Medical Service
MEDICAL MANAGEMENT OF SEXUAL ASSAULT

USA MEDDAC
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MEDDAC Regulation
No. 40-21

Medical Services
MEDICAL MANAGEMENT OF SEXUAL ASSAULT

1. PURPOSE. To prescribe procedures, policies and responsibilities for management of sexual assault.

2. REFERENCES. References are listed in Appendix A.

3. APPLICABILITY. This regulation is applicable to all hospital personnel involved in the provision of care to victims of sexual assault.

4. BACKGROUND.

a. Sexual assault is a crime against a person’s body and will. Sexual assault can result in physical trauma and significant mental and emotional anguish and suffering for the victims. Consequently, history taking, examination, treatment, and disposition efforts must be provided with sensitivity to the victims’ needs. Necessary procedures must be accomplished in timely, competent and compassionate manner and should in no way be judgmental, critical or demeaning. High-quality, sensitive, and supportive exams for all victims promotes timely evidence collection, which is methodically and accurately collected. This in turn produces high-quality evidence available for court. Additionally, a coordinated community response can afford victims access to comprehensive immediate care, minimize trauma, encourage use of community resources and promotes offender accountability.

b. The Uniform Code of Military Justice, the State of Tennessee and the Commonwealth of Kentucky, have differing definitions of rape and sexual assault. Almost any type of nonconsensual sexual contact (coital or otherwise) or any type of sexual contact with a child (under the age of 18 and not emancipated) is a criminal act by some definition and therefore, all possible evidence should be collected.

c. Medical personnel are to provide patient care, secure and document evidence, and are not to voice legal opinions.

d. Examination and treatment by the SACP/SANE may be performed on active duty military and family member sexual assault victims (ages 14 and older). Examination of children younger
than 14 years old will be performed at MOU facilities (Pennyriple in Kentucky and Our Kids in Tennessee). Examinations and emergency (initial but not follow-up) treatment may be performed at no expense to non-ID card holder patients if the sexual assault occurred on post. Examinations and evidence collection will be done utilizing DOD exam kits. Other jurisdictions requesting examinations will need to supply their own evidence kits if unable to utilize the DOD kits.

5. RESPONSIBILITIES.

a. Emergency Center Charge Nurse will –

(1) Upon notification from Triage Nurse of a sexual assault patient, make the patient a priority triage and place in OB-GYN/SART Room (Bed #11).

(2) Assess for Medical/Mental Health Emergencies and inform EC provider if immediate intervention is needed.

(3) Notify the Sexual Assault Clinical Provider (SACP) on-call. Notify Victim’s Advocate (VA) On-Call, per Advocates Call Roster supplied by Installation Sexual Assault Response Coordinator (SARC).

(4) Provide the following information to the VA: patient name, age, gender, clothing size, special needs, and how patient arrived at hospital and who was notified (i.e. did they call law enforcement).

(5) Charge nurse(or an RN she assigns) will facilitate/coordinate communication of information between all parties involved (VA, law enforcement, SACP), i.e., law enforcement requests to speak to patient (active duty) prior to VA arrival, and, the victim did not call law enforcement, inform them that VA has not yet arrived to clarify restricted or unrestricted. Upon arrival of VA, inform her that law enforcement is present and direct VA to them.

(6) Ensure that suspect and victim are not in same area at same time. If both are brought to same facility bring victim in one door and suspect in another and place in separate rooms.

b. Victim’s Advocate (VA) will –

(1) Notify SARC and collect information for installation case file.

(2) Provide EC Charge Nurse with estimated time to arrival at EC.

(3) Upon arrival at EC, explain options of restricted and non-restricted reporting to all Active Duty patients. Assist all patients (Active duty and family member) during exam procedures, law enforcement interviews, etc.
c. Sexual Assault Response Coordinator will –

(1) Respond as back up VA or if VA is unavailable.

(2) Ensure notification of Sexual Assault Care Coordinator within 24 hours or next duty day after patient presents.

