



---

---

---


---

---

---

---

---

*Objectives* 

- Describe the components of the Medical-Forensic Exam
- List the number of swabs required to collect, per MN BCA guidelines, for each body site
- Explain the labeling and packaging requirements for each evidence kit
- Describe the process for and details of collecting clothing as evidence

---

---

---

---

---


---

---

---

What is a Medical Forensic Exam?

- Exam done up to **120 hours\*\*** after a sexual assault
- Provide health care for both physical and emotional trauma
- Evidence collection which may be used by criminal justice system to investigate and prosecute offenders



---

---

---

---

---

---

---

---

**Legal Consideration #1**

- **Healthcare professionals in Minnesota are NOT mandated reporters of the sexual assault of a competent adult victim.**

*Sexual assault is not listed as a "suspicious wound" in itself mandating a report be made to law enforcement. If a patient also presents with a "suspicious wound," it seems possible to report wound, but not sexual assault.*

- *Minn. Stat. § 626.52 (2007)*

---

---

---

---

---

---

---

---

**Legal Consideration #2**

**Healthcare professionals in Minnesota are mandated reporters of the sexual assault of a vulnerable adult victim.**

- A vulnerable adult is a person 18 years or older who is a resident or inpatient of a facility - OR
- Receives services from an adult services facility - OR
- Receives services from a licensed home care provider or personal care assistant - OR
- Regardless of receiving services, possesses a physical, mental, or emotional infirmity or dysfunction that impairs the person's ability to provide adequately for his/her own care without assistance AND has an impaired ability to protect him/herself from maltreatment.

\*The term "**vulnerable adult**" is not found in the criminal sexual conduct statute, which punishes sexual contact or penetration with a person who is "**mentally impaired**."

---

---

---

---

---

---

---

---

**Legal Consideration #3**

- **Minor victims of sexual assault may consent to their own medical care.**

- *"Medical care" is interpreted to include medical forensic examination.*
- *"Minor" is interpreted to mean 13 and older.*

- *Minn. Stat. §§ 144.343, 144.344*

---

---

---

---

---

---

---

---

**Legal Consideration #4**

- **Not every sexual assault of a minor requires a mandatory report to law enforcement.**
- *Only when sexual assault is perpetrated by someone with a "significant relationship" or in a "position of authority" over the minor is it a mandatory report.*
- **Mandatory reporting laws are extremely complex.**
- *Minn. Stat. § 626.556 subd. 2(d)*

---

---

---

---

---

---

---

---

**Legal Consideration #5**

All hospitals that provide emergency services **must** provide:

- Medically accurate written and verbal information on Emergency Contraception
- Immediate prophylactic care for pregnancy
- *Catholic-affiliated hospitals are not exempt from this requirement*
- *Minn. Stat. §145.4712 subd. 1(2007)*

---

---

---

---

---

---

---

---



**"Wisconsin fines 22 hospitals over not offering emergency contraception to rape victims"** Associated Press Feb. 5, 2017

The 2008 law requires emergency rooms to give sexual assault victims information about the so-called "morning-after pill," to provide the drugs on request, and to train staff about the drugs.

The hospitals include SSM Health St. Mary's Hospital in Madison, which was fined \$7,500 in 2015, the Wisconsin State Journal reported Sunday.

The Department of Human Services said the hospital failed in 2014 to inform three sexual assault patients about emergency contraception or make it available to them.

---

---

---

---

---

---

---

---

### Legal Consideration #6

All hospitals that provide emergency services **must** provide:

- Medically accurate written and verbal information on Sexually Transmitted Infections
- Immediate prophylactic care for STIs

*▪ Minn. Stat. §145.4712 subd. 2(2007)*

---

---

---

---

---

---

---

---



### For People Who Have Been Sexually Assaulted

INFORMATION ABOUT SEXUALLY TRANSMITTED DISEASES (STDs)

People who have been sexually assaulted often have concerns and questions about many subjects, including STDs. STDs are also sometimes referred to as sexually transmitted infections, or STIs.

