

**New York State Department of Health  
Bureau of Women, Infant and Adolescent Health  
Sexual Assault Forensic Examiner (SAFE) Program Overview**

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New York State Department of Health (DOH) has established standards to certify three distinct Sexual Assault Forensic Examiner (SAFE) Program components:

- SAFE-Designated Hospitals ..... Pg. 2
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- New York Sexual Assault Forensic Examiners ..... Pg. 13

**SAFE Program Goals:**

- Provide timely, compassionate, patient-centered care in a private setting that provides emotional support and reduces further trauma to the patient.
- Provide quality medical care to the patient who reports sexual assault, including evaluation, treatment, referral and follow-up.
- Ensure the quality of collection, documentation, preservation and custody of forensic evidence by utilizing a trained New York Sexual Assault Forensic Examiner to perform the sexual assault medical forensic exam.
- Utilize an interdisciplinary approach by working with the local rape crisis program, law enforcement, prosecutors, and other necessary service providers to effectively meet the needs of the sexual assault victim and the community.
- Provide expert testimony when needed if the patient chooses to report the crime to law enforcement.
- Improve and standardize data regarding the incidence of sexual assault victims seeking treatment in hospital emergency departments.

**For more information please contact the SAFE Program at  
(518) 474 – 0535 or [rcprpt@health.ny.gov](mailto:rcprpt@health.ny.gov)  
Or visit the website: [www.health.ny.gov/prevention/sexual\\_violence/](http://www.health.ny.gov/prevention/sexual_violence/)**

## Sexual Assault Forensic Examiner (SAFE)-Designated Hospital Program Standards

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Hospital administration seeking SAFE designation can apply to the Bureau of Women, Infant, and Adolescent Health (BWIAH) at any time. Once approved, a provider agreement with DOH, Division of Family Health obligates all hospitals to provide services consistent with the requirements listed here. SAFE hospital designation is not reviewed by the Office of Health Systems Management or added to the operating certificate but it is listed on the hospital profile.

A comparison of general hospital and SAFE program responsibilities for the care and treatment of sexual assault victims can be found online at [www.health.ny.gov/professionals/safe/hospital\\_requirements.htm](http://www.health.ny.gov/professionals/safe/hospital_requirements.htm).

### SAFE Hospital Program Models

SAFE hospital programs may be housed within the emergency department or in an easily accessible area nearby. Increasingly, hospitals provide a separate sexual assault medical/forensic unit, in an easily accessible area near, but not necessarily within, the emergency department.

Some hospitals may develop a self-contained SAFE program that utilizes hospital staff trained as sexual assault forensic examiners. A self-contained SAFE program will retain responsibility for recruiting, ensuring training and clinical competence of and maintaining call rosters for SAFE staff. Hospitals may use a variety of methods to do this. For example, the hospital may elect to have emergency department staff trained as sexual assault forensic examiners available on each shift. The hospital may need to have another employee on-call to take over the usual duties of the examiner at the time the examiner assumes responsibility for the care of a sexual assault patient. Alternatively, the examiner may be an employee of the hospital, listed on an “on-call” schedule at times when s/he is not on duty. The sexual assault forensic examiner is called into care exclusively for the sexual assault patient.

DOH will consider alternative program models that demonstrate clear accountability and oversight for the program and comply with relevant laws, regulations and program standards and requirements. For example, hospitals with a low volume of sexual assault patients may wish to participate in a regional network system. Under the network program, regionally-based, trained examiners will be available to provide sexual assault exams at several hospitals in a region. The examiners are employees of an outside group (e.g., another hospital, visiting nurse service or private practice). The group serves one or more hospitals and travels to the location of the sexual assault patient. In this model, the hospitals which apply for SAFE programs have examiners from this outside group on-call. The SAFE program must ensure that sexual assault forensic examiners who are on call from an outside group have been appropriately certified by DOH and have been credentialed by the SAFE hospital program.

A hospital must agree to ensure that the following minimum requirements are met throughout its designation as a SAFE hospital program:

1. Appropriate administrative and clinical oversight.
2. The SAFE program is affiliated with and integrated into the policies, procedures and operations of the hospital, particularly the emergency department.