(3) Respond to all questions and give guidance when necessary concerning restricted and non-restricted reporting.

d. Sexual Assault Clinical Provider (SACP) will –

(1) Respond to all sexual assault patients presenting to the facility. Be qualified to evaluate, diagnose and treat sexually assaulted patients.

(2) Perform Sexual Assault Forensic Exam (SAFE), collect evidence, document appropriately in medical record, provide counseling and prophylactic treatment as indicated, enter consults as needed, and maintain chain of custody for evidence.

(3) Be responsible for the primary medical management of all identified victims of sexual assault from initial contact to the completion of health care related to the assault. Ensure comprehensive, timely and appropriate medical care including specialty care, referrals, ancillary support services and diagnostic testing. Document individual care plan and encounters in SARPTA database.

(4) Coordinate and collaborate with SACC, SARC, VA and CID as needed.

(5) Function as a standing member of the hospital SART (Sexual Assault Response Team) and installation SARB (Sexual Assault Review Board).

e. Sexual Assault Care Coordinator (SACC) will –

(1) Monitor and track the health care management of each sexual assault patient.

(2) Collaborate and coordinate with the SACP and SARC to ensure patient’s health care needs are addressed. Facilitate timely completion of comprehensive care plan.

(3) Collaborate and coordinate with SACP and VA program to facilitate resolution of issues. Provide guidance and counseling services to patients as indicated for acute stress reaction.

(4) Liaison between SACP and civilian sexual assault programs (Our Kids, Pennyrile, Sanctuary House, and Clarksville Rape Crisis Center).

(5) Function as a standing member of the hospital SART (Sexual Assault Response Team) and installation SARB (Sexual Assault Review Board).
f. Sexual Assault Nurse Examiner (SANE) will –

(1) Be qualified to evaluate and treat (per protocol) sexually assaulted patients.

(2) Ensure continuity and follow-up care for each patient by direct contact with and/or referral to SACP.

(3) Be trained to perform forensic examination and evidence collection. A SACP or SANE cannot perform examinations on both victim and suspect within 24 hours of each other.

(4) Function as an ADHOC member of the hospital SART (Sexual Assault Response Team) and installation SARB (Sexual Assault Review Board).

g. The Chiefs of Obstetrics/Gynecology, Urology, Pediatrics will ensure providers are available for consultation, if needed, by SACP or SANE.

(1) Chief, Obstetrics/Gynecology will ensure the availability of a colposcope for use in forensic exams should the dedicated SART colposcope be unavailable. The OB/GYN colposcope will be signed out through the HN/NCOIC of the OB/GYN clinic during duty hours or through the AOD after duty hours (Appendix B).

(2) Function as an ADHOC members of the hospital SART (Sexual Assault Response Team) and installation SARB (Sexual Assault Review Board).

h. The Chief, Patient Administration Division (PAD) will –

(1) Ensure records are placed in “Special Handling File”

(2) Ensure release of records requested by CID or civilian law enforcement is in accordance with regulation.

(3) Function as an ADHOC member of the hospital SART (Sexual Assault Response Team) and installation SARB (Sexual Assault Review Board).

i. The Chief, Social Work Services will –

(1) Ensure on-call staff roster provided to EC for response when patient is a child under the age of 18 years (not emancipated) or spousal abuse is involved (Family Advocacy Program).

(2) Ensure on-call staff able to act as victim’s advocate when no other is available.

(3) Ensure all sexual assault patients seen by SACP/SANE and screened for traumatic stress upon initial contact. Provide mental health follow-up care or referral as needed. SACC will coordinate mental health care within community and social work follow-up as needed.
j. The Commander will –

(1) Proactively introduce preventative and educational measures to all staff members, to ensure understanding of seriousness and potential consequences of sexual assault and the hospital procedures for referring victims for medical treatment, counseling and support.

(2) Appoint Unit Victim Advocates and ensure they are trained in accordance with SAPR program.

(3) Ensure appropriate staff is trained to intervene in sexual assault cases and provide a uniformed standard of efficient, compassionate care, from patient presentation until case resolution.

6. TRIAGE AND INTAKE (EC or Outpatient Clinic)

a. Priority cases.

