



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6310.11A CH-1
BUMED-M3
18 Sep 2013

BUMED INSTRUCTION 6310.11A CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: SEXUAL ASSAULT PREVENTION AND RESPONSE MEDICAL-FORENSIC
PROGRAM

Encl: (1) Revised enclosures (6) through (8)

1. Purpose. To update paragraph 2e(1) by removing subparagraph 2e(1)(f) of enclosure (6), update paragraph 4 of enclosure (7), and update paragraphs 3 and 4 of enclosure (8) of the basic instruction. Added new form.

2. Action. Remove enclosures (6) through (8) from the basic instruction. Replace with enclosure (1) of this change transmittal.

3. Form. New form NAVMED 6310/7 (Rev. 08-2013) is available on the BUMED Web site at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>

4. Retain. For record purposes, keep this change transmittal in front of the basic instruction.

M. L. NATHAN

Distribution is electronic only via the Navy Medicine Web site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

**NAVY MEDICINE SEXUAL ASSAULT PREVENTION AND
RESPONSE MEDICAL-FORENSIC PROGRAM GUIDANCE**

1. Background

a. The Department of Defense (DoD) does not tolerate sexual assault and has implemented a comprehensive program that reinforces a culture of prevention, response, and accountability for the safety, dignity, and well-being of all members of the Armed Forces. The DoD restricted reporting policy encourages victims to seek the medical support that is available to them without fear of reprisal or stigma. Navy Medicine fully supports the DoD policy on Sexual Assault Prevention and Response (SAPR). BUMED supports this instruction by providing implementation guidance for medical-forensic response to victims of sexual assault. Administrative guidance on the execution of the DoD SAPR Program will be released via separate BUMED instruction. Information about DoD SAPR is available at: <http://www.sapr.mil/>.

b. This SAPR instruction provides Navy Medicine personnel with guidance in providing victim-sensitive, comprehensive-care for adult victims of sexual assault.

c. Navy leaders will exhibit top-down leadership engagement by promoting a consistent message that sexual assault is unacceptable and that medical personnel know their roles and responsibilities for caring for sexual assault victims.

2. Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED) is responsible for appointing a BUMED Sexual Assault Medical Program Manager to:

(1) Provide proactive oversight of the Sexual Assault Medical Forensic Examiner Program.

(2) Work in collaboration with the Sexual Assault Administrative Program Manager.

(3) Coordinate with BUMED Education and Training (BUMED-M7) and Navy Medicine Education and Training Command (NMETC) to ensure training requirements and plans are standardized and tracking mechanisms are established and implemented via the appropriate Navy Medicine Region.

(4) Collaborate with Commander, Navy Installations Command Sexual Assault Response Coordinators (SARC) and the BUMED Sexual Assault Administrative Program Manager to collect data and prepare the Annual Report to Congress.

(5) Prepare the BUMED annual report to Health Affairs on Sexual Assault Forensic Examinations (SAFE) capability and number of trained examiners.

(6) Collaborate with Navy Medicine Regions to monitor and track Memorandum(s) of Understanding with civilian health care facilities.

(7) Collaborate with operational forces medical liaisons, to include Fleet Forces Surgeon, Pacific Fleet Surgeon, and the Medical Officer of the Marine Corps to ensure operational platforms have the capability to provide medical-forensic examinations to support victims of sexual assault.

b. Commanders, Navy Medicine Regions shall:

(1) Appoint a Regional Sexual Assault Medical Program Manager to assume responsibility for and ensure that the DoD standard of care of sexual assault victims is met at the medical treatment facility (MTF) and clinics under the regional purview. Medical management shall be trauma-informed, victim-centered, gender-sensitive, compassionate, and non-judgmental. The Regional Sexual Assault Medical Program Manager can be a physician, registered nurse, or other licensed independent practitioner.

(2) Coordinate with the regional SAFE point of contact (or program manager) to coordinate DoD and Navy sexual assault medical-forensic policy.

(3) Ensure availability of sexual assault medical response capability 24/7. All Navy medical facilities will ensure availability to complete SAFEs during hours of operation. If a facility is unable to perform a SAFE based on personnel manning, hours of operation, or facility design, Deputy Chief, Medical Operations (BUMED-M3) must be notified of location and a plan to manage patients who may present to their location. No ambulatory clinic is expected to open for business for the sole purpose of completing a SAFE.

(4) Develop a Regional Plan of Execution and timeline for implementation. The Regional Sexual Assault Medical Program Manager will identify sites that will or will not conduct a SAFE. If a site is identified as not being able to complete a SAFE, justification must be given to BUMED-M3 and a plan articulated to meet the capability should a victim of sexual assault present. The roll out plan should prioritize the hospital sites as first to be trained and when hospitals are complete move into the ambulatory sites. The time line for implementation is completion by the end of Fiscal Year 2013 with quarterly progress reports to the BUMED Chief of Staff via the BUMED Sexual Assault Medical Program Manager.