If you do not understand this information, or would like additional information, ask your health care provider to assist you.

**Sexually Transmitted Diseases (STDs)**

pain. These symptoms may develop days, weeks, or even longer after a person becomes infected. But you can't depend on these symptoms to know if you are infected. Many people with an STD will not have any symptoms. Therefore, it is very important that you see a physician for an examination and STD tests to find out if you have been infected after a sexual assault, even if you don't have any symptoms.

**STD Testing and Treatment After Assault**

---

---

---

---

---

---

---

---

### Why Perform a Medical Forensic Exam?

- Peace of mind for the victim that they "are okay"
- Provides information about the sexual assault
- Corroborate "account of incident"
- Diagnose and treat injuries
- Assess risk for Sexually Transmitted Infections and Pregnancy




---

---

---

---

---

---

---

---

### Components of a Sexual Assault Exam

- Consent
- Account of the Sexual Assault
- Medical history
- Physical exam
- Injury care
- Evidence collection
- Sexually Transmitted Infections prophylaxis
- Pregnancy prevention
- Crisis intervention
- Discharge instructions

---

---

---

---

---

---

---

---

### Consent

- Informed consent is obtained throughout exam
- There are two essential but separate consents
  - Medical evaluation and treatment
  - Forensic exam and evidence collection
- Consent can be rescinded at any time
- The medical forensic exam should NEVER be done against the patient's will



---

---

---

---

---

---

---

---

### Consent vs. Assent

- **Consent** is the legal concept that adults of sound mind should be able to make decisions about their own health care
- **Assent** is the expressed willingness or agreement to participate in an activity
- **Permission** is a parent or guardian's agreement

---

---

---

---

---

---

---

---

## Medical History

- Ongoing medical concerns
- Current medications
- Pregnancy status
- Menstrual cycle information
- Genital surgery



---

---

---

---

---

---

---

---

## Account of Incident

- **Guides the exam and evidence collection**
- When given to a medical provider it is an “excited utterance” and is exempt from hearsay rule in court
- Assists in discharge planning, safety planning and assessing suicide risk

---

---

---

---

---

---

---

---

## Your Best Reaction

- **Support:** Provide patients with all of their options and *support* the patient to make their own choices.
- **Concern:** Demonstrate genuine *concern* for patients’ physical and mental health.
- **Absence of pressure:** Try *not to pressure* patients regarding their decision to involve (or not involve) law enforcement.



---

---

---

---

---

---

---

---

### Helpful Phrases

- "I'm sorry this was done to you. This shouldn't have been done to you."
- "Thank you for trusting me with this information."
- "I'm happy you decided to come in and learn about your options today."
- "What are you most worried about at this moment?"
- "I can't promise what will happen in your case, but I can promise to do my very best for you."

---

---

---

---

---

---

---

---

No single piece of evidence is as important as all the evidence taken together to support and corroborate a victim's disclosure of sexual assault




---

---

---

---

---

---

---

---

### Purpose of Evidence Collection

- To confirm recent sexual contact
- To help identify the suspect(s)
- To corroborate the victim's "Account of the assault"




---

---

---

---

---

---

---

---

### Physical Evidence

- Physical injuries such as bruising and lacerations
- Toxicology
- Digital evidence such as text messages, emails and cellphone records
- Identification of biological fluids such as saliva and semen
- DNA
- Trace evidence (e.g., hairs, fibers)
- Other physical evidence (e.g., bedding and clothing)



---

---

---

---

---

---

---

---

### DNA Evidence

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>▪ Can be collected from -</li><li>▪ Mouth</li><li>▪ Fingernails</li><li>▪ Skin</li><li>▪ Vulva/vestibule</li><li>▪ Vagina/cervix</li><li>▪ Penis/scrotum</li><li>▪ Anus/rectum</li><li>▪ Clothing</li></ul> | <ul style="list-style-type: none"><li>▪ Can be found in -</li><li>▪ Blood</li><li>▪ Semen</li><li>▪ Saliva</li><li>▪ Hair</li><li>▪ Skin cells</li><li>▪ Perspiration</li></ul> |
|---|---|

