

Management of Alleged Recent Sexual Assault Information for Metropolitan Emergency Departments

Patients may present directly to an Emergency Department following an alleged sexual assault or be referred to the ED by the Sexual Assault Resource Centre (SARC) Crisis Line. A patient will only be referred to an Emergency Department, if the SARC counsellor in combination with the SARC Dr suspect a serious injury, acute psychiatric illness or intoxication that could not be safely managed at SARC. In these circumstances, the patient should be assessed in the ED prior being seen by the SARC duty doctor and counsellor.

Issues to be considered when assessing a person who presents to the ED after an alleged sexual assault

1. Time of the assault

SARC doctors see people aged 13 years and over for medical and/or forensic assessment if the alleged sexual assault occurred less than 2 weeks ago.

If the assault was more than two weeks ago and medical issues have been addressed, offer the SARC counselling number **9340 1828**.

2. Type of assault

Specifically but sensitively ask about vaginal/oral/anal/penile assault if relevant.

3. Consider serious medical conditions

Other than injuries specific to penetration, assess and treat intoxication, poisoning, injuries and psychiatric emergencies as you would any other patient. Clearly document any injuries.

Injuries due to penetration: Ask specifically about vaginal / anal pain or bleeding or abdominal pain. If serious injuries are suspected, consider the need for surgical/gynaecological referral. Such referrals, and any internal examination, should be in liaison with the SARC doctor, so that arrangements for a joint forensic and medical examination can be made.

4. Can the patient give informed consent for a forensic examination?

Collecting forensic evidence is not considered therapeutic, so SARC doctors can only examine and collect forensic evidence from a patient who can give informed consent.

- If under significant influence of drugs or alcohol, ensure safety and notify the SARC doctor, but a forensic examination is delayed until the person is coherent.
- If psychotic, a psychiatric opinion will be required.
- If intellectually impaired or unconscious, the consent of a legal guardian and/or OPA is required before a forensic examination can be performed.

- If police are involved then consent for a forensic examination will follow the *Criminal Investigations Act 2006* legislation. Consent issues can be discussed with the SARC Doctor.

SARC Involvement

SARC doctors and counsellors work in premises on the grounds of King Edward Memorial Hospital with basic resuscitation equipment and no nursing support. If the patient is medically safe, they can be seen at SARC where the SARC team will be able to cover medical, forensic and counselling aspects of management. If the patient has a condition that requires ED/ hospital treatment, the SARC doctor and counsellor can come to the hospital, preferably a tertiary teaching hospital. The hospital switchboard has a copy of the SARC roster and can contact the SARC duty doctor. In the uncommon event that the SARC doctor is unable to attend the hospital, the SARC doctor will be able to provide management information over the telephone.

In general, the SARC doctor will see the patient as soon as possible. SARC doctors and counsellors are also available for advice. The SARC Counsellor should speak to the patient and explain SARC services. They will also assess the patient for intoxication, mental health, psycho-social distress, consent and safety issues. The counsellor can offer direct support and if required arrange transportation. SARC will see people whether or not they intend reporting to the police.

If sending a patient to SARC, please provide copies of medical and nursing notes and any medication given or provide a detailed referral letter.

The following medical and forensic information is provided for the uncommon circumstances in which an ED doctor may become involved in providing STI screening and antibiotic prophylaxis or in collecting preliminary forensic specimens

1. Emergency Contraception

Consider Levonorgestrel 1.5mg Postinor-1, one tablet taken ASAP, preferably within 72 hours of the sexual assault, although unlicensed use of up to 5 days has benefit in reducing the likelihood of conception.

2. Sexually Transmitted Infections

Baseline Investigations

- HIV, Hepatitis B and C, syphilis
- First void urine : PCR for chlamydia and gonorrhoea
- High vaginal swab : MC&S
- Endocervical swab : MC&S and PCR for chlamydia and gonorrhoea (take swabs for culture if patient is less than 18 years of age).
- Throat and / or anal swabs if appropriate

Prophylactic Treatment - consider the following: -

- Azithromycin 1g orally (for chlamydia)
- Ceftriaxone 250mg IM (if high risk of gonorrhoea)
- Hepatitis B vaccination
- Hepatitis B immunoglobulin (if at high risk)
- HIV NPEP – If high risk and within 72 hours discuss with immunology registrar or consultant. TRUVADA starter pack if “high risk” assault (one daily for 7 days) – refer to Sexual Health Clinic (Fremantle Hospital or RPH) for follow-up. New WA NPEP guidelines are now available.

3. Preliminary forensic specimens collected using a SARC kit

Collection of specimens to provide evidence of blood, saliva, sperm and DNA.

Preliminary forensic specimens can be collected:

- To prevent the loss of forensic evidence such as DNA evidence if the complete forensic examination can not be carried out immediately
- For patient comfort

Use **dry cotton swabs** without transport medium and for each swab do a **smear**.

Gauze wipes are put into a yellow top container with the ‘wet side’ up and also need an accompanying smear

All samples must be dry before sealing.

Label each specimen with the patient’s name, doctor’s name, site of smear, date and time. Seal in a labelled tamper proof bag to maintain chain of evidence. Seal with evidence tape if available and sign across the envelope seal.

Oral Assault

Samples are best collected as soon as possible and within 6 hours but still worth collecting up to 24 hours after the assault. Specimens should be collected before the patient eats or drinks.

- Oral swab and smear taken from the gingival margin and lower buccal surface.
- Oral rinse with 10mls of sterile water that the patient swirls around their mouth and spits into a yellow top container.

Anal Assault

Samples are best collected as soon as possible and within 24-48 hours of the assault.

- Peri-anal gauze wipe and smear

Vaginal Assault

Sperm can be detected in the cervical canal for up to 3-5 days or even longer after the assault. Specimens should be collected before the patient voids.

- Labial gauze wipe and smear (can be done by the patient)

- First pass urine for sperm

Toxicology

If drink spiking is suspected, toxicology samples are best taken as soon as possible, but are still worthwhile for up to 48 hours for blood samples and up to one week for urine samples.

- Urine (50mls)
- Blood in a grey top fluoro-oxalate tubes (2x5mls) or purple top EDTA tubes (2x5ml)