

## Sexual Assault Forensic Examiner (SAFE) Hospital Program

Any Article 28 hospital interested in accreditation as a Department of Health (DOH)-designated Sexual Assault Forensic Examiner (SAFE) hospital program must complete this application.

<b>Facility Information</b>		
Permanent Facility Identifier: _____	Operating Certificate Number: _____	
Facility Name: _____		
Address: _____		
<i>No. and Street</i>		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Facility Contact Number: _____		County: _____
Institutional Contact: _____		
<i>Last</i>	<i>First</i>	<i>Title</i>
Contact Number: _____		Contact E-mail: _____
<b>Certification of Information</b>		
NOTE: All Article 28 hospitals applying must complete this section.		
I _____,		
<i>Print CEO's Name and Title</i>		
having legal custody of the information contained herein, do hereby attest that the attached information is true and correct.		
<i>Name of Facility</i>	<i>CEO Signature</i>	
In _____	County, _____	
<i>County</i>	<i>Address</i>	
Signature Date: _____		

**Return application to:**

NYS Department of Health BPRASH – SAFE Program  
 Empire State Plaza Corning Tower, Rm. 821  
 Albany, NY 12237

**Questions?** Call (518) 474 – 3368 or e-mail [rcprpt@health.ny.gov](mailto:rcprpt@health.ny.gov)

## Section A. Service Data

Please complete the following using the most recent calendar year of data available. Indicate year for which data are provided here: \_\_\_\_\_ and the source of the data here: \_\_\_\_\_  
Estimated number of sexual assault patients seen in the hospital in the year indicated here: \_\_\_\_\_

## Section B. Organization and Staffing

In a narrative, not to exceed five pages, describe the proposed organization and staffing of the program, including the following:

1. Administrative oversight of the program, including:
  - Name and title of the Program Director.
  - Percent of time the Program Director will be dedicated to the program.
  - A copy of an organization chart and a description of reporting relationships for the SAFE program.
  - A description of the Program Director's role in administering the program, including the percent of time the Director will provide direct care (if any).
2. Clinical oversight for the SAFE Program.
  - Describe how clinical oversight for the program will be provided; if there is no medical director for the program, describe how day-to-day clinical oversight will be ensured and ordering of tests, writing prescriptions, etc., will be handled.
3. Describe how the hospital's emergency department will coordinate with and support the activities of the SAFE program and sexual assault forensic examiners.
4. Describe how the hospital will ensure initial and ongoing competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department.

## Section C. Hospital Service Model

1. Is the proposed SAFE program to be (check only one):
  - Self-contained
  - Regional network model
  - Other (specify): \_\_\_\_\_
2. Describe the model and how it will operate in a narrative not to exceed one page. For regional network models, the narrative should describe the hospitals participating in the network, the agency providing sexual assault forensic examiner services, the organization and coordination of services within the network, etc.
3. SAFE services are proposed to be provided:
  - In the hospital emergency department
  - In the hospital in a location near the emergency department
  - Other (specify): \_\_\_\_\_

4. Is there a similar program to the proposed DOH certified SAFE program currently in operation in your facility?

- Yes
- No

5. In a narrative, not to exceed five pages, applicants must provide a description of services offered or proposed under the SAFE model. The description must include how the hospital will ensure:

- Appropriate administrative and clinical oversight is provided to the program.
- SAFE programs are affiliated with and integrated into the policies and procedures and operations of the hospital, particularly the emergency department.
- Initial and ongoing assessment of competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by the Department (see 'SAFE Hospital Program Standards' and 'SAFE DOH-Certification Standards').
- A well-functioning system to provide triage and assessment.
- A well-functioning on-call and back-up call schedule has been developed so that the patient is met by an examiner within 60 minutes of the patient's arrival in the hospital, except when the patient does not disclose a sexual assault at the time of triage, or under exigent circumstances.
- The rape crisis program is contacted immediately to ensure that a rape crisis advocate is available to offer services to the patient.
- Medical/surgical backup is readily available to the sexual assault forensic examiner.
- An appropriately equipped, private, designated room that can accommodate disabled patients and with access to a shower is available when needed for sexual assault exams.
- Medical treatment and forensic examination of sexual assault survivors is provided in compliance with all relevant laws and regulations and consistent with generally accepted standards of care, including OVAW's '*A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*' and '*PEP for Victims of Sexual Assault Guidelines*' by the HIV Clinical Guidelines Program (here: [www.hivguidelines.org/pep-for-hiv-prevention/after-sexual-assault/#tab\\_0](http://www.hivguidelines.org/pep-for-hiv-prevention/after-sexual-assault/#tab_0))
- Prophylaxis for sexually transmitted diseases, HIV and hepatitis B, and prophylaxis against pregnancy resulting from a sexual assault (emergency contraception) is provided on site.
- The New York State Sexual Offense Evidence Collection Kit is used unless a patient refuses to have evidence collected, and evidence is maintained and collected as required by PHL 2805-i.
- The Drug Facilitated Sexual Assault Kit is used as appropriate.
- Replacement clothing is provided to the patient before leaving the hospital.
- Referral and follow-up regarding medical treatment is provided.
- Patient is referred to counseling and support and other needed services.
- Safe discharge is assured for the patient.
- Medical and forensic SAFE services are appropriately documented.
- Information is collected related to the provision of services to victims of sexual assault and confidentiality of the data is ensured.
- An effective system of continuous quality improvement is established to ensure SAFE medical and forensic services are compliant with generally accepted standards of care.