(1) When patients present to the Emergency Center (EC), Outpatient Clinics or TMCs, all necessary emergency medical care is provided. In the EC, the patient is to be logged in the usual fashion with no reference being made to sexual assault. A copy of the EC SF 558 will stay with the EC log, as required by JCAHO. The number 9599 will be used as log-in/log-out code for log sheets or reason for appointment. SF 558 should state “Alleged Sexual Assault” for legal purposes.

(2) EC patients: Sexual assault patients, with or without overt physical injury, will receive priority medical attention. To facilitate meeting the patient’s health care needs and maximize his/her safety and privacy, the patient will be placed in the OB-GYN/SART room as soon as possible after triage. The history taking, physical and forensic examination will be performed in this private location after the patient has spoken with a Victim’s Advocate.

(3) Outpatient Clinic/TMC patients: Patients presenting to the outpatient clinic and then reporting a sexual assault will become a priority patient at the moment the staff is notified. The staff member will notify Head Nurse, who will immediately contact SACP. The clinic provider will enter consult to SACP. The SACP when possible will go to the clinic and assess patient to determine need for VA and/or law enforcement notification and need for forensic examination. SACP will arrange for follow up care with patient prior to leaving area. The outpatient provider with whom the patient originally had an appointment will mark their CHCSII encounter “sensitive” prior to signing, in order to ensure patient privacy.

b. Notifications.

(1) EC Charge Nurse or Clinic Head Nurse will immediately notify the SACP On-Call who will notify VA.

(2) Additional Notifications. PAD during duty hours or AOD after duty hours.
(3) Reporting. If the sexual assault victim is active duty military, law enforcement will NOT be notified until the victim has met with the Victim’s Advocate and been given the option of restricted or unrestricted reporting. If the active duty victim requests UNRESTRICTED reporting, the EC Charge Nurse or Clinic Head Nurse will immediately notify CID. If the active duty victim requests RESTRICTED reporting, CID will NOT be notified. Sexual assault of family members or civilian must be immediately reported to CID. There is no restricted reporting option for non-active duty members.

c. Medical evaluation.

(1) If the victim requires treatment for acute injury or trauma, this takes precedence over the forensic examination.

(2) Medical personnel have an affirmative responsibility to preserve forensic materials and evidence in conjunction with all administered medical care.

d. Forensic Examination.

(1) EC or Clinic staff may be required to assist during the examination. The Victim’s Advocate or patient’s support person may be present during the examination if requested by the patient and as long as they do not interfere with the examination.

(2) Informed consent is required prior to performing the forensic examination or taking photographs. The patient may decline any part or the entire exam even after giving consent.

(3) Evidence will be collected using the DOD Sexual Assault Examination Kit. All necessary supplies for the examination will be maintained in the EC OB-GYN/SART room. If the assault has occurred greater than 72 hours prior to visit or did not include penetration, collection of the evidence kit may be limited. In these cases the SACP or SANE will consider the presenting circumstances and history and coordinate with law enforcement to determine the extent of appropriate examination and evidence collection. The SACP/SANE will maintain physical custody of the evidence or place the evidence in the safe until turned over to law enforcement.

(4) Photographic evidence will be collected with the consent of the patient. The camera will be maintained in the safe located in the SART room.

(a) Minimize discomfort and respect patient’s need for modesty and privacy. Drape patient appropriately and use chaperones as indicated.

(b) Once evidence is collected, the chain of custody must be maintained. The SACP/SANE will write one copy of the photos to CD and place the disc containing injury photographs with the patient’s medical records of sexual assault.
(c) Follow up photographs may be required if new evidence is found. Patients should be instructed to contact SACP in this situation.

(d) Documentation. Complete all appropriate pages of the medical examination report, including the consent for examination, consent for photographs and release to investigative agency of all reports and specimens.

(e) Ensure all specimens (evidentiary and medical) are labeled with patient’s identifying information only. Use of the Easy ID system is the preferred method of labeling. No reference to rape or sexual assault should appear on any label or lab slip. The code “9599” may be placed on slips or orders requiring history.

