VDH VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
www.vdh.virginia.gov/licensure-and-certification/

Model Documents Committee
Task Force on Services for Survivors of Sexual Assault

Agenda

August 20, 2021 – 11:00 a.m.
VIA WEBEX

The public may sign up to virtually attend through
https://covaconf.webex.com/covaconf/j.php?RGID=rff6e39dd92b8ddff34edcfd0f30b5698

NOTE: Task Force Members should join the meeting using the WebEx link they received by email.

1. **Call to Order and Introductions** – *Alexandra Jansson, Senior Policy Analyst, Governmental and Regulatory Affairs, Virginia Department of Health*

2. **Review of Agenda** – *Ms. Jansson*

3. **Public Comment**

4. **Presentations and Discussion**

   4.1. **Model Transfer Plan for Adult Survivors of Sexual Assault –** *Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*

   4.2. **Discussion on Model Transfer Plan for Adult Survivors of Sexual Assault** – *Task Force Members, Ms. Allen, and Ms. Jansson*

5. **Next Steps** – *Ms. Allen and Ms. Jansson*

6. **Other Business** – *Ms. Allen and Ms. Jansson*

7. **Meeting Adjournment**

Model Documents Committee
(Task Force on Services for Survivors of Sexual Assault)

August 20, 2021 at 11:00 AM
Virtual Meeting
WebEx

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

CALL TO ORDER AND INTRODUCTIONS

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Introductions

Named Members in the Code of Virginia	
Name	**Constituency**
Maria Altonen	Violence Prevention Coordinator, Department of Health(designee of M. Norman Oliver, State Health Commissioner)
Jennifer Boysko	Senate Rules Committee
Kelly Convirs-Fowler	House of Delegates
Karrie Delaney	House of Delegates
Mark Herring	Attorney General
Caren Sterling	Deputy Director, Bureau of Criminal Investigation, Department of State Police (designee of Gary Settle, Director of Department of State Police)
Gena Boyle Berger	Chief Deputy Commissioner, Department of Social Services (designee of Duke Storen, Commissioner)

Introductions

Appointed by Governor	
Name	**Constituency**
Robin Foster	Representative of a licensed hospital
Lindsey Caley	Licensed pediatrician who is a practitioner of emergency medicine
Patricia Hall	Member of sexual assault survivor advocacy organization
Melissa Harper	Licensed nurse who is a sexual assault nurse examiner
Sara Jennings	Licensed nurse who is a sexual assault nurse examiner
Jeanne Parrish	Member of children's advocacy organization
Bonnie Price	Licensed nurse who is a sexual assault nurse examiner
Dawn Scaff	Representative of a licensed hospital
Scott Sparks	Licensed physician who is a practitioner of emergency medicine
Brooke Thomas	Licensed physician who is a practitioner of emergency medicine
Chatonia Zollicoffer	Member of sexual assault survivor advocacy organization

Agenda

Item	Speaker
Introductions and Roll Call	Alexandra Jansson, MPP, Senior Policy Analyst Governmental and Regulatory Affairs
Review of Agenda	Ms. Jansson
Public Comment	
Model Transfer Plan for Adult Survivors of Sexual Assault	Rebekah E. Allen, JD, Senior Policy Analyst Office of Licensure and Certification
Discussion on Model Transfer Plan for Adult Survivors of Sexual Assault	Task Force Members, Ms. Allen, and Ms. Jansson
Next Steps	Ms. Allen and Ms. Jansson
Other Business	Ms. Allen and Ms. Jansson
Meeting Adjournment	

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PUBLIC COMMENT

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Public Comment Period

There is a two minute time limit for each person to speak.

We will be calling from the list generated through attendee registration.

After the 2 minute public comment limit is reached, we will let you complete the sentence. We will then mute you and move on to the next attendee.

We will call the name of the person on list and also the name of the person is next on the list.

