

**MASSACHUSETTS SEXUAL ASSAULT NURSE EXAMINER PROGRAM
PROTOCOL FOR ADULT/ADOLESCENT SANEs and EMERGENCY
DEPARTMENT CLINICIANS**

SECTION IX

FORENSIC EXAMINATION

Trauma-Informed Patient Interview

Over the past 10 years, new knowledge has emerged regarding the neurobiology of trauma. Such information helps to explain how a traumatic event, such as a sexual assault, can impact one's emotional and behavioral responses. It provides an important framework from which to understand many of the ways that sexual assault patients respond during and after a sexual assault. It also provides clinicians and other responders with guidance regarding helpful responses and approaches that are truly trauma-informed and victim/patient-centered.

SANes/ED Clinicians should use the following practices to ensure that patient interviewing is trauma-informed:

1. Begin the patient's interview with MSAECK FORM 3 (Narrative). This allows the patient to set the pace by providing the assault history based on their recall of the event.
2. Follow-up with questions on FORM 2A and 2B to complete information that the patient may not have been able to spontaneously recall.

Important Notes

To be trauma informed, you need to understand the victim's experience during and the after assault. It is essential as a caregiver to counteract the disconnection and disempowerment by giving the patient choices, connecting to them, and making them feel understood.

This starts with **BELIEVING THE PATIENT:**

- Sexual assault patients worry that they will not be believed.
- Tell the patient directly, "I believe you."
- When they feel believed, you have helped them start to heal.

Address the guilt and shame associated with sexual assault.

- Many patients may believe their activity/behavior was responsible for the assault, and it is likely that you may hear statements such as:
 1. "If I hadn't gone through that park and said hello to that man, he wouldn't have attacked me."
 2. "If I hadn't gone to that party, like my parents said, I wouldn't have been assaulted."
- Tell them it is not their fault.

Below are some additional tips to ensure that (1) the interview gathers as much information as the patient can remember, (2) the SANE obtains the information needed to collect evidence, and (3) the patient receives the appropriate medical care.

Setting the Stage for a Trauma-Informed Interview

1. Explain the purpose of the interview is to gather the information that the patient is about to recall about the assault to help you collect important evidence and care for them medically.
2. Acknowledge that recalling the events may be difficult or painful at times.
3. Ask if there is anything they need before you begin the interview.

During the Interview

- Project a calm demeanor.
- Maintain eye contact (soft eyes).

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- Be unhurried and empathetic.
- Use Active Listening.
- Stay focused on what the patient is saying.
- Listen to what they need.
- Do not interrupt!
- Project a non-judgmental manner.
- Avoid questions that sound like you don't believe their story – e.g. questions that start with “Why did you...”

Be Aware of Your Body Language

- Maintain a neutral facial expression.
- Empathetic words need to be supported by empathetic body language.
- Try to minimize stress, provide patient with frequent breaks if needed.
- Provide reassurance, distraction and review breathing techniques.

Complete MSAECK Form 3 First

1. Encourage the patient to tell you what happened in a narrative style, in their own words, and at their own pace.
2. **DO NOT INTERRUPT!**
3. Use silence as a tool.
4. Take brief notes and maintain frequent eye contact.
5. Information the SANE should obtain/listen for, during the course of the interview includes:
 - a. Specific acts committed and whether any acts were repeated
 - b. Establishing force or threat of force
6. After the patient's narrative:
 - a. Go back and clarify specific points
 - b. Gather additional details about the victim's experience
 - c. Use “headline” style questions e.g. if the patient's account included time in a car, a follow up statement may be: “Let's go back and talk about everything that happened in the car.”
 - d. Do not ask leading questions.
 - e. Avoid “why” questions.
 - f. Use open-ended questions when possible.
7. Recognize that because trauma affects memory (hippocampus) the patient **may not be able to recall or retell events in a sequential manner.**
8. Instead of asking “what happened next?” ask:
 - a. “What else happened?”
 - b. “Tell me more about that.”
9. Ask sensory (smells, sounds) and “feelings” questions:
 - a. “Did you hear anything?”
 - b. “How did that make you feel?”
10. Always ask if there is anything else they would like to add.
11. After narrative is complete, ask any needed follow-up questions for completion of Form 2A and 2B.
12. Thank them for sharing the information.

Being compassionate involves focusing on another person's needs and channeling the emotion generated by their predicament into an active response. **Your words matter!**

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Documentation

SANES/ED Clinicians do **NOT** determine if a sexual assault has occurred, but rather document the patient's complaint, note any signs and symptoms of trauma, and collect and document evidence for the patient. It is left to the criminal justice system to determine the legal significance of the evidence gathered by the SANE/ED Clinicians.

Purpose of Documentation

1. Continuity of Care: Patient care and medications charted in two places: SANE record and ED chart.
2. Legal documentation after crime. SANE record = "eyes and ears of court."
3. The purpose of SANE documentation is to record the patient's report of the assault and any findings, not to make judgments or inferences. Note specifics: do not note "consistent with sexual assault" or "not consistent with sexual assault."

Importance of Documentation

1. A SANE's/ED Clinician's documentation in real time is considered more accurate than a SANE/ED Clinician's memory of events in court.
2. In eyes of the court:
 - If it is not written, it did not happen.
 - If it is not written, it was not there (e.g., abrasion on patient, etc.).
3. Important for recall during testimony—it may be years before a case goes forward to trial.

General Principles of Documentation

1. Be accurate: Do not paraphrase what the patient said—Use the patient's words, not your own.
2. Quote carefully: Use direct quotes for what patient says, and do not substitute a word for any of the victim's words.
3. Detailed vs. Brief:
 - Cite pertinent details
 - Avoid too much detail (e.g., irrelevant social detail such as where victim was before scene of crime)
4. Do not include pejorative information that is not germane to assault.
5. Carefully document wounds.
6. Use accurate terminology.
7. Interview and Document Findings:
 - Focus on the emotional and physical trauma related to the assault.
 - It is the job of law enforcement not the SANE to conduct the investigation.
8. Write Clearly.
9. Always use a **BLUE PEN!**
10. Completed original (white copy) MSAECK Forms become the patient's forensic record. They are managed by the hospital Medical Records Department, and to ensure patient confidentiality are to be stored separate and apart from the patient's medical record in accordance with the Memorandum of Understanding (MOU) that each hospital has with the MA Department of Public Health.

Documentation MSAECK Forms 1-7 [Link to OGR Website for Forms](#)

1. Form 1: Consent for Sexual Assault Exam
 - a. See **Section V: Caring for Patients in the Intensive Care Unit (ICU)/Operating Room (OR) Setting** for specific information.
 - b. Ensure all consents are signed, by both patient/guardian and SANE clinician.
 - c. Remember: The patient has the right/option to decline any portion of the forensic exam or step of forensic evidence collection even after they have provided consent.

