



Sexual Assault Forensic Nurse Examination Medical Protocol

SANE of Butler County, Inc.
2019.2 Edition

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Introduction:

The objective of the sexual assault examination is to provide prompt, compassionate and caring medico-legal examination and treatment of patients reporting sexual assault.

This Medical Protocol is to be followed for any employee of SANE of Butler County, Inc. during the forensic examination of patients reporting sexual assault. This Medical Protocol is to be use in conjunction with the Ohio Protocol for Sexual Assault Forensic Examination and SANE of Butler County, Inc. Policy and Procedure Manual.

This protocol is in effect as of January 31, 2019

Section I. - General Principles:

A patient reporting sexual assault who presents to any hospital contracted with SANE of Butler County shall have the following general process steps undertaken by that hospital facility in preparation for the sexual assault examination.

- ◆ The patient will be registered, triaged, and an emergency medical screening examination performed in the normal manner according to that hospital facility's protocols.
- ◆ The hospital will notify SANE of Butler County at 1-800-642-9961 at the arrival of a patient reporting a sexual assault if:
 - (1) the assault has occurred within 96 hours and
 - (2) the patient is 13 years of age or older and/or Tanner Stage IV.
 - (3) A sexual assault nurse examiner will be dispatched to the hospital facility.
- ◆ The answering service will contact the on call SANE to respond to the requesting facility by group text notification.
- ◆ The on call SANE will respond to the answering service within 5 minutes of initial notification to confirm receipt of notification. Answering Service will advise if the SANE must contact the facility for case details or provide case details to the examiner.
- ◆ If the examiner is required to contact the facility to obtain case details, the examiner will contact the facility within 10 minutes of the INITIAL notification from the answering service.
- ◆ The on call SANE will respond to the requesting facility within 60 minutes of notification of request for service or 90 minutes for farther hospitals (as directed by administration). The SANE will adhere to the dress code in accordance with the SANE of Butler County Policy and Procedure manual for response to forensic examinations.
- ◆
- ◆ While the SANE is en route to the facility the following will occur:

- ◆ After triage, the patient optimally will be taken to a private treatment area to begin care and treatment without delay, in compliance with the Ohio Department of Health Sexual Assault Protocol. Ideally the patient should be seen within 15 minutes of arrival to facility.
- ◆ The hospital ED nurse will perform the initial nursing assessment according to hospital's policies, document vital signs, inform the patient of the wait for the SANE nurse, and periodically reassess the patient for injury or illness incidental to or in addition to the reported sexual assault.
- ◆ At any time should the hospital's triage person or ED nurse or other staff member detect injury or illness in the patient, the patient shall be treated by the ED physician, nurses, and hospital medical team as would any similarly ill or injured patient without reported sexual assault. The SANE shall work with the hospital's medical team to ensure quality care and medical assessment along with forensic sample collection.
- ◆ The hospital staff should encourage the patient to avoid eating or drinking prior to SANE arrival.
- ◆ The hospital staff should encourage the patient to refrain from changing clothing including changing into a patient gown prior to SANE arrival.
- ◆ The hospital staff should encourage the patient to refrain from urinating or defecating prior to SANE arrival.
- ◆ The SANE is expected to consult with the ED physician about any unrecognized injuries or illnesses she/he detects at any point during or after the examination of the patient, and about the discharge planning process for the patient.
- ◆ The SANE shall utilize the hospital's sexual assault examination kit which shall be in compliance with the Ohio Protocol for Sexual Assault Forensic Examinations.
- ◆ Employees of SANE of Butler County are to follow the Ohio Protocol for Sexual Assault Forensic Examinations during the course of each exam and include the following procedures for each exam specifically noted herein.
- ◆ The SANE shall conduct each examination without bias of any kind.
- ◆ Upon receiving notification from answering service the on call SANE will contact the answering service for detail information from the requesting medical facility.

- ◆ The SANE will contact the requesting medical facility to notify they are en route to the facility and provide an ETA to the staff. The SANE will make every effort within safety measures to arrive within 60 minutes if possible.
- ◆ The SANE should consider the location of the assault or incident prior to beginning the examination due to Chain of Custody or kit retrieval issues. See Step 1B – Reporting and Chain of Custody for additional information.
- ◆ The SANE shall consider each examination and patient situation to assure the patient is not in immediate danger prior to discharge. If appropriate the SANE shall consult with hospital personnel, social worker, physician or law enforcement to assure patient safety and document accordingly.
- ◆ All work areas shall be sanitized and cleaned with facility provided solutions prior to beginning the examination.
- ◆ The SANE shall perform the forensic examination in appropriate steps to avoid possible psychological or psychosocial trauma. This order is deemed least invasive to most invasive for steps throughout the examination.

Reports of Penetration:

- ◆ It is IMPERATIVE that the forensic examiner perform the examination based on the determination that there is a report from the patient or the medical staff at the facility reporting any type of penetration. ANY type of penetration reported in any manner grants grounds to offer a forensic examination to a patient per Ohio Revised Code. Any type of potential penetration that may have occurred warrants an examination. In the instances that the report of penetration is unknown due to loss of consciousness or DFSA involvement then the examiner should base judgement on performing the exam on reasonable assumption based on the characteristics of the reported incident. Questions on this will be directed to the on call administrator.

Reports of NO-Penetration

- ◆ If there is a clear report of NO-PENETRATION from the patient or medical staff the SANE will contact the SANE of Butler County administrator on call to discuss the details of the exam to determine if a forensic examination is to be continued or not. The SANE performing a forensic examination for no reports of penetration without consulting the admin on call can lead to disciplinary actions. Only the on call administrator can grant permission for the examiner to perform the exam if there is no penetration. This will be determined by the admin on call consulting local authorities for further information (if a perpetrator is in custody, if charges will be pressed against the perpetrator)

Section II. - SANE Arrival to Facility (Pediatric Versus Adolescent/Adult Examination)

Upon the arrival of the SANE, the SANE shall introduce him/herself to the attending physician, the primary nurse caring for the patient, and the patient, review any treatment initiated. The SANE will introduce the advocate from the local Rape Crisis Center and ascertain if the patient desires the advocate present during the examination process. If the patient declines an advocate from the local rape crisis center present during the examination, the SANE will advise the patient he/she has the right to an advocate of her choice, which may include a family or friend.

The SANE is responsible to ensure that the advocate does not interfere with the collection of biological samples or examination process and must indicate to the advocate in what area of the examination room to sit or stand, and when any permissible contact between the advocate and the patient may occur (such as but not limited to holding the patient's hand {after skin examination and nail swabs obtained}, providing a tissue or water to drink {after oral swabs and saliva standards are obtained}).

The SANE shall assess the patient to determine the age of the patient. If the patient is under 15 years of age the SANE shall assess the patient to determine the correct Tanner Stage which is Tanner Stage IV or Tanner Stage V to determine if the patient is applicable to receive a SANE-A examination in accordance with the Ohio Protocol for Sexual Assault Forensic Examinations. The patient must be in Tanner stage IV or V in order to be eligible to receive a SANE Adolescent/Adult examination.

If the patient is not in the applicable Tanner stage for a SANE-A examination, the SANE shall consult with the physician and suggest the patient be transferred to the closest Pediatric facility that has the ability to perform SANE-P exams in accordance with the Ohio Protocol for Sexual Assault Forensic Examinations (see section for additional information regarding minor patients).

The SANE shall inform and explain to the patient the examination in detail and inform the patient that he/she may decline any part of the examination. The SANE shall assess the patient's situation and provide details about the examination pertinent to the situation which may include but not limited to anonymous examination, reporting requirements, potential blood/urine collection. The SANE shall review the patient's medical history information prior to proceeding with the examination. Medical history information should include the following:

- ❖ Individuals accompanying the patient to medical facility
- ❖ Vital signs as warranted
- ❖ Allergies
- ❖ Current medications
- ❖ Acute illnesses
- ❖ Past surgeries (to determine baseline history and findings)
- ❖ Last menstrual period
- ❖ Para / Gravida (to determine patient's baseline cervical/hymen status)
- ❖ Contraception used (including number of missed doses, if any)
- ❖ Height / Weight (for medication administration for facility MD, PA, NP)
- ❖ Family physician (to determine appropriate post-exam treatment)
- ❖ OB/GYN physician (to determine appropriate post-exam treatment)

Section III. Criteria for Forensic Examination

The SANE must assure that the patient meets the criteria for a SANE examination using the following stipulations in accordance with Ohio Protocol for Sexual Assault Forensic Examinations:

1. The assault occurred within 96 hours of SANE notification or arrival.
 - a. If the timeframe of the assault is outside the 96 hour
Then the examiner must have a high index of suspicion that biological samples may still be present (examples may include, but not limited to sedentary positions for extended period of time, held in captivity, unresponsive prior to examination for an extended period of time)

*Executive Director must give approval for **ALL** examinations performed after the 96 hour timeframe prior to performing the examination.*

2. The patient has provided informed consent to the examination and sign Consent on all areas to determine the patient's permissible steps in the exam. If the patient is unable to sign the consent for examination the examiner MUST indicate rationale for signatures not obtained.

If the patient is unable to consent see Step 1A - Authorization and consent in this protocol.

3. The patient is medically stable for the examination
4. The patient is in the correct Tanner Stage (IV or V) for SANE-A examinations in accordance with the Ohio Protocol for Sexual Assault Forensic Examinations.

If the patient meets the criteria above for a forensic examination the SANE will continue with the process of conducting the examination.

Section IV. Special Considerations (Interpreters, Unresponsive Patients)

Consideration about advanced patient needs should be used when performing a forensic examination. Examples of such situations may be but not limited to, language barriers, developmental delays, mental retardation or physical barriers. If specific actions are taken to assure the patient receives the highest standards of care these steps should be documented in the SANE Progress Notes – Form B. Information included such as interpreter service used, language used, name of interpreter.

IV. (a) If the patient presents with severe developmental delays that may effect the mental health or well being of the adolescent/adult patient, transporting the patient to a pediatric facility may be considered. This should be discussed with the ER physician.

IV. (b) Patients presenting with language barriers may be in need of an interpreter. Follow facility procedure to contact an interpreter prior to initiating the examination. If an interpreter is used the SANE must indicate the following information on the SANE report:

- (1) Name of interpreter service
- (2) Name of Interpreter
- (3) Type/style of translation

Special Note: Family members should be avoided to be used as interpreters as this may be a conflict of interest as well as a safety precaution for the patient as the perpetrator may be the family member of the patient.

IV. (c) In the event of a patient that may be obtunded or unresponsive the examination should be deferred until the patient regains the ability to provide informed consent. A warrant can be executed by law enforcement to perform the exam. Executive Director will be contacted to seek assistance on the situation. A DFSA should be considered to be performed if the patient presents with an altered mental status in any way and is unable to give additional information to the SANE RN if there is a clear history of assault.

Special consideration for unresponsive/obtunded patients that exceed the 96 hour timerame is granted by the on call administrator only. Per the Ohio Attorney General's office, the 96 hr window may be extended for this patient population. In summary this can only occur with approval by the SANE of Butler County on call administrator.

Section V.

Instructions for completing the Forensic Examination

The Sexual Assault Forensic Examination shall be performed in accordance with the Ohio Protocol for Sexual Assault Forensic Examinations. Each step of the examination shall be conducted in the order listed in the protocol with exception to modification of the order of steps due to patient conditions or medical situations that may present during the process.

If the order of steps of the examination are changed due to certain situations this must be documented on the SANE chart anywhere on Forms 1 through 4 of the Ohio Department of Health Kit paperwork. Although order of procedural steps may change if the patient condition requires it, each procedural step must be in compliance with the Ohio Protocol and performed/collected in accordance.

Step 1.A – Authorization and Consent

A. Informed Consent

The SANE shall obtain informed consent from the patient utilizing the consent for Medical Forensic Examination. All aspects of the form shall be explained to the patient. This form shall be witnessed by the SANE with a signature of the SANE, patient and dated where indicated. If the patient is a minor and the parent is present, the SANE shall have the parent or legal guardian of the patient sign and date where indicated unless:

- (1) The parent is the suspected perpetrator of abuse reported
- (2) The parent declines to sign the Consent for Examination

A minor patient has the authority to consent or decline a forensic examination. If a parent is present with the minor patient and persistent that the minor patient undergo a forced examination the SANE should note that a forensic examination CANNOT be forced onto a minor patient. The minor patient must provide consent for the examination. Furthermore the SANE should contact administration on suggestions on how to proceed further.

B. Obtaining general consent on forms

1. The SANE shall also obtain informed consent on the General Consent and have the patient sign the general consent form provided by SANE of Butler County. The general consent form found inside the SANE kit is to be DISCARDED due to our agency utilizing a revised consent form that contains multiple aspects of information. The revised form from SANE of Butler Co is the general consent that includes legal language approved by the SANE of Butler Co legal council. The Form A – General Consent form will be permanently located on the Employee Gateway for employees to access as well as on any electronic media used for forensic examinations.

2. The SANE will review each section of the general consent with the patient and have the patient initial each individual section they consent to. If the patient does not provide informed consent for a specific section the SANE will omit this portion of the examination.

