



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.

A handwritten signature in black ink, appearing to read "M. L. Nathan", is positioned above the printed name.

M. L. NATHAN

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2 May 2013

BUMED INSTRUCTION 6310.11A

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

Subj: SEXUAL ASSAULT PREVENTION AND RESPONSE MEDICAL-FORENSIC
PROGRAM

Ref: (a) through (t) see enclosure (1)

Encl: (1) through (12) see enclosure (2)

1. Purpose. To provide guidance for timely, readily accessible quality care, and medical-forensic evaluation of the sexual assault victim per references (a) through (t). Enclosure (1) is a list of references. Enclosure (2) is a list of enclosures. Enclosure (3) is a list of acronyms. Enclosure (4) is a list of terms and definitions used in this instruction. Enclosure (5) is a list of reference links. This instruction exclusively addresses the Bureau of Medicine and Surgery's (BUMED's) medical-forensic requirements in support of sexual assault victims per reference (b). Administrative guidance on the execution of the Department of Defense Sexual Assault Prevention and Response Program (SAPR) for Navy Medicine activities will be released via separate BUMED instruction.

2. Cancellation. BUMEDINST 6310.11.

3. Background. References (a) through (q) establish policy, responsibility, and guidance for shore and operational platforms in caring for victims of sexual assault. The comprehensive victim-centered management of sexual assault victims requires addressing physical and psychological trauma, appropriate coordination of care, and collection of medical forensic evidence.

4. Policy. Navy Medicine personnel will adhere to policies and procedures established in enclosures (6) through (12) when caring for victims of sexual assault. This will include the requirement to provide Sexual Assault Forensic Examinations 24/7 at all Navy medical treatment facilities or through an established memorandum of agreement with a local civilian treatment facility.

5. Applicability and Scope. This instruction applies to:

- a. All Ships and Stations having medical department personnel.

b. Active duty members, reserve personnel who are sexually assaulted when performing active service, inactive duty training, and military dependents 18 years and older who are eligible for treatment in the Military Health System (MHS) in the continental United States and outside of the continental United States (OCONUS).

c. Department of Defense (DoD) civilians, their family members, and DoD contractors who are eligible for medical treatment in the MHS at military installations OCONUS.

6. Action. Navy Medicine region commanders and medical treatment facility (MTF) commanders, commanding officers, and officers-in-charge must ensure this instruction is implemented and strictly followed. Enclosure (6) provides a list of responsibilities.

7. Training. References (m) and (n) establish a requirement for Sexual Assault Medical Forensic Examiner training. All health care providers performing the Sexual Assault Medical Forensic Examination will complete initial training via DVD per enclosure (8). This training is designed for physicians, advanced practice nurses, physician assistants, registered nurses, and independent duty corpsmen to increase capability to conduct medical forensic examinations and provide guidance necessary to care for sexual assault victims. It is designed to be exportable to all platforms, and to remain sustainable over time.

8. Kits. DoD contracts with the Tri-Tech company for the purchase of forensic evidence collection kits. Per reference (q), these DoD approved kits can be ordered in cases of 5 or 15, via item stock number RE-0DOD (FS). The contact number for Tri-Tech is 1-800-438-7884.

9. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (r).

10. Reports. The reports required in this instruction are exempt from report control per reference (j), part IV, paragraph 7n.

11. Forms

a. DD Form 2910 (Nov 2008), Victim Reporting Preference Statement, is available on the DoD Forms Management Program website at:


<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2910.pdf>

b. DD Form 2911 (Sep 2011), Forensic Medical Report: Sexual Assault Examination, is available on the DoD Forms Management Program website at:

<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2911.pdf>

BUMEDINST 6310.11A
2 May 2013

c. NAVMED 6310/5 (03-2009), Department of the Navy (DON), Sexual Assault Restricted Reporting Evidence Submission Chain of Custody is available electronically at:
<http://www.med.navy.mil/directives/ExForms/NAVMED%206310-5.pdf>



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REFERENCES

- (a) DoD Directive 6495.01 of January 23, 2012
- (b) DoDINST 6495.02 of March 28, 2013
- (c) SECNAVINST 1752.4A
- (d) OPNAVINST 1752.1B
- (e) OPNAVINST 1752.2B
- (f) MCO 1752.5A
- (g) SECNAVINST 1752.3B
- (h) DoD 6025.18-R June 24, 2003
- (i) OPNAVINST 5800.7A
- (j) SECNAV M-5214.1
- (k) NAVADMIN 195/12
- (l) OPNAVINST F3100.6J
- (m) Department of Justice September 2004 National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents
- (n) Department of Justice June 2006 National Training Standards for Sexual Assault Medical Forensic Examiners
- (o) Section 1079, Title 10, United States Code
- (p) Sections 101 (d)(3), 113, 504, 4331, chapter 47, and chapter 80 of Title 10, United States Code
- (q) BUMED Memo 6000 Ser M3B2/AT244686 of 20 Jul 12
- (r) SECNAV M-5210.1 of January 2012
- (s) 45 CFR parts 160 and 164
- (t) DoD Directive 6025.18 of December 2, 2009

ENCLOSURES

- (1) References
- (2) Enclosures
- (3) Acronyms
- (4) Terms and Definitions
- (5) Additional Resources
- (6) Navy Medicine Sexual Assault Prevention and Response Guidance
- (7) Documentation and Coding of Medical Forensic Examinations
- (8) Training Guidance and Competency Assessment
- (9) Evidence Handling for Restricted and Unrestricted Report of Sexual Assault
- (10) Guidance on Forensic Photography
- (11) Sample Sexual Assault Medical Care and Forensic Examination Procedures Checklist for Health Care Providers
- (12) Sample Memorandum of Understanding