---

---

---

---

---

---

---

---

### Evidence Collection - Overview

- After the BCA kit is open
- You need to keep it in your line of sight to maintain the *chain of custody*
- Evidence is not tested unless reported to Law Enforcement



---

---

---

---

---

---

---

---





### Swab Collection

- All swabs are collected with a light touch, in a circular motion
- Purpose is to obtain DNA from suspect, not the victim
- All swabs are collected together, at the same time
- Use sterile water or saline to moisten swabs
- Use a **moist** swab to collect **dry** secretions
- Use a **dry** swab to collect **moist** secretions




---

---

---

---

---

---

---

---

### BCA Collection Guidelines

Site	# of Swabs	Timeframe
Oral	4 (dry)	24 hours
Rectal	4 (lightly moistened)	48 hours
Penile	2 (lightly moistened)	48-72 hours
Scrotal	2 (lightly moistened)	48-72 hours
Skin	2 per site (lightly moistened)	48-72 hours
Fingernails	1 per hand (lightly moistened)	120 hours
Perianal	4 (lightly moistened)	120 hours
Perineal	4 (lightly moistened)	120 hours
Vaginal	4 (dry)	120+ hours
Cervical Os	2 (dry)	120+ hours

---

---

---

---

---

---

---

---

### Evidence Persistence

- Semen in mouth <31 hours
- Saliva on skin 0-96 hours
- Sperm in anus < 72 hours
- Semen in vagina 24 hours to 7 days or more
- Sperm on cervix 10 days or more
- DNA from fingers on neck 10 days
- Under fingernails 2 days and several washings

Based on estimates across literature from Core Curriculum for Forensic Nursing

---

---

---

---

---

---

---

---

### Contamination of Evidence

- Make every attempt not to talk, cough, or sneeze while collecting samples (or wear a mask)
- Avoid cross-contamination
  - Wear gloves when handling evidence
  - Change gloves between each sample
  - Ensure working area is cleaned
- If swab drops after collection, document – Do Not Use!



---

---

---

---

---

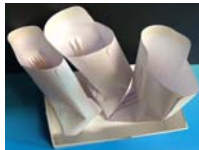
---

---

---

### Drying Samples

- Allow to air dry
- Different options
  - Swab dryer
  - Swab drying rack
  - Individual swab box
  - Tented envelope
  - Labeled upside down Styrofoam cups



---

---

---

---

---

---

---

---

### Drying Samples



---

---

---

---

---

---

---

---

### Drying Samples

- Dry in a low traffic area
- Don't use a fan
  - Can blow dust, skin cells etc. around and attach to sample
- Drying swabs prevents
  - Contamination (leak through) from sample to sample within SA kit
  - Loss of sample – wet samples stick to the envelope when they dry

---

---

---

---

---

---

---

---

### Toxicology

- Collect on all patients
- Collect **Blood up to 120 hours\*** post assault
- Collect **Urine up to 120 hours** post assault
- Use specimen container in urine toxicology kit
- Use grey top tubes in blood toxicology kit
- Needs to be refrigerated following collection
- Specimens not tested without report to Law Enforcement

---

---

---

---

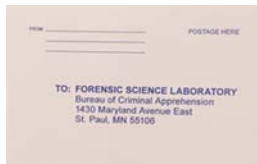
---

---

---

---

### Urine Toxicology Kit



- Collect ASAP - first urination preferred
- Instruct patient not to wipe after (if exam not completed yet)

