

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Sexual Assault Patient Destination

POLICY NO: S-421

PAGE: 1 of 3

DATE: July 22, 2021

AUTHORITY: Health and Safety Code, Division 2.5, Chapter 6, Article 1.
Penal Code Section 11160.

I. PURPOSE

To provide guidelines for transporting patients who are alleged/suspected victims of sexual assault to the most accessible medical facility appropriate for their needs.

II. BACKGROUND

A. Definitions

Sexual Assault: Illegal sexual contact that usually involves force upon a person without consent or upon a person who is incapable of giving consent.

Sexual Assault Patient: A person who states they were sexually assaulted, or a person suspected to have been the victim of a sexual assault.

Sexual Assault Response Team (SART): A coordinated interdisciplinary intervention model between law enforcement, crime laboratory, District Attorney's Office, medical-forensic and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of the sexual assault patient.

Sexual Assault Response Team Center: A hospital sponsored program designated by the EMS Agency to provide comprehensive medical forensic examinations and

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PAGE: 2 of 3

DATE: July 22, 2021

psychological support for victims of a sexual assault/abuse event.

Sexual Assault Medical Forensic Examination:

Is an examination of a sexual assault patient by a health care provider with specialized education and clinical experience in the collection of forensic evidence and treatment of these patients.

III. POLICY

A. When determining the most appropriate destination, the emergency medical needs of the patient take priority. When possible, consider facilitating transport to a designated Sexual Assault Response Team (SART) Center.

B. Assessment, care, and evidence collection for the sexual assault patient:

1. During patient assessment and care, EMS providers may help maintain evidence collection in coordination with law enforcement. Patient belongings should be transferred to the receiving facility as possible evidence, and any possible evidence should be documented in the patient chart. The following may be considered:
 - a. When cutting clothes, stay at least six inches away from holes, tears, and soiled areas
 - b. Avoid excessive handling of articles that contain body fluids
 - c. Retain all equipment and supplies used in treatment such as bandages, sheets, body fluids such as emesis or tissues that may contain mucous
 - d. Bag items separately to avoid cross-contamination.

C. Destination considerations for sexual assault patients:

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POLICY NO: S-421

PAGE: 3 of 3

DATE: July 22, 2021

1. If based on EMS patient assessment there are no suspected injuries requiring emergency medical care and the patient consents to a medical forensic exam, the patient may be released to Law Enforcement. Law enforcement personnel are highly encouraged to transport these patients to a designated SART Center. EMS personnel should document the name of the jurisdictional law enforcement agency.
2. If it is determined by EMS that the sexual assault patient does have an emergency medical condition the patient should be transported to the most accessible and appropriate facility staffed, equipped, and prepared to administer care appropriate to the needs of the patient.
3. Transfer of care to the receiving facility should include the report of suspected sexual assault so that the facility can immediately implement their specific care for such patients. This includes the reporting requirement to law enforcement and for contacting SART.