

The MA Pedi Kit upholds the principles of **“Do No Harm.”**  
**This means the Kit is child friendly and minimally-invasive.**  
**This Kit is designed for ANY Emergency Department (ED) clinician to obtain timely evidence.**  
 Under no circumstances should a child be forced, restrained or sedated  
 for the purpose of evidence collection.

***Clinicians only need reasonable concern, not 100% certainty, that sexual abuse may have occurred.***  
 Remember that children frequently do not disclose the full extent of what has happened.

**DO NOT INTERVIEW THE PATIENT.**  
**DO NOT TRANSFER THE PATIENT TO ANOTHER FACILITY.**

**BEFORE OPENING KIT, PLEASE READ THE INFORMATION BELOW:**

<b>EVIDENCE COLLECTION IS RECOMMENDED WHEN CHILD DISCLOSES OR THERE IS CONCERN FOR:</b>	<ul style="list-style-type: none"> <li>Any type of sexual assault/sexual contact is suspected and/or reported within <b>72 hours of the incident</b>. This includes but is not limited to sexual touching/fondling (however slight), licking, biting, or penetration of the body cavities.</li> <li>Anogenital injury, bleeding, or discharge is inconsistent with reported history.</li> <li>Possibility of ejaculate or saliva on child's body.</li> <li>Suspicious/unusual circumstances may warrant evidence collection based on clinical judgement.</li> </ul>
<b>EVIDENCE COLLECTION IS NOT RECOMMENDED:</b>	<ul style="list-style-type: none"> <li>Sexual assault/sexual contact is suspected and/or reported to have occurred more than <b>72 hours before ED presentation</b>.</li> <li>Solely based on behavioral changes such as bedwetting, masturbation or sexualized behaviors, which may have another etiology.</li> </ul>

**A CHILD WITH AN INTERNAL INJURY/BLEEDING OR A FOREIGN BODY REQUIRES SEDATION IN AN OPERATING ROOM FOR EVIDENCE COLLECTION.**

**WHEN COMPLETING THE EVIDENCE COLLECTION KIT:**

- DO NOT** interview the child about the circumstances of the sexual abuse/assault.
- Obtain a brief history from the parent or caregiver accompanying the child. Ensure this is completed outside the presence of the child. Document on Kit Form 2.
- If the child provides spontaneous case related information; document their remarks on Kit Form 3 using quotes.

Mandated Reporting
<p>When it is suspected that sexual abuse/assault has occurred, <b>whether or not forensic evidence is collected, the clinician must report to:</b></p> <p><b>Department of Children and Families (DCF)</b></p> <p><input type="checkbox"/> Call the DCF Hotline at 1-800-792-5200 to make a verbal report and provide the <b>MA Pedi Kit number</b>.</p> <p><input type="checkbox"/> A written 51A report must be submitted by fax within 48 hours to the appropriate DCF office; please ensure the MA Pedi Kit number is included on form.</p> <p><b>Pediatric Provider Sexual Crime Report (PSCR)</b></p> <p><input type="checkbox"/> Complete PSCR, that can be found in this envelope, the kit, or at <a href="https://www.mass.gov/files/2017-08/pediatric_pscr_form.pdf">https://www.mass.gov/files/2017-08/pediatric_pscr_form.pdf</a>.</p> <p><input type="checkbox"/> Fax to EOPSS at 617-725-0260.</p> <p><input type="checkbox"/> Fax to law enforcement in the city or town in which the assault occurred.</p>
Considerations for Contacting the Police (in city or town where assault/abuse occurred)
<p>Clinicians can assist parents/guardians who choose to report to police at this time.</p> <p><i>Inform parents/guardians that early police involvement can be helpful:</i></p> <ul style="list-style-type: none"> <li>A timely crime scene investigation helps minimize evidence loss, which can disappear quickly.</li> <li>Perpetrators will often flee or try to destroy evidence if they sense that the child has disclosed.</li> </ul>

**This Pediatric Evidence Collection Kit is designed for forensic evidence collection for patients 11 years and under who present within 72 hours of the sexual abuse/assault.**

The overarching principle for the collection of evidence is to **“Do No Harm.”** A child should never be restrained, sedated, or forced to have evidence collected.

**Timing and Order of Evidence Collection is Critical:**

- Evidence should be collected as close to ED presentation as possible.
- When performing evidence collection on young children, it is imperative to get the most important evidence first, while you have a cooperative child. The 12 steps of evidence collection in this kit are organized to meet this goal.

**Because children frequently do not disclose the full extent of what has happened, clinicians should try to complete as many steps as possible.**

**EXAMINATION/EVIDENCE COLLECTION TIPS**

First, do no harm:

- ✓ Allow child to have control whenever possible and proceed at child’s pace.
- ✓ If appropriate, parent/guardian can remain in the exam room.
- ✓ Evidence collection should be stopped if the child becomes distressed or unable to cooperate.
- ✓ Different positions can be used, including supine frog-leg, knee-chest, lateral, and lithotomy.
- ✓ If necessary, very young children can be examined on an appropriate parent/guardian’s lap during the exam.
- ✓ Intravaginal speculum exams should NEVER be done on pre-pubertal children outside of an operating room setting.

Prepare the child and caregiver for the examination:

- ✓ Explain the steps and the types of samples that will be collected during the exam.
- ✓ Give the child permission to say, *“Stop”* at any time during the exam if it becomes painful or too upsetting. An empowered child is a cooperative child.

Principles for Evidence Collection:

- ✓ **When opening swab sleeves, save all sleeves as swabs MUST be returned to their original sleeves before placing in the appropriate step envelope. Be sure to insert the swab tip first.**
- ✓ Please note that dry swabs are used when collecting evidence from moist areas, and moistened swabs are used for collecting evidence from dry areas (skin).