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MODEL TRANSFER PLAN FOR ADULT SURVIVORS OF SEXUAL ASSAULT

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Key Concepts

Pediatric – any patient age 12 or younger

Adult – any patient age 13 or older

Pediatric health care facility - a hospital, clinic, or physician's office that provides health care services to pediatric patients

Transfer hospital - a hospital with a sexual assault survivor transfer plan approved by VDH

Treatment hospital - a hospital with a sexual assault survivor treatment plan approved by VDH to provide sexual assault survivor treatment services to all survivors of sexual assault:

- who present with a complaint of sexual assault within the previous 7 days; or
- who have disclosed past sexual assault by a specific individual and were in the care of that individual within the previous 7 days

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Key Concepts (cont.)

Sexual assault survivor transfer services - an appropriate medical examination and such stabilizing treatment as may be necessary prior to the transfer of a sexual assault survivor from a transfer hospital

Sexual assault survivor treatment services - a forensic medical examination and other health care services provided to a sexual assault survivor by a treatment hospital or pediatric health care facility

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Minimum Requirements for Adult Transfer Plans

- Medical examination and such stabilizing treatment as may be necessary prior to the transfer of a survivor from the transfer hospital to a treatment hospital
- Oral and written information about:
  - emergency contraception
  - the indications and contraindications and potential risks associated with the use of emergency contraception
  - availability of emergency contraception for survivors
- Prompt transfer of the survivor to a treatment hospital, including provisions necessary to ensure that transfer of the survivor would not unduly burden the survivor
- Written agreement of a treatment hospital to accept transfer of survivors

Walkthrough of Draft

(exit presentation and live walkthrough via screenshare)

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DISCUSSION ON MODEL TRANSFER PLAN FOR ADULT SURVIVORS OF SEXUAL ASSAULT

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NEXT STEPS

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OTHER BUSINESS

MEETING ADJOURNMENT

Model Transfer Plan for Adult Sexual Assault Survivors

General

Coordinated Response

Understand that the purpose of the medical examination and stabilizing treatment, if any, is to address patients' immediate health care needs and preserve evidence for potential use within the criminal justice system prior to transferring patients to a treatment hospital.

Survivor-Centered Care

In facilitating survivor-centered care during the medical examination and stabilizing treatment, health care practitioners and other responders should consider the following recommendations.

Social/Psychological

- Respond to the patient's immediate emotional needs and concerns, assess safety and assist with intervention, and provide information about typical reactions and coping strategies.
- Develop culturally responsive care and be aware of issues commonly faced by survivors from specific populations.
- Prior to starting the medical examination or stabilizing treatment and when conducting each procedure, explain to patients in a language the patients understand what is entailed and its purpose.
- Provide information that is easy for patients to understand, in the patient's language, and that can be reviewed at their convenience.

Medical

- The competent adult patient may decline any aspect of the medical examination or stabilizing treatment.
- Identify and treat injuries, assess risk of pregnancy and sexually transmitted disease or infection, and document the history and medical finding
- Give sexual assault patients priority as emergency cases.
- Adapt the exam process as needed to address the unique needs and circumstances of each patient.
- Accommodate patients' requests for responders of a specific gender throughout the exam as much as possible.
- Address physical comfort needs of patients prior to transfer.

Forensic and legal

- Preserve evidence integrity during the medical examination, stabilizing treatment, and transfer.
- Provide the necessary means to ensure patient privacy.
- Assist with law enforcement report as requested by patient. In case of minors or vulnerable adults, report to authorities as required by law.

Triage

Telephone triage

When a patient calls before arrival for a forensic medical examination, discuss with the patient what to expect and that a forensic medical examination **cannot** be performed at your hospital so the patient will either have to be transferred to a treatment hospital or travel directly to the treatment hospital if they wish to receive a forensic medical examination, including a physical evidence recovery kit.

Advise the patient:

- Do not bathe before examination
- Bring in clothes worn at the time of the assault, and bring in a change of clothing
- About the forensic medical examination and the wait time
- Bring a support person (family, friend, etc.) if possible

Evaluation for injury and co-existing conditions

Patients with significant injury should be medically evaluated before the transfer to a treatment hospital. If any injuries are life-threatening, these conditions **must** be stabilized prior to transfer to a treatment hospital. Areas of examination should include:

- possible fractures
- blunt injury to abdomen
- altered mental status
- facial injury
- active bleeding
- loss of consciousness
- strangulation
- psychiatric emergencies

Pregnant patients, especially if over 20 weeks' gestation, need an evaluation for fetal health.

