## **Hospital Plans and Rules Instructions**

These documents are meant to help guide West Virginia Hospitals in building their response plan to the treatment of patients reporting a sexual assault. Effective 1/1/2026, hospitals are required through Legislative Rule § 149-11 to have qualified healthcare providers performing medical forensic services 24 hours a day, seven days a week (W. Va. Code 15-9B-4). "Qualified healthcare provider" is defined as any of the following:

- 1. "A registered professional nurse who has completed a sexual assault nurse examiner course and training requirements approved by the SAFE Commission."
- "A registered professional nurse who has completed a modified sexual assault nurse examiner course approved by the SAFE Commission and utilizes a teleSANE in performing forensic exams."
- 3. "A physician performing forensic exams within his or her scope of practice and with the availability of a teleSANE."
- 4. "A physician assistant performing forensic exams within his or her scope of practice and with the availability of a teleSANE."
- 5. "An advanced practice registered nurse performing forensic exams within his or her scope of practice and with the availability of a teleSANE."

Examples of acceptable coverage include any mix of the above, ensuring all age populations have access to sexual assault medical forensic examinations 24/7. Should a hospital be unable to fulfill the above requirements 24/7, it must have a transfer agreement in place with another facility that meets these requirements and which has a SAFE Commission-approved plan. Hospitals are permitted to have a signed written agreement with another hospital for services for an adult, a child, or both.

In addition to the above, hospitals must do all the following if they are providing sexual assault forensic examinations:

- 1. Provide services without delay in a private, age-appropriate, or developmentally appropriate space.
- 2. Offer the Sexual Assault Evidence Collection Kit for any victim presenting within 96 hours after the offense or if the victim discloses past sexual assault by a specific individual and was in that individuals care within the last 96 hours.
- 3. After examination provide a space for the victim to shower, unless showering facilities are unavailable.
- 4. Provide the following documents both through oral and written education: the possibility of infection or sexually transmitted infection in accordance with CDC guidelines; emergency contraception in accordance with CDC guidelines; accepted medical procedures, laboratory tests, medication, and possible contraindications of that medication available for the prevention or treatment of infection or disease resulting from the sexual offense; list of services provided by the rape crisis center and children's advocacy center; drug or alcohol-facilitated sexual offense testing, including an explanation of the comprehensive scope of the testing and limited time frame within which evidence can be collected.
- 5. Refer the victim to appropriate counseling with the initial referral being to a community-based rape crisis center.

- 6. Contact an advocate from the community-based rape crisis center to respond to the hospital for support of the victim and allow the advocate to remain in the exam room during the medical forensic examination with the consent of the victim.
- 7. Have a health care team member respond immediately to the victim with a goal of placing them in a private area within 30 minutes of arrival to ensure privacy.
- 8. Initiate the hospital plan for care of the sexual assault victim on arrival, including referring to the victim by code to avoid embarrassment.
- 9. Offer to call a friend or family member to accompany the victim at the facility.
- 10. Have a process to document the patient's decision to consent to or decline examination and treatment. Keep a copy of the written consent form in the patient's medical forensic record.
- 11. Obtain photo documentation of the victim's injuries, anatomy involved in the offense, or other visible evidence on the sexual assault victim's body with the victim's consent.
- 12. Ensure photo documentation is stored confidentially and per facility protocol.
- 13. Allow the victim opportunity to sign a written consent to transmit the sexual assault evidence for testing or be stored as a nonreport. After making a mandatory report on minors under the age of 18, transmit all kits to the West Virginia State Police Forensic Laboratory.
- 14. Provide the victim with kit tracking number and kit tracking website.
- 15. In cases of an adult non-report kit, provide the patient with the opportunity to sign written request that the kit is a non-reported kit and transmit the kit to the Marshall University Forensic Science Center. Notify victims choosing this route that the kit shall be stored for 20 years from the date of collection.
- 16. Transmit all reported kits to the West Virginia State Police Forensic Laboratory within 30 days of collection, or as soon thereafter as practicable.

All hospitals must complete either a treatment or transfer plan for both Adult/Adolescent and Pediatric/Adolescent populations. Hospitals that are proceeding with being a treatment facility for sexual assault victims should use these documents to ensure they are meeting all sections of Legislative Rule §149-11. Within the "Legislative Rule w Standards" document, the facility must place any plan notes and reference any documents they are attaching in the Hospital Plan Notes column (for example: policies or procedures, educational handouts for victims) that meet each section as required. Please make sure all documents referenced are clearly titled for ease of review (ex: Policy 205: Care of the Patient Reporting Sexual Assault). Once the facility has completed the combined Treatment-Transfer Plan document AND

the Legislative Rule with Standards document, save the files with the format of "HospitalNameDate" (example: WVUReynoldsMemorial7.29.24) and submit it along with any required attachments to:

Brittany DeCrease, RN, BSN, AA SANE
WV SANE Coordinator
(304) 941-9644
wvsanecoordinator@fris.org

If you would prefer access to this file in Excel format for your use, please email the request to:

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