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- d. Form 1 (Consent) - Indicates the patient's consent for the SANE/forensic exam. A copy of Form 1 is not sent to the Crime Lab. It remains at the hospital as part of the patient's forensic record.
 - e. Consent for Comprehensive Toxicology Testing (pink copy) is returned to Toxicology Testing Kit and sent to the State Police Crime Lab for Toxicology Kit analysis.
 - f. **Note:** In keeping with trauma-informed practice. Obtain patient narrative first and record on Form 3, then use Form 2A/2B as a guide to obtain additional information to the patient's ability to recall at the current time.
2. Form 2A/2B: Sexual Assault Incident Information/Provider Sexual Crime Report (PSCR)
- a. Complete as many fields, with as much information available as possible, based on the patient's recall.
 - b. Yellow copy of Form 2A/2B is returned to the MSAECK and information is used by crime lab forensic scientists, as needed, for evidence analysis.
 - c. Copy of 2A ONLY is faxed to the Executive Office of Public Safety and Security (EOPSS) for sexual assault surveillance purposes.
 - d. The information provided by the patient and recorded on this form assists the SANE to tailor their exam and evidence collection.
 - e. Accuracy and clarity are crucial.
 - f. Affix MSAECK barcode label to both copies of this form.
 - g. **Note:** Original copy (white copy) of Form 2A/2B becomes part of patient's forensic record that is stored in hospital Medical Records Department. The yellow copy is returned to Step 1 envelope and retained in completed MSAECK. Collaborate with ED staff to Fax ONLY Form 2A to Executive Office of Public Safety and Security (EOPSS) and Local Police Department in the city/town where assault occurred.
3. Form 3: Patient's Narrative Report of Incident
- a. Concise, brief, but pertinent-detailed description of events.
 - Focus on crucial elements of sexual assault:
 - Lack of consent
 - Actual or perceived threat of force
 - Penetration / sexual contact
 - Use of the patient's own words can be very powerful. If the patient uses profanity to describe sexual acts, it is important to use those words and not paraphrase.
 - b. It is important to write "patient reports...", and use quotation marks for "direct quotes."
 - c. Document threats or coercive actions made by the assailant. This can help to establish a sense of fear or threat felt by the patient.
 - d. Affix MSAECK barcode label to both copies.
 - e. Report of Incident:
 - What was the victim doing at time of encounter?
 - Where was the encounter/assault?
 - Number of assailants?
 - What sexual acts demanded/took place?
 - Any injuries and trauma sustained.
 - Any threats made.
 - Explicit or implied use of force?
 - How did victim arrive at hospital/facility?
 - f. **Note:** Original copy of Form 3 is retained at the hospital as part of the patient's forensic record. The yellow copy is returned to the to Step 1 Envelope for inclusion in MSAECK.
 - g. **Note:** Form 3 is not an exhaustive account of every detail of the assault, rather is a brief description.
 - h. Avoid the following terminology:
 - Abnormal: (e.g. "abnormal reaction") There is no single normal reaction.

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- **Alleged:** (e.g. “alleged sexual assault”) Legal term - implies suspicion, use “reported sexual assault”
 - **Disorder:** (e.g. “adjustment disorder”) Implies pathology
 - **Rape:** specific legal term that must be determined in a court of law. “Sexual assault” is broader and preferred term; however, it is perfectly acceptable to use as a patient’s quote “I was raped.”
 - **Refuses/uncooperative:** (e.g. “refuses exam”) Pejorative term, use “declines” and carefully document why if apparent.
 - **Examples:**
 - Patient declines exam, states: “I just want to go home.” Applicable documentation would be: “Patient indicates exam would be too stressful,” “Unable to tolerate exam or interview,” “Patient upset, tearful, crying, anxious, etc.”
 - “No weapons used” Focus and document the history, do not document what did not happen.
 - “In no acute distress” Judgmental, minimizes psychological trauma
 - “Intercourse” Implies consent, use “penetration”
 - “No evidence of...” (e.g., “no evidence of sexual assault, etc.”) There may be evidence present that is not apparent to the observer.
- i. Ensure that the information documented on Form 3 is also noted on Form 2A/2B.
- j. Affix MSAECK barcode label to both copies of Form 3.
- k. Original (white copy) retained as part of the patient’s hospital forensic record, yellow copy returned to Step 1 Envelope for inclusion in MSAECK.
4. Form 4: General Physical Appearance/Demeanor
- a. Patient’s Demeanor
- Objectively describe the patient’s demeanor.
 - Include appearance as well as spoken words. Patient states “I can’t believe this happened to me,” patient pacing, patient rocking on stretcher, patient states “I just keep smelling him.”
 - Such documentation may be extremely helpful, especially if there is no physical evidence.
 - Document what you actually observe (e.g. patient quiet, patient taking deep sighs, patient unable to make eye contact, patient pulling sheet over his head, patient’s eyes reddened, patient shaking, disheveled, distracted, wringing hands, speaking very softly, patient bouncing leg up and down, patient whispering answers, patient biting nails).
 - Record any change in behavior during history taking or exam (e.g. patient requesting or needing a break when recalling events or during the exam).
 - **DO NOT USE PEJORATIVE or JUDGEMENTAL TERMS** such as “hysterical” or “uncooperative.”
- b. Wound Documentation/Body Maps
- Make distinctive shadings for different injuries (e.g., cuts, abrasions, etc.).
 - Documentation should indicate size and location of injury, as well as written description.
 - Clarity and accuracy are very important here!
- c. Forensic photo-documentation: Please refer to Digital Photography Curriculum. Documentation of photos should correlate with FORM 4 body map.
- d. Affix MSAECK barcode label to Form 4.
- e. Original (white copy) retained as part of forensic record, yellow copy returned to Step 1 Envelope for inclusion in MSAECK.
5. Form 5: Genital and Anal Exam
- a. Limited pelvic or male genital exam, and anal exam.
- b. Purpose: visualization and documentation of trauma sustained during sexual assault.
- c. Document how genital exam performed and initials of health care provider conducting the examination.