If apparent psychiatric illness complicates assessment of report of sexual assault, psychiatric assessment often will be necessary.

Limited English proficiency

A medical interpreter should be accessed for limited English proficiency patients for evaluation. Patients may be embarrassed to ask for an interpreter, so always assess if an interpreter is needed, even if the patient states initially they do not need one. Family members are not appropriate interpreters in this situation. Professional phone interpreters are acceptable.

Patient education

Prior to transfer, the transfer hospital/practitioner/staff will discuss emergency contraception, the indications and contraindications and potential risks associated with the use of emergency contraception, and the availability of emergency contraception for survivors of sexual assault.

Transfer procedure

The transfer hospital shall provide an appropriate medical screening examination and necessary stabilizing treatment prior to transfer of the Adult Sexual Assault Survivor. In the event the Adult Sexual Assault Survivor has an emergency medical condition that has not been stabilized, the Emergency Medical Treatment and Active Labor Act (EMTALA) requirements for transferring an unstable patient shall be met.

The transfer hospital must contact the treatment hospital with whom it has a transfer agreement specific to adult survivors of sexual assault via the transport team at (phone) and provide the adult survivor/adult survivor's family with an appropriate explanation of the reason for the transfer to another hospital for treatment.

The transfer hospital must complete and transport a copy of the emergency department record with the adult survivor. The record should include the following:

1. A completed emergency department admission form;
2. Clinical findings, if any;
3. Nurses' notes;
4. The name and relationship to the adult survivor, if known, of any person present during an examination conducted pursuant to this section;
5. Observations of signs and symptoms and the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, and broken bones), if any examination was conducted or treatment rendered;
6. Results of any tests; and
7. Information related to reporting to law enforcement

The emergency department record should not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.

The transfer hospital must maintain a chain of custody in the handling of the adult survivor and any clothing and shall handle it as minimally as possible. The transfer hospital will not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.). If the adult

survivor needs to urinate, the transfer hospital should then collect the urine/diaper and maintain chain of custody of the item during transfer. If removal of any clothing is necessary to render emergency services, removal should be attempted without cutting, tearing, or shaking garments. All loose or removed articles of clothing or other possessions of the adult survivor shall be left to dry if possible, placed in separate paper bags, and then placed in one larger paper bag. The bag shall be sealed and labeled with the adult survivor's name, the names of the health care personnel in attendance, the type and description of contents, the date, and the time collected. If the bag is not collected by law enforcement at the transfer hospital prior to transfer, the bag shall be transported with the adult survivor to the treatment hospital.

The transfer hospital shall not directly interview the adult survivor, shall notify proper authorities prior to the transfer, and transfer the adult survivor by ambulance.

Reporting requirements

The nonvulnerable adult survivor may have difficulty deciding immediately whether he/she wants to make a police report. For vulnerable adults/persons less than 18 years of age, a police report is mandatory. The survivor should be supported in his or her choice to report to police or to not report.

Authorization to release protected health information

Information obtained by medical personnel cannot be shared with anyone, including law enforcement, without authorization from the patient or legally authorized decision maker. Children and vulnerable adults are exceptions.

This authorization may be by:

- The patient
- Legally authorized surrogate decision maker
- Court order or warrant

Even if the survivor is brought in by law enforcement, consent from the survivor or legally authorized surrogate decision maker must be obtained before releasing information to law enforcement.

Without this consent, only the following information can be released:

- Name
- Address
- Age
- Gender
- Type of injury of the patient

To disclose further information, another exception must apply such as children under age 18, vulnerable adults, or to minimize an imminent and serious threat to health or safety. If there are

concerns about authorization for release, hospital risk management and legal counsel should be involved.

