

**Ohio Protocol Sexual Assault Forensic and Medical Examination 5<sup>th</sup> Edition  
Protocol Coordinator**

As of January 31, 2012, in order to receive reimbursement from the Ohio Attorney General's Sexual Assault Forensic Exam (SAFE) program each facility must designate at least one licensed medical professional as their Facility Coordinator(s) (e.g., Emergency Department Director, Head nurse, SANE Nurse). This person(s) shall have training on the *Ohio Protocol for Sexual Assault Forensic and Medical Examinations* (Fifth Edition – 2011) and be a full time employee. Additionally, their role will be as follows:

- Act as an official representative and facility liaison in communicating and working collaboratively with the Ohio Attorney General's Office and the Ohio Department of Health. The representative(s) will be responsible for filling out and responding to questions regarding the SAFE reimbursement.
- Act as an official representative to address questions related to submitted sexual assault kits/exams.
- Monitor facility services to assure that the *Ohio Protocol for Sexual Assault Forensic and Medical Examinations, 5<sup>th</sup> Edition* is followed and services provided in a safe and efficient manner.
- Maintain quantitative and qualitative case review of staff conducting the sexual assault and medical examinations, which includes patient feedback.
- Assure that staff conducting the sexual assault and medical examinations are trained on the protocol (SANE training is not a requirement) and are keeping within federal and state laws, rules, regulations, policies and procedures.
- Ensure law enforcement has received the Sexual Assault Evidence Collection Kit.

**Please print contact information below. If facility has more than one coordinator, fill out a separate sheet for each person.**

Protocol Coordinator Name: \_\_\_\_\_

Our facility has more than one coordinator (a form must be filled out for each Coordinator, but no more than 3 in total):

Yes    No

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

**Please FAX to:** Ohio Attorney General's Office: 866-416-8005