

| Sexual Assault Checklist For Naval Health Clinic Patients | | Date/Time Completed with Staff Initial | Contact's Name/Date and Time Arrived |
|--|--|---|--|
| 1. | <p>During working hours, call Captain Hearn at 301-342-1875 and notify her that a sexual assault patient has arrived in main side or BHC clinics.</p> <p>Sequester the patient in a private exam room and immediately inform the SAFE RN/MEDICAL OFFICER as designated in your clinic. (CDR Deschere and Virginia Capps RN are the designated SAFE examiners)</p> <p>**If the patient presents with life-threatening injuries, call 911 for transport immediately to the Emergency Room at local hospital. Do not remove clothing unless required for life-saving measures. SAVE THE CLOTHING!</p> <p>***If the patient presents and is stable requesting medical treatment to include a SAFE exam, please skip to <i>step 5</i>. If the patient declines to go to ER, please proceed with step 2.</p> | | |
| 2. | <p>During normal working hours, contact the NHCPR's designated SAPR Victim Advocate; HM3 Harris, Jamie at 301-342-9504/504-377-3418 or Mrs. Darlene Jones-Dorsey at 301-995-4662/240-925-5327. If these members are not available, please contact the SAPR VA 24/7 hotline at 301-481-1057. After hours or holidays call 301-481-1057. If there is no response on the hotline, please call the Sexual Assault Response Coordinator (SARC) at 301-580-8212. Additionally contact Family Advocacy Program (FAP) at 301-757-1872 for military dependents, 18 yrs and older who were assaulted by spouse or intimate partner, along with military dependents, 17 year of age and younger. SAPR Victim Advocate and SARC must be contacted even if victim presents with a UVA: Uniformed Victim Advocate.</p> | | |
| ** GUIDANCE FOR WORKING WITH LAW ENFORCEMENT and SARC ** | | | |
| <ul style="list-style-type: none"> * The victim's report provided to healthcare personnel, SARCs, or SAPR VA will NOT be reported to law enforcement or to the command to initiate the official investigation unless the victim consents or an established EXCEPTION applies. * Mandatory reporting laws and cases investigated by civilian law enforcement may make it impossible for victims to make restricted reports. * SARC is responsible for reporting Unrestricted reports to installation commander within 24 hours. SARC also responsible for reporting non-PII containing Restricted sexual assaults within 24 hours to installation commander. | | | |
| 3. | <p>SAPR Victim Advocate will discuss with the pt whether the incident is a RESTRICTED* or UNRESTRICTED REPORT and inform the RN/MEDICAL OFFICER of the reporting option. They will also have the patient complete the DD 2910. <i>It is not the duty of the RN or the Medical Officer to counsel patients on reporting options; it is the duty of the Victim Advocate.</i></p> | <u>Check One//RN Initial</u> <input type="checkbox"/> RESTRICTED _____ (Follow Steps 5 - 7) | |

Patient's Name
FMP/SSN:
DOB:

| | | | |
|-----------|--|--|---|
| | <p>*Definition of RESTRICTED REPORT: ANY patient reporting a sexual assault may have the incident <u>NOT</u> reported to law enforcement or Chain of Command (for Active Duty victims) under the following circumstances:</p> <ul style="list-style-type: none"> • Incident is reported to a victim advocate, UVA, SARC or health care professional (friend, roommate, family member, outside the chain of command is okay now) • The victim or others are not in imminent danger | <input type="checkbox"/> UNRESTRICTED _____ (Follow Steps 4 - 7) Time of Decision _____ | |
| | Sexual Assault Checklist For Naval Health Clinic Patients | Date/Time Completed with Staff Initial | Contact's Name/Date and Time Arrived |
| 4. | <p>UNRESTRICTED REPORT: The incident of sexual assault is reported to Law Enforcement. Chain of Command notification will occur if victim is Active Duty.</p> <p>Victim Advocate will contact the appropriate Law Enforcement agency.</p> <ul style="list-style-type: none"> • Victims may be interviewed by CID, NCIS, or civilian Law Enforcement. | | |
| 5. | <p>Determine if patient wants Sexual Assault Forensic Exam. Patients have the right to decline any/all evidence collection and be treated medically only.</p> <p>If the patient chooses to have a SAFE exam completed, arrangements should be made to transfer her/him to the SAFE exam room at the MTF. If unable to complete exam fully at the clinic, the patient may be transported by duty driver, POV, Law enforcement, or in company of the Victim Advocate as appropriate.</p> | <p>Medical Screening: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____</p> <p>SAFE exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____</p> <p>SAFE Provider notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____</p> | |