3. Initial and ongoing assessment of competency and credentialing of SAFE staff, including certification of sexual assault forensic examiners by DOH (see 'Specialized Staff Training and Availability' below).
4. A well-functioning system to provide triage and assessment.
5. 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.
6. The rape crisis program is contacted immediately to ensure that a rape crisis advocate is available to offer services to the patient.
7. Medical/surgical backup is readily available to the sexual assault forensic examiner.
8. 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.
9. 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'*.
10. Prophylaxis for sexually transmitted diseases, HIV and hepatitis B, and prophylaxis against pregnancy resulting from a sexual assault (emergency contraception) is provided on site.
11. 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.
12. The Drug Facilitated Sexual Assault (DFSA) kit is available and used when applicable.
13. Replacement clothing is provided to the patient before leaving the hospital.
14. Referral and follow-up regarding medical treatment is provided.
15. Patient is referred to counseling and support and other needed services.
16. Safe discharge is assured for the patient.
17. Medical and forensic SAFE services are appropriately documented.
18. Information is collected related to the provision of services to victims of sexual assault and confidentiality of the data is ensured.
19. An effective system of continuous quality improvement is established to ensure SAFE medical and forensic services are compliant with generally accepted standards of care.

In all models, the hospital's obligation to provide medical screening and emergency treatment or transfer per the US Emergency Medical Treatment and Labor Act (EMTALA) 42 USC 1395 (dd) remains the same. For all sexual assault patients who require medical transfer, forensic evidence collection should be done at the hospital accepting the transferred patient.

Sexual assault forensic exam services do not replace the care that would normally be provided to patients in an emergency department. Sexual assault patients will receive the same intake and screening that any patient would receive in any emergency department. However, under the SAFE hospital program, sexual assault patients will be accorded a high priority in the emergency department and can be transferred to the SAFE program as soon as is medically feasible.

Hospital emergency staff should immediately implement the following protocol upon arrival of the patient in the emergency department:

1. Provide triage and assessment in a timely manner (See 'Sample Form for Consent/Refusal and Evidentiary log'. Consider local protocols and interdisciplinary requirements to develop a standardized assessment tool).
2. Contact the sexual assault forensic examiner when the patient discloses that s/he has been sexually assaulted.
3. Contact a rape crisis advocate immediately after contact was made to the sexual assault forensic examiner.
4. Be available for consultation and support of SAFE program staff and sexual assault forensic examiner.
5. Assist in obtaining necessary tests and medications.
6. Assist in arranging referrals and follow-up services.

In addition, the SAFE program staff and sexual assault forensic examiner must have readily available access to medical/surgical back-up as needed, which, in addition to the emergency department, may include general surgery, obstetrics/gynecology, pediatrics, urology and psychiatry.

### **Interdisciplinary Model**

SAFE hospital programs are required to participate in an interdisciplinary/community task force. The task force should be formalized through a Memorandum of Understanding (MOU). The task force should include representation from the SAFE hospital program, emergency department, hospital administration, local rape crisis program, law enforcement, prosecuting attorneys (including a special sex crimes unit where available), emergency medical services, local colleges (including security and health services) and other health and human service agencies that may provide follow-up services to sexual assault victims. The task force should be actively engaged in assessing community needs and should convene on an ongoing basis to ensure coordination and resolution of issues related to existing programs. The task force can also assist with outreach and education efforts and can provide follow-up services for sexual assault victims.

Hospitals already participating in a sexual assault task force whose mission or goal is consistent with the SAFE hospital program goals will be considered to meet this requirement. If there is a sexual assault task force already serving the community, it is not recommended that hospitals establish a new task force. In areas where there is a regional network system, a single task force involving several hospitals, the provider of sexual assault examiner services, the rape crisis program(s), as well as other appropriate organizations, may be sufficient for program development and ongoing coordination.

