

**Agreement Between
LAW ENFORCEMENT AGENCY
and SEXUAL ASSAULT RESPONSE TEAM (SART)
For Sexual Assault Response Team Services**

THIS AGREEMENT is made and entered into as of the date set forth below, by and between the *LAW ENFORCEMENT AGENCY* (hereinafter “AGENCY”) and the County of Monterey, on behalf of the Monterey County Health Department (hereinafter “COUNTY”). The purpose of this Agreement is to contract for administrative and related services of a SART Coordinator and team of Sexual Assault Forensic Examiners (SAFE) (hereinafter known as “SART”) and *LAW ENFORCEMENT AGENCY’s* payment for such services.

RECITALS

- A. AGENCY may eliminate repetitive or unnecessary questioning and to ensure correct and accurate collection of evidence; and
- B. COUNTY desires to improve the quality of the evidence gathering process of a sexual assault to increase the conviction rate of sexual assault perpetrators, and, at the same time, remain sensitive to the needs of sexual assault victims; and
- C. AGENCY and COUNTY agree that it is more practical and effective to implement some of the goals of a successful Sexual Assault Team by way of this Agreement; and
- D. AGENCY and COUNTY desire to ensure the continuation of a prompt, organized, and effective team response to cases of adult, adolescent, and acute pediatric sexual assault in Monterey County through the continuity of the Sexual Assault Response Team Program.

NOW, THEREFORE, in consideration of the covenants, conditions, stipulations, and terms hereinafter expressed, AGENCY and COUNTY agree as follows:

1. Termination of Prior Agreement.

County and LEA previously entered into that certain Agreement effective **Month**, **2022** (the “Prior Agreement”). County and LEA wish to mutually terminate all obligations between the parties arising from the Prior Agreement, effective as of the Effective Date of this Agreement. Therefore, as of the Effective Date of this Agreement, County and LEA agree that the Prior Agreement is unconditionally terminated in its entirety and shall have no further force and effect.

2. COUNTY Performance Obligations

The SART Coordinator shall represent COUNTY and SART in all matters pertaining to this Agreement and shall administer this Agreement on behalf of COUNTY. The Chief of Police/Warden/Sheriff or his/her designee shall represent AGENCY in all matters pertaining to services rendered pursuant to this Agreement and shall administer this Agreement on behalf of AGENCY.

3. Independent Contractors.

AGENCY shall not have or exercise any control or direction over the methods by which COUNTY shall perform its work and functions under this Agreement. The sole interest of AGENCY is to assure that the contractual duties and obligations are carried out in a competent, efficient, and satisfactory manner.

4. Mutual Hold Harmless.

- (a) COUNTY shall hold harmless and indemnify AGENCY against any and all claims, demands, suits, judgments, expenses and costs of any kind, insofar as it may legally do so, on account of the injury to or death of persons or loss of property arising in any manner out of COUNTY'S performance of this Agreement.
- (b) AGENCY shall hold harmless and indemnify COUNTY against any and all claims, demands, suits, judgments, expenses and costs of any and every kind, insofar as it may legally do so, on account of the injury to or death of persons or loss of property arising in any manner out of the AGENCY's performance of this agreement.
- (c) It is the intention of COUNTY and AGENCY that the provision of this paragraph be interpreted to impose on each party responsibility for the negligent and/or intentional acts of its officers, agents, and employees.

5. Insurance.

- (a) Each party recognizes and accepts the other party is self-insured for commercial general liability. Either party may purchase commercial insurance to cover its exposure hereunder, in whole or in part.
- (b) COUNTY shall secure and maintain at all times during the term of this AGREEMENT, at its respective sole expense, professional liability insurance covering itself and its employees. Such coverage provided by COUNTY may be afforded via commercial insurance, self-insurance, a captive, or some

combination thereof at limits of at least \$1,000,000 per claim or occurrence and \$3,000,000 in the aggregate.

6. Conflict of Interest.

COUNTY agrees that all reasonable efforts will be taken to ensure that no conflict of interest exists for its officers, agents, or employees in connection with the performance of this Agreement. COUNTY shall use its best efforts to prevent employees, consultants, subcontractor(s) or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain either for themselves or others, such as those with whom they have family, business, or other ties.

7. Confidentiality of Client Records.

COUNTY, its officers, employees, agents and subcontractors shall protect from unauthorized disclosure, the names and/or other identifying information concerning both persons receiving services or assistance under this Agreement, as well as persons whose names or other identifying information become known to SART as a result of services performed under this Agreement, except for statistical information which does not identify any such person(s). COUNTY, its officers, employees, agents, and subcontractors shall not use information which identifies any individual receiving services under this Agreement for any purpose other than carrying out COUNTY'S obligations under this Agreement.

- (a) AGENCY, its officers, employees, agents, and subcontractors shall promptly inform SART of any and all requests, whether written or oral, for disclosure of such identifying information as is described in this section.
- (b) AGENCY shall not disclose, except as authorized or required by applicable law, any identifying information.
- (c) For purposes of this section, the term "identifying information" shall include, but not be limited to name, identifying number, symbol or other identifying particular(s) assigned to the individual, such as finger or voice print or photographs.
- (d) AGENCY shall impose similar confidentiality requirements upon any contractors or subcontractors for services under this Agreement.

8. Adherence to Examination Protocols.

AGENCY agrees to adhere to the Sexual Assault Response Team Protocol.

See attached EXHIBIT A. All medical records, photography and films and digital images shall remain at the office of the SART Coordinator. Copies may be requested from the SART Coordinator.

9. Billing, Collection and Reimbursement.

The parties acknowledge that current law prohibits the victim of sexual assault from being held financially responsible for the cost incurred in the provision of a sexual assault evidentiary examination for the purpose of gathering evidence for the criminal justice system. COUNTY agrees to establish a system for billing such services.

- (a) COUNTY agrees to bill the appropriate AGENCY for charges associated with SAFEs. AGENCY agrees to reimburse COUNTY for all authorized examinations. COUNTY and AGENCY agree that all billing and payment/collection transactions under this Agreement shall be in accordance with the rates set forth in Exhibit "B" to this Agreement, which is attached here to and is incorporated herein by this reference.
- (b) COUNTY shall be reimbursed by the AGENCY not later than thirty (30) days after COUNTY submits the invoice. COUNTY shall submit invoices in conformance with Exhibit C, "Invoice," which is attached to this Agreement and by this reference is incorporated herein and made a part hereof.
- (c) One signed copy of each invoice shall be submitted to AGENCY address as indicated in Section 15, **Notices**. A copy shall also be maintained in the SART Coordinator's office.
- (d) Each invoice shall be submitted under the letterhead of COUNTY and shall contain:
 - Names and titles of all subcontractors for which reimbursement is requested for the invoice period.
 - Actual expenses incurred according to the rates set forth in Exhibit "B" to this Agreement.
 - Signature approvals, as shown on the attached Exhibit C to this Agreement.
- (e) Monthly invoices will be submitted no later than forty-five (45) working days after the end of the invoice period.
- (f) AGENCY shall pay a Participation Fee, by July 31st of each year of this Agreement (See Exhibit B). COUNTY shall invoice AGENCY separately for the Readiness Participation Fee on July 1st of each year of this Agreement.

(g) Negotiations for changes in the fee schedule for Sexual Assault Evidentiary Examinations set forth in Exhibit B shall commence at least ninety (90) days before the end of the County fiscal year in which fee negotiations take place. Changes in fees are not binding unless mutually agreed upon in a writing signed by the parties.

10. Courtesy Exams for Sexual Assaults in Out-of-County Jurisdictions

This Section 9 does not apply to evidentiary exams of active-duty military members and their dependents. For any and all sexual assault evidentiary exams of active-duty military members and their dependents, please refer to Section 10.

If a patient, other than an active-duty military member or a member's dependent, presents at a hospital in Monterey and requests an evidentiary exam in connection with a sexual assault alleged to have occurred in an out-of-county jurisdiction, the out-of-county agency will request authorization for the evidentiary exam by contacting the agency in whose jurisdiction the hospital resides. An out-of-county jurisdiction is defined, for purposes of this Agreement, as any property outside the jurisdictional boundaries of Monterey County or any federal property within Monterey County, including the Defense Language Institute, any military bases, and the Presidio, Monterey County. Where it has authorized a sexual assault evidentiary exam of a patient in connection with an out-of-county jurisdiction, MPD or SPD shall hold the evidence collected on behalf of the out-of-county agency, and COUNTY shall bill MPD or SPD, as relevant, for the cost of conducting the exam, in accordance with the rates set forth in Exhibit "B" to this Agreement.

11. Patients who are Active-Duty Military Members and Their Dependents.

If an active-duty military member or a military dependent presents at the Community Hospital of the Monterey Peninsula (CHOMP) or at Natividad Medical Center (Natividad) and requests an evidentiary exam in connection with a sexual assault alleged to have occurred within the County or in an out-of-county jurisdiction, as that term is defined in this Agreement, the member or dependent shall be referred to the Santa Clara County SART team for an evidentiary exam as directed by the member or dependent's sexual assault examiner, regardless of where the alleged sexual assault occurred.

12. Term

This Agreement shall commence when executed and shall continue in full force and effect until June 30, 2026, unless earlier terminated as set forth in this Section 10. This Agreement may be terminated without cause by either party upon thirty (30) days' notice in writing to the other party.

13. Entire Agreement.

This Agreement supersedes any and all other agreements, whether oral or written, between the parties with respect to the subject matter of the Agreement, and no other agreement, statement or promise relating to the subject matter of the agreement, which is not contained herein, shall be valid or binding.

14. Execution.

This Agreement shall be deemed duly executed and binding upon execution by COUNTY and AGENCY.

15. Amendment.

The parties to this Agreement may alter, amend, or modify it at any time. However, no alteration, amendment, or modification of the terms of this Agreement shall be valid unless executed by written amendment hereto and approved by both the COUNTY and AGENCY.

