SUBJECT: POST SEXUAL BATTERY MEDICAL ACTION

EFFECTIVE DATE: 10/02/2020

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to establish guidelines for the appropriate clinical management in an alleged incident of rape. Medical staff should also refer to "*Prison Rape: Prevention, Detection, and Response*," Procedure Manual 602.053 for additional post-rape guidelines and responsibilities.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. DEFINITIONS:

Comprehensive Health Care Contractor (CHCC) refers to contracted staff that has been designated by the Department to provide medical, dental and mental health services at designated institutions within a particular region.

Sexual Assault Response Team (SART): refers to a contract medical team that, at the direction of staff from the Office of the Inspector General, responds to reported sexual abuse and/or sexual assault incidents in all regions where the Department has a contract, by conducting a forensic sexual assault examination at the reporting facility.

Inspector refers to the Correctional Officer Inspector or Correctional Officer Senior Inspector assigned by the Inspector General's Office to investigate the alleged sexual battery/rape.

Officer in Charge (OIC) refers to highest-ranking Correctional Officer on duty at the facility at the time of the incident.

III. ACTIONS:

A. Complete and accurate documentation on the "*Alleged Sexual Battery Protocol,*" DC4-683M, used in instances of alleged sexual battery and not in instances of sexual misconduct or sexual harassment, shall reflect that the appropriate steps outlined in Procedure Manual 602.053 have been completed.

B. Complete the "*Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information,*" DC4-711B as described below.

1. At the top of the form, right under the title on BOTH the Authorization for Use and Disclosure Inspection and Release of Confidential Information AND the Authorization for Release of Psychotherapy or Substance Abuse Progress Notes:

a. "I [INMATE NAME],
b. authorize [FLORIDA DEPARTMENT OF CORRECTIONS]

c. to disclose to [NAME OF THE APPROPRIATE LAW ENFORCEMENT AND/OR PROSECUTORIAL AUTHORITIES]."
d. And "Purpose of disclosure authorized herein: [FOR LAW ENFORCEMENT, INVESTIGATIVE AND PROSECUTORIAL PURPOSES]."

2. Under expiration of the release complete BOTH the Authorization for Use and Disclosure Inspection and Release of Confidential Information AND the Authorization for Release of Psychotherapy or Substance Abuse Progress Notes: "...this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows: [EXPIRES AT THE CONCLUSION OF ANY RELATED INVESTIGATION OR PROSECUTION, INCLUDING ANY APPELLATE PROCESS]."

3. If the inmate refuses to sign the consent, document refusal on the "*Chronological Record of Health Care*," DC4-701. In accordance with 45 C.F.R. § 164.512 (k)(5), inmate protected health information may be used and disclosed within the department without inmate authorization as necessary for law enforcement on the premises of a correctional institution. Under HIPAA, these authorized uses apply to inmates who are in lawful custody; in the absence of a DC4-711B, the authorized uses expire once an inmate has been released on parole, probation, supervised release, or is otherwise no longer in lawful custody. See Procedure Manual 102.006 (2)(d), *HIPAA Privacy Policy*.

C. The PREA (Prison Rape Elimination Act) number shall be documented on the appropriate DC4-700B or DC4-700C Form (Medical Encounter Coding Form – Male and Female). The PREA number shall be obtained by health services staff at the time of the alleged incident from the Officer in Charge (OIC). The PREA number is required to enter the Encounter Form into OBIS (Offender Based Information System).

D. After medical screening by Sexual Assault Response Team (SART) at the institution or by the facility medical staff if SART not called, a mental health referral will be submitted for the next working day via the DC4-529, Staff Request/Referral form.

E. If the perpetrator is known, orders will be obtained from the physician for the perpetrator to be tested for the following:

1. HIV
2. Hepatitis B and C
3. Gonorrhea
4. Syphilis
5. Chlamydia

Refer to Procedure Manual 401.013 ("*Testing Inmates Post Communicable Disease Exposure Per Section 945.35, F.S.*") for additional guidance.

F. Following SART examination review medical record to ascertain what tests were collected. Copies of those results must be obtained and placed in the inmate's medical record. If any of the tests listed in section III "D" was not completed, the physician will order those tests at the institution.