3. Under ANY circumstance that the patient is unable to provide informed consent including but not limiting to being unresponsive, developmental delays, dementia, impairment, the SANE will not proceed with the exam until the next of kin, legal guardian or POA is contacted to provide informed consent to proceed with the examination. In this circumstance the SANE will obtain verbal or written consent from the next of kin, legal guardian or POA. EACH section on the consent will be

reviewed with the assigned person to determine which part of the exam they consent to. The SANE will indicate this on the consent form. In accordance with industry standards it is required for a second healthcare professional to review this information with the next of kin, legal guardian, or POA to verify informed consent has been obtained and each party witnessing this will sign and date the consent form. Clear indication of the name of the person and title/relationship providing informed consent will be written on the consent form.

C. Reporting consent

1. The SANE will review the mandatory reporter information with the patient and have the patient initial.
2. If the patient is 18 years of age or older the SANE will discuss the option for the patient to speak with law enforcement or not speak with law enforcement. The Patient will initial ONLY IF THEY ARE 18 YEARS OF AGE OR OLDER, whether they want to speak with law enforcement or not. This option is ONLY for patients 18 years of age or older. Minor patients do not have the option to NOT speak with law enforcement in the state of Ohio.
3. If the patient chooses to not report as well as chose the option of an anonymous examination the SANE will omit the Form A – General Consent and utilize the Form Z – Anonymous Exam Consent. The SANE will instruct the patient to sign and initial in all applicable places.
4. The SANE will refer to the Ohio Department of Health Protocol for Sexually Assaulted Patients to discuss the reporting options with patients. This information is further discussed in Step 21 of this protocol and below.

Evidence Collection Adults 18 years and older

Evidence Collection with Police Involvement	Evidence Collection without Police Involvement	Anonymous Reporting
<ul style="list-style-type: none"> •Have patient sign consent •Provide medical assessment and offer prophylaxis •Provide evidence collection per ODH protocol •Contact Law Enforcement to take a report •Patient name provided on paper work included in ODH approved evidence collection kit and on box. 	<ul style="list-style-type: none"> •Have patient sign consent •Provide medical assessment and offer prophylaxis •Provide evidence collection per ODH protocol •Patient name provided on paper work included in ODH approved evidence collection kit and on box •Provide patient with non-emergency number for law enforcement and explain that if the patient does not hear from LE, then patient must contact LE •Contact Law enforcement to retrieve evidence collection kit 	<ul style="list-style-type: none"> •Have patient sign Anonymous report consent •Provide medical assessment and offer prophylaxis •Provide evidence collection per ODH protocol •Patient name is to be omitted on ALL paperwork included in ODH approved evidence collection kit and box and replaced with numeric identification specifically assigned to patient •Provide patient with identification number and non-emergency number for law enforcement. Explain to patient that it is their responsibility to contact law enforcement to make a report regarding the assault •Explain to patient that evidence collection kit may be tested by a crime lab •Contact law enforcement to retrieve evidence collection kit

Step 1.B – Reporting /Chain of Custody/Evidence Retrieval

It is the responsibility of the SANE performing the examination to perform the appropriate reporting for that examination. In the event of a deferred examination the SANE shall consult with the respective medical facility and assist personnel with reporting procedures.

Reporting may be made (but not limited to) law enforcement, child protective services, adult protective services, ombudsman, Ohio Department of Health or other agencies. (see below):

MANDATED REPORTING WILL BE PERFORMED IMMEDIATELY FOLLOWING OBTAINING THE CONSENT FOR FORENSIC MEDICAL EXAMINATIONS

18. (a) Law Enforcement:

- The SANE performing the examination shall report the assault, rape or other crime to the appropriate law enforcement entity where the patient reported the crime occurred. If the patient does not know the exact location of the incident, the SANE shall investigate further into the general area of the incident for appropriate reporting purposes. If an exact location is not determined and jurisdiction is questions, consult with the County Sheriff's Office. It is the SANE's responsibility to contact the respective law enforcement agency for reporting and kit retrieval. The SANE shall NOT request hospital personnel to contact the law enforcement entity on their behalf. It is the responsibility of the SANE to contact the receiving law enforcement entity to report the incident as a mandated reporter. The SANE shall use the provided list of law enforcement agency phone numbers that has been provided in their examination manuals. In the event that the SANE requires additional telephone numbers for law enforcement agencies, the SANE shall contact the county sheriff's office to request a telephone number lookup of the other agency.
- In the event that the patient is Wright-Patterson Air Force Base personnel or the crime occurred on the base, or the reported perpetrator was WPAFB personnel, the SANE shall additionally also contact the Office of Special Investigations (OSI) at 1-937-257-6516 to determine jurisdiction of the SANE kit and report the incident.
- Note: When turning over materials to law enforcement the SANE shall provide law enforcement a copy of materials collected during the

examination, which include (but not limited to) SANE kit, DFSA kit, case documentation, articles of clothing/linen, or other items. The SANE shall enclose all case documentation inside a manila envelope.

- The SANE shall include inside the envelope all documents and photographs related to the examination unless the case is a Jane Doe/Anonymous/Restricted examination. The SANE shall include the Detective Notes (Form W) to relay any pertinent information regarding the examination. The SANE shall include his/her business card with contact information for every examination inside the envelope. The SANE shall place a patient identification sticker on the outside of the envelope to identify the documents with the appropriate materials turned over to law enforcement. The SANE shall write legibly on the outside of the envelope "Detective Copy" in large print on the front of the envelope. The SANE shall enclose all examination documents in a manila envelope and seal the envelope with evidence tape/sticker and initial the evidence tape/sticker across the entire back of the envelope. The SANE shall initial the evidence tape/sticker assuring his/her initials overlap onto the envelope

• **SPECIAL PROCESS FOR CINCINNATI POLICE DEPARTMENT JURISDICTION:**

- 1. Facility will notify the SANE of Butler County answering service of a response request**
- 2. SANE of Butler Co Answering Service will contact the on call SANE/Forensic Examiner**
- 3. SANE will return phone call within 5 minutes to facility to provide ETA and confirm information related to the patient PRIOR to response to facility, including:**
 - a. Age of the patient (to assure 13 years of age or older)
 - b. Time/date of assault (to be sure within 96 hours)
 - c. Location of assault, as specific as possible (address/cross streets/landmarks)
 - d. Does the patient want to speak to Law Enforcement at this time?
- 4. University of Cincinnati Medical Center process is as follows:**
 - a. The UCMC social worker will assess if the patient chooses to engage or speak to Law Enforcement

- b. If the patient chooses to speak to Law Enforcement when asked by UCMC Social Worker prior to SANE response, the UCMC Social Worker will contact the appropriate Law Enforcement Agency and log the personnel contacted and time of contact.

This will serve as the required mandated reporting for all parties. The SANE will obtain this information on arrival to hospital from the UCMC Social Worker to log onto the Forensic examination record.

- i. Assaults within the Cincinnati PD jurisdiction will be reported to the Personal Crimes Supervisor by contacting Personal Crimes at 513-352-3542 and asking which supervisor is currently working or on call. Mandated reporting will be performed with the working or on call Personal Crimes Supervisor.
 - ii. Personal Crimes Supervisor will be advised that the patient does want to engage or speak to Law Enforcement at this time
- c. If the patient chooses NOT to speak with Law Enforcement when asked by the UCMC Social Worker prior to SANE response, the SANE will confirm this decision immediately upon arrival with the patient PRIOR to proceeding with the examination to allow appropriate response time for Law Enforcement if the patient changes their decision.

Anonymous Exams:

- i. Regardless of the Law Enforcement Agency jurisdiction if the patient is requesting an Anonymous examination the mandated reporting will be performed upon the conclusion of the forensic examination to allow the patient time to be discharged from the medical facility to allow true anonymity prior to law enforcement pick up of the SAECK.

All other exams:

- ii. Law Enforcement notification and mandated reporting will still be made prior to proceeding with the forensic examination.

The SANE will advise law enforcement the patient's decision at that time to speak or engage to law enforcement and an estimated ETA of the conclusion of the examination to allow law enforcement appropriate time to respond to facility for prompt kit.

The SANE will log the personnel name, title and date/time of communication for mandated reporting.

- iii. Assaults within the Cincinnati PD jurisdiction will be reported to the Personal Crimes Supervisor by contacting Personal Crimes at 513-352-3542 and asking which supervisor is currently working or on call. Mandated reporting will be performed with the working or on call Supervisor.

Lieutenant Craig Gregoire (513)6336500
Sergeant Dave Simpson (513)678-2067
Sergeant Lakisha Gross (513) 289-5989
Sergeant Jennifer Jones (513) 478-0965

5. Response to all other SANE of Butler County contracted facilities:

- a. Upon initial callback to facility the examiner will obtain if the patient chooses to speak to Law Enforcement the SANE will contact the appropriate Law Enforcement Agency immediately PRIOR to response to the facility and log the personnel contacted and time of contact. The SANE will advise the Law Enforcement Agency that the patient DOES wish to speak to law enforcement at this time. This will serve as the required mandated reporting for all parties.
 - i. Assaults within the Cincinnati PD jurisdiction will be reported to the Personal Crimes Supervisor by contacting Personal Crimes at 513-352-3542 and asking which supervisor is currently working or on call. Mandated reporting will be performed with the working or on call Personal Crimes Supervisor.
 - ii. Personal Crimes Supervisor will be advised that the patient does want to engage or speak to Law Enforcement at this time
- b. If the patient chooses NOT to speak with Law Enforcement the SANE will confirm this decision immediately upon arrival with the patient PRIOR to proceeding with the examination to allow appropriate response time for Law Enforcement if the patient changes their decision.

Anonymous Exams:

- i. Regardless of the Law Enforcement Agency jurisdiction if the patient is requesting an Anonymous examination upon SANE arrival the mandated reporting will be performed upon the **conclusion** of the forensic examination to allow the patient time to be discharged from the medical facility to allow true anonymity prior to law enforcement pick up of the SAECK.

All other exams:

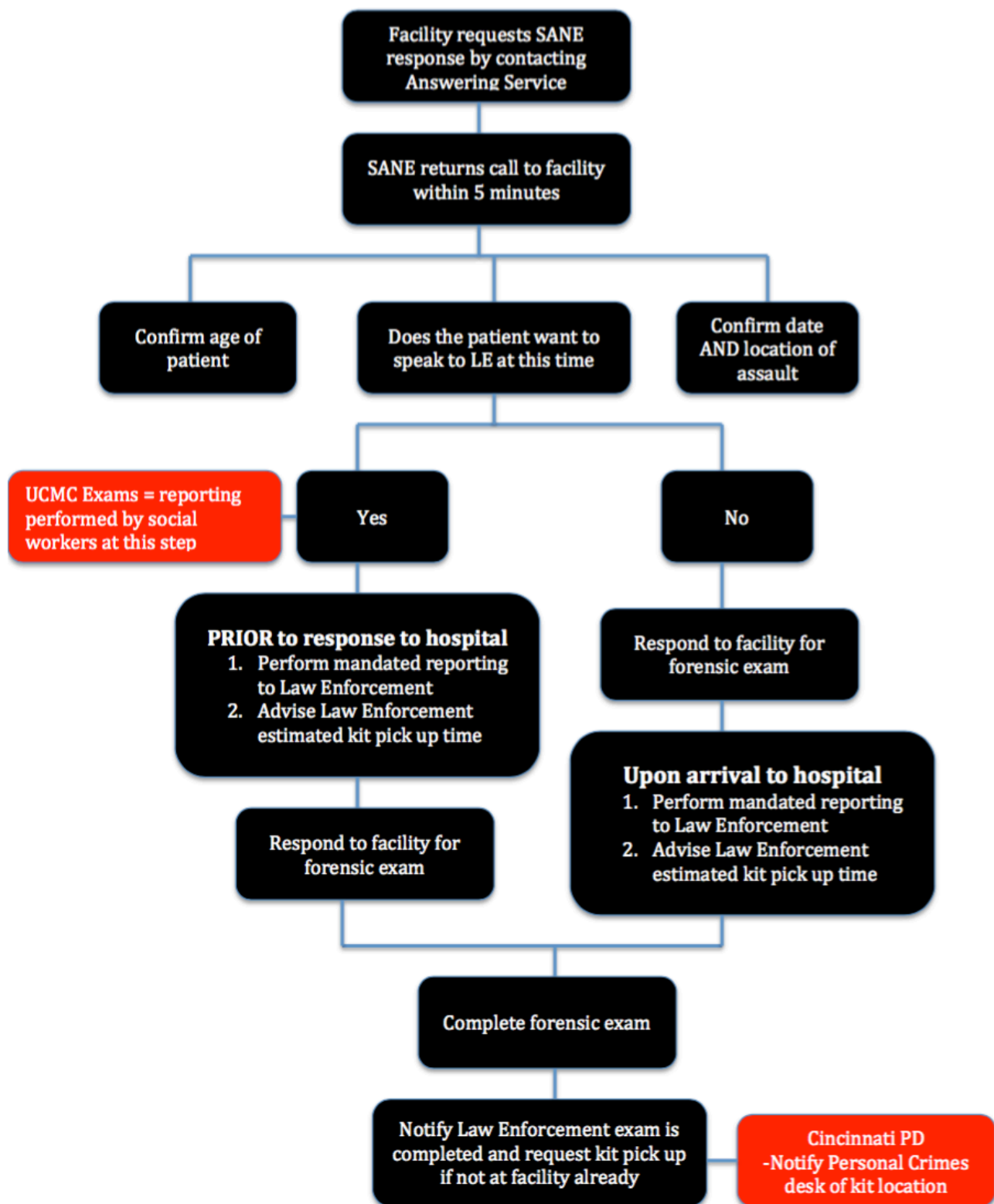
- ii. Law Enforcement notification and mandated reporting will still be made prior to proceeding with the forensic examination. The SANE will advise law enforcement the patient's decision at that time to speak or engage to law enforcement and an estimated ETA of the conclusion of the examination to allow law enforcement appropriate time to respond to facility for prompt kit pickup. The SANE will log the personnel name, title and date/time of communication for mandated reporting.
- iii. Assaults within the Cincinnati PD jurisdiction will be reported to the Personal Crimes Supervisor by contacting Personal Crimes at 513-352-3542 and asking which supervisor is currently working or on call. Mandated reporting will be performed with the working or on call Supervisor. The SANE will advise the patient's decision at that time to speak or engage to law enforcement and an estimated ETA of the conclusion of the examination to allow law enforcement appropriate time to respond to facility for prompt kit pickup.

