



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADULT SEXUAL ASSAULT

POLICY NO. 332A

CATEGORY: Safety	EFFECTIVE DATE: 3/99
POLICY CONTACT: Dr. Andrea Wu	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide guidelines for mandated reporting of alleged or suspected adult sexual assault (Health and Safety Code Section 1281 and Penal Code Section 13823.9).

DEFINITION:

Sexual Assault: Coerced sexual activity. Coercion may range from unwanted sexual touching or contact to physical force. The assault may involve rape, anal penetration, oral copulation, or penetration of a genital or anal opening by a foreign object. A friend, family member, stranger, or an intimate partner as in domestic violence may cause sexual assault. Adult victims of sexual abuse may be brought to the hospital by law enforcement personnel, or they may self-identify during medical evaluation for a related or unrelated complaint.

POLICY:

1. All health care practitioners are required to report incidents of alleged or suspected adult sexual assault in which medical care is sought.
2. Adult victims of sexual assault should only be referred to the Department of Emergency Medicine (DEM) for evaluation and treatment when there is an acute medical need.

PROCEDURE:

A. Evaluation and Treatment

1. Interview adult victims of alleged sexual assault in a private setting that is conducive to both confidentiality and safety.
2. Specific treatment guidelines (evidence preservation, consideration for prophylaxis for sexually transmitted infection and HIV post exposure prophylaxis, emergency contraception, vaccines, etc.), can be found as order sets in the electronic health record.

REVISED: 12/01, 2/05, 10/07, 11/14, 11/19, 10/22

REVIEWED: 12/01, 11/14, 11/19, 10/22

APPROVED BY: _____

Anish Mahajan, MD
Chief Executive Officer
Chief Medical Officer

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Chief Nursing Officer



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B. Reporting Guidelines

1. A health care provider evaluating a patient for sexual assault related injuries is responsible for reporting the sexual assault.
2. When filing a report, the treating provider should do the following:
 - a. **Victim brought to the hospital by law enforcement personnel:**
 1. Complete the State of California Governor's Office of Emergency Services (CAL OES 2-923) (Attachment I) and submit along with any evidence that has been collected (such as clothing in paper bag, dirty catch urine, etc.), to the law enforcement personnel accompanying the patient.
 2. Place a hard copy of this form in the patient's medical record.
 - b. **Victim presents unaccompanied by law enforcement personnel:**
 1. Notify the Los Angeles County Sheriff's Department (LASD), who will notify the appropriate law enforcement agency.
 2. Complete the State of California Governor's Office of Emergency Services (CAL OES 2-923) (Attachment I) and submit along any evidence that has been collected (such as clothing in paper bag, dirty catch urine, etc.), to law enforcement personnel when they arrive
 3. Place a hard copy of the form in the patient's medical record
3. Consult the Clinical Social Work Department for psychological support and other referrals to community resources as needed, including a referral to Trauma Recovery Center.
4. LASD will coordinate with outside law enforcement personnel to interview the patient to determine if patient needs to go to a Sexual Assault Response Team center for forensic evidence collection. This forensic evidence collection should occur within 5 days of the assault. Law enforcement is responsible for contacting the SART closest to the hospital. Patient can be transported to the SART by law enforcement or by private vehicle. Of note, SART centers are only able to prescribe emergency contraception and treat STIs. If the patient needs HIV PEP, labs, Tdap, HPV, Hep B vaccines, those will need to be done prior to transport to SART
5. On a case-by-case basis, SART staff could come to the hospital for forensic exam if patient is unable to be safely discharged.