(5) Ensure that each MTF commander, commanding officer (CO), and officer in charge (OIC) adheres to the policy and remains committed to ongoing training.

(6) Assist the MTF Sexual Assault Medical Program Manager in establishing and sustaining a sexual assault program that will ensure DoD initial and refresher training standards are met for health care personnel, and personnel trained to provide medical-forensic examinations. All sites will identify physicians, registered nurses, and other licensed

independent practitioners who will be trained to complete a SAFE. Independent duty corpsman (IDC) training will be provided if they are assigned to an operational platform. IDCs assigned to MTFs may not be required to complete training to perform the SAFE, depending on MTF requirements. The Command Program Manager will determine level of training needed.

(7) Ensure that training for health care providers performing sexual assault medical-forensic examinations is completed per enclosure (8) and entered into Fleet Training Management and Planning System under CIN: MED-SAFE.

(8) Collaborate with NMETC to facilitate standardized initial and refresher training for MTF providers. See enclosure (8) for training guidance. Establish a training process that includes competency testing, tracking, and reporting for registered nurses and independent duty corpsmen. Collaborate with operational commands to provide training and competency testing for their medical personnel.

(9) Prepare the annual report to BUMED on SAFE capability and number of trained examiners.

c. The MTF commanders, COs, and OICs shall:

(1) Appoint an MTF Sexual Assault Medical Program Manager to coordinate DoD and Navy sexual assault medical-forensic policy at the MTF and satellite clinics as appropriate, and will ensure the DoD standard of care for sexual assault victims is victim-centered, gender-sensitive, compassionate, and non-judgmental. The MTF Sexual Assault Medical Program Manager can be a physician, registered nurse, or other licensed independent practitioner. The MTF CO or designee and the Sexual Assault Medical Program Manager will establish a plan for Sexual Assault Medical Forensic Examination capability in their facility. The MTF Sexual Assault Medical Program Manager will:

(a) Coordinate with the Regional Sexual Assault Medical Program Manager to execute a plan for 24/7 availability of sexual assault medical and forensic capability at hospital sites and availability in the clinic setting during hours of operation. See paragraph 4b of this enclosure for guidance on restricted reporting. See enclosure (9) for guidance on evidence handling in cases of restricted reporting and unrestricted reporting, respectively.

(b) If an MTF is unable to provide sexual assault medical-forensic capability, a Memorandum of Understanding with a civilian medical facility capable of performing medical-forensic examinations must be executed. However, if such an agreement is not obtainable then the facility must be able to articulate a plan to cover medical-forensic capability.

(c) Work in collaboration with the Regional Sexual Assault Medical Program Manager and Regional Sexual Assault Administrative Program Manager to develop and monitor

implementation of a SAFE and Command SAPR program. Standardized tracking, reporting, and monitoring will be implemented and monitored via the Navy Medicine Region and reported to BUMED quarterly.

(d) Ensure that all medical forensic examiners are familiar with NAVMED 6310/5, Department of the Navy Sexual Assault Restricted Reporting Evidence Submission Chain of Custody, and their role in handling and mailing forensic evidence in the case of a restricted report. The Sexual Assault Medical Program Manager will communicate the process to mail evidence kits during working hours and after hours via appropriate procedures to maintain the chain of custody. For cases that occur after hours, on weekends, or on holidays, the medical forensic examiners will take the completed SAFE kit, the NAVMED 6310/5, chain of custody form, and other associated evidence, and lock these items in a secured environment until it can be mailed or personally turned over to law enforcement. See enclosure (9) for guidance on evidence handling in cases of restricted reporting and unrestricted reporting, respectively.

(2) Ensure tracking, monitoring, and reporting of training consistent with DoD requirements are met for general health care personnel and medical forensic examiners per reference (b).

(3) Attend the installation Sexual Assault Case Management Group (SACMG) meeting and ensure appropriate representation per enclosure (9) of reference (b).

(4) Ensure that members of the Reserve Component are able to access medical treatment and counseling for injuries and illness incurred from a sexual assault while in a status where the member is eligible to make a restricted report. For further information see enclosure (3) of reference (b).

(a) Line of duty (LOD) determinations for Reserve Component personnel may be made to law enforcement or command, without the victim being identified solely for the purpose of enabling the victim to access medical care and psychological counseling, and without identifying injuries from sexual assault as the cause. For LOD purposes, the victim's SARC may provide documentation that substantiates the victim's duty status as well as the filing of the restricted report to the designated official.

(b) If medical or mental health care is required beyond initial treatment and follow-up for Reserve Component personnel, a credentialed medical or mental health provider must recommend a continued treatment plan to support recovery and healing post assault.

