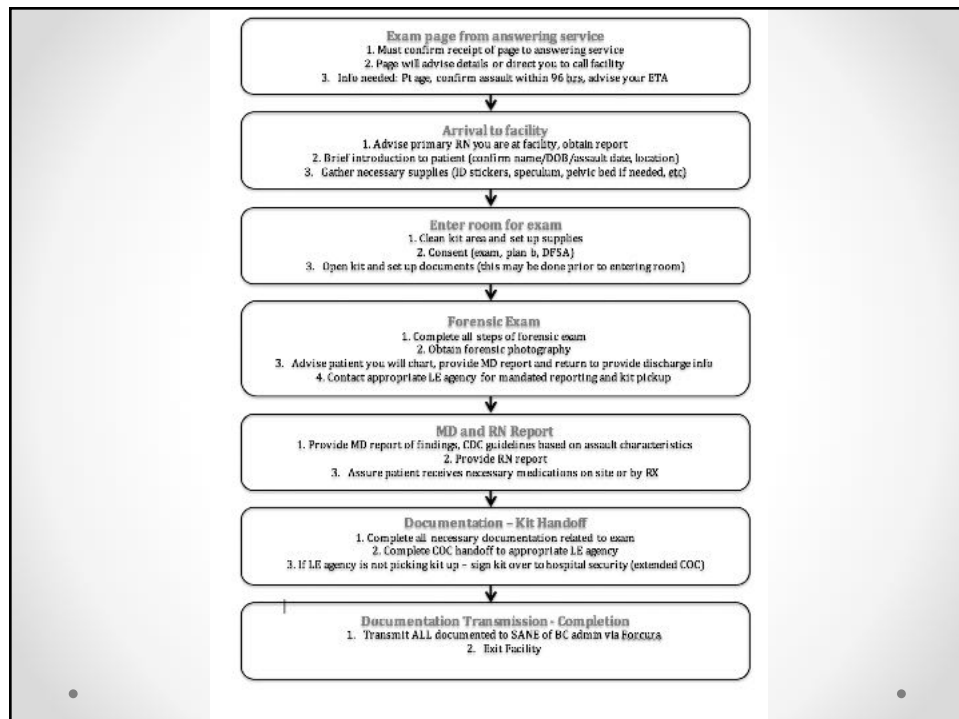


Forensic Exam



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 2016

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 refrigerated bag)

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

Clothing Bag 1 _____ Clothing Bag 3 _____
Clothing Bag 2 _____ Clothing Bag 4 _____
Other: _____

Evidence Received by:
Name/Physician—print name _____ Hospital/Facility and City _____
Date and Time _____
Signature _____
Date and Time _____

Evidence Released to:
Name/Physician—print name _____ Hospital/Facility and City _____
Date and Time _____
Signature _____
Date and Time _____

Enforcement—print name _____ Agency _____
Signature _____ Date and Time _____

Sealed with Evidence Tape _____ Refrigeration Not Required _____

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

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)

 SANE of Butler County	(PATIENT ID STICKER HERE)	<h2>Payroll/ Demographic Form</h2>										
EXAM INFORMATION: Location of Exam (Hospital): _____ SANE RN: _____ Date / Time of Page: _____ Arrival Time: _____ Comment: _____ MD Report to: _____ RN Report to: _____ Advocates: # _____ Bedside / Waiting Rm / None DFSA Indicated?: Yes / No DFSA collected?: Yes / NA / Declined Name of personnel forensic chart given to at hospital: _____												
PATIENT INFORMATION: Patient Name: _____ DOB: _____ Gender: M / F / I Guardian Present: Y / N Patient Phone #: _____ Patient Address: _____ SSN: _____ Hospital Acc# Number: _____ Inmate: Y / N Location: _____ Jane Doe ID: _____ Nursing Home: Y / N Location: _____												
REPORTED PERPETRATOR INFORMATION: Relationship to patient: <u>CIRCLE ONE</u> Acquaintance / Partner / Student / Caregiver / Family / Parent-Guardian / Unknown Perpetrator Age: _____ Gender: M / F / Transgender / Unknown Other: _____												
ASSAULT INFORMATION: (dispatch can assist with appropriate law enforcement jurisdiction) Date of Assault: ____/____/____ Time of Assault: ____:____ AM or PM Location / Address of Assault: _____												
<table border="0"> <tr> <td>LE Agency for kit jurisdiction: _____</td> <td>At bedside: Y / N</td> </tr> <tr> <td>Crime reported TO: _____</td> <td>Time: _____</td> </tr> <tr> <td>Kit Location Reported to: _____</td> <td>Time: _____</td> </tr> <tr> <td>CPS/APS/ODH (include agency and name of personnel): _____</td> <td>For UC exams: Did social worker perform mandate reporting? (circle one) Yes / No</td> </tr> <tr> <td>Agency: _____ Name: _____ Time: _____</td> <td>Name of SW: _____</td> </tr> </table>			LE Agency for kit jurisdiction: _____	At bedside: Y / N	Crime reported TO: _____	Time: _____	Kit Location Reported to: _____	Time: _____	CPS/APS/ODH (include agency and name of personnel): _____	For UC exams: Did social worker perform mandate reporting? (circle one) Yes / No	Agency: _____ Name: _____ Time: _____	Name of SW: _____
LE Agency for kit jurisdiction: _____	At bedside: Y / N											
Crime reported TO: _____	Time: _____											
Kit Location Reported to: _____	Time: _____											
CPS/APS/ODH (include agency and name of personnel): _____	For UC exams: Did social worker perform mandate reporting? (circle one) Yes / No											
Agency: _____ Name: _____ Time: _____	Name of SW: _____											

- 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

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 stops 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 stops 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.