ACRONYMS

AFMES	Armed Forces Medical Examiner System
BAC	Blood Alcohol Content
BUMED	Bureau of Medicine and Surgery
CBC	Complete Blood Count
CFR	Code of Federal Regulations
CHCS	Composite Health Care System
CMP	Complete Metabolic Panel
CO	Commanding Officer
CONUS	Continental United States
DoD	Department of Defense
DoJ	Department of Justice
DON	Department of the Navy
DNA	Deoxyribonucleic acid
EMD	Emergency Medical Department
ETOH	Ethanol
FFSC	Fleet and Family Support Center
GCC	Gonorrhea and Chlamydia Collection
HCG	Human Chorionic Gonadotropin
HEPBSAB	Hepatitis B Serum Antibody
HEPBSAG	Hepatitis B Serum Antigen
HEP C AB	Hepatitis C Antibody
HIV	Human Immunodeficiency Virus
HIPAA	Health Insurance Portability and Accountability Act
IDC	Independent Duty Corpsman
LOD	Line of Duty
MCCS	Marine Corps Community Services
MCIO	Military Criminal Investigative Organizations
MHS	Military Health System
MOU	Memorandum of Understanding
MTF	Medical Treatment Facility
NCIS	Naval Criminal Investigative Services
NMETC	Navy Medicine Education and Training Command
NMPDC	Navy Medicine Professional Development Center
OCONUS	Outside the Continental United States
OIC	Officer in Charge
PMO	Provost Marshall Officer
RPR	Rapid Plasma Reagent
RRCN	Restricted Report Case Number
SACMG	Sexual Assault Case Management Group
SAFE	Sexual Assault Forensic Examination/Examiner
SARC	Sexual Assault Response Coordinator

BUMEDINST 6310.11A
2 May 2013

SAPR
SJA
VA

Sexual Assault Prevention and Response
Staff Judge Advocate
Victim Advocate

TERMS AND DEFINITIONS

1. Consent. Words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating relationship by itself, or the manner of dress of the person involved with the accused in the sexual conduct at issue, shall not constitute consent.
2. Covered Communication. Oral, written, or electronic communications of personally identifiable information concerning a sexual assault victim or alleged assailant provided by the victim to the sexual assault response coordinator (SARC), victim advocate (VA), or health care personnel.
3. First Responders. Includes law enforcement, base security, the SARC, the VA, health care personnel, military criminal investigative organizations, judge advocates, and chaplains.
4. Health Care Personnel. Persons who assist or administratively support health care providers (e.g., administrative personnel assigned to a Military Treatment Facility (MTF)). For the purposes of this instruction, the term health care personnel also include all health care providers.
5. Health Care Providers. Those personnel who are employed or assigned as healthcare professionals, or are credentialed to provide healthcare services, at a military medical or military dental treatment facility, or who provide such care at a deployed location or in an official capacity. This also includes military personnel, Department of Defense (DoD) civilian employees, and DoD contractors who provide health care at an occupational health clinic for DoD civilian employees or DoD contract personnel. Health care providers may include, but are not limited to, licensed physicians, advanced practice nurses, physician assistants, registered nurses, and independent duty corpsmen (IDC).
6. Other Sex-Related Offenses. All other sexual acts or acts in violation of the Uniform Code of Military Justice (e.g., indecent acts with another and/or adultery).
7. Restricted Reporting. Restricted reporting is a process by which a sexual assault victim may report or disclose to specified officials that he or she is the victim of a sexual assault. Under these circumstances, the victim's report and any details provided to the SARC, VA, or health care providers will not be reported to law enforcement unless the victim consents or an established exception applies. The restricted reporting option is available to those sexual assault victims who are Service members. For more information on restricted reporting see references (d), (e), (g) and (l). Health care personnel may only receive a restricted report if it is within their duties and responsibilities as a health care professional in caring for patients. Health care personnel or health care providers who are not providing patient care may not receive a restricted report. Reference (e), enclosure (4), covers military dependent sexual assault victims who are

assaulted by a spouse or intimate partner. Restricted reporting may not be an option if the sexual assault occurs outside of the military installation or a civilian authority and will vary by State, territory, overseas local agreements, and/or in an area of civilian authority or jurisdiction. References (a) and (d) will provide further guidance.

8. Sexual Assault. Sexual assault is intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts.

9. Sexual Assault Case Management Group (SACMG). The purpose of the SACMG is to review all pending and newly reported unrestricted sexual assault cases, improve the reporting process, facilitate victim updates, and discuss process improvements to ensure quality services are available to victims. The SARC will chair the installation/regional SACMG.

10. Sexual Assault Medical Forensic Examination. A medical and forensic examination used to address patient's health care needs, document findings, collect evidence and refer them for other medical treatment or behavioral health services.

11. Sexual Assault Medical Forensic Examiner. A healthcare provider, physician, licensed independent practitioners, registered nurse and in the operational environment independent duty corpsmen, who have had training to care for sexual assault patients, document findings, collect forensic evidence, and refer them for other medical treatment or behavioral health services.

12. Sexual Assault Response Coordinators (SARC). Military personnel or DoD civilian employees who serve as the central point of contact at an installation or geographic area with responsibility for ensuring that appropriate and responsive care is properly coordinated and provided to victims of sexual assault.

13. Unrestricted Reporting. A process by which the sexual assault victim discloses that he or she has been the victim of a sexual assault without requesting confidentiality or restricted reporting. Under this circumstance, the victim's report and any details provided to any health care personnel, SARC, VA, command authorities, or other persons are reportable to law enforcement and may be used to initiate the official investigative process. Once notified, the victim's command is required to report the incident to Naval Criminal Investigative Service, who may refer the incident to local civilian law enforcement per reference (d). If a victim unintentionally makes an unrestricted report of sexual assault, nothing in DoD policy requires that victim to participate in any criminal investigation.

14. Victim Advocates (VA). Military personnel, DoD civilian employees, DoD contractors, or volunteers who facilitate care for victims of sexual assault, and who, on behalf of the sexual assault victim, provide liaison assistance with other organizations and agencies on victim care

matters, and report directly to the SARC when performing victim advocacy duties. As appropriate and using DD Form 2910, Victim Reporting Preference Statement, the VA must provide a thorough explanation to the victim of each of the reporting options available to him or her, including the exceptions and/or limitations on use applicable to each. The VA helps the victim navigate the process to get needed care and services, but the VA is not a therapist or an investigator.