**STEP 1: OPEN AND REVIEW DOCUMENTATION FORMS 1-7**

<b>Name of Form</b>	<b>Purpose</b>	<b>When Used</b>
<b>Form 1: Consent for Forensic Examination</b>	To obtain consent from non-offending parent/guardian prior to exam.	Right now
<b>Form 2: Patient Information – Parent/Guardian’s Report of Incident</b>	To obtain information prior to exam to guide examination and evidence collection. The history should be obtained from parent/guardian <b>without the child present</b> .	After obtaining consent
<b>Form 3: Child’s Spontaneous Remarks Regarding Abuse/Assault During Exam</b>	To document spontaneous information provided by the patient.	Throughout the examination
<b>Form 4: Physical Assessment and Wound Documentation</b>	To document physical findings, including injuries, on body maps and to record any photographs obtained.	Throughout the examination
<b>Form 5: Genital Examination</b>	To document specific findings of patient’s genital exam.	During examination
<b>Form 6: Evidence Inventory List/Mandatory Reports</b>	To record kit steps completed and mandatory reports completed.	Following completion of evidence collection
<b>Form 7: Medical Treatment and Discharge Instructions</b>	To provide parent/guardian with record of lab testing, medications provided, and medical aftercare instructions.	At time of discharge

**STEP 2: CLOTHING AND FOREIGN MATERIAL COLLECTION**

Evidence such as semen, blood, dirt, or foreign material may be present, even if bedding/clothing/material has been washed. If any bedding/clothing/material related to the assault/abuse is provided, follow the General Guidelines listed below.

**General Guidelines**

1. **Gloves:** Wear at all times and change gloves frequently to avoid cross contamination.
2. **Handling:** Avoid unnecessary handling of items. Do not shake, fold, or spread items out.
3. **Wet Items:** Wet or damp clothing should be air-dried as much as possible before placing in a “Clothing Bag.” Do not commingle wet and dry clothing items.
4. **Extremely Wet Items:** If the item(s) are extremely wet, place each item in a “Clothing Bag” and put the “Clothing Bag” in an unsealed plastic patient belonging bag, and then into a separate paper bag. Affix the extra “Chain of Custody” label (included in the kit) to the paper bag.
5. **Packaging:** Multiple “Clothing Bags” are provided within the kit.
6. **Sealing:** Use kit stickers or tape to seal bags. Do not use staples.
7. **Labeling:** Document the clothing bag contents on each bag as directed.

**Clothing/Bedding/Materials Received**

1. All items presented in a paper bag should remain in bag, and placed into the “Evidence Transport Bag.” If items are brought to the hospital in a non-paper bag, transfer contents into a “Clothing Bag.” Do not separate items during transfer. Place the original packaging/bag into the “Clothing Bag” with items.
2. Seal each bag with kit sticker(s) or tape, and complete requested information on each bag.

**Collect Clothing Child is Currently Wearing**

Is child wearing the clothing they had on when the assault/abuse took place?

**IF YES:**

1. Place a hospital sheet on the floor. Remove and unfold paper sheet from Step 2A envelope and place on top of hospital sheet.
2. Child should undress over paper sheet, to collect any foreign materials that may fall off of clothing.
3. Place each item of clothing in its own "Clothing Bag." Seal each bag with kit sticker(s) or tape, and complete requested information on each bag.
4. Use "Underpants Bag" for dry underpants or diapers, and **return to kit box**.
5. Refold paper sheet and return to Step 2A envelope. Seal envelope with kit sticker and complete requested information.

**IF NO:**

1. Collect only underwear, diaper, or clothing in contact with genital area.
2. Place item in "Underpants Bag." Seal bag with kit sticker or tape, and complete requested information.
3. Encourage parent/guardian to notify law enforcement of other crime scene evidence that would be significant (bedding, clothing, pornography, objects, etc.).

**Foreign Material Collection (Envelope 2B)**

1. Inspect all body surfaces for foreign material, fibers, hairs, etc.
2. Wearing gloves, collect and place any foreign material in the paper bindles provided in the Step 2B envelope. Note the location from which each sample was taken on the anatomical drawing sheet located in the Step 2B envelope.
3. Seal envelope with kit sticker and complete requested information.

**STEP 3: ORAL SWABS AND SMEAR**

**As a guideline, collect a sample within 24 hours of the assault. If time of the assault is not clear, collect a sample.**

1. Change gloves.
2. Inspect the oral cavity for injuries to palate, gums, teeth, pharynx, and frenula. Document findings on anatomical drawing located on Form 4.
3. Remove one set of swabs from the paper sleeve. Using 2 dry swabs, simultaneously swab the upper and lower areas between the lips and gum, and along the tooth and gum lines.
4. Using both swabs together prepare 1 smear, confine the smear to the circular area on the slide. Allow the swabs and smear to air dry.
5. Affix the "Oral 1A and 1B" labels to the shafts of each swab.
6. Using the second set of swabs provided, repeat the same swabbing procedure of the mouth and gums. **DO NOT MAKE SMEAR.** Allow the swabs to air dry.
7. Affix the "Oral 2A and 2B" labels to second set of swabs collected.
8. Return swabs to their paper sleeve, then return sleeve and smear to the Step 3 envelope.
9. Seal envelope with kit sticker and complete requested information.

**STEP 4: DNA SALIVA COLLECTION KIT**

1. Change gloves.
2. Do not use the DNA Saliva Collection Kit if the seal is broken or is missing.
3. Follow the kit instructions contained within the envelope for proper sample collection.
4. Reseal the kit, following the instructions on the envelope flap.

5. Return the DNA Saliva Collection Kit to the Step 4 envelope.
6. Seal envelope with kit sticker and complete requested information.

## **STEP 5: EXTERNAL GENITAL SWABS**

**(Collect if assault/abuse reported within 72 hours of presentation.)**

- Intravaginal speculum exams are **ONLY** done for concern of vaginal bleeding or concern for a foreign body, in an Operating Room (OR) under anesthesia, preferably by a pediatric gynecologist.
- If the child goes to the OR, genital evidence should be collected in the OR setting.

### **Males**

1. Change gloves.
2. Do a general inspection of the pubic area and inner thighs, noting injuries, and subtle contusions. Document findings on appropriate anatomical drawings located on Form 4.
3. Remove swabs from the paper sleeve. Lightly moisten swabs with sterile water.
4. Using the 2 swabs, simultaneously, gently swab the glans penis, corona, shaft, and scrotum (do not swab urethral opening). Allow swabs to air dry.
5. Affix the “Genital 1A and 1B” labels to the shafts of each swab.
6. Return swabs to their paper sleeve and return the sleeve to the Step 5 envelope.
7. Seal envelope with kit sticker and complete requested information.

