Model Transfer Policy for Adult-Adolescent Sexual Assault Patients

Developed by the Medical-Forensic Subcommittee in collaboration with the Advocacy Response Subcommittee and Legislative and Public Policy Subcommittee

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The Oregon Attorney General's Sexual Assault Task Force is available for facility and SART support statewide, as needed.

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A Guide to Included Materials

All materials have been provided in Microsoft Word Document format so they may be adapted for use by health care facilities in Oregon.

Pages 3-4
Medical Care and Transfer after Sexual Assault

This position paper discusses the importance of providing expert medical care post-sexual assault with patients' home communities and ensuring a smooth transfer process if local resources are unavailable. It provides context and considerations for the policy and accompanying materials that follow.

Pages 5-8
Model Transfer Policy for Adult-Adolescent Sexual Assault Patients

This sample policy may be used as written by health care facilities or adapted as needed.

Pages 9-11
Addendums

Three addendums expand upon specific circumstances that may be relevant for some health care facilities to consider, including transportation options, multi-facility response, and out-of-state or tribal transfers. They may be used as written by health care facilities or adapted as needed.

Pages 12-17
Resources

Five resources have been developed to facilitate implementation of the model transfer policy, including checklists for community preparation, responsibilities of the transferring facility, and responsibilities of the receiving facility; a resource that may be provided to patients who choose to wait at home when a sexual assault examiner/sexual assault nurse examiner is not immediately available; and an algorithm that visually represents key points of the overall process. They may be used as written by health care facilities or adapted as needed.

Medical Care and Transfer after Sexual Assault:
Using the *Model Transfer Policy for Adult-Adolescent Sexual Assault Patients*

Background

It is essential that health care facilities are prepared to respond and provide care for individuals following a sexual assault. As clearly outlined by the *National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescents (Second Edition, 2013)*, this responsibility includes: a prompt medical screening exam and treatment, including stabilization and/or referral for medical follow-up as needed; the opportunity for patients to pursue a forensic exam with or without collection of evidence; and access advocacy services such as crisis counseling and information and referrals.

Ideally, each community should be able to consistently offer these services in the setting where the patient presents. Ultimately, emergency medical facilities should strive to meet the expectations of providing full access to services and support which is consistent with these best-practice standards. Developing and fostering local SANE services rather than relying on outside facilities is considered best practice for a variety of reasons. The benefits of local services include: the improved delivery of trauma-informed principles; reduced number of patients who do not receive care; improved efficiency of care through reduced duplicative services; a simplified billing process which decreases the likelihood of the patient receiving a bill; greater continuity of care; and coordination with local resources and referrals, and evidence preservation.

Purpose

Despite these many benefits, it is recognized that many communities face various challenges in developing or sustaining an effective SANE program. Several of these challenges may include an overall lack of specially trained nurses, varying levels of experience and competency treating sexual assault victims, insufficient local resources for multidisciplinary response, limitations in funding, and limited opportunities for ongoing training and support which can contribute to low retention rates of SANEs. In acknowledgment of these barriers, the Medical Forensic Subcommittee, Advocacy Response Subcommittee, and Legislative and Public Policy Subcommittee of the Oregon Sexual Assault Task Force strongly recommend the development of protocols for interagency transfers for sexual assault patients whose care requirements cannot be met at their presenting facility. This position is consistent with the national standards, which states "if a transfer from one health care facility to a designated exam site is necessary, use a protocol that minimizes time delays and loss of evidence and addresses patients' needs" (p 7).

This position paper has been developed with the purpose of minimizing gaps in care and should not be considered preferable to developing and supporting local SANE services. Having clear protocols in place will proactively support patients and help to ensure they are provided with appropriate care and services; clear protocols also support hospital staff by providing clearly defined steps and expectations for an effective and efficient transfer process. Establishing protocols appropriately will allow all

members of the multidisciplinary team to focus on providing prompt patient-centered services, rather than troubleshoot obstacles related to meeting the patient's care needs.

Keys to Success

Although specific details of these policies may vary based on facility and community-specific considerations, several key elements should be reflected within the development and implementation of any appropriate and effective model transfer policy.

First and foremost, it is critical that each element of the policy reflects that patient-centered care is at the core of the document's development and implementation. This may be ensured, in part, through collaborative efforts by various members of the community's SART. Additionally, it is important that patients are fully informed and made aware of all their options during the process, and should ultimately determine how to proceed based on their individual goals and preferences.

