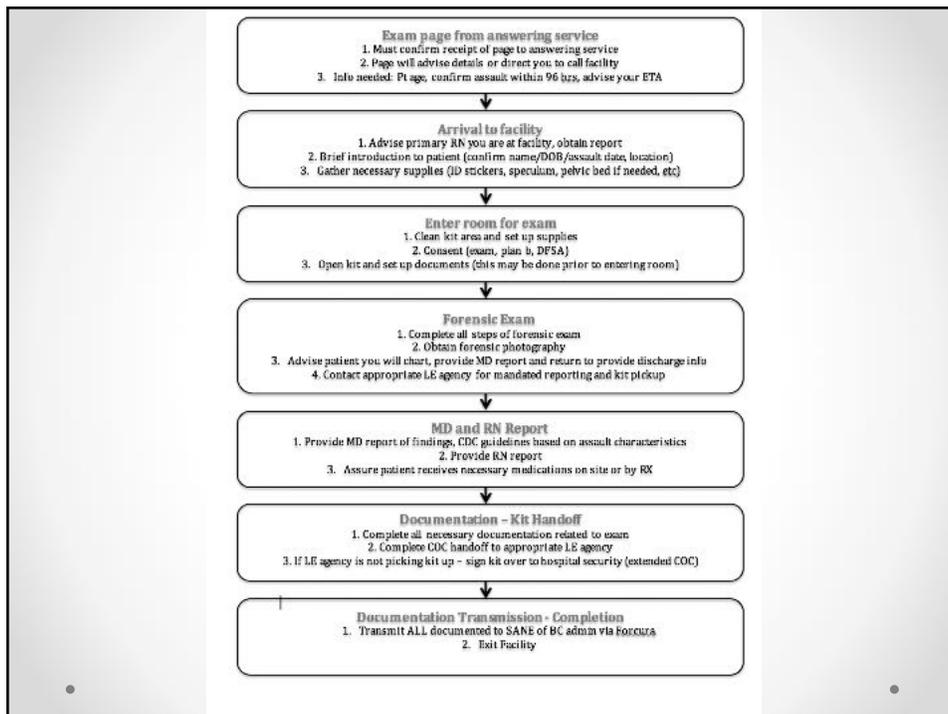


Forensic Exam



Respond to Page for Exam

- On receipt of text/page for a case while on call, you must respond within FIVE minutes
- Chase team is initiated by answering service if no response
- Confirm receipt = "got it", "confirmed" or simple text
- Call facility at number provided (obtain age, assault date, has PD been notified)

Calling Facility

- Age = make sure 13 or above
- Assault Date = make sure within 96 hours
- Within 96 hrs = respond for exam
- Outside 96 hrs = defer exam (will discuss in detail)

Determine Exam Criteria

- Penetration (or suspected) within 96 hrs = proceed
- NO penetration = must be definitive that no penetration has occurred (this is a possible deferral exam, contact administration)

Arrival to Facility

- Obtain brief report from physician/RN
- Introduce self to patient
 - Make sure patient is alert and oriented
 - Make sure patient is medically stable
 - Make sure patient is aware of your arrival
 - Obtain BRIEF location of assault to determine correct jurisdiction/PD
 - Advise patient you will gather materials and return shortly to begin exam

Gather Materials

- Speculum exam materials
- Most EDs have pelvic carts or specific rooms
- Consider requesting a pelvic bed
- MUST be in a private room WITH A DOOR
- SA kit (from HOSPITAL stock)
- DFSA (from SBC stock)

Interpreters

- Interpreter = professional interpreter must be used (not family/friends)
- MUST include on forensic chart, name of interpreter, agency used and language translating
- Advise interpreter you must have exact information/words from patient and NOT to paraphrase

Patient Advocate

- Community based, victim witness (prosecutor's office), family or friend
- Let the patient choose who will accompany patient in the room during exam
- Confirm they are comfortable with discussing medical information in front of the advocate chosen

Adult/Adolescent Forensic Examination Collection Steps

Medical Protocol

- EACH portion of the exam has a detailed explanation of procedures in the medical protocols that govern our scope of practice with our agency
- Located on the Employee Gateway
- Required to review protocol completely

Paperwork

- Exam paperwork is located on the Employee Gateway as a multipage PDF document. All necessary forms are included in the PDF.
- Multiple packets (print outs) should be made and ready to use for every shift you are on call
- You may not use every form in the packet for some exams

DFSA kit

- SBC provides – replenished from our supply room stock levels (keep multiple on you)
- Check expiration of kit

SAEK

- TriTech Forensics sexual assault evidence collection kits
- Provided by the hospitals (ask charge RN on arrival)
- SBC provides emergency kits to keep in your forensic supply bag for emergency use (hospital is out of stock)
- CHECK YOUR STOCK of supplies before EVERY shift
- Check expiration of kit

SAEK

Ohio Department of Health
REVISED October 2018

Sexual Assault Evidence Collection Kit

For all patients and suspects

Name or ID _____ Hospital and City where the exam took place _____ City/County where assault took place _____

Yes—Evidence for drug facilitated sexual assault also collected (evidence is in the refrigerator)

Sexual Assault Evidence Collection Kit (Please indicate contents of clothing bags)

Clothing Bag 1 _____ Clothing Bag 3 _____
Clothing Bag 2 _____ Clothing Bag 4 _____

Other: _____

REORDER NO.: RE-00H
EXP. DATE: JUN 1, 2021
LOT NO.: 33324

— Refrigeration Not Required —

Logos: Ohio Attorney General's Office, Bureau of Criminal Investigation; Ohio State Bar Association; Ohio Committee on Child Abuse and Neglect; American College of Emergency Physicians; Ohio State Board of Forensic Nurses; ONCAC; Ohio State Board of Nursing.

SAEK

- TriTech Forensics sexual assault evidence collection kits
- Contains paperwork – you may discard all documents inside the kit and utilize the provided paperwork you have prepared from our Gateway
- Rationale – the paperwork inside kit is generic and not detailed to our agency (entire state of Ohio uses the TriTech kits)

Prepping Pt Room

- Sanitize work area for yourself with hospital grade cleaning agent (wipes) to remove any DNA sources already present to work surface
- Lay chux down on surface to demarcate area you will be working in
- Positioning of personnel inside room (advocate, family, etc) to avoid potential cross contamination

Avoid Cross Contamination

- Avoid any potential for any DNA from you, your family, friends or previous patients –to be transferred to the patient's kit

Avoid Cross Contamination

- Pull hair back into ponytail if hair is long
- Glove change between EACH step in exam
- Do NOT extend hands or arms inside envelopes or bag
- Do NOT touch any contents inside kit with ungloved hands
- If you drop a swab, do NOT use, open another swab (extras in your supply bag)

	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">(PATIENT ID STICKER HERE)</div>	<h2 style="margin: 0;">Payroll/ Demographic Form</h2>
<p>EXAM INFORMATION:</p> <p>Location of Exam (Hospital): _____ SANE RN: _____</p> <p>Date / Time of Page: _____ Arrival Time: _____ Comment: _____</p> <p>MD Report to: _____ RN Report to: _____ Advocates: # _____ Bedside / Waiting Rm / Nurse</p> <p>DFSA Indicated?: Yes / No DFSA collected?: Yes / NA / Declined</p> <p>Name of personnel forensic chart given to at hospital: _____</p>		<ul style="list-style-type: none"> • This form must be completed ENTIRELY • TOP page of your chart that summarizes key items • Some items will not be able to be completed until the exam conclusion
<p>PATIENT INFORMATION:</p> <p>Patient Name: _____ DOB: _____ Gender: M / F / I Guardian Present: Y / N</p> <p>Patient Phone #: _____ Patient Address: _____</p> <p>SSN: _____</p> <p>Hospital Acct Number: _____ Inmate: Y / N Location: _____</p> <p>Jane Doe ID: _____ Nursing Home: Y / N Location: _____</p>		
<p>REPORTED PERPETRATOR INFORMATION:</p> <p>Relationship to patient: CIRCLE ONE Acquaintance / Partner / Student / Caregiver / Family / Parent-Guardian / Unknown</p> <p>Perpetrator Age: _____ Gender: M / F / Transgender / Unknown Other: _____</p>		
<p>ASSAULT INFORMATION: (dispatch care assist with appropriate law enforcement jurisdiction)</p> <p>Date of Assault: ____/____/____ Time of Assault: ____:____ AM or PM</p> <p>Location / Address of Assault: _____</p>		
<p>LE Agency for kit jurisdiction: _____ At bedside: Y / N</p> <p>Crime reported TO: _____ Time: _____ For UC exams:</p> <p>K9 Location Reported to: _____ Time: _____ Did social worker perform mandate reporting? (circle one) Yes / No</p> <p>CPS/APS/ODH (include agency and name of personnel): _____</p> <p>Agency: _____ Name: _____ Time: _____ Name of SW: _____</p>		

Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence

PAYMENT/BILLING OF TREATMENT

I understand that I will not be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.