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- d. If limited pelvic exam declined, document reason for declination if provided by patient, i.e., "I am too scared" or "I just can't do it... after what I just went through."
 - e. Original (white copy) retained as part of forensic record, yellow copy returned to Step 1 Envelope for inclusion in MSAECK.
6. Form 6: Evidence Collected Inventory List
- a. Confirm which pieces of evidence were collected by checking appropriate boxes.
 - b. If a STEP was not completed, be sure to indicate why; by checking not indicated or patient declines.
 - c. Original (white copy) retained as part of forensic record, yellow copy returned to Step 1 Envelope for inclusion in MSAECK.
7. Form 7: Treatment and Patient Discharge Plan
- a. The SANE provider collaborates with the patient's ED physician, primary nurse and rape crisis advocate regarding the patient's discharge plan. MA SANEs function in a consultant role to MDPH-designated SANE sites. Therefore, the hospital providers are responsible for clearing the patient for hospital discharge. However, the SANE is responsible for developing an individualized discharge plan of care for each patient, based on the needs of the patient.
 - b. Components of discharge documentation:
 - Patient's allergies,
 - Laboratory testing conducted,
 - Pregnancy test results (if appropriate),
 - Comprehensive Toxicology Testing (if appropriate),
 - Prescribed or administered medications,
 - c. Individualized Patient Aftercare Instructions:
 - Tailored to individual patient need based on sexual assault care options chosen by patient.
 - SAFETY PLANNING should be reviewed for ALL patients.
 - Specific follow up instructions should be written in the comments section and include provider contact information if applicable.
 - These instructions should be reviewed line-by-line with the patient prior to discharge,
 - Affix MSAECK barcode label and Toxicology Kit barcode label (MAT-XXX), if utilized, to Form 7. This will help to ensure the patient has access to MSAECK Kit # if needed for Victim's Compensation or other reason.
 - Provide patient with the Massachusetts SAECK TRACK-KIT® card (included in the MSAECK) that includes the patient's MSAECK#. If the patient also had a Toxicology Kit collected, place a Toxicology Kit barcode label (MAT-XXXX) on the patient's MSAECK TRACK-KIT® card. This provides the patient with information to access to the Massachusetts SAECK TRACK-KIT to track the location of their MSAECK/Toxicology Kit.
 - Hospital staff must update the status of the patient's completed MSAECK and Toxicology Kit, if appropriate into the Massachusetts TRACK-KIT® System (See Chain of Custody Below).
 - Obtain patient signature on discharge instructions Form 7.
 - Provide patient with signed Pink copy of Form 7, and suggest they bring to medical follow-up visits.
 - Original (white copy) retained as part of forensic record. A copy of Form 7 is NOT included in the MSAECK.
 - Provide patient with MSAECK Patient Information Packet.

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Use of the MA Sexual Assault Evidence Collection Kit (MSAECK)

This kit is designed to assist the examining SANE, physician or nurse in the collection of evidentiary specimens for analysis by the crime laboratory serving your local police agency. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

- Once the exam is started, do not leave the kit or any of its contents unattended. You must be able to account for the kit's integrity until it has been sealed and properly turned over for police transport.
- For safety and to prevent contamination of specimens, wear powder and latex-free gloves and change gloves often.
- Sterile hospital-type cotton applicators may be used if additional swabs are required; clean, unused, legal-sized envelopes may be used if additional envelopes are required; clean white paper, such as is used for printers or copiers may be used if additional paper is needed; clean PAPER grocery-type bags may be used if additional clothing bags are required.
- Seal envelopes with extra kit barcode labels or tape. Do not contaminate specimens with own saliva by licking a flap to seal an envelope. Do not use staples as they may rip forensic chemists' gloves when opening samples.
- Do not use any type of hair dryer or mechanical device to dry swabs or smears or any other specimens.
- Clothing and tampons/sanitary napkins need to be air dried prior to sending to the crime lab. If items are damp or wet, indicate on the transport bag label, and inform the transport officer to notify the lab that items need to be dried.
- If the patient is brought by ambulance, fold the stretcher sheet to contain foreign debris, place in a clean, grocery-type paper bag, seal, label appropriately, and affix kit barcode label.

Exam Instructions

Use the following instructions throughout the entire exam to ensure that no step is omitted, and the proper sequence is followed.

Important Tip

You may wish to explain to the patient that you are reading and following the instruction booklet not because you are unfamiliar with the protocol, but rather, because you are required to do so, in order to ensure that strict medical, scientific, and legal standards are met.

MSAECK Steps

STEP 1: Consent Form and Reports

1. Remove Forms 1-7 from the Step 1 Envelope, entitled "Hospital Reports Envelope". Set Hospital Reports Envelope 1 aside until the end of the exam, when the yellow copies of Forms 2A/2B, 3, 4, 5, and 6 will be returned to the envelope and placed in the kit.
2. Use Form 1: Obtain Consent
 - a. A patient must consent to the collection of forensic evidence.
 - b. Explain the types of evidence to be collected and the potential value of such evidence; that the patient may decide to report the crime at a later date; that the MSAECK will be analyzed if the

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assault is reported to police, and will not be analyzed if not reported to police, that the kit is held for a minimum of 15 years if the case is not reported; that the patient's name and address are not included within the kit – that kits are identified at the lab by kit numbers only; that the purpose of the exam is to gather evidence and that it does not replace routine medical care.

- c. Adolescents < 16 years should be informed that their forensic evidence kit will be analyzed by the crime lab whether or not they choose to report their assault to the police.
 - d. Explain that the patient may decline the entire exam or any part of it at any time, although this may cause important evidence to the identification and/or prosecution of the assailant to be lost.
 - e. Have the patient sign, date, and initial the form.
 - f. **A minor under the age of 18** In accordance with MGL c. 123, §12 minors under the age of 18 may consent for medical treatment following a sexual assault, and should sign MSAECK Form 1 Consent (Also see Adolescent Curriculum and Informed Consent Protocol).
3. Use Forms 2A/2B and 3: Obtain a History of the Assault
 4. Use trauma informed interview techniques to have patient describe the assault to the best of their ability. Include narrative on FORM 3 and answer specific questions on form 2A and 2B. Be **sure** to affix MSAECK and Toxicology Kit (if used) barcode labels to both white and yellow copies of Forms 2A and 2B.
 5. Use Form 4: Physical Appearance/Wound Documentation
 6. Use Form 5: Genital and Anal Examination
 7. Complete Form 6: Evidence Collected Inventory List
 8. Use Form 7 for Patient Treatment/Discharge Information and Aftercare Instructions

STEP 2: Toxicology Testing

TO BE CONDUCTED ONLY IF THERE ARE INDICATIONS FROM THE CASE HISTORY AND/OR THE PATIENT'S SYMPTOMS THAT TESTING IS WARRANTED TO DETERMINE IF THE SEXUAL ASSAULT WAS FACILITATED BY DRUGS, INCLUDING:

- Periods of unconsciousness or lack of motor control **OR**
- Amnesia or confused state with suspicions of a sexual assault having occurred **OR**
- Amnesia or confused state after no known consumption of mind-altering substance or after a minimal consumption of alcohol **OR**
- Patient's suspicion or belief they were drugged prior to or during sexual assault **AND**
- The suspected ingestion of drugs having occurred within 96 hours of the exam

If NO: Go to next step.