REFERENCES:

Health and Safety Code Section 1281 and Penal Code Section 13823.9 Form CAL OES 2-923 is available on the following web site: www.caloes.ca.gov

Reviewed and approved by:
Medical Executive Committee 10/2022

Beverley A. Petrie, M.D.
President, Professional Staff Association

State of California
Governor's Office of Emergency Services
(www.caloes.ca.gov)

**FORENSIC MEDICAL REPORT:
ACUTE (<120 HOURS)
ADULT/ADOLESCENT
SEXUAL ASSAULT EXAMINATION**

CAL OES 2-923

July 2018



For copies of this form or assistance in completing
the Cal OES 2-923, please contact

California Clinical Forensic Medical Training Center
(916) 930-3080 or www.ccfmtc.org

**FORENSIC MEDICAL REPORT: ACUTE (<120 HOURS)
ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION**

STATE OF CALIFORNIA

Governor's Office of Emergency Services

Cal OES 2-923

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of medical facility:

1. Name of patient

Patient ID number

2. Address

City

County

State

Telephone

(C)

(W)

3. Age

DOB

Gender

M

F

Ethnicity

Arrival date

Arrival time

Discharge date

Discharge time

B. REPORTING AND AUTHORIZATION

Jurisdiction (City County Other):

1. Telephone report made to law enforcement agency

Reported by:

Name of Officer

Agency

ID Number

Telephone

Name

Date

Time

2. Responding Officer

Agency

ID Number

Telephone

3. I request a forensic medical examination for suspected sexual assault at public expense.

TELEPHONE AUTHORIZATION

Agency:

Authorizing party:

ID number:

Date/Time:

Law Enforcement Officer

ID Number

Agency

Telephone

Date

Time

Case Number

C. PATIENT INFORMATION

I understand that hospitals and health care professionals are required by Penal Code sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law.

The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.

_____ (initial)

D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.

_____ (initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.
- I hereby consent to a forensic medical examination for evidence of sexual assault.

_____ (initial)

_____ (initial)

- I understand that data without patient identity may be collected from this report for health and forensic purposes and may be provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic or epidemiological studies.

_____ (initial)

Signature _____

Patient

Parent

Guardian

DISTRIBUTION OF CAL OES 2-923

Original—Law Enforcement

Copy within Evidence Kit—Crime Lab

Copy—Child Protective Services (if patient is a minor)

Copy—Medical Facility Records

E. PATIENT HISTORY

1. Name of person providing history Relationship to patient Date Time

2. Pertinent medical history

Are you menstruating now? Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? Any pre-existing physical injuries?

3. Pertinent pre- and post-assault related history

Other intercourse within past 5 days? Anal (within past 5 days)? Vaginal (within past 5 days)? Oral (within past 24 hours)? If yes, did ejaculation occur? If yes, where? If yes, was a condom used? Any voluntary alcohol use w/in 24 hrs. prior to assault? Any voluntary drug use w/in 120 hrs. prior to assault? Any voluntary drug or alcohol use between the time of assault and forensic exam? *

*Collection of blood-alcohol and urine toxicology samples required on all patients regardless of history.

4. Post-assault hygiene/activity Not applicable if over 120 hours

Urinated? Defecated? Genital or body wipes? Douched? Removed/inserted Oral gargle/rinse? Bath/shower/wash? Brushed teeth? Ate or drank? Changed clothing?

5. Assault-related history

Loss of memory? Lapse of consciousness? Vomited? Non-genital injury, pain, and/or bleeding? Anal-genital injury, pain, and/or bleeding?

Patient Identification

F. ASSAULT HISTORY

1. Date of assault(s) Time of assault(s)

2. Pertinent physical surroundings of assault(s)

Table with columns: 3. Alleged assailant(s) name(s), Age, Gender (M, F), Ethnicity, Relationship to Patient (Known, Unknown). Rows #1 to #4.

4. Methods employed by assailant(s)

Weapons? Threatened? Injuries inflicted? Type(s) of weapons? Physical blows? Grabbing/holding/pinching? Physical restraints? Strangulation/choking? Burns (thermal and/or chemical)? Threat(s) of harm? Target(s) of threat(s)? Other methods? Involuntary ingestion of alcohol/drugs?

*Collection of blood-alcohol and urine toxicology sample required on all patients regardless of history.

5. Injuries inflicted upon the assailant(s) during assault?

If yes, describe injuries, possible locations on the body, and how they were inflicted:

G. ACTS DESCRIBED BY PATIENT

- Any penetration of the genital or anal opening, however slight, constitutes the act.
- Oral copulation requires only contact.
- If more than one assailant, identify by number.