MEDICAL FORENSIC EXAM/EVIDENCE COLLECTION/PHOTO DOCUMENTATION

I consent to the medical forensic exam. I understand that I can decline any portion of the exam or any portion of evidence collection process. I understand my choice of treatment steps during the exam will be reassessed frequently.

I consent to the evidence collection during the forensic examination. I understand that I can decline any portion of the exam or any portion of evidence collection process. I understand my choice of treatment steps during the exam will be reassessed frequently.

I consent to photos documentation, which may include my genitalia, body parts if injuries are present. I understand that I can decline any portion of photo documentation including photo documentation of my genitalia.

I consent to the medical forensic exam and photographs to be used in future educational presentations for forensic examiners.

I consent to the release of all medical records and photographs to the appropriate law enforcement agency related to the sexual assault forensic examination.

REPORTING

I understand the hospital is legally required to report sexual assaults to law enforcement. My name and contact information will be given to law enforcement unless I choose to decline my name and contact information to be given. I understand that the hospital is legally required to report all abuse or suspected abuse of patients 17 years of age or younger to the Department of Children Services. For patients 17 years or younger, the hospital is required to send a letter to the parent or legal guardian notifying them of the exam. The sexual assault evidence collection kit and toxicology samples for drug/facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.

Patients 18 years or older (Initial one)

I agree to speak to law enforcement. I understand that my name and contact information will be provided to law enforcement.

I **DO NOT** agree to speak with law enforcement at this time. My name and contact information will be given to law enforcement. I understand that law enforcement **may attempt to contact me**. I understand that I am not obligated to participate in the investigation of this crime, but that law enforcement may investigate it.

Signature of PATIENT/GUARDIAN: _____ Date: _____ Time: _____
 Signature of SAME/WITNESS: _____ Date: _____ Time: _____

*****After the consent is completed contact LIE to perform mandated reporting

Step 1A - Consent

- Patient initials in EACH area of consent
- Specific attention on decision to speak to LE
- Have patient sign bottom and YOU sign as the witness
- **remember POA/over phone information discussed on reporting video

Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence

PAYMENT/BILLING OF TREATMENT

I understand that I will not be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.

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(PATIENT ID STICKER HERE)

Patients 18 years or older (Initial one)

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Signature of PATIENT/GUARDIAN: _____
 Signature of SAME/WITNESS: _____

*****After the consent is completed call

PATIENT INFORMATION

Location of Exam (Hospital): _____ SANE RN: _____
 Date/Time of Page: _____ Arrival Time: _____ Comment: _____
 MD Report to: _____ RN Report to: _____ Advocate: P _____ Bedside: Waiting Rm./None
 DNA collected? Yes/No _____ DNA collected? Yes/No/Partial
 Name of personnel Genetic chain given to at hospital: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M / F / L _____ Genetic Parent: Y / N
 Patient Photo: _____ Patient Address: _____
 SSN: _____
 Hospital Area Number: _____ Inmate: Y / N _____ Location: _____
 Jane Doe ID: _____ Nursing Home: Y / N _____ Location: _____

REPORTING PREPARATION INFORMATION

Relationship to patient: SANE/ADVOCATE _____ Assailant(s): Partner/Spouse/ Family/ Parent/Guardian/ Unknown
 Personal Age: _____ Gender: M / F / Transgender/ Unknown _____ Other: _____

ASSAULT INFORMATION (Always fill out appropriate law enforcement jurisdiction)

Date of Assault: _____ / _____ / _____ Time of Assault: _____ AM or PM
 Location / Address of Assault: _____

L.E. Agency for Jurisdiction: _____ At Bedside: Y / N

Crime Reported To: _____ Time: _____ For UC exams:
 K-1 Location Reported to: _____ Time: _____ Did social worker perform mandated reporting? (circle only) Yes / No
 CPS/APS/DOR (include agency and name of personnel): _____
 Agency: _____ Name: _____ Time: _____ Name of SW: _____

Step 1B - Consent

- Mandated reporting is performed IMMEDIATELY following the consent for exam
- Refer to mandated reporting video for detailed information



SANE
of Butler County

(Place Patient ID Sticker Here)

Physician Report Information

Items To Review:

- Brief description of assault circumstance
- Reported assailant (stranger, acquaintance, etc)

Patient Allergies:	Pertinent Medical History:
	Date of last tetanus shot: _____

DFSA Information:

DFSA Indicated? No / Yes If yes, was a DFSA collected? Yes / No (reason): _____

Last intake of alcohol (if applicable): _____

Emergency Contraception Screening:

Current contraception method: _____ # missed doses in 2 weeks: _____

If patient requests emergency contraception:

- Has the patient reviewed and signed the EC consent form? Yes / No
- If yes, then suggest a baseline pregnancy test

Hepatitis B Vaccination Screening:

Hepatitis B Vaccination Series:

Has the patient ever received the hepatitis B vaccination series? Yes / No If yes, date of series: _____

HPV Vaccination Screening:

HPV Vaccination Series:

Has the patient ever received the HPV vaccination series? Yes / No If yes, date of series: _____

HIV Prophylaxis Screening:

HIV Prophylaxis:

Body part/area exposed: _____ Fluid exposed to: _____

Is perpetrator HIV status known? Yes / No

Step 2 – Medical Hx

- Allergies, Meds, acute illnesses, past surgeries, GP, LMP, contraceptive history
- Does patient have MD, OBGYN to follow up with
- Include this information on the MD report sheet

STEP 3 Assault History		Page 1
Assault Date	Time	Place Patient Label Here
Exam Date	Time	
Hospital	City	
Assailant Information		
Name(s)	Relationship to Patient	Age Is assailant injured or bleeding?
Which of the following occurred? Other—Please describe		
Vaginal penetration by assailant's... <input type="checkbox"/> Fingers <input type="checkbox"/> Penis <input type="checkbox"/> Object <input type="checkbox"/> Unsure Comment:		
Anal penetration by assailant's... <input type="checkbox"/> Fingers <input type="checkbox"/> Penis <input type="checkbox"/> Object <input type="checkbox"/> Unsure Comment:		
Oral penetration by assailant's... <input type="checkbox"/> Fingers <input type="checkbox"/> Penis <input type="checkbox"/> Object <input type="checkbox"/> Unsure Comment:		
Assailant mouth on patient genitals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comment:		
Assailant ejaculation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Where? _____		
Lubrication including saliva <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Where? _____		
Strangulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure List other body areas kissed, licked, bitten on narrative		
Since the assault, patient has:		
Douche/enema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Changed Clothes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Bowel movement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Bathed/ Showered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Urinated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Had Food or Drink <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Vomited <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Brushed Teeth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
At time of assault, was:		
Patient menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Tampon present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Where is tampon now? _____		
Condom used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Where is condom now? _____		
At time of exam, was:		
Patient menstruating?	LMP Date	Consensual sexual activity w/in 96 hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date Time
Tampon present?		<input type="checkbox"/> No Condom used: Yes / No
		Name of person: Vaginal / Anal
Date: _____		Date: _____
Nurse or Physician completing form — print name		Nurse or Physician completing form — signature

Step 3 – Assault Hx Form

- Use "Quotes" with direct statement
- DETAILED information
- Strangulation (if warranted is performed during physical assessment)
- This information guides your forensic narrative

Step 3 – Forensic Narrative

- **INCORRECT** SAMPLE:
- Then he pushed me on the ground and he pulled my pants down and raped me

Step 3 – Forensic Narrative

- **CORRECT** SAMPLE:
- When I was standing facing him he used his left hand and pushed my right shoulder. I fell backwards onto the ground. I landed with my hands down first on the ground but my body was still facing him. I felt it hurt my wrists. He got on top of me and ripped my jeans open and struggled to get them off but he pulled them off and then took one of his hands and ripped my panties off. I was crying. He kept telling me to shut up or he would choke me. He used spit on his penis and shoved his penis in me. I was on the ground on my back still and was trying to push him off of me with my hands

Step 3 – Forensic Narrative

- **CORRECT** SAMPLE:
- When I was standing facing him he used his left hand and pushed **my right shoulder**. **I fell backwards** onto the ground. I landed with **my hands down** first on the ground but my body was still facing him. I felt it hurt my wrists. He got on top of me **and ripped by jeans open** and **struggled to get them off** but he pulled them off and then took one of his hands and **ripped my panties off**. I was crying. He kept telling me to shut up **or he would choke me**. He **used spit on his penis** and **shoved his penis in me**. I was on the ground on my back still and was trying to push him off of me with my hands
- Patterned injuries, DNA, touch DNA, defense wounds

Step 3 – Forensic Narrative

- **BODY MECHANICS** = you want to know extreme detail of exactly what positions, movement, extremities, torso etc was during the entire assault from the beginning to the end
- Spontaneous statements from patient said during assault
- Spontaneous statements from assailant said during assault
- Items/objects used – (condoms, lotions, lubricants) you want to know **WHERE ARE THOSE ITEMS NOW**
- Consider tampons/pads worn **DURING** assault (high index of suspicion for FB in vaginal vault – relay this if patient declines speculum exam)