16. Notices

Notices to the parties in connection with this contract shall be given personally or by United States mail, addressed as follows:

COUNTY

Monterey County Health Department
Sexual Assault Response Team (SART) Coordinator
Coordinator
1270 Natividad Road
Salinas, CA 93906

AGENCY

IN WITNESS WHEREOF, the parties hereto caused this Agreement to be executed by their duly authorized representatives on the dates set forth herein below.

COUNTY OF MONTEREY

AGENCY

Health Department:

(LEA)

Elsa M. Jimenez, Director of Health

Signature

Name:

Title:

Date

Date

Approved as to Form:

Deputy County Counsel

Date

Approved as to Fiscal Provisions:

Auditor-Controller

Date

Monterey County Health Department

**SEXUAL ASSAULT RESPONSE TEAM
PROTOCOL**

2020



For questions please contact
Sheree Goldman, Sexual Assault Response Team Coordinator
(831) 648-7731 or
Goldmans@co.monterey.ca.us

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SEXUAL ASSAULT RESPONSE TEAM PROTOCOL

I. DEFINITION

The Sexual Assault Response Team (SART) of Monterey County consists of interdisciplinary responders to reports of sexual assault. These responders include law enforcement officers, sexual assault forensic examiners, certified sexual assault counselors, certified forensic child interviewers, deputy district attorneys and crime lab personnel, and victim assistance advocates, Children and Family Services, and Children's Behavioral Health.

II. STATEMENT OF PURPOSE

It is the desire of the SART of Monterey County to provide a prompt, organized, and effective multi-disciplinary team response to reports of acute adult, adolescent, and pediatric sexual assault. By implementing a protocol, the SART can gather evidence, contribute to investigative efforts by law enforcement, and at the same time, remain sensitive to the needs of sexual assault victims. A coordinated effort between all disciplines will assist the criminal justice system in the collection of evidence, interpretation of findings, and presentation of expert opinion.

The protocol is designed to ensure that sexual assault survivors and suspects receive an immediate and comprehensive medical-legal examination and receive medical testing and medication as recommended by the state of California.

III. LAW ENFORCEMENT RESPONSE

A. INVESTIGATIVE PROCEDURES

1. INITIAL ASSESSMENT of the reporting party should be limited to a brief interview by the responding officer to determine the following:
 - a. A crime has occurred
 - b. Jurisdiction
 - c. Statute of limitations
 - d. Additional exigent victim and suspect information that must be obtained immediately pertaining to safety issues, suspect flight risk or risk to the community, or for enough probable cause for an immediate arrest.
 - e. The victim will be notified by law enforcement of his or her legal right to have his or her name kept confidential per PC 6254 and PC 293.
 - f. The initial assessment will also determine the need for an immediate medical examination of the victim(s). The investigating agency should not dismiss the need for a medical exam without consulting with the on-call Sexual Assault Forensic Examiner (SAFE) who can be contacted through the SART answering service (831) 648-7731.

B. FORENSIC INTERVIEWS

1. All victims under the age of 18 will be referred to the Child Advocacy Center for an interview by a Child Forensic Interview Trained interviewer (CFIT). It is preferable that the interview precedes the medical examination, but if that is not possible, the exam will be done first, and an interview will be scheduled in a timely manner.
2. CFIT interviewers may be requested to interview adults who have developmental or other disabilities that necessitate such an interview.
3. The victim will have a sexual assault counselor present for the interview at the victim's discretion per PC 264.2.

C. ASSISTANCE

1. Assistance with decision-making and other questions is available 24/7 from the on-call Deputy District Attorney, the SART Examiner, and the Monterey County Rape Crisis Center.

D. SART ACTIVATION

1. The multidisciplinary team activation will be initiated by the law enforcement agency that is requesting an exam
2. The law enforcement agency will contact the SART answering service and request to speak with the on-call examiner.
3. The officer will provide limited information only to the answering service, to include the officer's name, call back number, agency name, and the age, sex, condition, and language spoken of either the victim or suspect. The name of the victim or suspect will not be communicated to the answering service, nor will details of the case.
4. The answering service will contact the examiner, who will speak with the officer who is requesting SART activation prior to initializing the transport of a victim or response of a certified sexual assault counselor to the hospital.
5. The examiner will make every effort to respond to the requested hospital (CHOMP or Natividad) in a timely manner and will coordinate with the agency to set up an agreed upon time.
6. The examiner will then contact the answering service to request that a certified sexual assault counselor be dispatched to meet at the designated time and place. (This procedure satisfies the legal requirement that the local rape victim counseling center be notified whenever a victim is transported to the hospital for a forensic exam per PC 264.2).

E. TELE-SART ALTERNATIVE

During the COVID-19 pandemic some patients may be offered a Tele-SART exam. The specifics for this alternative may be found on page in the appendices.

F. NON-INVESTIGATIVE REPORTS (NIR)

1. If the victim is age 18 or over and requesting a non-investigative report (NIR), the SAFE will contact the jurisdiction where the assault is reported to have occurred and

the law enforcement agency will provide obtain a case number. The victim's identity will not be disclosed, and the Cal-OES instructions will be followed to examine the victim and document the findings on the Cal-OES 2-924 report. A law enforcement officer will respond to the hospital after the exam to collect and store the evidence kit for the minimum number of years as established by law (24 months) or as established pursuant to the policy of the investigating agency which may for the duration of the statute of limitations. PC 1417.9, PC 799

2. If the victim decides to open the case to investigation, the law enforcement agency shall obtain a written release from the victim for the report and submit it to the SART Custodian of Records who will then provide a copy of the Cal OES 2-924 report to the agency.

G. TRANSLATION

1. The law enforcement agency will provide a legal interpreter when possible. If no interpreter is available through law enforcement, a certified interpreter from the hospital, the ATT Language Line, or a comparable service that is provided by the institution will be utilized.

H. HOSPITAL PROCEDURE

1. The sexual assault counselor will be afforded an opportunity to speak with the victim privately prior to the exam if possible.
2. When all team members have assembled, the examiner will obtain a history of the event from the victim. The law enforcement officer and sexual assault counselor will be in attendance for this portion of the exam, and then the law enforcement officer may be excused after the history has been completed.
3. The victim may have one support person of their choice in attendance per PC 264.2 during the exam, apart from the interview. (Per PC 264.2(b)(4), a *support person may be excluded from a medical evidentiary or physical examination if the law enforcement officer or medical provider determines that the presence of that individual would be detrimental to the purpose of the examination.*)
4. The law enforcement agency will promptly dispatch an officer to retrieve the evidence and report from the examiner after the exam is completed.
5. If the examination is for a suspect, the officer will remain in attendance throughout the examination.

I. CHAIN OF CUSTODY

1. An appropriate chain of custody will be maintained when evidence and the report of the forensic exam are passed from the examiner to the law enforcement agency.

J. VICTIM TRANSPORT

1. Transportation may be requested of law enforcement to transport victims to and/or from exams.

K. PAYMENT

1. Payment for the exam will be in accordance with the memorandum of understanding between the agency and the Monterey County Health Department. No victim will be billed either directly or indirectly for the exam per PC 13823.95.

IV. ADVOCACY and CERTIFIED SEXUAL ASSAULT COUNSELORS

- A. Monterey County Rape Crisis Center (MCRCC) will be contacted to provide certified sexual assault counselors during all medical-legal examinations for victims of all ages in accordance with PC 264.2.
- B. The sexual assault counselor will provide clothing, toiletries, and additional information/referrals to the victim.
- C. All victims will receive written and verbal Crime Victim's Compensation information at the time of the exam.
- D. All victims will receive a referral to counseling with resources from the Monterey County Rape Crisis Center (MCRCC).

V. FAMILY AND CHILDREN'S SERVICES

- A. The SAFE and/or Law Enforcement will contact Child Protective Services (CPS) whenever the assault occurred in the child's home or if there is a concern that the child may be a victim of Commercial Sexual Exploitation (CSEC). Any phone call made to CPS must be followed by faxing a completed Suspected Child Abuse Report (SCAR)) to the agency within 36 hours. See appendix for link to the report form.
- B. In addition, CPS must be contacted in the following situations:
 - Cases involving intra-familial situations.
 - Cases where the minor appears to be at continued risk of molest due to the caretakers' inability to protect or unwillingness to believe the minor's disclosure.
 - Cases where the relationship between the minor and the suspect is unclear and/or the suspect has continued access.
 - Cases where the assault occurred out of the home and the Law Enforcement officer or SAFE feel that an evaluation needed.

VI. BEHAVIORAL HEALTH SERVICES

A. Children under the age of 18

1. At Natividad Medical Center, Monterey County Children's Behavioral Health shall provide an on-call psychiatric social worker (PSW) to respond to the Bates-Eldredge clinic during or after the examination of a minor who expresses suicidality or other concerning behavioral issues and is determined by the SAFE to need a behavioral health assessment prior to discharge from the hospital. This PSW can be contacted after hours or during weekends by calling (831)755-5810.
 - a. The PSW shall assess the safety of the child. If the PSW determines the child is stable, a safety plan will be completed and discussed with the child and their caretaker prior to them leaving the hospital. The child and/or the caretaker will also be offered mental health follow-up which they can opt into by completing a release of information. Should the family consent, the PSW will follow up with the family within 72 hours regarding the child's need for ongoing mental health services.
 - b. Should the child be determined to be a danger to self or others the PSW will coordinate with the Crisis Team at Natividad Medical Center and coordinate the child and caretaker being escorted to the emergency department for evaluation for potential mental health hold. The child and/or the caretaker will also be offered mental health follow-up which they can opt into by completing a release of information. Should the family consent, the PSW will follow up with the family within 72 hours regarding the child's need for ongoing mental health services.
 - c. Any child, examined at NMC or CHOMP, can be offered follow-up mental health services regardless of safety issues. The SAFE would fill out release with family and email copy to cares@co.monterey.ca.us and a PSW will follow up with the family within 72 hours of receiving the release of information. A release can be signed by a child 12 years or older or by a parent or guardian for any child age 0-18 years.
2. At CHOMP, the child may be assessed by the emergency department physician and the physician may request and assessment by the crisis team.
 - a. Adults
 - i. Patients at Natividad Medical Center will be transferred to the emergency department and the emergency department may request an assessment by the crisis team to determine the mental health needs of the patient.
 - ii. Patients at CHOMP may be assessed by the emergency department physician and the physician may request and assessment by the crisis team to determine the mental health needs of the patient.

