

NMCS D ED Adult Sexual Assault Victim Care Protocol For Patients > 18 y/o		Date/Time Completed with Staff Initial												
1	<p><u>TRIAGE/INTAKE- VS- TRIAGE LEVEL II</u> **Place patient in the incomplete environment in Essentris while being treated in ED**</p> <p>PATIENT'S NAME: _____ TIME ARRIVED: _____</p> <p>WHERE IS THE ALLEGED PERPETRATOR OF THE VIOLENCE/ASSAULT? A. Name of Alleged Perpetrator: _____ B. Location of Alleged Perpetrator: _____</p> <p>Assess the victim's safety</p> <table style="width: 100%; border: none;"> <tr> <td>DOES THE ALLEGED PERPETRATOR HAVE A WEAPON?</td> <td>YES</td> <td>NO</td> <td>UNKNOWN</td> </tr> <tr> <td>IS THE ALLEGED PERPETRATOR IN THE ER WAITING ROOM?</td> <td>YES</td> <td>NO</td> <td>UNKNOWN</td> </tr> <tr> <td>IF NOT, IS ALLEGED PERPETRATOR ON THE WAY?</td> <td>YES</td> <td>NO</td> <td>UNKNOWN</td> </tr> </table> <p>WHERE DID THE INCIDENT OCCUR: _____ A. Does patient know the address: _____ B. If police agency responded, which agency: _____</p> <p>**Do not remove clothing unless required for life-saving measures. SAVE the clothing**</p> <p>**Patients should be informed not to drink, smoke, or eat prior to forensic (SAFE) exam**</p> <p>**Urine Sample: ONLY taken if patient has a need to void. This is a Dirty Catch – no wipe prior to or after urine collection to prevent loss of evidence. Label with patient's sticker, date, time, and collector's initials. Place cup in a plastic specimen biohazard bag and give back to the patient for potential SAFE use. Urine must be labeled in sight of the patient and patient to retain custody of this urine sample. For female patients, a small amount can be poured into another urine cup and sent to the lab stat for a HCG pregnancy test.</p>	DOES THE ALLEGED PERPETRATOR HAVE A WEAPON?	YES	NO	UNKNOWN	IS THE ALLEGED PERPETRATOR IN THE ER WAITING ROOM?	YES	NO	UNKNOWN	IF NOT, IS ALLEGED PERPETRATOR ON THE WAY?	YES	NO	UNKNOWN	<p>Urine Collected: Date/Time/Name of Collector:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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2.	<p><u>SAPR SARC/VA</u></p> <p>1. Active Duty (AD) and Tricare Beneficiaries >18 y/o (non-spouse or intimate partner), notify the Sexual Assault Response Coordinator/Victim Advocate (SARC/ VA). If known, call applicable installation. They should return the phone call within 15 minutes.</p> <p>Primary 24/7:</p> <table style="width: 100%; border: none;"> <tr> <td>Naval Base San Diego (NBSD):</td> <td>619-279-2904</td> </tr> <tr> <td>Naval Base Coronado (NBC):</td> <td>619-279-2914</td> </tr> <tr> <td>Naval Base Point Loma (NBPL):</td> <td>619-279-2933</td> </tr> <tr> <td>MCRD:</td> <td>619-279-6113</td> </tr> <tr> <td>MCAS Miramar:</td> <td>858-864-2815</td> </tr> <tr> <td>SAPR 24/7 Hotline:</td> <td>619-692-5909</td> </tr> </table> <p>2. If assaulted by Spouse or Intimate Partner, also notify: Family Advocacy Program (FAP) Victim Advocate 619-556-8809 from (0800-1700) or 619-788-4271 (afterhours 1700-0800)</p>	Naval Base San Diego (NBSD):	619-279-2904	Naval Base Coronado (NBC):	619-279-2914	Naval Base Point Loma (NBPL):	619-279-2933	MCRD:	619-279-6113	MCAS Miramar:	858-864-2815	SAPR 24/7 Hotline:	619-692-5909	<p>Name of Victim Advocate (VA):</p> <p>_____</p> <p>_____</p> <p>Expected Arrival Time: _____</p> <p>Arrival Time: _____</p>
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<p><u>CA MANDATORY HEALTHCARE REPORTING</u></p> <p>**The following MUST be completed per California Penal Code 11160 for all restricted and unrestricted sexual assaults**</p> <p>1. Report ALL of the following information to local law enforcement (LLE) via telephone immediately (as soon as information is obtained):</p> <ul style="list-style-type: none"> - The name of the patient/sexual assault victim. - The current location of the patient/sexual assault victim. - The character and extent of the patient's injuries. - The identity of the alleged person (s) who inflicted the injuries, if known. - Whether the victim wants to cooperate with law enforcement in investigating the sexual assault**. <p>**Ideally the Victim Advocate (VA) will determine the victim's reporting preference (restricted/unrestricted) prior to this report; however, this report should not be delayed but care can continue while collecting the above information. If necessary, ask the victim if they would want to cooperate with law enforcement in investigating the sexual assault.</p> <p>If NO, <u>in addition to the above information that MUST be reported</u>, inform the dispatcher the patient would like a Non-Investigative Report (NIR), San Diego County equivalent to restricted report. This can later be changed once they review their options with VA.</p> <p>3.</p> <p>Note: The involved Local Law Enforcement (LLE) agency to contact is determined by the location of where the assault occurred. Do not contact the patient's chain of command or military law enforcement (NCIS, Base Security) even if occurred on base. If occurred on base, contact closest LLE, e.g. happened on North Island, call Coronado Police. If the location of the assault is unknown, contact San Diego Police Department (SDPD).