Because this is an interagency process, successful implementation of the policy requires that it is founded on effective coordination and clear communication strategies. This includes ensuring strong communication between facilities and community partners, which may require adaptation to and strengthening of the SART's particular dynamics. All members of the multidisciplinary team should be made aware of the protocols, designated exam sites, and hospitals that are able to provide medical forensic examinations. The importance of communication may extend to the greater community, perhaps through community-focused education/PSA initiatives, to increase awareness and familiarity of the process development.

Due to the increased level of communication with outside entities, it is imperative that protocols prioritize the preservation of patient privacy and confidentiality throughout the transfer process. This is critical to the successful implementation of the policy and the safety of the patient.

To ensure the protocol maintains relevance and appropriately reflects current resources, it will require periodic reevaluation, and should include a guideline for periodic review to undergo necessary adjustments, if needed. Protocol review and evaluation should occur at regular intervals, which should be defined within the policy.

The protocol should contain a clear outline and clarification of the roles and responsibilities of both the sending and receiving facilities. It must contain clear plans for transfer logistics such as: methods for transportation both to and from the intended exam site; what medical care must be provided prior to transfer (with consideration of EMTALA requirements, achieving a MSE and establishing medical stability); coverage for costs of transportation, medical screening, and costs originated from multiple facilities, with consideration of SAVE Fund abilities and limitations.

Model Transfer Policy for Adult-Adolescent Sexual Assault Patients

Policy

Hospitals in the state of Oregon will have a transfer plan in place when a patient 15 years of age or older presents at their facility for treatment following a sexual assault and no Sexual Assault Examiner/Sexual Assault Nurse Examiner (SAE/SANE) is available to respond in a timely fashion.

Procedure

DEFINITIONS:

1. Sexual Assault Examiner/Sexual Assault Nurse Examiner (SAE/SANE): An RN, NP, PA, MD, DO, or ND who has completed didactic and clinical training to treat sexual assault patients, congruent with the standards set forth by the Oregon SANE/SAE Certification Commission. For the purposes of this policy, refers to adult-adolescent SAE/SANEs.
2. Sexual Assault Response Team (SART): A multidisciplinary group formed on a county basis to address sexual assault response within that county. Typically organized through the District Attorney's Office.
3. SANE coverage: In general, a non-quantifiable metric of how easily a patient can access the services of a SAE/SANE at a facility. This typically depends on the number of SAE/SANEs a facility employs or has access to through other means, such as an external contract, as well as the organizational structure to request SAE/SANE services, such as a call schedule or a phone tree. Specifically, whether a facility can provide the timely services of a SAE/SANE at the time of the request.
4. Medical Screening Exam (MSE): A brief exam performed on a patient presenting for sexual assault to determine that they are medically stable prior to a medical-forensic exam.
5. Transferring/current facility: The facility where the patient initially presents after a sexual assault, which may or may not have SANE coverage available.
6. Receiving facility: A nearby facility that has SANE coverage available.
7. Sexual Assault Forensic Exam (SAFE): An exam performed by a SAE/SANE on a patient presenting for sexual assault that may include medical care and assessment, forensic care and evidence collection, and prophylactic medications for sexually transmitted infections and pregnancy.
8. SAVE Fund: A payment program established by Oregon Department of Justice's Crime Victim and Survivor Services Division to pay for costs associated with the SAFE.

IMPLEMENTATION:

1. County SART Membership
    a. A SAE/SANE or other hospital representative will attend each meeting of the local county's SART. Through these meetings, they will have the opportunity to connect with other facilities. The SART representative should identify the nearest facility to their own that has a SANE available, and determine the extent of their general SANE coverage.
    b. The SART representative should consider that the nearest facility may be across county lines, and make every effort to contact such a facility to identify if they have a SANE available and the extent of their general coverage.

c. Representatives of each facility should determine how to contact each other upon presentation of a sexual assault patient, and how the transferring facility will transport patients to and from the receiving facility. Consider formalizing this relationship through an MOU to streamline this process. Organization of and payment for such transportation is expected to be the responsibility of the transferring facility. Transportation options may include those listed below, but communities are encouraged to develop systems that are tailored to their specific needs.
    i. Non-emergent medical transport may be provided.
    ii. A gas card may be provided to the patient for them to drive themselves.
    iii. Advocacy programs may have transportation options.
    iv. Please consult Addendum A for suggested topics to discuss in advance with chosen transportation options and discussion of additional options.