### **Females**

1. Change gloves.
2. Do a general visual inspection of the pubic area and inner thighs, noting injuries and subtle contusions.
3. Using appropriate lighting, handheld magnifier and/or videocolposcope, carefully separate labia and thoroughly assess external genitalia (per Form 4 diagrams). Note any tears, bleeding, bruising, etc. and document on appropriate anatomical drawings located on Form 4.
4. Remove swabs from the paper sleeve. Lightly moisten swabs with sterile water.
5. Use 2 cotton swabs to simultaneously swab the **external** genitalia including the mons pubis, clitoral hood, labia majora, **and** perineum. Then while gently separating the labia, use the same 2 cotton swabs to swab the outer and inner aspects of the labia minora, the posterior fourchette, and the fossa navicularis. **Avoid touching the hymen in pre-pubertal girls, as it is very sensitive/painful.** Allow swabs to air dry.
6. Affix the “Genital 1A and 1B” labels to the shafts of each swab.
7. Return swabs to their paper sleeve and return the sleeve to the Step 5 envelope.
8. Seal envelope with kit sticker and complete requested information.

## **STEP 5A VAGINAL SWABS: (POSTMENARCHEAL FEMALES ONLY)**

**Intravaginal swabs may be obtained only on postmenarcheal females without use of a speculum.**

1. Change gloves.
2. Using the swabs provided in the Step 5A Vaginal Swabs envelope, simultaneously and gently insert swabs into vaginal opening. **If the patient does not tolerate this procedure, stop immediately and complete only external genital swabs.**
3. Using both swabs together to prepare 1 smear, confine the smear to the circular area on the slide. Allow the swabs and smear to air dry.
4. Affix the “Vaginal Swab 1A and 1B” labels to the shafts of each swab.
5. Return swabs to their paper sleeve and return the sleeve to the Step 5A envelope.
6. Seal envelope with kit sticker and complete requested information.

## **STEP 6: PERIANAL SWABS**

**If external genital swabs and/or anal swabs are being collected, then perianal swabs should also be collected. Collect even if bowel movement has occurred since the time of assault.**

1. Change gloves.
2. Gently separate buttocks and carefully assess anus. Remove the swabs from their paper sleeve. Lightly moisten the 2 swabs with sterile water.
3. Using the 2 swabs simultaneously, carefully swab the perianal area, including perianal skin folds (rugea). Allow swabs to air dry.
4. Affix the “Perianal 1A and 1B” labels to the shafts of each swab.
5. Return swabs to their paper sleeve and return the sleeve to the Step 6 envelope.
6. Seal envelope with kit sticker and complete requested information.

## **STEP 7: ANAL SWABS AND SMEAR**

**As a guideline, collect a sample within 48 hours of the assault. If the time of the assault is not clear, collect a sample. Collect even if a bowel movement has occurred since the time of assault.**

1. Change gloves.
2. Gently separate buttocks and carefully assess anus.
3. Open the first packet of swabs. Lightly moisten swabs prior to sample collection. Using both swabs simultaneously, gently insert the cotton tip portion of the swab into the anal opening, if tolerated by the child. If not, attempt to use separate swabs.
4. Use both swabs together to prepare 1 smear, confine the smear to the circular area on the slide. Allow the swabs and smear to air dry.
5. Affix the “Anal 1A and 1B” labels to the shafts of each swab. Label swabs and smear as Set #1.
6. Using the 2 additional swabs provided, repeat swabbing instructions as above. Allow swabs to air dry.
7. Affix labels “Anal 2A and 2B” to the second set of swabs collected.
8. Return both sets of swabs to their paper sleeves, then return swabs and smear to the Step 7 envelope.
9. Seal envelope with kit sticker and complete requested information.

## **STEP 8: ADDITIONAL SWABS**

**All areas of suspected saliva, semen, blood, or prolonged touching should be swabbed. If available, use an Alternate Light Source (ALS) to fluoresce body fluids such as seminal fluid that may not be evident to the naked eye. Collect a sample of fluorescing areas or other stains following the steps below. NEVER document findings as “seminal fluid.” Instead, “suspected stain” should be used to describe collection.**

1. Change gloves.
2. Remove the swabs from their paper sleeve. Moisten two swabs with sterile water.
3. Using both swabs simultaneously, collect the specimen. Allow swabs to air dry.
4. Note the location(s) from which the sample(s) was taken on the anatomical drawing sheet located in the Step 8 envelope; AND reason for collection.
5. If more than one specimen is required, use hospital provided sterile cotton-tipped applicators. Repeat steps 1-4 for each location.
6. **IMPORTANT:** Label each swab sleeve with the appropriate location.
7. Return swabs to their paper sleeves and return sleeves to the Step 8 envelope.
8. Seal envelope with kit sticker and complete requested information.

## **STEP 9: BITE MARKS**

**In ALL cases, carefully document bite marks on anatomical drawings located on Form 4.**

1. Change gloves.
2. When possible, all visible bite marks should be photo-documented with a ruler (included within Step 9 envelope) or other standard. Any photos or Secure Digital (SD) card should be placed into a clean, unused legal sized envelope for placement in the patient's medical record along with kit forms, according to institutional policies. Document kit # and MR# on envelope. **DO NOT INCLUDE PHOTOGRAPHS OR SD CARD CONTAINING PHOTOS INSIDE EVIDENCE KIT.**
3. Moisten swabs with sterile water. Lightly swab the entire bite mark with both swabs simultaneously. Allow the swabs to air dry.
4. **IMPORTANT:** Note the location from which the sample(s) was taken on the anatomical drawings on Form 4. Label sites as "Bite Mark #1, #2, etc." and label each swab sleeve with the appropriate location.
5. If more than one bite mark is present, use sterile cotton-tipped applicators available from the hospital, follow steps 1-3 and label swabs as "Bite Mark #3, #4, etc."
6. Return swabs to their paper sleeves and return sleeves to the Step 9 envelope.
7. Seal envelope with kit sticker and complete requested information.