Public Health Law 2805-i requires hospitals to inform sexual assault survivors of rape crisis services available within the geographic area and to contact the local rape crisis program to provide the services of an advocate. This works most effectively when the advocate is called at the same time the sexual assault examiner is contacted and offers to provide services directly to the patient. Hospitals applying for SAFE program status must have a cooperative agreement with the local rape crisis program(s) to ensure that all survivors are offered the assistance of an advocate.

There are over 50 DOH-approved rape crisis programs that provide services at over 75 sites. A list of these programs can be found on the DOH website. The DOH has established standards for these programs to train victim advocates. Advocates who complete the 40-hour training can, by law, provide confidential services to victims of sexual assault. Rape crisis program victim

advocates primary focus is to provide calm, consistent support to the patient. While advocates do not provide health care or collect evidence, they enhance the efforts of health care staff through the provision of information regarding medical and legal options, and other resources. They can provide the intervention necessary when patients first arrive for treatment, help patients understand the health care and evidence collection procedures, and counsel family members or friends who may accompany the patient. Advocates are a bridge to the care and services available following the hospital visit.

### **Organization and Staffing**

The hospital must ensure administrative and clinical oversight for the SAFE program to ensure that care provided to sexual assault victims is consistent with generally accepted standards of care. SAFE programs must have a program director designated to provide oversight and coordination related to the program. If the program director is a clinician, s/he may also directly provide SAFE examination services. However, the director's role in directly providing care should be limited considering other duties.

The program director's position must be integrated within the hospital administrative structure, reporting to the director of the emergency department, the director of nursing, or other appropriate area. The program director will be the liaison with other areas of the hospital and with members of the interdisciplinary/community task force.

For some existing SAFE programs, a program director has been designated who has been hired through some other community-based agency, such as a rape crisis program. In that case, an individual employed by or affiliated with the hospital(s) where SAFE services are provided must be designated to coordinate SAFE activities in the hospital setting in conjunction with the community-based program.

The program director coordinates SAFE staffing, either directly, in a self-contained hospital model, or indirectly through another agency, such as the visiting nurse service in a regional network model. This includes recruiting, education and continuing education, preceptorships, certification and recertification, and establishing on-call and back-up schedules for examiners. The program director works with the interdisciplinary/community task force in developing a community outreach and education plan for the SAFE program.

A medical director for the program is recommended but not required. If there is no medical director for the program, the hospital must ensure that the SAFE program is integrated within the hospital's clinical oversight and quality improvement structure. The hospital must also ensure that physicians and other qualified staff in the hospital emergency department are readily available to write prescriptions, order tests, and perform other functions appropriate as defined within their professional scope of practice.

### **Specialized Staff Training and Qualifications**

A key component of the SAFE program is a cohort of specially trained individuals who have been prepared through an intensive classroom and preceptor training program to conduct complete sexual assault medical-forensic examinations, collect and preserve evidence and present testimony in the prosecution of sexual assault cases. Every SAFE hospital program is required to have specially trained examiners who are certified by DOH and credentialed per the individual institution's procedures to provide forensic examinations to sexual assault victims.

DOH will certify registered nurses, nurse practitioners, physician assistants, and physicians as sexual assault forensic examiners who meet DOH standards. An individual requesting certification by DOH as a sexual assault forensic examiner must perform within the scope of practice of the discipline in which s/he holds a license. See 'SAFE DOH-Certification Standards' on page 14.

Didactic training must also be provided through a program that has been approved by DOH. Only training programs which demonstrate to DOH the ability to provide training that meets the minimum standards and requirements and enter a formal agreement with DOH can provide training related to DOH's issuance of certificates of qualification. See 'SAFE Training Program Standards' on page 11.

### **Treatment Protocol and Standard of Care**

Public Health Law Article 28 requires that, absent exigent circumstances, or unless the patient does not disclose a sexual assault at the time of triage, the sexual assault forensic examiner must meet the patient within 60 minutes of arriving at the hospital. In those rare circumstances when a SAFE program does not have a sexual assault examiner available to perform the examination of the sexual assault patient, the hospital must ensure that the examination and associated treatment is provided in a manner that is consistent with Department standards as described below. An on-call schedule consistent with services available should be established. DOH may review a hospital's compliance with SAFE program standards and rescind a hospital's designation when standards are not being met, e.g., if on-call coverage in a SAFE program falls below an acceptable limit.

