

Section: ED

Subject: Anonymous Evidence Collection Kits Policy and Procedure

Policy:

Adult Patients, 18 years of age and older without decisional capacity, requesting that a Sexual Assault Evidence Collection Kit (SAECK) be collected as a result of a sexual assault are not obligated to release any identifying information or make a report to law enforcement.

(Hospital Name Here) will provide the opportunity for adult patients, 18 years and older without decisional capacity, who arrive to the Emergency Department with a complaint of a sexual assault, the opportunity to have a sexual assault evidence collection kit (SAECK) and a drug facilitated sexual assault kit (DFSA) collected anonymously.

Procedure:

Patients requesting to have a SAECK or DFSA kit collected anonymously shall sign a consent form documenting that the request for anonymity was made.

Patients should be advised that law enforcement may send this kit to the crime lab for testing. Patients should be informed that the hospital may need to cooperate with law enforcement in contacting the patient if law enforcement believes there is a reasonable basis to pursue an investigation. The hospital will reassure the patient that it will cooperate within the parameters of all state and federal laws.

Patients should be advised that their medical record may be subpoenaed for use in the criminal investigation.

Documentation of the patients request for anonymity shall be placed in the medical record with the signed consent form for anonymous evidence collection.

The medical record will continue to reflect the patient's name and medical record number. In lieu of using the patient name and medical record number as the patient identifier on the SAECK/DFSA it shall be replaced with the SAFE specific vendor identification number (VIN), year of service, and the total number of anonymous kit collected for that year.

Anonymous ID: #123420142

VIN 1234

Year 2014

Total Anonymous kit collected in 2014 including this kit: 2

The anonymous ID number shall replace the patient's name and medical record number as the patient identifier on any documentation in the SAECK or the DFSA kit. This includes the Assault History forms, Body Maps, Chain of Custody form, any evidence envelopes/bags and tubes/urine containers requiring the patient's name. The label shall be placed on the SAECK/DFSA kit box(es) where the request for the patient's name is located.

The anonymous kit number specific for the patient shall be included in the medical record for future reference.

The anonymous kit number shall be provided to the patient as part of the discharge process. The patient shall be advised to save the anonymous kit number and provide the number to law enforcement if the decision to file a formal report is made at a later time.

Law Enforcement will be contacted for a SAECK/DFSA pick up *AFTER* the patient has been discharged and has left the Emergency Department. NO information regarding patient's admission status, or discharge status shall be provided to law enforcement. Only the general date and location of the assault shall be provided to law enforcement. (ODH 2011 Protocol pg. 8-9) Law Enforcement will be advised that evidence collected is not hospital property, but is the property of law enforcement. Chain of custody shall be maintained by (Hospital Name Here) staff per hospital policy ###

(Alternative: Chain of custody shall be maintained by the RN/SANE that collected SAECK. In the event of change of shift, or law enforcement is unable to come in a timely manner, then chain of custody shall be maintained by the designated hospital staff member (i.e., security, RN supervisor, Nurse Manager, etc)).

Evidence Collection Minor

17 years and younger

Requests evidence collection

- Explain mandatory reporting and contact law enforcement and CPS
- Explain mandatory parental notification
- Sign consent for evidence collection provide medical assessment and offer prophylaxis
- Provide evidence collection per ODH protocol

Declines evidence collection

- Explain mandatory reporting and contact CPS
- Explain mandatory parental notification
- Provide medical assessment and offer prophylaxis

Evidence Collection

Adults 18 years and older

Evidence Collection with Police Involvement

- Have patient sign consent
- Provide medical assessment and offer prophylaxis
- Provide evidence collection per ODH protocol
- Contact Law Enforcement to take a report
- Patient name provided on paper work included in ODH approved evidence collection kit and on box.

Evidence Collection without Police Involvement

- Have patient sign consent
- Provide medical assessment and offer prophylaxis
- Provide evidence collection per ODH protocol
- Patient name provided on paper work included in ODH approved evidence collection kit and on box
- Provide patient with non-emergency number for law enforcement and explain that if the patient does not hear from LE, then patient must contact LE
- Contact Law enforcement to retrieve evidence collection kit

Anonymous Reporting

- Have patient sign Anonymous report consent
- Provide medical assessment and offer prophylaxis
- Provide evidence collection per ODH protocol
- Patient name is to be omitted on ALL paperwork included in ODH approved evidence collection kit and box and replaced with numeric identification specifically assigned to patient
- Provide patient with identification number and non-emergency number for law enforcement. Explain to patient that it is their responsibility to contact law enforcement to make a report regarding the assault
- Explain to patient that evidence collection kit may be tested by a crime lab
- Contact law enforcement to retrieve evidence collection kit

Step 1

Anonymous Kit Consent for Patients 18 Years of Age or Older

Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence

***** Keep consent form with Medical Record*****

PAYMENT/ADVOCACY (Initial both)

_____ I understand that I will **not** be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.

_____ I understand that I may have a support person or advocate of my choosing with me during all or part of the exam, including the assault history and genital exam.

MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION

_____ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.

_____ I consent to photo documentation which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.

REPORTING

_____ I understand the hospital is legally required to report sexual assaults to law enforcement. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.

_____ I request that my name and other identifying information NOT be released to law enforcement or placed on evidence items at this time. I request that a unique identification number be assigned to the evidence.

_____ I understand that my medical records may be subpoenaed by the court for investigative purposes. I may be contacted by the hospital if this happens.

_____ I understand that anonymous patients are **not** eligible for Victims of Crime (VOC) compensation which may cover medical expenses, counseling, lost wages, transportation and other incidental expenses not covered by otherwise covered.

Signature of patient

Date

Time

Signature of witness

Date

Time