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 LE 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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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 call

Step 1B - Consent

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

SAFELY
of Butler County

(PATIENT ID STICKER HERE)

SAFELY INFORMATION

Location of Exam (Hospital): _____ SANB ID#: _____

Date/Time of Exam: _____ Arrival Time: _____ Comments: _____

MD Report to: _____ RN Report to: _____ Admitted: Y / N Bedside: Waiting Rm / Nurse

DFSA Indicated? Y / N DFSA collected? Y / N / NA / Partial

Name of personnel forensic exam given to at hospital: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M / F / U Guardian Present: Y / N

Patient Phone #: _____ Patient Address: _____

SSN: _____

Hospital Acct Number: _____ Insurer: Y / N Location: _____

June Date ID: _____ Standing Order: Y / N Location: _____

REPORTED PARTICIPATION INFORMATION

Relationship to patient: LABORATORY Acquaintance: Partner / Student / Employee / Family / Parent/Guardian / Unknown

Referral Age: _____ Gender: M / F Transgender: Unknown Other: _____

ABUSE INFORMATION (Always fill out with appropriate law enforcement jurisdiction)

Date of Assault: _____ Time of Assault: _____ AM or PM

Location / Address of Assault: _____


LE Agency for jurisdiction: _____ At Bedside: Y / N

Crime Reported To: _____ Time: _____ For UC exams:

ICU Location Reported to: _____ Time: _____ Did social worker perform mandated reporting? (circle only) Yes / No

CPS/APS/DOH (include agency and name of personnel): _____

Agency: _____ Name: _____ Time: _____ Status of SW: _____



(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:

DPSA Information:

DPSA Indicated? No / Yes If yes, was a DPSA 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
Exam Date	Time
Hospital	City
Place Patient Label Here	
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 <small>Comment:</small>
Anal penetration by assailant's...	<input type="checkbox"/> Fingers <input type="checkbox"/> Penis <input type="checkbox"/> Object <input type="checkbox"/> Unsure <small>Comment:</small>
Oral penetration by assailant's...	<input type="checkbox"/> Fingers <input type="checkbox"/> Penis <input type="checkbox"/> Object <input type="checkbox"/> Unsure <small>Comment:</small>
Assailant mouth on patient's genitalia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>Comment:</small>
Assailant ejaculation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>Where?</small>
Lubrication including saliva	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>Where?</small>
Strangulation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>List other body areas kissed, licked, bitten on narrative</small>
<small>If yes use strangulation assessment form</small>	
Since the assault, patient has:	
Douches/enema	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>Changed Clothes</small> <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 <small>Bathed/ Showered</small> <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 <small>Had Food or Drink</small> <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 <small>Brushed Teeth</small> <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 <small>Where is tampon now?</small>
Condom used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <small>Where is condom now?</small>
At time of exam, was:	
Patient menstruating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>LMP Date</small>
Tampon present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Consensual sexual activity w/in 96 hours?</small>
<input type="checkbox"/> Yes <10 Date Time <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

- Per patient, “.....”
- BODY mechanics during assault

-do not "clean up" language. Write exactly as patient states

- GOAL: detailed body mechanics of movement, injury occurrence, patterns, step by step breakdown of the assault

NOT a simple summary of events. It is a DETAILED forensic overview of exactly everything that happened to aid you in your physical assessment (looking for correlation of what they said and what you find)

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)

[illegible]

Consent for Blood/Urine Collection for Testing – (Form E)

I understand that I have the right to refuse such testing. I have been informed that results from any and all testing that I consent to can be used in a court of law for the purpose of prosecution of this crime. I understand that the results of such testing may reveal prescription or illegal drug use that may not be related to the reported assault. Use of illegal substances that may constitute felonious criminal activity may result in ineligibility for Crime Victims Compensation Funding. I authorize release of my name and other identifying information to S.A.N.E. of Butler County, Inc. and to the respective law enforcement agency along with the blood and/or urine samples for use in the investigation and prosecution of the reported crime. I release S.A.N.E. of Butler County, Inc. from any and all liability that can be associated with the collection process or use of the samples obtained.

Check one and sign to confirm this information has been reviewed with you:

☐ **I CONSENT** to blood and/or urine collection ☐ **I DECLINE** blood and/or urine collection

Signature of patient _____ Print name of patient _____

Date and Time of Signature: _____

Specimen Collector's Report

I hereby certify that I collected the specimen from the patient: Circle Specimen **BLOOD** **URINE**

Signature of ICN collecting specimen _____ Print name of ICN collecting Specimen _____

Date and Time of specimen collected: _____


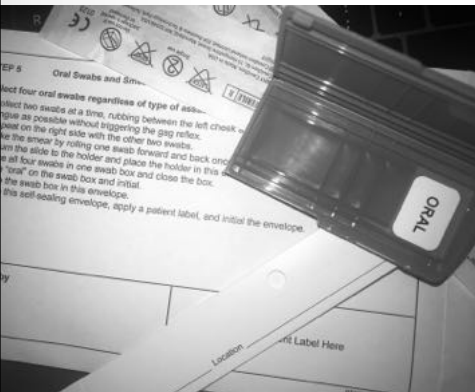
I hereby certify that I witnessed the actual blood draw or collection of urine from the above named individual:

Signature of witness: _____ Print name of witness: _____

Date and Time of witness: _____

Step 4 – DFSA

- Will discover after questionnaire and narrative if DFSA is warranted
- Patient must decide to consent or decline collection
- -Witnessed
- -YOU collect
- -refer to DFSA video
- -signature of collector and witness

Step 5 - Oral Swabs/Smears

- Rub between left cheek/lower gum
- As far back on tongue as possible without triggering gag reflex
- Create smear on slide mount with swab by rolling gently in small area
- Label swab box AND envelope
- CHANGE GLOVES > step6

Step 5 - Oral Swabs/Smears

STEP 5 Oral Swabs and Smear Do Not Put STI Cultures in the Box

Collect four oral swabs regardless of type of assault.

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

RECCH STEPS 1 8/79

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

- 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 1-6/18

Step 7 – Fingernail Swabbing

Initials _____ Location _____

STEP 7 Fingernail Swabbing/Cuttings

1. Sweep 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.
5. Make a note on the envelope that it contains a clipping.
6. 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 _____

REDON STEP 7 1 & 16

Step 7 – Fingernail Swabbing



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 tight, 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 5.
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 seal 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 insert the bag.
7. ***Place this bag in the Sexual Assault Evidence Collection Kit box***

Collected by _____

Place Patient Label Here _____

961

- 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

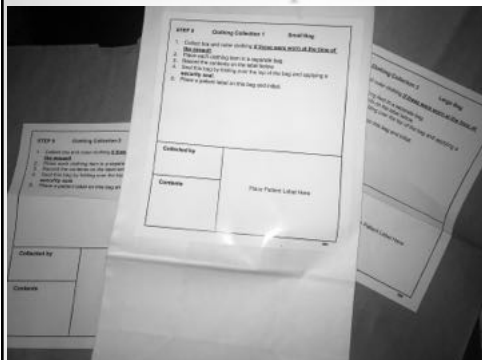
- If patient **DECLINES** to allow underwear collection.....
- Use a dry stain and collect a sample from the area that had **DIRECT contact** with the patient's genitalia
- Change gloves for step 9

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

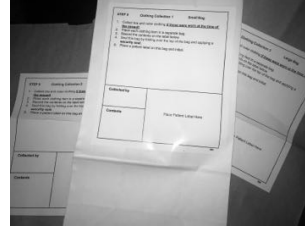
*do not extend arms inside bags (avoid DNA transfer)

Step 9 – Clothing Collection

Clothing worn DURING assault

Collect each item in a separate bag

- Shirt
- Jeans
- Leggings
- Gown

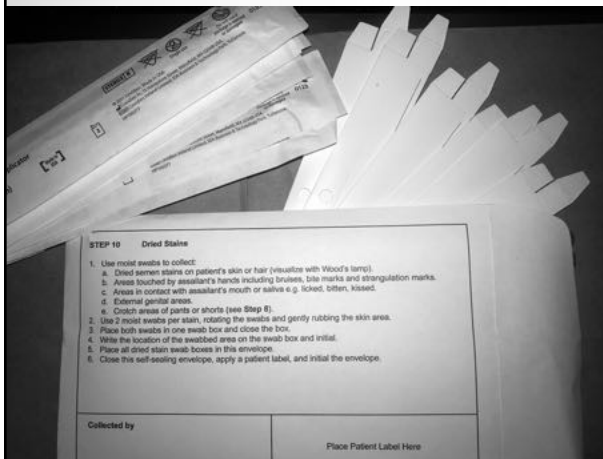


Does NOT go inside kit, these will be separate parcels

*do not shake clothing out do 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.

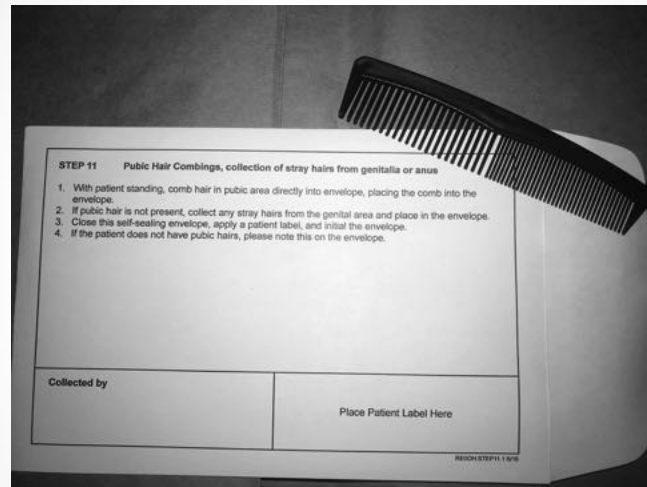
Steps 11, 12, 13 introduced here,
covered more in depth in next videos