Step 3 – Forensic Narrative

- GOAL IS TO CORRELATE your forensic narrative to your forensic assessment to gain barometer of validity in patient statement of events

Step 3 – Forensic Narrative

- Consider use of ALS for deep trauma to tissues that may not be seen with naked eye
- Relay pertinent details of assault (condom on floor, lube used in nightstand, object used in apartment) to detectives so they can retrieve those items from the scene – consider requesting detective response immediately to hospital to begin process)

Step 5 - Oral Swabs/Smears

STEP 5	Oral Swabs and Smear	Do Not Put STI Cultures in the Box
<p>Collect four oral swabs regardless of type of assault.</p> <ol style="list-style-type: none"> 1. Collect two swabs at a time, rubbing between the left cheek and lower gum and as far back on the tongue as possible without triggering the gag reflex. 2. Repeat on the right side with the other two swabs. 3. Make the smear by rolling one swab forward and back once in the center of the slide. 4. Return the slide to the holder and place the holder in this envelope. 5. Place all four swabs in one swab box and close the box. 6. Write "oral" on the swab box and initial. 7. Place the swab box in this envelope. 8. Close this self-sealing envelope, apply a patient label, and initial the envelope. 		
Collected by		Place Patient Label Here
<small>RECOH STEPS 1.8/19</small>		

Step 6 – DNA reference standard

STEP 6	DNA Reference Standard
<p>1. Collect one oral swab, rubbing between the cheek and UPPER gum line.</p> <p>2. Place the swab in the swab box and close the box.</p> <p>3. Write "DNA ref" on the box and initial.</p> <p>4. Place the swab box in this envelope.</p> <p>5. Close this self-sealing envelope, apply a patient label, and initial the envelope.</p>	
Collected by	Place Patient Label Here

- Similar to step 5
- Rub between left cheek and **UPPER gum line**

Step 6 – DNA reference standard

STEP 6 DNA Reference Standard

1. Collect one oral swab, rubbing between the cheek and UPPER gum line.
2. Place the swab in the swab box and close the box.
3. Write "DNA ref" on the box and initial.
4. Place the swab box in this envelope.
5. Close this self-sealing envelope, apply a patient label, and initial the envelope.

Collected by _____

Place Patient Label Here

REDON STEPS 1 6/19

Step 7 – Fingernail Swabbing

Initials _____ Location _____

STEP 7 Fingernail Swabbing/Cuttings

1. Swab under the patient's nails using 2 slightly moist swabs.
2. Place the swabs into the swab box and close the box.
3. Write "Fingernail" on the swab box and initial.
4. If a fingernail is broken, using clean nail clippers, clip off the broken end and place it into the envelope. Make a note on the envelope that it contains a clipping.
5. Close this self-sealing envelope, apply a patient label, and initial the envelope.

Collected by _____

Place Patient Label Here

- Dry Stains (add sterile water to swabs)
- X3 rule = 3 drops and x3 rolled over surface area of collection
- 2 swabs in step 7 = use one for each hand
- Change gloves for step 8

Step 7 – Fingernail Swabbing

STEP 7 Fingernail Swabbings/Cuttings

1. Swab under the patient's nails using 2 slightly moist swabs.
2. Place the swabs into the swab box and close the box.
3. Write "fingernail" on the swab box and initial.
4. If a fingernail is broken, using clean nail clippers, clip off the broken end and place it into the envelope. Make a note on the envelope that it contains a clipping.
5. Close this self-sealing envelope, apply a patient label, and initial the envelope.

Collected by _____

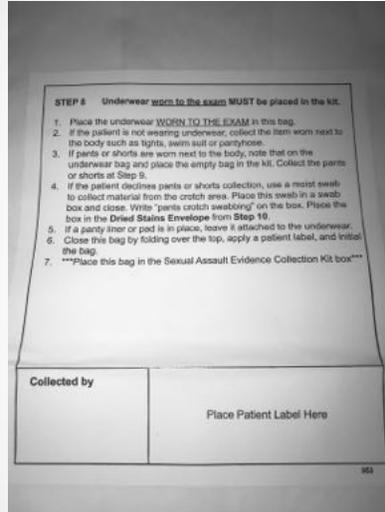
Place Patient Label Here _____

RECOV STEP 7 1 & 2

Step 7 – Fingernail Swabbing



Step 8 – Underwear collection



- Whatever is touching the patient's genitalia goes in this bag

- Underwear
- Jeans
- Leggings
- Gown

***this bag goes **INSIDE** the box

*if too big to fit inside box you **MUST** chart this on the **DIAGRAM** drawing form (to update the crime lab)

Step 8 – Underwear collection

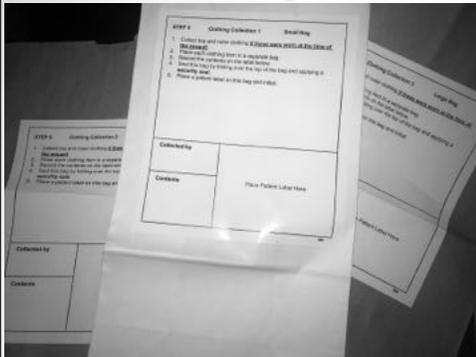
- If patient **DECLINES** to allow underwear collection.....
- Use a dry stain and collect a sample from the area that had **DIRECT contact** with the patient's genitalia
- Change gloves for step 9

Step 8 – Underwear collection

STEP 8 Underwear worn to the exam MUST be placed in the kit.

1. Place the underwear WORN TO THE EXAM in this bag.
2. If the patient is not wearing underwear, collect the item worn next to the body such as tights, swim suit or pantyhose.
3. If pants or shorts are worn next to the body, note that on the underwear bag and place the empty bag in the kit. Collect the pants or shorts at Step 9.
4. If the patient declines pants or shorts collection, use a moist swab to collect material from the crotch area. Place this swab in a swab box and close. Write "pants crotch swabbing" on the box. Place the box in the **Dried Stains Envelope** from **Step 10**.
5. If a panty liner or pad is in place, leave it attached to the underwear.
6. Close this bag by folding over the top, apply a patient label, and initial the bag.
7. *****Place this bag in the Sexual Assault Evidence Collection Kit box*****

Step 9 – Clothing Collection



Collect each item in a separate bag

- Shirt
- Jeans
- Leggings
- Gown

Does NOT go inside kit, these will be separate parcels

*do not shake clothing out

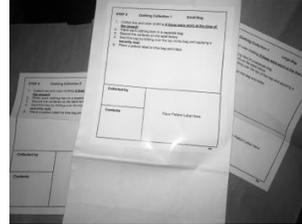
*do not extend arms inside bags (avoid DNA transfer)

Step 9 – Clothing Collection

Clothing worn DURING assault

Collect each item in a separate bag

- Shirt
- Jeans
- Leggings
- Gown

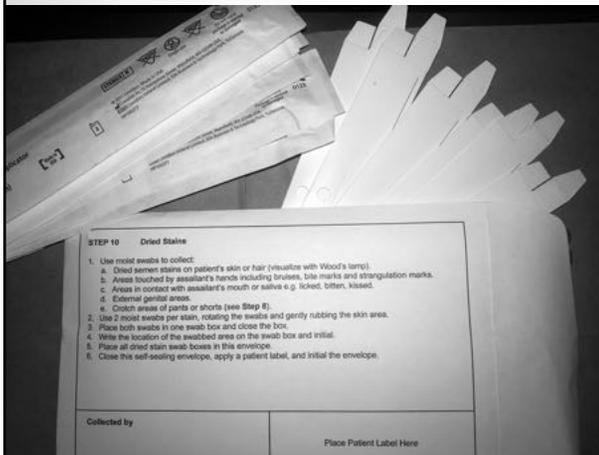


Does NOT go inside kit, these will be separate parcels

*do not shake clothing outdo not extend arms inside bags (avoid DNA transfer)

Evidence tape to close bag >> change gloves for step 10

Step 10 – Dry Stains



6 dry stains

X3 RULE

Examiner's choice on collection sites

DNA, touch DNA, clothing, body parts

*may open another kit to retrieve additional swabs/boxes

USE FORENSIC QUESTIONNAIRE AND NARRATIVE FOR COLLECTION SITES

Change gloves for step 11

Step 10 – Dry Stains

STEP 10 Dried Stains

1. Use moist swabs to collect:
 - a. Dried semen stains on patient's skin or hair (visualize with Wood's lamp).
 - b. Areas touched by assailant's hands including bruises, bite marks and strangulation marks.
 - c. Areas in contact with assailant's mouth or saliva e.g. licked, bitten, kissed.
 - d. External genital areas.
 - e. Crotch areas of pants or shorts (see Step 8).
2. Use 2 moist swabs per stain, rotating the swabs and gently rubbing the skin area.
3. Place both swabs in one swab box and close the box.
4. Write the location of the swabbed area on the swab box and initial.
5. Place all dried stain swab boxes in this envelope.
6. Close this self-sealing envelope, apply a patient label, and initial the envelope.

