



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY

PRISON

OFFENDER/SPANISH MANUAL

REVISION DATE

5/24/21

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NUMBER

DOC 610.025

POLICY

TITLE

**HEALTH SERVICES MANAGEMENT OF ALLEGED
SEXUAL MISCONDUCT CASES**

REVIEW/REVISION HISTORY:

Effective: 6/28/99
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Revised: 5/24/21

SUMMARY OF REVISION/REVIEW:

I.A.1. and II.B.5. - Added clarifying language
I.C., III.C., III.F., V.A.2., V.C., VI.A., and VI.A.2. - Adjusted language for clarification
Added II.A.1. that forensic exams will only be performed at designated health care facilities
II.B.3., I.B.5.a., III.D., III.G.3., IV.A.1., IV.C., and V.B. - Removed unnecessary language
Removed II.C.10 that the health care provider documents the emergency consult in the health record and completes in OMNI-HS
Removed IV.B. content covered in DOC 610.010 Patient Consent for Health Care

APPROVED:

Signature on file

SARA KARIKO, MD
Chief Medical Officer

4/15/21

Date Signed

Signature on file

DAN JOHNSON, MBA
Assistant Secretary for Health Services

4/20/21


Date Signed

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

4/20/21

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.24.105](#); DOC 490.850 Prison Rape Elimination Act (PREA) Response; DOC 610.010 Patient Consent for Health Care; DOC 640.020 Health Records Management; DOC 890.620 Emergency Medical Treatment; [PREA Standards](#)

POLICY:

- I. Any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury. Medical and mental health treatment services and follow-up care will be provided when clinically indicated. Forensic medical examinations will be conducted at a community health care facility.

DIRECTIVE:

- I. Reporting
 - A. Health services employees/contract staff are required to immediately report any knowledge, suspicion, or information regarding sexual misconduct per DOC 490.850 Prison Rape Elimination Act (PREA) Response. This includes:
 1. Any incident of sexual misconduct that occurred in an incarcerated setting (e.g., Prison, juvenile detention center, community confinement),
 2. Retaliation against alleged victims and incarcerated individuals 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 report information if they suspect sexual assault or sexual abuse based on encounters with a patient.
 - C. Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting unless the patient is under the age of 18.
- II. Arrangements with Community Hospitals for Forensic Exams
 - A. Each Prison Health Authority will make prearrangements with a community health care facility with specially educated and clinically prepared forensic

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medical examiners to evaluate alleged victims who have reported sexual assault, sexual abuse, and/or staff sexual misconduct.

1. Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.
 - a. If a SAFE/SANE is not available:
 - 1) The examination can be performed by a qualified medical practitioner.
 - 2) The nurse/health care practitioner will document unavailability in the health record.
 2. The Shift Commander will notify the Prison Rape Elimination Act (PREA) Coordinator via email of all forensic medical examinations as soon as possible.
- 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 injury and provide initial medical treatment,
 2. Conduct a forensic medical examination to collect evidence and document the extent of physical injury,
 3. Provide the escorting Corrections Officer (CO) with a Sexual Assault Kit Tracking Access card that outlines how the sexual assault kit can be tracked and includes the web address, username, and password,
 4. Maintain a chain of evidence, and
 5. Provide health services employees/contract staff with the medical information and reports necessary for the Department to provide follow-up care, including consent/refusal documentation.
 - a. Information about the examination and treatment will be provided to the escorting CO in a sealed envelope or communicated electronically to Health Services.
- III. Medical and Mental Health Treatment Services
- A. Medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct.



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- B. 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, an attempt will be made to transport the alleged victim 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.
- C. In facilities with health services employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will:
1. Provide emergency medical care per DOC 890.620 Emergency Medical Treatment to identify potential medical and mental health needs.
 2. Make every effort to preserve forensic evidence during the initial response.
 3. 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 the health care provider or as needed for transport.
 4. Verify the alleged victim has not already been sent for a forensic medical examination for the same allegation due to multiple reports.
 5. Advise the alleged victim if a forensic medical examination is indicated to collect evidence and explain the procedures used.
 6. Provide 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.
 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 the situation).



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9. Not disclose information about the alleged victim or perpetrator's sexually transmitted disease status or the fact that either requested or had an HIV antibody test.
- D. In facilities where there are no health services onsite, the trip to the community health care facility will be coordinated with the Medical Duty Officer before transport.
- E. The patient will be evaluated at the community health care facility according to their established sexual assault protocol.
- F. Department employees present during the examination will be the same gender as the patient identifies with unless security concerns require otherwise.
- G. Upon return to the facility from the forensic medical examination:
 1. The CO will deliver the documents provided by the community health care facility to Health Services.
 2. Health services employees/contract staff will provide the patient with a Sexual Assault Kit Tracking Procedure card that will provide information on how they can access the results of the sexual assault kit.
 3. The patient will be offered a medical health care appointment within 3 business days and a mental health care appointment within one business day unless the patient declines.
 4. The community health care facility used for the examination will be documented in the health record.
 5. Health services employees/contract staff will complete and close the emergency consult.
- H. 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, the alleged victim will be referred for medical follow-up with Health Services.
 1. The health care provider will evaluate and treat the patient as medically necessary including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable.
 2. The alleged victim will be offered a medical and mental health care appointment and will be seen within 14 days unless the patient declines.



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- I. For all other sexual misconduct related reports (e.g., assault outside of 12 months, abuse, harassment), the alleged victim will be offered a medical and mental health care appointment with Health Services and will be seen within 14 days unless the patient declines.

IV. Informed Consent

- A. Medical evaluations/treatment and the forensic medical examination will be conducted with the patient's informed consent, unless the health care provider determines there is an emergency and the patient is unable to consent.
 1. Consent in Department facilities will be documented per DOC 610.010 Patient Consent for Health Care.
 2. Community health care facilities may require informed written consent on the facility's form(s) to conduct a forensic medical examination.
- B. Patients may refuse all or part of the forensic medical examination after transport. The refusal must be made to community health care personnel.
- C. If treatment is refused, the health care practitioner will inform the individual that Department medical and/or mental health services may be requested pertaining to the alleged sexual assault, sexual abuse, or staff sexual misconduct if they change their mind.

V. Follow-Up Procedures

- A. Follow-up appointments with a Department health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:
 1. Assess the patient's physical and emotional status.
 2. Review documentation 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. Offer pregnancy testing and other pregnancy-related medical services, if applicable.
 5. Provide additional crisis intervention, mental health treatment, and follow-up for trauma as clinically indicated.

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- B. When appropriate and necessary, the Health Authority may discuss housing reassignment with the Superintendent.
- C. Health information related to the evaluation and subsequent follow-up care, including the Sexual Assault Kit Tracking Access card, will be maintained in the health record and only disclosed per DOC 640.020 Health Records Management.

VI. Mental Health Evaluations for Substantiated Perpetrators

- A. Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving information of an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions. Only one evaluation will be conducted for the specific allegation.
 - 1. 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. Treatment will be offered as clinically indicated by qualified mental health professionals.

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, Retaliation. 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