---

---

---

---

---

---

---

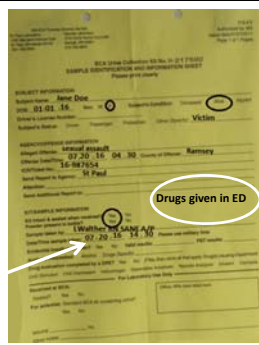
---

### Completing Urine Kit Paperwork

Document -

- Drugs given in the ED
- Patient's pertinent medications
- Drug and alcohol consumed
- Concern for DFSA

Collection time of urine sample is the **Exact** time it was obtained




---

---

---

---

---

---

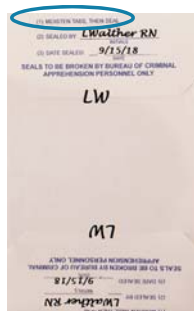
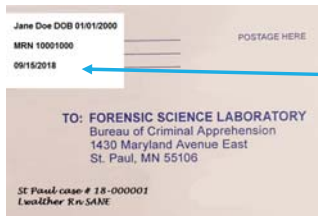
---

---

---

---

### Labeling & Sealing Urine Kit




---

---

---

---

---

---

---

---

---

---

### Blood Toxicology Kit



- Collect ASAP – preferably before exam
- Collect 10 ml in 2 gray-top tubes

---

---

---

---

---

---

---

---

---

---

### Completing Blood Kit Paperwork

Document -

- Drugs given in the ED
- Patient's pertinent medications
- Drug and alcohol consumed
- Concern for DFSA

Collection time of blood sample is the **Exact** time it was obtained

---

---

---

---

---

---

---

---

---

---

### Labeling & Sealing Blood Kit

---

---

---

---

---

---

---

---

---

---

### New Legislation - August 2019

Section 2. MN Statutes, section 609.341, subdivision 7 is amended to read:

“Mentally incapacitated” means that; (1) a person is under the influence of alcohol, a narcotic, anesthetic, or any other substance, administered to that person without the person’s agreement; or (2) a person is significantly impaired by alcohol, a narcotic, anesthetic, or any other substance; and lacks the judgement to give a reasoned consent to sexual contact or sexual penetration.

---

---

---

---

---

---

---

---

---

---

## Head to Toe Assessment

- Inspect patient's body head-to-toe for injuries
- Documentation is key!
  - Description
  - Body Diagram
  - Photo-documentation
- Use the pain scale for all areas of pain/tenderness
- If patient able to recall mechanism of injury, document it in quotes
- Have patient fully undress to completely assess for injuries




---

---

---

---

---

---

---

---

## Evidence Collection – Oral

- Collect **4 dry swabs** up to **24 hours** after oral assault
  - Swab upper and lower gum line
  - Behind lower teeth and under tongue
- Swab around piercings



<b>STEP 9</b>	<b>ORAL SWABS</b>
PATIENT'S NAME: _____	TIME: _____ AM/PM
DATE COLLECTED: _____	TIME: _____ AM/PM
COLLECTED BY: _____	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	

---

---

---

---

---

---

---

---

## Evidence Collection - Skin

- Collect **2 moistened swabs** from each site
  - Neck both sides on the same 2 swabs
- Collect even if showered 1-2 times

<b>STEP 12</b>	<b>MISCELLANEOUS SWABS</b>
PATIENT'S NAME: _____	TIME: _____ AM/PM
DATE COLLECTED: _____	TIME: _____ AM/PM
COLLECTED BY: _____	
BODY LOCATION: <u>Neck</u>	
SUSPECTED FLUID TYPE: <u>Saliva</u>	
WAS SAMPLE COLLECTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT? _____	




---

---

---

---

---

---

---

---

### What factors increase the amount of DNA transfer?

- Shedder status
- Hand washing
- Personal habits
- Type of contact
- Surface of item touched
- Perspiration
  - Passes thru pores collects cells and washes them to the surface
  - Also contains epithelial cells and cell-free nucleic acids – more DNA to transfer

<http://ryanforensicsdna.com/touchdna/>

---

---

---

---

---

---

---

---

### Evidence Collection - Fingernails

- Collect **1 moistened swab** from all of the fingernails on each hand
- Package each hand swab separately

STEP 10		MISCELLANEOUS SWABS	
PARENT'S NAME:	DATE COLLECTED:	TIME:	DAY:
COLLECTED BY:			
SWAB LOCATION:	Fingernails left hand		
SUSPECTED FELONY TYPE:	Skin cells		
WAS SAMPLE COLLECTED?	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>
IF NOT, WHY NOT?			