## **STEP 10: FINGERNAIL SWABS**

1. Change gloves.
2. Open the first set of swabs. Remove one swab from paper sleeve and lightly moisten swab with sterile water.
3. Gently swab fingernails on the left hand and allow swab to air dry.
4. Remove second swab from paper sleeve, and use the dry swab to swab the fingernails on the left hand. Return dry swab to the 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, return swabs to their appropriate paper sleeve and return sleeves to the Step 11 envelope.
7. Seal envelope with kit sticker and complete requested information.

## **STEP 11: TOXICOLOGY TESTING**

**If this step is required, you MUST use the *Massachusetts Blood and Urine Specimen Collection for Comprehensive Testing Kit*, used for adult and adolescent patients. Modify this kit for children 11 years and younger by using only 1 gray top tube for blood. See Step 11A for Urine Specimen Collection.**

Only complete this step if there are indications from the case history/narrative and/or the patient's symptoms that testing is warranted to determine if the sexual assault was facilitated by drugs/alcohol. This includes:

- Periods of unconsciousness or lack of motor control; or
- Amnesia or confused state with suspicions of a sexual assault having occurred; or
- Parent's/guardian's suspicion or belief the patient was drugged prior to or during sexual assault; **and**
- The suspected ingestion of drugs/alcohol having occurred within **72** hours of the exam.

**Be sure to include PINK copy of Form 1 Consent in toxicology kit.**

## **STEP 11A: COLLECTION OF THE URINE SPECIMEN**

**Urine should be collected within 72 hours of the assault/abuse. Collect if history indicates possible drug/alcohol assisted assault.**

1. Change gloves.
2. Alert and awake children **should not** be catheterized. Children with altered mental status may require catheterization to obtain this important evidence.
3. If collecting specimen of urine for toxicology test before evidence has been collected, please instruct the patient not to wipe to minimize loss of evidence. Have the patient void directly into the urine specimen bottle. A minimum of 10 ml. is preferred. Replace cap and tighten down to prevent leakage.
4. Affix a kit sticker to the specimen bottle.
5. Return specimen (bottle with urine) to cardboard specimen holder.
6. If blood is being collected, complete step 12B.
7. If a blood specimen is *not* being collected, place the cardboard specimen holder into the enclosed Ziploc bag. Squeeze out excess air and close bag. Do not remove liquid absorbing sheet from Ziploc bag. Complete requested information on toxicology box and affix a kit sticker to box. Seal box and place in locked refrigerator immediately after collection.

### **STEP 11B: COLLECTION OF THE BLOOD SPECIMEN**

**Blood should be collected within 72 hours of the assault/abuse. Collect if history indicates possible drug/alcohol assisted assault. Coordinate blood draw with other labs as appropriate.**

1. Cleanse collection site with alcohol-free prep pad supplied.
2. Check the date of the blood tube; if it has expired, replace it.
3. Fill ONE gray stoppered tube with 5 ml. of blood.
4. Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the blood tube at least five times. **Do not shake vigorously!**
5. Affix a kit sticker to tube.
6. Return filled blood tube to the cardboard specimen that already contains urine sample. Place the cardboard specimen holder in to the enclosed Ziploc bag. Squeeze out excess air and close bag. Do not remove liquid absorbing sheet from Ziploc bag.
7. Complete requested information on toxicology box and affix a kit sticker to box. Seal box and place in locked refrigerator immediately after collection.

### **STEP 12: HEAD HAIR EXAMINATION**

**Complete requested information on envelope regardless of collection.**

1. Change gloves.
2. Visual inspection is necessary before performing head hair combings. If available, use an 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 8 (Additional Swabs) to collect the material.
3. Remove paper towel and comb from the Step 12 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 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 collection.
7. Return the folded paper to the Step 12 envelope.
8. Seal envelope with kit sticker and complete requested information.



### **COMPLETION AND DISPOSITION OF DOCUMENTATION FORMS**

1. Complete Forms 1-7 (found in Step 1 envelope).
2. Review all documentation on the forms and envelopes for completeness and accuracy, particularly the documentation of injuries that may have been revealed during the course of the exam.
3. Print 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. Also make sure that a kit sticker is affixed to each form and envelope.
6. Place all original **WHITE** forms in a separate manila envelope. These medical forensic records must be securely stored in the hospital's medical records department, and kept separate and apart from the patient's medical record.
7. Place all completed **YELLOW** forms 1-6 in the Step 1 envelope and return to kit.
8. Provide the patient's parent or legal guardian with the **YELLOW** copy of Form 7.
9. If toxicology testing is done, place **PINK** copy of Form 1 (Consent) in toxicology box.

### **DISPOSITION OF PHOTOS (IF TAKEN)**

If taking photographs, best practice is to use a single secure digital (SD) card for each patient, and place SD card in separate envelope. Place envelope containing SD card into manila envelope containing original kit Forms 1 – 7. These medical forensic records should be stored separate and apart from the patient's medical record by the hospital's Medical Records (MR) Department. **SD card or photographs should not be included inside the kit.**

### **COMPLETION AND DISPOSITION OF EVIDENCE**

1. Complete the "Provider Sexual Crime Report for Pediatric Assaults (<12 Years of Age)" which is mandated by Massachusetts General Law C. 112 12 1/2.

**Fax the completed report to:**

**Executive Office of Public Safety and Security  
Office of Grants and Research  
10 Park Plaza, Suite 3720-A  
Boston, MA 02116  
Fax: (617)-725-0260**

**AND to the local police in the city or town in which the assault occurred.**

1. Return all evidence collection envelopes, used or unused, to the kit box.
2. Fill out all the information requested under "**For Hospital Personnel.**"
3. When at all possible, if collecting underwear/diapers worn at time of assault, include in the evidence collection kit box. Refer to Step 2 for packaging instructions.
4. Initial, date and affix "Evidence Seal" where indicated on the sides of the box and affix a biohazard label in the area indicated.
5. Place all "Clothing Bags" used into the "Evidence Transport Bag." Affix kit sticker and complete requested information. Seal "Evidence Transport Bag" with tape, then affix an initialed and dated "Evidence Seal" across the tape to preserve chain of custody.
6. **DO NOT PLACE KIT BOX** inside Evidence Transport Bag.
7. The label on the "Evidence Transport Bag" should identify the city/town of the assault and whether the case is reported to police or unreported to police.

