# WV Hospital Plan for Treatment of Patients Reporting Sexual Assault

**Instructions:** This form describes a WV Hospital's Plan to treat or transfer patients (Adult/Adolescent and Pediatric/Adolescent) reporting a sexual assault. Each hospital plan will be reviewed and a decision for approval made by the SAFE Commission to meet the requirements of Legislative Rule §149-11 (WV Code 15-9B-4). Respond to each question with as much detail as possible. If additional pages are necessary, attach them to this sheet.

A completed copy of the plan shall be retained by the hospital. A completed, signed, and dated plan shall be sent to:

Brittany DeCrease
WV SANE Coordinator
wvsanecoordinator@fris.org

## PART A

**Instructions: The primary contact person shall be the responsible person at the hospital that the WV SANE Coordinator will communicate with regarding any questions, concerns, comments, and approval of the plan. The SANE Champion shall be the identified contact person for the WV SANE Coordinator to collaborate with regarding any training, protocol, policy development and technical assistance needs for SANE program development.**

Name of Hospital: _____

Mailing Address: _____

WV Counties Served: _____

Primary Contact Person/Title: _____

E-mail: _____ Telephone Number: _____

SANE Champion Name/Title (if different from above): _____

E-mail: _____ Telephone Number: _____

**Submitting Plans for (select all that apply):**

☐Treatment facility for Adult/Adolescent ☐Treatment facility for Pediatric/Adolescent

☐Transfer facility for Adult/Adolescent ☐Transfer facility for Pediatric/Adolescent

**For SAFE Commission Only**

Date Received: _____ Date Reviewed: _____ Sent Back for Revision: _____ _____ _____ _____

Date Approved: _____ Approval Signature: _____

**PART B - Treatment Facility Plan**

**Instructions: For facilities submitting Treatment Plans, answer all questions below. Submit either a copy of an on-call schedule for medical forensic services or a description of how 24/7 services will be provided. Attach a list of names of all qualified healthcare providers performing medical forensic exams. All information provided should be what the hospital will have in place effective 1/1/2026. If you are not filing a Treatment Facility Plan, please check here ☐ and proceed to page 3.**

Qualified medical providers available 24 hours/7 days for **acute Adult/Adolescent Medical Forensic exams**: ☐Y ☐N

Qualifications of medical provider(s) (Mark all that apply):
☐AA SANE ☐SANE-A ☐Physician ☐APRN ☐PA-C ☐RN utilizing TeleSANE

***Note:*** *TeleSANE providers must be approved through the SAFE Commission for use. RNs utilizing TeleSANE must have completed a 40-hour adult/adolescent sexual assault nurse examiner course.*

Are qualified healthcare providers on-call? ☐Y ☐N
If utilizing TeleSANE, name the approved TeleSANE provider(s): _____
_____

Qualified healthcare providers available 24 hours/7 days for **acute Pediatric/Adolescent Medical Forensic** exams: ☐Y ☐N

Qualifications of medical provider(s) (Mark all that apply):
☐PA SANE ☐SANE-P ☐Physician ☐APRN ☐PA-C

***Note:*** *TeleSANE may not be used in Pediatric examinations.*

Are qualified medical providers on-call? ☐ Y ☐N

**If no on-call schedule exists at this time, describe below how 24/7 services will be provided by qualified healthcare providers.**

## PART C - Transfer Facility Plan

**Instructions: For facilities that are unable to meet the requirement of 24/7 qualified healthcare providers as per Legislative Rule §149-11 (section 3.1.1) answer all questions below. Indicate which population(s) will require transfer to facilities that have an approved treatment plan(s) for the selected population(s). Attach all transfer agreements as they relate to acute medical forensic services.**

Population(s) of patients will be transferred for acute medical forensic examinations:
☐Adult/Adolescent ☐Pediatric/Adolescent

Hospital(s) your facility will be transferring patients to: _____

_____

Signed transfer agreements on file with the above hospital(s): ☐ Y ☐N

Explain the reason for the request to transfer patient population(s) marked above.

Distance of transfer: _____miles Average travel time: _____

Describe the procedures that will be taken to ensure privacy and support for patients being transferred.

Describe how patients will be transferred with no costs for transfer for the patient as defined in the county plan.

**PART D – Attachments – Treatment Facility**

1. Attach a detailed copy of the hospital's policy/protocol for treatment of the sexual assault victim. Attach any related policies/protocols that pertain to sexual assault patient care.