d. All policies developed to treat sexual assault patients within the facility or transfer to another facility should be reviewed and approved by the SART. The SART should also collectively determine what kind of SANE response time is considered "timely" for their community, taking into consideration that national standards outline a 120-hour window for evidence collection and that state financial coverage of the exam is within a 168-hour window. As a facility's SANE coverage may change significantly and suddenly, the policy should be reviewed at least every year to ensure all facilities can still fulfill their stated roles, or more frequently if indicated by a facility's change in status.

e. The SART should discuss how this policy may be adapted for major systemic disruptions, such as mass casualty event, natural disaster, pandemic, terrorism, etc. It is important to recognize that these types of widespread and/or sustained stressors strain medical capacity while increasing vulnerabilities and the risk of violence in our communities.

2. Sexual Assault Patient Presents at Facility

a. A patient may seek services at the facility specifically for treatment following a sexual assault, or may disclose a sexual assault during the course of another medical visit. In either case, upon disclosure of the sexual assault and a stated wish for treatment, the patient will be triaged and medically cleared with an MSE, if not done already.
    i. An advocate from a local program per SART protocols will be called to present at the facility. They will explain their services to the patient and allow the patient to accept or decline their involvement. As available and applicable, campus, tribal, military, and culturally-specific advocacy should be considered as well.
    ii. The patient will not be changed into a patient gown unless necessary for immediate medical purposes. If the patient is changed into a gown, their clothes will be placed in a paper bag.
    iii. If possible, the patient will not be given anything to eat or drink, or use the bathroom. If the patient requests these activities, medical staff will allow them to do so after informing them that it may reduce the possibility of evidence being collected from their body. If the patient uses the bathroom, a non-clean-catch urine sample will be collected and left by the bedside for the SANE to evaluate for possible evidentiary purposes.

b. If the facility employs or has other access to SAE/SANEs, the patient's direct care nurse will utilize the facility's policy to determine if one is available to respond to the patient

within the timeframe designated by the SART, per 1-d above. If one is available, proceed with that policy. If the facility does not employ or have other access to SAE/SANEs, the patient's direct care nurse will proceed directly to 2-c.

    i. Circumstances may arise wherein a SANE is available for the exam but the facility is limited on space. A backup area, such as another unit or patient room elsewhere in the facility, should be identified in advance to prevent this from negatively impacting the patient's access to care.

c. If no SAE/SANE states they are available to respond to the facility within the timeframe designated by the SART per 1-d above, the direct care nurse has the responsibility to contact the nearest facility with SANE coverage, as determined in 1 above. The direct care nurse will continue contacting facilities and making note of the estimated response times of their SAE/SANEs, until they locate one with a SAE/SANE available within the timeframe designated by the SART.
d. The direct care nurse will discuss all of the options available with the patient. These options may include a combination of the below.
    i. A SAE/SANE will be available at the current facility in X hours. If the patient chooses to wait, they will be provided with a private room and checked in on at regular intervals at least as frequent as hourly. If the patient chooses to go home and come back, they will be given a list of recommendations on how to preserve evidence that may be on their body.
    ii. No SAE/SANE is available to present to the current facility, but an untrained provider can provide a limited exam if within scope of practice. This may include medication prophylaxis, evidence collection, etc, but will not be provided at the same level of expertise at a SAE/SANE. Any limitations to the exam as a result, such as the provider being unable to provide evidence collection, will be clearly outlined to the patient.
    iii. The facility can transfer the patient to another facility, where a SAE/SANE will be available in X hours. If the patient chooses to be transferred, proceed to 3 below and do not provide any medical or forensic care that is not immediately necessary.