8. Make the first entry on the “Chain of Possession” label on “Evidence Transport Bag.” Do the same on the sealed kit box. Immediately transfer the bag and the kit box to the appropriate police officer. If the officer is not immediately available, store the evidence in a secured, locked refrigerator.
9. Police from the town/city in which the assault occurred are required by law to transport all kits to the State Police or Boston Crime Labs in a timely manner, regardless of whether the assault has been reported to law enforcement.

**Form 1: Consent for Forensic Examination**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

Please affix kit number label here.

**Consent for Pediatric Sexual Assault/Abuse Medical/Forensic Examination****USE BLUE INK ONLY ON ALL DOCUMENTATION FORMS****Patient's Name:** \_\_\_\_\_**Patient's Address:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I \_\_\_\_\_ (parent or guardian) authorize \_\_\_\_\_ (examiner/clinician) to perform a medical forensic examination on \_\_\_\_\_ (child's name).

I understand that a medical forensic evaluation will, with my consent, be conducted to identify injuries and preserve potential evidence of sexual assault/abuse.

I understand that the evaluation may include history gathering, a physical assessment, and evidence collection. It may also include testing for Sexually Transmitted Infections (STI), pregnancy, and/or toxicology, if indicated. In addition, this exam may also include the administration of medication for STI and/or pregnancy prevention.

I understand that as part of this exam, the clinician may take photographs of injuries if indicated. Photographs may include pictures of the genital and/or anal area.

I understand that all licensed healthcare professionals are required under state law to report suspected child abuse and neglect.

☐ I DO ☐ I DO NOT wish to speak to police about this matter at this time.

While documentation of this exam is generally kept confidential, I understand certain circumstances, such as a court order, may legally require the release of medical and forensic records, including evidence and photographs, to appropriate law enforcement and/or child protection agencies.

I understand that the Sexual Assault Nurse Examiner program of the Massachusetts Department of Public Health may review documentation of the evaluation, including photography, for quality assurance purposes.

\_\_\_\_\_  
**Signature of Parent or Guardian**\_\_\_\_\_  
**Relationship to Patient**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Clinician's Signature**\_\_\_\_\_  
**Print Name**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Signature of Interpreter (if used)**\_\_\_\_\_  
**Interpreter Name (Print)**\_\_\_\_\_  
**Date**

White Copy: Store in Hospital Records Department

Yellow Copy: Return to Kit Box

Pink Copy: If Toxicology Kit Used, Return to Toxicology Kit Box

REOMA(P): FORM1 4/18



**Form 2: Continued**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

**C. REPORTED ASSAILANT(S) INFORMATION****NUMBER OF ASSAILANTS:****Assailant 1**

Gender:

Name, if known:

Biological Relative: ☐ Yes ☐ No

Approximate Age:

Relationship to child:

**Assailant 2**

Gender:

Name, if known:

Biological Relative: ☐ Yes ☐ No

Approximate Age:

Relationship to child:

**Assailant 3**

Gender:

Name, if known:

Biological Relative: ☐ Yes ☐ No

Approximate Age:

Relationship to child:

**D. INFORMATION PROVIDED BY PARENT/GUARDIAN**

Use this area to document information provided about known details of the abuse/assault. Clinicians may ask appropriate follow-up questions using the prompts as a guide. Explain to the parent/guardian that it is not expected that they will know all of the information. Encourage the parent/guardian to refrain from further questioning the child about known and unknown details of the abuse/assault.

☐ **Information Unknown**

Was there penetration, however slight, of:

Genital/Vaginal Area? ☐ No ☐ Unsure ☐ Attempt ☐ Yes – by ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_Anus? ☐ No ☐ Unsure ☐ Attempt ☐ Yes – by ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_Mouth? ☐ No ☐ Unsure ☐ Attempt ☐ Yes – by ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: \_\_\_\_\_Did assailant(s) kiss, lick, spit, or make oral contact with the patient? ☐ YES ☐ NO ☐ UNSURE

If yes, specify body location: \_\_\_\_\_

During the assault, was the patient asked/directed to perform acts on the assailant? ☐ YES ☐ NO ☐ UNSURE

If yes, specify: \_\_\_\_\_

Did ejaculation occur? ☐ YES ☐ NO ☐ UNSURE

If yes, specify location of ejaculate: \_\_\_\_\_

Did assailant(s) use a condom? ☐ YES ☐ NO ☐ UNSUREDid assailant(s) use any substance as lubrication (saliva is considered lubrication)? ☐ YES ☐ NO ☐ UNSURE

If yes, specify type of lubricant and location used: \_\_\_\_\_

Did any injuries result in bleeding? ☐ YES ☐ NO ☐ UNSURE If yes, specify: ☐ Assailant ☐ PatientWere photographs and/or videos of the patient made? ☐ YES ☐ NO ☐ UNSUREWas the patient made to view pornographic pictures/videos? ☐ YES ☐ NO ☐ UNSUREWas the internet used as a vehicle of abuse? ☐ YES ☐ NO ☐ UNSURE**E. FORCE/WEAPONS USED: DOCUMENT PER REPORT OF PARENT/GUARDIAN**☐ Unknown ☐ Bites ☐ Gun ☐ Restraints ☐ Coercion (bribes, rewards)☐ Verbal Threats ☐ Burns ☐ Hitting ☐ Chemical(s) ☐ Abduction/Kidnapping☐ Strangulation ☐ Knife ☐ Blunt Object ☐ Other Physical Force: \_\_\_\_\_**F. SINCE THE TIME OF THE ASSAULT, HAS THE PATIENT:**A. Changed Clothes? ☐ YES ☐ NO ☐ UNKNOWNB. Bathed/Showered/Washed? ☐ YES ☐ NO ☐ UNKNOWN**G. MEDICAL HISTORY**A. Has the patient had any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures or medical treatments that may affect the physical findings? ☐ YES ☐ NO If yes, list: \_\_\_\_\_B. Any preexisting medical conditions or injuries that may affect physical findings? ☐ YES ☐ NO

If yes, list: \_\_\_\_\_

**Clinician's Signature****Print Name****Date**

White Copy: Store in Hospital Records Department

Yellow Copy: Return to Kit Box

RE0MA(P): FORM2 4/18

Commonwealth of Massachusetts  
Pediatric Sexual Assault Evidence Collection Kit

Anus: \_\_\_\_\_

Date \_\_\_\_\_

**Form 4: Physical Assessment and Wound Documentation**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit



Affix kit number label here on both white  
and yellow copies.