Services must comply with all applicable state and federal laws, regulations and standards, including, but not limited to:

1. NYS Public Health Law Section 2805-i, Treatment of sexual offense patients and maintenance of evidence in a sexual offense
2. NYS Public Health Law Section 2805-p, Emergency treatment of rape survivors
3. Regulations Title 10 NYCRR 405.9(c) and 405.19(c)(4), Establishment of hospital protocols and maintenance of sexual offense evidence
4. Regulations Title 10 NYCRR 722, Sexual Assault Forensic Examiner (SAFE) Programs
5. *'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))
6. OVAW's *'A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents'*

### **Facilities and Equipment**

SAFE programs are required to have a private, designated room for the performance of exams. The exam room must have access to a shower and must be accessible to the disabled. If possible, there should be a separate waiting area available to the family or friends of the survivor. Required equipment and supplies include the following:

1. A universally accessible exam table
2. A dedicated colposcope, with the ability to photo document
3. An anoscope
4. A camera and film
5. An ultraviolet light source and bulbs
6. A swab dryer
7. Specula in different sizes, preferably with light illumination

8. A supply cart and all necessary supplies
9. Portable stand for setting up equipment and supplies
10. Locked storage, if needed
11. Beepers and/or cell phones as needed
12. Phlebotomy equipment
13. Other necessary medical supplies
14. 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
15. Office supplies for the SAFE program director
16. Replacement clothing for patients to leave the hospital
17. New York State Sexual Offense Evidence Collection Kits
18. Drug Facilitated Sexual Assault Kits
19. Sexual assault patient literature for patient information and resources
20. Comprehensive sexual assault assessment forms (see 'Sample Form for Consent/Refusal and Evidentiary log')
21. Crime Victim's Board (CVB) claim forms and information
22. Copy(ies) of OVAW's '*A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*'.
23. Emergency contraception brochures for patients either from DOH or approved by DOH.

## Data and Evaluation

SAFE programs are required to keep data related to their activities. These data will enable the SAFE program and the hospital to document the extent of the problem, the level of service, determine the cost of the service and provide information for program planning, quality improvement and evaluation purposes. These data must be provided to DOH and the Division of Criminal Justice Services (if funded by them) on a quarterly and annual basis for use in program monitoring and public health and criminal justice planning. Only aggregate, deidentified data will be provided to these state agencies. DOH may require additional information for program monitoring or statutory or other reporting purposes. At a minimum, SAFE hospital programs approved by DOH will be required to collect the following data on a quarterly and annual basis:

1. The number of personnel who are certified as sexual assault forensic examiners.
2. The number of sexual assault victims who present at the hospital for services.
3. The response time of the sexual assault examiner from the time the call was made to the time the examiner arrived.
4. The number of sexual assault exams performed by DOH certified sexual assault forensic examiners.
5. The number of sexual assault exams performed by personnel other than DOH certified sexual assault forensic examiners.
6. The number of victims seeking services who could not be served.
7. The number of inpatient admissions resulting from sexual assaults.
8. The number of patients served by age, racial/ethnic status and gender.
9. Insurance payer status of victims.
10. The number of patients accompanied by a rape crisis advocate.
11. The number of patients who refused the services of a rape crisis advocate.
12. The number of patients who took HIV prophylaxis.
13. The number of patients who refused or were ineligible for HIV prophylaxis.

14. The number of patients who took prophylaxis against pregnancy related to a sexual assault (emergency contraception).
15. The number of examinations where the patient chose to report sexual assault to law enforcement.
16. The number of examinations where the patient declined to report sexual assault to law enforcement.
17. The number of sexual assault evidence collection kits completed for sexual assault forensic examinations.
18. The number of drug facilitated sexual assault kits completed.
19. The number of those kits released to law enforcement at the time of the exam.
20. The number of those kits released to law enforcement after the exam was completed.
21. The number of victims who refuse to have evidence collected.
22. In collaboration with the interdisciplinary task force, the number of sexual assault case dispositions by SAFE and non-SAFE staff to the extent possible, including:
  - a. the number of arrests
  - b. number of cases referred to prosecution
  - c. number of convictions by plea bargaining
  - d. number of convictions by trial
  - e. number of cases dropped.