1. Required testing for each patient includes: Gonorrhea and Chlamydia culture, syphilis, HCG, Acute Hepatitis panel, HIV status (unless declined by patient) and urine (UA). Other medically indicated labs if deemed necessary or requested by law enforcement, to include blood for toxicology and drug screen may be ordered. A chain of custody should be maintained per MEDDAC Reg 40-63 on any toxicology or blood alcohol labs.

2. Routine toxicology testing is not recommended, when indicated; seek informed consent from patients prior to collecting samples. For toxicology specimens, ideally the first available urine sample should be collected within 96 hours of assault. Clean catch urine is not required. Within 24 hours of assault blood samples may be collected in a gray-top tube. If blood is collected it should be accompanied by a urine sample. If patient vomits, collect sample for evaluation. Document patient voluntary use of drugs and alcohol between time of the assault and the exam. If toxicology samples are needed for both medical and forensics, then two samples may be collected.

3. Evidentiary specimens for the forensic lab will be labeled as above, additionally; the examiner will include date and signature on each envelope, test tube or specimen container. These specimens will be placed in the Sexual Assault Kit and be turned over to CID or appropriate law enforcement with a chain of custody document (DA Form 4137, or equivalent). If the patient has consented to examination with restricted reporting, the kit will be completed and turned over to MPI for storage, along with appropriate chain of custody documentation. If the case is restricted, no identifying information will be placed on the outside of the kit. The SARC will issue the UVA a restricted case number and this will be placed on the outside of the kit.

e. Prophylaxis and Discharge (Appendix B and C).

(1) Information on sexually transmitted infections (STIs) and prophylaxis if indicated will be given to each patient by SACP or SANE (with provider approval).

(a) Standard treatment regimen includes: Cipro 500 mg po, Zithromax (Azithromycin 1 gm po, and Flagyl (Metronidazole) 2 gms po.
(b) Alternate regimens: Ceftriaxone (Rocephin) 250 mg IM. Doxycycline 100 mg bid for 7 days instead of Zithromax 1 gm. OR Erythromycin 500 mg qid for 10 days if Zithromax cannot be used.

(2) If patient’s clinical presentation suggests preexisting ascending STI (PID), evaluation and treatment may differ from prophylaxis. If SANE is performing exam and preparing discharge, concerns must be addressed with EC provider.

(3) Document decision to decline treatment and rationale given by patient on Discharge Instruction sheet.

(4) Patients who have not completed a full hepatitis B regimen prior to assault, the vaccine should be completed as scheduled. Patients unvaccinated or unsure of status should receive active post-exposure prophylaxis (Hepatitis B vaccine) upon initial clinical evaluation with SACP. Follow up doses are given at 1-2 and 4-6 months after first dose. If suspect is identified as having acute hepatitis B the patient is to receive hepatitis B immune globulin (HBIG).

(5) Follow up STI testing is per CDC guidelines of 1-2 weeks following assault, especially if patients tested negative at time of assault and did not receive prophylaxis. Patients receiving prophylaxis will be retreated only if they report symptoms or request testing. Testing for Syphillis and HIV testing will be performed at initial intake and repeated at 6, 12, and 24 weeks if initial results are negative.

(6) Post exposure HIV prophylaxis is not routinely offered unless patient is at high risk or suspect is known to have HIV/AIDS. Refer to CDC guidelines for post exposure antiretroviral therapy.

(7) Pregnancy. A pregnancy test will be performed on all sexual assault patients unless the patient is clearly pregnant. Plan B and phenergan may be offered after appropriate counseling per Standard Order for Sexual Assault.

(8) The SACP/SANE will address the following issues prior to discharge:

(a) Ensure medical and mental health needs related to assault are addressed along with safety concerns.

(b) Provide written discharge instructions (Appendix C). Include summary of exam, medications and doses, follow-up appointments and referrals. Provide name and contact information for SACP and SACC. Follow-up appointments must be made within 2 days of discharge.
The Proponent of this regulation is the Sexual Assault Response Team and Emergency Medicine Service.