11 – Pubic Hair Combing

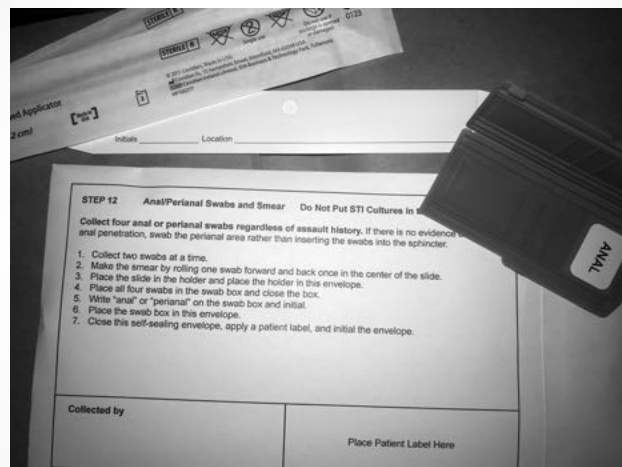
12 – Anal Assessment

13 – Vaginal/Penile Assessment

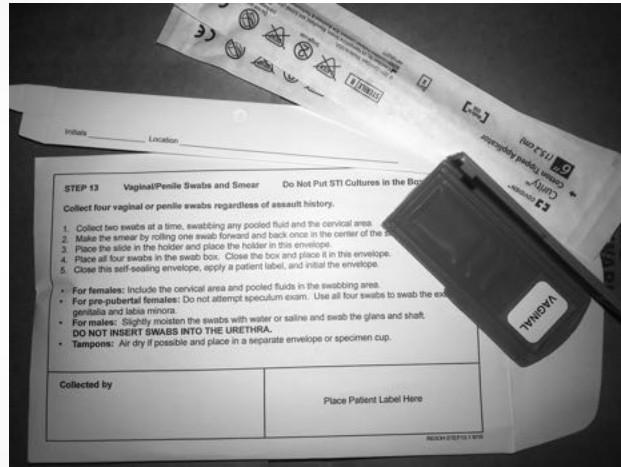
Step 11 – Pubic Hair Combing



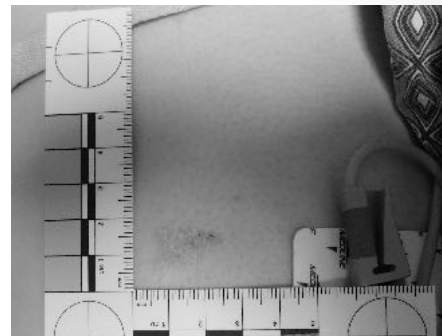
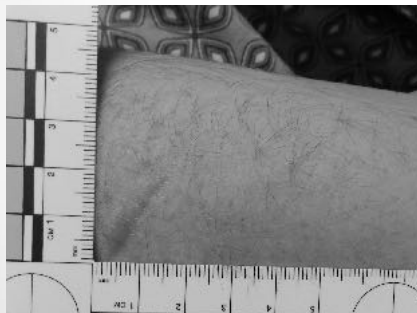
Step 12 – Anal Assessment



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:

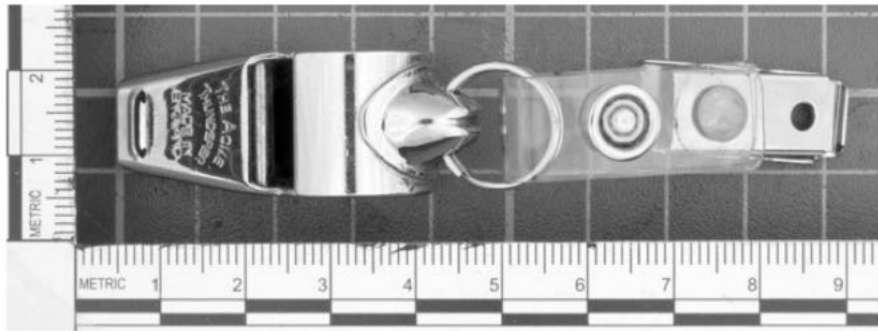
1. Wide angle shot (to capture entire finding and orientation)
2. Close up photos of findings in extreme detail



Step 14– Photography

Methods:

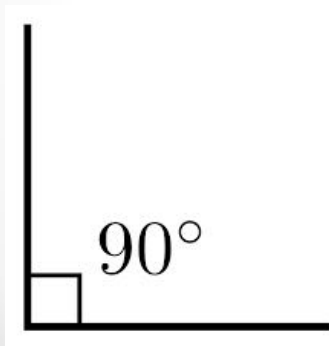
1. Use of forensic measuring tools
2. Use consistent unit of measurement (cm, mm, inches)



Step 14– Photography

Methods:

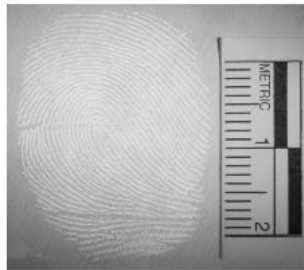
1. ALWAYS use 90 degree angle
2. DIRECTLY over/in front of for photo
3. NEVER take photo at slanted angle – distorts image



Step 14– Photography

Methods:

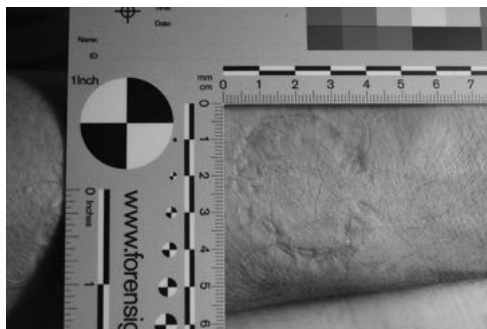
1. ALS (low light photography) if possible
2. CANNOT use flash, takes patience and practice
3. Tip: place camera on surface, do not hold, and press capture button to take image (filter in front of camera lens)



