



VOLUME 1: GOVERNANCE AND ADMINISTRATION	Effective Date: 12/2003
CHAPTER 16	Revision Date: 07/2017
1.16.2 PRISON RAPE ELIMINATION ACT PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

California Correctional Health Care Services (CCHCS) shall provide medically necessary emergency and follow-up treatment and care plans and necessary referrals for CCHCS patients who are identified as possible victims or suspects of sexual violence, staff sexual misconduct, and/or sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation’s (CDCR) Prison Rape Elimination Act policy, as outlined in Article 44 of the Department Operations Manual (DOM). This procedure applies to all CCHCS patients, including those whose reported assaults occurred more than 72 hours prior to the time of reporting where a forensic medical examination may not be indicated. There is no cost to the alleged victim, regardless of whether they name the abuser or cooperate with any investigation arising from the incident.

II. DEFINITIONS

Sexual Assault Response Team: A coordinated interdisciplinary team of law enforcement, prosecution, contract medical, and advocacy experts collaborating to meet the forensic needs of the criminal justice system and the medical and emotional needs of the victim of sexual violence or staff sexual misconduct.

Suspect: A person who attempts to commit or commits sexual violence, staff sexual misconduct, or sexual harassment.

Victim: A victim is a patient who has been subjected to inmate sexual violence, staff sexual misconduct, or sexual harassment.

III. RESPONSIBILITY

Health care staff is responsible to:

- Provide emergency care until the alleged victim and suspect can be sent to an outside contracted county Sexual Assault Response Team (SART) facility for a forensic medical examination and treatment, and/or hospital for medical stabilization;
- Determine and identify any injuries sustained by the alleged victim and suspect;
- Ensure follow-up testing for pregnancy, sexually transmitted infections/diseases (STI/STD), and Human Immunodeficiency Virus (HIV) as indicated; and
- Provide follow-up health care as indicated.

IV. PROCEDURE

A. Initial Encounter

When it is reported that a patient is the victim of sexual violence or misconduct, CDCR and CCHCS staff shall immediately investigate the allegation. Incidents may be reported orally or in writing by the patient, by another inmate, by a staff member, in an inmate appeal, etc.

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1. Incidents reported within 72 hours of the event – Institutional Setting.
 - a. Licensed Health Care Staff shall:
 - 1) Assess and identify any urgent/emergent injuries sustained by the alleged victim and suspect.
 - 2) Provide necessary and immediate emergency medical care to the victim and suspect.
 - 3) Document any injuries sustained by the alleged victim and suspect on a CDCR 7219, Medical Report of Injury or Unusual Occurrence, in addition to documenting the assessment and care provided in the patient's health record.
 - 4) Provide a copy of the CDCR 7219 to custody staff.
 - 5) Ensure the patient and suspect do not shower, remove clothing, use rest room facilities, or consume any liquids prior to providing emergency treatment.
 - 6) To the extent possible, maintain physical separation (visual and auditory) between the alleged victim and suspect(s).
 - 7) Notify the patient of health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment and the limitations of confidentiality at the initiation of services.
 - 8) Notify the Watch Commander of the incident.
 - 9) Notify the Investigative Services Unit (ISU) staff of the incident. The ISU shall collect any clothing that is discarded in the course of providing emergency treatment.
 - b. The Chief Medical Executive, or designee shall review the medical documentation of the incident.
 - c. The need for a forensic medical examination is determined pursuant to criteria within DOM, Sections 54040.9, 54040.12.1, and 54040.12.2. If a forensic medical examination is required, the Triage and Treatment Area (TTA) Registered Nurse (RN) shall complete the CDCR 7252, Request for Authorization of Temporary Removal for Medical Treatment, and deliver it to the Watch Commander.
 - d. Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted county SART facility for examination if deemed appropriate as indicated in DOM, Section 54040.12.1.
 - 1) The outside contracted county SART team is responsible to offer the following:
 - a) Tests for STI/STDs and HIV as medically appropriate for patients who are victims or suspects of sexual abuse.
 - b) Pregnancy tests for patients who are victims of sexually abusive vaginal penetration.
 - c) A forensic medical examination for patients who are alleged victims and suspects of sexual violence.
 - e. All involved health care staff shall complete a CDCR 837-C, Crime/Incident Report Part C-Staff Report, to include documentation of all statements made by the victim and suspect and provide a copy of the CDCR 837-C to custody staff.
2. Incidents reported after 72 hours of the event – Institutional Setting
 - a. A CCHCS health care provider shall interview the patient(s) (including victim and suspect) and document a comprehensive history to include STI/STD history, description of the attack, type of sexual contact, type of physical injuries (to

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include genital or mucosal injuries), and occurrence of bleeding in the patient's health record. The health care provider shall:

- 1) Complete a physical examination pertinent to any symptoms or injuries reported by the patient(s) including a targeted physical examination of skin, mucosa, genitals, and rectum (if involved) as indicated, and document findings.
 - 2) Review STI/STD history of alleged suspect(s) and order appropriate test(s) for STI/STD if indicated.
 - 3) Assess the physical injuries and the likelihood of transmission of STI/STDs.
 - 4) Provide indicated treatment for symptoms and injuries based on the history and physical examination.
 - 5) Record any injuries noted during the examination of the alleged victim and suspect on a CDCR 7219 and provide a copy to custody staff.
- b. The custody supervisor shall proceed with the investigation pursuant to DOM, Section 54040.12.2.
3. Incidents occurring outside an Institutional Setting
- a. When a patient who is 18 years of age or older alleges he/she was the victim of sexual violence or misconduct that occurred outside of an institutional setting and requests that the incident be reported or upon receipt of a custody referral for the same situation, health care staff shall:
 - 1) Obtain authorization from a patient to release information through completion of the CDCR 7552, Prison Rape Elimination Act Authorization for Release of Information.
 - 2) Submit the CDCR 7552 to the ISU for appropriate reporting.

