

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **SEXUAL ASSAULT RESPONSE TEAM (SART)
CENTER STANDARDS**

REFERENCE NO. 324

PURPOSE: To establish minimum standards for the designation of Sexual Assault Response Team (SART) Centers. The SART Centers provide care to victims of sexual assault by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures.

The goal of the Los Angeles County Emergency Medical Services (EMS) Agency is to transport these patients to a SART Center, where healthcare practitioners have special training in treating victims of sexual assault/abuse and in the collection of forensic evidence.

DEFINITIONS:

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA), including an examination designed to assess the knowledge, skills, and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of a residency program with progression to board certification based on the time frame specified by the ABMS or AOA.

California Governor's Office of Emergency Service (Cal OES): Cal OES Public Safety Division provides funding to programs that train law enforcement, court education, victim notification, victim/witness assistance, reducing crime lab backlogs, and post-conviction DNA testing. Cal OES has developed the standardized forensic-medical forms which must be used to document the sexual assault examination.

Department of Children and Family Services (DCFS): A mandated component of Emergency Response Services, administered by the Los Angeles County Department of Children and Family Services. The Child Protection Hotline (CPH) intake evaluation staff is responsible for assessing any referral, whether verbal or written, which alleges child abuse, neglect, or exploitation to determine whether an in-person investigation and consultation is required.

Patient: A person who has been sexually assaulted. The patient can also be identified as the victim and/or survivor. In the criminal justice system, the patient is identified as a crime victim. For rape crisis centers providing counseling and advocacy, the patient is identified as a survivor.

Qualified Medical Specialist: A physician licensed in the State of California who is BC or BE in the corresponding specialty by the ABMS or AOA.

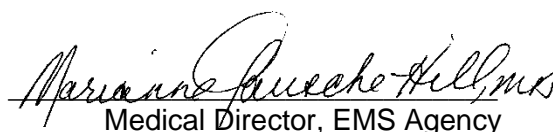
Qualified Health Care Professional: Any physician or surgeon, or a nurse or a professional registered nurse working in consultation with a physician and surgeon who conducts examinations or provides treatment in a general acute care hospital or in a physicians or surgeon's office pursuant to the California Penal Code 13823.5 (e).

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

Rape Crisis Advocate: An individual who is affiliated with a Rape Crisis Center and functions as a support person for the patient throughout the entire medical/legal process and who meets the requirements of Penal Code 679.04.

Sexual Assault Forensic Examiner (SAFE) / Sexual Assault Nurse Examiner (SANE): A specially trained healthcare provider (i.e., physician, nurse practitioner, physician assistant, registered nurse) who independently and competently performs sexual assault forensic medical exams. Examiners are trained healthcare professionals who perform adult and adolescent sexual assault forensic medical examinations, and/or child sexual abuse forensic medical examinations.

Sexual Assault Response Team (SART): A coordinated interdisciplinary intervention model between law enforcement, crime laboratory, District Attorney's (DA) Office, medical and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of the sexual assault/abuse victim.

Sexual Assault Response Team (SART) Centers: A hospital sponsored program that is designated by the EMS Agency to receive patients who are victims of sexual assault/abuse. A SART Center specializes in forensic examinations in the case of an acute sexual assault/abuse event (defined as occurring within 120 hours), which has the capabilities of providing comprehensive medical forensic examinations and psychological support. The center consists of knowledgeable staff whose training, expertise, and state-of-the-art equipment exceeds the community standards.

Quality Improvement (QI): The analysis of performance and systematic effort to improve it.

POLICY:

- I. SART Center Designation / Re-Designation Agreement:
 - A. SART Center initial designation and SART Center re-designation is granted for a period of three years after satisfactory review by the EMS Agency.
 - B. The EMS Agency reserves the right to perform scheduled site visits or request additional data of the SART Center at any time.
 - C. The SART Center shall immediately provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the SART Center Standards.
 - D. The SART Center shall provide a 90-day, written notice to the EMS Agency Director of intent to withdraw from the SART program.
 - E. The SART Center shall notify the EMS Agency within 15 days, in writing of any change in status of the SART Medical Advisor or SART Program Director/Coordinator by submitting the Notification of Personnel Change Form (Reference No. 621.2).
 - F. Execute and maintain a Specialty Care Center SART Center Designation Agreement with the EMS Agency.

