

# Hospital- Sex Trafficking Pediatric Care Protocol Guide\*

## Policy:

Patients who present to the Emergency Department with a reported complaint of a sexual assault/sex trafficking/labor trafficking/forced labor should be assessed and treated for Life/Limb threatening injuries prior to evaluation of the sexual assault.

## Purpose:

To provide a plan of care for sex trafficking victims in alignment with policies of Voice of Hope (VOH) formerly Lubbock Rape crisis center (LRCC), forensic nurse (FN), the district attorney's office (Sexual Assault Response Team–SART), office of the attorney general (OAG), this guide has been developed to provide the victim patient centered medical care and protect his/her legal rights.

## Equipment:

1. Sexual Assault Process form
2. LPD consent forms provided by LPD
3. Rape Evidence Collection Kit
4. Sterile normal saline, sterile containers
5. Medical supplies as necessary
6. Colposcope/SDFI camera
7. Specimen dryer

## Triage Rating:

Emergent

## Procedure:

1. The victim should be triaged, addressing any life/limb threatening injuries immediately.
2. The ED Physician should immediately treat all life/limb threatening injuries.
3. The triage nurse should assess
  - a. When the assault occurred
  - b. Legal Jurisdiction where the assault occurred
  - c. History of possible injuries and/or complaints
  - d. Past medical history
  - e. Further triage assessment to include allergies, current medications, LMP, last immunization, complete set of vital signs including pain scale, GCS, height and weight.
4. The triage nurse should NOT inquire concerning any details of the sexual assault
5. The triage nurse should notify VOH, FN on call and Law enforcement agency with jurisdiction
6. The sexual assault history should be obtained by FN

## Contacting Agencies

1. Several agencies are contacted to report the assault if it has not already been reported. If the assault has been reported, the appropriate Law Enforcement Agency will have a case number to provide to the nurse to document in the medical record.
  - a. Case Number - Triage/CN should document the "Case Number" on the ED chart. If a case number is not given over the phone the CN/PCN should ask the presenting officer

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- for their Badge Number and “Case Number” and document both numbers on the ED chart
2. Notify Voice of Hope at 806-763-7273 (763-RAPE) to provide emotional support and services for the victim/family
    - a. A Sexual Assault Victim Advocate can be called to be present with the victim during her Forensic Exam.
    - b. National HT Hotline 888-373-7888
  3. CARE Referral for SANE exam and emotional and mental support services if over 96 hours since assault occurred. 806-743-7770
  4. Offer spiritual care to all sexual assault victims/families
    - a. Document victim’s families’ acceptance or decline of SANE record

## Evaluation of the Victim

1. The victim should be placed in a quite private room, registered by Admitting and designated as a “No Information Patient”
  - a. Sexual Assault history should be obtained by the FN. No one including emergency center staff should be allowed in the room during this time for legal reasons. A Sexual Assault Victim Advocate is allowed to accompany the victim.
    - i. The Emergency center should provide the FN with the patient’s Medical Record and 4 sheets of patient labels.
    - ii. The FN should perform the Forensic Medical Examination, following the SANE protocol.
    - iii. The FN will discuss pregnancy and sexually transmitted infection medication treatment with the patient. Prophylaxis medications will be ordered using the Standing SANE Protocol order set found on the \*\* hospital Intranet\*\*
    - iv. The FN should consult with the Emergency Center physician for any recommended treatment for injuries identified during the Forensic Exam. The physician should determine if the patient may be discharged or if inpatient admission is necessary.
    - v. If the victim is unstable the FN exam will be performed in the patient’s room.
  - b. If greater than 96 hours and evaluation is not performed by SANE/Forensic RN and you suspect the victim is accompanied by their assailant or possible trafficker, effort should be made to examine the patient separately.
5. Primary Care Nurse assigned to victim should perform an initial RN assessment.
  - a. Instruct victim to not smoke, eat, drink or void if possible. If the victim must void, collect a urine sample.
  - b. Document all notification on the Sexual Assault Process Form.
  - c. If any “Red Flags” are determined to be present, effort should be made to speak with the patient alone. Bring in a social worker or advocate whenever possible and use a professional neutral interpreter when indicated
    - i. Red Flags
      1. Someone else is speaking for the patient
      2. Patient is not aware of his/her location, the current date or time
      3. Patient exhibits fear, anxiety, PTSD, submission or tension

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4. Patient shows signs of physical/sexual abuse, medical neglect or torture
5. Patient is reluctant to explain his/her injury
6. Following the Forensic Exam, the victim and care giver will return to the Emergency Department for medical treatment and disposition or discharge.
  - a. The FN and ED physician will discuss treatment plans for sexually transmitted infections and pregnancy prophylaxis.
    - i. The SANE nurse should consult the ED physician for recommended treatment for any injuries identified during the Forensic Medical Exam.
    - ii. The physician will determine if the victim is discharged or admitted
  - b. If the victim and /or parents choose treatment, complete and scan SANE order sets
  - c. If the victim and/or parents need more time to consider treatment options, the physician can write a prescription to fill at a local pharmacy and taken later if chosen.
7. Notify Additional Authorities
  - a. Notify Children’s Protective Service if the abuser/perpetrator is a family member/caregiver
  - b. Refer to Local Resources List to identify additional appropriate organizations to contact.
8. Discharge instructions should include referrals, Sexual Assault Instruction Sheet and the Texas Department of State Health Service “Information Sheet for Sexual Assault Patients”.
  - a. Consider discreet information sheets or telephone numbers as victim may be at risk if trafficker or perpetrator finds literature.
9. Follow the normal admission process for any patient requiring admission

## Diagnostics:

1. Urine or serum pregnancy test

## Points:

1. Tetanus Toxoid may be indicated if lacerations are present and victim’s immunizations are not current
2. Hepatitis B Vaccine may be indicated if the victim's immunizations are not current.
3. Contact Case Manager On-Call for referral assistance as needed. Notification should be document on ED Chart.

## \* Lubbock County Medical Society General Resource 1/2018

*\*These model policies are intended to provide a basis for drafting policy which meets the needs of hospital medical staffs and are not intended to provide advice on any special legal matter. The Lubbock County Medical Society provides these model policies with the express understanding that 1) no attorney-client relationship exists, 2) LCMS is not engaged in providing legal advice and 3) that the information is of a general character. This is not a substitute for the advice of an attorney.*

*\*No model policy can be expected to meet the exact needs of all hospital medical staffs. As such, these policies should be modified as appropriate prior to adoption. These model policies are provided for the use of hospital medical staffs in consultation with their attorneys.*

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## Reference:

Emergency Nurse Association, (2007) *Trauma Nursing Core Course (TNCC) Provider Manual*. (Sixth ed.) Des Plaines, IL: Emergency Nurses Association.

Emergency Nurse Association. (2004). *ENPC Emergency Nursing Pediatric Course Provider Manual*. (Third ed.). Des Plaines. IL: Emergency Nurses Association.

*Texas Attorney General*. (2011, March 30). Retrieved from <https://www.oag.state.tx.us/victims/sapcs.shtml>

HEAL Trafficking and Hope for Justice, (2017) Protocol Toolkit for Developing a Response to Victims of Human Trafficking.