**RECORD OF PHOTOGRAPHS COMPLETED**

If taking photographs, best practice is to use a single secure digital (SD) card for each patient, place SD in separate envelope and store with this record in Medical Records (MR) Department.

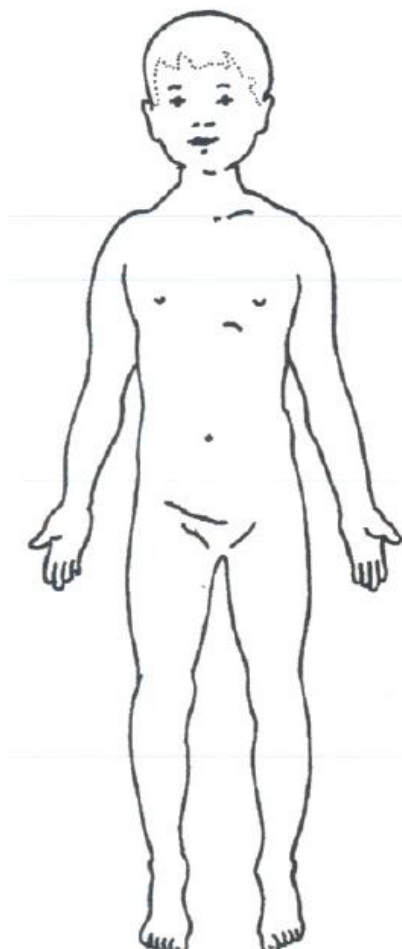
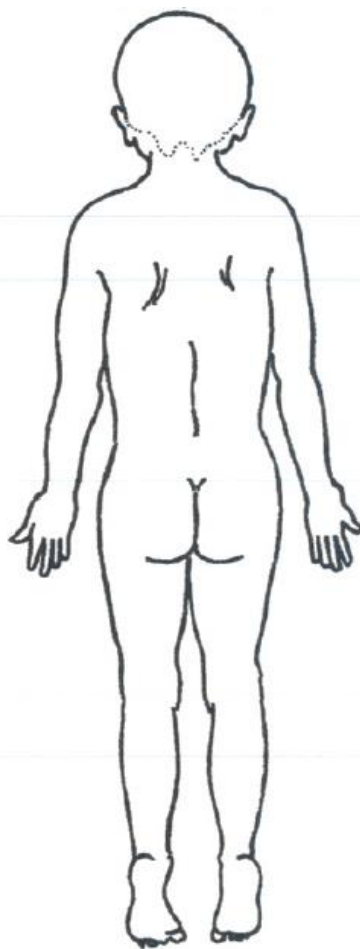
**Label body part photographed on body diagrams as photo #1, photo #2, etc.**

**Total Number of pictures taken during evidence collection:**

**Was an Alternate Light Source or Wood's Lamp used in examination?** ☐ YES ☐ NO

**Using legend below, document findings of exam on body diagrams (use all that apply):**

<b>AB</b> Abrasion	<b>BI</b> Bite Mark	<b>BR</b> Bruise	<b>BU</b> Burn	<b>DF</b> Deformity	<b>ER</b> Erythema
<b>FB</b> Foreign Body	<b>IW</b> Incised Wound	<b>LA</b> Laceration	<b>PT</b> Petechiae	<b>RE</b> Redness	<b>SI</b> Suction Injury
<b>SW</b> Swelling	<b>TE</b> Tenderness	<b>OI</b> Other Injury (describe): _____			

**Child Body, Front View****Child Body, Rear View**

White Copy: Store in Hospital Records Department

Yellow Copy: Return to Kit Box

REOMA(P): FORM4 4/18

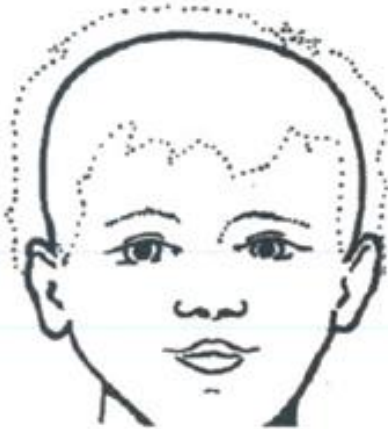
**Form 4: Physical Assessment and Wound Documentation**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

Affix kit number label here on both white and yellow copies.