Unique populations

Cultural groups

Culture can influence beliefs about sexual assault, its survivors, and offenders as well as health care practitioners. It can affect health care beliefs and practices related to the assault and medical treatment outcomes, and to emotional healing from an assault. In addition, it can impact beliefs and practices regarding justice in the aftermath of a sexual assault, the response of the criminal justice system, and the willingness of survivors to be involved in the system

- Some survivors may be apprehensive about interacting with responders from ethnic and racial backgrounds different from their own.
- Be aware that cultural beliefs may preclude a member of the opposite sex from being present when survivors disrobe.
- Be aware that beliefs about women, men, sexuality, sexual orientation, gender identity or expression, race, ethnicity, and religion may vary greatly among survivors of different cultural backgrounds. Also, understand that what helps one survivor deal with a traumatic situation like sexual assault may not be the same for another survivor.
- Help survivors obtain culturally specific assistance where they exist.

Persons with disabilities

Understand that survivors with disabilities may have physical, sensory, cognitive, developmental, or mental health disabilities, or a combination of disabilities. Make every effort to recognize issues that arise for survivors with disabilities (both in general and in relation to their specific disability) and provide reasonable accommodations when working with them.

- People with disabilities are often victimized repeatedly by the same offender. Caretakers, family members, or friends may be responsible for the sexual assault.
- Speak directly to survivors with disabilities, even when interpreters, intermediaries, or guardians are present.
- Recognize that individuals may have some degree of cognitive disability: mental retardation, traumatic brain injury, neurodegenerative conditions such as Alzheimer's disease, or stroke.
- Assess a survivor's level of ability and need for assistance during the medical examination and stabilizing treatment. Ask for permission before proceeding in an exam (or touch them, handle a mobility or communication device, or touch a service animal).
- Keep in mind that survivors with disabilities may be reluctant to report the crime for a variety of reasons, including fear of not being believed, fear of getting in trouble, and fear of losing their independence. The perpetrator may also be their caregiver and the only person they rely on for daily living assistance.

- Recognize that the medical examination and stabilizing treatment may take longer to perform with survivors with disabilities. Avoid rushing through — such action not only may distress survivors, it can lead to missed evidence and information.

Incarcerated persons

Health care providers should understand that prison culture is a very unique culture that is influenced by inmate characteristics, prison as a segregated society, as well as policies and practices of the prison itself. Prison culture is based on assumptions about a person's physical and mental weakness.

Survivor demographic

- Prisoners most likely to be victimized are those who are young, smaller in stature or less experienced in prison culture, physically or developmentally disabled prisoners and young inmates who identify as LGBTQIA+.
- Sexual assault experiences of male and female prisoners differ.
    - Male inmates were most likely assaulted by other inmates, more likely to be threatened with harm, have greater use of physical force, or have a weapon used in the assault. They are likely to have more physical injuries and to experience more sexual acts.
    - Women were as likely to be assaulted by other inmates as by prison staff.

Reporting

- Under-reporting is common due to poor handling of complaints, lack of criminal charging of offenders, fear of retaliation. Inmates who reported sexual violence were often subjected to more violence.
- When prison staff members are the assailants, survivors are even less likely to report as they have no escape from the assailant. They often have even more to fear as the assailant who is a staff member has absolute power over the survivors.

Medical examination and stabilizing treatment

- It is not appropriate to inquire about the reason for incarceration.
- Health care providers should provide culturally relevant trauma-informed care to all survivors.
- Care should be taken to ensure the safety of the health care providers.

Male survivors

Men and adolescent boys can be survivors of sexual assault by women or by men.

- Help male survivors understand that male sexual assault is not uncommon and that the assault is not their fault. Many male survivors focus on the sexual aspect of the assault

and overlook other elements such as coercion, power differences, and emotional abuse. Broadening their understanding of sexual assault may reduce their self-blame.

- Because some male survivors may fear public disclosure of the assault and the stigma associated with being a male survivor of sexual assault, emphasis may need to be placed on the scope of confidentiality of patient information during the exam process.
- Offer male survivors assistance in considering how friends and family members will react to the fact that they were sexually assaulted (e.g., by a male offender or a female offender).
- Male survivors may be less likely than females to seek and receive support from family members and friends, as well as from advocacy and counseling services.