Users are invited to send comments and suggested improvements to headquarters, ATTN: MCXD-CMHS

FOR THE COMMANDER:

OFFICIAL:
APPENDIX A

References

Section I

Related Publications

DoDD 6495.01
Sexual Assault Prevention and Response (SAPR) Program

AR 600-20, CH 8
Army Command Policy

OTSG/MEDCOM Policy Memo 05-019, 13 December 2005
Army Medical Department Sexual Assault Policy

MEDCOM Reg 40-36
Medical Facility Management of Sexual Assault

MEDDAC Reg 40-63
Medicolegal Specimens
https://bach.campbell.amedd.army.mil/local%5Fregs/reg%5F40%2D63%5Fmedicolegal%5Fspe
ccimens.pdf

Joint Commission on Accreditation of Healthcare Organizations Accredited Manual for
Hospitals, current edition.

U. S. Department of Justice, Office on Violence Against Women, September 2004,
Protocol for Sexual Assault Medical Forensic Examinations
http://www.ncjrs.org/pdffiles1/ovw/206554.pdf

Section II
Prescribed Forms

Standard Orders for Sexual Assault

Discharge Instructions – Sexual Assault

All forms available in hard copy only at this time.
**MEDICAL RECORD  CHRONOLOGICAL RECORD OF MEDICAL CARE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms, Diagnosis, Treatment, Treating Organization <em>(sign each entry)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>STANDARD ORDERS FOR SEXUAL ASSAULT</strong></td>
</tr>
<tr>
<td></td>
<td>1. LABS: GC/Chamydia culture, Syphilis, HCG,</td>
</tr>
<tr>
<td></td>
<td>Acute Hepatitis panel, HIV, UA</td>
</tr>
<tr>
<td></td>
<td>2. If HCG is negative, patient will be offered:</td>
</tr>
<tr>
<td></td>
<td>PLAN B: Levonorgestrel 0.75 mg PO now and repeat in 12 hours.</td>
</tr>
<tr>
<td></td>
<td>Phenergan 25 mg for po for nausea every 6 hours while taking Plan B</td>
</tr>
<tr>
<td></td>
<td>3. STD PROPHYLAXIS:</td>
</tr>
<tr>
<td></td>
<td>Cipro 500 mg PO</td>
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<tr>
<td></td>
<td>Zithromax (Actithromycin) 1 gm PO</td>
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<tr>
<td></td>
<td>Flagyl (Metronidazole) 2 gms PO</td>
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<tr>
<td></td>
<td>Alternate Regimens:</td>
</tr>
<tr>
<td></td>
<td>Ceftriaxone (Rocephin) 250 mg IM</td>
</tr>
<tr>
<td></td>
<td>Doxycycline 100 mg bid for 7 days instead of Zithromax 1 gm</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Erythromycin 500 mg qid for 10 days if Zithromax cannot be used.</td>
</tr>
</tbody>
</table>

Signature of SACP/SANE:  
Signature of Attending Provider for SANE:  

<table>
<thead>
<tr>
<th>HOSPITAL OF MEDICAL FACILITY</th>
<th>STATUS</th>
<th>DEPART/SERVICE</th>
<th>RECORDS MAINTAINED AT</th>
</tr>
</thead>
</table>

SPONSOR’S NAME | SSN / ID NO. | RELATIONSHIP TO SPONSOR  

Page 12 of 15
APPENDIX C
Discharge Instruction - Sexual Assault

Name _____________________________________________________  Date ____________________

SACP/SANE _______________________________________________  Phone Number ____________

Victim’s Advocate __________________________  Law Enforcement Agency __________________

We have performed a medical examination, which gathers information that can be used if
criminal prosecution becomes necessary. We realize that this is a difficult time for you, but we
must deal with some of the risks, which a sexual assault victim faces.

The specimens collected today as evidence of sexual assault are sent to a laboratory for analysis.
The test results will be made available to you through the investigating officer.

You have been tested for:

_____ Legal Evidence_____ Pregnancy: Your pregnancy test is negative / positive (circle)

_____ Other (Sexually transmitted infections, ___________________________________)

** A pregnancy test was run today but indicates only if there was a previous pregnancy. It
does not indicate pregnancy as a result of this assault.