- b. Decision-making capacity
 - i. If there is a concern that the patient's mental status is altered, the emergency department physician will be consulted by the sexual assault forensic examiner to evaluate if the patient has the capacity to consent to an evidentiary exam, which is an elective procedure.

VII. MEDICAL SERVICES

A. ACUTE EXAMINATIONS

An acute case is defined as involving a report of penetration of a person's mouth within 24 hours, vagina within 120 hours, or anus within 120 hours, or if there is injury, bleeding, or pain attributed to the assault.

Forensic examinations which meet the criteria for an acute exam may be conducted to evaluate and treat all victims who upon request. No law enforcement authorization is required to conduct the NIR exam. Evidence of sexual assault is collected in a sensitive manner during the examination.

1. Minors, age 12 to 17, may consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. (Family Code Section 6927). Minors, age 12 to 17, may also decline an exam without parental consent. An attempt must be made by the SAFE to notify the parents. Suspect exams are performed at the request of law enforcement.
2. Forensic examinations are conducted in specialized exam rooms or the emergency department at participating hospitals. Suspect exams may be conducted at the County Jail.
3. Acute examinations for sexual assault of victims of all ages may be requested by law enforcement within 5 days (120 hours) of the assault. This time frame is not absolute, and the law enforcement agency and the SAFE are encouraged to discuss the details of the assault to assist with decision-making.

B. MEDICAL OVERSIGHT

1. Sexual Assault Forensic Examinations must be conducted by qualified examiners. (PC section 13823.5(e).
2. The Medical Director of the SART program provides supervision.
3. Standardized procedures cover administration of prescription drugs by sexual assault forensic examiners to patients to:
 - a. Provide prophylaxis for sexually transmitted infections.
 - b. Provide emergency contraception to female patients.
 - c. Patients under the age of 12 may also be examined, and prescription medication is limited to emergency contraception when indicated.

C. EXAMINER LICENSURE/CERTIFICATION/QUALIFICATIONS

1. Education, Training and Experience
 - a. Employment as a registered nurse, nurse practitioner, or physician's assistant for at least one (1) year.
 - b. Employed by oversight administrative agency (MCHD).
 - c. Successful completion of didactic and clinical education requirements required by the hospital.
 - d. Credentialed in good status by the hospital within the required time frame.
2. Licensure
 - a. Current licensure as a registered nurse or physician's assistant in the State of California.
For Registered Nurses: Thirty (30) hours of continuing education (CEU) as mandated by the State of California to maintain licensure (all 30 hours are due at time of license renewal every two (2) years).
 - b. For Physicians' Assistants: Continuing Education (CME) as required by the institution (MCHD)
3. Ongoing Evaluation
 - a. Chart review by coordinator and Medical Director
 - b. PA charts to be co-signed by Medical Director
 - c. Regular attendance at monthly Coalition Meeting/Case reviews
 - d. Photo reviews
 - e. DOJ Crime lab QA of evidence kits
 - f. Proof of training shall be kept on file at the oversight agency.

D. EXAMINATION OF ADULT/ADOLESCENT VICTIMS OF SEXUAL ASSAULT

E. DEFINITIONS

1. The US DOJ defines sexual assault as any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities such as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.

Penal Code Section 11165.1 provides: As used in this article, "sexual abuse" means sexual assault or sexual exploitation as defined by the following:

(a) "Sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), subdivision (d) of Section 261.5 (statutory rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b), or paragraph (1) of subdivision (c) of Section 288 (lewd or lascivious acts upon a child), 288a (oral copulation), 289 (sexual penetration), or 647.6 (child molestation).

(b) Conduct described as "sexual assault" includes, but is not limited to, all of the following:

- (1) Penetration, however slight, of the vagina or anal opening of one

person by the penis of another person, whether or not there is the emission of semen.

(2) Sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(3) Intrusion by one person into the genitals or anal opening of another person, including the use of an object for this purpose, except that, it does not include acts performed for a valid medical purpose.

(4) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of a child, or of the perpetrator by a child, for purposes of sexual arousal or gratification, except that it does not include acts which may reasonably be construed to be normal caretaker responsibilities; interactions with, or demonstrations of affection for, the child; or acts performed for a valid medical purpose.

(5) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(c) "Sexual exploitation" refers to any of the following:

(1) Conduct involving matter depicting a minor engaged in obscene acts in violation of Section 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of Section 311.4 (employment of minor to perform obscene acts).

(2) A person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.

(3) A person who depicts a child in, or who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges, a film, photograph, videotape, video recording, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement

and prosecution agencies and other persons described in subdivisions (c) and (e) of Section 311.3.

Evidence Code Section 1108 provides: As used in this section, the following definitions shall apply:

(1) "Sexual offense" means a crime under the law of a state or of the United States that involved any of the following:

(A) Any conduct proscribed by Section 243.4, 261, 261.5, 262, 264.1, 266c, 269, 286, 288, 288a, 288.2, 288.5, or 289, or subdivision (b), (c), or (d) of Section 311.2 or Section 311.3, 311.4, 311.10, 311.11, 314, or 647.6, of the Penal Code.

(B) Any conduct proscribed by Section 220 of the Penal Code, except assault with intent to commit mayhem.

(C) Contact, without consent, between any part of the defendant's body or an object and the genitals or anus of another person.

(D) Contact, without consent, between the genitals or anus of the defendant and any part of another person's body.

(E) Deriving sexual pleasure or gratification from the infliction of death, bodily injury, or physical pain on another person.

(F) An attempt or conspiracy to engage in conduct described in this paragraph.

F. DATA BASE to be collected by the examiner

G. SUBJECTIVE

1. Informed written consent received from the patient
2. Patient history and symptoms relevant to sexual assault, including sexual, contraceptive, and reproductive history per the Cal-OES form.
3. Pertinent medical history relevant to general health, allergies, surgeries, illnesses, and current medications.

H. OBJECTIVE

1. Physical exam, including genital assessment is performed according to the protocol.
2. Forensic evidence is collected according to the California OES protocol.
 - a. The forensic examiner determines the need for lab tests on a case by case basis according to protocol from the following:
 - i. Urine or serum pregnancy test that meets the criteria set forth by the California State Protocol
 - ii. Urinalysis if indicated
 - iii. Baseline testing for Gonorrhea and Chlamydia

- iv. Wet mount
- v. Collection of serum sample for immediate evaluation for HIV, Hepatitis B, C, and syphilis.
- vi. Blood and/or urine test for alcohol/toxicology screening.
- vii. CBC and CMP for patients who are candidates for HIV non-Occupational Postexposure Prophylaxis (nPEP).
- viii. The Coordinator shall file a Confidential Morbidity Report (CMR) with the Monterey County Health Department Communicable Disease Unit whenever a positive test results from a reportable infection.

I. ASSESSMENT

1. Reported Sexual Assault indicating medical-legal examination. The appropriate ICD code will be used for the confidential registration of the patient, but "Sexual Assault", per se, may not be medically diagnosed from a history and physical. Sexual Assault is a legal term.
2. Medical Screening Exam (see appendix).
3. Loss of Awareness Victim Exam Protocol
 - a. If the victim reports no memory of the assault, see appendix for recommended procedure.
 - b. The examiner may decline to perform an exam if the patient's behavior is unusually hostile or violent.

J. PLAN

1. TREATMENT FOR SEXUALLY TRANSMITTED INFECTION AND PREGNANCY Prophylaxis
2. All patients should be strongly encouraged to accept routine preventative therapy after sexual assault.
3. The Emergency Department physician will be notified if symptoms of allergy or distress develop.

K. PROPHYLACTIC MEDICATION FOR ADULT AND ADOLESCENTS

For prophylaxis against sexually transmitted infections.

1. For Gonorrhea: **Ceftriaxone 500 mg in Lidocaine 1%, IM x 1**
2. For Chlamydia: Prescription for **doxycycline 100 mg, orally twice daily for 7 days** (consult with physician in pregnancy).

OR

3. For allergy risk consult with physician

AND

4. For Trichomonas, Metronidazole 2 gm, PO x 1 (**Contraindicated in Pregnancy**).

5. For Emergency Contraception:
 - a. **Next Choice, 1 tab, PO x 1, or ELLA, 1 tab PO** (Contraindicated in Pregnancy), or a generic equivalent.
 - b. For HIV NON-OCCUPATIONAL POST EXPOSURE PROPHYLAXIS (nPEP): Testing is recommended but not required. If assailant is known to be HIV positive, the victim should be offered post-exposure prophylaxis. Prophylaxis must be initiated within 72 hours. The clinician may consult with an HIV specialist at UCSF by phone at the UCSF Clinician Consultation Center by calling (800) 933-3413, Monday through Friday from 9am until 8 pm ET.
Regimen:
 - c. **Truvada 200/300, 1 tab PO now, and Dolutegravir 50 mg, 1 tab now.** Prescription for 1 tab Truvada 200/300 once daily and dolutegravir 50 mg. once daily x 30 days. (Consult with Physician in pregnancy).

If indicated:

- d. **Hepatitis B vaccination:** Serologic testing is not required. If patient has not already been immunized, or is uncertain about immunization status, vaccination is recommended at the time of the initial examination. Follow-up doses are given 1-2 months and 4-6 months after the initial dose, for a total of 3 doses. (CONTRAINDICATED IN PREGNANCY)
 - e. **Td or Tdap booster:** if patient was immunized, but has not had a booster in 10 years, and there is a break in the skin integrity, refer to ED for Td. If the patient is between the ages of 19 and 64, he or she should receive a one-time dose of **Tdap** in place of Td. (CONSULT PHYSICIAN IN PREGNANCY).
6. Medical management of pain and nausea:
 - a. All patients should be evaluated for level of pain, using a 1 to 10 scale.
 - b. Acetaminophen 1000 mg may be administered po as a prn medication at any time during the exam, after oral swabs have been taken. (CONSULT MD IN PREGNANCY).
 - i. Pain should be re-evaluated one hour after administering medication.
 - ii. If pain persists, consider ED referral for further evaluation.
 - iii. Zofran 4 mg. sublingual may be administered for nausea. (CONTRAINDICATED IN PREGNANCY).