Additional data requirements may be identified by DOH.

NOTE: All hospitals will be required to fill out ICD-CM E-codes (external cause of injury codes) or HCPC codes for emergency room patients reporting rape or sexual assault (E960.1) when the SPARCS system is initiated for emergency rooms. This will permit DOH to compare SAFE program hospitals to other institutions in terms of the numbers of these patients treated in SAFE programs compared to hospitals without SAFE programs.

### **Continuous Quality Improvement**

Pursuant to 10 NYCRR 405.9 and 405.19, all hospitals are required to establish protocols regarding the care of patients reporting sexual assault, and to maintain evidence. These protocols apply to all units in which sexual assault victims are treated; including but not limited to medicine, surgery, emergency, obstetric and gynecology, pediatric, mental health, outpatient and inpatient services, and the range of subspecialty services appropriate for victims of sexual assault.

Each hospital must develop and implement written policies and procedures establishing an internal quality improvement program to identify, evaluate, resolve and monitor actual and potential problems in patient care. SAFE programs should be integrated within the hospital's overall quality improvement plan. For SAFE programs, quality improvement components shall include, but not be limited to the following:

1. Chart audit performed periodically on a statistically significant number of sexual assault patient records. The hospital must designate an individual(s) to periodically review sexual assault patient records, along with other appropriate information, to determine:
  - a) How long did the patient wait from arrival to exam commencement?
  - b) Were appropriately trained staff available to examine the patient?
  - c) Was all the necessary equipment available?
  - d) Was a rape crisis program advocate called to accompany the patient?
  - e) Was consent appropriately obtained from the patient?
  - f) Did the patient receive appropriate medical treatment?



- g) Was HIV prophylaxis recommended in all cases, where appropriate, per 'PEP for Victims of Sexual Assault Guidelines'?
  - h) Was HIV prophylaxis made available on-site to all clients requesting this preventive measure?
  - i) Did the patient receive appropriate counseling related to pregnancy prophylaxis?
  - j) Did the patient receive on-site pregnancy prophylaxis, if requested?
  - k) Did the patient receive treatment for STDs?
  - l) Was forensic evidence collected in a manner that was consistent with law, regulations and standards, including maintenance of the chain of custody?
  - m) Was an appropriate medical and psychosocial referral and follow-up plan developed for the patient?
  - n) Was safe discharge assured for the patient?
  - o) Was confidentiality maintained?
2. A system for developing and recommending corrective actions to resolve identified problems.
  3. A follow-up process to assure that recommendations and plans of correction are implemented and effective.

DOH-designated SAFE hospital 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.

**For an application please contact the SAFE Program at  
(518) 474 – 0535 or [rcprpt@health.ny.gov](mailto:rcprpt@health.ny.gov)  
Or visit the website: [www.health.ny.gov/prevention/sexual\\_violence/](http://www.health.ny.gov/prevention/sexual_violence/)**

## Sexual Assault Forensic Examiner (SAFE) Training Sites Standards

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SAFE training programs are essential for any hospital program to establish a cohort of medical professionals who are prepared to conduct sexual assault medical forensic examinations, collect and preserve evidence, and present testimony in the prosecution of sexual assault cases. Only 40-hour didactic and clinical training courses which demonstrate to the Department the ability to provide training that meets the minimum standards and requirements, and enter a formal agreement with the Department, can provide training related to the Department's issuance of certificates of qualifications.

### **SAFE training programs can be provided by:**

- Accredited college or university
- School of Nursing or Medicine
- Hospital continuing education program
- Other institutions able to meet all training standards

### **SAFE trainings can be conducted by:**

- Instructors who have demonstrated training experience and expertise in the field of forensic science and sexual assault.
- At least one faculty member must be an active DOH-certified sexual assault forensic examiner.