Lieutenant Craig Gregoire (513)6336500
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Sergeant Jennifer Jones (513) 478-0965

6. Upon completion of the forensic examination the SANE will follow protocol for kit handoff to the appropriate personnel.

- a. For all other law enforcement agencies the SANE will contact the appropriate communications/dispatch and advise any further pertinent information related to the exam or kit location and request kit pick up by law enforcement
 - i. For all completed SAECKs that are property of Cincinnati PD, the SANE will contact personal crimes desk at 513-352-3542 to advise the location of the kit and log the personnel name and title that the examiner spoke with along with the date/time of communication.

SEE FOLLOWING PAGE FOR FLOWCHART SUMMARY



18. (b) Chain of Custody:

- The SANE performing the examination shall continue the Chain of Custody for the kit at all times awaiting law enforcement arrival to retrieve items. The SANE shall NEVER leave the kit or additional articles collected during the examination alone at any time. The SANE shall not have hospital personnel assume possession of the kit (with exception of hospital security or campus police if applicable post examination). The SANE shall only leave packages for law enforcement retrieval with Campus Police or Hospital Security if the personnel are designated law enforcement, or OPOTA (Ohio Peace Officer Training Academy) graduates who are trained in evidence handling and chain of custody matters.
- The SANE shall make EVERY effort to avoid turning over materials to Campus Police or Hospital Security. It is the responsibility of the SANE to assure all examination materials are turned over to the proper authorities. The SANE shall ONLY leave the materials in possession of Campus Police or Hospital Security in the event that the receiving agency is detained and will be an extended period of time (one hour or more) to arrive to the facility. The SANE should consider geographic response times for kit retrieval by law enforcement in deciding when to contact the agency for kit retrieval. It is suggested that entities with an increased response time should be contact immediately or prior to beginning the examination after consulting with the patient. Rationale for this is due to critical information pertaining to the examination not properly disseminated to the receiving law enforcement agency.
- In the event that the SANE leaves the kit in possession of hospital security or campus police, the SANE shall affix an extended chain of custody sticker to the bottom of the SANE kit. This allows additional room for campus police/hospital security to sign the kit over to the receiving law enforcement agency. In the event that the SANE collects a DFSA kit, the SANE shall affix an extended chain of custody page to the original chain of custody form that is to be completed and signed by the receiving agency. This allows additional room for campus police/hospital security to sign the kit over to the receiving law enforcement agency.
- Note: The SANE shall use the Dayton Police Department extended chain of custody for all DFSA kits that are jurisdiction of Dayton Police Department. If the jurisdiction is any department other than Dayton PD the SANE shall affix the customary extended chain of custody form (Form E) to the original chain of custody.
- The SANE shall complete the Chain of custody upon surrendering the kit and additional articles to the appropriate law enforcement entity. The entire Chain of Custody is to be completed according to policy and procedure prior to transfer of care of materials is given to law enforcement. The original

Chain of Custody signed is to remain with the patient's medical record. Law enforcement is to receive a copy of the Chain of Custody.

- If multiple attempts have been made to contact law enforcement unsuccessfully the SANE shall contact the Executive Director.
- In the event that the assault or incident occurred out of state or in a jurisdiction location that may prohibit or delay the appropriate law enforcement or investigative entity from kit retrieval the SANE shall:
 - ❖ Contact the area Sheriff's office to assume custody of the kit and materials
 - ❖ Contact the local police jurisdiction to assume custody of the kit and materials
 - ❖ Contact the on call admin immediately
- If a law enforcement entity declines to assume custody of the kit and materials on behalf of another agency or entity the Executive Director should be contacted immediately.

Note:

There may be situations that clear location of the crime occurred in. If this occurs and there is a dispute over geographic location of the incident, the county agency of where the crime occurred in shall be contacted to assume custody of the kit.

18. (c) Child Protective Services:

The SANE will note the following information related to discussion of the examination with any minor patients:

Evidence Collection Minor 17 years and younger

Requests evidence collection	Declines evidence collection
<ul style="list-style-type: none"> • Explain mandatory reporting and contact law enforcement and CPS • Explain mandatory parental notification • Sign consent for evidence collection provide medical assessment and offer prophylaxis • Provide evidence collection per ODH protocol 	<ul style="list-style-type: none"> • Explain mandatory reporting and contact CPS • Explain mandatory parental notification • Provide medical assessment and offer prophylaxis

- The SANE performing the examination shall initiate a report to the appropriate Child Protective Service or agency for minor patients when appropriate.
- If initiation of reporting is made to Child Protective Services the SANE must complete the Minor Children's Services Reporting Packet for the appropriate county in accordance with SANE of Butler County Policy and Procedure Manual. Telephone communication for reporting must be initiated prior to the SANE departing from the facility. The SANE shall then fax through the HIPAA complaint EFax application, the completed CPS packet along with the SANE examination chart to the corresponding Children's Protective Services entity. All documents will be submitted via facsimile through the secure application EFax.com. In the event that the EFax.com application is not functioning properly the SANE shall submit all required documents via standard facsimile.

- Examination Progress Notes (Form G) AND Minor Examination Progress Notes (Form H) shall be completed for all minor examinations.
- The SANE shall consider the following prior to reporting in accordance to Ohio Department of Health minor reporting guidelines:
- A report of sexual abuse may be required when minors engage in consensual sexual activity. Under Ohio Law, the need to report is based upon the ages of the participants, any history of force, misuse of authority, as well as other issues. Due to a high risk for abuse, a sensitive assessment for sexual abuse is indicated when evaluating young sexually active adolescents.
- When evaluating children for possible sexual abuse, obtain a history of the sexual activity, the age of the child's partner(s), any history of force or coercion and identify the relationship between the patient and partner(s) (i.e., authority figure, relative, etc.).
- The section below is a guideline for reporting sexual abuse when patients describe consensual sexual activity.

Patient Age 12 or younger

Children under 13 years old cannot legally consent to sexual activity in Ohio. All children under 13 who report consensual sexual activity must be screened for sexual abuse.

File a report of sexual abuse if:

- ❖ The sexual partner is 13 years old or older.
- ❖ The sexual partner used force or coercion.
- ❖ The sexual partner misused their authority (i.e., baby sitter, coach, boss, pastor, teacher, etc).
- ❖ There is a significant difference in maturity levels between the patient and the sexual partner (i.e., victim is mentally retarded or there is a large difference in ages).
- ❖ There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.).

Age 13, 14, 15 years

File a report of sexual abuse if:

- ❖ The sexual partner is four or more years older than the patient. The sexual partner used force or coercion.
- ❖ The sexual partner misused their authority (i.e., parent or authority figure) .
- ❖ There was a significant difference in maturity levels between the patient and sexual partner (i.e., victim is mentally retarded).
- ❖ There was mental or cognitive impairment (i.e., developmental delay, intoxication) rendering the person unable to consent.

- ❖ There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.)

Consider reporting if:

- ❖ The sexual partner is over the age of 18 but less than 4 years older than the patient. In this situation, the police might charge the partner with the corruption of a minor.
- The decision NOT to report consensual sexual activity may be considered when:
- There is less than four years age difference, a thorough history eliminates the above criteria, and the parent and child agree not to file a report. The guidelines above may not prove applicable in all situations. Professional judgment must be used. In 13, 14 and 15 year olds, abuse may be present even when the age difference between partners is only 2-3 years. The professional must carefully assess the situation before deciding against reporting and may want to seek consultation with the child abuse team or with the police jurisdiction.

Age 16 or Older

- Sixteen is the age of consent in Ohio for sexual relations (O.R.C. 2907.04).
- However, if the girl is 16 and her partner is 18 or older, a parent can file charges with Juvenile Court prosecutors. The misdemeanor charge would be contributing to the unruliness or delinquency of a minor. In this situation, you would not file an abuse report. When interviewing an adolescent, be alert for issues of force, coercion, deception, identify the relationship of the sexual partner (relative, authority figure, etc.) and history of physical or mental impairment (such as intoxication or drugs). When these factors are present, a report of sexual abuse should be made.
- When initiating a report to Child Protective Services refer to the SANE of Butler County Policy and Procedure Manual for appropriate steps in completing all documentation, paperwork and reporting procedures. This includes a phone call placed to the agency, along with completing the Reporting Packet and faxing all documents to the appropriate child protective agency.

Unwilling Minor:

- If an unwilling minor is presented for a sexual assault exam by a parent or guardian, the exam should not be conducted unless the minor agrees to:

submit to the exam without necessity of restraints or sedation; and after discussion with the health care provider who will be conducting the exam. If the parent or guardian presents a court order for a forceful examination, consultation should be made with Executive Director immediately prior to proceeding with examination.

18. (d) Adult Protective Services:

- The SANE performing the examination shall initiate reporting to adult protective services when indications or signs of abuse or neglect are present. If reporting is indicated the SANE shall initiate the report to the appropriate entity prior to departure from facility. If initiation of reporting is made to Adult Protective Services the SANE must complete the Adult Protective Services Reporting Packet for the appropriate county in accordance with SANE of Butler County Policy and Procedure Manual. Telephone communication for reporting must be initiated prior to the SANE departing from the facility. The SANE shall then fax the completed APS packet along with the SANE examination chart to the corresponding Adult Protective Services entity. All documents will be submitted via facsimile through the secure application EFax.com. In the event that the EFax.com application is not functioning properly the SANE shall submit all required documents via standard facsimile.
- If reporting is unable to be completed before departure of the facility, the SANE must document reason for non reporting and must notify the Executive Director immediately.

The examiner shall proceed to step 2

Step 2 – Medical History

The SANE shall review the patient's medical history information prior to proceeding with the examination. Medical history information should include the following:

- ❖ Individuals accompanying the patient to medical facility
- ❖ Vital signs as warranted
- ❖ Allergies
- ❖ Current medications
- ❖ Acute illnesses
- ❖ Past surgeries (to determine baseline history and findings)
- ❖ Last menstrual period
- ❖ Para / Gravida (to determine patient's baseline cervical/hymen status)
- ❖ Contraception used (including number of missed doses, if any)
- ❖ Height / Weight (for medication administration for facility MD, PA, NP)
- ❖ Family physician (to determine appropriate post-exam treatment)
- ❖ OB/GYN physician (to determine appropriate post-exam treatment)

This information will be used to guide the forensic examination. The SANE shall also relay this information to the physician during report at the conclusion of the examination.

The examiner shall proceed to step 3

Step 3 – Assault/Abuse History Form

Step 3 may be completed with the investigative law enforcement entity present to avoid patient telling the story repeated times to reduce the potential for increased physiological trauma. This can only be done if the patient consents to this procedure. The SANE shall use Step 3 of the Assault Abuse History form found inside the Ohio Department of Health Evidence Collection Kit to record the patient's answers. This form shall include the Patient Information as well as the assault/abuse history. The SANE shall ask each question on the form and record the patient's answers accordingly. If the patient adds any additional comments with the answers the SANE shall document those answers using exact quotes and indicating the remarks with quotations on Page 1 and Page 2. Language that the patient uses should not be paraphrased or cleaned up in any way. Documentation should be written verbatim to the patient's answers or statements given to the SANE.

Once the Assault/Abuse History Step 3 – Page 1 is completed the SANE shall print and sign the form where indicated. The SANE shall also print the name of the Hospital/Facility where examination is being conducted and City of the facility where indicated. The SANE shall write legibly on the form using only black ink. . A patient identification sticker shall be placed on the original of the form. Questions for the Assault/Abuse History Page 1 shall include:

- ❖ Time, date and place of the assault.
- ❖ Date and time of the exam.
- ❖ Sex, number and relationship of assailant(s), if known.
- ❖ Was the assailant injured or bleeding?
- ❖ Type of penetration, if any.
- ❖ Indicate places on the body that were kissed, bitten, licked, sucked or any other oral contact.
- ❖ Did assailant use lubrication such as saliva on any part of the body?
- ❖ Did the patient douche, change clothes, bathe, urinate, defecate, vomit, brush teeth, rinse mouth, etc. since the assault?
- ❖ Was patient menstruating at time of assault? At time of exam?
- ❖ Was a tampon present at time of assault? At time of exam?
- ❖ Was a condom used?
- ❖ Has there been consensual sexual activity within 96 hours?
- ❖ Description and condition of clothing (e.g. torn, dirty, bloody, etc.)

The SANE shall continue to Step 3, Page 2 of the Assault/Abuse History and proceed to the forensic interview with the patient. The primary purpose of this interview is to record the patient's account of the assault events and utilize this information as a guide for the remaining forensic examination and assessment.