(5) Consult with the local Staff Judge Advocate (SJA) prior to initiation of any official investigation per reference (k).

(6) Prepare the annual report to appropriate Navy Medicine Region on SAFE capability and number of trained examiners.

d. Health care personnel (defined in Terms and Definitions, enclosure (4)) will:

(1) Complete initial and refresher training on sexual assault response policies for DoD and DON as well as DoD confidentiality policy, victim advocacy resources, medical treatment resources, sexual assault victim interview, and a basic overview of the medical-forensic examination.

(2) Be familiar with this SAPR medical-forensic instruction and understand the difference between restricted and unrestricted reporting options. See enclosure (9) for guidance on evidence handling in cases of restricted reporting and unrestricted reporting, respectively.

e. Health care providers performing the Sexual Assault Medical Forensic Examination will:

(1) Be defined as:

(a) Physicians practicing in the Military Health System (MHS) or operational environment to include undersea medical officers and flight surgeons.

(b) Advanced practice registered nurses practicing in the MHS or operational environment.

(c) Physician assistants practicing in the MHS or operational environment.

(d) Registered nurses practicing in the MHS or operational environment who have completed the Sexual Assault Medical Forensic Examination training program. Program managers at the MTFs will monitor and track competency training.

(e) IDCs and Military Sealift Command Medical Service Officers (MSOs) (Contingency Situations Only): In contingency situations, such as, but not limited to deployments to remote areas, combatant operations, Navy ships, Military Sealift ships submarines, or wing deployments, certified IDCs/MSOs may perform SAFEs upon completion of training.

(2) Be considered fully trained in SAFE after having completed training in enclosure (8).

(3) Complete initial and annual refresher training on pertinent policies; sexual assault victim medical forensic history taking; sexual assault examination process to include evidence collection kit, chain of custody, and documentation; prevention of pregnancy, emergency contraception, Human Immunodeficiency Virus testing/prophylaxis, and sexually transmitted infection treatment; trauma to include types of injury(s), photography of injury(s), behavioral health, and counseling needs; consulting and referral process; appropriate health care follow-up; medical record management; guidelines for reporting sexual assault; and an overview of the legal process. Training will be tracked by Regional and MTF Program Managers.

(4) Will work with the designated SARC and Victim Advocate per enclosure (1).

3. Training. See enclosure (8) for training guidance and competencies.

4. Confidentiality

a. Health Insurance Portability and Accountability Act (HIPAA). Individuals within the DoD/MHS will adhere to reference (h), DoD Health Information Privacy Regulation of January 2003, section 3.4. Individuals outside the DoD Military Health System will enter into a Business Associate Agreement as defined in enclosure (12) and per references (h), (s), and (t).

b. For reporting options to include restricted reporting see references (d), (e), (g), and (l).

5. SAFE for Suspects

a. Suspect forensic examinations are conducted by the same procedure as the victim examinations. Health care providers performing the SAFE will use the approved DoD SAFE kit and DD Form 2911 to document and direct the forensic examination and evidence collection.

b. Suspect examinations will be conducted, under the authority of Naval Criminal Investigation Services (NCIS), either with the suspect's consent, a search warrant, or command authorization to search obtained by NCIS or other law enforcement agency, or exigent circumstances as determined by law enforcement. Suspects must be given their Article 31b rights prior to a forensic examination. This should have been completed by a SJA, investigating officer, NCIS agent, or other law enforcement agent prior to the suspect arriving at the MTF.

c. The health care provider can only collect the evidence as described by the search warrant, or command authorization to search, scope of consent, or as deemed allowable by exigent circumstances. The SJA will be notified before the health care provider conducts the examination. Restraint of the suspect for the examination is authorized and will be done unless the commander, CO, or OIC within his or her discretion disapproves or there is a reasonable threat of harm to either the suspect or provider.

d. The individual health care provider may refuse to conduct the exam for moral or ethical reasons. In the event that a provider does refuse to perform the exam, the commander, CO, or OIC must ensure that the exam is completed in a timely manner.

e. The health care provider will not ask the suspect any questions beyond the medical and social history questions in the DD Form 2911.

f. Billing should be coded as V71.5. If issues arise, commands will work with local NCIS and law enforcement regarding billing.