15. Sexual Assault Medical Program Manager. Health care provider assigned to oversee the Sexual Assault Medical Forensic Examiner Program. This position coordinates with the Sexual Assault Prevention and Response (SAPR) Administrative Program Manager for tracking, reporting and monitoring of the SAPR program. At the Navy Medicine Regions and at the MTFs one person may hold the medical and administrative responsibility.

16. Sexual Assault Administrative Program Manager. This position has oversight of the BUMED administrative function of the SAPR program, tracking, reporting and monitoring and works closely with the Sexual Assault Medical Program Manager.

ADDITIONAL RESOURCES

1. DoD Service Sexual Assault Links

- a. DoD Sexual Assault Prevention and Response Program – <http://www.sapr.mil/>
- b. DoN Sexual Assault and Response Program Office – <http://www.donsapro.navy.mil>
- c. BUMED Office of Women's Health – <https://www.med.navy.mil/bumed/womenshealth/Pages/default.aspx>
- d. U.S. Marine Corps Sexual Assault Prevention and Response Office (SAPRO) – <http://www.usmc-mccs.org/sapro/index.cfm>; POC – <http://www.usmc-mccs.org/sapro/pocs.cfm>; Resources - <http://www.usmc-mccs.org/sapro/resources.cfm>
- e. Army Sexual Assault Prevention and Response Program – <http://www.sexualassault.army.mil/>
- f. Navy Sexual Assault Victim Intervention – <http://www.cnrsw.navy.mil/FSC/savi.asp>
- g. DoD Sexual Assault Forensic Examiner Helpline – www.safehelpline.org

2. Other DoD/Government Related Links

- a. Defense Task Force on Sexual Harassment and Violence at the Military Service Academies – <http://www.dtic.mil/dtfs>
- b. Defense Task Force on Domestic Violence – <http://www.defenselink.mil/releases/release.aspx?releaseid=2851>
- c. Defense Department Advisory Committee on Women in the Services (DACOWITS) – <http://dacowits.defense.gov>
- d. Center for Women Veterans (Department of Veterans Affairs) – <http://www1.va.gov/womenvet>
- e. Military OneSource – <http://www.militaryonesource.com>
- f. DoD Victim and Witness Assistance Council (VWAC) – <http://www.defenselink.mil/vwac>
- g. Under Secretary of Defense for Personnel and Readiness – <http://www.dod.mil/prhome>
- h. U.S. Department of Defense (Defense Link) – <http://www.defenselink.mil>

i. Washington Headquarters Services, Executive Services Directorate, Directives and Records Division, DoD Issuances, and Office of the Secretary of Defense (OSD) Administrative Instructions – <http://www.dtic.mil/whs/directives/>

j. Department of Defense Equal Opportunity – <http://www.defenselink.mil/prhome/eo.html>

3. Public Web Sites

a. National Sexual Violence Resource Center (NSVRC) – <http://www.nsvrc.org>

b. Violence Against Women Online Resources – <http://www.vaw.umn.edu>

c. Department of Justice (DoJ) Office for Victims of Crime – <http://www.ojp.usdoj.gov/ovc>

d. National Online Resource Center on Violence against Women – www.vaw.umn.edu

e. MedLine PubMed (medical literature search) – <http://www.nlm.nih.gov/medlineplus>

f. The International Association of Forensic Nurses – <http://www.iafn.org/>

g. National Criminal Justice Resources Services – <http://virlib.ncjrs.org/vict.asp?category=50&subcategory=114> – DoJ search engine

h. The National Women's Health Information Center – <http://www.womenshealth.gov/>

i. Department of Justice (DoJ) Office on Violence against Women – <http://www.ovw.usdoj.gov>

j. Rape, Abuse and Incest National Network (RAINN) – <http://rainn.org>

**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.

**EVIDENCE HANDLING FOR RESTRICTED AND UNRESTRICTED
REPORTS OF SEXUAL ASSAULT**

1. Investigative Processes in Restricted Reports. Restricted reporting will not trigger the official investigative process, and any evidence collected will be documented in the appropriate manner to ensure the confidentiality of the victim's identity.

2. Procedure for Forensic Evidence Handling

a. The sexual assault response coordinator (SARC) or victim advocate (VA) will assign the alpha-numeric restricted report case number (RRCN) which will be marked on the kit. There shall be no victim identifying information on the package and it will be tracked using only the RRCN (maintained by the installation SARC).

b. Once the DD Form 2911 is completed, the Sexual Assault Medical Forensic Examiner will affix it to the outside of the kit in a manila envelope; the examiner will place any other written documentation inside the kit.

c. The examiner will place the wet prep report and any small items of clothing (i.e., underwear) into the Sexual Assault Forensic Examination kit. The remaining clothing will be placed in separate paper bags. All associated bags will finally be placed into one large paper bag that is properly sealed with evidence tape. The Sexual Assault Medical Forensic Examiner will then sign across the seal of the evidence tape and bag. If a forensic toxicology kit is not available, examiner is instructed to follow guidance from the DD Form 2911 in handling blood samples.

d. The examiner collecting the evidence shall initial the labels and write the date of the examination and the time the Sexual Assault Forensic Examination kit was sealed. The examiner will affix the "restricted evidence" seal (included in the kit) and write the RRCN number provided by the SARC on the kit. The examiner will affix a biohazard label to front of the box per Sexual Assault Forensic Examination kit instructions. The examiner will not write any identifying information on the Sexual Assault Forensic Examination kit.

e. The examiner will identify multiple Sexual Assault Forensic Examination kits as noted above and in a manner to ensure proper accountability (e.g., "1 of 2", "2 of 2").

f. The examiner must maintain the kit in his/her presence until all evidence is collected and the kit sealed.

g. The examiner shall complete NAVMED 6310/5 and attach to the sealed Sexual Assault Forensic Examination kit. An accurate and up-to-date chain of custody must be maintained at all times to ensure the integrity of the evidence. It is advised to eliminate unnecessary transfers and keep the chain of custody to a minimum.

h. For restricted reports the examiner will package, seal, and label the evidence container(s) with the RRCN and seal. The examiner will then place the container(s), the Sexual Assault Forensic Examination kit, and NAVMED 6310/5 into a larger mailing box. The examiner will mail the package via registered mail to the Naval Criminal Investigative Service (NCIS) holding facility at the address below within 48 hours. For deployment and/or isolated environments, the package shall be stored in a secure container while maintaining strict chain of custody until transportation becomes available.

