



<b>VOLUME 1: GOVERNANCE AND ADMINISTRATION</b>	Effective Date: 12/2003
<b>CHAPTER 16</b>	Revision Date: 10/2016
<b>1.16.2 PRISON RAPE ELIMINATION ACT PROCEDURE</b>	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**I. PROCEDURE OVERVIEW**

The objective of this procedure is to establish the process for the California Correctional Health Care Services (CCHCS) to provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation’s (CDCR) Prison Rape Elimination Act policy, CDCR, Department Operations Manual (DOM). This requirement applies to all CCHCS patients, including those whose alleged assaults occurred prior to the time of report for whom a forensic medical evaluation may not be indicated. There is no cost to the alleged victim regardless of whether they name the abuser or cooperate with any investigation arising from the incident.

**II. RESPONSIBILITY**

Health care staff is responsible to:

- Provide emergency care until the alleged victim or suspect can be sent to a county Sexual Assault Response Team (SART) facility for forensic clinical evaluation and treatment, and/or hospital for medical stabilization;
- Determine if the injuries sustained by the alleged victim qualify as serious bodily injury as defined in California Code of Regulations (CCR) and report the injuries if they do qualify;
- Ensure follow-up testing for pregnancy, sexually transmitted infections/diseases (STI/STD), and Human Immunodeficiency Virus (HIV), as indicated; and
- Provide follow-up clinical care as indicated.

**III. PROCEDURE**

**A. Initial Encounter**

1. When a patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting:
  - a. Health care staff shall:
    - 1) Provide necessary and immediate emergency medical attention to the victim and suspect.
    - 2) To the extent possible, maintain physical separation (visual and auditory) between the alleged victim and suspect(s).
    - 3) Notify the patient of health care staff’s duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment, and the limitations of confidentiality, at the initiation of services.
    - 4) Notify the Watch Commander of the incident.

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- 5) Notify Investigative Services Unit (ISU) staff of the incident. The ISU shall collect any clothing that is discarded in the course of providing emergency treatment.
  - 6) Ensure the patient and suspect do not shower, remove clothing, use rest room facilities, or consume any liquids prior to providing emergency treatment.
  - b. The Chief Medical Executive (CME) or designee shall:
    - 1) Determine any injuries sustained by the alleged victim and suspect.
    - 2) Document this determination of injuries on a CDCR 7219, Medical Report of Injury or Unusual Occurrence, and document comprehensive medical information in the health record.
    - 3) Provide a copy of the CDCR 7219 to custody staff.
  - c. All involved health care staff shall complete a CDCR 837-C, Crime/Incident Report Part C-Staff Report, to include documentation of any/all statements made by the victim or suspect and provide a copy of the CDCR 837-C to Custody staff.
  - d. The need for a forensic exam is determined pursuant to criteria within DOM, Sections 54040.9, 54040.12.1, and 54040.12.2.
  - e. Health care staff shall inform the victim or suspect that custody staff will transport them to a county SART facility for evaluation if deemed appropriate as indicated in DOM, Section 54040.12.1.
  - f. It is the SART's responsibility to offer the following:
    - 1) Tests for STI/STDs and HIV as medically appropriate, for patients who are victims or suspects of sexual abuse.
    - 2) Pregnancy tests for patients who are victims of sexually abusive vaginal penetration.
    - 3) A forensic medical examination for patients who are alleged victims and suspects of sexual violence.
  - g. Upon return to the Triage and Treatment Area (TTA) from the county SART facility, the TTA Registered Nurse shall refer the patient for an emergent Suicide Risk Evaluation.
  - h. For all patients reporting sexual assault, including patients who were referred for forensic medical evaluation as well as those who were not, a mental health clinician shall complete an emergency Suicide Risk Evaluation and arrange for necessary mental health follow-up services.
  - i. If a pregnancy results from sexual abuse, victims shall receive timely and comprehensive information and timely access to all lawful pregnancy related services.
  - j. A copy of the forensic medical examination shall be placed in the patient's health record.
2. For a sexual assault reported more than 72 hours after the occurrence, the custody supervisor shall proceed pursuant to DOM 54040.12.2. The CCHCS medical provider shall:
    - a. Interview the patient(s) (including victim and suspect) and document a comprehensive history to include STI/STD history, description of the attack, type of sexual contact, type of physical injuries (to include genital or mucosal injuries), and occurrence of bleeding.

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- b. Complete a physical examination pertinent to any symptoms or injuries reported by the patient(s) including a targeted physical examination of skin, mucosa, genitals and rectum (if involved), as indicated, and document findings.
  - c. Review STI/STD history of alleged suspect(s), order appropriate test for STI/STD if indicated.
  - d. Assess the physical injuries and the likelihood of transmission of STI/STDs.
  - e. Provide indicated treatment for symptoms and injuries based on the history and physical examination.
3. When a patient who is 18 years of age or older alleges he/she was the victim of sexual violence or misconduct that occurred outside of an institutional setting and requests that the incident be reported, or upon receipt of a custody referral for the same situation, health care staff shall:
- a. Obtain authorization from a patient to release information through completion of the CDCR 7552, Prison Rape Elimination Act Authorization for Release of Information.
  - b. Submit the CDCR 7552 to the ISU for appropriate reporting.

