

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.19	Page 1 of 7
	Original Effective Date: 04/30/95	New Effective Date: 04/01/17
	Supersedes: 500.30.19	Dated: 10/08/14
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse		

POLICY

Division of Adult Institution facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014, P-B-04 – Federal Sexual Abuse Regulations

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014, P-B-05 – Response to Sexual Abuse

Medical Management of Exposures: HIV, HBV, HCV, Human Bites, and Sexual Assaults Federal Bureau of Prisons Clinical Practice Guidelines October

www.wcasa.org

Prison Rape Elimination Act of 2003 – 42 USC s. 15601

PREA Final Rule May 2012

PREA Resource Center

Wisconsin Statutes s. 940.225 – Sexual Assault

Wisconsin Administrative Code s. DOC 303.13 – Sexual Assault – Intercourse

Wisconsin Administrative Code s. DOC 303.14 – Sexual Assault – Contact

Wisconsin Administrative Code s. DOC 303.15 – Sexual Conduct

Executive Directive 16 – Fraternalization Policy

Executive Directive 16A – Staff Sexual Assault of Offenders

Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA)

DAI Policy 306.00.02 – Escorting and Transportation of Pregnant Inmate Patients

DAI Policy 500.30.09 – Provision of Services to Pregnant Inmate Patients

DAI Policy 500.50.02 – Health Care Record Format, Content and Documentation

DAI Policy 500.60.01 – Infection Prevention and Control Program

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

DOC – Department of Corrections

DOC-3001 – Off-Site Service Request and Report

DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact

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DOC-3542A – Referral Relating to Suspected Sexual Contact

ER – Emergency Room

HSU – Health Services Unit

PHI – Protected Health Information

PREA – Prison Rape Elimination Act

PSU – Psychological Services Unit

RN – Registered Nurse

SANE – Sexual Assault Nurse Examiner

STD – Sexually transmitted disease

PROCEDURE

I. Sexual Abuse

- A. Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
 2. Contact between the mouth and the penis, vulva or anus.
 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument.
 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

- B. Sexual abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate:
 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
 2. Contact between the mouth and the penis, vulva, or anus.
 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
 4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
 5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is

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unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above in this section.
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate,
8. Voyeurism by a staff member, contractor or volunteer.

II. Notification of Sexual Abuse Occurrence

- A. The first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the HSU Manager/designee.
- B. If there is no RN on site, Security shall immediately contact the on-call nurse.
- C. The HSU Manager/designee is responsible for coordinating the HSU response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:
 1. Assessment of the inmate patient to determine whether the inmate patient has any life-threatening emergency medical care that needs to be addressed immediately to stabilize the inmate patient.
 2. Care, treatment and assessment information shall be documented in the Medical Chart.
 - a. Documentation shall include only statements by the inmate patient about the sexual abuse that relate directly to possible injury or the need for medical or mental health treatment.
 - b. Do not include subjective statements regarding opinions of the truthfulness of inmate patient's statements.
- D. At the beginning of the medical assessment inform the inmate patient that some information obtained in a provider-inmate patient relationship is not confidential and will be reported to non-health staff and/or other agency staff as needed even without written consent of the inmate patient according to State and Federal laws, and this includes the following:
 1. Danger to self or others.
 2. Abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of intellectually disabled or mentally ill, and a specified victim can be identified.
 3. Staff physical or sexual abuse of inmates.
 4. Escape plans or attempts.
 5. Sexual abuse or sexual harassment of or by another inmate.
- E. HSU staff performing the assessment shall:
 1. Understand principles to preserve forensic evidence during care and treatment.

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2. Understand the role of the RN or ACP is not to collect evidence for a criminal investigation.
 3. Provide education to the inmate patient to help them understand what is going to happen.
 4. Attempt to determine when alleged abuse occurred. Evidence is optimally collected within 120 hours, but may be greater, of the incident.
- F. The medical plan of care shall include:
1. Timely and unimpeded access to emergency medical treatment without cost to the inmate patient.
 2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE.
 3. Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services.
- G. Details of the alleged abuse shall be obtained by a trained PREA investigator and not through the medical assessment. Details provided by the inmate patient to the PREA investigator shall not be documented in the Medical Chart.
- H. Security shall arrange for immediate separation of the victim from the suspect in their housing assignment.
- III. Reported Sexual Contact – Typically 120 Hours or Less Since the Reported Sexual Abuse Incident**
- A. Request that the alleged victim not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure, with the assistance of security staff, that the alleged suspect not take any similar actions that could destroy physical evidence.
- B. Each HSU shall maintain a current list of hospitals in their geographical area with a SANE.
- C. When determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. If a SANE is not available, contact the next closest ER.
- D. Complete a DOC-3001 – Off-Site Service Request and Report.
- E. The alleged victim cannot refuse to be transported to the ER, but may refuse to be evaluated once at the ER.

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- F. If the alleged victim refuses care at the ER, the facility ACP shall determine the appropriate plan of care which shall include:
 - 1. Treatment and follow-up care for any injuries.
 - 2. Testing for STDs, other communicable diseases and pregnancy.
 - 3. Necessary follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STDs or other communicable diseases.
 - 4. For pregnancy follow the DAI Policy on Provision of Services to Pregnant Inmate Patients.

 - G. File documents (i.e., discharge summary) received from the ER in the Consultations section of the Medical Chart.

 - H. The SANE examination is not a part of the hospital record.
 - 1. Do not file in the Medical Chart or retain the original/copy in the HSU.
 - 2. If the SANE sends the original or a copy of the Sexual Assault Report or equivalent forensic report, immediately forward the report to the PREA Director in DOC Central Office.

 - I. DOC HSU and the ER may share PHI related to a medical condition for ongoing treatment purposes without a written authorization from the inmate patient under Wisconsin and Federal confidentiality laws and in accordance with DAI Policy 500.50.10.

 - J. HSU shall coordinate with the assigned Victim Services Coordinator/designee to schedule confidential follow-up contacts between the inmate patient, the SANE and Victim Advocate as necessary.
- IV. Reported Sexual Contact – More Than 120 Hours Since Reported Sexual Contact**
- A. Evidence may still be available to collect after 120 hours.

 - B. When determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam.
 - 1. If a SANE is not available, contact the next closest ER.
 - 2. Follow the steps as described in Section III above for sending an inmate patient for a SANE exam if indicated.

 - C. If an alleged victim is not sent for a SANE exam, immediately contact an ACP to address further care and treatment needs including:
 - 1. Treatment and follow-up care for any injuries.
 - 2. Testing for STDs, other communicable diseases, and pregnancy.
 - 3. Necessary follow-up testing, prophylactic treatment and follow-up care for STDs or other communicable diseases.
 - 4. For pregnancy follow DAI Policy 306.00.02 and 500.30.09.

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V. Report of Sexual Contact – Inmate Patient Becomes Pregnant or Develops a STD

- A. HSM/designee shall:
 - 1. Notify facility Warden/designee.
 - 2. Complete DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and forward to BHS Central Office if indicated.
- B. The Medical Director and BHS Director shall review DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and complete DOC-3542A – Referral Relating to Suspected Sexual Contact as indicated.
- C. The DAI Administrator will determine the appropriate follow-up in relation to PREA.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.19	Page 7 of 7
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.