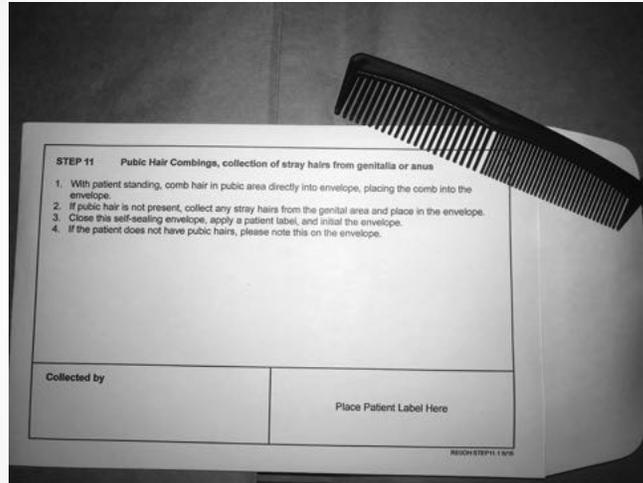
Steps 11, 12, 13 introduced here,
covered more in depth in next videos

11 – Pubic Hair Combing

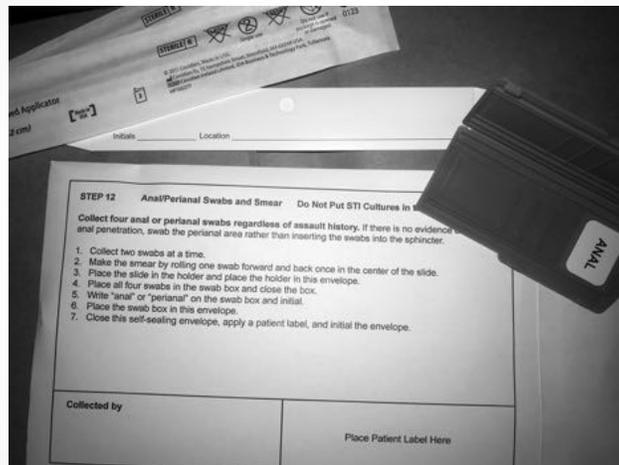
12 – Anal Assessment

13 – Vaginal/Penile Assessment

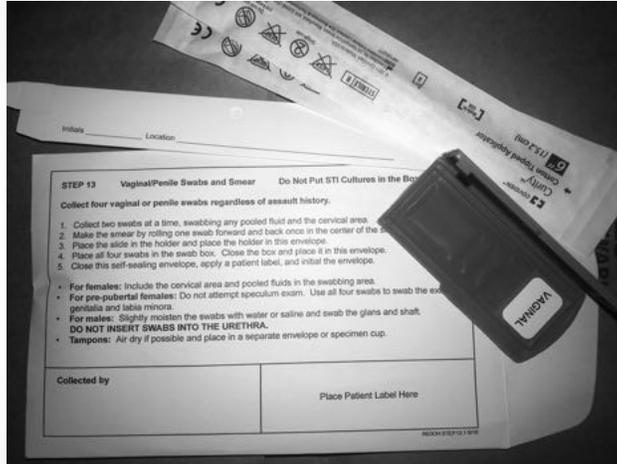
Step 11 – Pubic Hair Combing



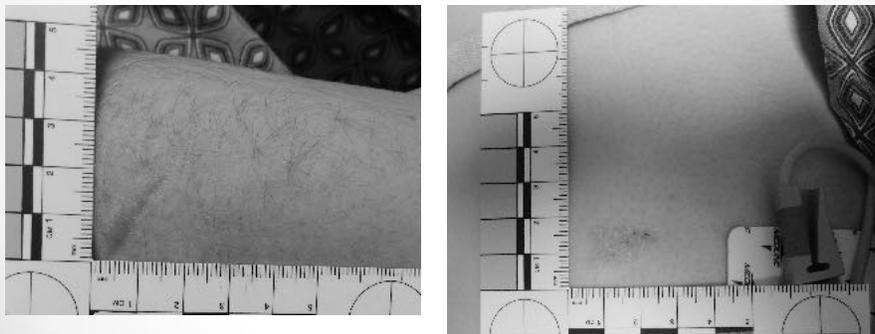
Step 12 – Anal Assessment



Step 13 – Vaginal Assessment



Step 14 – Forensic Photography and Documentation



Step 14– Photography

Photos must show fair and accurate representation of findings

Images cannot be distorted, altered, manipulated in any way

Alterations = intentional or unintentional

Unintentional = poor lighting, use of flash, angle of photo, poor quality

Step 14– Photography

What to photograph:

1. ****ALWAYS** begin series of photos with the patient's ID label
2. Facial photo next (if patient consented to photos)
3. Full frontal photo (with clothing ON prior to exam)
4. Full back photo (with clothing on prior to exam)
5. Body photos
6. Genitalia photos
7. Evidence kits, bags
8. END photo series another patient ID label

Step 14– Photography

What to include in photograph:

1. Measuring device
2. Patient ID label
3. Marking on label or other method to indicate the diagram drawing you are photographing

Step 14– Photography

Methods:

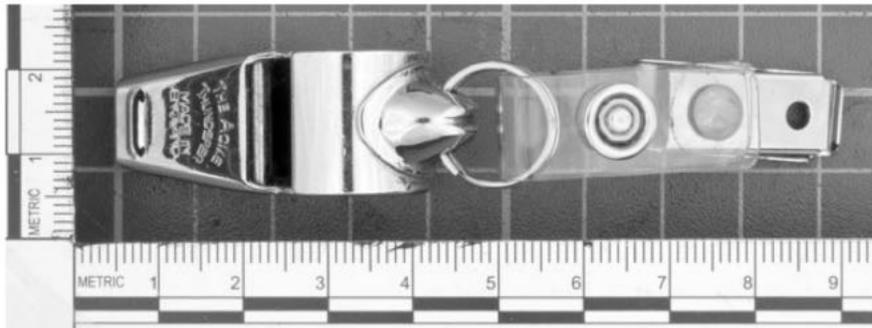
1. Wide angle shot (to capture entire finding and orientation)
2. Close up photos of findings in extreme detail



Step 14– Photography

Methods:

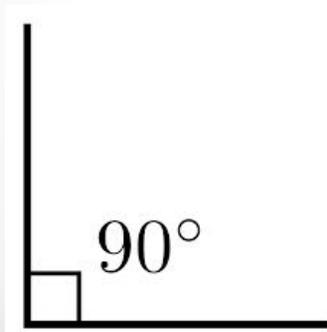
1. Use of forensic measuring tools
2. Use consistent unit of measurement (cm, mm, inches)



Step 14– Photography

Methods:

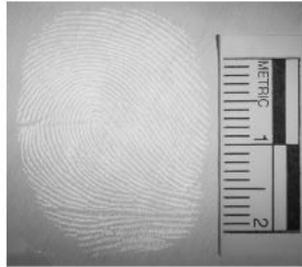
1. ALWAYS use 90 degree angle
2. DIRECTLY over/in front of for photo
3. NEVER take photo at slanted angle – distorts image



Step 14– Photography

Methods:

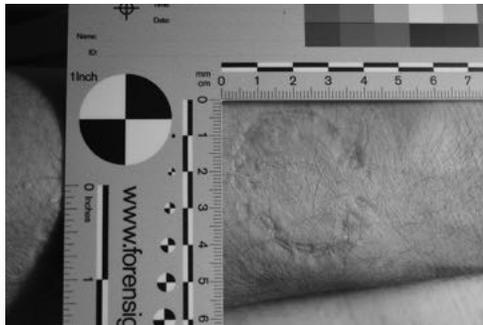
1. ALS (low light photography) if possible
2. CANNOT use flash, takes patience and practice
3. Tip: place camera on surface, do not hold, and press capture button to take image (filter in front of camera lens)



Step 14– Photography

Methods:

1. Measure from 2 angles and NOT only 1 angle
2. Captures length and width of finding



Step 14– Photography

Methods:

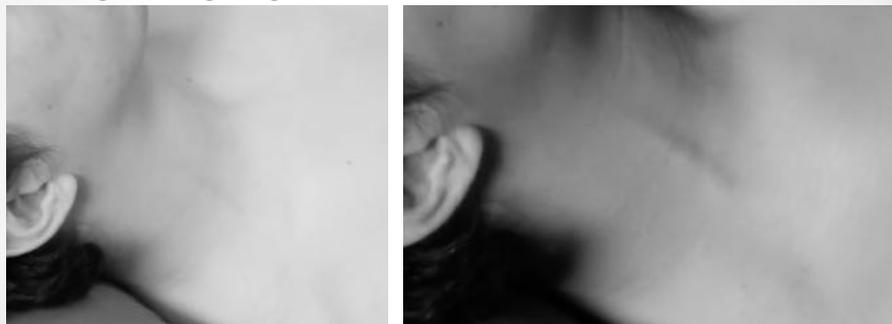
1. NEVER use camera flash
2. Unacceptable! If poor lighting then create additional ambient room light – never use flash



Step 14– Photography

Methods:

1. Tangential lighting to show contrast of contour



Step 14– Photography

Methods:

1. MUST be a clear focused photo
2. Retake any burry photo!
3. Can take as many photos as needed to assure clear picture

Step 14– Documentation

- 5 categories to document information: use correct form for charting
- Physical Findings
- Dry Stains
- Debris
- Pain
- Other



(PATIENT ID STICKER HERE)

DEBRIS FINDINGS:
Complete this form if your patient indicates if you found any debris during your physical assessment.
*Use a separate charting box for each debris finding.

