

Policy and Procedure: Post-sexual Assault Care

Purpose: People experiencing homelessness are more likely to experience sexual assaults (SA) and less likely to seek treatment at Emergency departments or report these occurrences to medical and legal entities, many acute medical and behavioral health needs post sexual assault are left untreated. In an effort to provide the highest quality of care to our patients, this guideline will support staff in offering patient-centered care to patients who decline a transfer to an Emergency Department for a SANE exam and prefer to receive post-sexual assault healthcare from a BHCHP provider.

Procedure:

Any BHCHP staff who is informed by the patient that they have been sexually assaulted will refer to these clinical guidelines and provide patient with treatment options based on type of assault and timeframe since assault occurred and support patient in their decision-making process for when and how they would like to receive care.

Staff regardless of role will do the following upon disclosure of a SA:

- Believe the patient
- Provide trauma-informed emotional support and offer to request BH support for patient
- Do not ask for details about the assault
- Ask the patient if they currently feel safe and ask what you can do to increase their sense of safety in the moment
- Assess if there are any urgent medical needs resulting from SA
- Inform/offer patient of their options re: exam and treatment options and referrals
- Respect their right to autonomy around accepting or refusing any of these resources

SA that has occurred within 5 days/120 hours of disclosure is within the window for a SANE exam. (24 hours for oral sexual assault)

ED SANE exam eligibility criteria :

- 12 years of age or older, assault occurred within 5 days/120 hours, Pt is awake, coherent, and able to consent to and understand a SANE exam, verbal consent of exam is given by Pt, patient is medically cleared for SANE exam (Injuries will be treated before a SANE exam by ED providers)

If the patient is eligible for a SANE exam determines that they would like to go to the hospital for a SANE exam:

- Refer Pt to a MDPH designated SANE site ***BIMDC, BMC, BWH, Cambridge Hospital, MGH, NWH, Boston Childrens Hospital***
- Whenever possible, patients should not change clothing. Please provide patient with a change of clothing for after ED SANE exam. If clothing has been changed prior to the SANE exam, place each item of clothing in brown paper bags and write the patients name on each bag, place individual paper bags into a larger paper bag, write patients name on larger bag as well.
- Do not wipe fluids, blood, stains, or dirt from the patient.

- Do not offer food or drink (though patient's comfort should come first) if an oral assault occurred within 24 hours of report
- If patient has not yet gone to the bathroom and needs to do so prior to going to the ED, provide a specimen jar and ask the patient to not wipe after urination. Place urine specimen in bag to bring to the ED.
- Calling in an ED expect is often helpful to help support expedited triage.

If the Pt declines ED for a SANE exam:

- Respect their decision.
- Inform them that they have up to 5 days after assault to change their mind
- If still wearing the same clothes from assault, offer to collect and hold for Pt should they change their mind and provide a change of clothing
 - Clothing should be stored in brown paper bags
 - Offer new clothing items to patient
- Offer PCP visit for Emergency Contraception, PEP, labs, and exam to treat any injuries that may have occurred.
 - If Pt declines PCP visit, offer nursing care and labs via counseling and testing team
- Offer BARCC ([800-841-8371](tel:800-841-8371)) info for BH support and resources.
- Offer BHCHP BH open access information
- Let them know they can present to the police station assigned to the location the assault occurred to make a report without going to the hospital for a SANE exam.
- Offer information on BHCHP DV advocate if SA occurred in setting of DV
 - (tigerconnect: Patient Advocate Team)
- Recommend/offer BMH referral (call admissions re: bed availability prior to offering BMH referral)

If the SA occurred over 5 days ago:

- SANE exam for evidence collection will not be completed
- Police report can still be completed, and it is very helpful if the clothing worn during the assault can be collected in a brown paper bag and brought when making the report, patients can request a victim witness advocate through the District Attorney's Office to assist with court proceedings after filing a report
- Offer PCP visit for EC, STD prevention meds/PEP, labs, and exam if indicated.
- Offer BARCC ([800-841-8371](tel:800-841-8371)) info for BH support and resources.
- Offer BHCHP BH open access information for BHCHP BH support
- Offer information on BHCHP DV advocate if SA occurred in setting of DV
 - (tigerconnect: Patient Advocate Team)
- Recommend/offer BMH referral (call admissions re: bed availability prior to offering BMH referral)

Documentation Tips:

- Use .sa158PostAssault smart phrase within an existing note
- Providers can select Post Sexual Assault as chief complaint to initiate express lane that will automatically populate order sets, internal referrals, and smart phrase.
- Ensure information in chart is objective and is medically necessary
- Do not document details of assault unless documenting injuries

Staff consultation:

Tiger Connect Group: ‘Sexual Assault TTA’ is available for additional questions that may arise.

Sexual Assault Medication and follow-up Recommendations

STI prophylaxis: per CDC 2021 guidelines

Gonorrhea	Ceftriaxone 500 mg IM x 1 (contraindications: allergy to cephalosporins)
Chlamydia	Doxycycline 100 mg PO twice daily x 7 days (contraindication: pregnancy) Alternative Treatment: <u>Azithromycin</u> 1 g PO x 1 (for pregnant persons or when nonadherence to doxycycline regimen is a concern)
Trichomoniasis (for women only)	Metronidazole 500 mg BID x 7 Days
HIV nPEP *If assault occurred within 72hr	Truvada (tenofovir 300 mg + emtricitabine 200 mg) 1 tablet PO daily PLUS Tivicay (dolutegravir 50 mg) 1 tablet PO once daily *Labs: HIV testing, hepatitis B, creat, AST/ALT
Hepatitis B	Hepatitis B Vaccine (or HBIG if indicated) <ul style="list-style-type: none">• Administer if hepatitis status of assailant is unknown and patient has NOT been previously vaccinated• patients should be informed of the need for follow-up for completion of the vaccination series for Hepatitis B immunization
HPV (for ages 15-45yrs)	<ul style="list-style-type: none">• Administer if patient has NOT been vaccinated or is incompletely vaccinated• HPV Vaccine 3 dose series , 1st dose given now; subsequent dosing per follow-up visits

Emergency Contraception:

Ella 30mg po x 1dose (ulipristal acetate, UPA) or **Plan B One-Step 1.5mg po x1 dose** (levonorgestrel, LNG)

- Ella (UPA) usually 1st choice: due to longer efficacy, covers pts w higher BMI (in EDK kits)
- Take one tablet by mouth asap, and within 120 hours of unprotected intercourse.
- If vomiting occurs within 2-3 hours of administration, the dose can be repeated with the use of an antiemetic.
- If menses has not occurred by 3 wks after EC, pregnancy test is indicated

Scenario	Best choice of EC	Alternative and rationale
0-72 hrs since unprotected sex or assault	LNG or UPA	
73-120 hrs since unprotected sex or assault	UPA	LNG efficacy decreased but can be used if UPA not available
Weight ≤ 165 pounds or BMI ≤25	LNG or UPA	
Weight >165 pounds or BMI >25	UPA	LNG efficacy may be decreased but can be used if UPA not available
Breastfeeding	LNG	If using UPA, delay breastfeeding for 24 hours (or “pump and dump”)
Need to start/restart hormonal contraception immediately	LNG	If using UPA, delay start of hormonal contraception at least 5 days

Anti-nausea medication:

- considering giving 1dose 20-30min prior to taking above medications
- give if vomiting occurs up to 3hr post emergency contraception (and repeat EC dose)
- may consider if giving prescription for nPEP

Follow Up Care

- <1 week after assault – PCP or Thur am JYP/Lisa Schwartz
- eval nPEP, adherence, side effects, lab review
- HIV ab: if initial test neg, repeat test 6wk, 3mo
- Syphilis: if initial test neg, repeat test 4-6wk, 3mo
- STI: if initial test neg, repeat test 1-2wk if symptomatic or no Rx given
- Complete HBV and HPV vaccine series if indicated
- BARCC
- BH f/u