DOCUMENTATION AND CODING OF MEDICAL FORENSIC EXAMINATIONS

1. Medical forensic examiners are responsible for documenting forensic details of the examination on DD Form 2911. This form guides the examination and methodical documentation of evidence, putting together a picture of what happened in an objective and scientific way. The DD Form 2911 shall be placed in the envelope and taped to the sealed kit.
2. The only medical issues documented in this report are findings that potentially relate to the assault or pre-existing medical factors that could influence interpretation of findings.
3. If the reporting is unrestricted, the criminal justice system will use the DD Form 2911, along with collected evidence, and victim/witness statements as a basis for investigation and possible prosecution. Section T of the DD Form 2911 will be completed in order to transfer collected evidence to law enforcement. Law enforcement will confirm receipt of all collected evidence by signing Section U of the DD Form 2911. Photographs taken will be maintained as a part of the medical forensic patient record. For deployed forces, photographs are turned over with the kit and chart, and chain of custody is documented in section T of the DD Form 2911.
4. If maintaining for any period of time, medical forensic examination records, including photographs, will be maintained separately from the outpatient treatment record to avoid inadvertent disclosure of unrelated information and to preserve confidentiality. The medical forensic examination records will be maintained by the medical treatment facility (MTF) in a secure location. There will be clear policies regarding personnel allowed access to these records according to the Health Insurance Portability and Accountability Act requirements. Only law enforcement and MTF personnel as designated by the above mentioned policies will be permitted access to these records.
5. The medical forensic examiner and other health care providers will document the encounter(s) as “sensitive” in Armed Forces Health Longitudinal Technology Application (AHLTA) or other clinical informatics data repository to protect and promote the welfare of the patient. Paper records, if any, will be treated as “sensitive” and maintained in a locked file. Electronic records will be stored in an encrypted file with limited access.
6. Coding is guided by the International Classification of Diseases. Document cases appropriately with the following codes:
 - a. 995.83 for Adult Sexual Abuse
 - b. V71.5 Observation Following Adult Sexual Assault
 - c. V15.41 Personal History of Sexual Assault
7. Health care providers shall verify the victim’s reporting choice during each visit related to the sexual assault and ensure documentation in the victim’s medical record. Records pertaining to restricted reporting shall be appropriately marked to reflect their status as covered communications.

TRAINING GUIDANCE AND COMPETENCY ASSESSMENT

1. Background. Commander, Navy Medicine Education and Training Command (NMETC) will identify or develop a standardized curriculum and training plan to include a standardized approach for competency acquisition across Navy Medicine.

2. Initial Training

a. All health care providers performing the Sexual Assault Medical Forensic Examination will complete the required training utilizing two DVDs. The first DVD, *Sexual Assault Forensics and Clinical Management: A Virtual Practicum*, is intended to meet the training needs of registered nurses, licensed independent practitioners, physicians, and Independent Duty Corpsman. This DVD covers:

- (1) Patient interviewing and history gathering
- (2) Medical Forensic Examination
- (3) Evidence collection
- (4) Survivor experiences
- (5) Forensic evidence analysis
- (6) Pre-trial preparation
- (7) Court Testimony

b. The second DVD, *Sexual Assault Forensic Examinations in Navy Medicine*, will cover topics specific to Navy Medicine and provide links to guiding policy and Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.

c. Physicians, Physician Assistants (PA), Advanced Practice Nurses, IDCs, MSOs, who are trained, credentialed/certified, and or/ privileged to perform pelvic and genitalia examinations will be considered fully-trained in SAFE after having completed the *Sexual Assault Forensics and Clinical Management: A Virtual Practicum* and *Sexual Assault Forensic Examinations in Navy Medicine* DVDs. Health care providers without pelvic or genitalia examination competency or privileges will only be considered fully SAFE trained after completing Navy Medical Sexual Assault Forensic Examination Competency Assessment (NAVMED 6310/7) annually and required DVD training.

3. Competency Assessments. Health care providers without pelvic or genitalia examination competency or privileging will be required to complete the standard Navy Medical Sexual

Assault Forensic Examination Competency Assessment (NAVMED 6310/7) to demonstrated minimum proficiency in completing a medical forensic examination. NAVMED 6310/7 can be found on the BUMED Web site at:

<http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

4. Annual Sustainment Training. The primary and secondary DVDs, *Sexual Assault Forensics and Clinical Management: A Virtual Practicum* and *Sexual Assault Forensic Examinations in Navy Medicine*, will be reviewed on an annual basis for all providers conducting Sexual Assault Forensic Examinations (SAFEs). Health care providers without pelvic or genitalia examination competency or privileging will complete the standard Navy Medical Sexual Assault Forensic Examination Competency Assessment (NAVMED 6310/7) annually, in addition to reviewing sustainment training requirements.
5. Training Compliance. Units shall document completion of both initial and sustainment training in individual Fleet Training Management Planning System training records. All entries will be noted under MED-SAFE. Individual commands will track providers' competencies.
6. Access to Training Resources. Navy Medicine Professional Development Center (NMPDC), a subordinate component of NMETC, will provide training resources. Contact the NMPDC Sexual Assault Forensic Examination Program Manager to request training materials.
7. Additional References. Additional information can be obtained from the Navy Knowledge Online NMPDC Staff Education and Training Sexual Assault Forensic Examination Training Community of Practice Web page.