Exact words that the patient states to the SANE shall be documented. An explanation of the purpose for the Forensic Interview should be explained to the patient. The SANE shall indicate to the patient that extreme detail is needed if the patient remembers the events of the reported assault. The SANE shall not in any way lead the patient or persuade the patient to make statement. The SANE may ask unbiased questions during this process in order to obtain additional detail of events. The sole purpose of the fact finding interview is to assist the SANE in locating potential injuries and areas that may need a focused assessment and/or treatment as well as locations of potential biological or trace samples that may be collected. The SANE shall not include in the written narrative events that are not pertinent to the assault. Examples of this may include actions taken by the patient prior to the assault unless this information may aid the SANE in assessment, identification or treatment of injuries or collection of biological or trace samples.

The forensic interview will contain direct statements from the patient therefore the SANE shall use quotations to indicate this. If the examiner is using paper documentation then additional blank progress notes (Form B) may be used if needed. If additional forms are needed they should be labeled as Page Step 3.A, Step 3.B, Step 3.C and continued if needed. At the end of the forensic interview/narrative the SANE shall indicate the end of the patient statement with end quotation marks. The SANE should sign and date each page of the Assault/Abuse History narrative. General marks should be made on the paper at the end of the written narrative statement to avoid additional addendums to the narrative.

If the patient adds to the forensic interview after the completion of Step 3 - Page 2, the SANE should indicate the addendum on a blank progress note (Form B) and shall indicate that the form is an addendum to the original narrative taken.

The SANE shall note on Step 3 - Page 2 of the Assault/Abuse History form the general appearance of the patient where indicated. The SANE shall use nursing language as appropriate and avoid biased language in any way. The SANE shall indicate type, and disposition of patient's clothing in the section as well.

The SANE shall note on Step 3 - Page 2 of the Assault/Abuse History form the emotional status of the patient. The SANE shall use nursing language as appropriate and avoid biased language in any way.

The SANE shall affix a patient identification sticker to this page along with the SANE signature, and date at the bottom of the page.

Once Step 3 is completed the SANE shall continue to Step 4.

Step 4 – DFSA Blood/Urine

4. (a) There has been an increase in the use of some drugs to render a person incapacitated and more susceptible to sexual assault. Some of these drugs are available over-the-counter. Ingestion of drugs can result in a loss of consciousness and an inability to resist. Some drugs cause memory loss and incapacitation. Many victims of drug-facilitated sexual assault (DFSA) may not remember the assault itself.

It is important during the interview that the examiner assesses the possibility of a DFSA. Memory loss, dizziness, drowsiness, confusion, impaired motor skills, impaired judgment or reduced inhibition during the interview or reported at the time of the assault may indicate the unintentional ingestion of Rohypnol, GHB, or other drugs. Some symptoms may still be present when the patient is speaking with you.

Should the law enforcement agency investigating the reported sexual assault request or demand an alcohol or drug screen while the patient is in the emergency department, **and** the patient consents to the provision of the sample and release thereof to law enforcement in writing consistent with hospital policy and noted on the sexual assault kit forms, the SANE may obtain blood alcohol and urine drug screen samples for law enforcement from kits provided by the law enforcement agency and released back to them immediately with a documented chain of custody form or through the hospital's usual and customary process for handling legal blood alcohol and urine drug testing.

The SANE will contact the police department having jurisdiction over the location of the sexual assault for a drug facilitated sexual assault blood/urine testing kit if no kit is furnished by SANE of Butler County. The SANE will collect the blood and/or urine in compliance with the ODH Sexual Assault Protocol using chain of custody after consent is obtained from the patient. The blood/urine samples will not be sent with the Sexual Assault kit and will be packaged separately with a separate chain of custody form.

The health care provider must recognize the possibility of DFSA and act quickly to provide necessary care to the patient and preserve evidence. Collection must be done within 96 hours of the ingestion of the suspected drug. If the medical facility does not have a DFSA kit on site, use two gray top test tubes and a standard urine collection cup to obtain the samples. Informed consent must be obtained from the victim.

Securing urine for DFSA testing should only occur when there seems to be medical indications of their use or a statement of their use by the patient. The SANE shall not routinely test patients for blood alcohol or urine drug determination. Should the

tests be medically indicated, the attending ED physician should so indicate on the ED chart, and the SANE may effect the collection of those samples for medical use. Should the SANE learn that alcohol and/or drugs were utilized in the facilitation or commission of a reported sexual assault, the SANE shall immediately confer with the attending ED physician and the ED physician may implement the hospital's usual process for handling legal blood alcohol and urine drug testing. When collected, specimens should be labeled, packaged and sealed according to the kit specifications. Do not place these items in the evidence collection kit.

If a patient presents at the hospital emergency department or other medical facility with a complaint of sexual assault and displays the following indicators, it is strongly recommended that a urine specimen be taken to test for drug facilitated sexual assault:

- ❖ Dizziness
- ❖ Drowsiness
- ❖ Impaired judgment
- ❖ Severe intoxication, feeling more intoxicated than usual after consuming alcohol, or feeling intoxicated after consuming a non-alcoholic drink
- ❖ Confusion
- ❖ Impaired motor skills
- ❖ Slurred speech
- ❖ Reduced inhibition
- ❖ Memory loss, including “snapshots” or “cameo memories,” possibly after consuming an alcoholic beverage
- ❖ Absent, inside-out, disheveled, or unfamiliar clothing
- ❖ Temporary paralysis or lack of body control
- ❖ Waking up feeling “strange” or fuzzy, or in a strange or different location without knowing how she/he got there
- ❖ A “feeling” that someone had sex with her/him, but inability to recall the incident
- ❖ The patient or accompanying person believes the patient was drugged

Prior to testing, the patient must be informed that any drugs in her/his system are likely to appear on the drug panel. This includes drugs unrelated to the sexual assault such as prescribed medication and illegal drug use that may have occurred separate from the assault – even if used weeks or months previously. Additionally, the patient must be informed that if she/he has voluntarily used illegal drugs that would constitute felonious criminal activity, she/he may be ineligible for Crime Victims Compensation. After receiving this information, the patient has the right to decline providing a specimen. Prior to testing, the patient should be instructed that a negative result does not mean she/ he was not drugged. Due to a number of reasons, including the speed with which the drug leaves the body and ideal timeframes for testing, the drugs can be very difficult to detect. In many instances, there is a high probability that even if a drug was used the test will come back negative.

4. (b) Examples of collection sources are listed below (but not limited to):

(1) Blood, Urine, or Emesis

(2) Other collection sources that may contain trace solute of ingestion, injection, transdermal, buccal or other potential entrance of solute into the patients body.

4. (c) Procedural steps for collecting a Drug Facilitated Sexual Assault kit:

(1) Obtain consent from patient and have patient sign Consent form for Blood/Urine Collection for testing. A copy of the consent form must be placed inside the DFSA kit **UNLESS it is an Anonymous Examination**. Rationale for this step is due to proof of consent needed for testing at the crime laboratory. The original will remain on the patient's medical record at the respective facility.

(2) Sample of patient's blood should be collected if **under 12 hours from reported incident**. Sample of patient's urine should be collected if over 12 hours from reported incident in addition to the blood sample. (Example: if patient presents for treatment 16 hours post incident a sample of blood AND urine should be collected and sent for testing.)

(3) Collect blood/urine sample for testing from patient using contents from a legal blood or urine collection kit. This shall be furnished by the law enforcement investigative entity for the patient or shall be furnished by SANE of Butler County, Inc. It is best that the urine sample be the first voided specimen status post ingestion. DO NOT collect the specimen using the "clean catch" method as use of the antiseptic towelette may destroy trace particles or DNA. If patient urinates prior to specimen for DFSA is collected, it shall be documented the number of stated times the patient urinates prior to collection.

(4) Complete Specimen Collectors Report information on Consent Form

Special Note: Witness of specimen collected must not be a family member or friend of the patient. Witness should be hospital personnel, law enforcement.

(5) Package specimens according to specifications listed inside kit. Be sure to seal kit using enclosed kit specification. A patient identification sticker shall be placed on the outside of the DFSA kit for identification purposes. Outside evidence labeling stickers or any identification stickers used to seal the DFSA box must be signed on each side of the kit. If each sticker overlaps the container in any way the SANE shall sign each side of the box. When signing the box the SANE shall assure that initials overlap onto the evidence tape or sticker and onto the box for each signature.

(6) Release DFSA kit to law enforcement agency along with the evidence kit that includes the Chain of Custody signatures from the receiving law enforcement entity. The outside of the evidence kit should include that the SANE collected a DFSA kit in the additional contents within the chain of custody on the box as well as the extended chain of custody if utilized.

(7) The original forms for the DFSA will remain at the medical facility. All copies will be given to law enforcement as well as SANE of Butler County Administration.

The SANE shall inform law enforcement that the DFSA kit is recommended to be stored in a refrigerated storage immediately to maintain the integrity of the samples.

It is imperative for the examiner to understand the purpose of performing a DFSA. The rationale for completing a DFSA is to determine if the patient had the ability to provide informed consent during the act of the reported assault. If there is any possibility of the patient having altered mental status or impairment in any way either **by voluntary ingestion/consumption OR involuntary ingestion/consumption** to provide informed consent during the reported assault then a DFSA must be performed unless the patient declines the DFSA collection.

The SANE shall don a new pair of gloves and proceed to step 5.

Step 5 – Oral Swabs and Smear

The SANE shall use the envelope labeled Step 5 – Oral Swabs and Smear and:

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 for 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 the envelope
5. Place all four swabs in one box and initial the box
6. Place the swab box in the Step 5 envelope
7. Close the self sealing envelope, apply a patient label and sign the envelope

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 6.

Step 6 – DNA Reference Standard

The SANE will utilize the Step 6 – DNA Reference Standard envelope and:

Collect one oral swab, rubbing between the cheek and UPPER gum line

Place the swab in the swab box and close the box

Write DNA reference on the box and initial

Place the swab box in the Step 6 envelope

Close the self sealing envelope, apply a patient label and sign the envelope

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 7.

Step 7 – Fingernail Swabbing

The SANE will utilize Step 7 – Fingernail Swabbings envelope and:

1. Swab under the patient's fingernails using 2 slightly moistened swabs, moistening the swabs with single use sterile water or single use saline
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 and make a note on the envelope that it contains a clipping
5. Debris or foreign bodies found during Step 7 should be collected and placed inside the provided envelope.

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 8.

Step 8 – Underwear Collection

The SANE will utilize Step 8 – Underwear bag and:

1. The underwear WORN TO THE EXAM must be placed in the bag.
 - a. If no underwear were worn to the facility, collect the item worn in direct contact with the patient's genitalia such as tights or pantyhose.
 - b. If only pants are worn or were the only item in direct contact with the patient's genitalia, note this information on provided bag and place the empty Step 8 bag inside the kit. This is to confirm that the SANE did not skip this step and has accurately identified and addressed which clothing articles were in contact with the patient's genitalia.
 - c. If the patient brings clothing with them that is reportedly worn during the assault the examiner will collect BOTH the garment in direct contact with the genitalia of the patient worn to the hospital AND the item brought with the patient that was worn during the assault.
 - d. ALL clothing collected will be placed in separate bags and sealed separately and labeled in detail with the garment type, color and description of the object. This will be placed on the outside of the collection bag and in the examiner's documentation.
2. In the event that the contents will not fit inside the kit, note this on the Step 8 envelope and place the items in an appropriate sized bag to avoid damage to the integrity of the remaining kit contents. The SANE shall initial the evidence tape on all sides that the tape/sticker touches. The SANE shall initial all sides of the tape/sticker that the evidence touches.
3. If the patient declines underwear/pants/shorts collection in Step 8, the SANE will use a moist swab to collect the material from the crotch area or alternate clothing area that was in direct contact with the patient's genitalia during Step 10-Dry Stain Swabbing. Place this swab in a swab box and close and label the box "crotch/clothing swab" in the Step 10-Dry Stain envelope.
 - a. The SANE shall label the collection bag completely assuring all fields are completed. Labeling shall consist of completely filling all fields on the bag.
 - b. The SANE will tape the bag shut on all sides. The SANEs initials shall overlap the sticker and the collection bag to assure security and

integrity of the seal. If a panty liner or pad is in place, leave it attached to the underwear.

4. Collect the jeans, pants or other outer clothing at Step 9. Debris or foreign bodies found during Step 8 should be collected and placed inside the provided bag.

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 9.

Step 9 – Clothing Collection

The SANE will utilize the Step 9 – Collection Collection (1) bag and:
Have the patient undress completely following the procedure in the evidence collection kit.

1. Collect any bra or outer garments worn during or immediately after the assault, even if no damage or staining is apparent. As the patient disrobes, place one garment item in each bag separately. Debris or foreign bodies found during Step 9 should be collected and placed inside the provided bag or alternate envelope and labeled accordingly.
2. (Note: It is recommended that the SANE observe the clothing using an Alternative Light Source (ALS). Any findings shall be documented on the SANE chart and on the supplemental Law Enforcement Notation (Form D1)

The SANE should take care to:

3. ***Do not shake out the garments, as evidence such as hairs and fibers may be lost.***
4. ***Do not cut through any existing holes, rips or stains in the patient's clothing.***
5. Outer garments should not be packaged together. Outer garments shall be packaged in separate clothing collection bags and sealed and labeled as above in Step 8.
6. The SANE shall record an inventory list of the clothing and the numbers and types of bags used as well as their disposition.
7. It is best practice to place your initials or other identifying mark on the clothing labels or on a piece of tape attached to the area where the clothing label is normally located.