Naval Criminal Investigative Service
Consolidated Evidence Facility
Restricted Reporting
9079 Hampton Blvd Suite 110
Norfolk, VA 23505-1098

i. For unrestricted Sexual Assault Medical Forensic Examination, the Sexual Assault Forensic Examination kit, toxicology kit, and other collected evidence will be turned over to Naval Criminal Investigative Services (NCIS) and/or the Provost Marshal Officer (PMO).

j. At no time should any evidence be left unattended or in a non-secure space.

3. Forensic Toxicology

a. Medical treatment facility (MTF) laboratories will not analyze forensic toxicology samples in unrestricted suspected drug-facilitated sexual assault cases. Forensic toxicology samples will be given to NCIS for separate mailing to Armed Forces Medical Examiner System (AFMES) Forensic Toxicology Division.

b. Medical forensic examiners shall recognize that certain drugs (i.e., alcohol, Rohypnol, and gamma hydroxyl butyrate, prescription, and over the counter) may be used to facilitate sexual assault and must understand the urgency of collecting toxicology samples (urine and blood) if a drug-facilitated sexual assault is suspected. Urine and blood samples shall be collected during the SAFE or as soon as possible. The Drug Facilitated Sexual Assault Evidence Toxicology Kit, Tri-tech stock number BU-DFRE, will be used. If the drug toxicology kit is not available, the medical forensic examiner shall follow DD2911 guidance in the collection and handling of toxicology samples.

c. If toxicology tests are needed purely for the medical evaluation and treatment of the patient, the MTF laboratory will perform these tests. These lab results will be recorded in the patient's medical record per MTF policy. If toxicology samples are needed for clinical and forensic purposes, the clinical sample will be collected for immediate evaluation by the MTF lab and the forensic sample will be collected with patient consent for analysis by AFMES.

GUIDANCE ON FORENSIC PHOTOGRAPHY

1. Background. Taking photographs of parts of the patient's anatomy involved in the assault can supplement the medical forensic and physical findings in sexual assault cases.

2. Procedural Guidance

a. The medical forensic examiner will obtain written patient consent for photography. To help reduce the chances of re-traumatizing the patient, explain the purpose of photography in evidence collection, the extent to which photographs will be taken and the potential uses of photography during investigation and prosecution, and the possible need to obtain additional photographs after the examination. The medical forensic examiner shall only use a government owned camera to take photographs during the exam.

b. Once the patient has consented, take identity photographs (face or ID card) at the beginning and end of the set of images for identification. Use adequate lighting whether the source is natural or flash.

c. Use a forensic scale for size references in photographs. Take at least 2 photographs of each area, one with and one without scale. Photograph evidence in place before moving or collecting it. Do not alter or move evidence while photographing and maintain the focus of the areas being photographed.

d. Take at least 2 photographs at 3 different orientations. Take long range photographs of patient and injury to denote regional body areas. Take medium-range photographs of each separate genital or non-genital injury, including cuts, bruises, swelling, lacerations, and abrasions. Photographs shall include easily identifiable anatomical landmarks. Take close up photographs of particular injuries, using the scale and show its relationship to another part of the body. Take at least 3 photographs of each wound. Document pattern injuries caused by an object.

e. Close up photographs of hands and fingernails may show traces of blood, skin, or hair. Be sure to look for damage to nails or missing nails. Photograph restraint or bondage marks around wrists, ankles, or neck; they may be compared later with the object in question that made the marks. Photograph transfer evidence present on the body or clothing, such as dirt, gravel, or vegetation.

f. Strict chain of custody for photographs must be maintained. Do not delete any photographs from the camera. All evidence (e.g., photographs, documents, clothing, etc.) should be turned over to either Naval Criminal Investigative Service (unrestricted reporting) or sent with the kit to the repository (restricted reporting).

**SAMPLE SEXUAL ASSAULT MEDICAL CARE AND FORENSIC EXAMINATION
PROCEDURES CHECKLIST FOR HEALTH CARE PROVIDERS**

Response:

- () The Sexual Assault Response Coordinator (SARC) has been notified.
- () The Victim Advocate (VA) has been notified.
- () Local law enforcement and/or Military Criminal Investigating Organizations (MCIO) have been notified (if applicable).

Reporting Type

The SARC or VA will explain each of the reporting options available to the victim. The victim's elected reporting option shall be documented on the DD Form 2910.

() Restricted Reporting

- () The SARC has assigned the victim's case a restricted reporting number.
- () MCIO was not informed of the sexual assault case.
- () The victim's name was not reported to their chain of command.

() Unrestricted Reporting

- () The respective local law enforcement and/or MCIO have been notified of sexual assault case.

Medical Care

- () The sexual assault victim is triaged as emergent and evaluated for any emergent injuries and illnesses as soon as possible.
- () The victim did not shower, have anything by mouth or void their bladder until after the exams are completed. Collect specimen at first void if possible. This will depend on the victim's history; realize that this may happen prior to arrival at the medical facility.

() Collect appropriate labs following Centers for Disease Control and Department of Justice guidelines which may include:

- () CBC
- () RPR
- () HCG (urine and/or serum)
- () HIV
- () Gonorrhea/Chlamydia (GC) urine
- () Hep B SAb
- () Hep B Surface AG
- () Hep C SAb
- () Hep C Surface AG
- () LFTs (if starting HIV prophylaxis)
- () Toxicology (e.g., BAC ((as appropriate)))

() Complete pregnancy and STD counseling and provide prophylaxis as appropriate.

() Provide follow-up testing guidelines with discharge instructions.

