

Health Services – Sexual Assault Response Checklist
Minnesota Department of Corrections

Completed by: _____
Date: _____

Signature: _____
Time: _____

	Done (√)	Date	Time	Initials
HS Staff receive medical referral from Watch Command/designee alleging offender sexual assault: Name of victim: _____ OID of victim: _____				
Activate ICS if victim is seriously injured.				
Ascertain if the assault occurred within the last 96 hours: Prevent victim from eating, drinking, using toilet, brushing teeth, changing clothes, washing hands, douching, bathing or showering. Ask victim for approximate date(s) and time(s) of incident(s) Date: _____ Time: _____				
Ascertain type of sexual contact: (i.e., oral, anal, vaginal if that information has not yet been communicated)				
Advise Watch Commander of any observable trauma.				
Provide security staff with chux pad for evidence collection purposes.				
If victim IS willing to undergo a Sexual Assault Forensic Exam (SAFE) at area hospital, explain: a) overview of exam procedure; and , b) check for injuries, STI's and biological specimen collection; and, c) the necessity of SAFE exam to be conducted by non-DOC practitioner per policy.				
OSI will arrange for a Sexual Assault Forensic Exam at an appropriate health care facility. Communicate to the ER/clinic nurse: a) reported facts and medical information; and, b) the infectious disease status of the aggressor, if known.				
If victim IS NOT willing to undergo a Sexual Assault Forensic Exam at area hospital, have victim sign a "Refusal of Health Care" form, and document in Medical Record.				

	Done (√)	Date	Time	Initials
Provide education on risk of STI's & pregnancy, and advise victim on the availability of STI/pregnancy testing if not consenting to a forensic exam. Complete any follow-up.				
Provide the perpetrator (offender) with education on the risk of sexually transmitted infections (STI) and the availability of STI testing.				
Clearly document in Medical Record: a) vital signs, review of systems, observable trauma and treatments performed; and, b) SAFE explanation, mental health status and notifications made.				
Do NOT Document in the Medical Record: a) name of alleged perpetrator by name or OID; and, b) specifics of the sexual assault (OSI & Sexual Assault Nurse Examiner (SANE) will gather this information).				
Notify Health Services Administrator/designee.				
Complete Confidential Incident Report.				
Upon victim' return, ensure site practitioner reviews post-exam recommendations for testing or treatment. If victim is transferred to other facility, ensure follow-up orders are relayed to any receiving facility.				

Attach this form to Confidential Incident Report and submit to Watch Commander when complete.

WATCH COMMANDER – Sexual Assault Response Checklist
Minnesota Department of Corrections

Completed by: _____
Date: _____

Signature: _____
Time: _____

	Done (√)	Date	Time	Initials
1. Receive report from first responder. Victim's name/OID: _____ Victim's DOB: _____ Date and time of incident: _____ Perpetrator's name/OID: _____ Potential witnesses: _____ _____ Location(s) of incident(s): _____ _____				
Verify that crime scene has been secured.				
Instruct first responder to stay with victim until OSI arrives.				
Ensure that an officer is stationed with any identified perpetrator(s).				
2. Notify OD of incident.				
3. Notify OSI staff of incident. Person notified: _____				

	Done (√)	Date	Time	Initials
<p>4. Remove alleged perpetrator from area.</p> <p>-- If perpetrator is offender, direct squad to remove him/her to a dry cell in segregation.</p> <p>-- If perpetrator is staff and Watch Commander/Supervisor has reasonable cause to believe the staff person committed the sexual assault, the Watch Commander/Supervisor shall direct the employee to remain in a designated area until the Warden/designee and OSI are contacted. Law Enforcement shall be contacted immediately by or at the direction of OSI.</p>				
<p>If incident occurred within past 96 hours, ensure that perpetrator does not eat, drink, use the toilet, brush teeth, change clothes, wash hands, bathe, or shower.</p>				
<p>5. Notify Health Services of incident.</p> <p>If Health Services is not on grounds and if incident occurred within past 96 hours, call designated health care facility to alert them to potential need for a sexual assault exam.</p>				
<p>Arrange for transport of victim to sexual assault exam.</p>				
<p>6. Notify mental health staff of incident.</p>				
<p>7. Notify victim's parent/guardian, if victim is a juvenile.</p>				
<p>8. Do not interview victim or perpetrator regarding specifics of the incident unless OSI requests it. Questions should only include basic: who was involved, where did it take place and when did it happen so offenders and a crime scene can be secured if necessary.</p>				
<p>9. Write Confidential Incident Report and attach this completed checklist.</p>				

Collect the First Responder, Health Services and Watch Commander Sexual Assault Response Checklists and all confidential incident reports. Forward this documentation to warden/designee for post-incident review.

FIRST RESPONDER – Sexual Assault Response Checklist
Minnesota Department of Corrections

Completed by: _____

Signature: _____

Date: _____

Time: _____

	Done (√)	Date	Time	Initials
1. Receive report of sexual assault Name/OID of victim: _____ Name of person reporting (if different): _____				
Do not let the victim out of your sight!				
Call ICS if victim is seriously injured.				
Ask victim for approximate date(s) and time(s) of incident(s) Date: _____ Time: _____ _____				
Ask victim to identify perpetrator(s) and any potential witnesses Perpetrator Name(s): _____ Potential witnesses: _____ _____				
Ask victim to identify the place <u>or places</u> where the incident occurred: _____ _____				
2. Notify OIC and Watch Commander of incident.				
3. Glove up!				
4. Secure crime scene(s) immediately. Do not allow anyone to enter scene(s) except Health Services and OSI.				

	Done (√)	Date	Time	Initials
5. If victim has identified perpetrator(s), assign an officer to remain with perpetrator until further instructed by Watch Commander or OSI.				
If there are two or more perpetrators, they should be separated.				
Victim, perpetrator, and witnesses should not be within earshot or sight of each other.				
6. If incident occurred within the past 96 hours, prevent victim from eating, drinking, using the toilet, brushing teeth, changing clothes, washing hands, douching, bathing, or showering.				
<p>If victim has already changed clothes, determine location of clothing worn at the time of the incident. If clothing is not at crime scene, secure it in paper evidence bags (one item per bag).</p> <p>If the victim will be taken to the hospital for a sexual assault exam, they must carefully remove footwear and socks, stand on a white sterile sheet or pad and remove all clothing items one at a time. All clothing is to be placed in separate paper evidence bags and sealed. The white sterile sheet or pad must also be folded inward and placed in a separate paper evidence bag to be sealed. The victim will be given state issue clothing and transported to hospital.</p> <p>If the victim refuses a sexual assault exam, the same clothing collection process will be used to include the use of a sterile white sheet or pad.</p>				
7. Remain with victim until OSI or Watch Commander instructs otherwise.				
8. Write Confidential Incident Report.				

Return this form and Confidential Incident Report to Watch Commander when complete.