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Debris Description: _____		
PATIENT Statement: _____		
EXAMINER Comment: _____		

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Debris Description: _____		
PATIENT Statement: _____		
EXAMINER Comment: _____		

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Debris Description: _____		
PATIENT Statement: _____		
EXAMINER Comment: _____		

Step 14— Documentation

- Debris



(PATIENT ID STICKER HERE)

OTHER FINDINGS: (note: measurements are for generalized findings and not tattoos or piercings)

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Measurement _____ X _____	Unit of Measurement (Circle one): inches centimeters millimeters	
Type: _____	Description: _____	
PATIENT Statement: _____		
EXAMINER Comment: _____		

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Measurement _____ X _____	Unit of Measurement (Circle one): inches centimeters millimeters	
Type: _____	Description: _____	
PATIENT Statement: _____		
EXAMINER Comment: _____		

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Measurement _____ X _____	Unit of Measurement (Circle one): inches centimeters millimeters	
Type: _____	Description: _____	
PATIENT Statement: _____		
EXAMINER Comment: _____		

Step 14— Documentation

- Other



(PATIENT ID STICKER HERE)

PAIN FINDINGS:
Complete this form if your patient indicated pain to any location during the examination.
*Use a separate charting box for each pain notation

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

ID Label _____ Pain Scale (0-10): _____ Body Location: _____

Pain Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

Step 14— Documentation

- Pain



(PATIENT ID STICKER HERE)

PHYSICAL FINDINGS: Complete this form for any abnormal findings during the examination.

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

ID Label _____ Body Location: _____

Measurement _____ X _____ Unit of Measurement (Circle one): inches centimeters millimeters

Wound Type: _____ Description: _____

PATIENT Statement: _____

EXAMINER Comment: _____

CHECK IF PHOTO OBTAINED

Step 14— Documentation

- Physical
- Location
- ID label (diagram label)
- Measurement
- Unit of measurement
- Description of finding
- Type (wound)
- Patient statement (pull information from narrative)
- Examiner comment for any pertinent + or -



(PATIENT ID STICKER HERE)

Step 14– Documentation

OTHER FINDINGS: (note: measurements are for generalized findings and not tattoo or purpura)

ID Label _____	Body Location: _____	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Measurement _____ X _____	Unit of Measurement (Circle one): inches centimeters millimeters	
Type: _____	Description: _____	
PATIENT Statement: _____		
EXAMINER Comment: _____		

- Other

Step 14– Documentation

PHYSICAL FINDINGS: Complete this form for any abnormal findings during the examination.

ID Label LF2	Body Location: Left anterior superior bicep	<input type="checkbox"/> CHECK IF PHOTO OBTAINED
Measurement 3 X 5	Unit of Measurement (Circle one): inches centimeters millimeters	
Wound Type: purpura	Description: purple irregular border with central clearing	
PATIENT Statement: “he hit me with his fist right here”		
EXAMINER Comment: patient pointing to F2 area		

CHECK IF PHOTO OBTAINED

Step 14-

Documentation

0 Pain
0 Debris
0 Swabs
2 Findings
1 Other
 T = Tattoo

Anterior _____ Pt Declined Assessment

Step 14-

Documentation

0 Pain
0 Debris
0 Swabs
2 Findings
1 Other
 T = Tattoo

Anterior _____ Pt Declined Assessment

PHYSICAL FINDINGS: Complete this form for any abnormal findings during the examination.

ID Label: **AF2** Body Location: **Left anterior superior bicep**

Measurement: 3 X 5 Unit of Measurement (Circle one): inches centimeter millimeters

Wound Type: **purpura** **purple irregular border with central clearing**
Description:

PATIENT Statement: **"he hit me with his fist right here"**

EXAMINER Comment: **patient pointing to F2 area**

CHECK IF PHOTO OBTAINED

Step 14-

Documentation

1. The body diagram/orientation
 2. Type of documentation entry
 3. Numerical entry for that specific type of documentation
- The labeling will consist of the pattern:
(Example: LP1 - which refers to left side of body/diagram, pain is the type of documentation entry and there is only 1 entry for pain on this diagram/side of body)

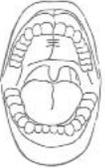
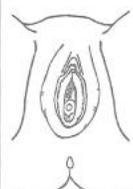
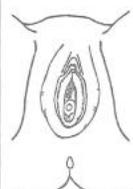
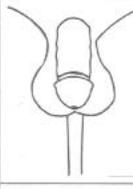
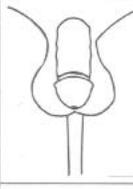
Diagram

L = Left
R = Right
A = Anterior
P = Posterior
F = Facial
EG = External Genitalia
IG = Internal Genitalia

Documentation Type

P = Pain
D = Debris
S = Swabs
F = Finding
O = Other

Left cheek injury = labeled as FF1 (numerical order continues if other injuries on that specific diagram portion)

STEP 3	Assault History	Page 4
 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>
 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>
 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>	 <p> <input type="checkbox"/> Pain <input type="checkbox"/> Debris <input type="checkbox"/> Swabs <input type="checkbox"/> Findings <input type="checkbox"/> Other </p> <p>Pt Declined Assessment</p>
<p>RN: _____ Date: _____</p> <p>Indicate the location, shape and type of injury: lacerations, erythema, abrasions, redness, swelling.</p>		

Step 14-

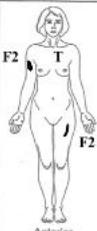
Documentation

- 2 pages of Diagrams to chart pictorial representation of your exam

STEP 3 Assault History Page 3

Record injuries on anatomical diagrams. Complete during the physical examination.

Check method used: Speculum exam Other F = Pain
 Direct visualization Toluidine blue dye D = Debris
 Foley catheter technique Woods (or other) lamp S = Swab/Dry Stain
 Photography Colposcope F = Finding
 O = Other

 <p>Pain Debris Swabs Findings Other</p> <p>Right _____ Pt Declined Assessment</p>	 <p>Pain Debris Swabs Findings Other</p> <p>Left _____ Pt Declined Assessment</p>
 <p>0 Pain 0 Debris 0 Swabs 2 Findings 1 Other T = Tattoo</p> <p>Anterior _____ Pt Declined Assessment</p>	 <p>Pain Debris Swabs Findings Other</p> <p>Posterior _____ Pt Declined Assessment</p>

RN: _____ Date: _____
 Indicate the location, shape and type of injury: tears (lacerations), erythema, abrasions, redness, swelling.

Step 14- Documentation

- 2 pages of Diagrams to chart pictorial representation of your exam

Step 14- Documentation

 <p>Left _____ Pt Declined Assessment</p>	<p>0 Pain 0 Debris 0 Swabs 0 Findings 0 Other</p>
--	---

• Negative

• Mark all 0's

• Do NOT leave blank, number must be in this section for each

Step 15 – MD/RN Report

- Use MD/RN report form
- Pertinent exam findings
- Brief history of assault
- Pertinent medical history
- DFSA
- STD Prophylaxis
- HIV/Hepatitis antiretroviral therapy
- Hepatitis B vaccination
- HPV vaccination
- Post Coital Contraceptives



SANE
of Butler County

(Place Patient ID Sticker Here)

Physician Report Information

Items To Review:

- Brief description of assault circumstance
- Reported assailant (stranger, acquaintance, etc)

Patient Allergies:	Pertinent Medical History:
	Date of last tetanus shot:

DFSA Information:

DFSA Indicated? No / Yes If yes, was a DFSA collected? Yes / No (reason): _____

Last intake of alcohol (if applicable): _____

Emergency Contraception Screening:

Current contraception method: _____ # missed doses in 2 weeks: _____

If patient requests emergency contraception:

1. Has the patient reviewed and signed the EC consent form? Yes / No
2. If yes, then suggest a baseline pregnancy test

Hepatitis B Vaccination Screening:

Hepatitis B Vaccination Series:

Has the patient ever received the hepatitis B vaccination series? Yes / No If yes, date of series: _____

HPV Vaccination Screening:

HPV Vaccination Series:

Has the patient ever received the HPV vaccination series? Yes / No If yes, date of series: _____

HIV Prophylaxis Screening:

HIV Prophylaxis:

Body part/area exposed: _____ Fluid exposed to: _____

Is perpetrator HIV status known? Yes / No

Step 15 – MD/RN Report

Step 15 – STD Prophylaxis

- CDC recommendations for STD Prophylaxis – MD decides
- All post sexual assault patients should be offered STD prophylaxis medications
- Baseline testing for most STDs is NOT suggested during the forensic exam
 - Rationale: The patient will not be symptomatic or test positive from STD exposure at the time of the forensic exam. If the patient is positive, it was from prior exposure which can alter bias if results are conveyed during a jury trial

Step 15 – STD Prophylaxis

1. **Empiric antimicrobial regimen** for chlamydia, gonorrhea, trichomonas

Ceftriaxone 250mg IM in a single dose

PLUS

Azithromycin 1G orally in a single dose

PLUS

Metronidazole 2G orally in a single dose*

OR

Tinidazole 2G orally in a single dose*

**If alcohol has been recently ingested or emergency contraception provided, metronidazole or tinidazole can be taken by the survivor at home to minimize side effects*

Step 15 –Contraceptives

2. **Emergency contraception** should be considered when the assault could result in pregnancy. Baseline pregnancy test should be performed during initial treatment prior to administration for negative baseline test.

