POLICY

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SUMMARY OF REVISION/REVIEW:

Major changes including title change. Please read carefully!

APPROVED:

Signature on file 9/30/16
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Chief Medical Officer

Date Signed

Signature on file 10/5/16
KEVIN BOVENKAMP,
Acting Assistant Secretary for Health Services

Date Signed

Signature on file 10/6/16
RICHARD “DICK” MORGAN, Secretary
Department of Corrections

Date Signed
POLICY

HEALTH SERVICES MANAGEMENT OF OFFENDERS
IN CASES OF ALLEGED SEXUAL MISCONDUCT

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 18.64.011; RCW 70.24.105; ACA 4-4406; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Response; DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments; DOC 490.850 Prison Rape Elimination Act (PREA) Response; DOC 600.000 Health Services Management; DOC 640.020 Offender Health Records Management; DOC 890.620 First Aid Emergency Medical Treatment; PREA Standards

POLICY:

I. Any offender in partial or total confinement alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. The offender will be offered medical and mental health treatment services that are clinically indicated based upon the evaluation. All forensic medical examinations will be provided at a health care facility in the community.

DIRECTIVE:

I. Reporting

A. Health services employees/contract staff are required to report any knowledge, suspicion, or information regarding sexual misconduct per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. This includes:

1. Any incident of sexual misconduct that occurred in an incarcerated setting,

2. Retaliation against alleged victims and offenders or employees/contract staff who have reported such an incident, and

3. Any employee/contract staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

B. Health care providers will also report information if s/he suspects sexual assault or abuse based on encounters with an offender.

C. Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

II. Medical and Mental Health Treatment Services
A. When an offender reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:

1. If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the offender to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

   a. In facilities with health care services employees/contract staff onsite, the offender will be assessed in person by an appropriate health care provider before transport. The health care provider will:

      1) Only provide emergency medical care per DOC 890.620 First Aid Emergency Medical Treatment to identify potential medical and mental health needs.

      2) Make every effort to preserve forensic evidence during the initial response.

      3) Give the offender information regarding the need for further medical evaluation to determine the:

         a) Extent of injuries,
         b) Testing for and treatment of sexually transmitted infections,
         c) Need for post-exposure prophylaxis for sexually transmitted infections, and
         d) Need for pregnancy prevention, if applicable.

      4) Advise the offender if a forensic medical examination to collect evidence is indicated, and explain to the offender the procedures used.

      5) Request the alleged victim not destroy physical evidence on their bodies (e.g. no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed for transport.

      6) Verify that the offender has not already been sent for a forensic medical examination for the same allegation due to multiple reports.
7) Work with the transportation team to collect the alleged victim’s clothing per DOC 490.850 Prison Rape Elimination Act (PREA) Response.

8) Identify any special needs of the alleged victim (e.g., communication barrier, physical limitations, inability to understand situation).

9) Not disclose information about the victim or perpetrator’s sexually transmitted disease status or the fact that either requested or had an HIV antibody test.

10) Enter an emergency consult into the Offender Management Network Information-Health Services (OMNI-HS) system.

b. The offender will be evaluated at the community health care facility according to their established sexual assault protocol. Department employees of the opposite gender will not be present during the examination unless security concerns require otherwise.

c. Information about the examination and treatment provided at the community health care facility will be returned with the offender or communicated electronically to Department Health Services.

d. Upon return to the facility from the forensic medical examination:

1) The offender will be offered a mental health appointment and, unless the patient declines, will be seen by mental health within one business day.

2) Health Services will complete and close the emergency consult.

   a) In facilities where there are no health services onsite at the time the off-site forensic medical trip occurs, the trip will be coordinated with the Medical Duty Officer. The Health Authority/designee will complete the emergency consult in OMNI-HS on the next business day.

2. If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, offenders will be referred for medical follow-up. The health care provider will evaluate and treat the offender as medically necessary, including testing for and
III. Informed Consent

A. Medical evaluations/treatment and the forensic medical examination will be conducted with the informed consent of the offender, unless the health care provider determines there is an emergency and that the offender is unable to consent.

1. Medical evaluations and treatment in Department facilities may be conducted with informed verbal consent, which will be documented on DOC 13-435 Primary Encounter Report.

2. Community health care facilities may require informed written consent on the facility’s form(s) to conduct forensic medical examinations.

B. In cases of aggravated assault within the preceding 120 hours, if an offender refuses treatment, a health care practitioner will counsel the offender regarding the clinical consequences of refusal.

1. The health care practitioner will inform the offender that medical and/or mental health services may be requested pertaining to the alleged sexual assault, sexual abuse, or staff sexual misconduct if the offender changes his/her mind.

2. The health care practitioner will document the offender’s informed refusal in the offender health record on DOC 13-435 Primary Encounter Report and DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.

3. If the offender is at a community health care facility, the refusal of care may be documented on the community facility’s form(s), with copies distributed to Department Health Services to file in the offender health record.
C. Offenders may refuse all or part of the forensic medical examination after transport to the community health care facility.

1. The refusal must be made to community health care facility personnel and documented on the community facility’s form(s), with copies distributed to Department Health Services to file in the offender health record.

IV. Follow-Up Procedures

A. Follow-up appointments with a health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:

1. Assess the offender’s physical and emotional status.

2. Review the consultation sheet from the community health care facility to determine if all the medical aspects of the evaluation were completed.

3. Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases. [4-4406]

4. Offer pregnancy testing and other lawful pregnancy-related medical services, if applicable.

5. Provide additional crisis intervention, mental health treatment, and follow-up for trauma as clinically indicated.

B. [4-4406] When appropriate and necessary, the facility Health Authority may discuss any indicated housing reassignment with the Superintendent/Work Release Administrator.

C. All health information related to the evaluation and subsequent follow-up care will be maintained in the offender’s health record and only disclosed per DOC 640.020 Offender Health Records Management.

V. Mental Health Evaluations for Substantiated Perpetrators

A. Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving the information for all offenders who have been identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions unless one has already been conducted for the specific allegation.
1. Patient refusal or no-show will be documented on DOC 13-435 Primary Encounter Report or DOC-13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.

2. The offender will be offered treatment as deemed necessary by qualified mental health professionals.

VI. Arrangements with Community Hospitals for Forensic Exams

A. The Health Authority at each Prison and at Rap House/Lincoln Park Work Release will make arrangements in advance of need with a health care facility in the community with specially educated and clinically prepared forensic medical examiners to evaluate offenders who have reported sexual assault, sexual abuse, and/or staff sexual misconduct.

B. The Health Authority will discuss procedures with and ensure that the community health care facility is prepared to:
   1. Take a medical history of the offender’s injury,
   2. Conduct a forensic medical examination to collect evidence and document the extent of physical injury,
   3. Provide initial medical treatment,
   4. Collect and maintain a chain of evidence for subsequent prosecution, and
   5. Provide Department health care personnel with the medical information and reports necessary for the Department to provide follow-up care.

C. The name of the facility used for the examination will be maintained on the reference list of facilities used for off-site services per DOC 600.000 Health Services Management.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Health Care Practitioner, Health Care Provider, Mental Health Professional. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:
DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment
DOC 13-435 Primary Encounter Report