the taking and supplying of such specimen.

Please note: this form must be signed and dated by any person handling patient urine specimens for laboratory testing.

**Time of drug ingestion:**
Date:__________________  Time:____________________ (am) (pm)

**Time urine sample given:**
Date:__________________  Time:____________________ (am) (pm)

**RELEASE BY PATIENT:**

Name: (please print)________________________________________________
Date:_____________
Signature:___________________________________________  Time:_____________  (am)  (pm)

**RECEIVED BY COLLECTOR:**

Name: (please print)__________________________________  Title:______________________
Date:__________
Signature:_______________________________  Time:_____________  (am)  (pm)

**RELEASED BY COLLECTOR TO POLICE:**

Name: (please print)____________________________________  Title:_____________________
Date:___________  Time:____________  (am)  (pm)

**RECEIVED BY POLICE:**

Name: (please print)_________________________________  Title:_________________________
Date:__________  Time:____________  (am)  (pm)

Signature:________________________________

MOUNT SINAI EMERGENCY DEPT SEXUAL ASSAULT CHECK LIST

► Form will be printed from the Copies section of PICIS or in colpo closet. Note that all prophylaxis meds are on PICIS/Meds/Groups/STIs.

► Please FAX completed form to Jack Martin Clinic @ 212-824-2312. THEN...

► Please leave form in B Richardson mailbox in ED.

Date ___________________________          MR Number ________________

Patient Name ____________________              Patient Tel #________________

NOTIFICATIONS/CONSENTS CHECK LIST

□ Social worker called
□ SAFE called ___ arrived @ ____  □ Patient signed waiver of insurance for CVB. ***Add your license number after your signature.
□ Consents obtained for PE evidence kit photos(back up kits in ED storeroom)
□ Evidence Collection Kit (ECK) completed (up to 96 h post SA)
□ Drug facil specimen (DFSA) obtained if sugx hx + consent w/i 72 h
□ ECK given to NYPD or □ ECK □ DFSA given to Hosp Security (3 month hold)
□ Police Report made (ECK/DFSA will not be processed unless released to the police)
□ Pictures taken □ digital cam □ colpo (label flash card/pics, etc, fill out photo ID sheet —flash cards and photo ID sheet go in grey lock box in ED Attending Office)

LABS/PATIENT POST EXPOSURE PROPHYLAXIS (PEP) CHECK LIST

□ Urine bHCG □ ER venous panel, hep C; hep B Ab or titer if vaccinated

► Ordering all prophylactic meds below; see PICIS meds/groups/STDs/needlestick

STI PEP (no time limit)
□ Ceftriaxone 250 mg IM OR Cefixime 400 mg po OR Azithromycin 1 gram po PLUS
□ Azithromycin 1 gram po x 1 (Chlamydia) PLUS
□ Flagyl 2 grams po (take Flagyl within 3 days to reduce nausea; warn about alcohol)

Pregnancy PEP (ASAP but can be up to 120 hours to be effective) Give handout:
□ Plan B (Levonorgestrol 0.75 micrograms: 2 tabs po ASAP)

Hepatitis B PEP □ HB vaccine 1 ml IM if never vaccinated OR f/u titer drawn in 36 hr
□ HBlg 0.06 mg/kg IM if source known Hep B and patient unvacc

HIV PEP (administer ASAP but must be within 36 hours)
□ HIV PEP declined (ID consult available 24/7 for any questions re HIV PEP)
□ HIV PEP accepted starter dose available for 5 days in Pyxis which includes
Truvada 1 tab 1 x daily and Kaletra 2 tabs 2 x daily. Patient must agree to follow up with ID Clinic: Jack Martin Clinic, PMD or Adolescent Health Clinic next business day to obtain baseline testing and additional meds for 1 month. Patient med info, side effects and follow up numbers are included in starter pack.

FOLLOW UP: Adults: 1) Refer patients to SAVI for counseling at 212-423-2140. 2) Refer to Jack Martin Clinic. Patients can make an appointment by calling 212-241-7968. Fax form to 212-824-2312 so they will be expecting the patient. Patients will be facilitated by Dr. Frances Wallach, NP Sandy Cohen. Teens: Refer to Mount Sinai Adolescent Health Center (AHC) at 212-423-3000. Fax form to 212-423-2920 so they will be expecting the patient.

SA related questions please contact Barbara.richardson@mssm.edu. Thank you for your attention to the survivor!

Provider Name _______________________  ED Attending Name ________________

ADDENDUM E – PAGE 1 OF 1
# PHOTO IDENTIFICATION SHEET

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Photographer Name: ______________________________________________________ (please print)

(Please write legibly and ensure first and last photo is of the patient label. Place memory card and this sheet in specimen bag and deposit in locked box in attending office. Document in Ibex that photos were taken.)
### Provider Name _____________________ ED Attending Name _________________________

Time SAFE called: ____________   Time arrived: ____________

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**MOUNT SINAI MEDICAL CENTER**

**COMPREHENSIVE SEXUAL ASSAULT ASSESSMENT FORM PAGE 1 OF 6**

**PLEASE PRINT CLEARLY**

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<td>Person(s) accompanying patient to the E.D.</td>
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### PATIENT CONSENT

I understand that if I consent, an examination for evidence of sexual assault will be conducted. I may withdraw consent at any time for any portion of the examination. I understand that the medical documentation and collection of evidence may include photographing injuries, which may include injuries to the genital area. A forensic collection kit will be used to gather evidence, such as secretions for DNA testing. I understand that if I consent, such evidence will be released to the police at this time; and that if I do not consent, such evidence will be preserved at the Hospital for a minimum of 30 days.