</p> <p>Local Law Enforcement Numbers:</p> <table style="width: 100%; border: none;"> <tr> <td>San Diego Police</td> <td>619-531-2000</td> <td>San Diego Sheriff</td> <td>858-565-5200</td> </tr> <tr> <td>Carlsbad Police</td> <td>760-931-2197</td> <td>Chula Vista Police</td> <td>619-691-5151</td> </tr> <tr> <td>Coronado Police</td> <td>619-522-7350</td> <td>El Cajon Police</td> <td>619-579-3311</td> </tr> <tr> <td>Escondido Police</td> <td>760-839-4722</td> <td>La Mesa Police</td> <td>619-469-6111</td> </tr> <tr> <td>National City Police</td> <td>619-336-4411</td> <td>Oceanside Police</td> <td>760-435-4900</td> </tr> </table> <p>2. ED Nurse or Physician will complete attached California Suspicious Injury Report Form (Cal EMA form OCJP-920) and give to the ED LCSW. This will be faxed to the appropriate LLE agency or SDPD SEX CRIMES UNIT 619-531-2713 within two (2) working days. ED LCSW will then forward the report to NMCS D SJA.</p> <p>3. In addition to reporting the sexual assault, if child abuse or neglect is suspected, fax the attached Suspected Child Abuse Form to 858-467-8412 in accordance with California law.</p>	San Diego Police	619-531-2000	San Diego Sheriff	858-565-5200	Carlsbad Police	760-931-2197	Chula Vista Police	619-691-5151	Coronado Police	619-522-7350	El Cajon Police	619-579-3311	Escondido Police	760-839-4722	La Mesa Police	619-469-6111	National City Police	619-336-4411	Oceanside Police	760-435-4900	<p>Dispatcher:</p> <p>-----</p> <p>-----</p> <p>Case/NIR No:</p> <p>-----</p> <p>Time Called:</p> <p>_____</p> <p>Officer Name and Badge No:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Case No:</p> <p>_____</p> <p>Time Arrived:</p> <p>_____</p>
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NMCSD ED Adult Sexual Assault Victim Care Protocol For Patients > 18 y/o		Date/Time Completed with Staff Initial												
	<p>Note: The pregnancy prophylaxis, STD prophylaxis, and discharge follow up consults are ED responsibilities and can be accomplished while awaiting VA and/or law enforcement arrival.</p> <p><u>LABS</u></p> <p>ORDER SET IN ESSENTRIS/CHCS "SAFE STD"</p> <table border="0" data-bbox="284 514 1209 787"> <tr> <td><input type="checkbox"/> HBsAb/HBsAG/HBcAB (gold top)*</td> <td><input type="checkbox"/> Hep C core (gold top)*</td> </tr> <tr> <td><input type="checkbox"/> Urine HcG *** see below</td> <td><input type="checkbox"/> Treponema Pallidum (RPR) (gold top)*</td> </tr> <tr> <td><input type="checkbox"/> HIV Oraquick whole blood (lavender top)</td> <td><input type="checkbox"/> GC/Chlamydia (urine, cervical, consider throat, anal)</td> </tr> <tr> <td><input type="checkbox"/> HIV Prophylaxis:</td> <td><input type="checkbox"/> Toxicology: **see below</td> </tr> <tr> <td> <input type="checkbox"/> CBC (lavender top)</td> <td> 2 grey tops, give to patient in specimen biohazard bag</td> </tr> <tr> <td> <input type="checkbox"/> Chem 18 (green top)</td> <td></td> </tr> </table> <p>* A total of three gold tops need to be collected.</p> <p><u>LABS/TOXICOLOGY</u></p> <p>Note: recommended to be drawn within 60 minutes of arrival. Collector's name will be entered on the DD2911 and AFMS SAFE forms.</p> <p>4. *Use Chlorhexidine/ChlorhaPrep in place of alcohol wipes for skin preparation.</p> <p>**In addition to above labs, draw and label two grey top tubes with patient's sticker, date, time and collector's initials. Place the tubes in a plastic specimen biohazard bag and give back to the patient for potential SAFE use. Tubes must be labeled in sight of the patient and patient to retain custody.</p> <p>***Urine Sample: This is a Dirty Catch – no wipe prior to or after urine collection to prevent loss of evidence. Label with patient's sticker, date, time, and collector's initials. Place cup in a plastic specimen biohazard bag and give back to the patient for potential SAFE use. Urine must be labeled in sight of the patient and patient to retain custody. For female patients a small amount can be poured into another urine cup and sent to the lab stat for a HCG pregnancy test.</p>	<input type="checkbox"/> HBsAb/HBsAG/HBcAB (gold top)*	<input type="checkbox"/> Hep C core (gold top)*	<input type="checkbox"/> Urine HcG *** see below	<input type="checkbox"/> Treponema Pallidum (RPR) (gold top)*	<input type="checkbox"/> HIV Oraquick whole blood (lavender top)	<input type="checkbox"/> GC/Chlamydia (urine, cervical, consider throat, anal)	<input type="checkbox"/> HIV Prophylaxis:	<input type="checkbox"/> Toxicology: **see below	<input type="checkbox"/> CBC (lavender top)	2 grey tops, give to patient in specimen biohazard bag	<input type="checkbox"/> Chem 18 (green top)		<p>Labs Collected: Date/Time/Name of Collector:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Toxicology Labs (2 grey) Collected: Date/Time/Name of Collector:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Toxicology Urine Collected: Date/Time/Name of Collector:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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POST ASSAULT PROPHYLAXIS