### **SAFE Training Program Standards**

All trainings should be consistent with:

- OVAW's '*A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents*'
- '*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))
- SAFE DOH-Certification Standards
- SAFE-Designated Hospital Program Standards
- New York State laws and regulations promulgated in relation to the treatment of sexual assault including Public Health Law 2805-i, Public Health Law 2805-p, 10NYCRR 405.19, and 10NYCRR 405.9.
- Any standards developed by the International Association of Forensic Nurses (IAFN) and other such standards developed nationally, as appropriate.

DOH may require additional standards be met if it is determined necessary at the time to ensure sexual assault forensic examiners have been trained in a manner that is consistent with applicable laws, rules, regulation, protocols, standards of care, and SAFE program goals set forth in the 'SAFE Hospital Program Standards'.

### **Training Program Curriculum Requirements**

- A formalized 40-hour curriculum, inclusive of a clinical component.
- The curriculum and associated materials must be updated as needed to reflect new medical and forensic standards for the treatment of victims of sexual assault.
- Sufficient clinical preceptorship and training experiences for students must be provided under qualified supervision.
- The curriculum, course schedule and teaching strategies must be submitted to DOH for

prior approval. Materials shall be designed to ensure that individuals completing the course have the training and experience necessary to provide services in a manner which is consistent with all applicable laws, rules, regulations, protocols, current standards of care, and goals of the SAFE program set forth in the SAFE Hospital Program Standards. The following shall be included at a minimum:

- Dynamics of sexual assault, types of sexual assaults, myths and facts about sexual assault, post-traumatic stress and rape trauma syndrome, reactions of survivors and significant others, and the importance of a victim-centered, cooperative, interdisciplinary approach in the treatment of sexual assault survivors
- Sexual assault forensic examiner roles and responsibilities
- Components of crisis intervention and supportive techniques
- Cultural/community considerations
- Providing services to individuals with disabilities
- Injury detection and documentation
- Elements of physical assessment and evaluation of the patient reporting sexual assault
- Collection and handling of forensic evidence
- Documentation procedures
- Testing for and treatment of sexually transmitted diseases (such as syphilis, gonorrhea, and chlamydia)
- Testing for and treatment of blood-borne diseases (such as HIV, hepatitis B, and hepatitis C)
- Pregnancy risk assessment, pregnancy testing, and provision of emergency contraception
- Use of specialized equipment (colposcope, camera, imaging, photography)
- Observing and practicing the clinical skills in completing the exam
- Judicial processes and providing courtroom testimony
- Adolescents and parental rights
- Confidentiality and consent
- Relevant laws, regulations and NYS standards
- Drug facilitated sexual assault and kit
- Interviewing skills
- Ethical issues
- Long term effects of sexual assault
- Follow-up and referral

### **Other Training Program Requirements**

- Detailed record keeping of attendance for each segment of the course.
- Regular course evaluations and pre-posttests.
- Documentation of completion for each participant who has successfully demonstrated mastery of all key didactic and clinical competencies.
- Report to DOH the successful completion of demonstrated mastery of all key didactic and clinical competencies for each participant.
- Collect data as specified by DOH regarding the number of individuals trained, as well as other required data, as needed.
- Any training program must be able to provide continuing education credits, course credits or contact hours.

**For an application please contact the SAFE Program at  
(518) 474 – 0535 or [rcprpt@health.ny.gov](mailto:rcprpt@health.ny.gov)  
Or visit the website: [www.health.ny.gov/prevention/sexual\\_violence/](http://www.health.ny.gov/prevention/sexual_violence/)**

## **New York Sexual Assault Forensic Examiner (NYSAFE) DOH-Certification Standards**

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A sexual assault medical forensic exam can be performed by any registered nurse, nurse practitioner, physician's assistant, or physician in any New York State hospital emergency department. The hospital is often the first institutional contact for a victim of sexual assault. The initial response from health care professionals has a profound influence on recovery. However, treatment of sexual assault patients by health care providers and the criminal justice system has not been universally adequate. In response to a lack of consistent, adequate, and sensitive care across the nation, there has been an emergence of health care practitioners known as either Sexual Assault Examiners (SAE), Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE). These terms are often used interchangeably. A SAE, SANE, or SAFE who receives certification from the DOH is known as a NYSAFE.