II. General SART Center Requirements

A. All designated SART Centers shall be sponsored by a hospital and the hospital shall be:

1. Licensed by the State of California Department of Public Health (CDPH) as a General Acute Care Hospital, and
 - a. Be approved for Basic or Comprehensive Emergency Medical Services
 - b. Be accredited by a Centers for Medicare & Medicaid Services (CMS) recognized Hospital Accreditation Organization
 - c. Have a SART team available 24 hours a day, 7 days a week.
 - d. Have a dedicated private space away from the emergency department that provides a secure area for the examination and interview process

B. SART Center Leadership Requirements:

1. SART Center Medical Advisor

a. Qualifications:

- i. BC in Emergency Medicine, Obstetrics/Gynecology, Family Practice or Pediatrics with education and interest in the care of patients/victims of sexual assault
- ii. Completion of the initial SAFE Course for adult/adolescent and pediatrics, minimum of 40-hour curriculum, in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11
- iii. Complete eight hours of approved continuing medical education (CME) related to sexual assault forensic examination every three years

b. Responsibilities:

- i. Be available for consultation with forensic examiners as needed
 - ii. Ensure up-to-date knowledge and skills regarding sexual assault forensic medical examination performance and interpretation of findings
 - iii. Coordinate medical care across departmental and multidisciplinary services as needed
 - iv. Provide medical oversight in the development,
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- implementation, and maintenance of a comprehensive QI program as it pertains to the care of the sexual assault victim
 - v. Collaborate with the SART Center Program Director on educational programs: review and ensure content is medically sound and appropriate
 - vi. Be available for consultation with other SART Centers, EMS providers, EMS Agency, community hospitals (non-SART), local health clinics, law enforcement, local crime laboratory, rape crisis advocacy response groups, DA's Office and forensic examiners.
 - c. A written job description defining the authority and responsibilities of the SART Center Medical Advisor shall exist
2. SART Program Director
- a. Qualifications
 - i. A Registered Nurse currently licensed to practice in the State of California
 - ii. Completion of the initial SAFE Course for adult/adolescent and pediatrics, minimum of 40 hours curriculum, in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11
 - iii. Completion of eight hours of Board of Registered Nursing (BRN) approved continuing education (CE) related to sexual assault forensic examinations every three years
 - b. Responsibilities
 - i. Implement and ensure compliance with the SART Center Standards
 - ii. Ensure that a chairperson is designated for the Multidisciplinary SART Center Committee
 - iii. Ensure that a QI process is in place to identify, review, and correct deficiencies in the delivery of care to the sexual assault victim
 - iv. Ensure that appropriate sexual assault education programs are provided to the SART Center personnel in collaboration with the SART Center Medical Advisor
 - v. Maintain records of completed continuing education by SART Center personnel
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- vi. Liaison with other SART Centers, EMS providers, EMS Agency, community hospitals, local health clinics, law enforcement, local crime laboratory, rape crisis advocacy response groups, DA's Office and forensic examiners as needed
 - vii. Serve as a contact person for the EMS Agency and be available upon request to respond to County business regarding SART Center issues
 - viii. Ensures the EMS Agency is notified, in writing, when there is a personnel change of the SART Center Medical Advisor or SART Center Program Director
 - ix. Ensure compliance with SART Center Standards and EMS Agency policies and procedures related to the care of sexual assault/abuse victims
 - ix. Ensure that the QI reports are presented at applicable SART or hospital committees (e.g.: ED, hospital-wide QI, and/or pediatric committees)
 - x. Ensures that all SART Center policies and procedures are reviewed at least annually with multidisciplinary committee approval at least triennial
 - c. A written document defining the authority and responsibilities of the SART Center Program Director shall exist
- C. Personnel
- 1. Sexual Assault Forensic Examiner (SAFE) / Sexual Assault Nurse Examiner (SANE)
 - a. Qualifications:
 - i. Licensed as a Physician, RN, or Physician Assistant in the State of California
 - ii. Completion of the initial SAFE Course for adult/adolescent and pediatrics, minimum of 40-hour curriculum, in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11
 - iii. Completion of eight hours of BRN or CME approved CE related to sexual assault forensic examinations every three years
 - b. A written job description defining the authority and responsibilities of the SAFE/SANE Examiner shall exist
 - 2. Rape Crisis Center Personnel
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- a. Rape Crisis Center Director provides leadership advocating for the needs and rights of the survivors, provides Cal OES training for rape crisis advocates, and maintains on-call schedules indicating 24-hour, 7 days a week availability
- b. Rape Crisis Center Advocate shall have successful completion of a 40-hour training consistent with Cal OES training and in-service requirements set forth in the Penal Code 679.04
- c. A written document defining the authority and responsibilities of the Rape Crisis Center Director and Advocate shall exist