L. PHYSICIAN CONSULTATION

1. The Sexual Assault Forensic Examiner (SAFE) will consult with a physician and obtain medical clearance for the forensic exam when the following conditions are met:
 - a. A concern that a patient has an altered mental status and the patient's ability to consent for forensic examination (an elective medical procedure) may be impaired.

- i. Exhibiting the ability to understand the information relevant to treatment options
- ii. Expressing the ability to weigh the treatment options
- iii. Demonstrating the ability to appreciate the significance of the information provided
- iv. Expressing reasoning
- v. Displaying the ability to communicate their choice.

It is recommended that the patient remain in the Emergency Department or hospital for observation, treatment, or detoxification as an altered mental status may be due to serious medical conditions including, but not limited to:

- i. Metabolic problems
- ii. Trauma
- iii. Infection
- iv. Intoxication
- v. Psychosis

When the patient's mental status is improved, the patient demonstrates medical decision-making capacity for an elective procedure, and has been medically cleared by a physician, the SAFE examiner can return to obtain the patient's informed consent for a sexual assault forensic examination and conduct the examination.

Note: Whenever possible, the SAFE should document in detail observations and facts that support the determination that the patient is unable to consent to the procedure, as should the attending physician and law enforcement representative.

- i. A patient who is known to be pregnant, MD screening is to occur PRIOR to medical-legal exam. (Pregnancy test may show false positive if patient is recently postpartum or post spontaneous or elective abortion.)
- ii. Wound Management prophylaxis: If the patient has had primary tetanus toxoid immunization and has not had a booster dose in the past 10 years and has open wounds, refer to Emergency Department for tetanus toxoid, 0.5cc IM at time of exam. Tdap between the ages of 19 and 64 should be substituted for one dose of Td.
- iii. Patient has not been immunized against Hepatitis B.
- iv. History of non-fatal strangulation or attempted strangulation.
- v. History of loss of consciousness or loss of memory associated with head trauma according to patient's description of events or physical evidence.
- vi. Evidence of possible substance use or abuse, as determined by history or signs and symptoms that requires medical screening due to altered mental status or symptoms of withdrawal
- vii. Chest or abdominal pain
- viii. Head injury or lack of orientation
- ix. Injury of extremities resulting in limited range of motion
- x. Signs of infection

- xi. History of continual anal or genital bleeding since assault
- xii. Any bruising or laceration requiring treatment
- xiii. Any other conditions which suggest the need for medical consultation.

This list is only suggestive of consultation criteria. The examiner must use his or her professional judgment regarding additional consultation criteria. Physician consultation is independent of release from SART exam. The forensic examiner is ultimately responsible for providing sexual assault counseling and follow-up information.

M. PATIENT/SUPPORT EDUCATION

- 1. Patients will receive information on medication, treatment, and possible adverse reactions, both verbally and with printed material from the examiner.
- 2. Patient or minor patient's caregiver will be given age appropriate information about sexual assault and referrals by the sexual assault counselor. The referrals will include information about the Victims of Crime Program.
- 3. If no advocate is present, the forensic examiner will provide this information.

N. PATIENT FOLLOW UP

- 4. Patients without acute trauma or illness will be advised to follow up on the schedule that is recommended by the CDC or as needed.
- 5. Patients with evidence of acute trauma or illness will be referred to a health care provider for follow-up as soon as possible.
- 6. If nPEP (Truvada and Dolutegravir) therapy was initiated, patient may need additional hematology as recommended by the CDC written and verbal information will be provided to patient for their health care provider. If the patient has no PMD, he or she will be referred to a Monterey County Health Department clinic.
- 7. If the emergency physician saw the patient, additional follow-up instructions may be given by the emergency dept.
- 8. Any patient may return for additional evidence collection, photography, etc. at the request of law enforcement or the District Attorney.
- 9. Follow-up recommendations will be provided to the patient and/or family both verbally and in writing.
- 10. Long term follow-up care can be performed by the patient's primary medical provider as recommended by the CDC.

O. ACUTE PEDIATRIC EVIDENCE COLLECTION POLICY (Under 12 years of age)

- 1. Patient should see MD in Emergency Department if there are severe injuries, or if the child reports pain or bleeding. MD exam can be collaborative while forensic examiner collects evidence.
- 2. If law enforcement requests an exam to collect evidence and it is not possible for the child to be seen at the Bates-Eldredge Clinic within 5 days (120 hours) of the assault, consent is obtained from the parent, guardian, social worker, or law enforcement officer.
 - a. The examiner will explain to the officer and the child's caretaker that this is an initial exam to collect potential biological evidence that might otherwise be lost. Examiner will explain that the child will also need to be scheduled for an

interview with Certified Child Forensic Interviewer and a follow-up exam with a Pediatric Sexual Abuse Expert.

- b. The examiner will explain to the officer and the child's caretaker that this is an initial exam to collect potential biological evidence that might otherwise be lost. Examiner will explain that the child will also need to be scheduled for an interview with Certified Child Forensic Interviewer and a follow-up exam with a Pediatric Sexual Abuse Expert.
- c. Examiner will clarify that this examination alone cannot determine if the child has been a victim of sexual abuse.
- d. A certified sexual assault counselor will be present to provide support, clothing, toiletries, and additional information and referrals to the victim.
- e. CalOES form 2-930 and instructions are used.

THESE INSTRUCTIONS CONTAIN THE RECOMMENDED METHODS FOR MEETING THE MINIMUM LEGAL STANDARDS ESTABLISHED BY PENAL CODE SECTION 13823.11 FOR PERFORMING EVIDENTIARY EXAMINATIONS.

- i. Clothing collection per protocol.
- ii. The examiner will obtain the history from law enforcement officer, parent, or social worker. Neither the examiner nor the officer will interview the child in depth. If the child reveals any additional information during the exam, document this and report it to the investigator after the exam.
- iii. Obtain swabs per history and for Woods lamp positive areas.
- iv. Photograph injuries
- v. Speculum is not inserted into a pre-pubertal female.
- vi. Swabs are not inserted into the vagina of pre-pubertal females unless hymenal opening is large enough to do so without touching hymenal edges. Vulvo-vestibular swabs are collected instead.
- vii. NAAT testing for GC/Chlamydia will be done on the urine of the child. Any female child who is Tanner Stage 3 or above, regardless of menarche will be tested for pregnancy.
- viii. Cultures (oral, vaginal, penile, rectal) as indicated by history or if lesions or exudate are present will be obtained.
- ix. If vaginal discharge is present, a wet mount should be collected and transported to the lab as soon as it has been prepared for evaluation for the presence of sperm, clue cells, trichomonas, and yeast.
- x. NO male urethral cultures should be done for GC/Chlamydia; if the child is symptomatic, a NAAT can be done on voided urine or a meatal specimen of the discharge is an adequate substitute for an intraurethral swab.
- xi. Anoscopy will not be done on a pre-pubertal child. If anoscopy is indicated consult with physician.
- xii. Pertinent medical information, including vital signs and height and weight, will be recorded.
- xiii. Children will not routinely be given medications apart from Plan B for females who are Tanner Stage 3 and above. Children who are at risk for

HIV exposure should be evaluated by the ED MD for non-occupational post-exposure prophylaxis (nPEP) therapy.

- xiv. A blood test for HIV, Hepatitis B and C, Syphilis, and other tests if indicated will be done. Venipuncture should take place in an area other than the Child Advocacy Center if possible. HCG should be done for all Tanner 3 females regardless of menarche and is preferable to Urine testing. This procedure should be done AFTER the exam has been completed.
- xv. The child may be discharged when cleared by the ED physician (if seen in ED) or the SART examiner (if seen in the Child Advocacy Center), law enforcement, and CPS (FCS). Consult with medical director or ED physician regarding need for hospital admission if acute genital trauma is present. Consult with CPS if home safety is in question.
- xvi. The certified sexual assault counselor will provide the child's caretaker with information about counseling, follow-up services, and the Victims of Crime program.
- xvii. SART Examiner will provide the child's caretaker with any medical follow-up information as indicated.
- xviii. SART Examiner will explain to the caretaker that a follow-up interview and exam will be arranged by law enforcement.
- xix. SART Examiner will communicate with the law enforcement officer that he or she should contact the Child Advocacy Center Coordinator at 769-8682 to arrange for a forensic interview and follow-up exam.
- xx. SART Examiner will phone the Child Advocacy Center Coordinator and leave her a message: Include the name of the child, the date of the exam, and the name of the police department, the officer's name, and the case number.
- xxi. SART examiner will copy the OES 930 form and leave it in a sealed envelope for the Child Advocacy Center Coordinator under her door, or FAX the form to her at 796-1600.
- xxii. SART Coordinator will contact the managing DDA and send a copy of the forensic examination report as directed.
- xxiii. SART Coordinator will burn a CD of all photos of the child and deliver to the Child Advocacy Center Coordinator.
- xxiv. If CPS is not yet involved, SART Examiner will contact and fill out the appropriate referral if indicated. SART Examiner will leave a copy of CPS referral for the Child Advocacy Center Coordinator.

Criteria for reporting should include all cases that occurred in the home, with a family member or trusted adult, and all suspected cases of commercial sexual exploitation or trafficking.

P. NON-INVESTIGATIVE REPORT (NIR) EXAM: Cal OES 2-924 Procedure

- 1. Patient requests a forensic exam and declines interaction with law enforcement at the time of the request.
- 2. Forensic Examiner is contacted by hospital or advocacy agent.

