PENNSYLVANIA COLLEGE of EMERGENCY PHYSICIANS
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Understanding the Sexual Assault Victims Emergency Services Act: An Emergency Department Perspective

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In 2008, the Commonwealth passed the Sexual Assault Victims Emergency Services (SAVES) Act to provide minimal requirements for the physical and psychological treatment of sexual assault (SA) victims by hospitals in the state. The act states hospitals must promptly provide SA patients[1]:

- Medical examinations and laboratory or diagnostic tests, including forensic evidence;
- Utilize a rape kit approved under the Sexual Assault Testing and Evidence Collection Act;
- Oral and written information about STD and pregnancy possibility;
- Oral and written information about accepted medical procedures, medications and their contraindications available for the prevention or treatment of infection/disease;
- Medication for HIV and STD prophylaxis;
- Tests and examinations to determine presence or absence of STD;
- Oral and written instructions advising of the need for additional testing at time periods after the assault;
- Information on the availability or a rape crisis counselor and the ability of a patient to consult with them in the hospital;
- Provide emergency contraception; and
- Maintain a record of all examinations and services.

Hospitals can obtain exemptions to providing these services based on religious and moral grounds, and other criteria; however, the intent is that all services should be available to all victims in the Commonwealth at any hospital. The Department of Health is responsible for enforcement of the regulation.

Several counties in the state have designated regional hospitals/centers for the care of SA patients; this is especially true for pediatric patients. Recently, it has come to our attention that DOH inspectors have been asking about the care that is provided to SA at their hospitals and citing them as noncompliant with the SAVES Act and/or EMTALA when

patients are transferred. Both the American College of Emergency Physicians (ACEP) and the US Department of Justice (US-DOJ) support a more nuanced approach to these patients. ACEP clinical policy states, "the selective triage for victims of sexual assault to designated exam facilities." [2,3] The US-DOJ, in the National Sexual Assault Exam protocol, states, "Health care facilities have an obligation to provide services to sexual assault patients[4]. Designated exam facilities or sites served by specially educated and clinically prepared examiners increase the likelihood of a state-of-the-art exam, enhance coordination, encourage quality control, and increase quality of care for patients. Recommendations for jurisdictions to build capacity of health care facilities to respond to sexual assault cases:

- Recognize the obligation of health care facilities to serve sexual assault patients in a culturally and linguistically appropriate manner.
- Ensure that exams are conducted at sites served by examiners with advanced education and clinical experience, if possible.
- Explore possibilities for optimal site locations.
- Communities may wish to consider developing basic requirements for designated exam sites.
- If a transfer from one health care facility to a designated exam site is necessary, use a protocol that minimizes time delays and loss of evidence and addresses patients' needs."

Even more so, pediatric patients may present acutely or in a delayed fashion following disclosure of sexual assault/abuse. There may or may not be a need for an acute examination with forensic evidence collection. For pediatric patients, ACEP and the US-DOJ recommend that the examination should be performed by specialized and trained pediatric examiners[3,5]. Emergency departments without pediatric examiners must work closely with CAC/MDITs to develop a triage protocol to differentiate between acute/nonacute exams and have a clear plan for immediate action and referrals. This will require basic education on pediatric genital anatomy and physiology. It is also necessary to have staff education on minimal facts history taking to avoid trauma and the negative effects of how obtaining this improperly may affect evidentiary value. The US-DOJ, in the Pediatric exam protocol, advocates a multi-disciplinary response team and states, "Although it may not be feasible for every health care facility in a community to offer specialized care for this population, every community should make available[5]:

- Pediatric examiners who provide this specialized care as part of a multidisciplinary team response; and
- Health care facilities in which pediatric examiners conduct acute and non-acute examinations and where optimal access is offered to the full range of medical services that child victims may require (for acute care)"

Several organizations, including the Pennsylvania College of Emergency Physicians (PACEP), the Hospital & Healthsystem Association of Pennsylvania (HAP), the

Pennsylvania Coalition Against Rape (PCAR), and PA Chapter of the International Association of Forensic Nurses are willing to collaboratively work with the Department of Health to describe best practices for SA patients in the state and to realize that a one size fits all approach may not work in certain locations and may not be in the best interests of the patient.

In the meantime, we want to make sure that if you do triage patients to a different location for SA services, that the transfer be timely and EMTALA compliant. Having someone at the front the desk tell the patient, "We don't do that here, go to hospital X" is unacceptable. Transport, at no cost to the victim, should be provided to the patient and they should be afforded the opportunity to decline said transfer and receive services at the hospital they chose. This action, however, could be interpreted by the DOH as non-compliant, presently. Also, if you have any questions or difficulties, please contact HAP or PACEP.

We will keep you posted on any changes and our progress.

REFERENCES

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3. American College of Emergency Physicians. Policy statement: Management of the patient with the complaint of sexual assault. April 2014. Available at: https://www.acep.org/patient-care/policy-statements/management-of-the-patient-with-the-complaint-of-sexual-assault/#sm.000i4y8a517nveyay5l2d5qfsr3lm

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5. US Department of Justice: A national protocol for sexual assault medical forensic examinations: pediatrics. April 2016. Available at: https://www.justice.gov/ovw/file/846856/download