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# Sexual Assault Health Care Policy – Emergency Department

Policy: A formal, clear, concise, and non-negotiable statement directing staff decision-making

## 1. Introduction

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### 1.1. Description

[Sexual Assault](#) is a serious issue with short-term and long-term health consequences which can be mitigated with an appropriate health care response at the time of the [Sexual Assault](#) disclosure.

The purpose of this policy is to ensure a timely, quality response that meets a standard of care for all [Sexual Assault](#) disclosures that is consistent with Vancouver Coastal Health (VCH) and Providence Health Care (PHC) organizational goals and values. This policy is to be used to assist in the development and refinement of site-specific protocols and procedures.

### 1.2. Scope

This is a joint policy between Vancouver Coastal Health (VCH) and Providence Health Care (PHC).

This policy applies to all VCH and PHC hospital-based emergency departments and rural health centres with [Emergency Services](#), with local protocols and procedures to be used as required.

## 2. Policy

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### 2.1. Policy Statement

Leadership will be assigned at each facility to oversee the administrative and educational requirements for the delivery of [Sexual Assault](#) health care.

Each facility must have trained health [Staff](#) readily available 24 hours a day, seven days a week who can provide [Sexual Assault](#) health care for patients 13+ years of age, of any gender, who present up to seven days post-assault.

Each facility will develop protocols and procedures, and VCH and PHC hospital-based emergency departments and rural health centers with [Emergency Services](#) must have protocols and procedures consistent with this regional policy.

Each geographic region (Lower Mainland, Sunshine Coast, Sea to Sky, Powell River and Central Coast) will have at least one site that provides Level A care, and all other sites will

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provide Level B care, as per [Section 2.2 Procedures](#) in this policy (see [Appendix A](#) for site designations).

## **2.2. Procedures**

Local protocols and procedures will outline the standard of care for patients 13+ years of age and up to seven days post-[Sexual Assault](#) that reflects a Level A or B response. The level of care to be delivered is site-specific as outlined above.

### **2.2.1. Level A: Comprehensive Health Care Response to Sexual Assault - with Medical-Forensic Examination**

Sites providing Level A care will:

- Provide services 24 hours a day, seven days a week. The exceptions are UBCH, which provides Level A services from 0800-2200 seven days a week and Squamish General Hospital, which provides access to Level A services 0900-1500 Monday through Friday
- Meet assessment times as outlined by [Canadian Triage and Acuity Scale \(CTAS\)](#).
- Provide emergency medical care.
- Explain [Sexual Assault](#) health care options, including medical-forensic options.
- Provide [Sexual Assault](#) crisis counseling, advocacy and support.
- Perform [Sexual Assault](#) health assessment and examination.
- Collect and manage forensic samples.
- Provide appropriate documentation and credible court testimony.
- Offer preventative health care options such as HIV risk assessment, emergency contraception, STI prophylaxis, etc.
- Offer appropriate community referrals to ensure access to ongoing patient support.
- Build relationships and partners with other [Sexual Assault](#)-related services.

### **2.2.2. Level B: Comprehensive Health Care Response to Sexual Assault - No Medical-Forensic Examination**

Sites providing Level B care will:

- Provide services 24 hours a day, seven days a week.

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- Meet assessment times as outlined by the [CTAS](#).
- Provide emergency medical care.
- Explain [Sexual Assault](#) health care options, including medical-forensic options and the services of the nearest site that offers Level A services.

If the patient chooses medical care treatment only or does not want to go to the nearest site with Level A services, the site will:

- Provide [Sexual Assault](#) crisis counseling, advocacy and support.
- Perform [Sexual Assault](#) health assessment and examination.
- Offer preventative health care options such as HIV risk assessment, emergency contraception, STI prophylaxis, etc.
- Offer appropriate community referrals to ensure access to ongoing patient support.

If the patient opts for a medical-forensic examination, the site will:

- Offer to arrange for accompaniment and transportation to the nearest site with Level A services.

### 2.2.3. Process to Address Persons Presenting as a Historical Sexual Assault

For persons who present as a historical [Sexual Assault](#) i.e. the [Sexual Assault](#) occurred more than seven days ago, as per the [Minimum Standard of Sexual Assault Health Care](#), the site will:

- Assess for physical injuries and mental health;
- Advise on HIV and sexually transmitted infections screening and pregnancy testing; and
- Provide information on and referrals to community health and social services.

### 2.2.4. Staff Training and Education

Training and continuing education is required for [Staff](#) providing [Sexual Assault](#) health care as appropriate for the facility and level of care provided. The current standard is the training provided by BC Women's Hospital [Sexual Assault](#) Service as detailed below.

*Level A facility:*

- Two-day training to prepare physicians to meet Level A competencies. Nurses are also encouraged to attend; or

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- Five-day training to prepare nurses as [Sexual Assault](#) nurse examiners to meet Level A competencies. Physicians are also encouraged to attend.
- Social Workers and other health [Staff](#) providing [Sexual Assault](#) care are welcome to attend either Level A training session.

*Level B facility:*

- One-day training to prepare nurses and physicians to meet Level B competencies. Social Workers and other health [Staff](#) providing [Sexual Assault](#) care are also welcome to attend.

All patient care visits for [Sexual Assault](#) will be recorded and kept in a file maintained by the facility lead who oversees the administrative and educational requirements for the delivery of [Sexual Assault](#) health care. Key information must include:

- The date of assault;
- Date of examination;
- Patient's age;
- Patient's sex;
- City/town/village of patient's residence;
- Services and medications provided; and
- Referrals made.

BC Children's Hospital will provide [Sexual Assault](#) health care and medical-forensic examination for children under the age of 13. When providing referrals for [Sexual Assault](#) health care for children under the age of 13, site specific procedures must be followed.

## **2.3. Responsibilities**

### **2.3.1 [Staff](#)**

[Staff](#) will:

- Provide timely, quality health care in response to [Sexual Assault](#) as outlined in this policy.
- Obtain minimum training and education as appropriate.

### **2.3.2 [VCH and PHC Managers](#)**

VCH and PHC Managers are responsible for ensuring:

- [Staff](#) is familiar with the regional policy and related protocols.

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- Minimum training and education requirements have been met by [Staff](#).

### 2.3.3 VCH and PHC Regional Emergency Services Council

The VCH and PHC Regional [Emergency Services](#) Council is responsible for reviewing local protocols and procedures every three years.

## 2.4. **Compliance**

VCH and PHC managers in hospital-based emergency departments and rural health centers with [Emergency Services](#) are responsible for monitoring and enforcing workplace compliance with the regional policy and local [Sexual Assault](#) health care protocols. Departure from this policy by [Staff](#) may lead to disciplinary action up to and including termination of employment, services or privileges.

## 3. **Supporting Documents and References**

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### 3.1. **Related Policies**

- [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#) (VCH)
- [Consent to Health Care](#) (VCH)
- [Domestic Violence Routine Screening for Patients](#) (VCH)
- Response to Violence Against Women in Relationships and Sexual Assault Policy (Public Health Nursing, Coast Garibaldi Health)

### 3.2. **Standards/Guidelines/Forms**

#### *Brochures*

- *Sexual Assault Response Team* brochure (Powell River General Hospital, no date)
- *Sexual Assault Service: Bella Coola General Hospital and Clinic* (no date)

#### *Clinical Pathways*

- *Sexual Assault Flow Chart* (Sea to Sky Women's Safety Network Sexual Assault Response for VCH Sea to Sky emergency care services, no date)
- *Sexual Assault Service Clinical Pathway* (Vancouver General Hospital, no date)

#### *Protocols*

- *Sexual Assault Protocol for the Bella Coola Hospital* (no date)

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- *Patient Care Guidelines. Guideline: ED-24 Sexual Assault Service – Care of the Patient in the ED* (Vancouver General Hospital Emergency Department, August 2007)
- *Powell River Sexual Assault Protocols* (Powell River General Hospital's Sexual Assault Response Team, BC Women's Hospital Sexual Assault Services, April 2016)

### 3.3. Definitions

**“Canadian Triage and Acuity Scale” (CTAS)** is a tool that enables Emergency Departments to prioritize patient care requirements. CTAS scores sexual assault as Level 2 (i.e. should be seen within 15 minutes) if the victim is physically traumatized, in pain, etc. Sexual assault is scored Level 4, otherwise (i.e. should be seen in 60 minutes).

**“Emergency Services”** are services provided by hospital-based emergency departments and rural health centres with emergency services (e.g. Whistler Health Care Centre, Pemberton Health Centre).

**“Minimum Standard of Sexual Assault Health Care”** is the Minimum Standard of Sexual Assault Health Care to be provided in response to sexual assault and depends on a site's geographic location.

**“Sexual Assault”** is any form of sexual contact without a person's consent. Consent is an active choice and the voluntary agreement of two adults to engage in sexual activity. Someone who is under the influence of medication, drugs/alcohol is not in the position to give consent.

**“Staff”** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH or PHC.

### 3.4. References

#### *Brochures*

- *If You Have Been Sexually Assaulted, There is Help* brochure (Sea to Sky Women's Safety Network Sexual Assault Response, January 2010)
- [Sexual Assault Service Pamphlet](#) (BC Women's Hospital and Health Centre, October 2007)

#### *Protocols*

- [Sexual Assault Service Protocols and Procedures Manual](#) (BC Women's Hospital, August 2004)

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## Reports

- [Critical Elements of an Effective Response to Violence Against Women: Briefing Document](#) (BC Association of Specialized Victim Assistance and Counselling Programs, BC/Yukon Society of Transition Houses, BC Institute Against Family Violence, 2007)
- [Measuring Violence Against Women: Statistical Trends 2006](#) (Statistics Canada, 2006)
- [Violence Against Women: Improving the Health Care Response. A Guide for Health Authorities, Health Care Managers, Providers and Planners](#) (BC Ministry of Health, Women's Health Bureau, 2000)

### 3.5. Keywords

assault, medical-forensic examination, rape, sexual assault

### 3.6. Questions

Contact: Public Health and Regional Emergency Services Program

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## **Appendix A: Level of Care - Site Designations**

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### **Level A: Comprehensive Health Care Response to Sexual Assault - with Medical-Forensic Examination**

**Sites:** Vancouver General Hospital and UBC Hospital via the BC Women's Hospital Sexual Assault Service\*, Sechelt Hospital, Powell River General Hospital, Squamish General Hospital, Bella Coola General Hospital, RW Large Memorial Hospital

\* BC Women's Hospital Sexual Assault Service has an operating agreement to deliver services at Vancouver General Hospital and UBC Hospital.

### **Level B: Comprehensive Health Care Response to Sexual Assault - No Medical-Forensic Examination**

**Sites:** St. Paul's Hospital, Mount St. Joseph's Hospital, Richmond Hospital, Lions Gate Hospital, Whistler Health Care Clinic, Pemberton Health Care Clinic.

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## Appendix B: Policy Principles

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**Patient-Centred Care Principles:**\* includes but is not limited to:

- Confidentiality.
- Informed consent at all times.
- The right to be heard and listened to.
- Respect for patient choice.
- Appropriate timeliness of care.
- Convenience of care.
- Courtesy and respect throughout the process.
- Empathy from the caregiver.
- Non-judgmental care.
- An efficient care process that minimizes disruption.
- Outstanding communication with patients and among providers.
- The ability of and opportunity for the patient to play a central role throughout the care process.

*\*Adapted from “Making Patient-Centred Care Real: The Road to Implementation: A Discussion Paper for the Saskatchewan Ministry of Health” (November 2009).*

**Recognized Health Issue:** The provision of sexual assault health care is within the scope of emergency-based care.

**Reasonable Access:** Patients choosing to report sexual assault to police must have reasonable access to facilities offering medical-forensic examination as there is a limited time after a sexual assault during which viable forensic samples can be collected.

**Inclusiveness:** Sexual assault health care is offered to people of any age, sexual orientation, gender, and physical, mental or cognitive ability.

**Cultural Appropriateness:** Local protocols and procedures must meet the needs of different cultural groups in order to ensure accessible and effective sexual assault health care for Aboriginal peoples, ethnocultural groups, the transgendered population, and other groups who often encounter barriers in accessing services. If a patient is not comfortable communicating in English, staff should seek a professional, external, impartial interpreter of the same gender unless impossible, unreasonable or not to the patient's preference.

**Patient Confidentiality:** Due to the stigma and shame associated with being sexually assaulted, survivors often feel intimidated and fearful when they enter an emergency department. Maintaining a patient's privacy and confidentiality is a top priority.

**Informed Consent:** Informed consent must be obtained before proceeding with any aspect of sexual assault health care and/or medical-forensic examination. The patient should receive

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information about and control all aspects of her/his care, including decisions regarding medical and legal options, and the involvement of other people. This is an important first step in helping the patient regain control after a sexual assault. Special consideration for consent must be made for those adults who are not considered capable of consenting to health care or for adults who meet the criteria of the Adult Guardianship Act. In these situations, staff must follow the VCH [Abuse, Neglect or Self-Neglect of Vulnerable Adults](#) policy.

**Supportive Caregiver Attitude:** Sexual assault survivors are believed and offered emotional support. Staff acknowledges that sexual assault can happen to anyone - regardless of how a person dresses, where they go or what they do. The assailant, not the survivor, is deemed responsible for the sexual assault. Staff also recognizes that because individuals respond to trauma differently, any and all behaviour exhibited by the survivor is considered a normal response to the traumatic event.

**Long-Term Impact:** Given the long-term emotional and psychosocial impact of sexual assault, access to options for aftercare is vital. Access to community-based, anti-violence (counseling/victim services) organizations and other supports is equally important as acute care and can be essential to the survivor for dealing with the aftermath of sexual assault.

**Cross-Sectoral Issue:** It is essential to provide comprehensive care that extends beyond acute care walls and into the community. Sexual assault requires a coordinated response from health care, community support services, police and Crown counsel.

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