3. Forensic Examiner speaks with patient and determines if a forensic exam is appropriate per timeline and nature of assault. If an exam is not appropriate, the patient will be referred to the Monterey County Rape Crisis Center or other agencies as needed.
4. The examiner will telephone the law enforcement agency from the jurisdiction where the assault occurred. The examiner will communicate the information that must be disclosed in accordance with Section 11163.2 of the Penal Code that is requested on the Cal OES 2-920 form. If the patient is unclear about the jurisdiction, the examiner will contact the agency for the jurisdiction that serves the hospital.
5. The forensic examiner will obtain a case number from the police agency.
6. The forensic examiner will contact a certified sexual assault counselor to respond to the hospital to provide support, information, referrals, and resources.
7. The patient will sign an informed consent per the 2-924 form and will complete the history portion of the form with the assistance of the examiner. An additional medical history form will be completed.
8. The exam will be conducted per local protocol, including lab testing, photography, and prophylaxis. Buccal swabs are collected for standard, per local policy. Toxicology samples are collected as indicated.
9. At the end of the exam, or at any time during the exam that is appropriate, the patient will be offered the opportunity to speak with law enforcement.
10. If the patient wishes to discuss their case with law enforcement, the case will be treated as a sexual assault forensic exam according to the local protocol, and all information and evidence will be given to the police to use for an investigation.
11. If the patient does not wish to include law enforcement in the process at the time of the exam, the sealed evidence kit and sealed report will be given to law enforcement to store for the minimum number of years as established by law (24 months) or as established pursuant to the policy of the investigating agency which may as long as the duration of the statute of limitations. PC 1417.9, PC 799
12. If the patient does not wish to include law enforcement in the process at the time of the exam, the sealed evidence kit and sealed report will be given to law enforcement to store for the minimum number of years as established by law (24 months) or as established pursuant to the policy of the investigating agency which may as long as the duration of the statute of limitations. PC 1417.9, PC 799
 - a. Sealed Evidence Kit that is labeled with the date of the exam and the case number NOT the patient's name.
 - b. Sealed blood and urine samples, labeled with the date of the exam and the case number, NOT The patient's name.
 - c. Completed Cal OES 2-924 report that is sealed in the evidence kit.
 - d. The examiner will also provide the law enforcement agency with the following UNSEALED documents:
 - e. Completed Suspicious Injury Report (Cal-OES 2-920).
 - f. The examiner will provide the PATIENT with the following:

- g. NIR Exam Evidence Storage Information form
- h. Health Care Provider Form
- i. Follow-up form
- j. Resource list

Q. SUSPECT EXAMINATION

- a. Suspect exams must be conducted in the Emergency Department or the County Jail.
- b. A law enforcement officer must always remain with the suspect.
- c. Contact between a suspect and a victim must be avoided.
- d. If a victim exam and suspect exam are both requested, the victim will generally be examined first.
- e. The examiner may decline to perform an exam if the patient's behavior is unusually hostile or violent.
- f. The Cal OES 2-950 report form and protocol will be used.
- g. The law enforcement officer will sign the authorization form.
- h. Evidence may be collected without the suspect's consent, and reference sample collection may be delayed until a search warrant is obtained if necessary. *

VIII. DOCUMENTATION AND RECORDS

1. The forensic examiner will complete the appropriate OES Form 923/924/925/920/930/950. When indicated, the International Association of Forensic Nurses' (IAFN) strangulation documentation report will be utilized. (See Appendix)
2. Copies of the OES Forms will be distributed according to the State Protocol.
3. The law enforcement agency will be given the original OES 2-923, 2-930, 2-925, 2-920 and 2-950 Report along with the evidence kit. This report should be copied before filing it with evidence, and the copy attached to the officer's report the original OES 2-924 report form (NIR) is used when the victim has requested no police involvement and will be kept by the custodian of records who is employed by Monterey County as the Monterey SART Coordinator. A copy of the report will be sealed in the evidence kit and addition copies may be released to law enforcement upon request if accompanied by a signed release from the victim.
4. Medical-legal records shall include documentation of:
 - a. Medical Screening Exam Form (appendix)
 - b. Vital signs
 - c. Medication allergies
 - d. Medication given during exam or sent home with patient
 - e. Lab tests sent to hospital lab
 - f. Complete signature of the forensic examiner
 - g. No examiner shall submit any written communication to investigators or attorneys. Any written communication must be submitted to the coordinator and/or medical director.

5. The following records shall be kept by the Custodian of Records who is employed by Monterey County as the Monterey SART Coordinator in a locked file. The forensic medical report, discharge instructions, and photos will not become a part of the patient's hospital medical record.
 - a. One true copy of the Cal-OES form 920, 923, 924, 925, 930, or 950
 - b. Suspicious Child Abuse and Neglect Report (SCAR)
 - c. Copy of discharge instructions given to the patient
 - d. Results of hospital lab tests
 - e. Copy of results from any lab test sent to a third-party lab.
 - f. Any photo documentation of exam
6. A CONFIDENTIAL MORBIDITY REPORT (CMR) will be filed by the coordinator with the Monterey County Health Department Communicable Disease Unit whenever a positive test results from a reportable infection.

IX. EVIDENCE

1. The law enforcement agency responsible for the investigation shall adhere to that agency's policies and procedures for the collection and preservation of evidence.
2. Evidence collected by law enforcement during the investigation shall be retained by the law enforcement agency.
3. The evidence kit completed by the SAFE shall be relinquished to law enforcement at the conclusion of the medical examination and must be collected by the law enforcement officer prior to the SAFE leaving the facility. Acute evidence will include blood and urine specimens which require refrigeration and occasionally will include wet evidence which needs to be processed by an evidence technician.
4. Photographs taken by the SAFE shall be retained by the SART Coordinator. The original Cal-OES report will be given to the law enforcement officer who collects the evidence kit prior to the SAFE leaving the facility. Additional copies may be obtained from the SART Coordinator by the agency authorizing the examination.

A. RADS (PARTIAL DNA KIT ANALYSIS)

1. The examiner will choose 3 swabs that are thought to be the most likely to contain probative biological evidence, one reference swab, and mail them directly to the DNA lab for analysis.
2. A green sticker on the evidence kit will alert the agency that these swabs were sent, and the agency may await the report prior to deciding if they want the rest of the kit analyzed.
3. No RADS swabs will be sent to the DNA lab when conducting forensic exams of inmates from Correctional institutions, Suspects, or Victims who have requested a Non-investigative Report (NIR) and who have had other sexual contact within 120 hours preceding the exam.
4. The examiner will complete a form "Additional evidence to be considered" to alert investigators to clothing or swabs that were collected and were not included in the RADS submission but may contain biological evidence (See Appendix).

X. DISTRICT ATTORNEY RESPONSIBILITIES

- A. The District Attorney's Office will have responsibility for filing and prosecuting criminal cases when the evidence gathered from the investigation is enough to support criminal prosecution. The District Attorney's Office will participate in the SART multi-disciplinary interview team process to evaluate cases.
- B. The District Attorney's Office maintains a sexual assault unit, staffed by Deputy District Attorneys specifically trained and assigned to sexual assault, and one District Attorney Investigator trained as a sexual assault investigator, and an experienced victim advocate and unit secretary for clerical support.
- C. To reduce trauma to the victim and to enhance prosecution, the District Attorney's Office Sexual Assault Unit will handle all felony criminal prosecutions of crimes involving sexual assault in a "vertical prosecution" format.
- D. Culturally and linguistically sensitive services will routinely be made available to all victim(s) and non-offending family members.

XI. THE DISTRICT ATTORNEY VICTIM/WITNESS PROGRAM

- A. The District Attorney's Office maintains victim/witness staff at their office in Salinas and provides victim/witness assistance by appointment in Salinas and King City. These advocates assist with mandated services throughout investigation and prosecution. Staff members may in some cases be able to assist the victim/witness with claims for assistance, assist with witness transportation once charges are filed, and either act as an advocate or assist a victim/witness in obtaining an advocate to assist the victim/witness throughout court proceedings.

XII. CASE REVIEW

- A. Case Review is scheduled monthly by the SART Coordinator.
- B. Meetings take place at the District Attorney's Office.
- C. Cases are reviewed and all attendees are members of the SART Coalition that consists of members of each law enforcement jurisdiction, MCRCC and Victims of Crime representatives, CPS, hospital emergency department managers, forensic examiners, medical directors, prosecutors, and criminalists.

XIII. DEVELOPMENT AND APPROVAL OF THE STANDARDIZE PROCEDURES AND SART PROTOCOL:

- A. SART Coordinator drafts procedures.
- B. Procedures are reviewed and approved by the SART Steering Committee, The Director of Health, the Chief of Monterey County Chief Law Enforcement Officers Association (MCCLEOA), the District Attorney, the Executive Director of the

Monterey County Rape Crisis Center, the Interdisciplinary Staff Committee Chair of Natividad Medical Center, the Emergency Department Managers of CHOMP and Natividad, the Medical Director of SART, the Medical Director of the Bates-Eldredge Clinic, the program manager of the victims' unit, and the SART Coordinator.