() Consider the option of recommending Sick in Quarters, administrative, or convalescent leave as indicated by the assessment of the victim by the provider.

Sexual Assault Forensic Examination (SAFE) and Photo Inventory

() PHOTOGRAPH:

- () ID Card, CAC card, or hospital bracelet
- () Face
- () Full frontal, clothed
- () Full back, clothed

() Hands, PHOTOGRAPH, then swab:

- () PHOTOGRAPH L and R together
 - () Palms up
 - () Palms down
- () L hand separate
 - () Palm up
 - () Palm down
 - () Fingernails

- R hand separate
- Palm up
- Palm down
- Fingernails

- SWAB, scrape, or cuttings
 - Fingernails, cuticles

- PHOTOGRAPH:
 - Lower eyelids
 - Internal oral, PHOTOGRAPH, then SWAB
 - PHOTOGRAPH 3 frenulums
 - Upper lip
 - Lower lip
 - Tongue to base of mouth
 - Uvula/palate

- SWAB
 - L and R mandibular pockets for evidence
 - L and R cheek for reference DNA
 - Consider “swish and spit” if history of oral penetration/ejaculation

- PHOTOGRAPH
 - Neck
 - Front
 - L side
 - R side
 - Back, with hair up

- COLLECT shirt, camisole, bra
 - INSPECT and PHOTOGRAPH
 - Front, back
 - Seams, panels, tags, straps
 - Rips, tears, distortions, defects

- PHOTOGRAPH
 - Upper body, unclothed
 - Front
 - Back
 - Tattoos, distinguishing marks, injuries, findings

- COLLECT pants, shorts, undergarments
 - INSPECT and PHOTOGRAPH
 - Front, back
 - Seams, panels, tags, straps
 - Rips, tears, distortions, defects, stains

- PHOTOGRAPH
 - Lower body, unclothed
 - Front
 - Back
 - Tattoos, distinguishing marks, injuries, findings

- PHOTOGRAPH
 - Genitals
 - "Family photo": genitals, perineum, and anus together
 - Comb pubic hair, if any or SWAB mons
 - SWAB perineum

 - INSPECT and PHOTOGRAPH anus, around the clock x 1.
 - SWAB anus for evidence
 - Apply and remove TBD
 - REINSPECT and RE-PHOTOGRAPH anus, around the clock x 1

 - INSPECT and PHOTOGRAPH external genitalia
 - FEMALE: around the clock x 2
 - Apply and remove TBD
 - REINSPECT and RE-PHOTOGRAPH around the clock x 2
 - INSPECT and PHOTOGRAPH internal genitalia (females only)
 - Vaginal vault and cervix

- SWAB
 - Vaginal pool
 - Cervix, for evidence
 - Cervix, for GC/Chlamydia

- MALE
 - INSPECT, PHOTOGRAPH, and SWAB
 - Head of penis, coronal ridge, shaft of penis
 - Base of penis and L scrotum
 - Base of penis and R scrotum

- All clothing should be carefully inspected and photographed. Check seams, button holes, zippers, straps, and hooks for integrity. Check crotch areas for seepage of fluids or blood. Check for stains, dirt, debris, and distortions. Photograph all items taken for evidence. Ensure you use good descriptors of the clothing on the envelopes or bags. Photograph the tag, if present.
- All tattoos, piercings, and identifying marks should also be photographed.
- All evidentiary findings (fibers, hairs, foreign bodies, trace elements) should be photographed IN PLACE prior to collection.
- Remember: Even an absence of injury is a finding.

The SAFE examiner has labeled and verified that the appropriate identification (restricted reporting number for restricted cases) has been documented on the appropriate forms and evidence.

The SAFE examiner has packaged all evidence appropriately.

Assure all medical and forensic documentation is completed.

The SAFE examiner notified the appropriate law enforcement agency and/or MCIO (as indicated), to assume custody of the SAFE kit, documents, and evidence related to the examination for storage, under established chain of custody procedures for unrestricted cases. For restricted cases, mail the SAFE kit to the approved NCIS storage facility as described in enclosure (9).

SEXUAL ASSAULT LABS

✓ Labs should be drawn within 60 min of triage

Ordering labs in CHCS			
Labs ordered under ED provider:		Labs ordered under Follow-up Provider: (see Step 5 of algorithm for names)	
Type into CHCS exactly what is written here:			
CBC	Lavender top	HEPBSAB	Plain Red
CMP	Green top	HEPBSAG	Plain Red
ETOH	Grey top	HEP C AB	Plain Red
HCG, qual, urine	Specimen Cup	RPR	T I G E R
		HIV antibody (source code = I, clinically indicated)	R E D Y E L L O W
		GCC (endocervical) Reason for testing = screening	DNA probe

Urine: Dirty catch preferred. Split specimen into 2 cups.

1. Label, and send to lab for qualitative HCG (if patient is female).
2. Label, place in sealed plastic baggie, and lock in SANE cart, and do NOT order in CHCS.

Tubes to draw:

1 lavender	1 green	3 grey **	1 red	1 tiger	1 red/yellow
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**Grey tops tubes:

1. Label 1 tube, and send to lab for BAC. If EMD provider does not feel test is necessary, they MUST document on the medical chart: "Patient is clinically sober based on my history, exam, and clinical observations and is able to provide informed consent. There is no indication to draw a BAC."
2. Label remaining 2 tubes, place in sealed plastic baggie, and place in locked location with urine specimen, and do NOT order in CHCS.

All remaining tubes/specimens/cultures will be sent to the lab for processing.