---

---

---

---

---

---

---

---

### Evidence – fingernails

- Digital penetration – Study published in 2011
- 20% digital penetration of vagina and 3% digital penetration of anus
- 6 hours full female profiles - irrespective of their daily activity
- 12- 18 hours – lower numbers and more affected by hand washing

Flanagan, N., & McAlister, C. 2010 The transfer and persistence of DNA under the fingernails following digital penetration of the vagina Forensic Science International: Genetics

- Case Study – victim submerged 2 hours in bathtub

The persistence of DNA under fingernails following submersion in water S.A. Harbison et al. / International Congress Series 1239 (2003) 809–813

---

---

---

---

---

---

---

---



Feb. 1, 1987, Lillian Kuller was found dead of strangulation that left detectives "baffled."



### Death of elderly woman investigated as homicide

**By Gina Bradburn**  
**Staff Writer**

Police are investigating as a homicide the death of an 81-year-old woman whose body was found early Monday afternoon in her St. Paul home.

Police said there were no signs of violence in the death of Lillian Kuller of 128 Goodrich Ave., but said it appeared that someone had ransacked the home.

The Ramsey County medical examiner's office is conducting an autopsy today to determine the cause of her death.

Kuller's body was discovered around 12:30 p.m. by a young woman who rents the upstairs of Kuller's home. The tenant decided to check on Kuller after she came home and found Kuller's front door ajar, according to Lt. Alan Brown, head of the St. Paul police homicide unit.

The tenant found Kuller's fully clothed body on her bed, Brown said, adding that furniture drawers throughout the home were open and in slight disarray.

There were no signs of forced

---

---

---

---

---

---

---

---

---

---

### Alternate Light Source

- Inspect patient's body with Alternate Light Source (ALS)
  - Around mouth
  - Neck
  - Breasts
  - Abdomen
  - Mons Pubis
  - Genitalia & buttocks




---

---

---

---

---

---

---

---

---

---

### Pubic Hair Combing

- Lightly comb the pubic hair over the white piece of paper
- Fold the comb and any loose hairs into the paper
- Place in the envelope, label and seal it
- **Do not** pluck hairs from pubic area as a control sample
- Showered = **NO** collection
  - Hairs are extremely transient
  - Hair is not a good source of DNA




---

---

---

---

---

---

---

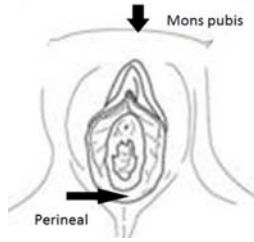
---

---

---

### Evidence Collection – Female Genital

- Mons pubis (shaved) even if showered
- Collect **2 lightly moistened** swabs
- Perineum (Perineal)
  - **4 swabs** collected at the same time
  - Lightly moistened
  - Collect up to **120 hours**
  - Even if showered 1-2 times
  - Even if menstruating




---

---

---

---

---

---

---

---

### Evidence Collection – Female Genital

**STEP 8 PERINEAL SWABS**

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ am  
pm

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

NCMH 01/27/19 v. 2.019

---

---

---

---

---

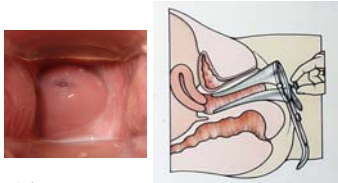
---

---

---

### Internal Genital Exam

- Collect **4 dry swabs** from vaginal vault up to **120 hours**
- Collect **2 dry swabs** from cervical os up to **120 hours**
- Collect even if menstruating
- You can collect vaginal swabs if patient declines speculum exam
- Insert swabs 4-5 cm and gently rotate
- Try not to use lube (document on the BCA form if you do)