If YES:

1. Retrieve the form from the Step 2 Envelope entitled "Consent for Comprehensive Toxicology Testing"; using the form, explain the procedure and obtain the patient's consent. Complete the form before proceeding further. The toxicology consent form is included in the main kit to prevent the clinician from opening a toxicology kit before consent has been obtained. **VERY IMPORTANT:** In order for the crime lab to process and analyze toxicology, the PINK copy of the consent form must be placed **INSIDE** the Step 2 envelope and packaged with the Comprehensive Toxicology Testing kit box.
2. If consent is obtained, open a Toxicology Kit entitled "Blood and Urine Specimen Collection for Comprehensive Toxicology Testing." Do not forget to have patient sign Comprehensive Toxicology Testing Kit Consent form using their initials only.
3. Before collecting Comprehensive Toxicology, please check blood tubes for expiration date. If expired, providers must replace with two gray top tubes containing 100mg of sodium fluoride and 20mg of potassium oxalate. **Note: 2 EA. 10ML BLOOD COLLECTION TUBES MAY BE REPLACED WITH 4 EA. 5ML BLOOD COLLECTION TUBES.**
4. Collect the blood specimens if the assault occurred within the past 24 hours:
 - a. Cleanse collection site with enclosed non-alcohol wipes, withdraw the blood, and allow both tubes to fill to maximum volume.
 - b. Immediately after blood collection, assure proper mixing of anticoagulant/preservative powder by

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- slowly and completely inverting the blood tubes. Affix a Toxicology Kit barcode label (MAT-XXXX) to each blood tube.
- c. Return filled blood tubes to the specimen holder.
5. Collect the urine specimen:
- a. Instruct the patient not to wipe the vaginal/rectal area (to minimize loss of evidence that will be collected in subsequent steps.)
 - b. Have the patient void directly into the urine specimen bottle. A minimum of 60ml is required. Replace cap and tighten down to prevent leakage
 - c. Affix a Toxicology Kit barcode label (MAT-XXXX) to the urine specimen bottle.
 - d. Return specimen to the specimen holder, place specimen holder inside plastic bag provided, and then squeeze out excess air and close the bag. Do not remove the liquid absorbing sheet from specimen bag. Place specimen holder in the toxicology kit box.
 - Affix a toxicology barcode label (MAT-XXXX) to the white and pink copies of the "Consent for Comprehensive Toxicology Testing." Place the pick copy into the Step 2 envelope and place inside toxicology kit box before sealing; keep the white copy for hospital records.
- Also, affix a toxicology barcode label (MAT-XXXX) to:**
- To the side of the Toxicology Kit.
 - The designated area on Kit Form 7.
 - The Massachusetts SAECK Card given to patient at the time of discharge.
 - The designated area on the front of the MSAECK box.
6. Keep the white copy of the toxicology consent form for hospital records.
 7. Place the PINK copy of the toxicology consent form back into the envelope and place the envelope in the toxicology kit box.
 8. Seal the Toxicology Kit with the seal provided, complete any requested information, and affix MSAECK and Toxicology Kit barcode labels in designated locations.

STEP 3: Oral Swabs and Smear

Did an oral assault occur within the past 24 hours?

If NO: Go to next step.

If YES:

1. Change gloves
2. Open the first packet of two swabs.
3. **DO NOT moisten the swabs prior to sample collection.** Using ORAL 1A and 1B swabs **simultaneously**, carefully swab the upper and lower areas between the lips and gums and along the tooth and gum lines.
4. Open the plastic slide case, and on the frosted side, use Oral 1A and 1B **simultaneously** to prepare 1 smear inside the borders of the pre-marked circle. Use a marker and write "O" on the frosted part of the slide. Allow the smear and swabs to dry.
5. Open the second packet of swabs. Using the swabs **simultaneously**, swab the same area: the upper and lower areas between the lips and gums, and along the tooth and gum lines.
6. Allow the swabs and smears to air dry.
7. When dry, affix swab labels ORAL 1A & 1B and ORAL 2A & 2B (found inside envelope) to shafts of each swab and return swabs to their paper sleeves. Write "Oral swabs 1A&1B" on the first swab packet and "Oral swabs 2A&2B" on the second swab packet. Close plastic slide holder and apply a kit barcode label. Place both the paper sleeves and smear in the Step 3 Envelope.
8. Seal the envelope, complete any requested information, and affix a kit barcode label.

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STEP 4: DNA Saliva Collection Kit

Important Consideration: If an oral assault occurred within 24 hours, the DNA Saliva Collection Kit may be used, but should be collected only *after* collection of MSAECK Step 3 – Oral Swabs and Smear. After the Oral Swabs and Smear are collected, ask the patient to rinse their mouth with water before using the DNA Saliva Kit.

Check the date of the buccal swab envelope and integrity of seal on envelope. If date is expired, seal is missing or broken, follow instructions on Step 4 envelop for DNA collection using sterile cotton swabs

1. Change gloves.
2. Follow the kit instructions contained in the DNA Saliva Kit envelope for proper sample collection.
3. Reseal the kit, following the instructions on the envelope flap.

STEP 5: Head Hair Examination and Combing

- **If the patient has tight braids, omit the combing and perform inspection and collection of foreign material. Complete the requested information on the envelope including the description of the patient's hair.**
- **Complete requested information on the Step 5 envelope whether or not Step 5 is completed.**

1. Change gloves.
2. Visual inspection is necessary before performing head hair combings. If available, use and Alternate Light Source (ALS) to fluoresce body fluids on the hair such as seminal fluid that may not be evident to the naked eye. If fluorescence is observed, refer to the instructions in Step 10 (Additional Swabs) to collect the material.
3. Remove paper towel and comb from the Step 5 Envelope.
4. Place the paper towel under the patient's head.
5. Using the enclosed comb, gently comb the head hair from the bottom up so that any loose foreign hair and debris will fall onto the paper towel.
6. Place the comb in the center of the towel and fold the paper towel to retain comb and all materials recovered from the collection.
7. Return the folded paper towel to the Step 5 Envelope.
8. Seal envelope and complete any requested information, including a description of the patient's hair (even if this step is not collected), and affix a kit barcode label.

STEP 6: Fingernail Swabs

Did the patient scratch the assailant's skin or clothing, or is the presence of debris or dried secretions noted?

If NO: Go to next step.

If YES, or patient unsure:

1. Change gloves.
2. Open the first set of swabs. Remove one swab from paper sleeve and lightly moisten the swab with sterile water.
3. Gently swab underneath the fingernails on the left hand and allow the swab to air dry in drying rack.
4. Remove second swab from paper sleeve and use the dry swab to swab underneath the fingernails on the left hand. Affix a swab label to the shaft of swab, return dry swab to paper sleeve, and label sleeve as "Left Hand".
5. Open the second set of swabs and repeat steps 2 – 4 for the right hand.
6. Once moistened swabs are dry, affix swab labels to shafts of swabs, return swabs to their appropriate paper sleeve, and label them "Left Hand" and Right Hand". Return sleeves to Step 6 envelope.
7. Seal envelope, complete requested information, and affix a barcode label.

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Foreign Material Collection (2 envelopes supplied)

Step 7(A) – Debris observed on the patient’s clothing or body

Step 7(B) – Debris that falls onto paper sheet while patient removes his/her clothing.

Is patient wearing the same clothing worn during/immediately after the assault? If yes:

1. Change gloves.
2. Collect any foreign material observed on the patient’s body or clothing (e.g. leaves, fibers, hair) and place in the center of the paper in the Step 7A envelope.
3. Refold the paper sheet to retain the debris and return it to the Step 7A Envelope. If foreign material is observed, complete the information requested on the Step 7A envelope. Indicate on the envelope’s body map the location where the sample was located.
4. Repeat steps 2 and 3 for additional debris found on the patient’s body, and place in separate pieces of paper from hospital stock. Remember to document on the body map the location of where debris was found.
5. Seal the Step 7A Envelope, complete any requested information, and affix a kit barcode label.
6. Utilize the **Step 7B Envelop: Foreign Material Collection** with **Step 8: Clothing Collection**.