I consent to:

- Physical Examination [ ] Yes [ ] No
- Photographing of Injuries [ ] Yes [ ] No
- Collection of Evidence [ ] Yes [ ] No
- Directive not to collect evidence completed [ ] Yes [ ] No
- Release of Evidence to Police [ ] Yes [ ] No
- Verbal Communication by Hospital Personnel with Prosecutorial Agency [ ] Yes [ ] No
- Release of Medical Records to Prosecutorial Agency [ ] Yes [ ] No

Signature of Patient: _____________________ Date: ____________

Signature of Witness: _____________________ Date: ____________

Print Name of Witness: _____________________ Date: ____________

### LOG OF ITEMS TAKEN FROM SURVIVOR FOR EVIDENCE

1. 
2. 
3. 
4. 
5. 
6.

HHC 2341 (May 02)
MOUNT SINAI MEDICAL CENTER

COMPREHENSIVE SEXUAL ASSAULT
ASSESSMENT FORM PAGE 2 OF 6

1. PERTINENT PAST MEDICAL HISTORY

Past Medical History: ________________________________

LMP: ___________________________ Last Tetanus Immunization: ___________________________

Allergies: ___________________________ Hepatitis B Immunization: □ Yes □ No

Medications: ___________________________

2. SEXUAL ASSAULT HISTORY

Time of Exam: □ AM □ PM

Date of Sexual Assault: _____________ Time of Sexual Assault: _____________ □ AM □ PM

Location of Sexual Assault (include exact address if known): ___________________________

Loss of Consciousness: □ Yes □ No Physical Restraints used: □ Yes; Type: _______ □ No

Type of Violations Perpetrated against Survivor during Sexual Assault:

If "Yes" describe (e.g. by mouth, by penis, by hand, by foreign object, etc.)

Breast Contact □ Yes □ No □ Unsure

Vaginal Contact □ Yes □ No □ Unsure

Anal Contact □ Yes □ No □ Unsure

Condom Used □ Yes □ No □ Unsure

Use of Foreign Object □ Yes □ No □ Unsure

Foam/Jelly/Lubricant □ Yes □ No □ Unsure

Weapon Shown □ Yes □ No □ Unsure

Oral Contact (offender to survivor) □ Yes □ No □ Unsure

Oral Contact (survivor to offender) □ Yes □ No □ Unsure

Suspected use of "Date Rape Drugs" □ Yes □ No □ Unsure

Alcohol or Drug Use □ Yes □ No □ Unsure □ Patient □ Offender □ Both

Ejaculation Occurred □ Yes □ No □ Unsure

Other

Brief Narrative of Assault (optional) ___________________________________________

Actions Before or After Assault

Has the survivor had other sexual intercourse within the last 72 □ Yes □ No □ Unsure If "Yes", when: ___________________________

After the sexual assault, has the survivor:

Urinated? □ Yes □ No Bathed/Showered? □ Yes □ No Changed underwear? □ Yes □ No

Defecated? □ Yes □ No Douched? □ Yes □ No Changed clothes? □ Yes □ No

Vomited? □ Yes □ No Brushed teeth? □ Yes □ No Changed sanitary product? □ Yes □ No

Used mouthwash? □ Yes □ No Other: ___________________________
### 3. PHYSICAL EXAMINATION

**General Appearance (physical/emotional)**


**General Medical Examination (including lacerations, scratches, abrasions, ecchymosis, etc.) (see Trauma gram on last page as appropriate)**


**Pelvic/Gynecologic/Cystoscopic Examination (see Trauma gram on last page as appropriate)**

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### 4. EXAMINATION TECHNIQUES

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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Toluidine Blue</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Wood's Lamp</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Wet Mount</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anoscope</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
### 5. Diagnostic Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Urethral</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rectal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pharyngeal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Trichomonas/Bacterial Vaginosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis B Titer</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N (Needs separate rod tube)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robynol &amp; other anesthetics</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 6. STD Prophylaxis

- Gonorrhea: [ ] Yes [ ] No
- Chlamydia: [ ] Yes [ ] No
- Trichomonas/Bacterial Vaginosis: [ ] Yes [ ] No
- Hepatitis B Series Started: [ ] Yes [ ] No
- HBIG (Passive Immunization): [ ] Yes [ ] No

### 7. HIV Post-Exposure Prophylaxis

- HIV Packet & Medications Given: [ ] Yes [ ] No
- Offered: [ ] Yes [ ] No
- Accepted: [ ] Yes [ ] No

### 8. Post-Coital Contraception

- [ ] Yes [ ] No

### 9. Tetanus Toxoid

- [ ] Yes [ ] No

### 10. Referrals Given

- Sexual Assault Treatment Program: [ ]
- Information Package: [ ]
- GYN Clinic: [ ]
- Follow Up Date: [ ]

### 11. Chain of Custody

- Name of Staff Member Releasing Evidence: [ ]
- Signature: [ ]
- Name of Person Receiving Evidence: [ ]
- Signature: [ ]
- ID/#/Shield#: [ ]
- Precinct: [ ]
- Date: [ ]
- Time: [ ]

### 12. Discharge Instructions

- Condition of Patient at Discharge: [ ] Stable [ ] Other
- Discharged with: [ ] Police [ ] Significant Other [ ] Alone
- Mode of Transportation: [ ] Police Escort [ ] Taxi/Ambulance [ ] Private Transportation
- Time: [ ]

### 13. Provider Signature

- PRINT NAME / TITLE: [ ]
- SIGNATURE: [ ]
- DATE: [ ]

Note: Place all documentation in designated area for sexual assault coordinator.
Traumagram - Genital

Female genitalia

- Mons veneris
- Clitoris
- Vestibule
- Urethral meatus
- Labia majora
- Labia minora
- Vaginalintroitus
- Hymen
- Bartholins gland
- Gastroc.
- Fourchette
- Perineum
- Area

Cervical examination

Oral

Anal