---

---

---

---

---

---

---

---

### Vaginal Evidence Collection

STEP 6 VAGINAL SWABS

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

STEP 7 CERVICAL SWABS

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

---

---

---

---

---

---

---

---

### Evidence Collection – Anal

- Anal = exterior
- Label envelope **Anal**
- Collect **4 moistened swabs**
  - Collect all 4 at the same time
  - Collect up to **120 hours**
  - Even if showered 1-2 times

STEP 10 ANAL SWABS

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

---

---

---

---

---

---

---

---

### Evidence Collection – Rectal

- Rectal = inside
- Collect **4 moistened swabs**
- Collect up to **48 hours**
- Collect 2 swabs at a time
- Insert 2-3 cm into anal canal
- Gently rotate

STEP 10 RECTAL SWABS

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

Evidence Collection – Male Genital

- Pubic hair combing if patient has not showered
- Penis
  - Collect **2 lightly moistened** swabs
  - 48-72 hours after assault
- Scrotum
  - Collect **2 lightly moistened** swabs
  - 48-72 hours after assault

---

---

---

---

---

---

---

---

Evidence Collection – Male Genital

**STEP 11** **PENILE SWABS**

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

**STEP 11** **SCROTUM SWABS**

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

---

---

---

---

---

---

---

---

### Patient's DNA Sample

- Blood needs to be collected for the patient's DNA sample
- Blood is preferred over buccal
- Blood should be placed on **inner** filter paper
- Collect 5-7 spots of blood
- If blood can not be collected at the time of exam, investigator can collect buccal at a later time

---

---

---

---

---

---

---

---

### Victim's DNA Blood Sample



---

---

---

---

---

---

---

---

### Packaging of Trace Evidence

Place hairs or fibers in paper, fold, seal with a patient label and place in the envelope



---

---

---

---

---

---

---

---

### Trace Evidence

- Biologic samples to collect
  - Tampons
  - Nuvaring
  - Condoms
  - Hairs
  - Other foreign bodies in body cavities



---

---

---

---

---

---

---

---

### Packaging & Labeling of Trace Evidence

Poke holes in top of specimen container with scalpel, or sterile scissors.



Label specimen container with patient label, exam time, & initials



---

---

---

---

---

---

---

---

### Packaging of Trace Evidence

- Document trace evidence in the chart and photograph
- Place container in a brown bag and label bag with the following:
  - Patient label
  - Handwritten patient name, DOB, MRN
  - Contents of bag
  - Jurisdiction
  - Case Number (if reported)
  - Date of exam
  - Your name
- Seal the bag with evidence tape – initials and date across the seal
- Refrigerate

---

---

---

---

---

---

---

---

### Clothing

- Only collect clothing worn after the assault
- Collect underwear
- Clothing at home - paper bags
- Even if it has been washed – Collect!
- Do not force patient to provide clothing
  - Document as “patient declined”
  - Document demeanor or statements made
  - If not able to collect- swab the area




---

---

---

---

---

---

---

---

### Packaging Clothing

- Handle/manipulate clothing as little as possible
- Important to ensure clothing is dried prior to packaging - If not, notify law enforcement
- Label each bag with the following:
  - Patient label (with date and time of collection)
  - Hand written patient name, DOB, MRN
  - Date of exam
  - Contents of bag
  - Jurisdiction
  - Case Number (if reported)
  - Your name
- Seal the bag with evidence tape – initials and date across the seal

---

---

---

---

---

---

---

---

### Proper Labeling & Sealing of Clothing Bag



**Remember: Only one piece of clothing per bag!**

---

---

---

---

---

---

---

---

### What's wrong with this?



---

---

---

---

---

---

---

---

### Clothing Collection

- Bring clothing to wear home
- Assistance League provides **Assault Survivor Kits**



