

## 2. Triage and Intake

Recommendations at a glance for health care providers to facilitate a triage and intake process that addresses patients' needs:

- Consider sexual assault patients a priority.
- Perform a prompt, competent medical assessment. Then respond to acute injury, the need for trauma care, and safety needs of patients before collecting evidence.
- Alert examiners of the need for their services.
- Contact victim advocates so they can offer services to patients, if not already done.
- Assess and respond to safety concerns of victims upon arrival at the exam site, such as threats to patients or staff.
- Assess patients' needs for immediate medical or mental health intervention prior to the evidentiary exam, following facility policy.

**Consider sexual assault patients a priority.**<sup>164</sup> (For a discussion of this topic, see A.2. *Victim-Centered Care*.)

Utilize a private location within the exam facility for patient intakes, as well as for a waiting area for patients' family members and friends and law enforcement interviews. (Also see A.2. *Victim-Centered Care*.)

**Perform a prompt, competent medical assessment. Then respond to acute injury, the need for trauma care, and safety needs of patients before collecting evidence.** In addition to promoting physical health, sensitive and timely medical care can help reduce the likelihood of acute psychological trauma and its aftereffects, support patients' existing and emerging coping skills, and set the tone for patients' resumption of normal functioning.

Acute medical needs take precedence over evidentiary needs. Patients should be instructed to not wash, change clothes, urinate, defecate, smoke, drink, or eat until initially evaluated by examiners, unless necessary for treating acute medical injuries. If alcohol- or drug-facilitated sexual assault is suspected, and patients need to urinate prior to the arrival of examiners, ensure that the urine sample is collected properly while maintaining the chain of custody.

The forensic examiner should be involved in all aspects of the medical forensic examination of the sexual assault patient. As soon as possible after the initial triage, management, and stabilization of acute medical problems and before treating non-acute injuries, the evidentiary exam can be conducted (with patients' permission). In circumstances in which patients are seriously injured or impaired, examiners must be prepared to work alongside other health care providers who are stabilizing and treating them. In such cases, examiners may need to perform exams in settings such as a health care facility's emergency department, an operating room, a recovery room, or an intensive care unit.

**Alert examiners of the need for their services.** The SART/SARRT, if one exists, can work with exam facilities to identify acceptable timeframes to conduct a medical forensic exam after a patient's arrival and medical evaluation, management, and stabilization. If examiners are not based at the site or need to be dispatched, the facility should contact them immediately after identifying a sexual assault patient.<sup>165</sup>

<sup>164</sup> Historically, sexual assault patients who came to a health care facility (namely hospital emergency departments) for medical care and forensic evidence collection had to wait a long time to be examined. Often, they were not considered priority cases because they lacked visible physical injuries or their physical injuries were less serious than others coming into the facility. The psychological trauma they were experiencing often was not taken into account, nor was the fact that evidence can be destroyed or contaminated if collection is delayed. Many communities are addressing this problem by establishing examiner programs. At busy health care facilities that make life or death decisions about prioritizing patients, these programs can help ensure that sexual assault patients are offered and receive a medical forensic examination promptly.

<sup>165</sup> It is possible that examiners could also be dispatched by first responders at the crime scene or by health care staff after being alerted that a sexual assault patient will be arriving at their facility. Although activating examiners as early as possible seems like it would benefit these patients, such a procedure can potentially cause confusion. For example, after activating an examiner to go to a particular

Examiners are often required to arrive at the exam site within a certain period of time (e.g., 30 minutes) after being dispatched.

**Contact victim advocates so they can offer services to patients, if not already done.** (For a discussion of this topic, see *A.2. Victim-Centered Care*.)

**Assess and respond to safety concerns of victims upon arrival at the exam site, such as threats to patients or staff.** The facility should have procedures to assess such safety concerns at the exam site and to respond to such threats or dangerous situations. (For a discussion of this topic, see *A.2. Victim-Centered Care*.) Communicating any information may require a qualified interpreter<sup>166</sup> for victims who are LEP.<sup>167</sup>

**Assess patients' needs for immediate medical or mental health intervention prior to the evidentiary exam, following facility policy.** Seek informed consent of patients before providing treatment. (For more information on this topic, see *A.3. Informed Consent*.) Also, inform them that they have a right to receive medical care regardless of whether the assault is reported to law enforcement. (For more information on this topic, see *A.5. Reporting to Law Enforcement*.)

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exam facility, there may be significant delays in getting the patient to the site or changes en route to the facility. Sexually assaulted individuals may also change their minds about care or evidence collection.

<sup>166</sup> There is currently no certification process for health care interpreters or translators. For more information about qualifications including standards of practice for health care interpreters and translators, please see *What's in a Word: A Guide to Understanding Interpreting and Translation in Health Care*, National Health Law Program (2010).

<sup>167</sup> Title VI of the Civil Rights Act of 1964 and its implementing regulations require that entities that receive federal financial assistance provide meaningful access to their programs, services, and activities for persons with limited English proficiency.