C. Scheduled review shall occur every 3 years, or as necessary.

RESOURCES

SART ANSWERING SERVICE	(831) 648-7731
SART COORDINATOR	(831) 646-2923, (831) 648-7731
MONTEREY COUNTY RAPE CRISIS CENTER CRISIS LINE	(831) 375-4357, 424-4357
MONTEREY COUNTY RAPE CRISIS CENTER OFFICES	(831) 373-3955, 771-0411
CHILD ADVOCACY CENTER	(831) 769-8682
DISTRICT ATTORNEY'S OFFICE	(831) 755-5070
CHILD PROTECTIVE SERVICES	(831) 755-4661

APPROVALS

DocuSigned by:
Elsa Jimenez
C7A709A50C45431

Elsa Jimenez Director
Monterey County Health Department

1/14/2021 | 8:30 PM PST
Dated

DocuSigned by:
Jeanine Pacioni
7E72C0597916122

Jeanine Pacioni
Monterey County District Attorney

1/14/2021 | 11:07 AM PST
Dated

Abdul Prigid,
MCLEOA Chief

Dated

DocuSigned by:
Raul Lara
7E07E03E0CC3959

Raul Lara, MD
Medical Director Bates-Eldredge Clinic

1/22/2021 | 3:32 PM PST
Dated

DocuSigned by:
Lauren DaSilva
075097712E0F4A1

Lauren Da Silva, Executive Director
Monterey County Rape Crisis Center

2/3/2021 | 2:02 PM PST
Dated

DocuSigned by:
Cristina Martinez
700F631A0687456

Cristina Martinez, M.D.
SART Medical Director, Monterey County Health Department

1/24/2021 | 6:56 PM PST
Dated

DocuSigned by:
Sheree Goldman
00CF2FA090E4E1D

Sheree Goldman, DNP
Sexual Assault Response Team Program Coordinator

1/13/2021 | 7:34 PM PST
Dated

Marc Tunzi, MD
Chair, Interdisciplinary Staff Committee, NMC

Dated

DocuSigned by:
Susan Burnell
8B7070481F2311

Susan Burnell, RN
Manager, Emergency Department, CHOMP

2/3/2021 | 1:39 PM PST
Dated

DocuSigned by:
Chelsi Mettler
8E4802CC20743E

Chelsi Mettler, RN
Manager, Emergency Department, NMC

1/14/2021 | 3:42 PM PST
Dated

DocuSigned by:
Pamela Patterson
00E407F02000052F

Pamela Patterson, Manager
Victim Unit, Monterey County District Attorney

1/14/2021 | 8:01 AM PST
Dated

APPROVALS

Elsa Jimenez Director
Monterey County Health Department

Dated

Jeannine M. Pacioni
Monterey County District Attorney

Dated

DocuSigned by:
Adele Prese

Adele Prese
MCCLEOA Chief on behalf of Monterey County Chiefs

2/8/2021 | 9:55 AM PST

Dated

Raul Lara, MD
Medical Director Bates-Eldredge Clinic

Dated

Lauren Da Silva, Executive Director
Monterey County Rape Crisis Center

Dated

Cristina Martinez, M.D.
SART Medical Director, Monterey County Health Department

Dated

Sheree Goldman, DNP
Sexual Assault Response Team Program Coordinator

Dated

DocuSigned by:
Craig Walls

Craig Walls, CMO on behalf of Interdisciplinary
Staff Committee, Natividad Hospital

2/4/2021 | 10:18 AM PST

Dated

Susan Burnell, RN
Manager, Emergency Department, CHOMP

Dated

Chelsi Mettler, RN
Manager, Emergency Department, NMC

Dated

Pamela Patterson, Manager
Victim Unit, Monterey County District Attorney

Dated

APPENDICES

1. Important Links.....	page 27
o Cal-OES Forms and instructions for forms 2-923, 2-924, 2-925, 2-930, 2-950, 2-920	
o Suspected Child Abuse Report (SCAR)	
o California State Protocols for Forensic Exams	
o Link to Monterey County CSEC Protocol	
o Link to CDC guidelines for nPEP	
o Link to CDC guidelines for treating victims of sexual assault	
o Link to SAU Victim Bill of Rights	
2. IAFN Strangulation Documentation Forms.....	page 28
3. RADS Instructions.....	page 36
4. NIR Procedure.....	page 39
5. Loss of Awareness Victim Protocol.....	page 41
6. Medical Screening Exam.....	page 42
7. Temporary COVID-19 Protocol (Tele-SART) alternative pandemic response.....	page 44

Important Links

1. Cal-OES forms and instructions may be downloaded from <http://ccfmtc.org>
2. A fillable Suspected Child Abuse Report (SCAR) and instructions may be found at <http://nochildabuse.org>
3. California State Protocols may be found at <http://ccfmtc.org>
4. The CDC Guidelines for Post-Exposure Prophylaxis may be found at <https://stacks.cdc.gov/view/cdc/38856>
5. The CDC Guidelines for treatment for sexual assault may be found at <https://www.cdc.gov/std/tg2015/default.htm>
6. The Victim's Bill of Rights may be found at https://oag.ca.gov/victimservices/content/bill_of_rights
7. For a full copy of the Tri-County CSEC MOU visit <http://www.cdss.ca.gov/csecextranet/res/PDF/CIP/TriCounty.pdf>

NON-FATAL STRANGULATION DOCUMENTATION FORM

Patient Name: _____ Date: _____

Medical Record Number: _____ Time: _____

Strangulation is a serious event that often occurs in the context of intimate partner violence (IPV). Many times strangulation presents NO VISIBLE INJURIES. It is important to ask about strangulation in all IPV cases, and document positive disclosure or any signs and symptoms.

Strangulation Event History How long did the strangulation last? _____ seconds _____ minutes _____ cannot recall How many times did strangulation occur? _____ Why/how did the strangulation stop?

_____ What type of strangulation occurred? (Check all that apply) Hanging Ligature Manual Other What was used to strangle the patient? Right hand Left hand Both hands Unknown Chokehold maneuver Other (describe)

_____ Was the patient smothered? No Yes (describe)

_____ Was the patient shaken during the incident? No Yes (describe)

_____ Was the patient's head pounded against any object during the incident? No Yes (describe)

_____ Was the patient slapped, kicked, or bitten anywhere? No Yes (describe)

_____ Was the assailant wearing any jewelry on hands or wrists? Unknown No Yes (describe)

Describe the neck pressure during strangulation on a 0-10 scale (0=no pressure and 10=crushing pressure):

_____ What is the measurement of the patient's neck circumference? _____ Was the patient sexually assaulted? No Yes What was the patient thinking during the strangulation?

_____ What did the assailant say before, during, or after the strangulation?

Describe mannequin demonstration (where applicable)

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International Association of Forensic Nurses www.ForensicNurses.org

Signs/Symptoms of Strangulation The following signs/symptoms should be asked about, assessed for and documented in writing, with body mapping, and by photo-imaging (if applicable). Check ALL that apply.

Signs Prior to Strangulation

During Strangulation

After Strangulation

At time of Assessment

Face Red, flushed Petechiae Abrasions Cuts Lacerations Discoloration Swelling Other _____

Red, flushed Petechiae Abrasions Cuts Lacerations Discoloration Swelling Other _____

Red, flushed Petechiae Abrasions Cuts Lacerations Discoloration Swelling Other _____

Red, flushed Petechiae Abrasions Cuts Lacerations Discoloration Swelling Other _____

Eyes Discoloration Swelling Abrasions Petechiae: Conjunctiva Right Left
Eyelids Upper right Lower right Upper left Lower left

Subconjunctival hemorrhage Right Left

Ptosis Right Left

Vascular congestion Right Left

Other _____

Discoloration Swelling Abrasions Petechiae: Conjunctiva Right Left
Eyelids Upper right Lower right Upper left Lower left

Subconjunctival hemorrhage Right Left

Ptosis Right Left

Vascular congestion Right Left

Other _____

Discoloration Swelling Abrasions Petechiae: Conjunctiva Right
Left Eyelids Upper right Lower right Upper left Lower left

Subconjunctival hemorrhage Right Left

Ptosis Right Left

Vascular congestion Right Left

Other _____

Discoloration Swelling Abrasions Petechiae: Conjunctiva Right
Left Eyelids Upper right Lower right Upper left Lower left

Subconjunctival hemorrhage Right Left

Ptosis Right Left

Vascular congestion Right Left

Other _____

Nose Bleeding Swelling Petechiae Discoloration Other _____

Bleeding Swelling Petechiae Discoloration Other _____

Bleeding Swelling Petechiae Discoloration Other _____

Bleeding Swelling Petechiae Discoloration Other _____

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Signs Prior to Strangulation

During Strangulation

After Strangulation

At time of Assessment

Mouth Discoloration Swollen tongue Swollen lips Cut Lacerations Abrasions

Petechiae Other _____

Discoloration Swollen tongue Swollen lips Cut Lacerations Abrasions

Petechiae Other _____

Discoloration Swollen tongue Swollen lips Cut Lacerations Abrasions

Petechiae Other _____

Discoloration Swollen tongue Swollen lips Cut Lacerations Abrasions

Petechiae Other _____

Ears Petechiae Right Left Bleeding from ear canal Right Left Discoloration Auditory changes Other _____

Petechiae Right Left Bleeding from ear canal Right Left Discoloration Auditory changes Other _____

Petechiae Right Left Bleeding from ear canal Right Left Discoloration Auditory changes Other _____

Petechiae Right Left Bleeding from ear canal Right Left Discoloration Auditory changes Other _____

Head/scalp Petechiae on scalp Pulled hair Contusions Other _____

Petechiae on scalp Pulled hair Contusions Other _____

Petechiae on scalp Pulled hair Contusions Other _____

Petechiae on scalp Pulled hair Contusions Other _____

Neck/under Chin

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Swelling Ligature marks Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Swelling Ligature marks Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Swelling Ligature marks Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Swelling Ligature marks Subcutaneous emphysema Other _____

Shoulders Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Other _____

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Signs Prior to Strangulation

During Strangulation

After Strangulation

At time of Assessment

Chest Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Swelling Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Swelling Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Swelling Subcutaneous emphysema Other _____

Redness Scratch marks/ abrasions Bruises Neck pain _____ (Pain scale 0-10) Bruises Swelling Subcutaneous emphysema Other _____

Symptoms Prior to Strangulation

During Strangulation

After Strangulation

At time of Assessment

Behavioral Agitation Combative Anxiety Memory disruption Confusion Other _____

Agitation Combative Anxiety Memory disruption Confusion Other _____

Agitation Combative Anxiety Memory disruption Confusion Other _____

Agitation Combative Anxiety Memory disruption Confusion Other _____

Neurological LOC Uncertain if LOC Incontinence of urine Incontinence of feces Seizures Headache _____ (Pain scale 0-10) Dizzy Fainting Tinnitus Visual changes Other _____

LOC Uncertain if LOC Incontinence of urine Incontinence of feces Seizures Headache _____ (Pain scale 0-10) Dizzy Fainting Tinnitus Visual changes Other _____

LOC Uncertain if LOC Incontinence of urine Incontinence of feces Seizures Headache _____ (Pain scale 0-10) Dizzy Fainting Tinnitus Visual changes Other _____

LOC Uncertain if LOC Incontinence of urine Incontinence of feces Seizures Headache _____ (Pain scale 0-10) Dizzy Fainting Tinnitus Visual changes Other _____

Throat/Voice Dysphagia Odynophagia (pain) Dysphasia Aphasia Drooling or Inability to swallow Throat pain _____ (Pain scale 0-10) Hoarse/Raspy Other _____

