	<b>DEPARTMENT OF PUBLIC SAFETY</b>  <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> 1/9/09	<b>POLICY NO.:</b> COR.10.1B.05
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1G.09 (04/21/05)	
	<b>SUBJECT:</b> <b>PROCEDURE IN THE EVENT OF PHYSICAL</b> <b>OR SEXUAL ASSAULT</b>		Page 1 of 4

## 1.0 PURPOSE

The purpose of this policy is to establish guidelines and procedures for the medical examination of victims of sexual assault.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008).

### .2 Definitions

- a. Critical Incident: An incident that results in physical, emotional or psychological injury significant enough to require a review process and corrective action.
- b. Forensic Evidence: Evidence used in legal proceedings.

## 3.0 POLICY

- .1 Sexual assaults may result in internal or psychological injury that is not readily visible or it may result in a sexually transmitted disease. A report by an inmate of a sexual assault to any correctional employee shall be reported through the established chain-of-command.
- .2 Sexual assaults may result in criminal charges and involvement of other law enforcement agencies. With the exception of an immediate transport to an emergency room in a critical injury case, all evidence associated with the victim, at the scene of the alleged assault or associated with the assailant, shall be preserved for the investigative authorities.
- .3 Health services staff shall not collect forensic evidence from the victim or the assailant. The collection of forensic evidence shall be done by a local rape

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treatment center, the hospital emergency room or investigative and law enforcement officers trained in the collection of forensic evidence that is used in a court of law.

#### **4.0 PROCEDURES**

- .1 Notification of a sexual assault by an inmate to a correctional employee shall be reported through the employee's chain of command. Notification shall include the Warden and the Clinical Section Administrator or designee.
- .2 Inmates allegedly injured in a sexual assault, even without visible signs of injury, require a documented medical evaluation. The inmate shall be brought to the Health Care Section for an immediate evaluation. If the inmate cannot be transported to the Health Care Section, health care staff shall report to the site where the inmate is. If there is no health care staff on duty, the physician-on-call shall be notified. If necessary, an ambulance shall be summoned in accordance with Policy and Procedure COR.10.1E.08, Emergency Services.
- .3 A nurse shall thoroughly assess the patient within their capabilities if there is no physician on site. The patient's complaint, history and the medical evaluation of injuries (or lack thereof) shall be documented in the medical record. Health care staff shall complete the Inmate Medical Injury Report, Form DOC 0422 (Attachment A).  
A copy of the report shall be routed to the facility safety officer. Photographs shall be taken whether or not there are visible injuries. However, the taking of photographs shall not delay necessary treatment.
- .4 If it is determined that the alleged sexual assault occurred within the preceding 72 hours, the inmate shall be transported to the local rape treatment center or emergency room for examination and collection of forensic evidence.
- .5 Inmates alleging sexual assault shall not be transported to an outside medical center, or returned to their housing units, until they are interviewed by the investigative officers except if there is an emergency where permanent injury or death will result without immediate medical attention, or if a delay will result in the lapsing of the 72 hour time limit for collecting internal forensic evidence. The internal forensic evidence shall be collected and analyzed by the local rape treatment center or emergency room. All forensic evidence (e.g. clothes, underwear, bed linen, blood or semen, etc.) shall be left on the inmate or in place and preserved for the investigative officers.

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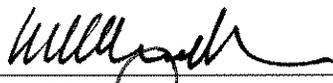
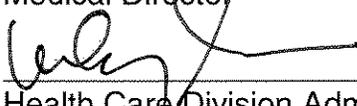
- .6 Inmates alleging sexual assault after 72 hours of occurrence shall be examined by the facility physician with outside referrals made to the appropriate specialist when necessary. Any remaining evidence of the alleged sexual assault shall be documented and preserved for the investigative officers.
- .7 In all cases, the victim shall be provided testing, counseling and prophylactic treatment for sexually transmitted and other communicable diseases. Females at risk for pregnancy will be offered Plan B if the sexual assault occurred within seventy-two (72) hours. The Mental Health staff shall provide the victim with crisis intervention, evaluation and follow-up care.
- .8 If the alleged assailant is a correctional employee, that employee shall not be involved in any proceedings involving the victim, including medical care rendered, counseling, hospital duty or transport. The victim and the alleged assailant shall have no contact with each other until the case is resolved and the victim's safety can be assessed by the Warden.
- .9 If the alleged victim of rape refuses medical treatment, the refusal shall be documented according to policy and procedure COR.10.11.06, Right to Refuse Treatment. The patient's refusal of treatment shall be filed in the medical record. Health care staff shall record the alleged assault in the medical record to the extent possible without the patient's cooperation. Notes should include the date and time of the complaint, the date, time and location of the alleged assault, the patient's affect, any visible signs of injury, or lack thereof, and any other pertinent information.
- .10 Health care staff shall cooperate with the investigating officers to the extent allowed by law and in accordance with COR.10.1H.02, Confidentiality of Health Records and Information.

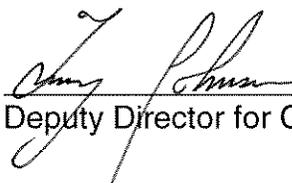
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**5.0 SCOPE**

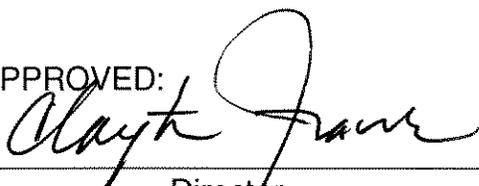
This policy and procedure applies to all correctional facilities and their assigned personnel.

**APPROVAL RECOMMENDED:**

	<u>1/7/09</u>
Medical Director	Date
	<u>12/22/08</u>
Health Care Division Administrator	Date

	<u>1/7/09</u>
Deputy Director for Corrections	Date

**APPROVED:**


Director
<u>1/5/09</u>
Date