## **B. Follow-up Care**

1. Upon the return of the patient from forensic evaluation, the patient shall be assessed pursuant to Inmate Medical Services Policies and Procedures, Volume 4, Chapter 8, Outpatient – Specialty Services.
2. If not completed at initial encounter, the medical provider shall:
  - a. Document a comprehensive history to include STI/STD history, description of the attack, type of sexual contact, type of physical injuries (to include genital or mucosal injuries), occurrence of bleeding, initial treatment provided by the forensic medical examiner (to include pregnancy test, HIV prophylaxis, etc.)
  - b. Conduct a targeted physical examination of skin, mucosa, genitals and rectum (if involved), and provide detailed documentation of the findings.
  - c. Assess physical injuries and the likelihood of transmission of STI/STDs based on the history and physical examination.
  - d. In addition to treating physical injuries, offer and obtain consent for evaluation and treatment of STI/STDs and other tests, as indicated, to include:
    - Gonorrhea and Chlamydia
    - HIV
    - Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV)
    - Syphilis
    - Urethritis and proctitis
    - For female patients obtain appropriately timed tests as indicated:
      - ✓ Pregnancy test
      - ✓ Human Papillomavirus (HPV) test
      - ✓ Treat or prophylax for bacterial vaginosis as indicated
      - ✓ Treat or prophylax for trichomonas infection as indicated.
  - e. Offer Hepatitis B vaccine series (give initially, one month later, and six months after first dose, unless patient is known to have Hepatitis B immunity).

## **IV. ATTACHMENT I**

- Treatment Recommendation for Evaluation and Follow-up for Sexual Assaults

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## V. REFERENCE

- Code of Federal Regulations, Title 28, Judicial Administration, Part 115, Prison Rape Elimination Act National Standards to Prevent, Detect, and Respond to Prison Rape, Final Rule, 115.81, Medical and Mental Health Screenings: History of Sexual Abuse, e
- Code of Federal Regulations, Title 28, Judicial Administration, Part 115, Prison Rape Elimination Act National Standards to Prevent, Detect, and Respond to Prison Rape, Final Rule, 115.82, Access to Emergency Medical and Mental Health Services, d, e, and f
- Code of Federal Regulations, Title 28, Judicial Administration, Part 115, Prison Rape Elimination Act National Standards to Prevent, Detect, and Respond to Prison Rape, Final Rule, 115.83, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, a, b, c, d, and e
- Prison Rape Elimination Act of 2003, Public Law 108-79
- California Penal Code, Part 4, Title 6, Chapter 3, Section 13823.11
- California Code of Regulations, Title 15, Division 3, Chapter 1, Article 1, Section 3000, Definitions
- Inmate Medical Services Policies and Procedures, Volume 4, Chapter 8, Outpatient – Specialty Services
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 44, Section 54040.1-54040.22, Prison Rape Elimination Policy
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009

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## ATTACHMENT I

### TREATMENT RECOMMENDATION FOR EVALUATION AND FOLLOW-UP FOR SEXUAL ASSAULTS

SCHEDULE	TEST/TREATMENT	COMMENTS
At initial evaluation (baseline for recent assault victims and suspects)	<ul style="list-style-type: none"> <li>HCV Ab with reflex viral load, HBsAg, HBsAb, first dose of HCV Ab, if indicated.</li> <li>HIV, follow guidance of forensic medical examiner or contact the National Clinician's Post Exposure Prophylaxis Hotline (PEP Line: 1-888-448-4911) for assistance with non-occupational exposure (nPEP) related decisions</li> <li>Rapid plasma regain (RPR)</li> <li>hCG (females only), as indicated</li> <li>Gonococcal (GC) and chlamydia empiric treatment or testing (empiric treatment is recommended)</li> <li>Trichomonas and bacterial vaginosis empiric treatment or testing (females only) (empiric treatment recommended)</li> </ul>	<p>If not performed by forensic examiner:</p> <p>For GC/Chlamydia: Ceftriaxone 250 mg IM <b>and</b> azithromycin 1 gm po X1 dose <b>or</b> Doxycycline 100 mg po bid X 7 days</p> <p>For Trichomonas and bacterial vaginosis (females only): Metronidazole 2 gm po X 1 dose</p>
At 1 week	<ul style="list-style-type: none"> <li>GC/chlamydia testing (if not empirically treated)</li> <li>hCG (females only, if indicated)</li> <li>HPV, trichomonas and bacterial vaginosis testing (females only) if indicated (if not empirically treated)</li> </ul>	
At 1 month	<ul style="list-style-type: none"> <li>Second HBV vaccine</li> </ul>	
At 6 weeks	<ul style="list-style-type: none"> <li>HIV (if indicated)</li> <li>RPR (if indicated)</li> <li>Hepatitis BsAg (if indicated)</li> </ul>	
	<ul style="list-style-type: none"> <li>GC/chlamydia testing</li> </ul>	Not indicated if patient received prophylactic treatment
At 3 months	<ul style="list-style-type: none"> <li>HIV (if indicated)</li> <li>RPR (if indicated)</li> </ul>	
At 5 months	<ul style="list-style-type: none"> <li>HBV 3rd vaccine dose</li> </ul>	
At 6 months	<ul style="list-style-type: none"> <li>HIV (if indicated)</li> <li>RPR (if indicated)</li> <li>Hepatitis BsAg</li> <li>HCV Ab with reflex viral load</li> </ul>	