Dysphagia Odynophagia (pain) Dysphasia Aphasia Drooling or Inability to swallow Throat pain _____ (Pain scale 0-10) Hoarse/Raspy Other _____

Dysphagia Odynophagia (pain) Dysphasia Aphasia Drooling or Inability to swallow Throat pain _____ (Pain scale 0-10) Hoarse/Raspy Other _____

Dysphagia Odynophagia (pain) Dysphasia Aphasia Drooling or Inability to swallow Throat pain _____ (Pain scale 0-10) Hoarse/Raspy Other _____

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Symptoms Prior to Strangulation

During Strangulation

After Strangulation

At time of Assessment

Respiratory Stridor Coughing Hyper-ventilation Respiratory distress Hemoptysis Inability to tolerate supine position Other _____

Stridor Hoarseness Hyper-ventilation Respiratory distress Hemoptysis Inability to tolerate supine position Other _____

Stridor Hoarseness Hyper-ventilation Respiratory distress Hemoptysis Inability to tolerate supine position Other _____

Stridor Hoarseness Hyper-ventilation Respiratory distress Hemoptysis Inability to tolerate supine position Other _____

Gynecological Vaginal bleeding Pregnant Contractions FHR _____ Other _____

Vaginal bleeding Pregnant Contractions FHR _____ Other _____

Vaginal bleeding Pregnant Contractions FHR _____ Other _____

Vaginal bleeding Pregnant Contractions FHR _____ Other _____

EDC _____

Genitourinary Dysuria Other _____

Dysuria Other _____

Dysuria Other _____

Dysuria Other _____

Gastrointestinal Nausea Vomiting Anal/rectal bleeding Abdominal pain _____ (scale 0-10)

Nausea Vomiting Anal/rectal bleeding Abdominal pain _____ (scale 0-10)

Nausea Vomiting Anal/rectal bleeding Abdominal pain _____ (scale 0-10)

Nausea Vomiting Anal/rectal bleeding Abdominal pain _____ (scale 0-10)

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Please indicate all injuries checked above on the body maps below.

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Please indicate all injuries checked above on the body maps below
Photo-documentation of findings: Yes No

Notes

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EXAMPLE STRANGULATION DISCHARGE INSTRUCTIONS
Because you have reported being “choked” or strangled, we are providing you with the following instructions:

Make sure someone stays with you for the next 24–72 hours after this event.

Health complications can appear immediately or may develop a few days after a strangulation event. Please call 911 or report immediately to the nearest emergency department if you notice any of the following: • Problems breathing, difficulty breathing while lying down, shortness of breath, persistent cough, or coughing up blood • Loss of consciousness or “passing out” • Changes in your voice or difficulty speaking • Difficulty swallowing, a lump in your throat, or muscle spasms in your throat or neck • Swelling to your throat, neck, or tongue • Increasing neck pain • Left- or right-sided weakness, numbness, or tingling • Drooping eyelid • Difficulty speaking or understanding speech • Difficulty walking • Headache not relieved by pain medication • Dizziness, lightheadedness or changes in your vision • Pinpoint red or purple dots on your face or neck, or burst blood vessels in your eye • Seizures • Behavioral changes, memory loss, or confusion • Thoughts of harming yourself or others

If you are pregnant, report the strangulation and any of the following symptoms to your doctor immediately: • Decreased movement of the baby • Vaginal spotting or bleeding • Abdominal pain • Contractions

You may notice some bruising or mild discomfort. Apply ice to the sore areas for 20 minutes at a time, 4 times per day, for the first 2 days. If you notice new bruising or injury, follow up for additional photo-documentation.

After your initial evaluation, keep a list of any changes in symptoms to share with your healthcare provider and your law enforcement contact. • It is important to have a follow-up medical screening in 1–2 weeks with your healthcare provider. • A follow-up forensic examination is needed within 72 hours.

Please follow up with the crisis/advocacy center at _____ to clarify your options and discuss safety planning. If you have questions or concerns regarding your legal case, please contact the police department, officer involved, prosecutor, or victim advocate by calling _____.

Forensic Nurse:

_____ Phone: _____

RADS POLICY AND PROCEDURE

I. DEFINITION

RADS is a partial evidence kit that is sent directly to the DOJ DNA lab by the examiner to ensure the prompt analysis of all sexual assault evidence kits. The examiner chooses the most probative swabs and mails the evidence directly to the lab.

II. COLLECTION

RADS evidence collection will be done for all exams with the following exceptions:

1. NIR exams when the victim states they had consensual sexual activities in the past 5 days, or they decline.
2. Victims who are in custody in the state prison.
3. Suspect exams.
4. Non-acute exams.

II. PROCEDURE

1. Acute examination and evidence collection follow the usual procedure.
2. No extra swabs are collected.
3. One of the 2 buccal swabs is put into the RADS envelope as a reference.
4. Up to 3 probative evidence swabs are chosen to submit in the RADS envelope by the examiner. Examples:
 - Breasts, labia, cervix
 - Labia, cervix, anus
 - If choosing between neck and breast swabs, breast swabs are more probative.
 - Suction injuries and bitemarks swabs are good choices.

III. DOCUMENTATION

On the terminal page of the Cal-OES 2-923 or 2-930 form, the way the swabs were divided is documented.

1. Next to "Buccal" (reference swab) "1 + 1 RADS" is written.
2. The same is done for all evidence swabs that are split from the evidence kit and placed in the RADS envelope.

Example: If the two cervical swabs are split, "1 + 1 RADS" is documented in the box beside "cervical".

Documentation Examples:**N. REFERENCE SAMPLES**

	No	Yes	Collected by:
Blood (lavender top tube)	x		
Blood (yellow top tube)	X		
Blood Card (optional)	X		
Buccal Swabs (optional)		1 + 1 RADS	S. Smith, R.N.
Saliva Swabs	X		
Head hair	X		
Pubic hair	X		

3. Oral/genital/anal/rectal samples

	# Swabs	Time Collected	Collected by:
Oral	0		
Vaginal	4	1800	SS
Cervical	1 + 1 RADS	1800	SS
Anal	1 + 1 RADS	1800	SS
Rectal	0		
Penile	N/A		
Scrotal	N/A		

Suction Injury, mons, or breast swabs:

Locator #	Type	Description
A1	SI, PS	1x1 cm, Red, Right Breast 1 + 1 RADS
G1	SHX	Mons 1 + 1 RADS
A5	SI/PS	Left Breast 1 + 1 RADS

IV. PACKAGING

1. 4 RADS swabs are placed into 4 individual, labeled, swab boxes.
2. The box containing the BUCCAL swab is placed alone in one of the narrow manila envelopes
 - a. Contents of the envelope is written on the front of the envelope.
 - b. A desiccant is placed in the envelope and the envelope is tape-sealed.
3. The remaining 3 labeled swab boxes are placed in the other narrow manila envelope.
 - a. The contents are written on the front.
 - b. A desiccant is placed in the envelope and the envelope is tape-sealed.
4. Both sealed envelopes are placed in the larger manila envelope.
5. The larger envelope is tape-sealed.

6. All areas of the larger envelope must be completed.
7. The sealed manila envelope containing all 4 swabs is placed in the pre-paid mailer envelope.
8. The narrow portion of the tracking label is affixed to the front page of the Cal OES form.
9. The larger portion of the tracking label is affixed to the outside of the mailer envelope.
10. A copy of the Cal OES form (with the tracking sticker) is also placed in the mailer envelope.
11. The mailer envelope is tape-sealed.
12. A green sticker is secured on the foot of the evidence kit to alert law enforcement that swabs were split and sent to the DNA lab.
13. THE RADS ENVELOPE is placed in the U.S.P.S. mail by the examiner.

V. RESULTS

1. Results will be disclosed to the agency that requested the evidentiary exam, to the SART Coordinator, and to the Office of the District Attorney.
2. If positive results are reported for a NIR case, the SART Coordinator will contact the Law Enforcement Agency and offer to share the information with the victim and communicate with the agency if the victim wished to open an investigation.

Non-Investigative Report (NIR) Procedure

1. Patient requests sexual assault forensic exam and declines interaction with law enforcement at the time of the request.
2. Forensic Examiner is contacted.
3. Forensic Examiner speaks with patient and determines if a forensic exam is appropriate as related to the nature of the assault and time frame given according to the patient's history of the event. If an exam is not appropriate, the patient will be referred to the Monterey County Rape Crisis Center or other agencies as needed.
4. The examiner will telephone the law enforcement agency from the jurisdiction where the assault occurred. The examiner will communicate the information that must be disclosed in accordance with Section 11163.2 of the Penal Code that is requested on the Cal OES 2-920 form. If the patient is unclear about the jurisdiction, the examiner will contact the agency for the jurisdiction that serves the hospital. The forensic examiner will obtain a case number from the police agency. The forensic examiner will contact an advocate by way of the answering service.
5. The patient will sign an informed consent per the 2-924 form and will complete the history portion of the form with the assistance of the examiner. An additional medical history form will be completed.
6. The exam will be conducted per the local protocol, including lab testing, photography, and prophylaxis. Buccal swabs will be collected routinely for standard, per local policy. Toxicology samples will be collected as indicated.
7. At the end of the exam, or at any time during the exam that is appropriate, the patient will be offered the opportunity to speak with law enforcement.
8. If the patient wishes to discuss their case with law enforcement, the case will be treated as a sexual assault forensic exam according to the local protocol, and all information and evidence will be given to the police to use for an investigation.
9. If the patient does not wish to include law enforcement in the process prior to leaving the hospital, the evidence kit will be sealed with a copy of the report inside, and the kit will be given to law enforcement to store for a minimum period of two years, after which time it may be destroyed if the patient has not requested an investigation. The law enforcement agency should attempt to contact the patient prior to destruction of the evidence. It is the patient's responsibility to notify the police in writing of their contact information. The victim's name will not be written on the evidence kit; only the case number that was furnished by the Police agency.
10. The examiner will provide a one-page Suspicious Injury Report (Cal OES 2-920) to the law enforcement agency to fulfill the CA mandated reporting requirement and a copy will be retained along with the Cal OES 2-924 form by the SART Coordinator.