SAMPLE MEMORANDUM OF UNDERSTANDING

**BETWEEN
NAVY MEDICINE MEDICAL TREATMENT FACILITY
AND
CIVILIAN SEXUAL ASSAULT MEDICAL FORENSIC EXAMINER PROGRAM**

1. General

a. Type of Action. This is a new agreement.

b. Participants and Types of Agreements. This memorandum of understanding (MOU) is entered into by and between Commanding Officer, Navy Medicine Medical Treatment Facility (MTF), City, and State, hereinafter referred to as "MTF," and Civilian Sexual Assault Medical Forensic Examiner Program, City, State. This MOU will address the basic relationship between the parties to this agreement.

c. Purpose. The purpose of this agreement is to establish guidelines for the medical forensic examination of adult victims of sexual assault who are eligible to receive treatment in MTFs. The facilities will coordinate the required procedures needed for the collection of evidence using the Sexual Assault Forensic Examination kit, reporting procedures for restricted reports and the handling, storage, and transportation of the kit using established chain of custody procedures from Civilian Sexual Assault Medical Forensic Examiner to the MTF and the Naval Criminal Investigative Service, Consolidated Evidence Facility, Norfolk, VA. As used herein, the term "Service member" refers to an active duty Service member, Military Service Academy cadet, or Midshipman or National Guard or Reserve Service member when performing active service and inactive duty training or a member of the Coast Guard or Coast Guard Reserve.

d. Background. Sexual assault has been underreported due to many victims' reluctance to inform their chain of command or activate law enforcement actions. Therefore, the option of restricted reporting has been instituted. The Department of Defense (DoD) policy states that all active duty Service members and Military dependents 18 years of age or older, who were victims of sexual assault involved by someone other than spouse or intimate partner, have the option to choose between unrestricted and restricted reporting.

(1) An unrestricted report affords the active duty victim of sexual assault an official investigation of their allegation in addition to medical care and follow-up counseling.

(2) Individuals who choose not to involve law enforcement or their command may opt for a restricted report. Restricted reports may be made to health care personnel, a sexual assault response coordinator (SARC), a victim advocate (VA), Fleet and Family Support Center counselors, and/or Chaplains. Restricted reporting allows the victim to receive medical care and follow-up counseling but will not trigger the investigative process or notify their command.

(3) Local facilities should be aware of state laws and local policies regarding payment and should consider the appropriateness of billing the costs for the examination to TRICARE. Section 1079(a) of Title 10 U.S. Code mandates coverage of examinations following a sexual assault to include the Sexual Assault Forensic Examination kit, which is a covered benefit for all TRICARE beneficiaries.

e. Authority. This agreement is supported by DoD Instruction 6495.02 of 23 Jun 2006 and Bureau of Medicine and Surgery (BUMED) Instruction 7050.1A.

2. Responsibilities

a. The MTF agrees to:

(1) Triage and provide any emergency treatment deemed necessary prior to releasing the patient to Civilian Sexual Assault Medical Forensic Examiner for a medical forensic examination and additional medical treatment.

(2) Inform and offer sexual assault victims who report the assault, restricted or unrestricted reports, the medical and forensic services offered by the Civilian Sexual Assault Medical Forensic Examination Program.

(3) Utilize the Civilian Sexual Assault Medical Forensic Examination Program and Facility.

(4) Ensure that the victim has an appropriate method of transportation to and from Civilian Sexual Assault Medical Forensic Examination.

(5) Provide the Civilian Sexual Assault Medical Forensic Examiner with the following:

(a) The current version of DD Form 2911 (Sep 2011), Forensic Medical Report: Sexual Assault Examination is used for documentation of the examination and evidence collected. An electronic version of this form can be found at:
<http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2911.pdf>.

(b) NAVMED 6310/5 (03-2009), Department of the Navy Chain of Custody for maintaining chain of custody of forensic evidence, can be found at:
<http://www.med.navy.mil/directives/ExForms/NAVMED%206310-5.pdf>

(c) The DoD Sexual Assault Forensic Evidence collection kit or civilian organization kit that matches Department of Justice protocol requirements. DoD Sexual Assault Forensic Examination kit ordering information can be found in this instruction.

(d) The current SARC contact.

(e) The contact information for the Naval Criminal Investigative Service (NCIS) Consolidated Evidence Facility in Norfolk, VA and any special mailing procedures for mailing kits collected under the restricted reporting option.

(6) Utilize the Sexual Assault Program Manager to coordinate payment from TRICARE as necessary, as well as liaise with the MTF Sexual Assault Prevention and Response Program.

(7) Utilize the Sexual Assault Case Management Group to receive documentation from Civilian Sexual Assault Forensic Examination, if applicable, and coordinate and facilitate follow-up care.

b. The Civilian Sexual Assault Medical Forensic Examiner agrees to:

(1) Triage the patient and provide emergency treatment, as necessary, if the patient presents directly for care. Although sexual assault victims are not clinically categorized as emergent, victims of sexual assault shall be prioritized as emergent per U.S. Department of Justice (DoJ) National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

(2) Contact the SARC and/or duty VA (if not already notified) upon the arrival of the Service member. Upon arrival of the SARC or VA, the victim will be informed of his or her rights and be given the option of restricted or unrestricted reporting. The victim will choose, in writing, whether he or she wants a restricted or unrestricted report.

(3) Provide appropriate trained personnel to conduct the medical forensic examinations for sexual assault victims.

(a) Persons rendering services pursuant to this MOU shall be at a minimum:

1. Physicians - Be licensed and maintain licensure as a physician of their respective state and possess training specific to the sexual assault medical forensic exam.

2. Registered Nurses - Be licensed and maintain licensure as a Registered Nurse by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination.

(b) Persons rendering these services must also provide care that meets the most current version of The National Protocol for Sexual Assault Medical Forensic Examinations from the DoJ.

(4) Provide the Service member a Sexual Assault Medical Forensic Examination and treatment for the prevention of sexually transmitted infections (including Human Immunodeficiency Virus) and pregnancy. The SARC or VA will remain with the victim if he or she chooses.