Military

Survivors of sexual assault who are in the military or are family members of active duty military should be referred to the sexual assault advocacy services for their base or duty station to ensure comprehensive support. The military offers survivors the option of restricted reporting or unrestricted reporting. Restricted reporting allows a survivor of sexual assault to confidentially disclose the details of his or her assault to specified individuals and receive medical treatment and counseling without triggering the official investigative process or command notification. Restricted reporting can be voided if the medical facility contacts law enforcement or other professionals other than advocates, chaplains, and military sexual assault response coordinators. Exam sites that provide exams for military installations are encouraged to draft Memoranda of Understanding to address such issues as confidentiality and storage of evidence.

Multiple survivors

Survivors may reside in group homes, assisted living, nursing homes, adult family homes, or be inpatient in hospitals. Reporting to Adult Protective Services (APS) is mandated for all vulnerable adults. Appropriate triage and planning is essential to a patient-centered, coordinated response.

Health care provider considerations should include:

- Multiple survivors needing transfer at the same time
- Need for multidisciplinary collaboration (health care, social work, APS, facility staff)
- Ability to ensure no cross-contamination of evidence
- Inclusion of support person for medical exam
- Access to medical records from home or facility
- Past medical history including records from facility
- Older and/or vulnerable adult survivors may experience humiliation, shock, disbelief and denial. The full emotional impact of the assault may not be felt until the survivor is alone, after initial contact with health care professionals, law enforcement, and legal advocates.
- Fear, anger or depression can be common responses in these survivors. Fear of losing independence as a result of family members learning about the sexual assault can be a strong deterrent to reporting.
- Recognition by health care providers that the offender may be a family member, friend or caregiver is important.

Indigenous populations

Survivors from indigenous populations may have unique cultural or language needs, whether they are assaulted on tribal lands or in an urban area.

- Recognize that indigenous populations may have their own laws and regulations, as well as their own police, prosecutors, advocates, courts, and service providers to address sexual assault.
- As in many cultures, indigenous women are of central and primary importance to the family and the community. Be mindful that sexual violence against an indigenous woman may be seen as an assault on both the individual and her community.
- Be mindful of historical trauma. Some survivors may be slow to engage with non-natives.

Older survivors

- Keep in mind that the emotional impact of the assault may not be felt by older survivors until after the exam when they are alone in the days, weeks, and months following an attack. Older survivors may feel common trauma reactions such as being physically vulnerable, reduced resiliency, and mortality. Fear, anger, and depression can be especially severe in older survivors who are isolated, have little support, and live on a fixed or limited income.
- Be aware that caretakers may sexually assault older adults. Older adults may be dependent on these sexual offenders for emotional or financial support or housing. Offenders may bring survivors to the exam site.
- Note that older survivors may be more physically fragile than younger survivors and thus may be at risk for tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities.
- Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial trauma reaction to the assault, may render some older survivors unable to make their needs known, which could result in prolonged or inappropriate treatment.
- Do not mistake disabilities (such as hearing loss or aphasia) or acute stress reaction following assault for senility.
- Some older survivors may be reluctant to report the crime or seek treatment because they fear losing their independence.

Sex trafficked/commercial sexually exploited survivors

Human trafficking is considered an especially egregious form of exploitation of vulnerable persons and an emerging health care priority. Sex trafficked persons can come from all countries and walks of life, though the majority of trafficked persons are women and girls.

- Key factors for sex trafficking include young age, history of abuse, poverty, lack of education, conflict with family of origin, lack of economic opportunity
- Traffickers may include females who are respected in communities, males who present as “boyfriends” or even family members.

- It is important for providers to recognize the varied experiences and reactions of sex trafficked persons and to demonstrate consistent, culturally aware trauma-informed care when working with sex trafficked persons.
- Disclosures can be both emotionally difficult and potentially dangerous for the sex trafficked persons, who may not disclose even in a supportive medical environment due to fear for safety, loyalty to trafficker, or lack of understanding of their situation.