11. The examiner will provide the patient with verbal and written follow-up information and how to reclaim property, as well as other written follow-up information per protocol.
12. The examiner will provide the POLICE with the following SEALED evidence and documents:
 - Sealed Evidence Kit that is labeled with the date of the exam and the case number NOT the patient's name.
 - Sealed blood and urine samples, labeled with the date of the exam and the case number, NOT The patient's name.
 - Copy of the Completed Cal OES 2-924 report that is sealed in the evidence kit.

LOSS OF AWARENESS/CONSCIOUSNESS PROTOCOL

1. Swab both sides of neck
2. Swab both breasts
3. Swab perioral region
4. Swab external genitalia
5. Swab perianal area
6. Collect swabs from all cavities (oral, vaginal, cervical, and anorectal via anoscope)
7. Package, label, and seal swabs

MEDICAL SCREENING EXAM SART

CC: Acute Sexual Assault

Associated with:

Loss of Consciousness Y N _____
 Strangulation Y N _____
 Head Injury Y N _____
 Abdominal Injury Y N _____
 Bleeding Y N _____
 Severe Pain Y N _____
 Other injury Y N _____
 Known Pregnancy Y N _____

T ___ P ___ R ___ BP _____

Emergent Concerns:

Respiratory Y N _____
 Circulatory Y N _____
 Neurological Y N _____
 GI Y N _____
 GU Y N _____
 Behavioral Y N _____
 Toxicological Y N _____
 COVID 19 Exposure or Symptoms Y N _____

Past Medical History:

Allergies: _____

Medication/Substances: _____

Past Hospitalizations: _____

Menarche: G ___ P ___ AB ___ LC ___ LMP _____ Cycles _____

Contraception: _____

Vaccinations: Hepatitis B: Y N Gardasil _____ Date of last Tetanus: _____

Last Meal _____ Height _____ Weight _____

Employment _____ School _____

Current Pain Level ___/10. Onset, duration, exacerbation, amelioration:

Stable for Forensic Exam: Y N _____

Referred to Emergency Department for further evaluation Y N _____

Discharged to _____ after receiving written/verbal instructions with _____

At _____(time) on _____(date) in _____ condition.

Signature of examiner _____ Date/Time _____

**Temporary COVID-19 Shelter in Place
Sexual Assault Response Team Protocol
October 2020**

- I. **A temporary SART protocol will be effective April 3 and continue until the State of California and the County Health Officer lift the Stay at Home/Shelter in Place Order.**
- II. **In light of the current Coronavirus public health advisory and CDC recommendations all healthcare providers and patients are faced with elevated risks and challenges in delivering healthcare, including forensic medical exam services. This protocol affords an alternate method of evidence collection while the patient remains safely sheltered in place and protects the health of not only the patient, but that of multidisciplinary members: Sexual Assault Forensic Examiners, Law Enforcement Personnel, and Sexual Assault Counselors.**
- III. **In the midst of a pandemic, all healthcare facilities must be dedicated to essential health services. The potential of very high census of COVID-19 patients overwhelming local hospitals is expected. It is very difficult to maintain CDC's Social Distancing recommendations with our community partners inside healthcare facilities, particularly during lengthy sexual assault forensic examinations.**
- IV. **Exams will be conducted between the hours of 8 AM and 8 PM with limited exceptions.**
- V. **All requests for exams will be evaluated on an individual basis.**

Adult and Adolescent Patients

Home Exam (Tele-SART) Flow

- Patient contacts law enforcement.
- Law enforcement calls SAFE and requests a forensic exam.
- SAFE calls the patient and asks if the patient feels safe in the home.
- If the patient states they are safe at home and have adequate privacy, the SAFE will use the existing Medical Screening Exam tool to determine emergent care needs and appropriateness of exam given the time that has passed since the event, and types of acts that occurred.
- *If the SAFE determines that an exam is not indicated, the patient will be given contact information for the Rape Crisis Center. If a physical exam must be done outside of the patient's home, it will be conducted at the Child Advocacy Center between the hours of 8 AM and 8 PM.*
- If a shelter-at home/acute sexual assault forensic exam is indicated, SAFE contacts the Law enforcement officer and requests that the officer deliver a kit to the patient's door. A consent form and a urine cup, and a urine container for toxicology will be attached. (The supplies will be distributed to each agency).
- The SAFE sets up a HIPAA compliant telemedicine connection for the patient, Law enforcement Officer, SAFE, and Sexual Assault Counselor to communicate. Some patients may not have a microphone or camera on their computer or may not have WiFi and will need to use a cellphone to join the session. If the patient is using a cell phone, the SAFE will send the invitation by text to the patient's phone and explain how to download the Zoom app. Another option is for the patient to view the Zoom session on the computer so that the nurse can demonstrate techniques on a larger screen use the phone for sound.
- The SAFE interviews the patient as usual, using the OES 923 Form with Law Enforcement and the Sexual Assault Counselor present, via a secure tele-medicine connection.
- After the interview, Law Enforcement leaves the telemedicine platform, delivers a kit, a urine cup for the hospital lab, a urine toxicology collection kit for the DOJ, and the first page of the 2-923 form for the patient's consent, and waits on site in their patrol car.
- Using HIPAA compliant telemedicine, SAFE observes the patient
 1. Unseal the kit
 2. Wash their hands

3. Collect the samples : Suggested samples include 2 buccal swabs, 2 swabs from each breast, 2 labial swabs, 2 vaginal swabs, and 2 anal swabs. Consideration of the history of the assault will also determine swab collections for example if the patient reports a suction injury or exposure to semen on a body surface.
4. Seal the kit.

(This process should take approximately 30 minutes).

- SAFE notifies law enforcement that the kit is ready for pick up and
 1. Directs the patient to place the sealed kit, urine cups, and signed consent outside their door
 2. The law enforcement officer picks it up from the patient's door.
- Law Enforcement delivers the evidence kit and the urine toxicology sample to the crime lab within 20 days.
- The Crime lab will ship evidence weekly to the RADs lab where 3 swabs will be chosen for DNA analysis.
- The SART Coordinator will scan or fax the completed OES 923 Form directly to the crime lab and the police.

STI Testing and Medication

If the patient requests prophylactic medication, the SAFE will arrange to meet the patient at the Child Advocacy Center.

1. The examiner will retrieve the urine from the patient in her car, take the specimen to the lab and do a stat test pregnancy test while the patient waits.
2. If serology is indicated or requested by the patient, the SAFE will obtain blood and order tests.
3. When a negative pregnancy test is resulted, the examiner will provide prophylactic medications to the patient.

Emergent Care Needs

If a patient must be seen in the hospital due to emergent needs (excessive bleeding, strangulation, severe pain, pregnancy, or other concerns) they should seek medical attention in an appropriate healthcare facility.

A SAFE may or may not be able to conduct the forensic exam in the healthcare facility at that time.

If a forensic exam is not done in the emergency department, it will be offered between the hours of 8 AM and 8 PM after the patient has received medical treatment and returned to their home. Exceptions to conduct exams between the hours of 8 PM and 8 AM will be made on a case-by-case basis.

Suspect and In-custody Exams

The Emergency department exam room may or may not be available for forensic exams. This means it may not be possible to conduct suspect exams or in-custody exams immediately when requested. Decisions will be made on a case-by-case basis. The county jail may be considered as an alternative location for suspect exams if no emergency department rooms can be used in a timely manner.

Non-Investigative Reports

It may not be possible to offer Abbreviated (NIR) exams if the patient is quarantined. Decisions will be made on a case-by-case basis.

Pediatric exams

Acute exams will be conducted at the Child Advocacy Center. Law enforcement and the SAFE will make a joint decision on a case by case basis for non-acute exams. The DA's office and CAC staff will decide on the need for a CFIT interview.

EXHIBIT B - FEE SCHEDULE

SEXUAL ASSAULT RESPONSE TEAM (SART) FEE SCHEDULE (Penal Code Section 13823.95)

SERVICE PROVIDED	FEE	UNIT
1 Victim Examination including photography, SART Program Service Charge <i>*Current Fee contingent upon reimbursement from OES. *If OES refuses or stops reimbursement, the cost reverts back to original Fee of \$925.00.</i>	\$2,052.00	Each
2 Suspect Examination including photography, SART Program Service Charge	\$1,497.00	Each
3 Non-Investigative Report (NIR)	\$2,052.00	Each
4 Readiness Participation Fee (per participating Law Enforcement Agency/Fiscal Year) <i>*Law Enforcement Agencies who pay will be credited this Fee if any SART exams are performed. *If no SART exams are performed, agency annual fee remains with the County SART Program.</i>	\$2,000.00	Each
5 Testimony for non-participating Law Enforcement Agency (Half Day)	\$720.00	Each
6 Testimony for non-participating Law Enforcement Agency (Full Day)	\$1,440.00	Each

Fee Schedule is effective as of November 1, 2022, per Board Order by Adopted Resolution No. 22-175

EXHIBIT C

SEXUAL ASSAULT RESPONSE TEAM EVIDENTIARY EXAM INVOICE

DATE _____

CASE NUMBER _____

PATIENT MRN _____

DOB _____ AGE _____

JURISDICTION _____

OFFICER _____

EXAMINER _____

TIME IN _____ TIME OUT _____

EXAMINATION INFORMATION	CHECK ALL THAT APPLY	CHARGE
Victim Exam SART Program Service Charge		\$2,052.00
Suspect Exam SART Program Service Charge		\$1,497.00
Cancelled Exam		No Charge
Non-Investigative Report (NIR)		\$2,052.00
Testimony for non-participating Law Enforcement Agency (Half Day)		\$720.00
Testimony for non-participating Law Enforcement Agency (Full Day)		\$1,440.00
Readiness Participation Fee (Agency/Each Fiscal Year)		\$2,000.00
		Total Charge:

AGENCY BILLING ADDRESS _____

AGENCY NAME _____

ADDRESS _____

Signature of Authorizing Party

Date

Signature of Examiner

Date

Signature of Coordinator

Date