3. Initiate Transfer to Receiving Facility
    a. The direct care nurse at the transferring facility will identify one person as a point of contact at the receiving facility. The direct care nurse will contact this person and let them know that they are initiating a transfer to their facility. The direct care nurse will also provide an estimated time of arrival and a transfer of care report.
    b. The direct care nurse will organize the transportation of the patient to the receiving facility according to the agreement outlined in 1-c above.
    c. The patient will be allowed to bring at least one personal representative with them.
4. Receiving Facility Conducts SAFE
    a. The receiving facility should be the only facility to perform the SAFE and evidence collection, and provide prophylactic medications, unless there is an urgent medical need or patient request otherwise. They will do so according to their policy.

    b. When the SAE/SANE at the receiving facility provides referrals, they should consider resources local to the patient, which may not be local to the receiving facility. This includes advocacy, health clinics, victim assistance, and other resources.
5. Initiate Transfer Home for Patient
    a. Upon completion of medical-forensic care at the receiving facility, the SAE/SANE there will contact the transferring facility so that the facility can initiate the patient's return home. The mode of transportation back may not be the same as the initial mode of transportation.
    b. It is the responsibility of the transferring facility to ensure that the patient has transportation back to their home community.
6. Billing and Costs
    a. The transferring facility will be responsible for payment of the transfer to and from the receiving facility.
    b. The SAVE Fund will reimburse the facility providing the SAFE.

References

- Oregon Department of Justice Crime Victim and Survivor Services (2019). SAVE Fund information for medical providers [Web page]. Retrieved from https://www.doj.state.or.us/crime-victims/for-medical-providers/save-fund-information-for-medical-providers/
- Or. Rev. Stat § 147.401
- Or. Rev. Stat § 147.404
- Or. Rev. Stat § 147.425

Addendums to the
Model Transfer Policy for Adult-Adolescent Sexual Assault Patients

Usage
Below are discussions of specific circumstances that may be relevant in ensuring comprehensive care for a sexual assault patient who presents at a facility with no SAE/SANE available to respond:

- Transportation options
- Multi-facility response
- Out-of-state or tribal transfers

These addendums are intended for use alongside the *Model Transfer Policy for Adult-Adolescent Sexual Assault Patients.*

Addendum A: Transportation Options

1. In adopting this policy, the transferring facility must ensure that all transportation options that will be utilized can ensure the patient's privacy and safety. This will require initial conversations between the transferring facility and these transportation options in advance of any patient contact, as well as regular follow-up.
2. Consideration should be given to the following issues in particular, along with any other community-specific considerations:
    a. Consider setting up an account with a rideshare or taxi service provider.
    b. Research rates with Uber/Lyft compared to a taxi service; The privacy issues are the same with Lyft/Uber as they are with a taxi service. Determine which services provides the best possible outcome for sexual assault patients in your community, and that includes the highest level of flexibility to ensure privacy.
    c. Have an anonymous option for all Rideshare pick-up so that the driver has pick-up information, but does not know why they are picking up a patient; make it clear that drivers should never ask patients why they are being transported to another facility.
    d. Is it possible for the sexual assault patient to see *who* is picking them up so that they can decline a driver that they might know? Discuss this with the rideshare program prior to entering into a contract with them so they understand that you may need to request a different driver.
    e. Mirror the same process for pick-up.
3. The following questions may be utilized and/or adapted to guide these conversations:
    a. How are we ensuring confidentiality with the company, driver, and payment?
    b. Rideshares only operate through an app and you must have a cell phone. Whose account is the app tied to?
    c. If the account is tied to a non-profit program, ensure that it doesn't name the program. Use the number or other acronym that does not give the name of the program to the rideshare.
    d. If the app is tied to a hospital account, what will it say in the patient file for how payment is handled that optimizes privacy for the patient?

   e. What conversation did you have with the individual about maintaining their own confidentiality?
      i. Also with support people?
   f. How are we ensuring timely payment?
   g. Who is authorized to initiate a call for transportation?
   h. How is the person going to get back?
      i. Where will they be taken to?
4. In addition to the options listed in the main body of this model transfer policy, transportation options that have been used in other states are listed here. These options are not recommended as first-line options to explore due to additional concerns about patient privacy and safety, but are included in recognition of each community's unique opportunities, challenges, and relationships.
   a. Law enforcement may drive the patient to and from the receiving facility.
      i. All parties involved must be clear about whether this will apply to reporting patients only, or whether anonymity can be ensured for non-reporting patients.
      ii. Law enforcement's relationship with all different communities must be considered.
5. Rideshare services may be utilized, if available.
   a. Some rideshare services offer Business options.
   b. The patient should not have to pay for these services or reveal their identity in order to use them.
   c. There should be conversations in advance to ensure that drivers are trauma-informed and respect the patient's privacy during the ride.