G. The medical records of the victim and perpetrator (if known) will be reviewed to ascertain if s/he had previously been tested for any of the above. Regardless of the results of the tests, education related to these diseases (including symptoms and transmission) will be provided to both the victim and perpetrator and treatment will also be offered as follows:

1. HIV: Treat with triple preventative therapy (Truvada and Isentress, if there are not contraindications), as in a needle stick, if the perpetrator is known positive or if the HIV status is unknown.

2. Hepatitis B:

   a. If the perpetrator is infected (i.e., the perpetrator has a positive test for surface antigen [HbsAg], or core antibody [anti-HBc IgM or IgG {test can read anti HBc total or just anti-HBc}], or e antigen [HbeAg] positive, and the victim is not immune [anti-HBs is negative]), HBIG and vaccine should be started as soon as possible. See "*Management of Viral Hepatitis*," HSB 15.03.09, and its supplements for further information regarding testing, treatment, and follow-up.
   b. If the victim is immune, i.e., the victim tests positive for anti-HBs or is not susceptible to HBV infection by reason of a previous infection shown by other markers for hepatitis B, then no treatment is indicated.
   c. If the perpetrator is unknown and the victim is not immune (anti-HBs is negative), follow treatment as described in section "2a" above.

3. Hepatitis C: Currently, no preventative pharmaceutical measures are available; however, refer to HSB 15.03.09, Supplement 3 for appropriate HCV treatment guidelines.

4. Gonorrhea recommended regimen: Treat with Ceftriaxone 250mg IM as a single dose and Azithromycin 1 gm orally in a single dose if no contraindications. For alternative regimens refer to the Centers for Disease Control STD section: http://www.cdc.gov/std/ .

5. Chlamydia recommended regimen: Azithromycin 1gm orally in a single dose or doxycycline 100mg orally twice daily for 7 days if no contraindications.

Pregnancy recommended regimen: Azithromycin 1 gm orally in a single dose. For alternative regimens refer to the Centers for Disease Control STD section: http://www.cdc.gov/std/ .

6. Syphilis (primary or secondary): Treat with a single dose of 2.4 million units of benzathine penicillin (Bicillin LA) IM. If there is a history of penicillin allergy, use doxycycline 100mg by mouth two (2) times a day for two (2) weeks. Doxycycline is contraindicated in pregnancy and penicillin should be used. Desensitization may be necessary. See "*Syphilis Treatment Protocol*," HSB 15.03.23, and its attachment for further information regarding testing, treatment, and follow-up.

H. If the perpetrator is not known, the victim will be offered treatment for all diseases listed in section III "F".

I. Pregnancy testing will be scheduled at the appropriate interval for all female victims capable of becoming pregnant (i.e. pre-menopausal, non-pregnant, childbearing age, uterus still intact). Emergency Contraception (e.g. Plan B One Step) shall be kept in stock or readily available at all female institutions/facilities and shall be offered to all female victims of reproductive age per instructions on medication insert.

J. Repeat testing for diseases that may have been transmitted should be done at intervals of four (4) weeks, three (3) months, and one (1) year. In addition, female victims should have repeat cultures and probes within two (2) weeks. Any other abnormalities (trichomonas, cervicitis, etc.) noted by testing should be appropriately addressed.

IV. SPECIALIZED TRAINING:

All medical and mental health care practitioners who work regularly in FDC facilities, including contracted staff, will be trained in:

A. How to detect and assess signs of sexual abuse and sexual harassment;
B. How to preserve physical evidence of sexual abuse;
C. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
D. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

V. RELEVANT FORMS AND DOCUMENTS:

A. DC4-683M, Alleged Sexual Battery Protocol
B. DC4-700B, Medical Encounter Coding Form - Male
C. DC4-700C, Medical Encounter Coding Form – Female
D. DC4-701, Chronological Record of Health Care

E. DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information
F. HSB 15.03.09, Management of Viral Hepatitis
G. HSB 15.03.23, Syphilis Treatment Protocol
H. PM 102.006, HIPAA Privacy Policy
I. PM 401.013, Testing Inmates Post Communicable Disease Exposure Per Section 945.35, F.S.
J. PM 602.053, Prison Rape: Prevention, Detection and Response

Director of Health Services Date

This Health Services Bulletin Supersedes: TI 15.03.36 dated 5/3/01, 12/18/01, 07/08/05, 12/29/0, 11/24/11, 01/28/13, HSB 15.03.36 dated 09/16/13,01/09/14, AND 10/14/15