- 8.** Label and seal the bags with the security seals provided as indicated in Step 8. The SANE shall place the item(s) inside a provided article bag and seal with evidence tape. The SANE shall initial the evidence tape on all sides that the tape/sticker touches. The SANE shall initial all sides of the tape/sticker that the evidence touches. The SANE shall label the collection bag completely assuring all fields are completed. Labeling shall consist of completely filling all fields on the bag.

If any of the items are wet or damp, inform the law enforcement officer to ensure that the clothing can be properly air dried.

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 10.

Step 10 – Dried Stains

The SANE shall utilize Step 10 – Dried Stains and:

Use moist swabs to collect:

1. Dried semen stains on patient's skin, clothing or hair observed utilizing an alternative light source
2. Areas touched by a perpetrator's hands including bruises, bite marks and strangulation marks
3. Areas in contact with the perpetrator's mouth or saliva (e.g. licked, bitten or kissed). This also includes TOUCH DNA which is any area that the patient reports the perpetrator touched her body.
4. External genitalia.
5. Clothing/crotch area of pants, shorts or alternative material in contact with the patient's genitalia

Additional Dry Stain Collection Notes:

- A Wood's lamp or other alternate light source may be helpful in examining the patient's body for dried semen stains. The SANE shall use the furnished Wood's Lamp or Alternative Light Source (ALS) during the examination. A Wood's lamp or ALS shall be used in a darkened exam room to observe fluorescence and sites for possible body fluids. Any skin stains shall be noted on the SANE examination chart. Samples of the stains shall be collected with the provided swabs inside the Ohio Department of Health Sexual Assault kit. Lightly wet the swab with 3-4 drops of sterile water or normal saline. Swab the skin areas lightly while turning the swab to assure collection of the sample encompasses the entire swab tip. Avoid repeated friction of a back and forth motion. Avoid pressing firmly on the swab against the patient's skin.

- Any findings with the provided Wood's lamp or ALS should be photographed with the fluorescent L shaped evidence ruler to measure the finding.
- Saliva stains will not be visible under alternate light sources. Listen carefully to the patient's account of the incident to determine where saliva stains may be located and swab accordingly.
- If cunnilingus may have occurred, or if the perpetrator may have used his saliva as a lubricant, swab the external vaginal area in addition to collecting internal vaginal swabs.
- Collect each stain in a separate envelope. Label each envelope accordingly and be sure to note the location of the collection on the envelope as well as the Assault/Abuse History Diagrams on page 3 and page 4 as necessary as indicated below.
- Ask if the assailant used his/her mouth anywhere on the patient or used his/her saliva as a lubricant. Swab these areas as above. Swab and photograph any bite marks using the fluorescent L-shaped ruler for photography of injuries with an alternate light source.
- Debris or foreign bodies found during Step 10 should be collected and placed inside the provided bag or alternate envelope and labeled accordingly.
- The SANE will document on Page 3 and 4 of the Assault History Diagrams for each area that a dried stain is collected from. The SANE shall label this as a "dry stain collection". The SANE shall indicate on the diagram if foreign objects, debris or stains were observed under the alternative light source.

Label and seal envelope. Labeling shall consist of completely filling all fields on the envelope

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 11.

Step 11 – Pubic Hair Combing/Collection of Stray Hairs From Genitalia or Anus

The SANE will utilize Step 11 - Pubic Hair Combing/Collection of Stray Hairs From Genitalia or Anus envelope and:

1. With the patient standing, hold the envelope under the pubic area and use the comb provided to comb through the pubic hairs several times. Comb directly into the envelope.
 - a. If the patient is unable to stand during this step, spread the patient's legs if possible and proceed with collection while laying in a supine position.
2. Place the comb into the envelope.
3. If pubic hair not present, collect any stray hairs from the genital area. Debris or foreign bodies found during Step 11 should be collected and placed inside the provided envelope
4. If the patient does not have pubic hairs present, the SANE will note this on the collection envelope.

Label and seal the envelope. Labeling shall consist of completely filling all fields on the envelope.

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 12.

Step 12 – Anal/Perianal Swabs and Smears

Collection of oral, anal, and vaginal swabs and smears must be obtained regardless of the type of assault/abuse.

(Note: it is best practice to observe the anal/perianal area under an ALS to identify potential dry stains)

The SANE will utilize the Step 12 – Anal/Perianal Swabs and Smear envelope and:

1. Collect two swabs at a time
2. Make the smear by rolling one swab forward and back once in the center of the slide
3. Place the slide in the holder and place the holder in the Step 12 envelope
4. Place all 4 swabs in the swab box and close the box
5. Write “Anal” or “Perianal” to correctly identify the collection location of the swabs on the swab box and initial the box
6. Place the swab box in the Step 12 envelope
7. Close the self sealing envelope, apply the patient label, and sign the envelope

Additional Step 12 Notes:

- If necessary, the swabs may be slightly moistened with sterile water or saline.
- If there is no evidence or report of anal penetration, it is acceptable to swab the perianal area rather than inserting the swabs.
- The SANE shall note any injuries, debris, foreign bodies, or significant findings on the Assault/Abuse History diagram on the SANE chart.
- The SANE shall observe the anal/perianal area under magnification using the device provided by SANE of Butler County. Minimum magnification will be x4 magnification strength.

- Each injury documented will have a corresponding photograph mounted onto the patient's SANE chart onto Form C.

Significant Injury:

If significant injuries are observed (i.e; significant trauma, bleeding, tears) prior to the speculum examination, the SANE shall immediately consult with the ED attending physician prior to proceeding with the examination or collection of swabs or smears.

Foreign Bodies:

If foreign objects/bodies are observed inside the anal vault, the SANE shall photograph the area/object **without** removing the object and immediately consult with the ED attending physician before proceeding with the examination or collection of swabs or smears. Photography of the foreign bodies shall be taken along with a measuring device before collection. A second photograph shall be taken post collection from the site of collection if appropriate.

Debris:

Debris found during Step 12 should be photographed, collected and placed inside the provided envelope. Photography of the debris shall be taken along with a measuring device before collection. A second photograph shall be taken post collection from the site of collection if appropriate.

The SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 13.

Step 13 – Vaginal/Penile Swabs and Smear

Collection of oral, anal, and vaginal swabs and smears must be obtained regardless of the type of assault/abuse.

(Note: it is best practice to observe the vaginal/penile area under an ALS to identify potential dry stains)

The SANE will utilize the Step 13 – Vaginal/Penile Swabs and Smear envelope and:

1. Collect two swabs at a time, swabbing any pooled fluids and the cervical area for female patients
2. Make the smear by rolling one swab forward and back once in the center of the slide
3. Place the slide in the holder and place the holder in the Step 13 envelope
4. Place all 4 swabs in the swab box and close the box
5. Write “Anal” or “Perianal” to correctly identify the collection location of the swabs on the swab box and initial the box
6. Place the swab box in the Step 13 envelope
7. Close the self sealing envelope, apply the patient label, and sign the envelope

Significant Injury:

If significant injuries are observed (i.e; significant trauma, bleeding, tears) prior to the speculum examination, the SANE shall immediately consult with the ED physician prior to proceeding with the examination or collection of swabs or smears.

Foreign Bodies:

If foreign objects or foreign bodies are observed inside the vaginal vault, the SANE shall photograph the area/object **without** removing the object and immediately consult with the ED physician before proceeding with the examination or collection of swabs or smears. Photography of the foreign body shall be taken along with a measuring device before collection. A second photograph shall be taken post collection from the site of collection if appropriate.

Debris:

Debris found during Step 13 should be photographed, collected and placed inside the provided envelope. Labeling shall consist of completely filling all fields on the envelope. Photography of the debris shall be taken along with a measuring device before collection. A second photograph shall be taken post collection from the site of collection if appropriate.

For females:

The SANE shall note any injuries, debris, foreign bodies, or significant findings on vaginal area under magnification using the device provided by SANE of Butler County. Minimum magnification will be x4 magnification strength. Each injury documented will have a corresponding photograph obtained.

If cunnilingus may have occurred, or if the perpetrator may have used his saliva as^[11] a lubricant, swab the external vaginal area including labia minora in addition to collecting internal vaginal swabs. Collection of the external vaginal swabs shall be collected prior to proceeding to external examination and speculum examination. Place the external vaginal area swabs into a Step 10 (Dried Stains) envelope. Label and seal the envelope. Labeling shall consist of completely filling all fields on the envelope.

External and Hyman Examination:

- The SANE shall inspect the vaginal opening, including but not limited to the labia minora, majora, fossa navicularis, and posterior fourchette under magnification with minimum 4x strength prior to the speculum examination. Photography of injuries found on the external vaginal opening shall be done prior to the speculum examination. The foley catheter technique may be useful for identification of hymen injuries. If the foley catheter technique is utilized, the SANE shall photograph the hymen before catheter insertion and after catheter insertion. The tip of the catheter shall be placed in the sexual assault kit in a separate envelope with documentation of the foley catheter technique being utilized during the examination for hymen injuries.

Intra-vaginal Examination:

- The SANE will use lubricant for the pelvic examination portion. Sample of pooled vaginal fluids will be collected with two swabs. Extra sterile cotton-tipped applicators may be used to absorb the fluids, and should all be included with the sexual assault kit after drying. All samples obtained, whether swabs or gauze pads shall be dried prior to sealing in their respective envelopes. At no time shall the SANE allow any evidentiary sample out of his/her personal sight, possession, and control until the kit is sealed and turned over to law enforcement (see related section). Collect four

vaginal swabs regardless of assault history. Collect two swabs at a time, swabbing any pooled fluid and the cervical area.

- The SANE shall note any significant findings during the speculum examination. The SANE shall note the vaginal vault integrity, cervical integrity, shape, color, and OS opened or closed. The SANE shall note these findings on the Assault/Abuse history form Page 4. If injuries, debris or other significant findings are observed the SANE shall photograph the areas.
- ***The SANE shall avoid language in documentation that induces bias. Examples of such language include “discharge”. The SANE shall objectively note the color, consistency, amount and location of fluids and document the findings as fluids.***
- If the ED attending physician requests STD baseline testing, the SANE may obtain the swabs during the intra-vaginal examination. Such samples shall be sent for routine hospital laboratory analysis as part of the medical exam; this swab(s) shall not be part of the forensic evidentiary process.

Note: Should the ED physician wish to examine a wet prep smear of the vaginal fluid, the SANE may obtain such sample. However, the SANE will not routinely obtain such smears.

- If a tampon is present, air dry and place in a separate sealed sterile container. Label and seal the container. It may be necessary to puncture the sterile container to allow the sample to air dry during shipment to prevent destruction of the sample by bacteria or mold.

For males:

- The SANE shall note any injuries, debris, foreign bodies, or significant findings on penile area under magnification using the device provided by SANE of Butler County. Minimum magnification will be x4 magnification strength. Each injury documented will have a corresponding photograph mounted onto the patient's SANE chart onto Form C.
- If cunnilingus may have occurred, or if the perpetrator may have used his saliva as ^{SEP}a lubricant, swab the external penile area addition to collecting mons pubis swabs. Place the mons pubis swabs into a Step 10 (Dried Stains) envelope. Label and seal the envelope. Labeling shall consist of completely filling all fields on the envelope.
- All samples obtained, whether swabs or gauze pads shall be dried prior to sealing in their respective envelopes. At no time shall the SANE allow any evidentiary sample out of his/her personal sight, possession, and control until the kit is sealed and turned over to law enforcement (see related

section). Collect four penile swabs regardless of assault history. Collect two swabs at a time.

- Collect four penile swabs. Slightly moisten the swabs with sterile water or saline and swab the glans and shaft of the penis using two swabs at a time. Use any one of the swabs to make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. Smear area shall not be across the entire slide. Area should be .5 inch x .5 inch on the slide. Do not discard the swab. Do not use any fixative on the slide. DO NOT INSERT SWABS INTO THE MALE URETHRA. Label and seal the envelope. Labeling shall consist of completely filling all fields on the envelope.
- The SANE shall note any significant findings during the penile examination. The SANE shall note the penile skin integrity, shape, color, and markings. The SANE shall note these findings on the Assault/Abuse history form Page 4. If injuries, debris or other significant findings are observed the SANE shall photograph the areas.
- ***The SANE shall avoid language in documentation that induces bias. Examples of such language include “discharge”. The SANE shall note the color, consistency, amount and location of fluids and document the findings as fluids.***
- If the ED attending physician requests STD baseline testing, the SANE may obtain the swabs during the intra-vaginal examination. Such samples shall be sent for routine hospital laboratory analysis as part of the medical exam; this swab(s) shall not be part of the forensic evidentiary process.
- *Note: Should the ED physician wish to perform baseline STD testing the SANE can collect the samples. The SANE will not examine any wet prep smears and will not routinely obtain such smears. This shall only be done at specific request from the ED attending physician.*

SANE examiner's gloves shall be changed and shall don a new pair prior to proceeding to Step 14.