B. Follow-up Care

1. Return to the TTA from the outside contracted county SART Facility
 - a. Upon the return of the patient from the forensic medical examination, the patient shall be assessed pursuant to Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4, Chapter 8, Outpatient – Specialty Services.
 - b. Upon return to the TTA from the outside contracted county SART facility, the TTA RN shall refer the patient for an emergent Suicide Risk Evaluation (SRE).
 - c. If not completed at the initial encounter, the health care provider shall:
 - 1) Document a comprehensive history to include STI/STD history, description of the attack, type of sexual contact, type of physical injuries (to include genital or mucosal injuries), occurrence of bleeding, and initial treatment provided by the forensic medical examiner (to include pregnancy test, HIV prophylaxis, etc.).
 - 2) Conduct a targeted physical examination of skin, mucosa, genitals, and rectum (if involved) and provide detailed documentation of the findings.
 - 3) Assess physical injuries and the likelihood of transmission of STI/STDs based on the history and physical examination.
 - 4) In addition to treating physical injuries, offer and obtain consent for evaluation and treatment of STI/STDs and other tests as indicated to include:
 - a) Gonorrhea and Chlamydia
 - b) HIV
 - c) Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV)
 - d) Syphilis

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- e) Urethritis and proctitis
 - f) For female patients obtain appropriately timed tests as indicated:
 - Pregnancy test
 - Human Papillomavirus (HPV) test
 - Treat or prophylaxis for bacterial vaginosis as indicated.
 - Treat or prophylaxis for trichomonas infection as indicated.
 - Offer emergency contraception if necessary.
- 5) Offer Hepatitis B vaccine series (give initially, one month later, and six months after first dose unless patient is known to have Hepatitis B immunity).
- d. A copy of the forensic medical examination shall be placed in the patient's health record.
2. Mental Health Referrals
- a. For patients reporting sexual assault and who were referred for an outside contracted county SART forensic medical examination, within four hours after return from or refusal of the examination, a mental health clinician shall complete an emergency mental health evaluation. The evaluation shall include an SRE/Suicide Risk Assessment or a Self-Harm Evaluation (SRASHE), and the mental health clinician shall determine the need for mental health treatment and/or monitoring and arrange for necessary mental health follow-up services.
 - b. For those who were not referred for an outside contracted county SART forensic medical examination, by the next business day, a mental health clinician shall complete a mental health evaluation. The evaluation shall include an SRE or an SRASHE, and the mental health clinician shall determine the need for mental health treatment and/or monitoring and arrange for necessary mental health follow-up services.
3. Pregnancy Services
- If a pregnancy results from sexual abuse, victims shall receive timely and comprehensive information and timely access to all lawful pregnancy related services.

V. MANAGEMENT AND SUSTAINABILITY

- A. Institution leadership shall designate a standing committee that reports to the local Quality Management (QM) Committee for oversight of the health care response to PREA incidents. The committee shall:
- 1. Conduct a review of each PREA incident.
 - 2. Take corrective action to resolve and/or elevate concerns identified in the review.
 - 3. Document the review and forward any action to the local QM Committee.
- B. The CEO and institution leadership team shall establish an ongoing monitoring program to periodically assess the quality of sexual assault services and adherence to this procedure. The monitoring process shall include, but is not limited to:
- 1. Feedback about skills required to successfully support the patient's access to appropriate services under the Federal PREA Act.
 - 2. A review of each incident.
 - 3. Timeliness of response.
 - 4. Coordination with custody to ensure access to necessary services.

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5. Coordination with the designated outside contracted county SART providers.
 6. Coordination and timeliness of referrals to Mental Health Services
 7. Adherence to policy guidelines, protocols, and decision support tools.
 8. Recognition of patient care needs that fall outside the scope of what is provided by the Emergency Response Team and appropriate and timely referral.
 9. Effective communication with identified patients in accordance with IMSP&P, Volume 1, Chapter 28.1 and 28.2, Effective Communication Documentation Policy and Procedure.
- C. Institutional Leadership shall ensure that all institution health care staff are trained in their responsibilities as outlined in this procedure and the PREA. A system for the orientation, mentoring, and cross-training of all critical positions in the response to sexual assaults shall be developed and maintained.

VI. ATTACHMENTS

- Attachment A: Treatment Recommendation for Evaluation and Follow-up for Sexual Assaults

VII. REFERENCE

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

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ATTACHMENT A

TREATMENT RECOMMENDATION FOR EVALUATION AND FOLLOW-UP FOR SEXUAL ASSAULTS

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