Addendum B: Multi-Facility Response

1. When a facility does not have the ability to maintain an independent SANE program, it should consider either:
   a. Partnering with other facilities in the region to share staff and resources; or,
   b. Supporting an independent program that draws on SANEs from multiple facilities and dispatches them to multiple facilities.
2. This will require creativity and coordination, but lessens each facility's financial responsibility while ensuring that sexual assault patients receive excellent care at all involved facilities.
3. Considerations for a successful multi-facility SANE response include:
   a. One paid coordinator position for the entire program should be designated. Expectations for this role should be tied to the position itself, rather than an individual or one facility, to ensure smooth succession.
   b. 24/7 response should be the goal. To achieve this, the coordinator should create a calendar of paid call shifts. SANEs cannot and should not be expected to act "on call" indefinitely, without pay or specific hours.
   c. Standardized call pay and response pay should be provided to all SANEs.
   d. Standard treatment policies and standardized quality improvement measures, such as chart review, should be established across the pool of SANEs.

e. It may be helpful for one facility to act as the primary fiscal agent in order to submit for reimbursement and distribute the reimbursement out to the other facilities. One facility may also be designated to handle professional insurance.
f. Percentages should be established in advance to ensure that all facilities are contributing to the pool of SANEs, training funds, supplies, space, and payment. These percentages should be calculated in a mutually agreed-upon manner, such as evaluating the number of sexual assault patients seen at each facility over a set number of years.

4. Telemedicine (teleSANE) is expected to provide further opportunities to expand sexual assault medical-forensic care, particularly to rural and otherwise isolated facilities, but has not currently been developed in Oregon. This model policy will be updated as teleSANE structure is further developed in Oregon.

Addendum C: Out-of-State and Tribal Transfers

1. Facilities that reside close to state borders or tribal land should evaluate whether their closest neighboring facility is out-of-state or tribal. If so, these require special consideration.
2. Facilities that are close to a state border should consider:
    a. Mandatory reporting laws for health care workers differ by state, which may impact privacy, safety, and willingness to seek care. Patients should be fully informed in advance of any transfer about any potentially relevant differences in mandatory reporting laws.
    b. Facilities should reach out to out-of-state facilities they may consider transferring sexual assault patients to and facilitate educating their SANEs on Oregon's Sexual Assault Victim Emergency (SAVE) Fund, state exam form, and evidence kit.
    c. Advocacy agencies from both states should also be part of the discussion to establish expectations regarding which agency will respond, to ensure the patient has continuous access to an advocate.
    d. Additional planning may be necessary to ensure the patient has transportation back from the receiving facility.
3. Facilities that are close to tribal lands should ensure that tribal leaders and tribal advocacy are included in this process. Additional steps may be necessary to ensure a successful transfer to/from tribal lands.

Resources for the
Model Transfer Policy for Adult-Adolescent Sexual Assault Patients

Usage

The following pages contain resources that may be used to help guide facilities through adopting the *Model Transfer Policy for Adult-Adolescent Sexual Assault Patients:*

- Community/Facility Preparation for Implementation Checklist
- Transferring Facility SAE Responsibilities Checklist
- Receiving Facility SAE Responsibilities Checklist
- Waiting at Home for a SANE Exam Patient Resource
- Model Transfer Policy Algorithm

These resources are intended for use alongside the *Model Transfer Policy for Adult-Adolescent Sexual Assault Patients.*

COMMUNITY/FACILITY PREPARATION FOR IMPLEMENTATION CHECKLIST

Model Transfer Policy for Sexual Assault Patients

Sexual Assault Response Team (SART) Responsibilities:

- ❑ Regular SART attendance: A SAE/SANE or other hospital representative will attend each meeting of the local county's SART.
- ❑ All policies developed to treat sexual assault patients within the facility or transfer to another facility should be reviewed and approved by the SART. These policies should be reviewed annually at minimum, more frequently if indicated by a facility's change in staffing/program status.
- ❑ The SART should collectively determine what kind of SANE response time is considered "timely" for their community, taking into consideration that national standards outline a 120-hour window for evidence collection and that state financial coverage of the exam is within a 168-hour window.