Step 14 – Photography and Documentation

The SANE will assure the patient consented to forensic photography prior to completing Step 14 – Photography and Documentation. If the patient consents to photography the SANE will:

1. The SANE shall use the provided digital camera along with the provided digital memory card for examination forensic photography. The SANE shall NOT delete any photographs taken from the memory card for any reason. The SANE shall keep all photographs on the memory card and coordinate with the Executive Director for obtaining a replacement memory card per policy and procedure.
2. The SANE will assure that each photograph obtained has a coordinating photograph of the area/injury including but not limited to injury, debris, dry stain, complaint of pain. In the event of dry stain photography the SANE will utilize low lighting conditions and utilize the fluorescent L-Shaped injury ruler in the photograph.
 - Each area of documentation on Step 3 – Page 3 and 4 will be labeled according to the below specifications and/or exam documentation for debris, swabs, pain, findings charting pages.
3. Each photograph will include the patient ID label, measuring device and any other identifying markers that the SANE has at the time of the examination.
4. The SANE shall obtain a photograph of EVERY sealed and labeled item or parcel AFTER it is closed and chain of custody completed (if COC is applicable to parcel). This is to provide proof that all items are sealed in accordance with the SANE of Butler County protocol.
5. The SANE shall at all times photograph the patient identification sticker as the first photograph for the examination and take another photograph of the patient identification sticker at the conclusion of the examination photography. This is performed due to the fact that multiple examination photography pictures may be on the same memory card. After the initial patient identification sticker photograph is obtained the SANE shall continue with the remaining examination photography as follows:

A. Facial Photography:

The SANE will use a digital camera to take one or two head-and-neck identification photograph(s) of the patient which. A facial photography photograph will be taken for each examination regardless if other injuries are found during the course of the examination unless the patient declines photography.

B. Injury/Finding Photography:

The SANE will photograph any areas of injury discovered during the examination of the patient, including but not limited to contusions, erythematous marks, pattern injuries, apparent bite marks, scratches, lacerations, burns, and ocular and other petechiae or other injuries observed.

- All Photographs of bodily injuries should include a measuring device within the picture (with exception to facial photo and internal genitalia photography)
- All photographs will include a patient ID label (with exception to facial photo and internal genitalia photos)
- All photographs obtained will have documentation of this step taken on Step 3 – Page 3 and 4 and/or exam documentation for debris, swabs, pain, findings charting pages.
- All photographs of injuries will include a consistent labeling/charting system that corresponds with the documentation on Step 3 – Page 3 and 4 and/or exam documentation for debris, swabs, pain, findings charting pages.
- ALL forms within the SANE documentation must be filled out entirely. All forms must have a patient identification sticker affixed to EACH page along with the SANE signature and date.
- Additional documentation of every injury will include the location, size, shape, color, and pattern of injury. All documentation will be in extreme detail using appropriate medical language. No lay mans terms will be used in any way. Each injury or finding documented on the Step 3 - Assault/Abuse History P.3 and P. 4 will have a corresponding photograph obtained at all times without exception unless the patient declines the photography

- All charting for the examination will be labeled on the diagrams for each individual item on Step 3 – Page 3 and 4 and/or exam documentation for debris, swabs, pain, findings charting pages.

Every documentation entry will consist of:

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

- All documentation on assessment and swabs will be labeled on the diagrams and also have matching entries on the forensic debris, swabs, findings, pain entry forms with a detailed description of each entry.

C. Complaint of pain/tenderness:

- In the event that the patient complains of pain, tenderness to a specific area the SANE will assess and document the findings including the pain scale, description of pain, duration of pain and document this on the Step 3 - Assault/Abuse History P.3 and P. 4 and/or exam documentation for pain charting pages.
-
- The SANE will obtain a corresponding photograph of the area and include the above labeling system using alpha and/or numeric markers along with a measuring device if applicable as well as a patient ID label in the photograph.

D. Debris/Foreign Bodies:

- If foreign bodies are found during the examination the SANE shall photograph the debris/foreign body where it is found on the patient prior to collection or removal. After placement of the

sample into a sterile container, labeled and sealed. A second photograph should be obtained from the area post collection.

- The SANE will document the debris with a detailed description on the Step 3 - Assault/Abuse History P.3 and P. 4 and/or exam documentation for debris charting pages.

E. Dry Stains/Swabs:

- All swabs located in the SAEK will be used regardless of the type/characteristics of the assault. Each swab will be labeled in accordance to location of collection and detailed if negative or positive ALS (alternative light source) was observed with each swab collection location.
- The SANE will document the swab collection locations with a detailed description on the Step 3 - Assault/Abuse History P.3 and P. 4 and/or exam documentation for swabs/stains charting pages.

F. Tattoos, piercings and/or other findings:

- If a patient has a tattoo, piercing, scar or other finding present on his/her body the SANE will document the finding on Step 3 - Assault/Abuse History P.3 and P. 4 and/or exam documentation for “other” findings charting form.
- This assures the SANE performs a thorough physical assessment of the patient. The SANE will only photograph the tattoo if physical injury or complain of pain, tenderness is reported by the patient.
- The SANE will document the tattoo, piercing, scar or other finding by simply making a single mark on the diagram and indicating “tattoo, piercing or general finding” for documentation. A drawn replica of the tattoo should NOT be included (this includes any printed words within the tattoo)
- If the area is photographed the SANE will follow the above steps to correctly photograph the area.

G. Pre-Existing Injuries:

- If the patient has injuries that are reported “pre-existing” prior to the reported assault the SANE shall document the injuries as any other injury found, however the SANE shall choose to include the patient’s report of “pre-existing prior to reported assault” with each injury identified and reported by the patient as present prior to the assault.

- If this situation occurs the SANE should additionally document this on the Detective Notes as well as choose to write “pre-existing” on the patient ID label within each of the “pre-existing” photographs obtained.

SANE examiner shall proceed to Step 15.

Step 15 – Physician and Nursing Report PEP Guidelines

(See Summary Sheets for a condensed version of the information of CDC recommendations)

At the conclusion of the SANE examination, the SANE shall give the ED physician a face to face report of the examination findings and present any photographs of injuries. The CDC Summary Sheets should be presented to the physician as well as a summary of recommendations per the CDC. Specific information provided to the ED physician must include (but not limited to) the following:

ED Physician Report Information:

- ❖ Patient medical history including allergies
- ❖ Scenario or events of assault
- ❖ Injuries found during examination
- ❖ Specific points noted during the examination (i.e; debris)
- ❖ Patient given and read required handout for emergency contraception
- ❖ Patient requests or declines emergency contraception, and signature obtained
- ❖ Prophylactic antibiotic request or decline
- ❖ Resources and referrals to be given to patient
- ❖ Patient complaints noted during exam (i.e; pain, nausea)
- ❖ Patient to remain in gown until physician assessment
- ❖ Patient will be given referral information for HIV testing/counseling sites
- ❖ Additional aftercare and information for patient
- ❖ Other pertinent information regarding patient condition
- ❖ Post exposure prophylactic (PEP) risk category for patient as follows:

Suggested ODH Post Exposure Prophylactic (PEP) Medications for HIV/Hepatitis, other medications:

The SANE should discuss the proposed course of post-exposure prophylaxis (PEP) with the Hospital ED attending physician in accordance to the recommended Center for Disease control regime.

Hepatitis B:

The Center for Disease Control recommends administration of the initial Hepatitis B series vaccination if the patient has not received the series. Baseline immunity may not be known during the forensic examination. The SANE shall consult with the patient to determine immunization status. The SANE shall advise the physician of the patient's immunization status if known. The SANE shall advise the physician of the recommended Hepatitis series initiation according to the Center for Disease Control.

HIV:

When deciding whether to offer PEP for potential HIV exposure, the acts of assault are in 1 of 3 categories.

- 1.) **Tier III - Measurable risk** – anal and/or vaginal penetration and/or injection with a contaminated hollow-bore needle.
- 2.) **Tier II - Possible risk** – oral penetration with ejaculation, contact with mucous membrane, victim biting assailant and assailant with bloody mouth biting victim.
- 3.) **Tier I - No risk** – includes kissing, digital or object penetration of vagina, mouth or anus and ejaculation on intact skin.

The SANE shall understand the physician will decide if administration of antiviral medications are warranted.

The SANE shall assure that the patient and/or parent or guardian (if applicable) is in full understanding that a baseline blood test is recommended with 48 hours of incident or potential exposure to determine the patient's baseline result or status.

Continued recommendations should be followed in accordance to HIV testing site or physician recommendation which may include (but not limited to) testing at 3 months, 6 months and 1 year from incident or exposure/assault. The SANE shall review this information with the patient.

Suggested ODH Post Exposure Prophylactic (PEP) Medications for STD regimes:
Suggested Center for Disease Control regimens for STD prophylaxis includes:

One single dose of a Quinolone (Cipro 500 mg po, Noroxin 800 mg po, Levaquin 500 mg po, etc.)

AND

1-2 grams of azithromycin (Zithromax) PO.

Allergy to or intolerance of quinolones prompts usage of:
Rocephin 125mg IM; likewise, allergy to or intolerance of both quinolones and cephalosporins prompts usage of Spectinomycin 2g IM.

Allergy to or intolerance of azithromycin or macrolide antibiotics prompts usage of Vibramycin (doxycycline) 100 mg po bid for 10 days.

If the patient is pregnant, quinolones and tetracycline (doxycycline) antibiotics are contraindicated. Prophylaxis should include Rocephin 125 mg IM coupled with Erythromycin base 250mg po qid for 14 days {Preliminary data indicate azithromycin 1 go po single dose therapy may be safe and effective for routine chlamydial STD prophylaxis in pregnancy; nonetheless, the 1998 CDC

recommendations indicate there is not enough data to make this a standard recommendation yet – the SANE will rely on the ED physician's judgment).

The SANE shall inform the patient that a follow up examination by physician or OB-GYN should be completed within 10-14 days of examination for a secondary examination for STD exposure.

Suggested ODH post-coital contraceptive prophylaxis (PEP) regimens include:

Preven 2 tabs taken within 72 hours of unprotected intercourse and 2 pills taken 12 hours later.

Plan B - 1 tablet within 72 hours and second tablet within 12 hours.

Some patients may experience nausea with this regimen and consideration for provision of an antiemetic such as Phenergan, Compazine, or Tigan prn should be discussed with the ED physician. {Information only: The CDC as of 1998 has found insufficient evidence to support routine chemoprophylaxis in sexually assaulted patient in low endemic areas.}

The ED Physician and the SANE shall discuss if the patient is a candidate for post-coital PEP medication administration. If the patient is on current birth control regime the SANE and physician shall discuss potential of contraindication for administration. The following may be a contraindication for post-coital PEP medications:

- 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
- 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.
- Current use of a birth control regime (depending on number of missed doses)

If the ED physician declines to provide post-coital contraceptive medication to the patient due to religious beliefs or other reasons the SANE should perform the following actions in the respective order:

1. Request a prescription for the medication to be given to the patient
2. Request an alternate physician for the medication administration or prescription.
3. Contact the Executive Director

The SANE shall have the patient sign consent or declination of the post-coital contraceptive prophylaxis during the examination. The SANE shall inform the ED

attending physician of the patient's choice. If the patient chooses to receive the post-coital contraceptive a baseline pregnancy test must be performed prior to administration. The SANE shall coordinate this with the ED attending physician.

Nursing Report Information:

- ❖ Patient medical history including allergies
- ❖ Scenario or events of assault
- ❖ Injuries found during examination
- ❖ Specific points noted during the examination (i.e; debris)
- ❖ Patient given and read required handout for emergency contraception
- ❖ Patient requests or declines emergency contraception, and signature obtained
- ❖ Prophylactic antibiotic request or decline
- ❖ Resources and referrals to be given to patient
- ❖ Patient complaints noted during exam (i.e; pain, nausea)
- ❖ Patient to remain in gown until physician assessment
- ❖ Patient will be given referral information for HIV testing/counseling sites
- ❖ Post exposure prophylactic (PEP) risk category for patient
- ❖ Other pertinent information regarding patient condition
- ❖ Discuss aftercare information and resources given to patient

The SANE shall review with the primary RN the above criteria and information. In addition, the SANE shall include any additional information as discussed with the physician that is pertinent to patient care.

CDC Condensed Summary of Care

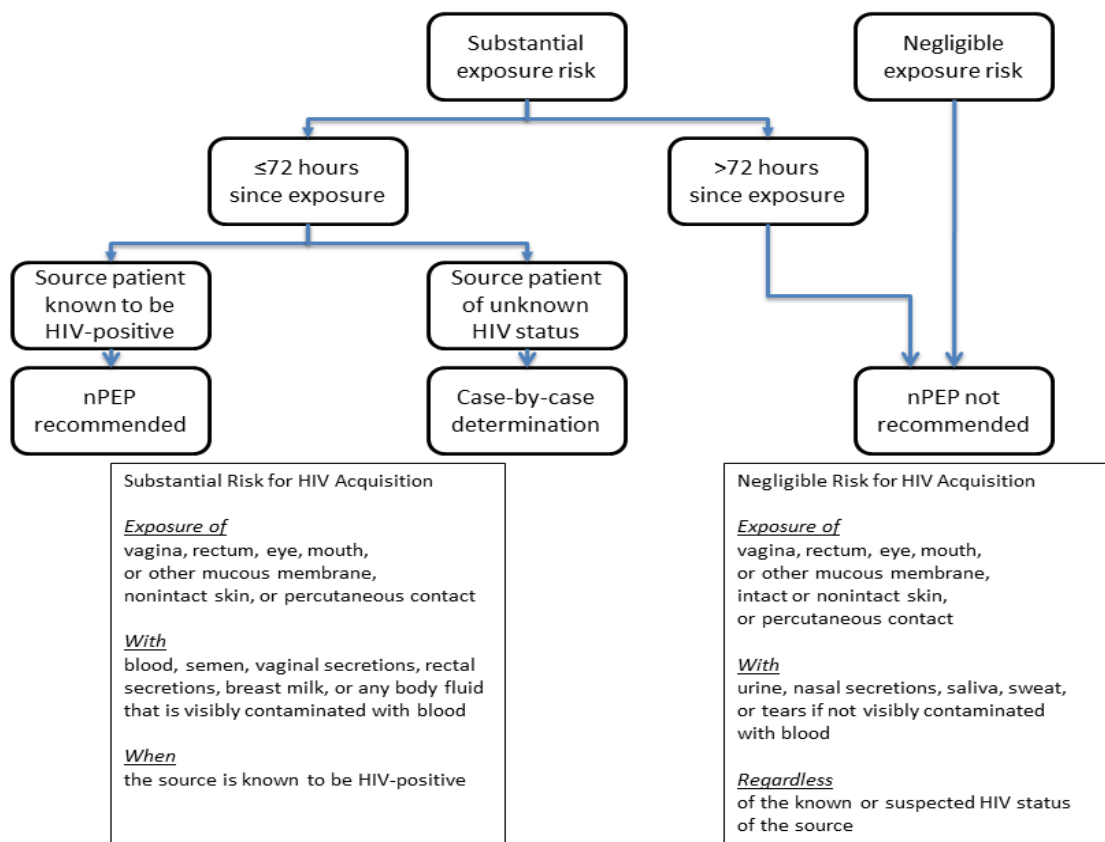
CDC Recommended Treatment for Sexually Assaulted Patients

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*

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.
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.
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.
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.*



If any of the above treatments are unavailable at your facility, emphasis should be placed on urgent outpatient follow up.