Patient's Name
FMP/SSN:
DOB:

| | | | |
|--|--|--|--|
| 6. | <p>Draw the following labs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood alcohol (if indicated) <input type="checkbox"/> Hep B surface Ag & Ab <input type="checkbox"/> RPR <input type="checkbox"/> Urine HCG (dirty catch) <input type="checkbox"/> GC/Chlamydia swab (please place the order for the swab and it will be collected during the SAFE exam). All labs will be ordered under CDR Deschere or Virginia Capps RN <p>The SAFE provider will collect any toxicology screen as indicated to maintain the chain of custody of the specimen. Forensic toxicology will be collected and packaged using the Tri-Tech Drug Facilitated Sexual Assault Evidence Toxicology Kit, stock number BU-DFRE for drug facilitated sexual assaults.</p> | | |
| <p>Sexual Assault Checklist For Naval Health Clinic Patients</p> | | <p>Date/Time Completed with Staff Initial</p> | <p>Contact's Name/Date and Time Arrived</p> |
| 7. | <p>The SAFE provider will perform the SAFE exam per protocol using the Tri-Tech DOD SAFE kit and DD Form 2911. (Please refer to SAFE exam protocol per BUMEDINST 6310.11A) maintaining strict chain of custody. SUSPECT Exams will be completed in the same manner.</p> <p>If the case is unrestricted, the kit and DD 2911 form will be completed as noted and turned over to the appropriate law enforcement agency, maintaining chain of custody. If transfer is delayed, keep kit in secure location until chain of custody can be executed.</p> <p>If the case is RESTRICTED, please follow the instructions regarding Evidence Handling for Restricted and Unrestricted Reports of Sexual Assault, BUMEDINST 6310.11A, enclosure 9. The SAFE provider should obtain the RRCN from the Installation SARC prior to starting the forensic exam. The installation SARC can be reached at 301-757-1867 during regular working hours and at 301-580-8212 after hours. Kits will be mailed by FEDEX.</p> | | |
| 8. | <p>The SAFE provider will complete pregnancy and STD counseling and provide prophylaxis as appropriate.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Update Tdap, HPV vaccine, and Hepatitis immunization as indicated <input type="checkbox"/> Administer HBIG if the patient is not vaccinated or the perpetrator has a known history of Hep B <input type="checkbox"/> Prescribe pain medication as needed <input type="checkbox"/> Prescribe antiemetics as needed <input type="checkbox"/> HIV prophylaxis (if patient desires and <72 hours since exposure) <p>MAY USE SAME REGIMEN FOR PREGNANT PATIENTS</p> <ul style="list-style-type: none"> o ASAP post-exposure prophylaxis while in facility: <ul style="list-style-type: none"> ▪ Truvada 1 tab PLUS Kaletra 2 tabs PO o DISCHARGE with HIV prophylaxis if given at time of exam: | | |

Patient's Name
FMP/SSN:
DOB:

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> ▪ Truvda 1 tab PO Daily PLUS Kaletra 2 tabs PO BID both for 28 days ▪ Imodium 2 mg, 1 tab PO prn diarrhea <p><input type="checkbox"/> Consider Empiric STD prophylaxis:</p> <ul style="list-style-type: none"> ○ Ceftriaxone 250 mg IM x1 PLUS ○ Flagyl 2 gm PO to be taken 24-48 hours after discharge from the clinic PLUS ○ Azithromycin 1 gm PO now OR Doxycycline 100 mg PO BID x 7 days | | |
| <p>Sexual Assault Checklist For Naval Health Clinic Patients</p> | | <p>Date/Time Completed with Staff Initial</p> | <p>Contact's Name/Date and Time Arrived</p> |
| | <p><input type="checkbox"/> Consider emergency contraception with PLAN B (Levonorgesterol Two-dose regimen: One 0.75 mg tablet as soon as possible within 72 hours of unprotected sexual intercourse; a second 0.75 mg tablet should be taken 12 hours after the first dose or Single-dose regimen: One 1.5 mg tablet as soon as possible within 72 hours of unprotected sexual intercourse) <i>(If the provider has a religious/personal exception to prescribing emergency contraception, have another provider order the EC).</i></p> <p><input type="checkbox"/> Consider sleep aids if needed</p> <p><input type="checkbox"/> Place an ASAP infectious disease consult if HIV post-exposure prophylaxis is provided</p> <p><input type="checkbox"/> Place a behavioral health consult (if applicable).</p> <p>Let the patient know the SARC will be contacting him/her to make sure they are doing well and are accessing any services she/he requires</p> <p><input type="checkbox"/> Provide 72 hours of SIQ</p> <p><input type="checkbox"/> Email the SAFE Program manager for the MTF at Sandra.hearn@med.navy.mil to notify that a sexual assault exam has been completed and make arrangements for secure storage of the DD 2911 and any photographs taken per BUMEDINST 6310.11A. Please include a copy of this completed checklist.</p> <p><input type="checkbox"/> Give the patient a copy of the discharge instructions to include:</p> <ul style="list-style-type: none"> ▪ List of labs completed ▪ List of medications given/provided with instructions on administration ▪ Provide a 2 week FU appt with CDR Deschere or Virginia Capps RN. <p><input type="checkbox"/> Ensure the patient has someone to accompany her/him home and they have a</p> | | |

Patient's Name
FMP/SSN:
DOB:

| | | | |
|----|--|--|--|
| | safe place to go prior to leaving the facility. | | |
| 9. | <p>Document encounter in AHLTA per BUMEDINST 6310.11A. The sensitive button should be activated when entering the chart into AHLTA to enhance privacy.</p> <p>Records should be stored as sensitive according to MANMED Ch 16.</p> | | |

Initials: _____ Printed Name: _____ Signature: _____

| NAVAL HEALTH CLINIC | DESIGNATED SAFE PROVIDER | CONTACT NUMBER |
|---------------------|--------------------------|----------------|
| Patuxent River | CDR Deschere, Bruce | 301-342-2740 |
| Patuxent River | Virginia Capps RN | 301-342-1418 |
| | | |
| | | |
| | | |
| | | |

Patient's Name
FMP/SSN:
DOB: