

SEXUAL ASSAULT EVIDENCE KIT (SAEK) INSTRUCTIONS

Exam and treatment directions for the acute medical/forensic examination of sexual assault patients
Revised June 2019

**USE OF THIS KIT IS APPROPRIATE WITHIN
FIVE (5) DAYS/120 HOURS OF THE ASSAULT FOR ADOLESCENTS AND ADULTS AND
THREE (3) DAYS/72 HOURS FOR CHILDREN 12 YEARS AND UNDER**

IF YOU ARE RESPONDING TO CHILD SEXUAL ABUSE, READ PAGE 10 FIRST!

**IDEALLY, SEXUAL ASSAULT PATIENTS SHOULD BE EXAMINED BY EXPERIENCED
SEXUAL ASSAULT NURSE EXAMINERS (SANE)
REFERRAL INFORMATION FOR N.M. SANE PROGRAMS IS ON PAGE 9.**

READ DIRECTIONS COMPLETELY PRIOR TO PERFORMING EXAM!

PRE-EXAM CONSIDERATIONS

Priority-Medical Stability

Triage the patient for medical stability, needs, and safety before proceeding with the forensic exam. Medical stability is always the priority. The sexual assault exam is secondary to necessary acute medical treatment. Assessment of medical stability should be on-going during the sexual assault exam.

Advocate

Call your local advocacy, mental health program, or hospital social worker to provide the patient with a support person. The advocate's role is essential during the acute medical/forensic exam. The trained advocate can help with referrals, case management, and long-term recovery of the patient. Your advocate should be specially trained in crisis response, trauma-informed care, or sexual violence. If a patient is a resident of a facility (i.e., incarcerated or in-patient), an employee of that facility may have a conflict of interest and should not be used as an advocate.

Consent

After reading these instructions, explain the forensic examination to the patient and obtain consent for the following specific procedures allowing the patient to decide what procedures he/she will allow:

- Full (evidence collection *and* medical treatment) or limited (medical treatment only) exam
- Documentation of injury, which may include photography if patient consents
- Pregnancy testing, STI Prophylaxis, and Emergency Contraception
- Blood/Urine collection if there is suspected Drug Facilitated Sexual Assault
- Release of evidence and/or reporting to law enforcement

If the patient is intoxicated and cannot give consent, you may need to wait to do the sexual assault exam. Patient consent means the patient's ability to understand and/or paraphrase what you have explained. If alcohol or drugs were used to compromise the patient's ability to resist the assault or consent to sex, refer to Page 4 and 5 for blood and/or urine collection for suspected Drug Facilitated Sexual Assault.

The patient is under no obligation to report the assault to the police or even to undergo the sexual assault exam. The patient is under no obligation to speak to law enforcement or participate in an investigation. Counsel the patient that collection of evidence is recommended even if they are not ready to file a police report at this time. Make sure the patient realizes that evidence is fleeting and that now is the optimal time to collect.

If the patient decides to file a police report, the location of the assault determines the law enforcement agency. You or the advocate can assist in contacting the appropriate law enforcement agency to initiate the investigation. The advocate should remain with the patient during the police investigative interview. You should inform the patient that the police report will include, at minimum, the patient's name, date of birth, and a reference to sexual assault. Information on police reports are public record. Law enforcement agencies may store evidence for a limited time (usually one year) to allow a victim time to decide. These are called non-reported sexual assault kits. The details for this options can be outlined by law enforcement.

If the patient decides against evidence collection, a limited exam can be offered. You do not need this SAEK for a limited exam. With patient consent and pregnancy testing, a limited exam includes STI prophylaxis and emergency contraception may be provided. Recommended medications are listed on Page 11. The patient has the option to return within 5 days post assault for a full sexual assault exam with evidence collected.

Exam Payment

Inform patient that the evidence collection portions of the exam will be paid in full and up to \$150.00 of the medical treatment is covered by the State of New Mexico as long as your medical facility follows procedures outlined on Page 9. If additional medical charges are incurred, inform the patient that he/she may be held responsible for medical costs that exceed the \$150 (injury repair, prescriptions, etc). The patient may apply for funds to cover medical costs from Crime Victims Reparation Commission (505-841-9432) if a police report is filed. The Commission's telephone number is in the enclosed From Victim to Survivor brochure.

CHAIN OF CUSTODY

READ! IMPORTANT!!

Chain of custody refers to your ability to testify under oath that the evidence could not have been tampered or compromised during its collection, packaging, storage, or transfer. Chain of Custody must be maintained at all times once the Sexual Assault Evidence Kit is opened. This means that you must stay with the evidence until it has been properly sealed and secured.

Chain of Custody includes an Integrity Seal, which is the assurance that the examiner is responsible for collecting and packaging the evidence so that it could not have been tampered or compromised in any way. The Integrity Seal is the examiner's initials and the date of collection written over the taped seal of the SAEK small and large White Envelopes and small and large Brown Bags.

Once the exam is completed and evidence sealed, evidence should be signed over to law enforcement as soon as possible. It is acceptable to store the kit in an area that is locked securely with limited access. If this is not possible, evidence must be signed to another individual who is responsible for maintaining the integrity of the evidence until law enforcement is able to retrieve the SAEK. Every individual who assumes responsibility for the SAEK must document the transfer of that evidence on the outside labels.

SEXUAL ASSAULT EVIDENCE KIT (SAEK) EXAM

- Obtain a Sexual Assault Evidence Kit (SAEK). It is critical that the integrity of the SAEK is intact.
- Read these Sexual Assault Instructions completely prior to starting the sexual assault exam.

- This kit is appropriate for use within 120 hours or five (5) days after a sexual assault for adolescents and adults. For children 12 years and under, this kit is appropriate within 72 hours or three (3) days of the last suspected sexual contact. For sexual assault patients who present after these time frames, coordinate with other agencies such as your county mental health program, rape crisis centers, or refer to the list of SANE Programs on Page 9 for other possible referrals.
- Use Personal Protection Equipment (gloves and face masks) while collecting evidence to prevent cross-contamination. Be prepared to change gloves frequently during the sexual assault exam.
- The patient's history is critical in directing your collection of evidence. Evidence is collected from orifices or sites the patient indicates were involved in the sexual assault. Exceptions would be pre-verbal pediatrics, drug-facilitated assault, patients with no memory or ability to verbalize the assault, or if you observe injuries or findings. In these cases, collect from all orifices where suspected penetration might have occurred based on examiner's judgment and document such on the Sexual Assault History Form.

Sexual Assault History Form

- Documentation must be legible. **Please print clearly!** Other professionals need to read your writing. Your document may be used in court.
- For sexual assault exams conducted by hospitals, clinics, or non-specialized SANE Programs, use the enclosed Sexual Assault History Form. Complete as much information as possible on the History Form. SANE Programs may use their specialized medical record.
- When asking the patient to give a description of the assault, **DO NOT ASK LEADING QUESTIONS** that lead to yes/no answers such as, "Were you raped?" Instead, ask the patient "What happened?" Or "Can you describe the incident to me?" Let the patient use his/her own words and use those words in your charting. Documentation of the assault must be the patient's verbatim statement. Use quotations to indicate patient's actual statements. It is critical that no re-phrasing occur.
- Let the patient know that for evidence collection you need to ask specific questions about which of the suspect's body parts touched the patient's body parts. Allow the patient time to respond in his or her own words.
- As a medical provider, you are taking the patient's history of the sexual assault for purposes of medical diagnosis and treatment of the patient and to direct the collection of evidence. **LAW ENFORCEMENT WILL DO THE INVESTIGATIVE INTERVIEW.**

Exam Room Preparation/Supplies

- Prepare room by gathering equipment and supplies so that the exam may be conducted uninterrupted. Create a clean area that will minimize any chance of cross-contamination.
- Supplies include speculum, distilled or sterile water (do not use tap water), extra sets of gloves, ruler for measuring injuries, and a stable stand for holding/air-drying the swabs. An easy makeshift stand for holding and air-drying swabs is to turn a Styrofoam cup upside down, pierce two holes per cup to hold the swabs collected and label a cup for each orifice (oral, anal, vaginal, penile, etc) that the patient says was penetrated. Other equipment may include a camera for photography, Toluidine Blue Dye, or an Alternative Light Source. If these are not available, proceed with the supplies that you have.
- Open the kit, lay out envelopes that you will use (based on patient narrative), and label each envelope completely and legibly. Label envelopes and bags *before* placing evidence inside: this minimizes the destruction of evidence and prevents the mix-up of evidence samples. Complete information on the front labels of the SAEK White Envelope and Brown Bag.
- Once you have opened the SAEK, you must maintain "Chain of Custody." The examiner must stay with the evidence collected during the exam until all evidence is properly sealed and secured. Evidence is *never* to be left alone with the patient, family/friend, or advocate. (See Chain of Custody on Page 2.)

- Show the patient the room and supplies, and answer any additional patient questions.
- Allow the patient to have a person of their choice to support them during the process. This may be the advocate or a friend/family member. Encourage this person to stand by the patient's head and away from the evidence being collected.
- Overall guiding concepts: Maintain a clean area. Document legibly. Change gloves often and use a face mask during the genital portion of the exam to prevent cross-contamination. Concentrate collection of the evidence on the entire portion of the swab's cotton. If a swab inadvertently drops on the floor, document and package separately: do not throw it away!

Clothing/Patient Disrobing/Floor Sheet

- The patient is under no obligation to forfeit his/her clothing for evidence. It is the patient's decision to relinquish all or any of their clothing. Advise the patient that he/she will not receive clothing back. Explain to the patient that fluids, hair, and/or trace fibers found on the clothing may contain critical information. Be prepared to provide clothes for the patient to replace the clothes taken for evidence.
- Even if the patient has changed clothing, consider collecting the underwear worn to the exam, as the secondary pair of underwear may contain drainage from post-assault. Make note of this on the small Undergarment brown bag.
- Inspect clothing for tears, stains, debris, and document condition of clothing on the History Form. Photographs of torn or bloodied clothing can support documentation. Wet clothing needs to be laid out, dried and packaged at a later time; this must occur in a secured area. Document this in your charting.
- If there is a need to collect loose debris or fibers from the clothing, place two large sheets of paper on the floor, one on top of the other (the bottom sheet keeps the top sheet clean; the bottom sheet will be thrown away while top sheet will catch the debris/trace fibers.) *Do not use* plastic chux. Have patient remove shoes prior to disrobing, stand barefoot on the floor sheet, disrobe, and drop clothes gently on the floor sheet. If the patient declines submitting clothes for evidence and there is a need to collect loose debris or fibers, lightly shake clothes over floor sheet for trace fibers. Fold the paper inward to protect/save the loose debris and place inside a Miscellaneous small brown bag. On the bag label, make note that the Miscellaneous bag contains the floor sheet.
- Use discretion in collecting clothes from adult and adolescent patients: the internal swabs and underpants are more probative of sexual penetration. For children, the garments next to the skin are most important.
- Give patient a hospital gown to wear during the subsequent exam.

Blood/Urine Collection for Drug Facilitated Sexual Assault (DFSA)

- If a drug-facilitated sexual assault is suspected and the patient will file a police report, blood and/or urine should be collected. Collect both blood and urine if the patient presents within 24 hours post possible ingestion. If the patient presents after 24 hours but before 120 hours from ingestion, collect urine only. Collection of bio samples are measured from time of possible ingestion which may be earlier than the sexual assault.
- DFSA blood/urine samples will only be accepted if the patient files a police report.
- Blood (20 mL) should be collected in grey-top tubes which have the appropriate preservatives. Urine (50 mL) should be collected in a tamper-resistant, urine specimen container. Secure seal. Secure blood and/or urine containers with patient label and seal securely with tape to ensure the chain of custody for the collected samples. Write your initials and date over the label and tape for the Integrity Seal (see Page 2). Proper sealing of the samples is critical.
- If you collect bio samples for DFSA, go to www.sld.state.nm.us and under Toxicology, print out, complete, and sign the SLD TOX 500 form. This form must accompany the biological sample, be signed by law enforcement as well, and delivered to the State Laboratory Division, in Albuquerque.

Patient Assessment

- Obtain the patient's vital signs. If abnormal, recheck and take appropriate action. Injuries causing pain or serious discomfort should be treated before starting the sexual assault exam.
- Obtain a urine specimen for pregnancy test on all patients of childbearing age.
- Perform a head-to-toe assessment for evidence of trauma to the body and patient complaint of pain, working your way literally from "head to toe." Pay particular attention to any area of concern based on patient's history of assault and mechanism of injury. Tenderness upon palpation should be charted.
- Document all injuries seen during the patient assessment. Measure and describe all injuries indicating location of the injuries. Use the Body Map that is part of the Sexual Assault History Form. If available, photographic documentation of injuries is strongly recommended.

Oral Swabs

- Inspect the oral cavity. Describe, photograph and document any noted injuries.
- If the patient presents within 24 hours post assault and reports oral penetration, consider collecting oral swabs. Swab the gum line, margin between gums and cheek, the crevices between teeth, and under the tongue with the two cotton swabs provided in the Oral envelope. Do one swab at a time. Use the entire surface of each cotton-tip swab to maximize the amount of sample collected.
- Place the two swabs in a stable stand and let the swabs air-dry. Once dried, place the swabs back into the pre-labeled Oral Swabs envelope.

Genital Exam/Table Sheet

- Place the patient in the appropriate position(s) of comfort to optimally allow you to visualize and perform the vaginal/rectal/penile examination. Encourage the advocate/support person to stand by patient's head.
- Inspect external genitalia and rectal area for visual signs of trauma. Describe injuries on the Genital Map of the History Form. Photograph injuries before obtaining any swab collection or using a speculum. Be prepared to change gloves often. Maintain a clean area to prevent contamination.
- If there is drainage or debris noted on the table sheet upon completion of your genital exam, collect, fold and place table sheet in a Miscellaneous brown bag, noting on the outside of the small brown bag that it contains the table sheet.

Mons Pubis/Outer Labia Majora

- For collection of the Mons Pubis and outer Labia Majora, before any separation or traction of the Labia Majora, use one swab at a time, slightly moistened with distilled or sterile water. Roll or rub gently to collect foreign matter. Concentrate collection of the evidence on the entire portion of the swab's cotton.
- Swab over the Mons Pubis, pubic hair, and external Labia Majora. Place the two swabs in a stable stand. Let swabs air-dry. Once dried, place the swabs back into the Mons Pubis/Outer Labia Majora envelope.
- The pubic hair may contain dried secretions from drainage or ejaculation. If the pubic hair is matted, use a swab moistened with distilled or sterile water, roll or rub over the matted hair, concentrating collection of the evidence on the entire portion of the swab's cotton. Let swabs air-dry and place swabs back into the Mons Pubis/Outer Labia Majora envelop.

Anal Swabs

- Examine the rectal area for injury. Document injuries on the Genital Map of the History Form.
- Remove any foreign matter/debris and let air-dry before placing in envelope marked Miscellaneous.
- If patient presents within 48 hours post assault and reports anal penetration, obtain swabs of the rectal area.

- For collection, use a swab slightly moistened with distilled or sterile water, roll or rub gently around the anus, concentrating collection on the entire portion of the cotton swab. If patient consents, insert swab approximately one centimeter past sphincter. Repeat with second swab. Use the entire surface of each cotton-tip swab to maximize amount of sample collected. If particulate matter is on the swab, leave it on the swab.
- Place the two swabs in a stable stand and let the swabs air-dry. Once dried, place the swabs back into the pre-labeled Anal Swabs envelope.

Vaginal Swabs

- Separate the Labia Majora and examine the vaginal area for injury. Document injuries on the Genital Map of the History Form.
- If you have the protocols and supplies to use Toluidine Blue dye to aid in the visualization of micro trauma, apply the dye after noting injury and collecting evidentiary swabs but before using the speculum. If Toluidine Blue is unavailable, proceed without it.
- Obtain swabs of the vestibule, labia minora, and vaginal vault with the two swabs provided in the envelope marked Vaginal Swabs. Do one swab at a time. Use the entire surface of each cotton-tip swab to maximize the amount of sample collected. If particulate matter is on the swab, leave it on the swab.
- Insert speculum and inspect for injury or foreign matter. Document any injury within the vaginal canal.
- Remove any foreign matter/debris and let air-dry before placing in envelope marked Miscellaneous. Clearly document on the Miscellaneous envelope where the foreign matter/debris was obtained from.
- Place the two vaginal swabs in a stable stand and let the swabs air-dry. Once dried, place the two swabs back into the pre-labeled Vaginal Swabs envelope.

Cervical Swabs

- Examine the cervical area for injury. Document and photograph any injuries.
- Obtain swabs of the cervical os with the cotton swabs provided in the envelope marked Cervical Swabs.
- Do one swab at a time. Use the entire surface of each cotton-tip swab to maximize the sample collected.
- Place the two cervical swabs in a stable stand and let the swabs air-dry. Once dried, place the swabs back into the pre-labeled Cervical Swabs envelope.

Male Genitalia Swabs

- If the patient has male genitalia and dependent upon patient history, the examiner will swab the penile shaft, glans, and/or scrotum. If the patient is uncircumcised, manipulate the foreskin and collect underneath. Reposition the foreskin for patient comfort. Avoid swabbing the urethral meatus.
- Re-label the cervical and/or vaginal envelope to read "Male Genitalia" and use the swabs from that envelope.
- Do one swab at a time. Use the entire surface of each cotton-tip swab to maximize the sample collected. Slightly moisten the swab with distilled or sterile water. Roll or rub gently the swab, concentrating the collection on the entire portion of the cotton tip.
- Place the two penile swabs in a stable stand and let the swabs air-dry. Once dried, place the swabs into an envelope that you have pre-labeled Male Genitalia.

Miscellaneous Evidence

- If there is any other evidence such as blood, dried secretions, loose hairs, material fibers, environmental debris (vegetation, dirt, gravel, glass), diapers or tampons, collect, air-dry and place in pre-labeled Miscellaneous envelope or bag. Package small items (loose hair, fibers, etc) within bundle-folded piece of paper for containment before placing into Miscellaneous envelope. Label where evidence was collected.

- If the patient reports scratching the suspect, swab under patient's fingernails with a swab moistened with distilled or sterile water. Use one or two swabs per hand. Use the entire surface of each cotton-tip swab to maximize the amount of sample collected. Place swabs in a stable stand and let air-dry. Once dried, place swabs in a pre-labeled Miscellaneous envelope. If swabs are collected from both hands, package swabs collected from left and right hand in separate pre-labeled envelopes, with clear indication of where evidence was collected.
- If the patient reports any contact of bodily fluid, use swab(s) moistened with distilled or sterile water to collect samples from the patient's body where contact was reported. This includes areas where the patient reports being bitten or licked. Use one or two swabs per body part that the patient reports contact. Use the entire surface of each cotton-tip swab and gently roll or rub the swab against the skin to maximize the amount of sample collected. Place these swabs in a stable stand and let air-dry. Once dried, place swabs in pre-labeled Miscellaneous envelope, indicating where the evidence was collected.
- An Alternate Light Source may help visualize the body fluid prior to swabbing.

Patient Standard-Buccal Swab

- The examiner needs to collect the patient standard. The buccal swab is the patient's standard.
- The buccal patient standard swabs must be done separate from the oral swabs.
- Have the patient rinse his/her mouth. Using the swabs from the Patient Standard-Buccal Swab Envelope, one swab at a time, collect from the fleshy part of the inner cheek. Place the two swabs in a stable stand and let air dry. Once dried, place the two swabs back in the pre-labeled Patient Standard-Buccal Swab envelope.

MEDICATIONS

Preventative medications for emergency contraception and sexually transmitted infections should be offered to adults and for adolescents where child sexual abuse is not suspected. Testing for STI's in adults and adolescents for sexual assault is not recommended. Medications should be offered as a prophylactic measure. Attached (Page 11) is a summary of medications for Sexually Transmitted Infections (STI) and Emergency Contraception. For a thorough guide on the recommended treatment for adolescents and adults, view the Centers for Disease Control webpage at: www.cdc.gov

PATIENT DISCHARGE

- Determine where patient is to be discharged and make appropriate arrangement for transportation.
- Complete discharge instructions and give both verbal and written instructions to patient.
- Inform patient concerning community referrals such as Planned Parenthood, Public Health Office, and New Mexico AIDS Services. Work with the trained advocate to identify other appropriate resources.
- Ensure the patient has a safe place to go, has a support system and is not at risk for harming self.
- Give the patient the enclosed brochure "From Victim to Survivor." This brochure has contact numbers for rape crisis centers and other services, many of which are free. Inform the patient about the Crime Victims Reparation Commission, a state agency that can offer financial compensation for victims of crime.

SEALING EVIDENCE

Clothing, Floor/Table Sheets, Small and Large Brown Bags

- Never use plastic bags for packaging evidence. Plastic retains moisture which allows growth of bacteria and causes degradation of biological fluids. Use paper bags only.
- If clothes are collected, make sure they are dry and place loosely in the pre-labeled large Brown Bag.

- Place air-dried underwear in the pre-labeled Undergarments bag. Fold the top of the bag over, staple, and tape closed. Initial and date across the tape so that the writing overlaps the tape onto the bag. This is the Integrity Seal (page 2). *Place the sealed Undergarments Bag into the large white SAEK Envelope – placing the undergarments into the large white envelope is an important change!*
- If you have collected loose debris or trace fibers from either the table or floor sheet, fold the paper inward so that the items are secured within (a bindle fold) and place into separate, clearly marked Miscellaneous small brown bag. Fold the top of the small brown bag over, staple and tape closed. Initial and date across the tape so that the writing overlaps from the tape to the brown bag. Note on the outside of the bag what is contained inside. Place any small bags that are used into the large Brown Bag.
- Once the Miscellaneous small brown bags and loose clothing are inside the large Brown Bag, fold the top of the large Brown Bag over and staple across the fold. Tape the fold, over the staples. Initial and date across the tape so that the writing overlaps the tape onto the bag.
- The Crime Labs in New Mexico *cannot* accept evidence without the Integrity Seal.
- The examiner must complete the front label of the large Brown Bag with signature, date, and times.

Swabs, Hair, Blood, Small Envelopes and Large White SAEK Envelope

- To preserve evidence, the swabs *must be air-dried prior to packaging*. Biological evidence degrades rapidly with moisture and heat. Do not use heat to dry and avoid plastic as plastic retains moisture.
- Place all dry swabs in their appropriate pre-labeled envelopes.
- Seal all small white envelopes with a damp paper towel or water-moistened gloved finger. *Never lick envelopes!* Tape across the sealed flap of the envelope. Initial and date across the tape so that the writing overlaps from the tape onto the envelopes. Insert sealed small white envelopes into the larger pre-labeled white SAEK Envelope. The Undergarment brown bag is placed in the large white SAEK envelope also.
- Insert the completed Sexual Assault History form and the completed SAEK Checklist into large white SAEK Envelope.* The SANE Programs will insert relevant pages from their SANE Medical Record.
- Seal the large white envelope with a damp paper towel or water-moistened gloved finger and tape across the sealed flap. The examiner must initial and date across the tape so that the writing overlaps from the tape onto the envelope (Integrity Seal).
- New Mexico Crime Labs *cannot* accept evidence without the Integrity Seal.
- The examiner must complete the front of the large white SAEK Envelope with signature, date and times. Clearly indicate on the outside of the large white SAEK Envelope and the large Brown Bag by filling in “Item 1 of 2” on the white SAEK Envelope and “Item 2 of 2” on the large Brown Bag.
- Law enforcement is responsible for transferring the SAEK Envelope and Brown Bag to their appropriate Crime Lab.

Other Evidence: Photographic Images and/or Blood/Urine for Drug Facilitated Sexual Assault

- Do not put urine or photographic images into the SAEK Envelope or Brown Bag.
- Clearly mark blood and/or urine for suspected Drug Facilitated Sexual Assault with patient information. Seal blood and urine samples with securely with patient label and tape. Write your initials and date over the tape to ensure the Integrity Seal for Chain of Custody. Complete the SLD TOX 500 form which can be obtained from their website: www.sld.state.nm.us. Give to law enforcement who will be responsible for transferring the specimen(s) to the Dept. of Health’s State Laboratory Division, 1101 Camino de Salud NE, in Albuquerque. The Lab will only accept DFSA samples if the patient files a police report.
- For photographic images, there are two choices: You may need to store images with the patient medical record until subpoenaed by the prosecutor, or law enforcement may ask for photographic images in a separate package when they pick up the SAEK envelope and bag.

INVOICING AND ORDERING SEXUAL ASSAULT EVIDENCE KITS FROM NEW MEXICO COALITION OF SEXUAL ASSAULT PROGRAMS (NMCSAP)

The New Mexico Coalition of Sexual Assault Programs, Inc. with funding from the State of New Mexico, Department of Human Services, Behavioral Health Services Division, is responsible for developing the New Mexico Sexual Assault Evidence Kits (SAEK). This current version was updated August 2017. If you would like information or have non-emergency questions, contact us at: New Mexico Coalition of Sexual Assault Programs, Inc, 3909 Juan Tabo NE, Suite 6, Albuquerque, NM 87111. You may also contact us, toll free, at 1-888-883-8020 or at 505-883-8020 or by e-mail at nmcsap@swcp.com

As noted on page 2, procedures relating to forensics/evidence collection and up to \$150 of the medical treatment are covered by the State of New Mexico. If your facility conducts a sexual assault exam, using this Sexual Assault Evidence Kit, contact the Coalition for a billing packet of allowable expenses and required verification forms. Your hospital or clinic (not the patient) can submit billing to: NM Coalition of Sexual Assault Programs/SCPTP, 3909 Juan Tabo NE, Suite 6, Albuquerque, NM 87111

AT NO TIME SHOULD YOUR FACILITY SUBMIT AN INVOICE FOR THE SEXUAL ASSAULT EVIDENCE KIT WHERE A PHYSICIAN SIGNS OFF ON A SEXUAL ASSAULT EXAM THAT A NURSE PERFORMS. In other words, the exam should **not** be divided such that the physician performs the speculum exam and the nurse performs everything else.

The kits and packets should be treated as any other medical supply. Consistent, up-to-date inventory of Sexual Assault Evidence Kits in your medical facility will prevent emergency requests for kits, which are problematic for the NMSCAP. Please allow two weeks for delivery. Kits are free of charge to medical facilities within New Mexico. They may not be sold under any circumstances. Evidence kits for suspected offender are also available.

NEW MEXICO SEXUAL ASSAULT NURSE EXAMINER (SANE) Program Emergency numbers

Albuquerque SANE, 505-884-7263

Arise Sexual Assault Services of Eastern NM, 575-226-7263

Carlsbad/Cavern City SANE, 575-200-3929

Hobbs/Lea County Phoenix House SA-DV Resource Center, 575-441-3566

Las Cruces La Pinon SANE, 888-595-7273

Otero/Lincoln County SANE, 575-430-9485

Roswell Refuge SANE, 575-627-8361

Santa Fe SANE, 505-989-5952

Sexual Assault Services of Northwest NM, 505-326-4700

Silver City Sexual Assault Services, 866-750-6474

Taos Holy Cross SANE, 575-758-8883

SEXUALLY ABUSED CHILDREN

If the patient is under the age of eighteen years and there is a suspicion of child sexual abuse by a parent, legal guardian or custodian, either Child Protective Services (Tribal or Children, Youth, and Family) or law enforcement *must be contacted*. These agencies have a duty to protect the child's safety. When filing the report, inform Statewide Central Intake (CYFD) or law enforcement if the alleged perpetrator has continued access to the child. Call the Statewide Central Intake, from a landline 1-855-333-SAFE or from a cell phone #SAFE (7233) OR call the law enforcement agency in whose jurisdiction the abuse occurred.

Not reporting suspected child abuse and neglect, including sexual abuse, is a crime.

A medical provider does not need permission from a parent to do evidence collection on a child who has been sexually abused. Evidence in sexual crimes is considered fleeting and the exam for child sexual abuse does not require a search warrant.

The primary differences in using this Sexual Assault Evidence Kit with Child Sexual Abuse are

- The window for evidence collection is smaller, only up to 72 hours or 3 days after last suspected contact.
- The examiner will **not** insert a speculum or a swab into the vagina during the examination of a pre-pubescent female child.
- The medical intake that you conduct is for medical purposes: to direct your medical care and to guide where you will look for injury and evidence. For young children, it is typically the parent or caregiver who will provide the narrative. For verbal children, consider interviewing the parent and child separately.
- The examiner does not provide prophylactic antibiotics for sexually transmitted infections for children where sexual abuse is suspected. STI's may be evidence of sexual abuse. Appropriate testing must be obtained prior to treatment with antibiotics.
- The examiner should ask the child where secretions may have been left on their body and then swab those areas. The external folds and creases in the child's vulvar area may be swabbed for evidence if indicated.
- If there is a report of secretions on the body, collect the clothes that may have made contact with the secretions. Collect the clothing worn next to the child's body.
- Photographs are critical documentation of a child's injuries. High quality, clear photos are essential.
- In documenting the history in the History Form, the examiner *must use the child's direct quotes*. Do not paraphrase or interpret the child's statement. Document if the parent or caregiver is providing the history.
- Caretakers should be offered referrals for mental health resources in their community and encouraged to follow-up with someone who can offer support during this difficult time. This information is provided in the enclosed "From Victim to Survivor" brochure.
- After reporting to Child Protective Services, contact law enforcement, prosecutor, and/or your child forensic or Safe House for forensic interviewing resources. For child disclosures of sexual abuse that occurred more than 3 days/72 hours ago, the child forensic interview is a more appropriate first step than an acute medical exam. The child forensic interview should be done by a trained professional.
- All children who are suspected of being sexually abused should have a complete medical evaluation. If your facility is unable to conduct this evaluation, the family and child should be referred to one of our state's specialized medical providers for a scheduled exam.
 - **UNM's Para Los Ninos is the specialized child sexual abuse clinic for New Mexico.** Located at the Albuquerque Family Advocacy Center, they can be contacted at 505-272-6849.
 - You may also refer to the list of SANE Programs listed on Page 9 for guidance or referral. Please note that not all SANE Programs provide the specialized child sexual abuse exams.

Suggested Medications For Sexual Assault: STI Prophylaxis And Emergency Contraception

Gonorrhea Prophylaxis for urogenital, anorectal and pharyngeal in Adolescents and Adults (Male and Female)

- **Ceftriaxone (Rocephin)** 250 mg IM. (Dilute 250mg vial with 0.9 ml of sterile water, 1% Lidocaine, or normal saline.) Single dose now. Contraindicated if allergic to cephalosporins. Safe if pregnant/nursing.

Give with one of the two following medications:

- **Azithromycin (Zithromax)** 1 gm PO now. Administer if allergic to cephalosporins or anaphylaxis to PCN. Contraindicated if allergic to Erythromycin. Safe if pregnant or nursing. Covers chlamydia. Does not cover all pharyngeal GC
- **Doxycycline (Vibramycin)** 100 mg PO BID x 7 days. Administer if allergic to cephalosporins or anaphylaxis with PCN. Contraindicated if pregnant or while nursing. Does not cover all pharyngeal GC

If **Ceftriaxon (Rocephin)** is unavailable, give **Cefixime (Suprax)** 400 mg PO by mouth single dose.

Give with one of the following medications: Azithromycin 1gm PO now – OR Doxycycline (Vibramycin)100 mg PO BID x 7 days

*If patient is allergic to cephalosporins, Gemifloxacin 320 mg PO PLUS **Azithromycin** 1gm PO single dose OR Gentamicin 240 IM single dose PLUS **Azithromycin** 1gm PO single dose*

Chlamydia Prophylaxis in Adolescents and Adults (Male and Female)

- **Azithromycin (Zithromax)**1gm PO x 1. Contraindicated if allergic to Erythromycin. Safe if pregnant or nursing
- **Doxycycline (Vibramycin)** 100 mg PO bid x 7. Administer if allergic to Azithromycin. Contraindicated in pregnancy or nursing
- **Amoxicillin** 500 mg PO TID x 7 days is acceptable if the patient is *pregnant* and allergic to erythromycin

Chlamydia Alternative Prophylaxis Treatment in Adolescents and Adults (Male and Female)

- **Erythromycin base** 500 mg PO QID x 7 days. **OR** ***Erythromycin ethylsuccinate** 800 mg po QID x 7 days. Administer if allergic to pcn or doxycycline Contraindicated if allergic to Erythromycin. Safe if pregnant or nursing
- **Levofloxacin** 500 mg po QD x 7 days. **OR** * **Ofloxacin** 300 mg PO BID x 7 days. Category C for pregnant/nursing mothers. Administer if allergic to Erythromycin (Zithromax) or doxycycline. (Now associated with tendon rupture)

Trichomoniasis Prophylaxis in Adolescents and Adults

Metronidazole (Flagyl) 2 grams (4 tablets) po x 1. If pregnant, refer to healthcare provider. Must abstain from alcohol 48 hours before and after administration

Emergency Contraception (ECP) in Adolescents and Adults (Female)

Levonorgestral (Plan B one step) 1 tablet stat 1.5 mg po x 1. Obtain pregnancy test before administration. Safe while nursing. Administer up to 5 days post-assault (120 hours). Offer regardless of hysterectomy or menopausal. New Mexico law **requires** health facilities to inform and provide patient ECP

Comfort care: consider Tucks and/or Colace if anal penetration. Consider Zofran if nausea/vomiting is concern.