Red flags for trafficking include:

- Recurrent sexually transmitted infections or diseases
- Multiple or frequent pregnancies
- Frequent or forced abortions
- Delayed presentation for medical care
- Companion who speaks for the patient and controls the encounter and refuses to leave
- Discrepancy between stated history and clinical presentation or pattern of injury
- Tattoos or other marks that may indicate “ownership” by another person

Trafficking of Adolescents

- Presentation to health care with non-guardian or unrelated adults
- Access to material possessions outside their financial means
- Over-familiarity with sexual terms and practices
- Excessive number of sexual partners
- School truancy
- Fearful attachment to cell phone (as a monitoring/tracking device)

Health care providers should:

- Provide culturally sensitive, resilience-oriented trauma informed care to all patients
- Partner with advocates, social service providers and case managers to ensure all needs are met
- Educate self on dynamics of trafficking and resources within each community

Sexual minority survivors (LGBTQIA+)

Things to note for sexual minority patients:

- Always refer to survivors by their preferred name and pronoun, even when speaking to others. If unsure of what to call the person or what pronoun to use, ask.
- Treat the knowledge that the person is LGBTQIA+ as protected medical information subject to all confidentiality and privacy rules. Be aware that companions of LGBTQIA+ survivors may not know their gender identity or sexual orientation

Transgender or gender non-conforming survivors

- Understand that transgender people have typically been subject to others’ curiosity, prejudice, and violence. Transgender survivors may be reluctant to report the crime or consent to the exam for fear of being exposed to inappropriate questions or abuse. If the

survivor does consent to an exam, be especially careful to explain what you want to do and why before each step, and respect their right to decline any part of the exam.

- Be aware that transgender individuals may have increased shame or dissociation from their body. Some use nonstandard labels for body parts, and others are unable to discuss sex-related body parts at all.
- Vaginas that have been exposed to testosterone or created surgically are more fragile than vaginas of most non-transgender women and may sustain more damage in an assault.
- Transgender male individuals who still have ovaries and a uterus can become pregnant even when they were using testosterone and/or had not been menstruating.p

Model Transfer Agreement for Adult Sexual Assault Survivors

This Adult Sexual Assault Survivor Transfer Agreement (the "Agreement") is created and agreed upon by, and between, _____ ("Transfer Hospital") and _____ ("Treatment Hospital") (collectively, the "Participating Hospitals") and shall be effective on _____, 20___.

The Participating Hospitals recognize the specialty services that a person aged 13 and older who presents with injuries or trauma resulting from sexual assault ("Adult Sexual Assault Survivor") requires and that Treatment Hospital provides such specialty services.

Transfer Hospital shall transfer Adult Sexual Assault Survivors to Treatment Hospital to receive sexual assault survivor treatment services, as defined by Article 8 (§ 32.1-162.15:2 *et seq.*) of Chapter 5 of Title 32.1 of the Code of Virginia, in accordance with this Agreement. Transfer Hospital shall transfer all other patients in accordance with any existing transfer agreements between the Participating Hospitals, if one exists, or applicable law.

Treatment Hospital shall accept the transfer of all Adult Sexual Assault Survivors, limited only by bed availability, from the Transfer Hospital and provide sexual assault survivor treatment services.

The Participating Hospitals shall comply with the requirements of the Emergency Medical Treatment and Active Labor Act ("EMTALA"), Article 8 (§ 32.1-162.15:2 *et seq.*) of Chapter 5 of Title 32.1 of the Code of Virginia, and all applicable federal, state, and local laws, regulations, and ordinances in the operation of this Agreement.

In the three sections below, this Agreement sets forth: (1) the criteria for transferring an Adult Sexual Assault Survivor to Treatment Hospital, (2) a plan for appropriate transfer of an Adult Sexual Assault Survivor to Treatment Hospital, and (3) requirements for implementation and review of the Agreement.

Section 1. Transfer Criteria

The Transfer Hospital agrees that, for the purposes of this Agreement, the adult patients who may require transfer to Treatment Hospital for further evaluation of sexual abuse are those who meet the following criteria:

- Require subspecialty medical or surgical care; and/or
- May require an emergent pediatric medical forensic exam.

The Participating Hospitals also agree that, for the purposes of these Transfer Criteria, "adult" means a survivor of sexual assault who is 13 years of age or older and that developmental delay does not change the applicability of this definition.