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:

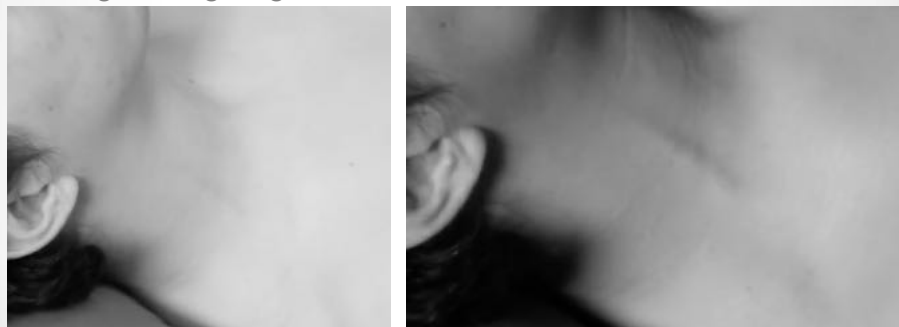
1. NEVER use camera flash
2. Unacceptable! If poor lighting then create additional ambient room light – never use flash



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: _____		
		<input type="checkbox"/> CHECK IF PHOTO OBTAINED

ID Label _____	Pain Scale (0-10): _____	Body Location: _____
Pain Description: _____		
PATIENT Statement: _____		
EXAMINER Comment: _____		
		<input type="checkbox"/> CHECK IF PHOTO OBTAINED

ID Label _____	Pain Scale (0-10): _____	Body Location: _____
Pain Description: _____		
PATIENT Statement: _____		
EXAMINER Comment: _____		
		<input type="checkbox"/> 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: _____	
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> 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 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: _____			

- 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		
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			
			<input checked="" type="checkbox"/> CHECK IF PHOTO OBTAINED

Step 14– Documentation

	<u>0</u> Pain
	<u>0</u> Debris
	<u>0</u> Swabs
	<u>2</u> Findings
	<u>1</u> Other
T = Tattoo	
Anterior	_____ Pt Declined Assessment

Step 14– Documentation

	<u>0</u> Pain
	<u>0</u> Debris
	<u>0</u> Swabs
	<u>2</u> Findings
	<u>1</u> 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 <u>centimeter</u> 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		
			<input checked="" type="checkbox"/> 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



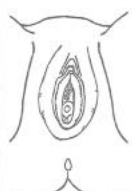

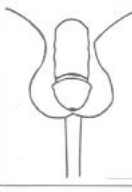

Documentation Type

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

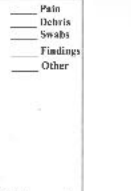
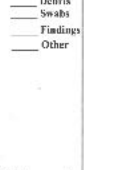

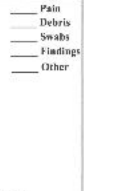
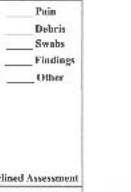
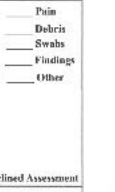
Assault History

 Pt Declined Assessment	 Pt Declined Assessment
 Pt Declined Assessment	 Pt Declined Assessment
 Pt Declined Assessment	 Pt Declined Assessment

RN: _____ **Date:** _____

Indicate the location, shape and type of injury: lacerations, erythema, abrasions, redness, swelling.

Page 4

 Pt Declined Assessment	 Pt Declined Assessment
 Pt Declined Assessment	 Pt Declined Assessment
 Pt Declined Assessment	 Pt Declined Assessment

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:

☐ Direct visualization ☐ Speculum exam ☐ Other

☐ Foley catheter technique ☐ Toluidine blue dye ☐ Woods (or other) lamp

☐ Photography ☐ Colposcope

P = Pain
D = Debris
S = Swab/Dry Stain
F = Findings
O = Other

Right _____ Pt Declined Assessment

Left _____ Pt Declined Assessment

Anterior _____ Pt Declined Assessment

Posterior _____ Pt Declined Assessment

RN: _____ Date: _____

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

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

Step 14– Documentation

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

**Step 14–
Documentation**

Left _____ Pt Declined Assessment

0 Pain
0 Debris
0 Swabs
0 Findings
0 Other


• 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



(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 as you read 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 as 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 change 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 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.