Patient Identification

1. Penetration of vagina

- By penis? No Yes Attempted* Unsure*
- By finger? No Yes Attempted* Unsure*
- By object? No Yes Attempted* Unsure*

If yes, describe the object: _____

*Describe: _____

2. Penetration of anus

- By penis? No Yes Attempted* Unsure*
- By finger? No Yes Attempted* Unsure*
- By object? No Yes Attempted* Unsure*

If yes, describe the object: _____

*Describe: _____

3. Oral copulation of genitals

- Of patient by assailant No Yes Attempted* Unsure*
- Of assailant by patient No Yes Attempted* Unsure*

*Describe: _____

4. Oral copulation of anus

- Of patient by assailant No Yes Attempted* Unsure*
- Of assailant by patient No Yes Attempted* Unsure*

*Describe: _____

5. Non-genital act(s)

- Licking No Yes Attempted* Unsure*
- Kissing No Yes Attempted* Unsure*
- Suction injury No Yes Attempted* Unsure*
- Biting No Yes Attempted* Unsure*

*Describe: _____

6. Other act(s)

- No Yes Attempted* Unsure*

*Describe: _____

7. Did ejaculation occur?

- No Yes Unsure*

- If yes, note location(s)
- Mouth On clothing
- Vagina On bedding
- Anus/Rectum Other
- Body surface

*Describe: _____

8. Contraceptive or lubricant products

- Saliva? No Yes Unsure
- Foam used? No Yes* Unsure
- Jelly used? No Yes* Unsure
- Lubricant used? No Yes* Unsure
- Condom used? No Yes* Unsure

*Describe type/brand, if known: _____

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Blood pressure	Pulse	Resp.	Temp.	2. Exam Started	Completed
				Date & Time	Date & Time
3. Describe general physical appearance			4. Describe general demeanor		

Patient Identification

5. Describe condition of clothing upon arrival

6. Collect outer and under clothing if indicated	<input type="checkbox"/> Not Indicated	7. Conduct a physical examination	<input type="checkbox"/> Findings	<input type="checkbox"/> No Findings
---------------------------------------------------------	----------------------------------------	------------------------------------------	-----------------------------------	--------------------------------------

8. Collect dried and moist secretions, stains, and foreign materials from the body	<input type="checkbox"/> Body Collection(s) Done	<input type="checkbox"/> No Body Collection
-------------------------------------------------------------------------------------------	--------------------------------------------------	---------------------------------------------

Scan the entire body with an ALS (Alternate Light Source) and indicate ALS⊕ if there are findings Findings No Findings

9. Collect fingernail swabbings (Use two (2) microtipped swabs per hand)

Diagram A

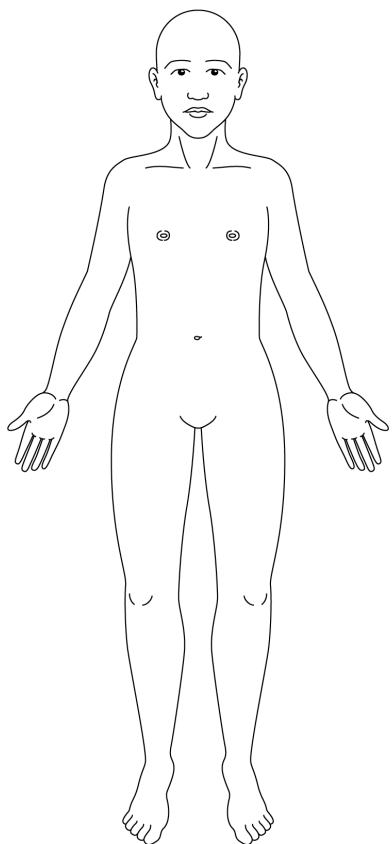
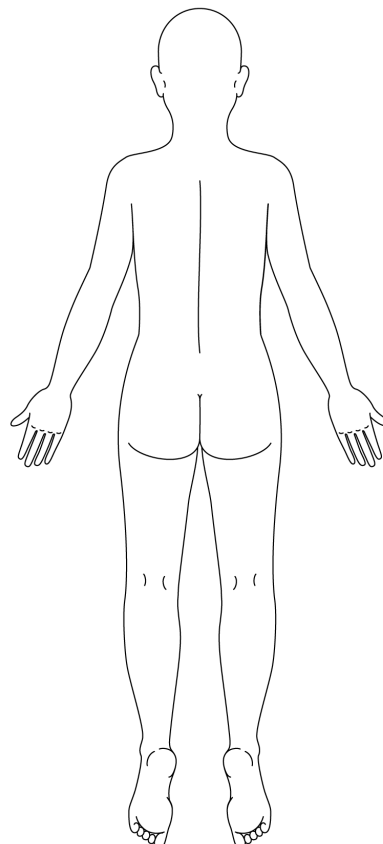


