

POLICE COPY

1

# SEXUAL ASSAULT REFERRAL UNIT PROTOCOL

Ward E710  
 Unit No.  
 Surname [REDACTED]  
 Other UNKNOWN, Male  
 Name U/K, U/K 8888  
 DOB 00-XXX-1900 SEX M  
 DOB/Se EMRG

ADDRESS POSTCODE TEL. NO.

DATE 11 / 1 / 02 TIME OF ARRIVAL 07+2 a.m./p.m. HOSPITAL ROYAL ANKLE HOSPITAL

SUSPECTED SEXUAL ASSAULT  
 Rape  
 Incest  
 Indecent assault  
 Other (specify) NATURE OF ASSAULT NOT KNOWN

BROUGHT BY:  
 Self  
 Police  
 Relative  
 Friend  
 Rape Crisis Centre  
 Other (specify) AMBULANCE

CONSENT TO MEDICAL EXAMINATION OF UNABLE TO CONSENT - COMATOSE  
 (To be read to patient by witness)

I hereby consent to a complete medical examination, including a pelvic (internal) examination, and to the recording of the findings. I also authorise the collection of all necessary specimens for laboratory tests and the taking of necessary photographs of injuries related to the reason for this examination.

I understand that if I decide not to proceed with immediate Police action the laboratory specimens will be held at the Hospital for 48 hours.  
**IF IMMEDIATE POLICE ACTION REFER TO PAGE 9.**

SIGNED DATE / / SURNAME (please print) OTHER NAMES

RELATIONSHIP TO PATIENT  
 Self  Guardian  
 Parent  Other (please specify)

SIGNATURE OF WITNESS SURNAME (please print) OTHER NAMES

NAME OF EXAMINING DOCTOR (please print) MARK DEXTER SIGNATURE [Signature]

NAME OF WITNESS TO EXAMINATION (print) S. PUMFORD SIGNATURE [Signature] OCCUPATION RN.

**HISTORY OF ASSAULT**

- Information sought assists in assessment of laboratory results and subsequent police investigation.
- Last coitus, if within 7 days of assault and if with other than assailant/s can leave semen which could give misleading information on laboratory findings. This item is very important.

**GENITAL EXAMINATION**

- Opinion is divided on the use of a speculum when taking vaginal swabs.
- It is most essential that semen be not introduced into the vagina, from a deposition on the external genitalia, and thence on to a vaginal swabbing.

99-87-46

.T

2

Include details such as person or clothing; a UNKNOWN, Male U/K, U/K 8888

at or fraud; likely site of injury to / likely to stain clothing with blood.

SURNAME	DOB 00-XXX-1900	SEX M	HOSPITAL
		EMRG	

MEDICAL OFFICER TREATING PATIENT Moulton	EMERGENCY MEDICAL TREATMENT ALREADY PERFORMED (e.g. in Emergency Service) RESUSCITATION IN EMERGENCY DEPARTMENT
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**CHECK LIST**

SINCE ASSAULT, HAS VICTIM?

NO  YES

<input type="checkbox"/>	Changed clothing	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Showered	<input type="checkbox"/>
<input type="checkbox"/>	Bathed	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Douched	<input type="checkbox"/>
<input type="checkbox"/>	Urinated	<input type="checkbox"/>
<input type="checkbox"/>	Defaecated	<input type="checkbox"/>
<input type="checkbox"/>	Vomited	<input type="checkbox"/>
<input type="checkbox"/>	Washed mouth	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Cleaned teeth	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Had drink/food	<input type="checkbox"/>

DATE and TIME OF ASSAULT  
11 / 1 / 92 8.00 p.m.

DATE OF EXAMINATION  
11 / 1 / 92 2030 a.m./p.m.

TIME OF COMMENCEMENT  
..... a.m./p.m.

TIME OF CONCLUSION  
..... a.m./p.m.

L.M.P. ....

DATE OF LAST COITUS IF WITHIN 7 DAYS OF ASSAULT  
DATE .....

PATIENT ARRIVED IN ETICU AT 0900  
NO DETAILS OF ASSAULT AVAILABLE

ATTEMPT MADE BY ETICU NURSING STAFF  
TO OBTAIN SEXUAL ASSAULT KIT FOLLOWING  
ARRIVAL BUT THIS WAS REFUSED BY  
SOCIAL WORKER.