- MN Hospital Association > Store > search > **Assault Survivor Kits**  
[https://my.mnhospitals.org/nc\\_store?filter=All](https://my.mnhospitals.org/nc_store?filter=All)

---

---

---

---

---

---

---

---

### Non Biological Trace Evidence

#### Photograph and Document

- Dirt, Sticks, Leaves, Grass, etc.
- Package separately in brown bags
- Do not include in SA Kit
- BCA will likely not analyze



---

---

---

---

---

---

---

---



### Packaging of Swab Envelopes

- Ensure all envelopes are labeled with the location of the swabs collected
  - Some locations do not have pre-labeled envelopes in the kit
- DO NOT lick the seal on the envelope
  - Seal the envelope with a patient label
  - Ensure the date and time of collection is included
  - Initial across the seal to ensure chain of custody
- On the front of the envelope, mark "Yes" under "Was Sample Collected?"
- Only include the envelopes/samples that you collected

---

---

---

---

---

---

---

---

### Proper Packaging of Swab Envelopes

**STEP 10** **RECTAL SWABS**

PATIENT'S NAME: \_\_\_\_\_

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

COLLECTED BY: \_\_\_\_\_

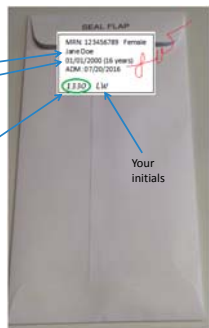
WAS SAMPLE COLLECTED?  YES  NO

IF NO, WHY NOT? \_\_\_\_\_

Patient name  
Date

Collection Time is the "start time" of the exam (all swabs will be the same)

Your initials




---

---

---

---

---

---

---

---

### Sexual Assault Exam Report

Hospital: \_\_\_\_\_ Collected by: \_\_\_\_\_

Please return this form to the kit after the exam is completed.

**STEP 1: General Information**

Patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of alleged assault: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Date of hospital exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Patient's description of assault: \_\_\_\_\_ *Often referred to as "Account of Incident"*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BCA Sexual Assault Report **OR** Sexual Assault Report **MUST** be included in every Kit

---

---

---

---

---

---

---

---



Evidence cannot be left unattended




---

---

---

---

---

---

---

---

Evidence collection: Chain of Custody

- Evidence is placed in a locked refrigerator or given to Law Enforcement after exam
- Law Enforcement is responsible for picking up and storing evidence
- Law Enforcement signs Sexual Assault kit before taking it
- Chain of custody form




---

---

---

---

---

---

---

---

Chain of Evidence Form

Evidence Information	
Patient Label	Collection Date: _____ Time: _____ <input type="checkbox"/> Blood, <input type="checkbox"/> Urine, <input type="checkbox"/> SA Kit, <input type="checkbox"/> Other: _____ in appearance SANE Printed Name: _____ SANE Signature: _____
Chain of Evidence	
Placed in locked area by: _____	
RCA Lab Specimens and Copy of Hospital Records	
Released to: _____	Clothing Released to: _____
Agency: _____	Agency: _____
Released by: _____	Released by: _____
Placed in locked refrigerator by: _____	
Temporary Disposition of Evidence	
Location: _____	Date: _____
Released by: (SANE) _____	Signature: _____
Released to: (SANE) _____	Signature: _____
Location: _____	Date: _____
Released by: (SANE) _____	Signature: _____
Released to: (SANE) _____	Signature: _____
Location: _____	Date: _____
Released by: (SANE) _____	Signature: _____
Released to: (SANE) _____	Signature: _____

---

---

---

---

---

---

---

---

### Sexual Assault Kit Storage

- No statewide policy on kit storage
- No statewide coordination for storage
- No statewide storage facility
- Each jurisdiction does it in their own way
- Best practice – keep restricted kits for 18 months (at least)