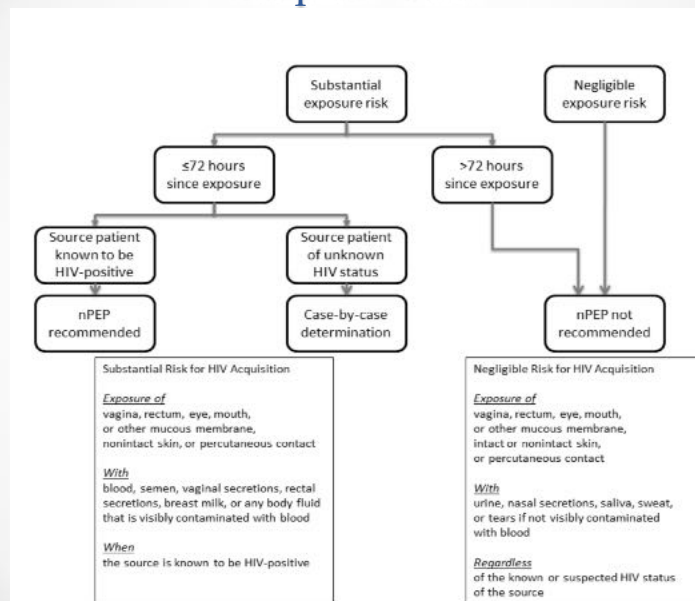
Step 15– HPV

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

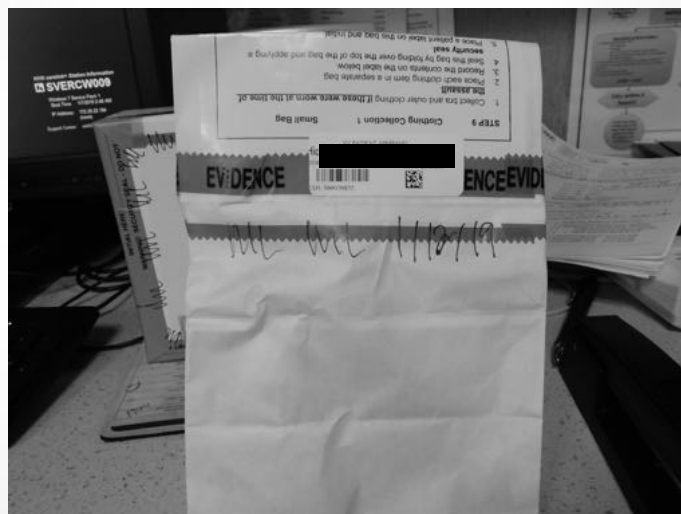
Step 16 – Package.Label.Seal

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

☐ Yes Evidence for drug-facilitated sexual assault also collected (evidence is in the refrigerant/coolant)

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

Clothing Bag 1	Clothing Bag 2	Clothing Bag 3	Clothing Bag 4
<u>Dark colored underwear - female</u>	<u>Underwear</u>		
Clothing Bag 2			

Other: _____

Evidence Reported by: Michelle Lovejoy Montgomery County Jail
Michelle Lovejoy 4/11/2019 1159 Dayton
Report/Referral by: _____ Date and Time: _____

Evidence Reported to: Michelle Lovejoy Dayton Police Dept.
Michelle Lovejoy 4/11/2019 2103
Referral/Referral by: _____ Date and Time: _____

Evidence Reported to: Angela Woody Dayton PD
Angela Woody 4/11/2019 2103
Referral/Referral by: _____ Date and Time: _____

Seal with Evidence Tags — Refrigeration Required —

Logos: Ohio Attorney General's Office, Ohio Department of Public Safety, Ohio Department of Health, Ohio Department of Corrections, Ohio Department of Mental Health and Addiction Services, Ohio Department of Education, Ohio Department of Transportation, Ohio Department of Natural Resources, Ohio Department of Public Safety, Ohio Department of Health, Ohio Department of Corrections, Ohio Department of Mental Health and Addiction Services, Ohio Department of Education, Ohio Department of Transportation, Ohio Department of Natural Resources.

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 present (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 Vaccines: 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

BILLING PROCEDURES FROM YOUR EXAM

Billing Procedures are in accordance with ORC 2907.28. You will not be charged for your forensic exam or the cost of antibiotics administered at the hospital. However, you may receive a bill for other procedures or tests performed at the hospital during your treatment.

Additional charges may include (but not limited to):

- Physician examination (if injuries are present or treatment is provided in addition to the forensic exam)
- Emergency contraception medication
- Serum or urine blood testing
- Post exposure emergency medications and baseline testing (Hepatitis B/HBG/HIV baseline testing)
- Medications administered during treatment (anti-emetics, pain medication, etc)
- Additional testing provided during treatment

To assist with the cost of any additional billing charges for your hospital visit, it is suggested to apply for the Crime Victim Compensation Fund through the Ohio Attorney General's Office. *For additional information regarding the Crime Victims Compensation Program please call 1-800-582-2877*

If you believe there is an error with your hospital billing charges, you may contact SANE of Butler County at 513-889-5435 during 9:00am – 5:00pm, Monday – Friday to assist you.

Follow Up Resources:

Provides free crisis intervention counseling and advocacy for the child and adult sexual assault victims and their families/co-survivors of sexual violence:

Ohio Sexual Violence 24/7 Crisis Hotline	1-844-OHIO-HELP
Butler County Residents	(937) 267-3349 or (513) 887-3430
Brown County Residents	(513) 378-4151
Clermont County Residents	(513) 732-7979 24/7 Crisis Line: (513) 248-4241
Darke County Residents	(937) 547-7380
Fayette County Residents	(740) 335-8033
Greene County Residents	(937) 562-5087 (937) 276-5111 after hours/holidays
Hamilton County Residents	(513) 381-5509
Miami County Residents	(937) 603-8643
Montgomery County Residents	(937) 725-5623
Peeble County Residents	(937) 456-8156
Shelby County Residents	(937) 498-7400
Warren County Residents	(513) 267-3349