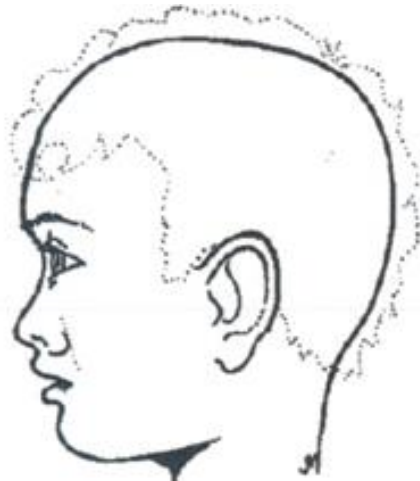
**Child Face, Front View**



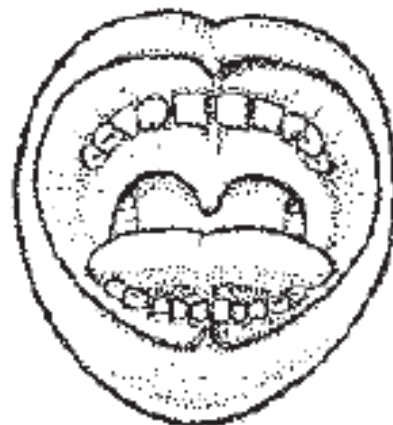
**Child Face, Right View**



**Child Face, Left View**



**Child Face, Oral View**





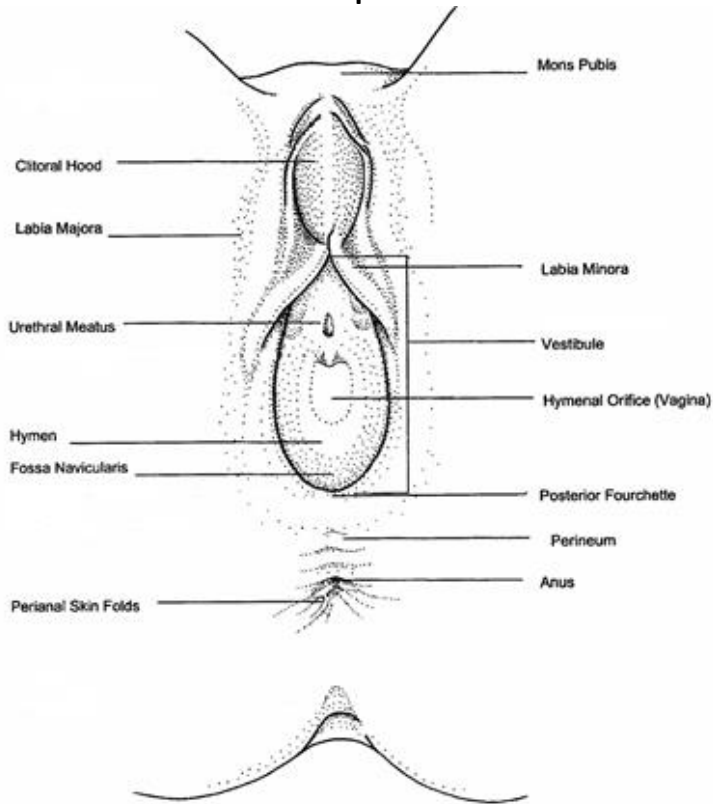
# Form 4: Physical Assessment and Wound Documentation

Commonwealth of Massachusetts

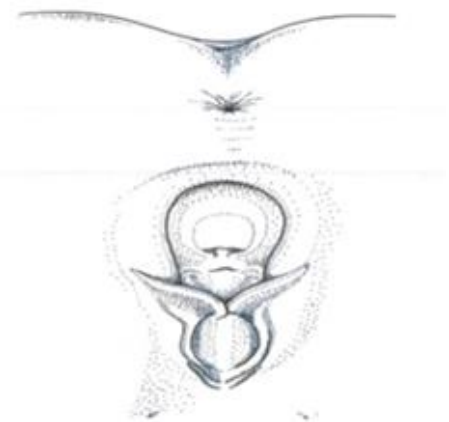
Pediatric Sexual Assault Evidence Collection Kit

Affix kit number label here on both white and yellow copies.

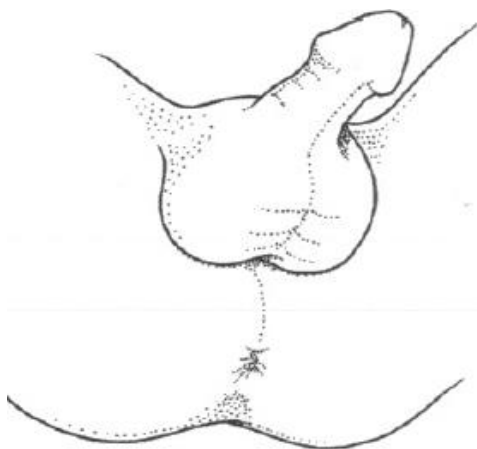
Female Supine



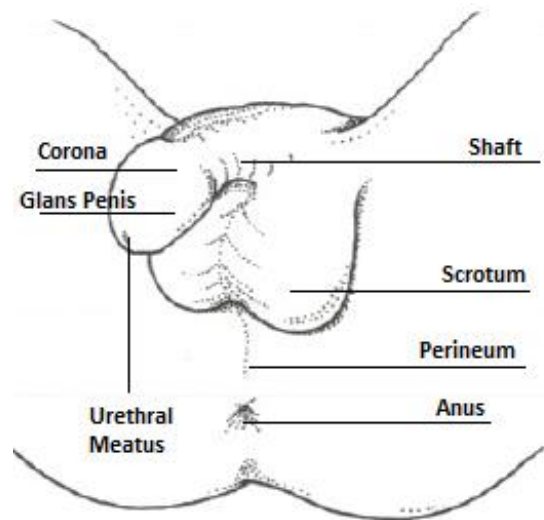
Female Knee-Chest



Male Ventral View



Male Dorsal View



Clinician's Signature

Print Name

Date

White Copy: Store in Hospital Records Department  
Yellow Copy: Return to Kit Box

**Form 5: Genital Examination**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

Affix kit number label here on both white  
and yellow copies.

**ASSESS STRUCTURES THAT ARE VISUALIZED DURING THE EXAMINATION**

Tanner Stages/Sexual Maturity Rating:

Breast: ☐1 ☐2 ☐3 ☐4 ☐5Genitals: ☐1 ☐2 ☐3 ☐4 ☐5

Female Genitalia	NL	ABN	Describe
Labia Majora			
Labia Minora			
Clitoral Hood			
Female Circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Perineum			
Periurethral Tissue/Urethral Meatus			
Perihymenal Tissue (vestibule)			
Hymen			
Posterior Commissure/ Fourchette			
Fossa Navicularis			
Vaginal Discharge	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Positions used for female genital exam: <input type="checkbox"/> Supine frog-leg <input type="checkbox"/> Lithotomy <input type="checkbox"/> Knee-Chest <input type="checkbox"/> Other (specify): _____			
Is the patient pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO LMP: _____			
<b>EXAM DONE WITH</b>	<b>YES</b>	<b>NO</b>	
Direct Visualization			
Colposcope/Medscope Exam			
Magnification			
<b>Speculum exam is indicated <u>ONLY</u> in post-menarcheal females, or if child requires an exam under general anesthesia.</b>			
	<b>NL</b>	<b>ABN</b>	<b>Describe</b>
Vagina			
Cervix			