The Participating Hospitals further agree that adult patients who may require an emergent forensic medical examination have one or more of the following:

- Physical findings concerning for acute sexual abuse or assault, including signs of genital trauma or bleeding;
- A disclosure of sexual assault/abuse by an individual within the previous 7 days;
- A disclosure of past sexual assault/abuse by a specific individual and was in the care of that individual within the previous 7 days.

Section 2. Transfer Plan

Transfer Hospital will follow the steps outlined below to ensure that the transfer is appropriate and that the safety and health of the Adult Sexual Assault Survivor will be maintained during the transfer process.

Transfer Hospital shall:

1. Provide an appropriate medical screening examination and necessary stabilizing treatment prior to transfer of the Adult Sexual Assault Survivor. In the event the Adult Sexual Assault Survivor has an emergency medical condition that has not been stabilized, the EMTALA requirements for transferring an unstable patient shall be met.
2. Contact Treatment Hospital via the Transport Team at (phone).
3. Provide the Adult Sexual Assault Survivor/Adult Sexual Assault Survivor's family with an appropriate explanation of the reason for the transfer to another hospital for treatment.
4. Complete and transport a copy of the emergency department record with the Adult Sexual Assault Survivor. The record should include the following:
    a. A completed emergency department admission form;
    b. Clinical findings, if any;
    c. Nurses' notes;
    d. The name and relationship to the Adult Sexual Assault Survivor, if known, of any person present during an examination conducted pursuant to this section;
    e. Observations of signs and symptoms and the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, and broken bones), if any examination was conducted or treatment rendered;
    f. Results of any tests; and
    g. Information related to reporting to law enforcement
5. The emergency department record shall not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.
6. Maintain a chain of custody in the handling of the Adult Sexual Assault Survivor and any clothing.
    a. The Transfer Hospital shall handle the Adult Sexual Assault Survivor and clothing as minimally as possible.
    b. The Transfer Hospital shall not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.). If the Adult Sexual Assault Survivor needs to urinate, the Transfer Hospital should then collect the urine/diaper and maintain chain of custody of the item during transfer.
    c. If removal of any clothing is necessary to render emergency services, removal should be attempted without cutting, tearing, or shaking garments.
    d. All loose or removed articles of clothing or other possessions of the Adult Sexual Assault Survivor shall be left to dry if possible, placed in separate paper bags, and then placed in one larger paper bag. The bag shall be sealed and labeled with the

Adult Sexual Assault Survivor's name, the names of the health care personnel in attendance, the type and description of contents, the date, and the time collected. If the bag is not collected by law enforcement at Transfer Hospital prior to transfer, the bag shall be transported with the Adult Sexual Assault Survivor to Treatment Hospital.

7. Not directly interview the Adult Sexual Assault Survivor.
8. Notify proper authorities prior to the transfer.
9. Transfer the Adult Sexual Assault Survivor by ambulance.

Treatment Hospital shall:

1. Have a member of the health care team readily available to respond within minutes of arrival of the Adult Sexual Assault Survivor.
2. Have members of the health care team offer a private room if a short wait is unavoidable.
3. Have members of the health care team refer to the Adult Sexual Assault Survivor by code.
4. Have available space and staff for treatment of the Adult Sexual Assault Survivor.
5. Agree to accept the transfer of the Adult Sexual Assault Survivor and to provide appropriate forensic medical examination as indicated.
6. Provide sexual assault survivor treatment services to the Adult Sexual Assault Survivor, in accordance with its Adult Sexual Assault Survivor Treatment Plan approved by the Virginia Department of Health ("VDH").

Section 3. Implementation and Review of Agreement

The Participating Hospitals shall designate a representative who will act as contact and decision maker for implementation and review of the Agreement. Any change to this designee or to any other information related to the Participating Hospitals will be immediately communicated to the other party.

Representatives will reevaluate the Agreement activity and collaborate to revise approximately every 12 months. The Transfer Hospital shall resubmit the Agreement for VDH approval 30 calendar days' prior to the effective date of any change to the Agreement.

By signing below, the Participating Hospitals agree to their roles and responsibilities as outlined above and execute this Agreement as of the Effective Date.

Treatment Hospital
By:_____
Name: _____
Title: _____
Date:_____

Transfer Hospital
By:_____
Name: _____
Title: _____
Date:_____