Rape Abuse and Incest National Network (RAINN) 1-800-656-HOPE
24 hour computer system that will relay your call to the nearest rape crisis center 1-800-656-HOPE <http://www.rainn.org>

Ohio AIDS Hotline – 1-800-332-2437

Information about confidential free testing for HIV, STD, and Hepatitis <http://ohioaids.org>

Attorney General's Crime Victim Compensation Program 1-800-582-2877 <http://www.ohioattorneygeneral.gov/click-on-services-menu/>

Patient Signature

Examiner Signature

Date

Step 17 – DC paperwork

Pt signs DC paperwork
verifying you reviewed
and patient
understands
recommended FU
care

Step 17 – Patient Referrals

FREE / LOW INCOME CLINICS

Butler County Crisis HHS Center
2 North Main Street, Middletown, OH 45042
Phone: 513-422-8300

Cincinnati Health Network
470 Oak Street, Suite 107
Cincinnati, OH 45219
Phone: 513-561-0600

Family Health Services of Darke County
3732 Market Road
Spartanburg, OH 45331
Phone: 937-241-2864

Lorain Health Health Center
1401 Milton Avenue
Lorain, OH 45032
Phone: 513-857-9025

Neighborhood Health Care
3115 Auburn Avenue
Cincinnati, OH 45219
Phone: 513-221-0940

Southern Hamilton State
41 Carberry Street
Troy, OH 45375
Phone: 937-368-1170

Southern Ohio Health Services Network
400 Eastman Street, Suite 402
Middletown, OH 45042
Phone: 513-278-1180

Western Hills Medical and Health Center
5205 Winwood Avenue
Cincinnati, OH 45212
Phone: 513-737-1813

Ohio Resources



www.planned.org
800.230.PLAN

Center Locations

Cincinnati Surgical Center
513.287.2492
2513 Auburn Avenue | Cincinnati, Ohio 45219

Dayton Health Center
937.236.0700
224 N. Wilkinson Street | Dayton, Ohio 45402

Hamilton Health Center
513.856.6332
11 Jackson Street | Hamilton, Ohio 45011

ML Auburn Health Center
513.387.6484
2314 Auburn Avenue | Cincinnati, Ohio 45219

Springdale Health Center
513.772.2027
200 Northland Boulevard | Cincinnati, Ohio 45216

Springfield Health Center
937.325.7549
1341 North Main Street | Springfield, Ohio 45504

Western Hills Center
513.374.4348
3016 Ferguson Road | Cincinnati, Ohio 45223

STI testing and treatment
(Rapid testing recommended after 1-2 weeks)

Pregnancy testing + all options counseling
(Post 2 weeks)

Emergency contraception
(Within 5 days)

Other services include:

- Annual exam and pap test
- Breast cancer screening
- Birth control services
- HIV testing
(Recommended tested at 6 weeks, 3 months, and 6 months)
- HPV testing
- UPI, vaginal and yeast infection testing and treatment
- Colposcopy
- Abortion services

*Services provided at only some of our health centers

For a full list of center location hours visit: <http://www.plannedparenthood.org>

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	513-753-7281
Butler	*YWCA Dove House	800-619-6523
	*Angel Place Shelter	877-952-6435
		513-422-4433
	*Women Helping Women – Butler County	513-381-5610
Clermont	*YWCA House of Peace	513-753-7281
	*West Side Catholic Shelter	216-631-4141
	*Jewish Family Services Association Project Chai	216-691-7233
Darke	*Shelter from Violence, Inc.	937-548-2020
Fayette	*My Sister's House	740-636-9300
	*Family Violence Prevention Center of Greene County	937-372-4552
Greene	*Greene County Victims Witness Division	937-562-5087
Hamilton	*YWCA Battered Women's Shelter	800-872-9259
	*Rape Crisis & Abuse Center of Hamilton County	
Miami	*Family Abuse Shelter of Miami County	937-335-7148
		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	937-498-7261
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

STEP 16 Chain of Custody Form

Patient Name, Label or ID _____

Items Do NOT count any clothing placed inside the kit
☐ Sexual Assault Evidence Collection Kit
☐ Clothing Bag _____ what type of clothing?
☐ Clothing Bag _____ what type of clothing?
☐ Clothing Bag _____ what type of clothing?

Do NOT count any clothing placed inside the kit
☐ Clothing Bag _____ what type of clothing?
☐ Other _____
☐ DFSA _____
 circle type collected: Blood / Urine / Both

Items Sealed by: When did you seal the kit in preparation for handoff?
 Nurse/Physician—sign _____ Hospital and City _____
 Print _____ Date and Time _____

Items Released by: (Examiner)
 Nurse/Physician—signature _____ SANE of Butler County / Forensic Examiner
 Print _____ Date and Time _____ **Times Must Match

Items Released to: (Agency receiving possession of the kit)
 Law Enforcement—sign _____ Badge/Agency _____
 Print _____ Date and Time _____ **Times Must Match

REC-04 (STEP 16) 1-0115

Chain of Custody

STEP 16 Chain of Custody Form

Patient Name, Label or ID _____

Items Do NOT count any clothing placed inside the kit
☒ Sexual Assault Evidence Collection Kit
☒ Clothing Bag _____ what type of clothing? *gray bra*
☒ Clothing Bag _____ what type of clothing? *red short sleeve shirt*