- (5) Utilize DD Form 2911 Forensic Medical Report: Sexual Assault Examination, to document all findings of the Sexual Assault Medical Forensic Examination.
- (6) Provide crisis intervention and emotional support as necessary, and information about victim preferences with respect to the exam, to include the right to refuse any or all medical and forensic services. Offer emergency contraception (Plan B) to the patient after appropriate medical counseling.
- (7) If the victim chooses an unrestricted report, the Civilian Sexual Assault Medical Forensic Examiner will proceed with their standard protocol for sexual assault care. The SARC or VA will remain with the victim if he or she desires.
- (8) If the victim's decision is a restricted report, the following actions will be taken:
 - (a) The SARC or VA will provide the Civilian Sexual Assault Medical Forensic Examiner with an alphanumeric restricted reporting case number (RRCN).
 - (b) The Civilian Sexual Assault Medical Forensic Examiner will conduct a medical forensic examination after informed consent is obtained. The examiner will place the wet prep report and any small items of clothing (i.e., underwear) into the Sexual Assault Forensic Examination kit. The remaining clothing will be placed into separate paper bags. All associated bags will finally be placed into one large bag that is properly sealed with evidence tape. The Sexual Assault Medical Forensic Examiner will then sign across the seal of the evidence tape and bag. If a forensic toxicology kit is not available, examiner is instructed to follow guidance from the DD Form 2911 in handling blood samples.
 - (c) The examiner must maintain the kit in his/her presence until all evidence is collected and the kit sealed.
 - (d) The medical forensic examiner shall place his or her initials, date the examination was completed, and time the box was sealed on the labels. The examiner will affix the "restricted evidence" seal (included in the kit) and write the RRCN number provided by the SARC on the kit along with the name of the facility where the medical forensic examination was conducted.
 - (e) The examiner will affix a biohazard label to the front of the kit in the designated area per Sexual Assault Forensic Examination kit instructions. The examiner will not write any identifying information on the Sexual Assault Forensic Examination kit.
 - (f) The examiner will identify multiple Sexual Assault Forensic Examination kits as noted above and in a manner to ensure proper accountability (e.g., "1 of 2", "2 of 2")
 - (g) The sealed Sexual Assault Forensic Examination kit and any collected and packaged clothing marked with the RRCN will be documented on NAVMED 6310/5 and placed

inside a larger box. The medical forensic examiner will complete DD Form 2911 and NAVMED 6310/5 and place both forms inside the larger box. The MTF will ensure both forms are available to the forensic examiner.

(h) After the evidence and written documentation has been placed in the box, place the red evidence label tape on the two designated sides of the box for secure closure of the kit. Using a black felt-tip pen, the medical forensic examiner will write the RRCN on the line that reads "Victim/Suspect Name" in lieu of the victim's name, along with the name of the facility where the medical forensic examination was conducted.

(i) Within 48 hours of the examination, the larger sealed box will be mailed by the Civilian Sexual Assault Medical Forensic Examiner to: NCIS, Consolidated Evidence Facility, Restricted Reporting, 9079 Hampton Blvd, Suite 110, Norfolk, VA 23505-1098. At no time is the SARC or the VA to take possession of the Sexual Assault Forensic Examination kit.

(9) The medical forensic examiner will provide a copy of the discharge and follow-up instructions to the patient. Following completion of services, the medical forensic examiner will notify the designated MTF Sexual Assault Program Manager to ensure MTF awareness and facilitate any needed follow-up appointments. Each case will also be reviewed by the Sexual Assault Case Management Group (SACMG) if this fails to occur.

(10) Billing for the visit will be processed through TRICARE without contacting the victim or victim's family for processing. The MTF has one processor for sexual assault bills to limit access to the confidential information. If any problems arise with respect to payment, the MTF will coordinate resolution via the TRICARE representative at the MTF. Section 1079(a) of Title 10 U.S. Code mandates coverage of examinations following a sexual assault to include the Sexual Assault Forensic Examination kit, a covered benefit for all TRICARE beneficiaries. TRICARE is the primary payer to all state Victims of Crime Compensation Programs, regardless of any language to the contrary in state laws or regulations. Medical forensic examinations performed under a civilian MOU agreement are to bill TRICARE directly.

3. Meetings. The parties agree to meet on a quarterly basis to discuss issues of mutual concern and to discuss provisions for mutual support of sexual assault care.

4. Health Insurance Portability and Accountability Act. Pursuant to 45 Code of Federal Regulations Parts 160 and 164, DoDINST 6025.18, Privacy of Individually Identifiable Health Information in DoD Health Care Programs, December 19, 2002, and DoD 6025.18-R, the parties agree to enter into a Business Associate Agreement, attached as Appendix A to this agreement.

5. Effective Period. This MOU is effective upon date of signatures for a period of 5 years. It may be continued without change during that period, but must be reviewed annually by all parties. This review will be documented.

6. Modification, Change, or Amendment. Any modifications, changes, or amendments to this MOU must be in writing, and are contingent upon BUMED Medical Operations (BUMED-M3) and MTF approval. Subsequent to BUMED's approval, the modification, change, or amendment must be signed by all parties.
7. Notice. All correspondence related to this MOU will be forwarded to the MTF for consolidation or corrective action.
8. Termination. The MOU may be cancelled at any time by mutual consent of the parties concerned. The MOU may also be terminated by either party upon giving 45 days written notice to the other party. In the case of mobilization or other emergency, the agreement may be terminated immediately upon written notice by the BUMED activity, and it will remain in force during mobilization or other emergency only within the BUMED activity's capabilities.
9. Concurrence. It is agreed that all parties to this MOU concur with the level of support and resource commitments that are documented herein.

_____	_____	_____
I. M. CAPTAIN	I. R. COMMANDER	I. M. CIVILIAN
CAPT, MC, USN CDR, MSC, USN		Civilian SAFE Program
Commanding Officer	Comptroller	Civilian Hospital
Military Treatment Facility	Military Treatment Facility	Medical Center Drive
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Date: _____	Date: _____	Date: _____

Annual Review:

CY ____:	_____	_____
	MTF Representative	SAFE Program Representative
CY ____:	_____	_____
	MTF Representative	SAFE Program Representative
CY ____:	_____	_____
	MTF Representative	SAFE Program Representative
CY ____:	_____	_____
	MTF Representative	SAFE Program Representative

Appendix A
Department of Defense
Standard Clause for Business Associates

1. Introduction. Per DoD 6025.18-R “Department of Defense Health Information Privacy Regulation,” January 24, 2003, the Business Associate meets the definition of Business Associate. Therefore, a Business Associate Agreement is required to comply with both the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulations. This clause serves as that agreement whereby the Business Associate agrees to abide by all applicable HIPAA Privacy and Security requirements regarding health information as defined in this clause, and in DoD 6025.18-R and DoD 8580.02-R, as amended. Additional requirements will be addressed when implemented.

a. Definitions. As used in this clause generally refer to the Code of Federal Regulations (CFR) definition unless a more specific provision exists in DoD 6025.18-R or DoD 8580.02-R.