STEP 8: Clothing (9 paper bags provided)

- Do not cut through any existing holes, rips or stains in the patient’s clothing. Do not shake out patient’s clothing or microscopic evidence will be lost. If additional clothing bags are required, use only new **PAPER** (grocery-type) bags.
- If there is a panty-liner or pad attached to the underwear, do not separate it from the underwear. If a sanitary pad, not attached to the underwear, retain it. Air dry it, then place it in a paper envelope (not supplied), or one of the small Step 8 Clothing Bags. Label it (i.e. “Sanitary Napkin”), seal it, and affix a kit barcode label. If the item has not fully dried, place it in a sterile specimen cup and poke holes in the top for further drying of contents. Label the container with a kit barcode label.

Is the patient wearing the same clothing as when assaulted?

If NO:

1. Collection of outer clothing is not required at the time of examination; **HOWEVER, collect underwear and any other clothing in contact with the genital area.**
2. If assault is reported to police, provider should instruct the patient to retrieve the articles of clothing worn at the time of the assault and give them to the police.
3. Inform officer in charge of the need to collect clothing worn at the time of assault.

If YES: Note - the patient may not want or be able to provide their clothing for evidence, but this step can still be done without permanently taking the clothes to collect foreign material that may fall onto the paper sheet while the patient is undressing.

1. Spread a clean bed sheet from hospital supply on the floor; spread the large paper sheet from the Step 7B Foreign Material Collection envelope over the bed sheet.
2. While you hold up a hospital gown to protect the patient’s privacy, instruct the patient to stand in the center of the paper sheet and carefully disrobe.
3. Collect each item as removed and place in a separate clothing bag. *Use the underpants bag for patient’s underpants and return to the MSAECK. Note: The Underpants Clothing Bag is usually the only clothing bag returned directly to the MSAECK box. If a bra is collected, that may also be placed in a small bag and placed in the kit.*
4. Fold the paper sheet to retain the contents and place it in the Step 7B Envelope.
5. Seal the Step 7B Envelope, complete any requested information, and affix a kit barcode label.
6. Seal each Step 8 clothing bag with tape or extra barcode labels (do not use staples), complete any requested information on each bag, and affix a kit barcode label to each bag.
7. Place all sealed bags containing clothing into the large Evidence Transport Bag, seal and complete all

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requested information on the chain of custody label. Check off and briefly describe each item of clothing that is inside the bag, e.g. blue sweater, black pants...

8. Place the hospital sheet in the hospital laundry bin.
9. Once the patient is dressed in a hospital gown, perform a head-to toe exam and document signs of trauma or areas of pain/tenderness on Form 4 body maps. Measure any bruise/wound(s) and document measurements and appearance. Describe the surface contour, shape, color, size, and type of each injury on Form 4.

STEP 9: Bite Marks (Observed, reported or suspected)

Has the patient washed the bite area since the assault?

If YES: Go to next step.

If NO:

1. Change gloves.
2. Lightly moisten 2 swabs sterile water.
3. Swab the area of the bite mark *gently* with both swabs **simultaneously**.
4. Allow both swabs to air dry.
5. If more than one bite mark is noted, repeat process above with a new set of 2 swabs. You can use additional swabs from hospital stock if needed.
6. Place swabs in the paper sleeves, write "BITEMARKS" on paper sleeves, then place paper sleeves in the Step 9 Envelope. On each paper sleeve document the area of the body from which the collection was obtained and also note on the body map of the envelope.
7. Seal the envelope, complete any requested information, **NOTE THE LOCATION OF THE BITE MARK ON THE ANATOMICAL DRAWINGS ON FORM 4 AND FORM 5**. Affix a kit barcode label.

STEP 10: Additional Swabs

Has dried or damp substances that may represent biological evidence been reported by the patient or observed on the patient's body by the clinician? (Clinicians may use an alternate light source (ALS) to identify potential areas for swabbing.)

If NO: Go to next step.

If YES:

1. Change gloves
2. Remove the swabs from their paper sleeve. Lightly moisten two swabs with sterile water.
3. Using both swabs **simultaneously**, gently swab the area. Allow swabs to air dry.
4. Note the location(s) from which the sample(s) was taken on the anatomical drawings on the Step 10 envelope AND check off reason for collection.
5. If more than one sample is required, use hospital-provided sterile, cotton-tipped applicators. Repeat steps 1 – 4 for each location.
6. **IMPORTANT:** Label each sleeve with the appropriate location.
7. Return swabs to their paper sleeves and return sleeves to the Step 10 envelope.
8. Seal the envelope, complete any requested information, and affix a barcode label.

STEP 11: Pubic Hair Combing

1. Change gloves
2. Remove paper towel, comb, and the Matted Pubic Hair envelope from the Step 11 Envelope.
3. With patient in the lithotomy position, place paper towel under the patient's buttocks.
4. If any matted pubic hair is present, remove the paper sheet from the Matted Pubic Hair envelope and unfold. Using sterile scissors, cut off any matted hair (with patient's permission) and place on the paper. Allow the hair to air dry, fold the paper as to retain the sample, then place in the Matted Pubic Hair envelope. Seal the envelope, complete any requested information, and affix a kit barcode label, and return to the Step 11 Envelope.
5. Using the comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto the paper towel. Fold the towel to retain both the comb and any debris collected, return to the

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Step 11 Envelope.

6. Seal the envelope, complete any requested information, and affix a kit barcode label.

Have all equipment and swabs ready prior to positioning and draping the patient for genital exam. Thoroughly examine external genital structures for signs of trauma or areas of pain/tenderness and document on Form 5.

STEP 12: External Genital Swabs

Were the patient's external genitalia involved in the assault?

If NO: Go to next step.

If YES:

1. Change gloves.
2. Inspect the pubic area and the inner thighs. Be alert to subtle contusions; document findings.
3. Remove swabs from paper sleeve and lightly moisten with sterile water.

4. Depending on the patient's anatomy: Use GENITAL 1A and 1B swabs **simultaneously**, carefully swab the genital area. This includes one set of swabs for the mons pubis, clitoral hood, labia minora and majora, perineum, and inguinal area. If applicable, use one set of swabs for the glans penis, corona, shaft, and scrotum. Do not swab the urethral opening.
5. Allow the swabs to air dry in rack.
6. When dry, affix swab labels GENITAL 1A&1B (found inside envelope) to shafts of each swab and return to their paper sleeve. Write "External Genital" on the paper sleeve and return paper sleeve to Step 12 envelope.
7. Seal the envelope, complete any requested information, and affix a kit barcode label.

STEP 13: Perianal Swabs

Did an anal or vaginal assault occur within the last 120 hours?

If NO: Go to next step.