Step 15 – Post Coital Contraceptive

- May be given at medical facility if baseline pregnancy test is negative
- Not a federal law or state law in Ohio to be given at facility (check applicable state laws if outside Ohio)
- Can be given as a prescription
- Is OTC in Ohio for 17yrs of age and up with valid ID

Morning After Pill (Plan B) Information and Consent

Before you give your consent be sure you understand both the pros and cons of using the "morning after pill" Plan B. This form outlines the possible complications that can occur with use of these pills and the danger signs to watch for. If you have any questions or you need we will be happy to discuss them. You can change your mind at any time prior to starting the medication.

- I understand that the "morning after pill" Plan B, is a hormone or combination of hormones. These pills are taken after having unprotected vaginal intercourse. It is to be used in an emergency measure only and not as a main method of birth control.
- I understand that the pills either keep the ovary from releasing an egg so the egg and sperm can't join or changes the lining of the uterus (womb) in such a way that if an egg is fertilized by a sperm the fertilized egg may not attach (implant) and develop in a pregnancy. The medication should be started as soon as possible after a single act of unprotected vaginal intercourse and within 72 hours of that intercourse.
- I understand that taking these pills does not prevent pregnancy 100%. Some pregnancies do occur and these can result from (1) a fertilized egg that has already implanted, (2) too much time having gone by between unprotected vaginal intercourse and taking the "morning after pill" Plan B. (3) failure of the drug itself in spite of this, I wish to try to prevent pregnancy at this time by using the "morning after pill" Plan B.
- I understand that studies have shown that some of the offspring of women who take estrogen hormones during pregnancy may have birth defects of their reproductive systems. I understand these estrogen hormones are present in the method of treatment I am seeking and understand that if the treatment fails I must accept this risk should I decide to continue the pregnancy.
- I understand that a sensitive laboratory test for pregnancy may be done to try to rule out the presence of an already established pregnancy. I understand that the earlier the pregnancy test, the greater the chance of error. I further understand that the correctness of the results of the pregnancy test is not guaranteed whether positive or negative. I hereby release the hospital and medical staff and employees from any and all liability arising out of or connected with this pregnancy test and particularly with regard to any errors in diagnosis based on this test.
- As a result of taking the "morning after pill" Plan B I understand that I may have a slightly greater chance than non-pill users of developing certain serious problems. These include the following:
 - Blood Clots
 - Stroke
 - Heart Attack (greater risk for women age 35 or older, who smoke heavily)
 - Death that may occur from one of the above causes
- I understand that I must not use the pill if I have had or now have:
 - Blood Clots
 - Inflammation in the veins
 - Liver Disease
 - Unexplained bleeding from the vagina
 - Any suspicion of abnormal growth or cancer of the breast or reproductive organs.
 - An already established pregnancy.
- I understand that some of the other reactions to these pills may include:
 - Nausea and/or vomiting

Step 15 – EC

Page 1 of 3

- Breast tenderness
- Irregular bleeding
- Headache

• I know to watch for the following pill danger signals and to report to my physician immediately:

- Chest or arm pain
- Shortness of breath
- Unusual swelling or pain in the legs
- Severe headaches
- Eye problems, such as blurred or double vision
- Pain in abdomen
- Yellowing of the skin or eyes
- Severe depression

• I understand that if I see a physician for any reason before I get my period, I should tell him/her that I have taken the "morning after pill" Plan B.

No guarantee or assurance has been made to me as to the results that may be obtained if I use the "morning after pill" Plan B. I hereby request that a person authorized by the medical establishment/hospital perform a pregnancy test and that the "morning after pill" Plan B be provided. I have given a complete and accurate history. The only unprotected intercourse since my last period started was within 72 hours.

Copy of this form has been given to the patient for further reference:

Signature of patient _____ Date _____

Witness _____ Date _____

Please sign the below section if declining the medication.

I am declining the medication, Plan B and understand the consequences of declining this medication.

Signature of patient _____ Date _____

Witness _____ Date _____

Step 15 – EC

Page 2 of 3

Patient must sign choice of accepting or declining emergency contraceptives

BASELINE serum pregnancy recommended to MD

Place label here that includes Hospital Name, Address, Telephone and Emergency Department Contact

This form should be given to the Survivor prior to signing medical/treatment Consent

EMERGENCY CONTRACEPTIVE FACT SHEET SAMPLE

What is Emergency Contraception?

Sometimes called the "morning after pill," emergency contraception is used to prevent pregnancy immediately after unprotected sex.

What is unprotected sex?

- Sex without using birth control.
- The condom breaks or comes off.
- The diaphragm slips out of place.
- Rape or sexual assault.
- You stopped taking the birth control pills for more than a week or missed almost half of the birth control pills in the past two weeks.

Depending on when in your menstrual cycle you had unprotected sex, you could have 1 in 3 chance of becoming pregnant. Emergency contraception can reduce your risk by 75 percent.

When do you use Emergency Contraception?

It is most effective when started within 24 hours of unprotected sex but no later than 72 hours.

Is it safe?

Twenty years of study by the FDA says Emergency Contraception is safe and effective, but it isn't for everyone. Patients at _____ are screened to see if Emergency Contraception is safe for them.

None of Hospital Facility

How can I get Emergency Contraception?

After your sexual assault exam, you will be asked several questions to see if Emergency Contraception is right for you. You will take the first dose at the hospital. The second dose should be swallowed 12 hours later.

Are there any side effects?

You may feel nausea and have vomiting, but these symptoms go away a day or two after treatment. If you vomit within one or two hours after taking a dose call your physician, you may need to repeat a dose.

When will I have my period?

Your next period may start a few days earlier or later than usual. If your period has not started within three weeks, call your health care provider. Emergency contraceptives may not prevent an ectopic pregnancy (tubal pregnancy – the fertilized egg implants outside the uterus).

How soon can I get pregnant after taking emergency contraception?

You can get pregnant if you have unprotected sex immediately after taking the treatment. Until you know your HIV status you should use protective measures such as not having sexual intercourse or using a male or female condom.

Step 15 – EC

Page 3 of 3

Step 15– HIV/Hepatitis

- HIV/Hepatitis seroconversion risk assessment
- Evaluate characteristics of assault for increased HIV/Hepatitis transmission (bleeding anogenital injuries, unknown assailant)
- Per CDC – antiretrovirals are only recommended if there are high risk characteristics of an assault (known positive status, stranger assault, bleeding injuries)
- Consider baseline testing / post exposure antiretroviral medication therapy
- Increased non compliance with post exposure antiretroviral medications for due to side effects

Step 15– Hepatitis B

3. **Hep B post exposure** (without HBIG) if the survivor is unvaccinated and assailant status is unknown. If the survivor is unvaccinated and the assailant is known to be HBsAg positive, the survivor should receive Hep B vaccine and HBIG. If indicated, these should be administered at the time of initial examination and follow up vaccine doses at 1-2 months and 4-6 months after first dose. For vaccinated survivors that did not receive post vaccine testing, a single vaccine booster dose is recommended.

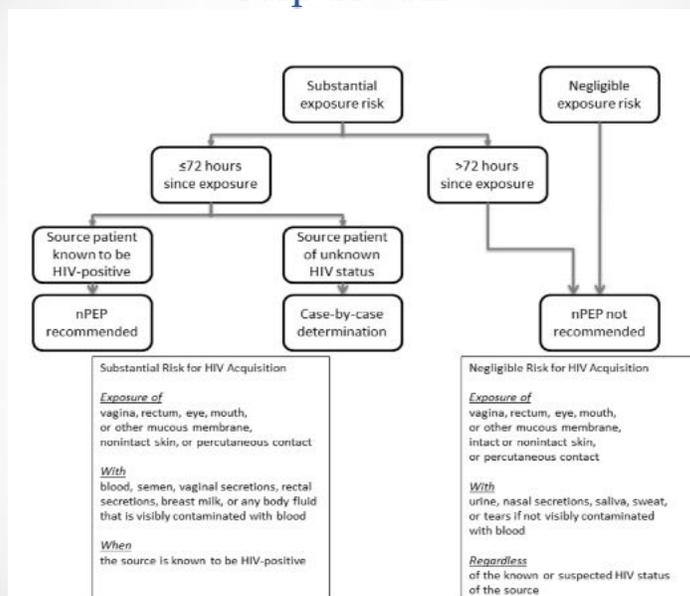
Step 15– HPV

4. **HPV vaccination** is recommended for females 9-26 and males 9-21. MSM can be vaccinated through age 26. The vaccine should be given at the time of initial exam and follow up doses at 1-2 months and 6 months after initial dose.