(1) HITECH Act shall mean the Health Information Technology for Economic and Clinical Health Act included in the American Recovery and Reinvestment Act of 2009.

(2) Individual has the same meaning as the term “individual” in 45 CFR 160.103 and shall include a person who qualifies as a personal representative per 45 CFR 164.502(g).

(3) Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

(4) Protected Health Information has the same meaning as the term “protected health information” in 45 CFR 160.103, limited to the information created or received by the Business Associate from or on behalf of the Government pursuant to the Contract.

(5) Electronic Protected Health Information has the same meaning as the term “electronic protected health information” in 45 CFR 160.103.

(6) Required by Law has the same meaning as the term “required by law” in 45 CFR 164.103.

(7) Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

(8) Security Incident will have the same meaning as the term “security incident” in 45 CFR 164.304, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

(9) Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.

b. Terms used, but not otherwise defined, in this Clause shall have the same meaning as those terms in 45 CFR 160.103, 160.502, 164.103, 164.304, and 164.501.

c. The Business Associate shall not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

d. The Business Associate shall use appropriate safeguards to maintain the privacy of the Protected Health Information and to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

e. The HIPAA Security administrative, physical, and technical safeguards in 45 CFR 164.308, 164.310, and 164.312, and the requirements for policies and procedures and documentation in 45 CFR 164.316 shall apply to Business Associate. The additional requirements of Title XIII of the HITECH Act that relate to the security and that are made applicable with respect to covered entities shall also be applicable to Business Associate. The Business Associate agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.

f. The Business Associate shall, at their own expense, take action to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate in violation of the requirements of this Clause. These mitigation actions will include as a minimum those listed in the TMA Breach Notification Standard Operating Procedure, which is available at: <http://www.tricare.mil/tmaprivacy/breach.cfm>.

g. The Business Associate shall report to the Government any security incident involving protected health information of which it becomes aware.

h. The Business Associate shall report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract of which the Business Associate becomes aware.

i. The Business Associate shall ensure that any agent, including a sub-Business Associate, to whom it provides Protected Health Information received from, or created or received by the Business Associate, on behalf of the Government, agrees to the same restrictions and conditions that apply through this Contract to the Business Associate with respect to such information.

j. The Business Associate shall ensure that any agent, including a sub-Business Associate, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it.

k. The Business Associate shall provide access, at the request of the Government, and in the time and manner reasonably designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

l. The Business Associate shall make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government, and in the time and manner reasonably designated by the Government.

m. The Business Associate shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate, on behalf of the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner reasonably designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

n. The Business Associate shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information per 45 CFR 164.528.

o. The Business Associate shall provide to the Government or an Individual, in time and manner reasonably designated by the Government, information collected per this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information per 45 CFR 164.528.

2. General Use and Disclosure Provisions. Except as otherwise limited in this Clause, the Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for treatment, payment, or healthcare operations purposes, per the specific use and disclosure provisions below, if such use or disclosure of Protected Health

Information would not violate the HIPAA Privacy Rule, the HIPAA Security Rule, DoD 6025.18-R or DoD 8580.02-R if done by the Government. The additional requirements of Title XIII of the HITECH Act that relate to privacy and that are made applicable with respect to covered entities shall also be applicable to Business Associate.

3. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Clause, the Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Clause, the Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Clause, the Business Associate may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

4. Obligations of the Government. Provisions for the Government to Inform the Business Associate of Privacy Practices and Restrictions:

a. The Government shall provide the Business Associate with the notice of privacy practices that the Government produces per 45 CFR 164.520.

b. The Government shall provide the Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Business Associate's permitted or required uses and disclosures.

c. The Government shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to per 45 CFR 164.522.

5. Permissible Requests by the Government. The Government shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Privacy Rule, the HIPAA Security Rule, or any applicable Government regulations (including without limitation, DoD 6025.18-R and DoD 8580.02-R) if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Business Associate as otherwise permitted by this clause.

6. Termination

a. A breach by the Business Associate of this clause, may subject the Business Associate to termination under any applicable default or termination provision of this contract.

b. Effect of Termination

(1) If this contract has records management requirements, the records subject to the Clause shall be handled per the records management requirements. If this contract does not have records management requirements, the records shall be handled per paragraphs (2) and (3) below.

(2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this contract, for any reason, the Business Associate shall return or destroy all Protected Health Information received from the Government, or created or received by the Business Associate on behalf of the Government. This provision shall apply to Protected Health Information that agents of the Business Associate may come in contact. The Business Associate shall retain no copies of the Protected Health Information.

(3) If this contract does not have records management provisions and the Business Associate determines that returning or destroying the Protected Health Information is infeasible, the Business Associate shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Business Associate that return or destruction of Protected Health Information is infeasible, the Business Associate shall extend the protections of this contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such Protected Health Information.

7. Miscellaneous

a. Regulatory References. A reference in this Clause to a section in DoD 6025.18-R, DoD 8580.02-R, Privacy Rule or Security Rule means the section currently in effect or as amended, and for which compliance is required.

b. Survival. The respective rights and obligations of Business Associate under the “Effect of Termination” provision of this Clause shall survive the termination of this Contract.

c. Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with DoD 6025.18-R, DoD 8580.02-R, the HIPAA Privacy Rule or the HIPAA Security Rule.

I. M. CAPTAIN
CAPT, MC, USN
Commanding Officer
Military Treatment Facility
City, State, Zip Code

Date: _____

I. M. CIVILIAN
Executive Officer
Civilian SAFE Program
Civilian Hospital
City, State, Zip Code

Date: _____