If YES:

1. Change gloves.
2. Remove swabs from paper sleeve and lightly moisten with sterile water.
3. Using the two PERIANAL 1A&1B swabs **simultaneously**, gently swab the perianal area.
4. Allow the swabs to air dry in rack.
5. When dry, affix swab labels PERIANAL 1A & 1B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "Perianal" on the paper sleeve, then place paper sleeve in the Step 13 Envelope.
6. Seal the envelope, complete any requested information, and affix a kit barcode label.

STEP 14: Vaginal Swabs and Smear (Water soluble lubricant may be used on speculum*)

***Note:** Prior to inserting the speculum, carefully inspect the external genital structures for injury and areas of tenderness, and document on the Form 5 body map.

***Note:** If patient has never had a speculum exam, consider collecting vaginal swabs without its use.

Did a vaginal assault occur within the last 120 hours?

If NO: Go to next step.

If YES:

1. Change gloves.
2. If present, retain the patient's tampon, contraceptive sponge, or other item found in the vagina. Let it air dry, then place it in a paper envelope or small paper bag, or specimen cup after making holes in top of specimen cup for further drying. Label it, seal it and affix a kit barcode label. If the item has not fully dried by the completion of the exam, indicate on the transport bag label that drying needs to be completed at

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the crime lab.

3. Open the first packet of two swabs.
4. **Do NOT moisten the swabs prior to sample collection.** Using VAGINAL 1A and 1B swabs **simultaneously**, carefully swab the vaginal walls and cervix.
5. Open the plastic slide case, and on the frosted side, use VAGINAL 1A and 1B swabs simultaneously to prepare 1 smear inside the borders of the pre-marked circle. Use a marker and write "V" on the frosted part of the slide. Place swabs in drying rack.
6. Open the second packet of swabs. Using the VAGINAL 2A and 2B swabs simultaneously, swab the same area: the vaginal walls and cervix. Place swabs in drying rack.
7. Allow the four swabs and smear to air dry.
8. When dry, affix swab labels VAGINAL 1A&1B and VAGINAL 2A&2B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write "Vaginal Swabs 1A&1B" on the first swab packet and "Vaginal Swabs 2A&2B" on the second swab packet.
9. Close the plastic slide holder.
10. Place both paper sleeves and smear into the Step 14 Envelope.
11. *If water soluble lubricant is used, submit the remainder of the packet inside the Ziploc bag and place inside the small Step 14 envelope marked "Water Soluble Lubricant Sample."
12. Seal the envelope, complete any requested information and affix a kit barcode label.

STEP 15: Anal Swabs and Smear (within 48 hours)

***Note: Prior to inserting the swabs, carefully inspect the anus for injury and areas of tenderness and document on the Form 5 body map.**

Indicate on the envelope if a bowel movement has occurred since the time of the assault.

Did an anal assault occur within the past 48 hours?

If NO: Go to next step.

If YES:

1. Change gloves
2. Open the first packet of two swabs.
3. **Lightly moisten the swabs prior to sample collection.** Using ANAL 1A and 1B swabs **simultaneously**, carefully insert the tip of the swabs into the anus and rotate them gently.
4. Open the plastic slide case, and on the frosted side, use Anal 1A and 1B swabs simultaneously to prepare 1 smear inside the borders of the pre-marked circle. Use a marker and write "A" on the frosted part of the slide.
5. Open the second packet of swabs and repeat step #2 above. Place second set of swabs in drying rack.
6. Allow the four swabs and smear to air dry.
7. When dry, affix swab labels ANAL 1A&1B and ANAL 2A&2B (found inside envelope) to shafts of each swab and return to their paper sleeves. Write Anal 1A&1B on the first paper sleeve and "Anal 1A&2B" on the second paper sleeve.
8. Close the plastic slide holder.
9. Place the paper sleeves and smear slide in the Step 15 Envelope.
10. Seal the envelope, complete any requested information, and affix a kit barcode label.

STEP 16: Completion of Forms

1. Complete Forms 1 through 7.
2. Review all documentation on the forms and envelopes for completeness and accuracy, particularly the documentation of injuries that may have been revealed later in the exam.
3. **Print** your name and sign your name on each of the forms.
4. Ensure that the **printed name** of any other examiner, nurse or physician who has participated in the exam and/or evidence collection is included on the appropriate form.
5. Provide patient with the Massachusetts SAECK TRACK-KIT® card (included in the MSAECK) that includes the patient's M-SAECK#. If the patient also had a Toxicology Kit collected, place a Toxicology Kit barcode label (MAT-XXXX) on the patient's SAECK TRACK-KIT® card. This provides the patient with

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information to access to the Massachusetts SAECK TRACK-KIT to track the location of their MSAECK/Toxicology Kit.

6. **Provide the patient with the pink copy of Form 7 and Patient Info Packet.**
7. **Place the yellow copies of Forms 2A/2B, 3, 4, 5, and 6 into the Hospital Reports Envelope.**
8. **Place the Hospital Reports Envelope into the kit box.**
9. **Ensure the pink copy of the Comprehensive Toxicology Testing Consent form, if used, is placed in the Step 2 envelope and placed in the toxicology kit box.** If Toxicology Testing is administered for an unreported sexual assault incident, contact the Toxicology Reporting Line at 1-877-794-0432 with the specific information requested within the Toxicology Kit leaflet.
10. **Retain all white copies of forms for the hospital's records.**
11. Complete the "Provider Sexual Crime Report" Form 2A, which is mandated by Mass. General Law C. 112 § 12 ½.
11. Fax the completed report to:

Massachusetts Executive Office of Public Safety
Research and Policy Analysis Unit
(FAX: 617-725-0260)

AND

Local Public Safety Authority.

Final Instructions

1. Regarding Documentation Forms 1-7:
 - a. All WHITE copies are for hospital records.
 - b. All YELLOW copies are placed in the Step 1 Hospital Reports envelope and placed in main kit box.
 - c. PINK copy of the Comprehensive Toxicology Testing Consent form goes in Step 2 envelope and must be packaged *inside* the Comprehensive Toxicology Testing box.
 - d. Form 7 PINK copy goes to patient. Please be sure to include MSAECK and Toxicology Kit barcode labels on both WHITE and PINK copies.
2. Make sure all envelopes and bags are sealed and kit barcode labels have been affixed.
3. Return all evidence collection envelopes, used or unused, to the kit box
4. Fill out all of the information on the top of the MSAECK box except the police personnel (chain of possession) section. If the patient has not already reported the assault to the police, do not write the patient's name on the MSAECK.
5. Initial and affix police evidence seals where indicated on the sides of the MSAECK kit box.
6. Affix biohazard label where indicated.
7. Fill out all information requested on the evidence transport bag except the police personnel (chain of possession) section, and affix a kit barcode label.
8. Place all bagged clothing items into the evidence transport bag except the bag containing underpants, which is returned to the kit. Complete the clothing inventory label on the evidence transport bag, with a brief description of each item. If clothing items need additional drying, indicate which item(s) on the sticker on bag. Seal the transport bag, initial, date and affix police evidence seal.
9. Once evidence is completed, the SANE should immediately contact police department where the assault occurred and speak with the shift supervisor to request timely pick up and prompt transport of evidence to the Crime Lab.
10. Store the transport bag, MSAECK, and Toxicology Kit (if utilized) until police transport arrives. Storage areas must be secure, and refrigeration is preferred.
11. Chain of Evidence/Hospital Log: Hospital Log: Hospitals are responsible for maintaining a chain of evidence log which ideally is locked inside the evidence refrigerator. When the MSAECK is collected and locked in the refrigerator, the following information should be entered: date, kit number, medical record number, whether or not toxicology kit and/or clothing base is included, whether or not the case is

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reported to police, town where assault occurred, date and time police were called, and the name of the provider. When the police arrive to pick up the MSAECK, the log entry should include: date, MSAECK number, toxicology kit, clothing bag, name of RN signing out kit, printed name of police officer picking up kit, badge number, and name of police department.