Male Genitalia	NL	ABN	Describe
Penis			
Circumcised	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Urethral Meatus			
Urethral Discharge	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Scrotum			
Testes			
<b>PERIANAL EXAM</b>			
Buttocks			
Perianal Skin			
Anus			
Positions used for anal exam: <input type="checkbox"/> Supine <input type="checkbox"/> Knee-Chest <input type="checkbox"/> Lithotomy <input type="checkbox"/> Lateral-recumbent <input type="checkbox"/> Other (specify): _____			

**Further description of genital injuries/discomfort and exam, if necessary:****If Exam Findings Require Further Evaluation**

- ☐Refer to CAC Pediatric SANE/Physician  
☐Refer to Child Protection Team Physician

**If selected, refer to CAC/Child Protection Team  
Resource List included in the exterior kit envelope.****ASSESSMENT (Complete only if you have been trained  
to make a child sexual abuse assessment)**

- ☐Normal Exam\*  
☐No Consensus  
☐Abnormal

(Adams – Revision 2016)

\*The absence of specific findings neither confirms nor  
refutes the occurrence of sexual abuse**Clinician's Signature****Print Name****Date**

White Copy: Store in Hospital Records Department

Yellow Copy: Return to Kit Box

REOMA(P): FORM5 4/18

# PLEASE UNFOLD FORM BEFORE COMPLETING

## Form 6: Evidence Inventory List/Mandatory Reports

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

Affix kit number label here on both white and yellow copies.

Bedding/clothing presented to clinician by parent/guardian/EMS/police? ☐ YES ☐ NO

If yes, document name of person and relationship to child, or name agency, and include ID/badge number:

Please indicate which pieces of evidence you collected by checking the appropriate boxes below.

\*If an evidence step is omitted, please indicate whether it was not indicated (N/I), or not tolerated (N/T).

Step Number	Description of Evidence Collection	Yes	NO*	
			N/I	N/T
1	Kit Forms 1-7 Completed			
2	Clothing/Foreign Material Collection			
3	Oral Swabs and Smear			
4	DNA Saliva Collection Kit			
5	External Genital Swabs			
5A	Vaginal Swabs* Only on post-menarcheal females			
6	Perianal Swabs			
7	Anal Swabs and Smear			
8	Additional Swabs (ensure the envelope is marked where the swabs are collected from and why)			
9	Bite Marks			
10	Fingernail Swabs			
11	Toxicology Testing			
12	Head Hair Examination			
Clothing (Transport Bag)	Contents in Evidence Transport Bag (Do not put evidence kit box inside the transport bag)			

Name of Clinician: \_\_\_\_\_

Signature of Clinician: \_\_\_\_\_

Date: \_\_\_\_\_ Hospital/CAC: \_\_\_\_\_

### MANDATORY REPORTING REQUIREMENTS

☐ 51A Child Abuse Report Completed

☐ Pediatric Provider Sexual Crime Report Completed

Clinician's Signature

Print Name

Date

White Copy: Store in Hospital Records Department

Yellow Copy: Return to Kit Box

REOMA(P): FORM6 4/18

**Form 7: Medical Treatment and Discharge Instructions**

Commonwealth of Massachusetts

Pediatric Sexual Assault Evidence Collection Kit

Affix kit number label here on both white  
and yellow copies.

Your child has been examined and is ready to leave. We know that this may be a very stressful time for you and your child. This form will review what tests were done on your child and help remind you of things to do in the next few days and weeks. You may find it helpful to share this form with your child's primary care clinician.

**Laboratory Testing Completed** ☐ None Indicated**Urine Testing:** ☐ Urine C&S ☐ UA **Urine for Gonorrhea/Chlamydia:** ☐ **Urine for Trichomoniasis:** ☐**Culture:** ☐ Source: \_\_\_\_\_**Other Testing:** \_\_\_\_\_**Serum Testing Ordered** ☐ None Indicated**Hepatitis B Screen:** ☐ Hep B sAb ☐ Hep B sAg ☐ HepB cAb**Hepatitis C Screen:** ☐ Hep C Ab**Syphilis Serology** ☐ **HIV** ☐ **HSV 1 and 2 IgG and IgM** ☐**Other:** ☐ CBC with diff ☐ AST ☐ ALT ☐ Creatinine **Other testing :** \_\_\_\_\_**Antibiotic/Antiviral Medications** (document administration on appropriate ED record)**Antibiotic Given or Prescribed:** ☐ Not IndicatedA. Drug and Dose: \_\_\_\_\_ ☐ Given ☐ PrescribedB. Drug and Dose: \_\_\_\_\_ ☐ Given ☐ Prescribed**Antiviral (HIV PEP) Given or Prescribed:** ☐ Not IndicatedA. Drug and Dose: \_\_\_\_\_ ☐ Given ☐ PrescribedB. Drug and Dose: \_\_\_\_\_ ☐ Given ☐ Prescribed**Hepatitis B Vaccine:** ☐ Not Indicated **Brand Name and Dose Given:** \_\_\_\_\_**Tetanus Toxoid:** ☐ Not Indicated ☐ UTD Dose: \_\_\_\_\_ ☐ Tetanus Vaccine Administered**Pregnancy Testing** ☐ Not Indicated ☐ Urine HCG ☐ Serum HCG **Result:** \_\_\_\_\_

Pregnancy Prevention Medication (ONLY if within 120 hours of possible penile-vaginal penetration)

☐ Not Indicated☐ Pregnancy Prevention Medication ☐ Given or ☐ Prescribed **Drug and Dose:** \_\_\_\_\_**Medical Aftercare Instructions**☐ Follow-up with Primary Care Provider☐ Follow-up with CAC Medical Pediatric SANE/Physician **Name & Phone:** \_\_\_\_\_☐ Follow-up with Child Protection Team Physician **Name & Phone:** \_\_\_\_\_☐ Other: \_\_\_\_\_☐ I have received a written copy of discharge instructions and have had any questions answered.**Parent/Guardian Signature:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_