EMERGENCY CENTRE

AFTER HOURS MANAGEMENT OF EMERGENCY SEXUAL ASSAULT RESOURCE CENTRE (SARC) CLIENTS (2200-0900 HOURS)

1. PURPOSE

To provide guidance on the management of emergency SARC clients after hours (2200-0900 hours) at the Emergency centre KEMH.

2. PROCEDURE

1. SARC emergency services will continue to be provided during the day 0900- 2200 hours, 7 days a week.

2. After 2200 hours, a phone call advice service to a medical officer will be available, however the medical officer will not attend the emergency case.

3. Female clients who require a service 2200 – 0900 hours will be advised by the SARC counsellor to attend the Emergency centre at KEMH.

4. Male clients shall be advised to attend their nearest local Emergency department.

5. Where physical injury, bleeding or suspected fracture is identified, the counsellor will liaise with the duty SARC medical officer and advise the client to attend the nearest Emergency Department (not the Emergency Centre at KEMH).

6. After 2200 hours, a counsellor may attend the emergency case at the Emergency Centre at KEMH. This decision will be made following liaison with the SARC medical officer (consultation between the medical officer and the police may also be required).

7. The role of the counsellor is to

   • Provide support to the victim of the sexual assault.
   • Provide liaison with the police and other services.
   • Provide liaison within the EC and support to EC staff, and provide containment of the situation.
   • Triage the case for the provision of forensic services by a SARC medical officer the next morning at the SARC premises.
   • Medical / forensic urgency prioritisation is undertaken by the duty medical officer (SARC) and the police.

8. The following care may be provided by the KEMH staff in consultation with the SARC medical officer

   Safety- ensure medical safety and exclude any life threatening emergencies – these cases should have been referred to the Emergency Department of their nearest local hospital (See point 5).
**Location**—consider prevention of DNA cross contamination. All patient contact surfaces should be wiped with trigene and then covered with a fresh paper sheet (blue).

Provide a private area whenever possible with access to a support person.
- Consider any immediate physical, mental or substance use issues as for all patients.
- Consider the presence of an existing pregnancy.
- Offer emergency contraception as required.

**Forensic**

- Consider forensic specimen collection using the Early Evidence Kit (wee and wipe specimens). This is located in the SARC box in the cupboard in cubicle 4. Instructions for use are also located in this box. Ensure informed consent is obtained prior to collecting forensic specimens.
- Avoid loss of forensic evidence by requesting that the client does not wash or shower (or defaecate, if anal assault has occurred).
- Clothing can be collected by police or placed individually into clean paper bags and sealed i.e each item of clothing in a single separate bag.
- An external genital examination (visual inspection only) may be conducted if there are symptoms of bleeding or pain, but generally a speculum examination should be delayed until seen at SARC.
- A full medical forensic examination will be provided at SARC as soon as possible, generally the following morning.

**Exceptional / Priority 1 Cases**

- Exceptional cases will be forensically urgent and of great priority to the police/criminal justice system. Guidelines for these cases will be established by the police in consultation with SARC.
- The police will consult with the SARC doctor to establish a priority case.
- The SARC Manager will be notified.
- In these cases, the SARC on-call doctor or another SARC doctor will undertake to provide a service at the SARC premises irrespective of the time.

**REFERENCES (STANDARDS)**

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<tr>
<th>National Standards – 1.7.1, 1.8.1, 1.8.2</th>
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<td>Legislation - Nil</td>
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**Related Policies**

| Other related documents – Nil |

**RESPONSIBILITY**

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<tr>
<th>Policy Sponsor</th>
<th>Nursing &amp; Midwifery Director OGCCU</th>
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<tbody>
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<td>Initial Endorsement</td>
<td>May 2014</td>
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<td>Last Reviewed</td>
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