Facility Responsibilities:

- ❑ Identify the nearest facility that offers SA exams, and determine the extent of their general coverage.
- ❑ Determine how to contact each other upon presentation of a sexual assault patient.
- ❑ Identify options for transportation between facilities, such as:
    - ❑ Non-emergent medical transport
    - ❑ A gas card provided to the patient for them to drive themselves
    - ❑ Advocacy-based transportation options

Please consult Addendum A for discussion of further options and suggested topics to discuss in advance with chosen transportation options.

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TRANSFERRING FACILITY RESPONSIBILITIES CHECKLIST

Resource for the Model Transfer Policy for Sexual Assault Patients

Point of contact at transferring facility should:

- ❑ Ensure that patient has received appropriate initial evaluation and care at transferring facility, such as:
    - ❑ Medical Screening Examination (MSE) and stabilization
    - ❑ Advocate called
    - ❑ *Unless medically necessary, patient should not be changed into a hospital gown, and should refrain from eating or drinking, in order to best preserve evidence collection options.*
        - ❑ If collected, any evidence (i.e. urine, clothing, etc.) is to remain with the patient the entire time, including during their transfer. This evidence will be packaged and submitted with the receiving SAE conducting the SAFE exam.
    - ❑ Mandatory report made to appropriate agency, if applicable

- ❑ Contact accepting RN/SAE at receiving facility, including:
    - ❑ Confirm that SAE/SANE is available at receiving facility
    - ❑ Notify them of the transfer plan
    - ❑ Provide report, including care provided and other pertinent information
    - ❑ Give an estimated time of arrival

- ❑ Organize transportation of the patient to *and* from the receiving facility, consistent with transfer policy/plan developed by SART, including:
    - ❑ The transferring facility will be responsible for payment of the transfer to and from the receiving facility.
    - ❑ The patient will be allowed to bring a personal representative with them.

For questions regarding this transfer, please contact: ____.

RECEIVING FACILITY RESPONSIBILITIES CHECKLIST

Resource for the Model Transfer Policy for Sexual Assault Patients

Point of contact at receiving facility should:

- ❑ Conduct Sexual Assault Forensic Examination, per protocol, including:
    - ❑ SAVE Fund application
    - ❑ Physical assessment
    - ❑ Evidence collection
    - ❑ Prophylactic medications
    - ❑ Mandatory report made to appropriate agency, if applicable

- ❑ Consider resources local to the patient (rather than either facility) for discharge plan, including advocacy, medical follow-up, victim assistance, and any other appropriate referrals.

- ❑ Contact transferring facility to initiate transportation home for the patient upon completion of the medical-forensic care at the receiving facility. The transferring facility is financially responsible for the transportation.

For questions regarding this transfer, please contact: ____.

WAITING AT HOME FOR A MEDICAL-FORENSIC EXAM

Sample Patient Resource for the Model Transfer Policy for Sexual Assault Patients

What is a medical-forensic exam?

Everybody seeking care after an assault deserves support and choice about what happens next. A medical-forensic exam is conducted by a Sexual Assault Nurse Examiner (SANE) and medical providers at the hospital. This exam is focused on ensuring that you are safe, given necessary medical attention, follow-up services, and that your questions and concerns are heard and addressed. Everything that happens during an exam is your choice, and you can stop the exam at any time. Your examiner will always support you in whatever choice you make.

Medications to prevent sexually transmitted infections (STIs) and pregnancy are typically covered up to 7 days (168 hours) after the assault, and are most effective if given within 5 days (120 hours) of the assault. Medications to prevent HIV transmission may be given up to 3 days (72 hours) after the assault.

What is evidence collection?

During your exam, you have the option to have evidence collected. This may include cotton swabs from areas of your body, clothing collection, or collection of other items that may have DNA on them. If you choose to have evidence collected, your examiner will check in with you every single step of the way, to make sure you want to continue and are comfortable.

Typically, evidence collection as part of the physical exam is an option up to 5 days (120 hours) after the time of the assault. Collection of clothing and other items may have a longer time limit.

While you are waiting at home for your exam, there are a few things that can be done to help preserve evidence. These include:

- Place clothing you were wearing in a paper bag, if you have changed.
- If you remember any specific details or memories that you feel you might forget, consider writing down a few notes.

In addition, consider limiting the following actions in order to best preserve possible evidence on your body:

- Eating or drinking
- Brushing teeth or using mouthwash
- Taking a bath or shower, or using a douche or enema
- Using drugs or alcohol

However, the above actions do not prevent you from accessing evidence collection as a part of your exam.