---

---

---

---

---

---

---

---

### Reporting Sexual Assault

Sexual assault is the most under reported, least prosecuted and has the lowest conviction rate for any serious felony

- In most cases, it is the patient’s decision to report
- No one should be forced to report
- Mandated reporting
- Barriers to reporting



---

---

---

---

---

---

---

---

### Reporting Options

- Report to Law Enforcement before coming to hospital
- Law Enforcement will come to the Emergency Department
- Report after leaving the hospital
  - Patient advised to call Advocacy for support
  - Call 911 or the jurisdiction where the assault occurred
  - Tell the officer when and where medical forensic exam was done

---

---

---

---

---

---

---

---

### New Legislation October 2019

#### Section 609.3459 - LAW ENFORCEMENT; REPORTS OF SEXUAL ASSAULTS

A victim of any violation of sections 609.342 to 609.3453 may initiate a law enforcement investigation by contacting any law enforcement agency, regardless of where the crime may have occurred.

The agency must prepare a summary of the allegation and provide the person with a copy of it. The agency must begin an investigation of the facts, or, if the suspected crime was committed in a different jurisdiction, refer the matter along with the summary to the law enforcement agency where the suspected crime was committed for an investigation of the facts.

2019 Minn. Laws, ch. 5, s 4-10, eff. 8/1/2019.

---

---

---

---

---

---

---

---

### Exam Options – Unrestricted

#### Medical Forensic Exam done and reported to law enforcement

- Sexual assault kit, toxicology samples and clothing collected
- Evidence and Medical Forensic Exam report given to law enforcement
- Evidence labeled with patient information
- Storage of kits – law enforcement needs to pick-up in 10 days

---

---

---

---

---

---

---

---

### Exam Options - Unrestricted

#### “Standard report” to law enforcement

- Only **unrestricted kits** are sent to the BCA by law enforcement
- Law enforcement has 60 days\* to send to BCA
- Only **unrestricted kits** are tested at the BCA



---

---

---

---

---

---

---

---

### Exam Options – **Restricted**

Medical Forensic Exam done - No report at time of exam

- No law enforcement involvement
- Advocacy responds to hospital
- Gives patient time to decide about reporting - medical exam is time sensitive
- Collect sexual assault evidence, toxicology samples and clothing
- Evidence labeled with an ICR number or anonymous number
  - Number documented in the patient chart

---

---

---

---

---

---

---

---

### Exam Options

No Medical Forensic Exam - No report to law enforcement

- Discuss options with patient
- Call advocacy if patient interested
- Offer medications if appropriate
  - Emergency Contraception up to 120 hours (negative UPT)
  - Sexually Transmitted Infections prophylaxis for Chlamydia, Gonorrhea, Trichomonas
  - HIV prophylaxis if less than 72 hours
- Exam not paid for by the county
- Exam will be billed to their insurance

---

---

---

---

---

---

---

---

### STI Prophylaxis, Emergency Contraception & HIV nPEP

**Best Practice --- Follow CDC Guidelines**

- Discuss & provide coverage for
  - Gonorrhea, Chlamydia, Trichomonas/Bacterial Vaginosis
  - Oral, Vaginal, or Rectal assault

Also Consider.....

- Tetanus, HPV, Hepatitis B (first dose)
- Oral Emergency Contraception options - 0-120 hours
- HIV nPEP - 0-72 hours post assault

---

---

---

---

---

---

---

---

### Discharge & Follow-Up

- Overwhelming amounts of information to absorb at this point
- Provide handouts for patient to take home and reference
- Provide cheat-sheets and detailed instructions for follow-up
- Give names of advocacy centers, specialists, free clinics, support groups, etc.
- Prevent any barriers to follow-up care
- Assist and collaborate with advocacy, social work, and ED if patient needs other services
- Housing, transportation, mental health, etc.

---

---

---

---

---

---

---

---