12. On the front of the kit box cover under "For Police Personnel", the person handing over the evidence kit enters the required information, and that police officer receiving the evidence will do the same. MSAECKs for reported assaults and MSAECKs for patients under 16 years of age will then be transported to the Crime Lab. MSAECKs for unreported assaults will be transported to the Police Department.

Forensic Photography

MA SANE Photography Standards

- SANEs will consider forensic photography as an important tool to document non-genital injuries that may have been sustained during a sexual assault.
- Non-genital injuries sustained by patients may indicate the use of force, which can be helpful to corroborate the non-consensual nature of patient's reported assault.
- SANEs will obtain informed consent from patients regarding forensic photography and educate patients regarding the storage and potential use of photos obtained during the SANE examination.
- SANEs will utilize digital cameras with Secure Digital (SD) cards to capture non-genital photographic images.
- SANEs will ensure that a separate SD card is used for each, individual patient.
- At MDPH-designated SANE sites, the SD card containing patient images will be delivered by designated hospital staff to the Medical Records Department.
- The Medical Record Department at the SANE site will manage the release of images for legal purposes according DPH Memorandum of Understanding (MOU) and institutional protocols.

Preparing Patients for Forensic Photography

- Explain the purpose of photography to patients as a means to capture and memorialize physical injuries that occurred during the assault;
- Explain to patient that photos are taken of non-genital injuries only;
- Explain that photos are secured in the Medical Records Department;
- Explain the series of photos to be taken;
- Explain to patient that their body will be draped and uncovered only enough to expose each injury when photographed;
- Explain that the patient can take breaks as needed.

Forensic Photography Techniques

- Ensure proper draping techniques and expose only the area with injury when obtaining photo.
- Photos should be taken sequentially if possible, progressing from head-to-toe, front-to-back or side-to -side (whichever is most comfortable for the patient).
- Take as many photos as needed to produce a clear image. Monitor image quality on camera screen.
- Each injury should be photo-documented from long range, medium -range, and close-up (a.k.a. the "Rule of Three").
 1. Long- Range photos
 - a. Obtain long-range photo of the patient from the front, that includes patient's face
 - b. Obtain long-range photo of the patient from the back. Have patient turn head to the side to establish their identity.
 - c. Long range photos may be taken standing, sitting or lying on stretcher (if unable to stand)
 2. Medium-range photos
 - a. Obtain a medium range photo
 3. Close-up range photo

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- a. Obtain a close-up photo using a forensic ruler or standard object such as coin
- b. Obtain a close-up photo without a ruler or standard in image.

Capturing Images

1. Before beginning a photographic session, ensure batteries are charged. Replace or recharge batteries as needed.
2. Ensure that the correct date and time are set on the capture device. (Although the date and time will not be imprinted in each image taken, this information is frequently embedded into the data file which comprises each captured image).
3. Load a new memory card into the camera.
4. To ensure all images taken for this individual patient are accounted for, begin and end each session by photographing a white piece of paper which contains the following information:
 - a. MA Sexual Assault Evidence Collection Kit (MSAECK) or MA Pediatric Sexual Assault Evidence Collection Kit (MA PEDI Kit) number,
 - b. Patient Medical Record sticker,
 - c. SANE's name (printed and signed)
 - d. Date and time of the photographic session.
5. Respectfully drape and position patient as necessary
6. Photograph each wound/lesion according to forensic photography procedures "Rule of Threes" which includes capturing close, medium, and long-range pictures.
7. Include an identifying feature of the patient in every photograph if possible.
8. If a disability or other reason precludes inclusion of the patient's face in the photo, document this limitation.
9. Provide careful and complete documentation of all injuries on the MSAECK body maps to correlate with every photo taken.
10. Ensure all photos are of good quality, in focus, and with adequate lighting by reviewing photos on the digital camera's LCD screen.
11. Do NOT delete ANY photos as you may need to show sequential photos in court. The camera tracks all photos taken and a missing photo may be considered loss of evidence. Take as many photos as needed to ensure optimal quality.

Securing SD Card Images

To store SD images at the end of each photographic session:

1. Place SD card in a small envelope labeled with patient medical record sticker and MSAECK number and seal securely.
2. Place small envelope inside the large envelope that contains the original (white copies) of MSAECK FORMS 1-7..
3. Label the envelope with:
 - a. Patient Name
 - b. Medical record number
 - c. MSAECK barcode label
 - d. Date

Transfer of SD Card Images to Hospital Staff

- SANEs will hand-deliver the envelope with Kit Forms and SD images to the appropriate hospital personnel who is responsible for delivery to the Medical Records Department.
- The Medical Record Department will manage the release of images for legal purposes according to DPH Memorandum of Understanding (MOU) and institutional protocols.

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Toxicology Testing for Drug Facilitated Sexual Assaults

There are many substances that can be used during a Drug Facilitated Sexual Assault (DFSA). Most substances render the patient unconscious and/or physically incapacitated, and are tasteless, odorless and colorless. While most substances used for DFSA are placed in a victim's drink (either non-alcoholic or alcoholic), alcoholic drinks further increase the impact and effects of the substance. Toxicology testing conducted within specific time parameters may uncover substances that could have been used in a DFSA, and can provide important evidence that can result in secondary charges in addition to the sexual assault. MA SANE clinicians should offer patients toxicology testing as appropriate, in accordance with specific indicators and timeframes.

Indications for Toxicology Testing

Indicators for Offering Toxicology Testing include:

1. Periods of unconsciousness or lack of motor control.
OR
2. Amnesia or confused state with suspicion of a sexual assault having occurred.
OR
3. Amnesia or confused state after no known consumption of mind-altering substance or after a minimal consumption of alcohol.
OR
4. Patient's suspicion or belief they were drugged prior to or during sexual assault.
AND
5. The suspected ingestion of drugs having occurred within 96 hours of the exam.