Step 15– HIV

5. **HIV post exposure:** Baseline HIV testing should be performed during initial medical treatment based on chart below. HIV seroconversion has occurred with sexual assault. In consensual sex, the risk is 0.1%-0.2% for vaginal sex and 0.5%-3% for receptive rectal intercourse per act. The risk from oral sex is substantially lower. Specific assault circumstances such as bleeding from trauma might increase this risk. Other considerations are exposure to ejaculate, viral load in ejaculate, and the presence of other STD's or genital lesions which could increase risk. When making consideration for HIV PEP, factors discussed could include potential benefits, compliance, side effects and any known high risk behavior of the assailant such as MSM and IV drug use.

Step 15– HIV



Step 16 – Packaging/Labeling/Sealing

- Close all boxes/bags with evidence tape (ALL SIDES SECURE)
- Initial/Date OVER tape and spill initials/date over onto the box or parcel also to easily show evidence of tampering
- Place biohazard sticker on outside
- Place patient ID label on all parcels/kits/bags

Step 16 – Packaging/Labeling/Sealing

- Photograph ALL parcels to show confirmation of closing appropriately and intact when they leave your possession
- You always want to PROVE condition of items when they leave your possession
- Multiple photos of each parcel

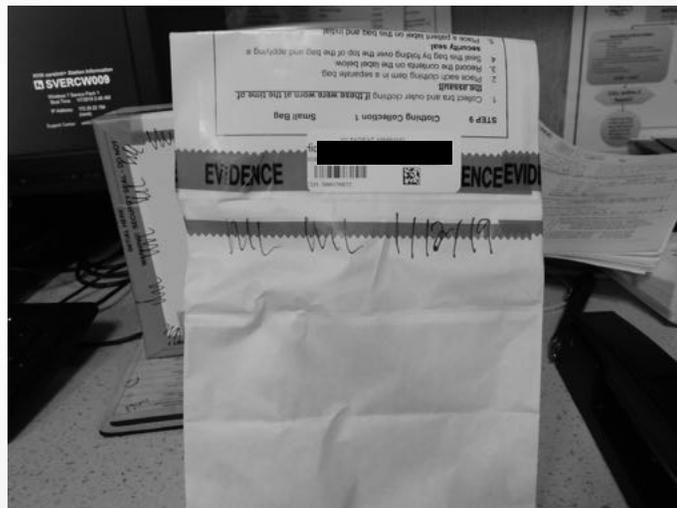
Step 16 – Package.Label.Seal

All sides sealed on all items (SAEK, DFSA, external parcels (clothing))

Initials + date must be on EVERY side written OVER the seal and onto the parcel to show evidence of tampering if occurred



Step 16 – Package.Label.Seal



Step 16 – Package.Label.Seal



Step 16 – Package.Label.Seal

Ohio Department of Health
REVISED October 2018

Sexual Assault Evidence Collection Kit For all patients and suspects

Name or ID: [REDACTED]

Hospital and City where the exam took place: Montgomery County Jail
Dayton, OH

City/County where assault took place: Dayton, Montgomery

This Evidence for drug facilitated sexual assault also collected evidence is in the self-contained kit.

Sexual Assault Evidence Collection Kit (Please indicate contents of clothing bags)

Clothing Bag 1: <u>Dark colored underwear - boxer shorts</u>	Clothing Bag 2: _____
Clothing Bag 3: _____	Clothing Bag 4: _____

Other: _____

Witness Reported by: Michelle Longene Montgomery County Jail
Signature of patient/suspect Signature of provider
Michelle Longene 412-209-2103 Dayton
Address/Phone number City and State

Witness Reported by: Michelle Longene Dayton Police Dept
Signature of patient/suspect Signature of provider
Michelle Longene 412-209-2103
Address/Phone number City and State

Evidence Reported by: Angela Wandy Dayton PD
Signature of provider Signature of provider
Angela Wandy 412-209-2103
Address/Phone number City and State

Seal with Evidence Tape — Refrigeration Required —

Logos: Ohio Attorney General's Office, Ohio Department of Public Safety, Ohio State Bar Association, Ohio State Board of Nursing, Ohio State Board of Social Work, Ohio State Board of Speech-Language Pathology and Audiology, Ohio State Board of Veterinary Medicine, Ohio State Board of Professional Surveying, Ohio State Board of Professional Land Surveying, Ohio State Board of Professional Engineering, Ohio State Board of Professional Geology, Ohio State Board of Professional Architecture, Ohio State Board of Professional Planning, Ohio State Board of Professional Interior Design, Ohio State Board of Professional Landscape Architecture, Ohio State Board of Professional Cosmetology, Ohio State Board of Professional Cosmetology, Ohio State Board of Professional Cosmetology, Ohio State Board of Professional Cosmetology.

Step 17 – DC paperwork - Referrals

- Resource pamphlets inside each SAEK
- Summary of care during forensic exam (DC paperwork_
- Follow up recommendations for post exposure testing
 - Pregnancy re-screening
 - 10-14 days or immediately if symptoms appear sooner (retesting for STI)
 - 3,6,9 month follow ups (seroconversion testing for HIV, Hep C)
 - Continue Hepatitis B vaccination series
 - Seek HPV vaccination series (usually always outpatient)
 - Psychosocial follow ups



Discharge Instructions

(Place Patient ID Sticker Here)

SANE of Butler County has completed a forensic examination at your request. As indicated by the forensic examiner the kit possession is given to the law enforcement entity where the crime was reported to have occurred. Law enforcement submits the forensic kit to be tested at the criminal laboratory. **Results of the kit are sent directly to law enforcement and are not shared with SANE of Butler County or the hospital you are being treated at.**

The Law enforcement agency that received your forensic kit is: _____

Emergency Department treatment provided:
Your emergency medical provider has indicated you will be receiving the following treatment during your visit.

X ALL APPLICABLE ITEMS PROVIDED DURING INITIAL TREATMENT

Antibiotic Administration	HIV Baseline Testing
Serum/Urine Pregnancy Baseline	HIV Post Exposure Medication (for NEGATIVE baseline test ONLY)
Emergency Contraception (for NEGATIVE baseline test ONLY)	TDAP if injuries presents (if not received within past 5-7 years)
Hepatitis B / C Serum Baseline Testing	HPV Vaccine (for patients 26 or YOUNGER)
Hepatitis B Immune Globulin (HBIG)	Other:

You are strongly encouraged to seek follow up care for the below listed items:
It is recommended that you visit your physician, or OB/GYN for repeat testing for potential sexually transmitted diseases within **7-10 days from your initial forensic exam.** Additional testing should include:

X ALL APPLICABLE ITEMS RECOMMENDED FOR FOLLOW UP TESTING

STD testing/re-evaluation	Pregnancy Screening
Injury Evaluation (if injuries found on initial treatment)	HPV Vaccine: for patients 26 or younger *Can receive three doses post sexual assault: HPV exposure Shot 1: during initial treatment or at follow up Shot 2: 2 months after assault Shot 3: 6 months after assault
Hepatitis C serum re-testing	HIV Medication Evaluation (if initiated during initial treatment)
Hepatitis B Series Vaccination (if initial series started on initial treatment) ***Hepatitis B vaccine series is THREE shots Shot 1: At hospital Shot 2: 4 weeks after first dose Shot 3: 8 weeks after second dose	HIV Serum re-testing *HIV testing should be performed at different time intervals Test 1: during initial medical treatment if ordered by physician Test 2: 6 weeks after assault Test 3: 3 months after assault Test 4: 6 months after assault

Step 17 – DC paperwork

Performed at hospital

Recommended FU action items needed

Step 17 – Patient Referrals

Ohio Resources

Ohio Rape Crisis Centers and Abuse Shelters

County	Shelter	Phone
Adams	*Reach Out	800-448-2273
Brown	*YWCA House of Peace	813-753-7281
Butler	*YWCA Dove House	800-615-6523
	*Angel Place Shelter	877-952-6435
		513-422-4433
Clermont	*Women Helping Women – Butler County	513-381-5610
	*YWCA House of Peace	513-753-7281
Darke	*West Side Catholic Shelter	216-631-4141
	*Jewish Family Services Association Project Chai	216-691-7233
Darke	*Shelter from Violence, Inc.	937-648-2020
Fayette	My Sister's House	740-636-9300
Greene	*Family Violence Prevention Center of Greene County	937-372-4552
	*Greene County Victims Witness Division	937-562-5087
Hamilton	*YWCA Battered Women's Shelter	800-872-9259
Miami	*Rape Crisis & Abuse Center of Hamilton County	937-335-7148
	*Family Abuse Shelter of Miami County	800-351-7347
Montgomery	*YWCA of Dayton Shelter & Housing Services	937-222-7233
	Montgomery County Victims Witness Division	937-225-5623
Preble	*Preble County DV Shelter	937-456-6891
Shelby	*New Choices	937-498-7281
Warren	*Warren County Abuse & Rape Crisis Shelter	888-860-4084