## Section D. Interdisciplinary Task Force

In a narrative, not to exceed one page, describe the proposed interdisciplinary task force and how this task force will be utilized to develop, maintain and coordinate the SAFE program. See the SAFE standards for a description of the purpose of the task force and recommended membership.

## **Section E. Facilities/Equipment**

In a narrative, not to exceed one page, describe the private, designated room and equipment to be used for the SAFE program, including arrangements for individuals with physical disabilities.

Indicate the equipment and supplies that will be available to the SAFE program by checking the items below:

- A universally accessible examining table
- A dedicated colposcope with the ability to photo document
- An anoscope
- A camera and film
- An ultraviolet light source and bulbs
- A swab dryer
- Specula in different sizes, preferably with light illumination
- A supply cart and all necessary supplies
- Locked storage
- Beepers and/or cell phones
- Phlebotomy equipment
- Other necessary medical supplies
- Other necessary forensic supplies, including brown paper bags, plain labels and envelopes, toluidine blue stain, tape, white paper for collecting trace evidence, forensic urine collection containers
- Office supplies for the SAFE Program Director
- Replacement clothing for patients to wear when leaving the hospital
- New York State Sexual Offense Evidence Collection Kits
- Drug Facilitated Sexual Assault kits
- Comprehensive sexual assault assessment forms
- Office of Victim Services (OVS) claim forms and information
- A copy of OVAW's *'A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents'*
- Sexual assault patient literature
- Emergency contraception brochures for patients (from DOH or approved by DOH)

## **Section F. Data and Evaluation**

In a narrative, not to exceed one page, indicate the hospital's willingness to collect SAFE program data as described in the "SAFE Hospital Program Standards". Describe how data will be collected and the plan for utilizing the data for program planning, continuous quality improvement and evaluation.

## **Section G. Continuous Quality Improvement**

In a narrative, not to exceed two pages, describe the hospital's quality improvement plan to ensure medical and forensic SAFE program services are consistent with laws and regulations and with generally accepted standards of care, including OVAW's *'A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents'* and *'SAFE Hospital Program Standards'*.

Hospitals designated as SAFE programs are encouraged to work with other area hospitals that have not established SAFE programs to improve the quality of their response to sexual assault patients.

## Sexual Assault Forensic Examiner (SAFE) Hospital Program Addendum No. 1 – Additional Application Requests

Any Article 28 hospital interested in accreditation as a Department of Health (DOH)-designated Sexual Assault Forensic Examiner (SAFE) hospital program must complete section A-G of the application:

[https://www.health.ny.gov/professionals/safe/docs/hospital\\_application.pdf](https://www.health.ny.gov/professionals/safe/docs/hospital_application.pdf).

In addition to the application, please submit the following information and attachments, as described in section H and I below.

### Section H. Information

In a narrative, please provide a description on:

- Maintaining staff personnel records, including at a minimum the New York SAFE Certification Letter from the Department of Health, a 40-hour training program certification, a completed preceptorship form, and proof of continuing education.
- Storing all sexual offense evidence collection kits and drug facilitated sexual offense evidence collection kits for at least 20-years or until the State assumes responsibility. Please review the DOH Dear CEO letter for more information: [www.health.ny.gov/professionals/hospital\\_administrator/letters/2018/2018-04-16\\_dhdtc\\_dal\\_18-07\\_sexual\\_assault.htm](http://www.health.ny.gov/professionals/hospital_administrator/letters/2018/2018-04-16_dhdtc_dal_18-07_sexual_assault.htm). Include information on:
  - Patient notification of their options.
  - If the hospital has entered into a contract with an outside entity to store and maintain evidence, include a detailed description on the contract and how the hospital will ensure that the facility appropriately maintains security, storage, and chain of custody.
- Payment options presented to all patients and documentation of consent for OVS billing verse private insurance options.
- Presenting and offering to explain the ‘New York State Sexual Assault Bill of Rights’ to all sexual assault patients before the hospital commences a physical examination of the patient. Please review the DOH Dear CEO letter for more information: [www.health.ny.gov/professionals/hospital\\_administrator/letters/2019/docs/dal\\_19-17\\_sexual\\_assault\\_bill\\_of\\_rights.pdf](http://www.health.ny.gov/professionals/hospital_administrator/letters/2019/docs/dal_19-17_sexual_assault_bill_of_rights.pdf)
- New policies and procedures for HIV PEP, based on recently updated HIV Clinical Guidelines. Please review the DOH Dear CEO letter for more information: <https://cdn.hivguidelines.org/wp-content/uploads/20200616085359/DOH-OVS-Dear-Colleague-HIV-PEP-Guidance-Update.pdf>

### Section I. Attachments

In addition to the attachment for section H, please include the following materials:

- Completed and signed Hospital Program Provider Agreement (original): [https://www.health.ny.gov/professionals/safe/docs/hospital\\_agreement.pdf](https://www.health.ny.gov/professionals/safe/docs/hospital_agreement.pdf)
- Copy of the Hospital’s policy/procedure on the treatment of a sexual assault patient.
- SAFE Hospital Program Organizational chart to show where the SAFE Program is located in the organization and to describe the staff who report to the Medical Director and Program Director.
- SAFE Hospital Program map on the location of the SAFE designated room within the ED or within proximity to the ED, the patient shower, storage for equipment and evidence, and other items as necessary.
- Copy of any existing cooperative agreements mentioned in the application, especially those with any participating community-based organizations and the local rape crisis program.