

Adult Sexual Assault Policy and Procedures

Introduction: The purpose of these protocols is to provide guidelines for medical and nursing professionals in the care of the Sexual Assault Survivor. The goal is to ensure that compassionate and sensitive delivery of services and care are provided in a non-judgmental manner.

Background: All sexual assault survivors may not desire to press charges or undergo sexual assault forensic examination (SANE). Reasons for this are many and complex. Regardless the decision is the victims and preventative services and injury treatment should offer in any case.

The purpose of a forensic exam or SANE is for collection of evidence for pursuit of a criminal investigation and prosecution. At times a victim may desire collection of evidence but not be certain they want to report .

Procedures:

I. Patient presents reporting sexual assault or possible sexual assault:

A. Mandatory Reporting -Certain circumstance warrant mandatory report of sexual assault and law enforcement must be notified.

1. If the patient is 17 years old or younger
2. If the patient is 18 years or older and a dependent person or of diminished mental capacity
3. If the patient is 65 years of age or older

B. Patient wishes to report the incident to police.

1. Contact Mountain View Hospital Emergency Department for assistance in arranging for a Sexual Assault Nurse Examination.
2. Contact the appropriate jurisdictional police department for an investigator.
3. Contact an advocate for Warm Springs Victims of Crime Services (541-553- 2293) or Saving Grace (541-475-1880) to assist the patient for support and transportation
4. Arrange follow up for the patient with his/her designated provider or the provider of her choice in 1-2 weeks .

C. Patient desires testing and preventative measure and possibly a provider examination for evaluation and treatment of injuries, but does not wish to make a report and age and mental capacity do no warrant mandatory reporting.

1. For patients requesting examination arrange an exam with a provider in clinic on that date.
2. Pregnancy Testing: Offer female patient pregnancy testing.
3. Emergency contraception: female patients should be offered Emergency Contraception up to 120 hours (5 days) after the assault unless currently pregnant or the patient has had a hysterectomy or is beyond child bearing age. (Offer even if she is currently on other contraception)
4. Offer prophylactic treatment for Sexually Transmitted Infections regardless (even if tests are collected.)
 - a. Gonorrhea Prophylaxis: Ceftriaxone 250 IM x 1 dose
 - b. Chlamydia Prophylaxis: Azithromycin 1 gram PO x 1 dose.
5. Encourage follow up in 1 -2 weeks for STI and pregnancy testing
6. Other testing: Offer HIV, Hepatitis B and RPR testing. Advise of the need to repeat the tests in 6 – 8 weeks .
7. Tetanus prophylaxis: If the patient has skin abrasions or other wounds and the immunization status is unknown or greater than 10 years, for low risk wound and 5 years or greater for high risk wound, give the dT immunization.
8. Hepatitis B :
 - a. Never immunized: offer the first dose of the Hepatitis B vaccine series
 - b. Unsure of immunization status or partially immunized: Offer to draw Hepatitis B antibody titer with instructions for appropriate follow up of titer results and completion of the vaccine series.
9. Suggested Diagnosis Codes:
 - a. V71.5 -Observations following alleged rape or seduction.
Include and E code listed below.
 - b. Rape adult - 995.83
 - c. E967.0-E967.9 can be used to identify a perpetrator
967.0-father, stepfather or male partner of parent or guardian
E967.1- by other specified person

E967.2 mother step mother or female partner of parent of guardian

E967.3 by spouse or partner (or ex spouse partner)

E967.4 by child

E967.5 by sibling

E967.6 by grandparent

E967.7 by other relative

E967.8 by no related caregiver

E967.9 by unspecified person

Nursing Supervisor

Date

Clinical Director

Date