

Ohio Department of Rehabilitation and Correction

Office of Correctional Health Care

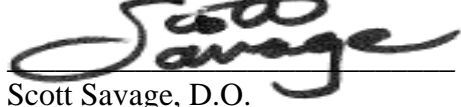
Protocol: Guidelines for Alleged Sexual Assaults
Number: B-11

Policy Reference: 68-MED-01, Medical Services
79-ISA-01, Inmate Sexual Assault And Misconduct

ACA Standard: 4-4406

Responsibility: Medical Directors Staff Physicians
Health Care Administrators Staff Nurses

DRC Medical Director:



Scott Savage, D.O.

Institution Medical Director:

Signature Date: 8/18/06

Date Reviewed:

Effective Date: 1/3/07

I. Purpose:

The purpose of this protocol is to provide standardized guidelines for the assessment of inmates who allege sexual assault.

II. Definitions:

- A. Sexual Assault: Forced sexual conduct.
- B. Sexual Conduct: Any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or if the person is a female, a breast, for the purpose of sexual gratification.
- C. Recent Sexual Assault: Oral sexual assault that has occurred within 24 hours, vaginal or anal assault that has occurred within 72 hours.

III. Exceptions: None

IV. Directive:

- A. All inmates who report a sexual assault shall be escorted to inmate health services as soon as possible after the reported assault. A health care professional shall collect sufficient information from the inmate so as to enable a full and adequate medical examination and to aid in treatment.

B. The shift commander shall be notified of all alleged assaults immediately. An Incident Report (DRC 1000) shall be completed by the nurse evaluating the inmate and forwarded to the shift commander for inclusion in the investigation of the incident.

C. Preparation for collection of forensic evidence

1. Assaults reported within 24 hours:

- a. Advise patient to avoid any oral hygiene, eating, drinking, bathing, showering or combing their hair;
- b. Secure all clothing worn at the time of the assault; and
- c. Observe and document all signs of injury.

2. Assaults reported from 24-72 hours:

- a. Attempt to obtain clothing worn at the time of the alleged assault; and
- b. Observe and document any signs of injury.

D. On-Site Examination

1. If the institution physician is on-site, the physician will perform an external exam for obvious external trauma. The physician will then document his/her findings.
2. No forensic evidence shall be collected at the institution by medical staff.

E. The inmate will be transported to the local Emergency Department (ED) for examination, treatment, and counseling. Lab specimens will be collected for forensic purposes at that time.

F. Upon return to the institution, a registered nurse will evaluate and document the inmate's health status. All inmates reporting an alleged sexual assault shall be referred to mental health services using the referral to mental health services form (DRC 5265).

1. The RN shall evaluate the inmate for immediate mental health crisis counseling.
2. If the inmate appears stable or refuses immediate intervention, the RN will ensure that the appropriate mental health referral has been completed.

- G. The inmate will be scheduled in the next Doctors Sick Call. If not completed in the hospital emergency department, the following tests will be ordered:
1. RPR (serology for syphilis) initially, repeat in 3 months.
 2. GC and Chlamydia testing initially, repeat in 3 months.
 3. HIV, HBV, and HCV testing initially, repeat every 3 months for 6 months following the alleged sexual assault.
 4. A pregnancy test is mandatory and will be performed 3 weeks after an alleged vaginal assault by a male.
 5. Each inmate who is treated for a reported sexual assault will be offered appropriate prophylactic treatment for sexually transmitted diseases.
- H. When the report of an alleged sexual assault has been delayed longer than 72 hours (vaginal or anal assault) or 24 hours (oral assault), the institution physician, if onsite, will provide the following evaluation and care:
1. Medical examination that includes the presence or absence of physical trauma.
 2. Referral to Mental Health services for evaluation and counseling;
 3. Perform follow-up STD and pregnancy testing as outlined in section G; and
 4. Each inmate who is treated for a reported sexual assault will be offered appropriate prophylactic treatment for sexually transmitted diseases.
- I. Standard procedural guidelines for treatment of inmates alleging sexual assault are outlined in Inmate Sexual Assault and Misconduct, policy 79-ISA-01.

ATTACHMENTS

DRC 1000; 5265