PATIENT WASHED + BATHED BY NURSING  
STAFF AND A VITAL PULSE WAS  
INSERTED FOR TEMPORARY MONITORING

SEXUAL ASSAULT KIT OBTAINED AT  
2030 AND EXAMINATION CARRIED OUT

99-87-46

UNKNOWN, Male  
U/K, U/K 8888  
DOB 00-XXX-1900 SEX M  
EMRG

SURNAME

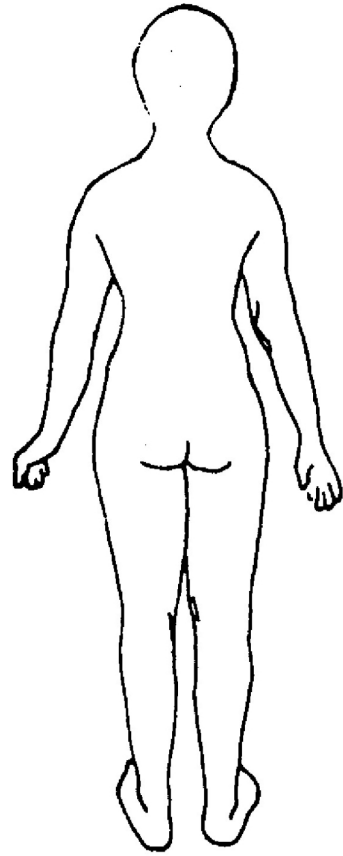
FOR FORENSIC PURPOSES  
WEAR GLOVES AT ALL TIMES

- Clothing must be removed in your presence (& witness)
- Place in identified package until decision made regarding police action.
- Please avoid further damage when clothing is removed or during inspection.

APPEARANCE AND MOOD OF PATIENT  
State of dress, hair, emotional state

COMATOSE - INTUBATED + VENTILATED  
MULTIPLE FACIAL LACERATIONS  
+ BRUISES

Indicate location, size (in cm)  
and type of findings.



CLOTHING: General description of stains or damage

NOT AVAILABLE  
→ NONE WITH PATIENT ON  
ARRIVAL IN ETCU

WHEREABOUTS OF CLOTHING  
NOT KNOWN BY ATF  
STAFF 2040.

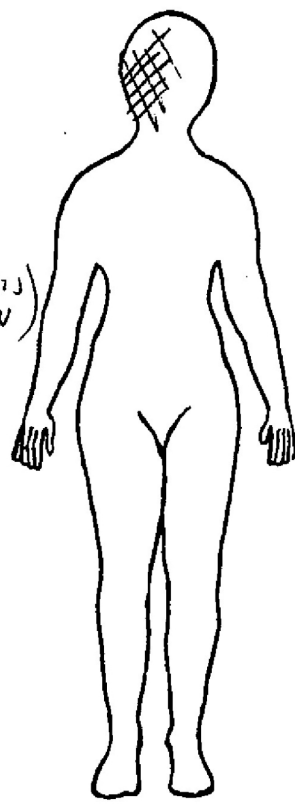
99-87-46  
**UNKNOWN**, Male  
 U/K, U/K 8888

SURNAME	OTHER DOB 00-XXX-1900 SEX M	
	EMRG	

- FOR FORENSIC PURPOSES WEAR GLOVES AT ALL TIMES**
- Clothing must be removed in your presence & witness).
  - Place in identified package until decision made regarding police action.
  - Please avoid further damage when clothing is removed or during inspection.

**GENERAL EXAMINATION:** Use diagrams if required  
 Detail everything (bruises, abrasions, etc.)

Normal	Abnormal (specify)
<input type="checkbox"/> Face	<input checked="" type="checkbox"/> EXTENSIVE FACIAL LACERATIONS, FRACTURES - BROW BONE TO RIGHT
<input type="checkbox"/> Mouth	<input checked="" type="checkbox"/> FALC. RIGHT EYE APIL FIXED + UNRESPONSIVE
<input type="checkbox"/> Throat	<input checked="" type="checkbox"/> CLINICAL LEFT T II FRACTURE
<input type="checkbox"/> Head	<input checked="" type="checkbox"/> GCS 5 - LIKELY HUBIC BRAIN INJURY (DIAGNOSTIC DIAGNOSIS) BY DR S. HALLMAN
<input checked="" type="checkbox"/> Hands	<input type="checkbox"/>
<input checked="" type="checkbox"/> Arms	<input type="checkbox"/>
<input checked="" type="checkbox"/> Feet	<input type="checkbox"/>
<input checked="" type="checkbox"/> Legs	<input type="checkbox"/>
<input checked="" type="checkbox"/> Thorax -anterior	<input type="checkbox"/>
<input checked="" type="checkbox"/> -posterior	<input type="checkbox"/>
<input checked="" type="checkbox"/> Abdomen -anterior	<input type="checkbox"/>
<input checked="" type="checkbox"/> -posterior	<input type="checkbox"/>
<input checked="" type="checkbox"/> Buttocks	<input type="checkbox"/>



C 99-27-46 I  
 UNKNOWN, Male  
 U/K, U/K 8888  
 DOB 00-XXX-1900 SEX M NO.  
 EMRG

SURNAME

NO.

VULVA

- lubrication       semen       blood  
 mucus       pus, etc. (specify)

EXTERNAL GENITALIA

- mature       pubertal       pre-pubertal

EXAMINATION: Record any pain or tenderness

Normal

Abnormal (specify inspection & palpation)

- |                                     |                      |                          |       |
|-------------------------------------|----------------------|--------------------------|-------|
| <input type="checkbox"/>            | Mons                 | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Labia majora         | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Labia minora         | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Introitus            | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Posterior Fourchette | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Hymen                | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Urethra              | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>            | Clitoris             | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Inner thighs         | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Perineum             | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Anus                 | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Perianal skin        | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Penis                | <input type="checkbox"/> | _____ |
| <input checked="" type="checkbox"/> | Scrotum              | <input type="checkbox"/> | _____ |

EXTERNAL

EXAMINATION

Swabs are taken to detect whether blood or semen is present.