Chain of Custody

- Shows evidence of NO tampering between parties who receive kit in their possession
- Paper trail for legal purposes
- NEVER walk away from a kit EVER once you have opened it. It is YOURS until signed over to someone else
- Times and dates must match EXACTLY to show NO lapse of time between hand off and receipt agency to agency
- Parcel count must be clearly labeled and counted at each handoff and all accounted for and present

Chain of Custody

- WITHOUT proper COC all evidence is INADMISSIBLE in court!
- Triple check for accuracy

Chain of Custody

Step 19 Chain of Custody (indicate contents of clothing bags)	
Sexual Assault Evidence Collection Kit	Clothing Bag _____
Clothing Bag _____	Clothing Bag _____
Clothing Bag _____	Other _____
Items released by:	
Nurse/Physician—print name _____	Hospital/Facility and City _____
Nurse/Physician—signature _____	Date and Time _____
Items received by:	
Law Enforcement—print name _____	Agency _____
Law Enforcement—signature _____	Date and Time _____

Kit must be sealed prior to turning over to law enforcement

Chain of custody times should always be exactly the same: From person signing kit over to person receiving kit

Kit must be turned over to jurisdiction where the assault occurred

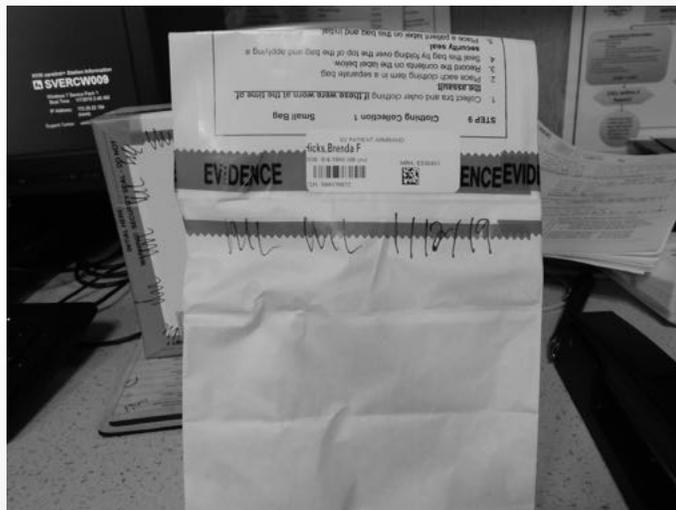
Chain of Custody

All sides sealed on all items (SAEK, DFSA, external parcels (clothing))

Initials + date must be on EVERY side written OVER the seal and onto the parcel to show evidence of tampering if occurred



Chain of Custody





7162 Liberty Centre Dr. Suite N, West Chester, Ohio 45389 Office: 513.298.5255 Fax: 1.800.444.7303 Answering Service: 1.800.647.9901

Crime Lab / Detective Notes for Forensic Examination

(Patient ID Sticker Here)

SANE ID Submission Address:
 SANE RN Name: _____
 c/o Butler County Sheriff's Office
 7162 Liberty Centre Drive, Suite A
 West Chester, Ohio 45389
or fax to 1-866-444-7363 for same day delivery

Injury Photography

Photographs obtained during forensic examination for this patient? (circle one) **Yes** / **Patient Declined** / **N/A**

***N* if patient DECLINED collection or Examiner unable to collect. Must indicate WHY not collected**

Oral swabs: _____	Photography: _____
Fingernail swabs: _____	Underwear: _____
Dry skin swabs: _____	Clothing: _____
Pubic hair combings: _____	Genital Swabs: _____
Rectal swabs: _____	Other: _____

Exam collection articles:

____ Clothing bags (indicate number of clothing bags NOT including items inside the SA kit)

____ Blood/Urine (DFSA Kit)

Law Enforcement Contact Information:

____ Patient does wish to speak with law enforcement at this time regarding reported sexual assault

____ Patient does NOT wish to speak with law enforcement at this time but is aware law enforcement may be in contact with him/her

Notes to crime lab / detective:

Crime Lab/Detective Notes

Shows what steps were completed (LE CANNOT OPEN KIT – goes from SANE to crime lab ONLY)

Any pertinent information to share from the exam for the detective

*may request to call you on receipt of docs

Paperwork

- Copies of ALL docs go to:
- 1. Law enforcement (manila envelope)
- 2. SANE admin (Forcura message AND upload)
- 3. Hospital (log name of receiving personnel)

Paperwork

- Copies of docs to go inside the kit:
- Questionnaire
- Forensic Narrative
- Diagrams
- Crime Lab/Detective Notes
- Consent

Summary

- Change gloves between each step to avoid cross contamination of evidence
- Use of an alternative light source (ALS) will aid in detection of DNA material from semen/vaginal fluid
- Use the assault/abuse questionnaire and forensic narrative history to guide assessment and collection locations of forensic samples

Summary

- Assess for injuries PRIOR to collection of swabs
- All injuries found must be documented on the assault/abuse diagrams
- Anterior assault = posterior injuries
- Posterior assault = anterior injuries
- All documented injuries must have a corresponding photograph

Summary

- Chain of custody must be maintained at all times during and after the forensic exam until kit is turned over to appropriate law enforcement agency
- Collect blood/urine samples for any scenario where the patient's judgment would affect ability to consent (voluntary or involuntary ingestion)
- Assure times match exactly on the chain of custody to assure no lapse in time occurred (from person giving kit to person receiving kit)

Summary

- A minor can consent or decline a forensic examination without notification for consent to treat from parents (with exception of a warrant for the exam)
- Do not use flash photography for any injuries (will discolor injuries)

Summary

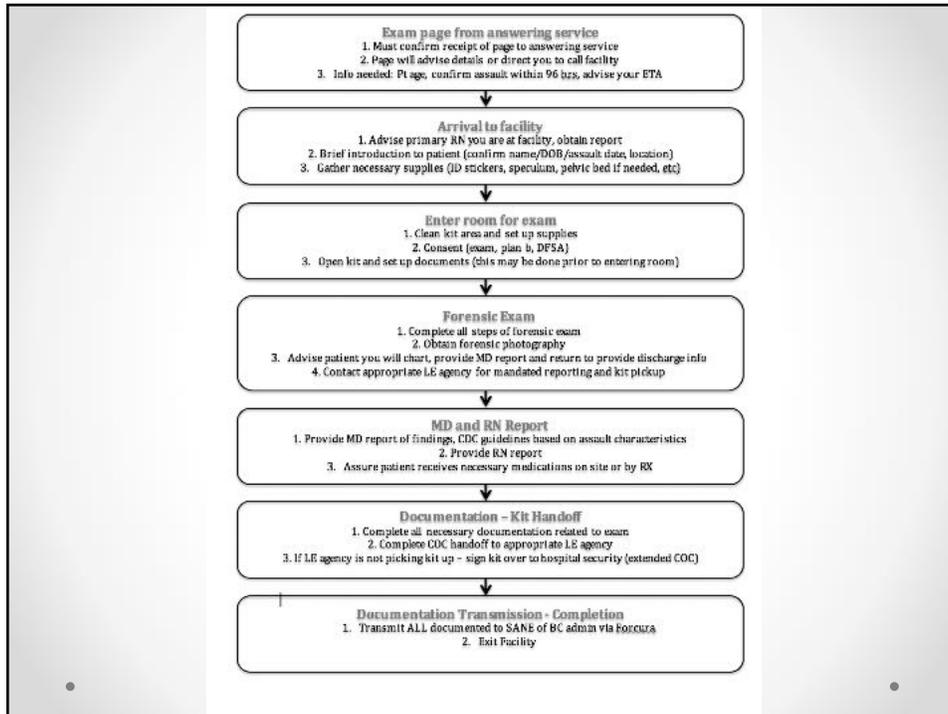
- Initial and date over tape on ALL sides of boxes and bags (parcels)
- Clear photos with no distortion
- Appropriate MD/RN report (must report to BOTH) you are an extension of the PHYSICIAN
- Referral resources for follow up care, crisis lines

Summary

- Initial and date over tape on ALL sides of boxes and bags (parcels)
- Clear photos with no distortion
- Appropriate MD/RN report (must report to BOTH)
you are an extension of the PHYSICIAN
- Referral resources for follow up care, crisis lines

Summary

- All copies to LE, Hospital, SANE Admin
- SANE admin docs > Forcura
- Kit:
 - Questionnaire
 - Forensic narrative
 - Diagrams
 - Crime lab/detective notes
 - consent



Questions?