Section: Approval:	Division of Nursing	*********** * PROTOCOL * ******	Index: Page: Issue Date: Revised Date:	7010.040b 1 of 2 July 1, 1993 July 11, 2008		
	HACKET	TSTOWN REGIONAL MEDICAL	CENTER			
Originator: Revised by: Reviewed by:	G. Nolan, RN L. Reis, MA, RN Elizabeth Fitzgerald RN, CCRN, BSN <u>ED</u> (Scope)					
TITLE:	SUSPECTED SEXUAL ASS RESPONSE TEAM	SPECTED SEXUAL ASSAULT EVIDENCE COLLECTION DISPATCH OF THE SEXUAL ASSAULT				
PURPOSE:		nt's professional treatment, provie the police to prosecute perpetrat centered approach.		l obtain forensic		
	To define a protocol	To define a protocol for dispatching the Warren County Sexual Assault Response Team.				
LEVEL:	Interdependent					
TRIAGE:	 escorted to the GYN All patients ag through the office The victim shout The Emergency Contacting the 	r female) with c/o rape or suspec N room. 19 13 or older will be offered the ce of The Domestic Abuse and R uld be given privacy. y Department Staff must contact rape care advocate will activate to hse Team. The telephone number	opportunity to contact the Rape Crisis Center (DARC the rape care advocate. the members of the Warre	rape care advocate CC). en County Sexual		
INTERVENTION	 Do not allow the The Emergency arrives. The Sexual Ass collect forensic All victims of su These medicati The Sexual Ass Standards for F Department of I The Sexual Ass The Sexual Ass The ED medica are <13 years may also be ref agreement with 	te to a minimum. Do not ask the e patient to eat, drink or urinate, if y Department staff will continue to sault Nurse Examiner will obtain a specimens if necessary. Ispected sexual assault will be of ions will be given as ordered by th sault Nurse Examiner will follow to Providing Services to Survivors of Law and Public Safety and The E sault Nurse Examiner will docume al and nursing staff is responsible of age. Medical examinations fo ferred to Dr. Eugene Decker at C The Warren County Prosecutor' e reported to DYFS at 908-689-70	if possible. o provide support to the vi- a detailed history of the as fered prophylaxis for preg he Emergency Departmen he protocols developed in f Sexual Assault as develo Division of Criminal Justice ent exam/findings for patie for examining victims of s r children suspected of be oventry Family Practice, a s Office. All suspected se	ictim until the team ssault as well as mancy and STD's. In Physician. In The New Jersey oped by The e. ent's medical record. sexual assault who bing sexually abused as per prior		

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SEXUAL ASSAULT RESPONSE FORM

- SART is a team that consists of an on call sexual assault nurse, on call detective and a specially trained rape care advocate.
- If the victim asks what value is the team to me (victim)? Let them know that the nurse on call can call them back or

Name of Dispatcher:					
Date and	d Time of Call:				
1.	Is the Victim, regardless of gender, 13 or over?	Yes	No		
2.	Did the sexual assault occur within the last five days?	Yes	No		
3.	Does the victim consent to activation of the SART Team?	?			

(These are the questions the SANE or dispatcher will ask.)

Questions or comments can be directed to:

Lois Dawn Magill-Verdi, RN, FN-CSA, SANE Program Coordinator Home Number: 908-453-4637 Cell Number: 908-319-1261 or 908-319-1016 Office Number: 908-475-6632