Patients unable to afford HIV PEP should complete a Truvada medication patient assistance form DURING treatment at the facility to be signed by the patient and provider and placed in the patient's chart. COPY must be given to patient to submit to Truvada.

Step 16 – Packaging, Labeling, and Sealing

The SANE shall use the following guidelines for packaging, sealing, labeling, all articles, boxes, bags collected during the forensic examination. For all packages, kits, bags, or boxes that house any evidence collected during the forensic examination the SANE shall place each article securely in individual containers. The SANE shall seal each container using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of the bag. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the collection container. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the collection container.

Note: for all separate bags, boxes, or packages that are separate from the SANE kit, the SANE shall indicate each bag individually on the chain of custody on the cover of the SANE kit in addition to any extended chain of custody forms used.

Clothing/Linen:

The SANE shall collect any clothing or linen during the forensic examination for potential biological samples. The SANE shall don new clean gloves for each article or item collected to avoid cross contamination. The SANE shall package each item in individual bags, boxes, or other non-plastic containers to avoid cross contamination or degradation of forensic samples.

The SANE shall assure each article is dry prior to packaging. In the event the article is damp the SANE shall notify the receiving law enforcement agency to allow drying of the article to prevent growth of bacteria, mold or degradation of forensic samples. The SANE note this on the Detective Notes (Form W) and in person when the kit is retrieved from the SANE.

The SANE shall place each article securely in individual containers. The SANE shall seal each container using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of the bag. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the collection container. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the collection container.

If an article of clothing/linen was in direct contact with anogenital area the SANE shall collect the article and package it in the provided paper bag to be sealed inside the SANE kit. In the event the article/linen is too large to fit inside the SANE kit to possibly compromise the integrity of the box, the SANE shall package and seal it

separately using the process stated above assuring the article is housed in a non-plastic container. The SANE shall indicate this on the Detective Notes (Form W). The SANE shall place each article securely in individual containers. The SANE shall seal each container using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of the bag. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the collection container. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the collection container.

Sanitary Device/Foreign Body:

In the event that a tampon, pad, or other sanitary device or foreign body is collected from the anogenital area the SANE shall house the article in a sterile container. A sterile urine sample container may be used if the SANE punctures several holes in the container to allow circulation of air to prevent growth of bacteria, mold, or degradation of the sample. The SANE shall seal the container using evidence tape/sticker and initial as stated above. The SANE shall house this sample inside the SANE kit as long as the integrity of the kit remains intact. If the integrity of the kit may become compromised the SANE shall package the sample inside an alternate paper bag, box, or other container. The SANE shall place each article securely in individual containers. The SANE shall seal each container using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of the bag. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the collection container. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the collection container.

SANE kit:

The SANE shall assure all required documents are inside the SANE kit prior to closing and sealing the kit. Required documents include (but not limited to) Consent for examination, Pages 1-4 of the Assault/Abuse history, and addendums.

The SANE shall seal the kit using evidence tape/stickers to be placed on the outside of the box assuring all 4 sides of the box are sealed. The SANE shall seal the kit using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of each side of the box. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the kit. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the kit.

SANE Documentation for Law Enforcement:

Note: When turning over materials to law enforcement the SANE shall provide law enforcement a copy of materials collected during the examination, which include (but not limited to) SANE kit, DFSA kit, case documentation, articles of clothing/linen, or other items. The SANE shall include inside the envelope all documents and photographs related to the examination unless the case is a Jane Doe/Anonymous/Restricted examination. The SANE shall include the Detective Notes (Form W) to relay any pertinent information regarding the examination. The SANE shall include his/her business card with contact information for every examination inside the envelope. The SANE shall place a patient identification sticker on the outside of the envelope to identify the documents with the appropriate materials turned over to law enforcement. The SANE shall write legibly on the outside of the envelope "Detective Copy" in large print on the front of the envelope. The SANE shall enclose all examination documents in a manila envelope and seal the envelope with evidence tape/sticker and initial the evidence tape/sticker across the entire back of the envelope. The SANE shall initial the evidence tape/sticker assuring his/her initials overlap onto the envelope

DFSA kit:

The SANE shall assure all required documents are inside the DFSA kit prior to closing and sealing the kit. Required documents include (but not limited to) a copy of the consent for sample collection.

The SANE shall seal the kit using evidence tape/stickers to be placed on the outside of the box assuring all 4 sides of the box are sealed. The SANE shall seal the kit using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of each side of the box. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the kit. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the kit.

Miscellaneous packaging:

The SANE may be inclined to use addition or replacement packaging which may include larger paper bags, boxes or other non plastic containers due to the size of object being collected. If the SANE uses alternate packaging for articles collected during the examination all packaging, labeling, and sealing will follow the guidelines as stated above. The SANE shall place each article securely in individual containers. The SANE shall seal each container using evidence tape/stickers assuring the tape/stickers encompass the entire circumference of the bag. The SANE shall place his/her initials onto the evidence tape/sticker assuring to overlap the initials onto the collection container. The initials must be placed on each side of the collection container. (eg; if the evidence tape overlaps onto 3 sides of the container the SANE must initial all 3 sides of the evidence tape). This must be done for each sticker used to seal the collection container.

Step 17 – Aftercare Information and Discharge Summary

The SANE shall provide to the patient the following information after the examination is completed and ED Physician/RN report is given:

Patient handout information sheets provided in the ODH kit:

- Caring for yourself: a note to survivors
- Helping your child: a note to parents and caregivers (if applicable)
- Information you should know as a sexual assault survivor

AND

Patient handout information sheets provided by SANE of Butler County:

- Post coital contraceptive fact and information sheet
 - SANE of Butler County discharge and referral sheet
 - Summary of care and examination sheet
 - List of Ohio HIV testing and counseling sites
 - List of Ohio domestic violence and abuse shelters
 - List of Ohio rape crisis programs and hotlines
 - List of Ohio free or low income clinics for follow up examinations
-
- The SANE shall assure that the patient as well as parent/guardian (if applicable) is in full understanding of suggested follow up recommendations. The patient should be advised to seek a follow up OB-GYN or physician examination within 10-14 days
 - for a follow up evaluation. The SANE shall also assure the patient understands the follow up recommendations for any/all PEP medications and testing suggested.
 - The SANE must have the patient (and/or) parent or guardian (if applicable) sign the discharge instructions from SANE of Butler County after reviewing information with patient. The original signed copy is to remain with the patient's medical record. The patient is to receive a photocopy of the discharge instructions.

Section VI. Summary of Documentation

All original examination documents should remain with the patient's medical record. Copies may be made and distributed to the appropriate entity if applicable, with patient consent. Consent is not needed for reporting to additional entities for minor patients who are not emancipated. Refer to the following for distribution of examination documents:

1. SANE of Butler County will receive a copy of all documents pertaining to the forensic examination. This will be submitted to SANE administration by use of the HIPAA complaint Forcura application utilized immediately after conclusion of the forensic examination. This INCLUDES the signed chain of custody that is signed by the receiving law enforcement entity.
2. Law Enforcement will receive a copy of all documents pertaining to the forensic examination. These documents will be placed in a manila envelope and labeled "Detective Notes" on the outside of the envelope. The evidence and Detective Notes envelope will be signed over by chain of custody.
3. The Medical Facility will receive the original documentation and retain these documents within the patient's medical records at all times.
4. CPS/APS/ODH will receive an electronic faxed packet of the APS/CPS/ODH reporting packet along with pages 1-4 of the examination immediately following the conclusion of the examination if applicable. See below for additional details:

Child or Adult Protective Services:

The following documents will be faxed to Child/Adult Protective Services prior to the SANE's departure from the facility by electronic transmission using Efax.com smartphone application:

- ❖ Children's Services/Adult Protective Services. Minor Reporting Packet
- ❖ Completed SANE report (pgs 1-4)

Ohio Department of Health:

The following documents will be faxed to the Ohio Department of Health prior to the SANE's departure from the facility by electronic transmission using Efax.com smartphone application:

- ❖ Ohio Department of Health Reporting Packet
- ❖ Completed SANE report (pgs 1-4)

At the conclusion of the SANE examination the SANE shall clean all equipment including but not limited to the SANE's camera, magnification device, alternative light source, measuring devices, and all other devices used during the examination with hospital grade wipes, cleaner, or alcohol.

Section VII. - Anonymous/Jane Doe Examinations, WPAFB Restricted Examinations

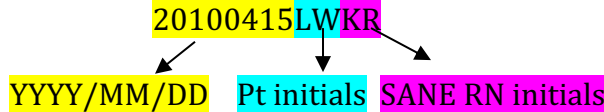
Prior to the SANE initiating an anonymous/Jane Doe Examination, the Executive Director MUST be contacted prior to initiating examination.

- Medical personnel and/or hospital support person should inform the adult patient of her/ his right to decide whether or not to speak to law enforcement personnel. If the patient decides not to report the sexual assault, the hospital/facility may simply provide the date and general location of the assault to the law enforcement agency having jurisdiction without giving the patient's name, address or other identifying information.
- The best time for the individual to make the decision to report to law enforcement may not be immediately after the assault. The final decision to report can be deferred, but the evidence collection, generally speaking, cannot. Recognizing the dual importance of being sensitive to the needs of the patient and the timely collection and preservation of evidence, the anonymous reporting procedure was developed. Patients may maintain their anonymity from law enforcement until such time as they decide to report the crime.
- The patient will sign the Anonymous/Jane Doe consent for m (Form Z) for any anonymous examination
- The evidence is collected in accordance with the *Ohio Department of Health Protocol for The Treatment of Adult Sexual Assault Patients* (Fifth Edition, 2011), except that the identity of the patient is not documented on any specimens or paperwork provided in the Sexual Assault Evidence Collection Kit. The following unique identification number is created and used in place of the patient's name on all specimens and paperwork:

- The SANE RN will label the evidence kit and DFSA and clothing bags using the following procedure for identification of all items:

Sample Jane Doe ID #:
20100415LWKR

How to create a Jane Doe Exam Kit ID #:



- The anonymous kit is considered biological evidence (defined by O.R.C. 2933.82 [A]) and is to be kept in locked storage and turned over to the law enforcement agency with jurisdiction where the crime occurred.
- The anonymous patient ultimately chooses whether or not to report the crime to law enforcement. The patient is provided information about this option both verbally and in writing before the consent for an anonymous kit collection can occur.
- The anonymous patient will have received upon hospital discharge a copy of the Anonymous Forensic Examination Information Sheet (Form K) with their Jane Doe ID number and instructions. The patient will then provide their unique identification number to law enforcement so the evidence may then be associated with the reporting victim. At this time, an investigation of the crime, including the examination of the evidence, may commence. Additionally, the anonymous patient is informed about the retention time established in the agreement with the county prosecutor and local law enforcement and found in the local community protocol.
- ***Note: It is best practice to allow the patient to be discharged prior to contacting law enforcement to retrieve the SANE kit and/or other collected samples to assure patient confidentiality.***
- **THE SANE MUST ASSURE THAT NO MATERIALS WITH THE PATIENT NAME ARE INCLUDED WITH THE DOCUMENTATION FOR LAW ENFORCEMENT OR INSIDE THE EVIDENCE KIT!**
- **THE SANE MUST ASSURE THAT THE PATIENT UTILIZES THE APPROPRIATE CONSENT FORM WHICH IS THE JANE DOE/ANONYMOUS CONSENT-FORM Z AND NOT THE GENERAL CONSENT (FORM-A) FOR THE EXAM**

Wright Patterson Air Force Base Jane Doe (Restricted) Examinations:

Anonymous/Jane Doe examinations for WPAFB personnel are considered restricted examinations.

SAPR office (duty hours) = 1-937-257-7272

SAPR office (non-duty hours) = 1-937-689-2154

SAPR office (non-duty alternate number) = 1-937-689-5739

The SANE shall follow the above protocol for Restricted examinations with the exception of assigning the unique ID/Jane Doe Number. The SANE shall contact the WPAFB Sexual Assault Prevention Response (SAPR) and request a Sexual Assault Response Coordinator (SARC) to respond to the facility to assign the restricted examination number to the patient. The SANE will follow the remaining protocol steps as listed above to assure patient confidentiality.