III. Competency

Competency of all SART Center examiners shall be evaluated during orientation and at least annually to ensure up-to-date knowledge and skills regarding sexual assault forensic medical exam performance and interpretation of findings to include the following:

- A. Consents
 1. Explains exam
 2. Obtains consents per the Cal OES forms and protocols
 3. Assesses patients understanding of explanation
- B. Interview – Uses therapeutic approach to information gathering (Assault History)
- C. Obtains complete history per Cal OES forms and protocols and clarifies events as needed
- D. Examination
 1. Physical exam per Cal OES protocol
 2. Exam relevant to history or per Cal OES protocol
 3. Identifies physical findings
- E. Evidence Collection
 1. Identifies appropriate areas for collection
 2. Collects evidence accurately per Cal OES protocols
 3. Handles, labels, and packages evidence properly
 4. Demonstrates and maintains chain of custody
- F. Equipment – Demonstrates proficiency in use of site specific equipment (alternate light source, camera, digital imaging system, colposcope, etc.)

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- G. Documentation – Accurately and properly completes the most current Cal OES 2-923 Form to include accurate documentation of injuries
 - H. Medical Care
 - 1. Assesses and explains risks of sexually transmitted infections and HIV post exposure prophylaxis (PEP), and/or pregnancy
 - 2. Offers appropriate screening and/or diagnostic tests as applicable
 - 3. Appropriately offers and administers medications and/or treatments as indicated
 - 4. Provides and reviews with patient, recommended aftercare instructions
 - 5. Provides appropriate referrals
 - IV. Multidisciplinary SART Center Committee
 - A. The multidisciplinary SART Center Committee should meet, at a minimum, on a quarterly basis and more frequently as needed, to review system-related performance issues. The committee members or a designee shall attend at least 50% of the meetings.
 - B. The multidisciplinary SART Center committee shall include representatives from the following:
 - 1. EMS Provider(s), as applicable
 - 2. Emergency Department
 - 3. Law Enforcement
 - 4. SAFE/SANE
 - 5. Rape crisis advocacy groups
 - 6. Local crime laboratory
 - 7. District Attorney's (DA) Office
 - C. Responsibilities:
 - 1. Review and ensure compliance with the SART Center Standards
 - 2. Review and ensure the coordination of SART services across departmental and multidisciplinary lines
 - 3. Review and ensure a comprehensive and multidisciplinary quality improvement (QI) program as per Section V
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4. Review and discuss the development and implementation of policies and procedures listed in Section VI
5. Maintain attendance rosters and meeting minutes. The minutes shall reflect the review including, when appropriate, the analysis and proposed corrective actions.

V. Quality Improvement (QI) Program Requirements

QI program shall be developed as per Reference No. 620, EMS Quality Improvement Program, and monitored by the SART Center Director and SART Center Medical Advisor.

- A. Program shall be an organized multidisciplinary program for the purpose of improving care of the sexual assault victim and ensuring the integrity of evidence collection.
- B. A written SART QI Program plan shall be developed, monitored, and reviewed by the SART Center Program Director and Medical Advisor at a minimum of every two years.
- C. SART personnel shall interface with EMS, emergency department, law enforcement, SAFE/SANE, local crime laboratory, rape crisis advocate, DA's Office and other relevant services regarding identified QI issues as needed.
- D. A written QI plan, tracking and trending reports, agenda, minutes and attendance rosters shall be maintained.
- E. Timely QI review should occur following each exam. This review should include:
 1. Review of Cal OES examination form documentation
 2. Review of forensic digital images which must also be retrievable for summons at the DA's request
 3. Evidence collection procedures and management
 4. Incorporation of feedback information from the crime laboratory when available
- F. Submit data as requested by the EMS Agency for quality improvement purposes to include number of medical examinations, based on the following categories: Adult, Pediatric, Suspects, and DCFS referrals to the Medical Hub as applicable.

VI. Policies

- A. There shall be a current SART Center policy manual reviewed and signed by the Program Director and Medical Advisor and readily accessible in the SART Center.
- B. SART Centers shall follow the Cal OES protocols and utilize the current Cal OES forms and shall establish specific written policies that address, but are not limited

to, the following:

1. Hours of operation, patients served (adults and/or pediatric), provisions for after-hours and mobile examinations
2. Role and responsibilities of the SART members
3. Patient care management to include:
 - a. Providing examination within 120 hours from time of sexual assault
 - b. Physician availability and/or consultation of the sexually abused patient
 - c. Patient request for a physician examination
4. Consent for forensic evaluation
5. Unconscious sexual assault patient
6. Strangulation sexual assault patient
7. Alcohol and Drug Facilitated Sexual Assault (DFSA) patient
8. Management of Injuries
9. Family presence during examination
10. SART Activation or "CALL-OUT" procedures
11. Emergency Department Medical Screening Examination
12. Referral of pediatric patients who are victims of sexual assault to hospitals with a pediatric SART, if applicable.
13. Patient referral from non-SART hospitals
14. Treatment recommendations and aftercare instructions for the following:
 - a. Sexually transmitted infection prophylaxis
 - b. Pregnancy prophylaxis
 - c. Healthcare referral and follow up
 - d. HIV information and referral for immediate HIV PEP
 - e. First Aid Instructions
 - f. Referrals for counseling and mental health follow up

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15. Medical record storage and release, including digital images
 16. Evidence collection and storage, including locked refrigerator storage
 17. Routine maintenance and monitoring of equipment
 18. Specific populations and their needs, which include but are not limited to the following:
 - a. Persons with disabilities
 - b. Hearing impaired
 - c. Elderly
 - d. Pregnant
 - e. Provision foreign language translation
 - f. Suspect exams:
 - i. Process ensuring that the victims do not come in contact with the suspect
 - ii. Back-up-procedure to ensure the same examiner does not perform both the victim and suspect exam whenever possible, and a policy in preventing cross contamination if the same examiner does both exams
 - g. Lesbian, gay, bisexual, transgender/transsexual, queer/questioning, intersex, and asexual (LGBTQIA)
 19. Interface with the other agencies/departments, including:
 - a. Law enforcement
 - b. Local crime laboratory
 - c. County/City DA's Office
 - d. Local rape crisis center
 - e. Other SART centers
 - f. Adult Protective Services
 - g. DCFS
 - h. Shelters for battered women
 - i. Child abuse and neglect treatment centers
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- j. County/City Public Health Departments
- k. County/City Victim Witness Assistance Programs
- l. Local Health Clinics
- m. County Mental Health Services

VIII. Space, Equipment, Supplies, and Medications

- A. Safety for patients and the SART members, privacy and confidentiality for patients, and comfortable peaceful surroundings are important considerations.
- B. SART equipment, supplies, and medications shall be easily accessible, labeled, and logically organized.
- C. The following are minimum requirements for space, equipment, supplies, and medications:
 - 1. The SART Center shall be a designated space located away from the emergency department and include:
 - a. Designated examination room
 - b. Designated patient bathroom
 - c. Waiting room for the patients, family members, and friends which ensures privacy
 - d. Separate waiting area for law enforcement which supports their report writing
 - e. Evidentiary examination supplies and sexual assault evidence collection kit storage
 - f. Storage for administrative and forensic medical records
 - 2. The following is the minimum required equipment, supplies, and medications:
 - a. Locked specimen refrigerator for storage of evidence with chain of custody
 - b. Sexual assault evidence collection kits from the local crime laboratory
 - c. Small copier near the exam room
 - d. Accessible fax machine

- e. Videocamera, Camera, or Colposcope with photographic capabilities
- f. Alternate light source
- g. Swab dryer
- h. Digital imaging system
- i. Examination table with stirrups
- j. Secure area to preserve the chain of custody
- k. Locked file cabinets to store forensic records
- l. Medications for:
 - i. Pregnancy prophylaxis
 - ii. Treatment of sexually transmitted diseases after sexual assault as recommended by current Center for Disease Control and Prevention (CDC) guidelines

CROSS REFERENCE:

Prehospital Care Policy Manual

Reference No. 508, **Sexual Assault Patient Destination**

Reference No. 508.1, **SART Center Roster**

Reference No. 620, **EMS Quality Improvement Program**

Reference No. 621, **Notification of Personnel Change**

Reference No. 621.2, **Notification of Personnel Change Form**

Reference No. 822, **Suspected Child Abuse/Neglect Reporting Guidelines**

REFERENCES:

California Clinical Forensic Medical Training Center California Sexual Assault Response Team (SART) Manual, <https://www.ccfmtc.org/>

Cal OES 2-923 Adult/Adolescent Sexual Assault Forensic Medical Report

Cal OES 2-924 Abbreviated Adult/Adolescent Sexual Assault Examination Forensic Medical Report, <https://www.ccfmtc.org/forensic-medical-examination-forms/>

“Sexual Assault and Abuse and STDs -2021 STD Treatment Guidelines.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 23 July 2021, Federal Violence Against Women Act (VAWA).

ACKNOWLEDGEMENTS

The Los Angeles County Sexual Assault Coordinating Council (LACSACC), and the California Coalition Against Sexual Assaults (CALCASA) made significant contributions in the development of these SART Center Standards.