   The hospital policy/protocol must include:

   - Plan to provide medical forensic services to all patients reporting sexual assault, regardless of age (pediatric/adolescent and/or adult/adolescent)
   - Qualified healthcare provider to conduct the medical forensic exam
   - Timely response that is trauma-informed
   - Space that is private, age-appropriate, or developmentally appropriate
   - Medical screening examination
   - Notification of local rape crisis center for advocacy services
   - At the patient's consent, allowing the advocate to remain bedside during the medical forensic examination
   - Notification of family or friend at patient's request
   - Policy/procedure for transfer of acute sexual assault patients, including transportation method, should the patient need to be transferred for any reason. Patients should not be billed for any associated transfer costs
   - Door-to-room goal of 30 minutes
   - Treatment of sexual assault victims if in custody
   - Process of retention of the medical forensic record
   - Photo documentation process, including storage of photographs
   - Process to transmit Sexual Assault Evidence Collection Kit to West Virginia State Police Forensic Laboratory (adult/mandated report cases) or Marshall University Forensic Science Center (adult non-report cases)
   - Process to ensure kits are logged into the SAECK tracking portal

2. Attach copies of informational documents that will be given to all patients reporting sexual assault, including:
   - Evidence-based guidelines for the collection of evidence
   - Risk of sexually transmitted diseases and infections, including the risk of contracting HIV
   - Type(s) of medication for sexually transmitted diseases and side effects of medication(s)
   - Information concerning emergency contraception
   - Information about performed medical procedure(s), laboratory test(s), and medication(s) given
   - Written discharge instructions for patient reporting sexual assault
   - Available counseling resources and follow-up care referral
   - Services provided by the local rape crisis center and/or children's advocacy center, including contact information (will be provided by WVFRIS)
   - Information on drug- or alcohol-facilitated sexual offense testing, including the comprehensive scope and limited time frame within which evidence can be collected (will be provided by the WVSP Forensic Laboratory)

**PART E – Attachments – Transfer Facility**

1. Attach a detailed copy of the hospital's policy/protocol for treatment of the sexual assault victim before transfer. Attach any related policies/protocols that pertain to sexual assault patient care.
   The hospital protocol should include:
   - Timely response that is trauma-informed
   - Private, confidential space (when possible)
   - Notification of the local rape crisis center for advocacy services
   - Provisions for providing transportation
   - Notification of a friend or family member at the patient's request
   - Door-to-room goal of 30 minutes
   - Process to transfer the sexual assault patient

2. Describe any plans to become a treatment facility, including timeline.

**PART F – Conditions of Approval of Plan - Treatment Facilities**

1. Review and sign the Conditions of Approval:

The following Conditions of Approval from the SAFE Commission shall apply to all hospitals conducting medical forensic exams for adult, adolescent or pediatric patients reporting sexual assault. The Conditions of Approval must be signed by the Chief Executive of the facility.

These conditions are outlined below to ensure that all hospitals providing medical forensic exams are informed and aware of their responsibilities following Legislative Rule §149-11 (WV Code 15-9B-4).

a. The hospital shall provide emergency services to patients reporting sexual assault with the consent of the individual or the parent, legal guardian, or healthcare surrogate.

b. The hospital shall provide a medical forensic examination with no direct charge to the patient for the forensic part of the exam. The hospital may seek reimbursement for $1000 for the acute forensic exam from the WV Forensic Medical Exam Fund. The medical provider must enter the necessary information into the SAECK Information System timely for the hospital to receive that reimbursement. Should the WVSP Forensic Laboratory receive the kit prior to entry into the SAECK Information System, the $1000 reimbursement is forfeited. Medical needs, STI treatment, and/or emergency contraception are not covered by the WV Forensic Medical Exam Fund.

c. The hospital shall comply with the Emergency Medical Treatment Act, West Virginia Crime Victims Compensation Act, West Virginia Health Care Decisions Act, Sexual Assault Victims' Bill of Rights and any local ordinances, municipal codes, rules, or regulations that may apply to the treatment of sexual assault victims.

d. The hospital shall maintain and preserve the medical forensic records, including photographs. These documents shall be labeled "confidential" and securely stored. Should the hospital decide to retain the records within the patient's medical record, they should be kept in a secure folder and not scanned into the electronic record to maintain the confidential nature. There is no statute of limitations in WV for sexual assault. The medical forensic record should never be released to the patient as part of a medical records request.

**FOR THE HOSPITAL:**

Signature/Title: _____

Print Name: _____

Date: _____

## PART G – Conditions of Approval of Plan - Transfer Facilities

1. Review and sign the Conditions of Approval:
   The following Conditions of Approval from the SAFE Commission shall apply to all hospitals transferring patients to another facility for medical forensic exams for adult, adolescent or pediatric patients reporting sexual assault. The Conditions of Approval must be signed by the Chief Executive of the facility.

   These conditions are outlined below to ensure that all hospitals are informed and aware of their responsibilities to be in compliance with Legislative Rule §149-11 (WV Code 15-9B-4).

   a. The Hospital shall provide an appropriate medical screening examination and initial stabilizing treatment.

   b. The Hospital shall have a written transfer agreement for the designated patient populations with a facility that has been approved by the WV SAFE Commission as a Treatment Facility.

   c. The hospital shall comply with the Emergency Medical Treatment Act, West Virginia Crime Victims Compensation Act, West Virginia Health Care Decisions Act, Sexual Assault Victims' Bill of Rights and any local ordinances, municipal codes, rules, or regulations that may apply to the treatment of sexual assault victims.

**FOR THE HOSPITAL:**

Signature/Title: _____

Print Name: _____

Date: _____