Do NOT count any clothing placed inside the kit
☐ Clothing Bag _____ what type of clothing?
☒ Other _____ *Detective Packet*
☐ DFSA _____
 circle type collected: Blood / Urine / Both

Items Sealed by: When did you seal the kit in preparation for handoff?
 Nurse/Physician—sign _____ *Michelle Longoria* *UC Hospital / Cincinnati*
 Print _____ Date and Time _____ *5/15/2019 2:26*

Items Released by: (Examiner)
 Nurse/Physician—signature _____ *Michelle Longoria* *SANE of Butler County / Forensic Examiner*
 Print _____ Date and Time _____ *5/15/2019 2:27* **Times Must Match

Items Released to: (Agency receiving possession of the kit)
 Law Enforcement—sign _____ *Hiawatha Hampton* *59 U.C. Health Security*
 Print _____ Date and Time _____ *5/15/19 11:07 pm* **Times Must Match

REC-04 (STEP 16) 1-0115

- Chain of Custody

***NOTE:

Any items INSIDE the kit are NOT counted as a separate parcel

Counted as the "kit" and count is 1

*may include notes on kit contents on detective/crime lab notes

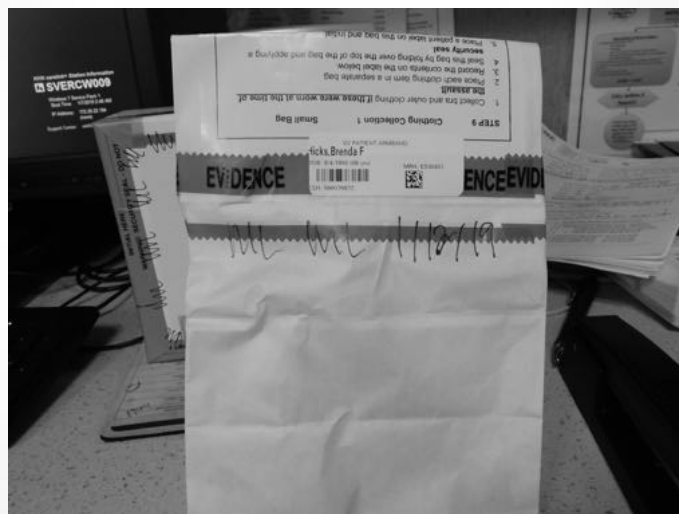
Chain of Custody


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: 513.328.5455 Fax: 1.866.444.7303 Answering Service: 1.850.642.9960

Crime Lab / Detective Notes for Forensic Examination

(Patient ID Sticker Here)

SANE RN Signature Address:
 SANE RN Name _____
 c/o Butler County Sheriff's Office
 7162 Liberty Centre Drive, Suite A
 West Chester, Ohio 45389
or fax to 1-866-444-7303 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 combs: _____	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

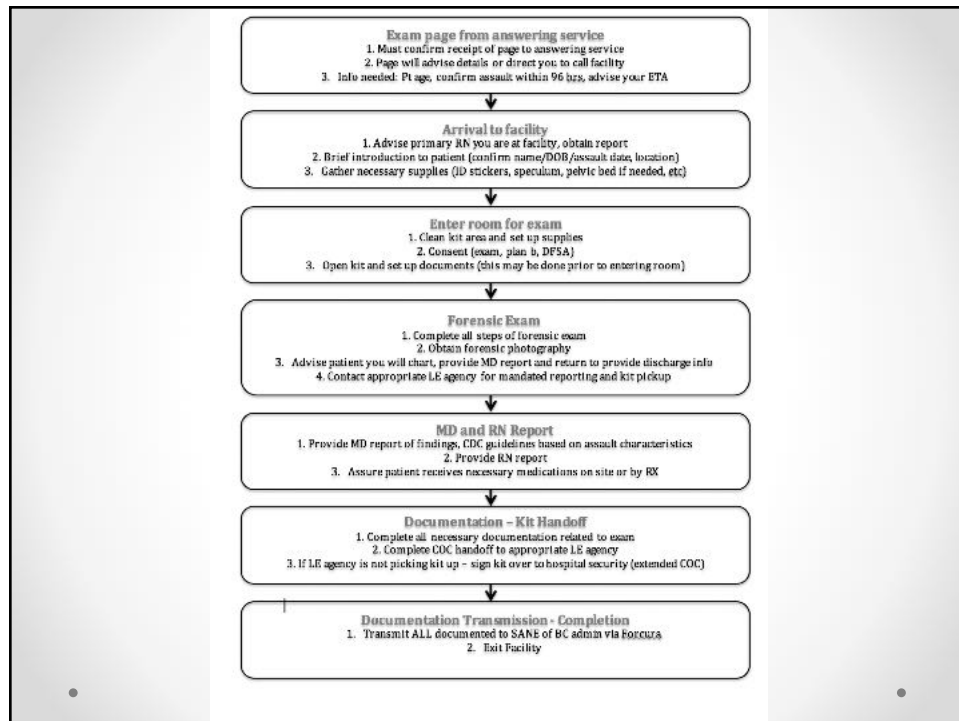
- Initial and date over tape on ALL sides of boxes and bags (parcels)
- Clear photos with no distortion
- Appropriate MD/RN report (must report to BOTH) you are an extension of the PHYSICIAN
- Referral resources for follow up care, crisis lines

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?