Note: Do not have the patient take the oral medications until the SAFE exam is completed or no SAFE exam will be performed.

When ordering meds, use ESSENTRIS/CHCS order set "SAFE MED"

- Update Tetanus toxoid if required
- Administer HBIG if patient not vaccinated and/or perpetrator has a known history of Hepatitis B – Consult with Infectious Disease
- Administer HepB vaccination if patient is not vaccinated – See after hours immunization pathway
- HIV prophylaxis
 - Give patient a **7 day** course
 - **Contact Infectious Disease physician** for verbal consult
 - **Daytime/weekday: 619-218-7630**
 - **Nighttime/weekend/holiday: 619-218-7455**
 - Enter a **CHCS urgent to infectious disease consult**
 - Medications (X 7 days, Infectious Disease will determine continuation):
 - Truvada 1 tablet orally once a day – give 1st dose in ER
 - Plus
 - Raltegravir (Isentress) 400 mg twice a day – give 1st dose in ER

- STD Prophylaxis
 - Ceftriaxone (Rocephin, a cephalosporin) 250mg IM x 1 now
 - Plus
 - Metronidazole (Flagyl) 2 grams PO x 1 now
 - if alcohol consumption recently, take at home 24 hours later
 - Plus
 - Azithromycin 1 gram PO now or Doxycycline 100mg PO BID x 7 days
 - Severe allergy to cephalosporin may give Azithromycin 2 grams x 1
 - Covers both G/C but associated with nausea

- Pregnancy Prophylaxis
 - Plan B One Step take 1 PO x 1 now

- Antiemetic (for potential side effects from above medications)
 - Zofran 4mg PO TID

5.

****NOTE: Nursing documentation for oral medication administration. Annotate "Patient instructed to self-administer after SAFE", if applicable.**