Diagram B



LEGEND: TYPES OF FINDINGS

- | | | | | |
|-------------------------------------|-------------------------------|---------------------------|----------------------------------------------|----------------------------|
| AB Abrasion | DF Deformity | FB Foreign Body | OF Other Foreign Materials (describe) | SI Suction Injury |
| ALS Alternate Light Source ⊕ | DS Dry Secretion | IN Induration | OI Other Injury (describe) | SW Swelling |
| BI Bite | EC Ecchymosis (bruise) | IW Incised Wound | PE Petechiae | TB Toluidine Blue ⊕ |
| BU Burn | ER Erythema (redness) | LA Laceration | PS Potential Saliva | TE Tenderness |
| DE Debris | F/H Fiber/Hair | MS Moist Secretion | SHX Sample Per History | V/S Vegetation/Soil |

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine face, head, hair, scalp, and neck for injury and foreign materials

Findings No Findings

2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck

Collection Done
 No Collection

Scan areas with an Alternative Light Source (ALS) Indicate ALS⊕ if there are findings.

Findings No Findings

Patient Identification

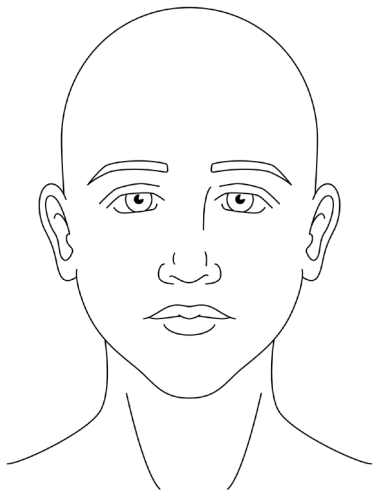
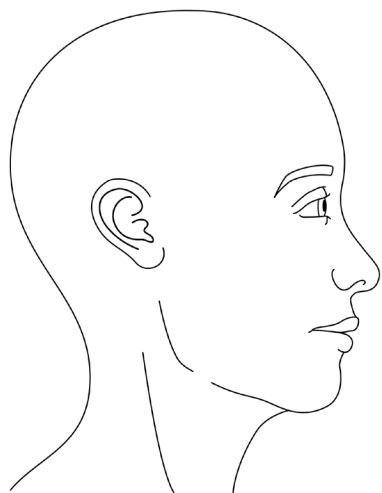
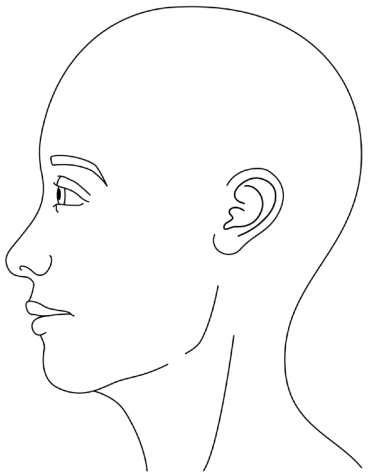
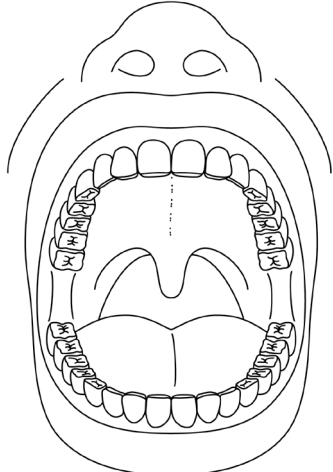
3. Examine the oral cavity for injury and foreign materials

Collect foreign materials.