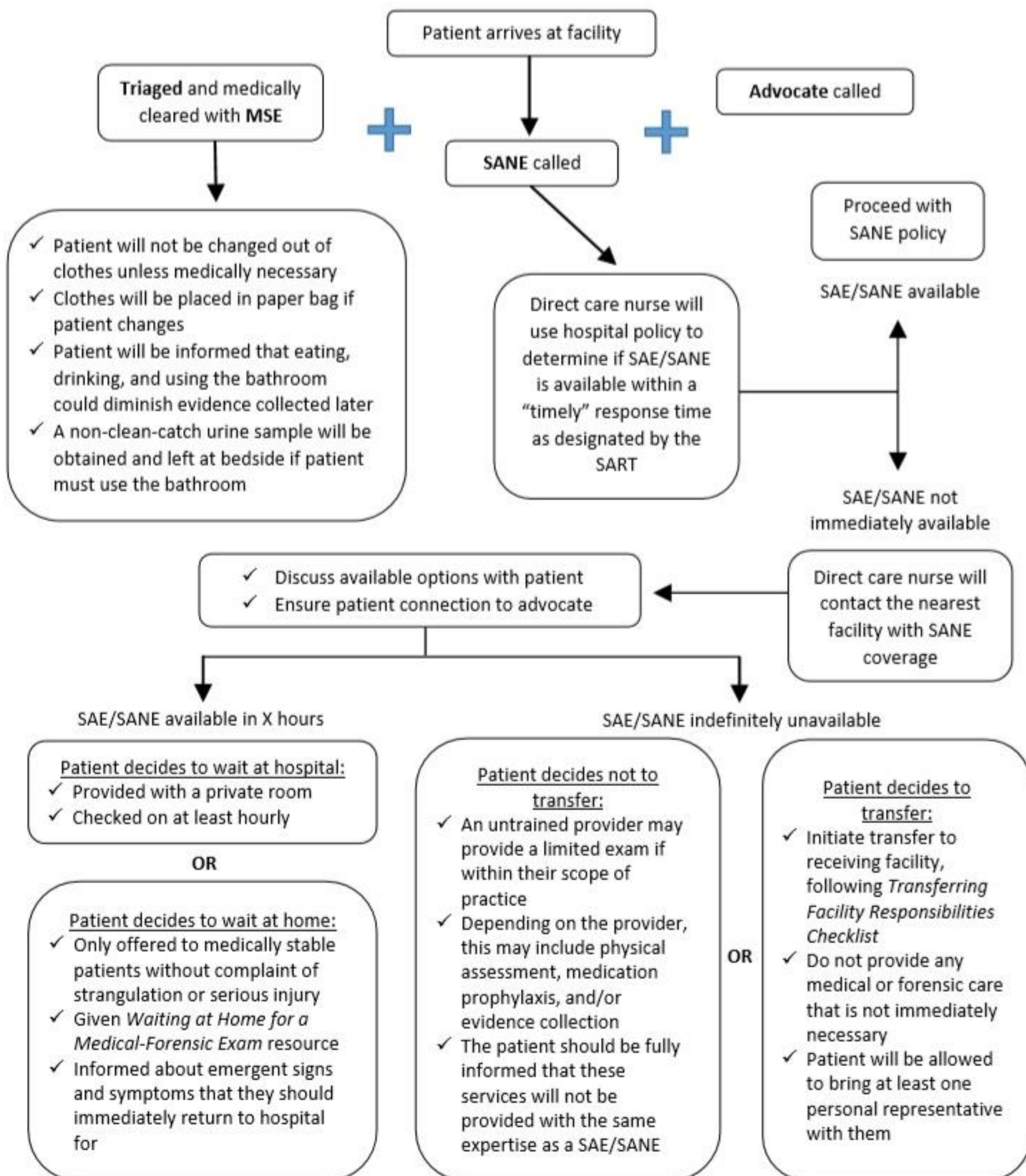
Returning to the hospital

Need help returning to the hospital? Questions or concerns regarding your exam? Contact your local advocacy program to get connected with someone who can help!

LOCAL ADVOCACY CONTACT: (XXX) XXX-XXXX

PATIENT FLOW ALGORITHM

Resource for the Model Transfer Policy for Sexual Assault Patients



For questions regarding this transfer, please contact: ____.