Section VIII. – Law Enforcement Requested

Forensic Examinations

Any employee of SANE of Butler County that is requested to perform a forensic examination by any law enforcement entity; must contact the Executive Director immediately by phone, pager or through the answering service. An employee shall NOT perform a suspect examination without verbal consent from the Executive Director or Medical Director. If the law enforcement requested examination is conducted at a medical facility the Executive Director shall inform the facility's legal counsel of the examination if possible.

1. Search Warrant Forensic Examinations:

A search warrant or court order should direct SANE of Butler County, its agents, officers, employees, or assigns to specifically perform an evidentiary examination of a suspect. Forensic examinations performed via search warrant issue will generally direct WHO will perform the examination (the forensic nurse may or may not be specifically named in the document), the entity responsible for collecting the evidence, (SANE of Butler County), and should also cover whether force may be used to restrain the suspect should she/he be resistive to a forensic examination and swab collection. Detailed information on requested examination or collection of forensic materials may include (but not limited to); fibers, hairs, standard baseline samples, blood, dry stains, photographs, clothing or any materials where forensic DNA may be present or documentation of injuries on the patient. The SANE shall conduct the forensic examination within the limits of the search warrant documentation.

The SANE may be recognized as an agent of the investigating officer. Therefore, the SANE must verify that Miranda warnings were provided to the suspect prior to the medical history or examination. If the patient invokes his right to remain silent, the examiner shall bypass the medical history and continue the examination without further questions.

1. (a) Search warrant by force:

Should force be deemed necessary, any restraint should be at the direction of law enforcement, but also specifically authorized by the court order or search warrant. The court order or search warrant should, if necessary, direct a particular hospital facility, its officers, agents, employees, and/or assigns, to employ whatever medical restraint measures necessary to carry out the execution of the search warrant.

If the original search warrant does not specifically authorize force to be used, and the suspect becomes resistive or verbally state she/he will resist any attempts to collect evidence; the SANE examiner shall (1) call the Executive Director, and (2) request the law enforcement investigating officer to acquire another search warrant which specifically authorizes (1) SANE of Butler County, its, officers, agents,

employees, or assigns to collect evidence by force if necessary, including medical restraint, and (2) the specific health care facility, its officers, agents, employees, or assigns to collect evidence by force if necessary, including medical restraint.

1. (b) Consensual Examination without a search warrant:

In the event of a consensual forensic examination, the SANE shall conduct the forensic examination under the standardized method for SANE of Butler County forensic examinations. If the patient consents to perform an examination without a search warrant, consent must be signed by the subject prior to the examination. The SANE will explain the purpose of the examination in detail to the patient, and the patient must sign that she/he understands the information and examination process. The SANE will explain to the patient that she/he has the right to decline the examination or any steps during the examination prior to obtaining consent for the exam. The SANE will also explain in detail each step of the exam while in progress to assure the patient's understanding of each step. If the examination is conducted without a search warrant and under the patient consent, the subject may decline any or all part of the examination. The SANE will assure the patient understands at any time during the consensual examination that she/he has the right to stop the examination and may decline the remaining part of the examination or may decline any step in the process of the examination.

A member of law enforcement must verify in writing that the subject consents to any voluntary examination. The consent shall in be writing unless the patient is unable to sign the documents. If verbal consent is given by the patient this must be documented by two separate individuals verifying consent for the examination prior to proceeding. If the patient has medical reasons to be in a medial or hospital setting unrelated to the exam, the sane shall not continue the exam at the present location and shall request for the patient to be moved to a medical facility or hospital setting for the exam.

The SANE may be recognized as an agent of the investigating officer. If the suspect is in custody, the SANE must verify that Miranda warnings were provided to the suspect prior to the medical history or examination. If the patient invokes his right to remain silent, the examiner shall bypass the medical history and continue the examination without further questions. If the patient revokes hi/her right to remain silent, whether by refusing to provide verbally or submit to examination, the examiner shall immediately terminate any questioning or examination without a search warrant. The SANE shall then inform the investing officer of the refusal. If the suspect is not in custody, the SANE shall remind the suspect that she/he is free to decline any part of the examination and is free to leave at any time.

2. Timeframe for search warrant execution:

The timeframe to execute the search warrant is in accordance with Ohio Revised Code, which will be 72 hours from the issuance of the search warrant. The daytime hours to execute a search warrant shall be from 07:00 to 20:00. The search warrant will specify the necessity for a nighttime execution.

Each search warrant is only valid for one examination or collection of evidence as specified in the warrant language. A separate examination at a later date may not be conducted under the same warrant. If another examination or collection of evidence is requested by law enforcement for the same individual a separate search warrant must be obtained.

3. Location of forensic examination to be performed:

The SANE shall assure the examination is conducted in a location deemed appropriate. If medical intervention or treatment is required, the SANE shall perform the forensic examination in a medical facility. If no medical interventions or treatment are required the examination may be conducted at a location of law enforcement's choice, assuring the patient's privacy throughout the examination is maintained. One possible solution is to have the suspect examined at the police department or other non-medical facility, in cases where the suspect is not injured and does not require medical care. The examiner can then respond directly to the police department to conduct the forensic examination.

4. Documentation of examination findings:

Documentation of all exam findings should be completed on the law enforcement requested examination paperwork. Upon completion of the examination, a copy of all documents along with one set of original photographs shall be given to law enforcement. Original documents and one set of photographs shall be retained by the SANE examiner for SANE of Butler County records and will remain on file for a period of no less than 5 years. The SANE shall document examination findings the same as all forensic medical examinations.

5. Ohio Attorney General and International Association of Police Chiefs Recommendations for law enforcement requested forensic examinations:

During the course of a law enforcement requested forensic examination a member of the law enforcement must be present at all times during the forensic examination. The presenting SANE shall request from the investigating officer a summary of the reported assault including the acts reported, the location, reported injuries any physical identifying information provided from the reported assault.

The SANE should make every effort possible to assure two separate SANE's conduct the suspect/law enforcement requested forensic examination and the patient who reported the assault. The examinations should be conducted in separate rooms or alternate locations to avoid cross contamination of samples obtained during the examination. Methodology of the forensic examination and collection of specimens for all law enforcement requested examinations will be performed the same as standardized methods within the scope of practice of all employees with SANE of Butler County.

The suspect/law enforcement requested examinations will be conducted and documentation for examination findings will be recorded on the suspect/law enforcement forensic examination forms specific to SANE of Butler County. Documentation for the examination will begin with a medical history from the

suspect if she/he is willing. This history should include recent information on any anal or genital injuries, surgeries, diagnostic procedures, or medical procedures that may affect the interpretation of the current findings. Such information can help to avoid confusing pre-existing lesions with current injuries or findings.

The SANE will document any signs of visible injury or complaint of pain, including body diagrams and photographs. Depending on the case history or by law enforcement request, urine and blood samples may be considered or required for toxicology testing. The SANE will also document all physical findings must also be carefully documented, including any observable or palpable tissue injuries, physiologic changes or foreign material (e.g., grass, sand, stains, dried or moist secretions). Both the examiner and attending officer or investigator should be prepared to document any spontaneous statements made by the suspect regardless of whether or not she/he is in custody and whether or not he was provided with a Miranda warning.

6. Dissemination of documentation:

At the conclusion of the forensic examination, the SANE will provide the officer or investigator all original documented including the SANE of Butler County Law Enforcement Requested Forensic Examination completed documentation along with any forensic photography obtained. The SANE shall also provide law enforcement with the forensic kit used to examination findings using the appropriate chain of custody procedures under standardized methods for all forensic examinations conducted by SANE of Butler County. The SANE shall provide the Executive Director with a copy of all examination documents upon the conclusion of the examination. The SANE shall provide the patient with any medical referrals or follow up resources deemed appropriate during the course of the forensic examination.

Section IX. – Wright Patterson Air Force Base Examinations

(see also Addendum IX. A Victim Examinations and IX.b. Suspect Examinations)

The SANE shall follow the Department of Defense (DoD) protocol, Form DD2911 for either the patient or suspect for Wright Patterson Air Force Base (WPAFB) examinations performed on the base at the medical center.

In the event the examination is a Restricted examination, the SANE shall refer to Section VII. - Anonymous/Jane Doe Examinations, WPAFB Restricted Examinations in this protocol.

In the event that the SANE conducts an examination off base, the Department of Health kits will be used.

The SANE shall utilize the contact telephone numbers for Air Force Office of Special Investigations (AFOSI) : 937-257-6516 or 937-257-6517.

The SANE shall utilize the contact telephone numbers for the Air Force Sexual Assault Prevention Task Force to request the presence of a sexual assault response coordinator (SARC): 937-257-SARC

The SANE shall contact the appropriate entities as described below:

Contact OSI AND SARC for the following:

1.) Any Air Force member, family member of military personnel who was assaulted **on** base

Contact OSI and SARC AND the law enforcement entity WHERE the assault OCCURRED:

1.) Any Air Force member who was assaulted **off** base
(The SANE shall make notification to other law enforcement agencies where the assault occurred and they will retrieve the SANE kit/evidence). The SANE will contact OSI as a courtesy to inform them of the situation and what department will be picking up the SANE kit/evidence.

Contact OSI and the law enforcement entity WHERE the assault OCCURRED:

1.) Any assault that involves an Air Force member as the possible perpetrator.
(The SANE shall make notification to the other law enforcement agency where the assault occurred and they will retrieve the SANE kit/evidence). Contact OSI

as a courtesy to inform them of the situation and what department will be picking up the SANE kit/evidence.

The SANE shall refer to the protocol/instruction IX.a. Form DD2911 Victim Examination to complete victim examinations utilizing a DoD forensic examination kit.

The SANE shall refer to the protocol/instruction IX.b. Form DD2911 Suspect Examination to perform suspect examinations utilizing the DoD forensic examination kits.

Section X. – Deferral Examinations

A deferred examination is any call to service that the examiner is summoned to and the examination cannot be conducted for ANY reason.

Prior to performing a deferral form the examiner MUST grant permission to defer the exam with administration by advising the on call administrator of the situation and requesting a deferral code to be placed on the documentation.

It is still the responsibility of the examiner to perform any mandated reporting as required by the Ohio Revised Code for a felony crime. Under ALL circumstances and scenarios the mandated reporting will be conducted by the examiner to law enforcement as well as any other ancillary agencies including but not limited to Children's Protective Services, Adult Protective Services and /or the Ohio Department of Health.

The examiner will additionally complete a deferral form in full with all parts of the deferral completed in full to be considered a completed process.

The examiner will explain in full to the patient at the time of the deferral the material risks versus benefits of declining the forensic examination.

The examiner will provide the patient the full window of time that the patient can have a forensic examination completed in accordance with the reported time of assault. (Example: time of assault is specified as 1.1.2018 at 9am and the patient has until 1.5.2018 at 9am to request a forensic examination)

The examiner will have the patient sign as verification that all information has been reviewed with them.

The deferral form will be sent to administration in accordance with normal business practice at the time of completion.

Section XI. – Facility Guidelines/ Administrative Rules

Each SANE will use the following facility guidelines and administrative rules to properly conduct examinations and aftercare during every examination or deferral.

1. Each SANE will use the facility guideline to determine which facilities have a contract in place to house all examination kits/articles for law enforcement retrieval. SANES will never insist, request or pursue evidence or materials to be held from a facility that is not in the approved list of facilities to do so.
2. SANES will never leave a DFSA in the property or care of any facility that does not have a functioning capacity to refrigerate items pending law enforcement retrieval as this will degrade materials collected and violates the Ohio Attorney General's guidelines for Drug Facilitated Sexual Assault collection protocols.
3. Each SANE will submit all documents IMMEDIATELY upon conclusion of the examination prior to leaving the facility. This is mandatory.
4. If the examination is conducted on a company issued device using the electronic charting system the chart will be submitted prior to leaving the facility.
5. If the examination is conducted using down time paper charts the examination documents will be transmitted prior to departure from the facility using the HIPAA compliant mobile based application Forcura. A copy of the paper exam documentation will be left at the facility and the SANE will document who the paper chart was given to on the examination paperwork. The SANE will also advise the facility that the paper exam documentation is part of the hybrid medical record for the patient.
6. Facility Information: The SANE will use the below facility information guidelines to use a guide on acceptable evidence/article chain of custody hand off to hospital security and will NOT turn over materials to any facility in the NON-APPROVED list.

Facilities that CAN accept chain of custody for kits/DFSAs:

Atrium Medical Center
Kettering Medical Center
Grandview Medical Center
Sycamore Medical Center
Franklin/Springboro Medical Center
Greene Memorial Hospital
Southview Medical Center
Huber Heights Medical Center
Upper Valley Medical Center
Kettering-Middletown Medical Center
Soin Medical Center
West Chester Medical Center
Miami Valley Hospital
Miami Valley South
Miami Valley North (Good Sam North)
Wright Patterson Air Force Base
Preble Co Medical Center
University of Cincinnati Medical Center
Miami Valley Jamestown
Miami Valley Austins Blvd

Facilities that **CANNOT accept chain of custody for kits/DFSAs:**

Fort Hamilton Hospital
McCullough Hyde Memorial Hospital
Mercy Fairfield
Mercy Anderson
Mercy Mt Orab
Mercy West
Queen City
Mercy Clermont
Wilson Health
Wayne Healthcare
Fayette Co Memorial Hospital
Mercy Harrison
Mercy Rookwood
Christ Hospital
Christ – Butler Co
Jewish Hospital