Findings No Findings

4. Collect two (2) swabs from the oral cavity and swap the perioral area separately with two (2) swabs up to 24 hours post-assault

5. Collect head hair reference samples *only if foreign hair is found*

<p>Diagram C</p> 	<p>Diagram D</p> 
<p>Diagram E</p> 	<p>Diagram F</p> 

LEGEND: TYPES OF FINDINGS

- | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>AB Abrasion
ALS Alternate Light Source ⊕
BI Bite
BU Burn
DE Debris</p> | <p>DF Deformity
DS Dry Secretion
EC Ecchymosis (bruise)
ER Erythema (redness)
F/H Fiber/Hair</p> | <p>FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
MS Moist Secretion</p> | <p>OF Other Foreign Materials (describe)
OI Other Injury (describe)
PE Petechiae
PS Potential Saliva
SHX Sample Per History</p> | <p>SI Suction Injury
SW Swelling
TB Toluidine Blue ⊕
TE Tenderness
V/S Vegetation/Soil</p> |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit	Other clothing placed in bags

2. Foreign materials collected

Swabs/suspected blood No Yes Collected by: _____

Dried secretions No Yes Collected by: _____

Fiber/loose hairs No Yes Collected by: _____

Vegetation No Yes Collected by: _____

Soil/debris No Yes Collected by: _____

Swabs/suspected semen No Yes Collected by: _____

Swabs/suspected saliva No Yes Collected by: _____

Swabs/ALS⊕ areas No Yes Collected by: _____

Fingernail swabbings No Yes Collected by: _____

Matted hair cuttings No Yes Collected by: _____

Pubic hair brushings No Yes Collected by: _____

Absent

Intravaginal foreign body No Yes Collected by: _____

If yes, describe: _____

Other types No Yes Collected by: _____

If yes, describe: _____

3. Other body surface and cavity evidence swabs

	# of swabs	Not applicable	Collected by
Oral			
Perioral			
Neck			
Breasts			
Mons pubis			
Vaginal			
Cervical			
Perianal			
Anal			
Rectal			
Penile			
Scrotal			

M. TOXICOLOGY SAMPLES

Blood-alcohol/toxicology (gray stoppered tube)

No Yes Time: _____ Collected by: _____

Urine toxicology

No Yes Time: _____ Collected by: _____

N. REFERENCE SAMPLES

Collect a buccal swab for DNA reference sample

No Yes Collected by: _____

Head hair, only if indicated

No Yes Collected by: _____

Pubic hair, only if indicated

No Yes Collected by: _____

Patient Identification

O. PHOTO DOCUMENTATION METHODS

Body No Yes Colposcope Digital Camera/Macrolens

Colposcope/Videocamera Other Optics: _____

Genitals No Yes Colposcope Digital Camera/Macrolens

Colposcope/Videocamera Other Optics: _____

Photographed by: _____

P. RECORD EXAM METHODS

Colposcopy No Yes Toluidine Blue Dye No Yes

Other magnifier No Yes Anoscopic exam No Yes

Other No Yes

Loss of Awareness Protocol No Yes

If yes, describe: _____

Q. RECORD EXAM FINDINGS

Physical findings No physical findings

R. SUMMARIZE POSITIVE FINDINGS

S. PRINT NAMES OF PERSONNEL INVOLVED

History taken by: _____ Phone: _____

Exam performed by: _____ Phone: _____

Specimens labeled/sealed by: _____ Phone: _____

Assisted by: N/A _____ Phone: _____

Primary examiner: _____ Phone: _____

Signature: _____ License #: _____

T. EVIDENCE DISTRIBUTION

Clothing (item(s) not placed in evidence kit) Given to: _____

Evidence kit Given to: _____

Blood-alcohol samples Given to: _____

Urine toxicology samples Given to: _____

Buccal swab for DNA reference sample Given to: _____

Head or pubic hair reference samples Given to: _____

(only if indicated)

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: _____

Print name: _____ ID#: _____

Agency: _____

Date: _____ Phone: _____