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<p><u>VICTIM REPORTING PREFERENCE STATEMENT – To be completed by SARC/VA</u></p> <p>Note: Assume all cases are restricted until the SARC/VA and patient complete DD Form 2910</p> <p>The SARC/VA and patient will complete the Victim Reporting Preference Statement (DD Form 2910) to determine restricted vs. unrestricted reporting.</p> <p>Information only; ED staff not intended to counsel on choices:</p> <p>** Restricted**</p> <p>6. Patients presenting for sexual assault care have the option to receive medical treatment and NOT have the incident reported to their or their sponsor’s command or military law enforcement. The incident still MUST be reported to civilian law enforcement per California law, but, the SARC can classify as restricted if:</p> <ul style="list-style-type: none"> - Incident is reported to medical, SARC/VA, FAP or chaplain - Incident does <u>NOT</u> involve gunshot, stab wound or serious injury - The victim is <u>NOT</u> in imminent danger - Command notification has <u>NOT</u> occurred - Law enforcement <u>investigation is NOT</u> initiated <p>**Unrestricted**</p> <p>Patients may be interviewed by and/or investigation started by civilian or military law enforcement. SARC will report the incident to the patient’s command.</p>	<p><input type="checkbox"/> RESTRICTED</p> <hr/> <p>Go to Step 8, skip Step 7</p> <p><input type="checkbox"/> UNRESTRICTED</p> <hr/> <p>Go to Step 7</p>	
<p><u>NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS) REPORTING</u></p> <p>Note: Only contact NCIS if the patient and SAPR VA have determined to make an UNRESTRICTED report. Reporting to NCIS automatically makes the case UNRESTRICTED.</p> <p>7. 1. Contact NCIS through the Navy Region Southwest (Region) Security Dispatch at (619) 524-6999; tell Dispatch to have the Duty NCIS Special Agent call you regarding a sexual assault; leave your name, command, and telephone number.</p> <p>2. NCIS will arrive within one hour and will liaison with local law enforcement.</p> <p>3. NCIS and local law enforcement will counsel the patient who has elected unrestricted reporting regarding the SAFE. **The ED will not counsel patients on the SAFE. This is a legal forensic exam and in agreement with local law enforcement, District Attorney, and the Staff Judge Advocates (SJA) counseling regarding the SAFE will be coordinated with NCIS.</p> <p>Note: Restricted reporting SAFE counseling will be coordinated with VA and SAFE provider.</p>	<p style="text-align: center;">Time:</p> <hr/> <p style="text-align: center;">Special Agent Name and Badge No.:</p> <hr/> <p style="text-align: center;">Case No:</p> <hr/>	

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8.	<p><u>DISCHARGE/Patient Follow Up</u></p> <p>When ordering consults, use ESSENTRIS/CHCS order set "SAFE Consult"</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get good contact number of patient <input type="checkbox"/> HIV prophylaxis started, consult Infectious Disease, see Step 5 above. <input type="checkbox"/> Female patient place consult to OBGYN-NMCS D <ul style="list-style-type: none"> <input type="checkbox"/> Indicate if cervical injury present, if known <input type="checkbox"/> Indicate if STD alternative regimen prescribed <input type="checkbox"/> Seen at 2 weeks post assault <input type="checkbox"/> Male patient place consult to Internal Med <ul style="list-style-type: none"> <input type="checkbox"/> Indicate if injury present, if known <input type="checkbox"/> Indicate if STD alternative regimen prescribed <input type="checkbox"/> Seen 2 weeks post-assault <input type="checkbox"/> Follow up with infectious Disease and PCM in 1 week <ul style="list-style-type: none"> <input type="checkbox"/> HIV testing at 6 week, 3 months, 6 months <input type="checkbox"/> Hep B testing at 6 week, 3 months, 6 month <input type="checkbox"/> Hep B vaccination @ 1 month, 6 months <input type="checkbox"/> Give 72 hours SIQ if patient desires <ul style="list-style-type: none"> <input type="checkbox"/> Note on CHIT that patient is suffering from "OB/GYN NOS" (female) or "GI NOS" (male) <input type="checkbox"/> ***Do not state sexual assault*** <p>NOTE: Ensure of copy of the protocol is placed under the ED LCSW office door. **DO NOT PLACE IN PATIENT'S CHART**</p>	
9.	<p><u>SEXUAL ASSAULT FORENSIC EXAM (SAFE)</u></p> <p>After the patient consults with the VA and NCIS if applicable, determine if the patient does want a SAFE. If patient requests a SAFE or wants more information contact the on call SAFE examiner 619-750-5348</p> <p>-SANE or SAFE Examiner will escort patient to 2N for exam unless room is not available.</p> <p>General guidance on SAFEs:</p> <ul style="list-style-type: none"> - Patient must be able to consent - Assault occurred within the last 7 days - SAFE Examiner will begin process within 1 hour of notification - SAFE Examiner will consult with law enforcement prior to beginning any unrestricted exam - SAFE toxicology recommended to be drawn within 60 minutes of arrival - SAFE can take 2-6 hours to complete, additional time may be required for completion and packaging of evidence, chain of custody must be maintained - Unrestricted evidence will be turned over to law enforcement - Restricted evidence will be mailed to NCIS storage facility in Norfolk; will remain for up to 5 years unless changed to unrestricted <p>Note: the patient has been discharged from the ED prior to beginning the SAFE.</p>	<p>SAFE Yes or No</p> <p>SAFE Examiner Notified(time): _____</p> <p>SAFE Examiner Arrived (time): _____</p>