You were given these medications to prevent Sexually Transmitted Infections:

_____ Medication Cipro 500 mg  given for infection

_____ Medication Zithromax 1 gram  given for infection

_____ Flagyl 2 grams  given for infection

_____ Medication ___________________ given for _______________________

_____ To prevent pregnancy from this assault you were given post-coital contraception

Medication: Levonorgestrel 0.75 mg and Phenergan 25 mg (for nausea)

_____ You were not offered post-coital contraception because: (Have patient initial)

_____ You are pregnant     _____ You did not want     _____ Other ____________

Additional treatments/prescriptions you were given include:
____________________________________________________________________________
____________________________________________________________________________

Referrals: _____ Behavioral Health _____ SWS _____ GYN _____ Urology _____ Chaplain
**Sexually Transmitted Infections:** While you have had a gynecological exam today, it will be necessary for you to repeat several of the lab tests at various intervals. These tests will be done at your follow up appointment with the **Sexual Assault Clinical Provider** (MAJ Lyons 270-798-8764 or 8574)

We recommend you obtain the following testing/care within 2 weeks
- Pregnancy, Gonorrhea, Syphilis, Chlamydia, Hepatitis, HIV and Trichomonas.

**IF AT ANY TIME IN THE NEXT 48 HOURS YOU EXPERIENCE SEVERE PAIN, ONGOING NAUSEA/VOMITING, OR ANY OTHER UNUSUAL MEDICAL COMPLAINTS, PLEASE SEE THE SEXUAL ASSAULT CLINICAL PROVIDER IMMEDIATELY OR GO TO THE EMERGENCY DEPARTMENT.**

OTSG/MEDCOM Policy Memo 05-010 dated 13 JUN 2005, states that no charges shall be made to the victim for sexual assault exams. For patients who are not military beneficiaries, other associated costs of treatments are the responsibility of the patient. Crime Victims Compensation: The states of TN and KY have funds, which may cover expenses incurred due to a sexual assault. For questions concerning this fund please call:

- **KY Crime Victims Compensation Board**
  - (502) 573-2290
  - 1-800-469-2120

- **TN Victim’s Compensation Claims**
  - 931-648-5574

**AIDS:** The risk of contracting AIDS in this situation is very low. Immediate testing of your blood can only tell if you have previously been exposed to the AIDS virus. AIDS test may not become positive for up to 6 months after exposure. For this reason, testing your blood for AIDS should be done at 6, 12, and 24 weeks.

**Syphilis:** This sexually transmitted disease will require testing in 2-4 weeks. Antibiotics were offered in the emergency department to prevent syphilis. If you choose not to take the antibiotics, a follow up lab test will be very important.

**Gonorrhea and Chlamydia:** These two sexually transmitted diseases can be tested for with the appropriate cultures. If initial testing was not done in EC it should be done within 1-2 weeks of assault. Repeat testing is recommended for 3 months unless symptoms persist or worsen.

**Herpes:** Although the risk of contracting Herpes is low, we cannot test for it immediately, nor can we provide medication to prevent it.

The exam and treatment which you have received has been on an emergency basis only, and has not been intended to be a substitute or replacement for complete medical care. For your protection, we suggest that in order to prevent possible complications of any type, follow these recommendations. Contact the BACH Sexual Assault Clinical Provider (270)798-8764 or Sexual Assault Care Coordinator (270) 798-8601 in 24 hours unless otherwise directed.
Emotional Problems: Sexual assault can cause emotional injury for its victims. A Victim’s Advocate will discuss these problems with you and offer any assistance and resources available for help. Don’t be afraid to ask for help. Anger, fear, frustration, depression and guilt are emotions that sexual assault victims frequently experience.

**Sexual Assault Prevention & Response Program** 270-798-6383  
**Sanctuary Rape Crisis Center** 800-766-0000  
**Clarksville Crisis Line** 800-879-1999

Be sure to keep appointments for rape counseling.

I UNDERSTAND AND HAVE RECEIVED THESE INSTRUCTIONS:

________________________________________________________________________ DATE ______________

Original given to patient Copy to medical record