BEFORE proceeding with internal examination, take swabs and smears required for forensic and hospital purposes (in the order listed on page 7, forensic categories 1-6, hospital categories 1-3).

Use proctoscope for rectal swabs.

INTERNAL EXAMINATION

SPECULUM EXAMINATION (Ensure high vaginal swab has been taken before proceeding with speculum examination)

Normal

Abnormal (specify)

- |                          |              |                          |       |
|--------------------------|--------------|--------------------------|-------|
| <input type="checkbox"/> | Lower vagina | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Upper vagina | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Cervix       | <input type="checkbox"/> | _____ |

VAGINAL EXAMINATION (ONLY IF INDICATED)

RECTAL EXAMINATION (ONLY IF INDICATED)

RR NAD - RECTAL PROBE IN SITU

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ADDITIONAL NOTES

SURNAME UNKNOWN	OTHER NAMES MATE	UNIT NO. 99376
ON ARRIVAL ESTD 0900		
1) INTUBATED + VENTILATED		
2) GCS 3.		
3) RIFTS (RIP + XE) IN MOUTH, 17-1		
LATE HEALING BILIBILI		
4) PULSATIVE 95/60.		
5) HYPOTENSION 82/50		
6) FACIAL PALLOR + ACROCYANOSIS		

LABELLING/IDENTIFICATION Every individual item collected must be identified as provided for on labels.

NAIL SCRAPINGS

Only take if history shows victim to have defended herself/himself by scratching assailant.

Scrapings are examined for presence of blood and/or tissue.

PUBIC SPECIMENS

Collection of pubic specimens is only indicated if there are—

- (1) Hairs in the pubic region apparent which are obviously different from the pubic hair of the victim.
- (2) Foreign bodies (fibres, vegetation etc.) present which may have been transferred during the assault from the assailant or the scene.

HEAD HAIRS

Collection of head hair only if indicated by the history of the assault.

N.B. Semen can be deposited other than in genital area and should be collected and submitted for blood group investigation as well as proof.



**POLICE COPY**  
**SPECIMENS & INVESTIGATIONS**

7

SURNAME <i>VALENDUIN</i>	OTHER NAMES <i>MALE</i>	UNIT NO. <i>945746</i>
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**ALL SPECIMENS COLLECTED MUST BE IDENTIFIED AND LABELLED BY THE EXAMINING DOCTOR**

✓ Tick boxes of specimens collected

<p align="center"><b>FORENSIC BIOLOGY SPECIMENS</b></p> <p>Use <u>ONLY</u> the items provided in the kit</p> <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Vulval swab &amp; smear</li> <li>2. <input type="checkbox"/> Low Vaginal swab &amp; smear</li> <li>3. <input type="checkbox"/> High Vaginal swab &amp; smear</li> <li>4. <input checked="" type="checkbox"/> Perianal swab &amp; smear</li> <li>5. <input checked="" type="checkbox"/> Rectal swab &amp; smear</li> <li>6. <input type="checkbox"/> Oral swab &amp; smear</li> </ul> <p style="margin-left: 200px;"><b>TAKE ONLY IF INDICATED BY HISTORY OF ASSAULT.</b> <i>RECTAL swab in S.I.V. swab 073</i></p>	<p align="center"><b>HOSPITAL LABORATORY SPECIMENS</b></p> <p>(Hospital to provide swabs, plates and bottles for these specimens.)</p> <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Urethral swab (plate &amp; smear)</li> <li>2. <input type="checkbox"/> Endocervical swab (plate &amp; smear)</li> <li>3. <input type="checkbox"/> Cervical smear</li> </ul> <p>Any specimens taken in this section are <u>NOT</u> to be placed in the S.A.I.K.</p>
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**CHANGE GLOVES TO COLLECT OTHER ITEMS**

7. <input checked="" type="checkbox"/> Blood — 10ml Store at 4°C	4. <input type="checkbox"/> Blood — 5ml (for VDRL etc.)
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<p>Other Items collected (specify)</p> <ul style="list-style-type: none"> <li>8. <input checked="" type="checkbox"/> <i>PERINEAL swab</i></li> <li>9. <input type="checkbox"/></li> <li>10. <input type="checkbox"/></li> <li>11. <input type="checkbox"/></li> <li>12. <input type="checkbox"/></li> <li>13. <input type="checkbox"/></li> </ul> <p>See back of previous page for information re these specimens.</p>	<ul style="list-style-type: none"> <li>5. <input type="checkbox"/> Urine (for pregnancy test)</li> <li>6. <input type="checkbox"/> Other (specify)</li> </ul>
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FORENSIC SPECIMENS HANDED TO: <i>A. Smith</i>	<input type="checkbox"/> Police <input type="checkbox"/> Other (specify) .....
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Signature: <i>[Signature]</i>	Date: <i>11/1/02</i>	Time: <i>9030</i>
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Forensic Photography requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forensic Odontology requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No