Testing Guidelines

1. Testing may be completed for both reported and non-reported cases.
2. Suspected ingestion of "sexual assault" drug occurred within **96 hours** of visit to Emergency Department. Blood samples are only collected for assaults within 24 hours, urine samples are collected for up to 96 hours post-assault.
3. If drugs suspected, obtain consent using SANE Program Comprehensive Toxicology Screen Informed Consent Form found in Step 2 envelope of the MSAECK.
 - a. Be sure patient reads entire consent form and understands all segments before initialing consent. Information must be reviewed with ample time given for the patient to have questions answered.
 - b. It is extremely important the patient understand that the full toxicology panel may detect any substances, legal and/or illegal (such as marijuana, cocaine, alcohol, amphetamines, barbiturates, opiates, antidepressants, antihistamines and others) that may have been taken in weeks prior to assault.
4. Patient must initial the Massachusetts State Police Crime Laboratory Consent for Comprehensive Toxicology Testing form explaining details of drug testing before samples can be taken.
5. Obtain urine sample without patient wiping and blood sample ASAP.
6. Obtain urine sample in clean, sealable, liquid tight container, and affix barcode label to container. Amount of sample needed to meet evidential requirements of MA State Police Crime Lab (MSPL) Lab is 60 cc's urine.
7. Obtain blood sample using two gray top tubes that contains sodium fluoride and potassium oxylate, and affix bar code labels to blood tubes. Amount of sample needed to meet evidential requirements of MSPL is 7 cc's blood. If these tubes are expired, an equivalent tube (containing sodium fluoride and potassium oxylate) from hospital stock may be used.
8. All samples should be labeled with Toxicology Kit barcode label, signed, dated, and sealed and packaged in toxicology kit.
9. Pink copy of toxicology consent should be returned to Step 2 envelope and packaged in toxicology kit; white copy should remain with patient's chart and be stored in hospital medical records.
10. Toxicology kit should be stored in locked refrigerator to minimize degradation.

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11. Complete chain of custody documentation for all samples collected on appropriate kit box.

Follow-up

- Patients should be given the Massachusetts SAECK TRACK-KIT® card (included in the MSAECK) that includes the patient's M-SAECK#. If the patient also had a Toxicology Kit collected, a Toxicology Kit barcode label (MAT-XXXX) should also be affixed to the patient's M-SAECK TRACK-KIT® card.
- All Toxicology Kits should be entered into the Massachusetts SAECK TRACK-KIT® System by hospital staff.
- Patients can track the location of their Toxicology Kit through the TRACK-KIT® System using the log-in provided on the M-SAECK TRACK-KIT® card
- All Comprehensive Toxicology Test Kits will be processed at the MA State Police Crime Laboratory regardless of reporting status.
 - Patients **who report** their assault to police may receive their results in approximately 12 weeks after testing by contacting the law enforcement agency of the city/town where the assault occurred and ask to speak with the assigned investigator or detective on my case, or by contacting the Victim Witness Advocate at the District Attorney's Office.
 - Patients who do NOT report may receive their results in approximately 12 weeks after testing by calling the confidential Statewide Toxicology Results Information Line (1-866-269-4265), and providing their Toxicology Kit barcode number that begins with **MAT-XXXX**.

Key Points to Communicate to Survivors

- Empowerment
- Power of Informed Choice
- It is not their fault!
- Services ARE Available
- Informed Consent
- Right to Privacy and Confidentiality
- Right not to be charged for SANE exam and evidence collection
- Rights regarding filing police report and pressing charges
- Normalize survivor's feelings and reactions
- Access to Massachusetts SAECK TRACK-KIT®

CHAIN OF CUSTODY PROCEDURES

Evidence Transport

Local police are responsible to pick-up and transport MSAECK to appropriate Crime Lab. The SANE should:

1. Call police **in the city or town in which the assault occurred** to arrange for transfer of evidence.
2. Document the city/town where the assault occurred on the outside of the sealed MSAECK, the Evidence Transport Bag, and Toxicology Kits in provided fields.
3. Note the adolescent/adult patient's name **ONLY IF** the case is being reported to the police at the time of the exam. If the assault has not been reported, there should be no name on the outside of the kit.
4. If a PEDI Kit is used for **patients 11 years and younger**, the patient's name should **always** be written on the kit box cover/transport bag and toxicology kit, whether or not the assault is immediately reported to the police.
5. Request that the evidence be picked up as soon as possible.
 - a. For incarcerated patients, the completed kit will be signed out to the accompanying Correctional Officer (CO). Be sure to complete that chain of custody fields make an entry into the hospital log book.
 - b. If Correctional Facility staff has been implicated in the assault in any way, the Massachusetts State Police should be called to transport the kit.

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- c. To maintain chain of custody, the MSAECK, toxicology kit, and evidence transport bag **MUST REMAIN** in the SANE/medical provider's possession until it is secured and stored in a **locked**, refrigerated area, or transferred to a police officer for transport.
- d. It is **essential** that the refrigerated area for evidence storage can be locked. The refrigerator temp should be maintained between 36°-46° per the MA State Police Crime Lab.
- e. All evidence secured by the SANE or hospital staff must be recorded in the hospital ED Chain of Custody Log per hospital protocol.
- f. Law enforcement officials picking up and transporting evidence to the crime lab must complete chain of custody documentation by noting their name, badge number, and date & time that evidence was taken from the hospital in the hospital ED Chain of Custody Log. They must also document the number of pieces of evidence received.

Transfer of Evidence to the Police

- When the police arrive provide them with the completed and sealed evidence kits and bags. The SANE and police officer should complete the chain of custody information on the MSAECK, Toxicology Kit and Transport Bag.
- If police arrive after the SANE has left the hospital, a hospital staff member will remove the evidence from the locked refrigerator and together with the police officer complete the chain of custody procedures.

Massachusetts Track-Kit System

Massachusetts has implemented a cloud-based Sexual Assault Evidence Collection Kit (SAECK) Tracking System that tracks all M-SAECK(s) and Toxicology Kits from collection at a medical facility to delivery to a crime lab for testing. Track-Kit can be accessed on any device with a web browser

In addition to contacting the Law Enforcement (LE) Agency in the town of the assault to transport the kit, the SANE should notify the patient's Primary Nurse of the need to update the status of the M-SAECK and Toxicology Kit in the TRACK-Kit System, once the kit is completed. The Primary Nurse will indicate that the SANE is "the Collector" in TRACK-Kit System. The appropriate LE Agency is notified by email that a kit is awaiting transport, but as noted above, the LE Agency should also be called for Kit(s) transport. Members of the Track-Kit Policy Center, at the Executive Office of Public Safety and Security (EOPSS), will monitor the status of kit transport, and notify the appropriate LE Agency if a Kit(s) have not been transported within established timeframes.

Complete and Fax the Provider Sexual Crime Report (PSCR)

1. Follow the directions on MSAECK form 2A.
2. Describe the specific location within the city or town, especially if the assailant was a stranger to the patient.
3. Do **NOT** write the patient's name, address or hospital sticker on the form or provide any detail that may identify the patient.
4. Once completed, hospital ED Staff should FAX the form to:
 - a. Executive Office of Public Safety and Security Statistical Analysis Center at 617-725-0260

AND

Police department in the city or town where the assault occurred. If the assault involved an incarcerated patient, provide a copy of the PSCR to the correctional facility where the assault occurred.