The standard of care for sexual assault patients who present for treatment is comprehensive and high-quality medical care, collection of forensic evidence, and respectful treatment. DOH recommends the use of NYSAFEs in all hospitals to assist in meeting this standard. The use of NYSAFEs is required in hospitals seeking SAFE-designation. NYSAFEs are skilled in collecting and preserving forensic evidence to support prosecution and they are prepared to provide testimony in a court of law. Above all, they provide compassionate emotional support to the sexual assault patient.

### **Qualifications for Certification**

To become certified as a NYSAFE, such individuals shall:

- be registered, certified, or licensed, as appropriate to practice as a nurse, nurse practitioner, physician assistant or physician in the State of New York and perform within their statutory scope of practice.
- have a minimum of one-year, full-time clinical post-graduate experience.
- have successfully completed at least a forty-hour didactic and clinical training course approved by the Department. Individuals who can demonstrate competence in some or all of the course objectives required for DOH approval may be eligible for exemption from those components of the course.
- have completed a competency-based post-course preceptorship.
- have qualified medical oversight.

An application can be found on the DOH SAFE Program website. Applications will only be accepted if the information marked with an asterisk is complete and all signatures are provided. Upon approval, applicants will receive a letter via email to serve as proof of valid certification for a period of three years.

### **Re-Certification**

NYSAFE certification expires every three years. It is the responsibility of the NYSAFE to apply for recertification in the final five months of their current certification period, or no more than four months past the expiration of their last valid certification period.

To become recertified as a NYSAFE, such individuals shall:

- have completed a minimum of fifteen hours of continuing education in the field of forensic science in the past three years.
- have maintained competency in providing sexual assault examinations. Based upon the examiner's performance of sexual assault exams during the preceding year, the medical director of the SAFE program or other appropriate institution shall attest to the examiner's continuing competency. If the examiner has had more than a one-year lapse in service during the three-year certification period, the medical director must explain how competency was maintained or updated, i.e., by means of repeating training or by other means.
- function with qualified clinical oversight as a sexual assault forensic examiner. A signed letter from the SAFE program or other provider or institution stating that such oversight is provided will satisfy this requirement.

The following topics relate to the care of sexual assault patients. Educational activities related to these topics are acceptable for meeting the 15-hour education requirement for recertification.

- |                                       |  |  |
|---------------------------------------|--|--|
| • Dynamics of sexual assault          | • Physical assessment and evaluation                   | • Judicial processes and courtroom testimony |
| • Trauma informed care                | • Collection and handling forensic evidence            | • Patient and parental rights                |
| • Sexual assault response teams       | • Documentation procedures                             | • Confidentiality and consent                |
| • Examiner roles and responsibilities | • Post-exposure care for sexually transmitted diseases | • Laws, regulations, and standards           |
| • Crisis intervention                 | • Post-exposure care for blood-borne diseases          | • Drug facilitated sexual assault            |
| • Cultural competency                 | • Post-exposure care for pregnancy                     | • Ethical issues                             |
| • Injury detection and documentation  | • Use of specialized equipment                         | • Follow-up and referral                     |

In addition to accepting any formal CEUs for conferences, workshops, seminars and training, including on-line training, the Department will allow hours for educational activities related to topics listed above that may not result in the issuance of CEUs, for example, independent study, in service education activities and collaborative educational activities with rape crisis programs, law enforcement, domestic violence programs, district attorney offices, medical examiner offices, state and local laboratories and other related organizations. Related precepting, teaching, research and publishing experience will also be accepted. A total of no more than 9 of the 15 hours should be counted for precepting, teaching, research or publishing experience.

A recertification application can be found on the DOH SAFE Program website. Applications will only be accepted if the information marked with an asterisk is complete and all signatures are provided. Upon approval, applicants will receive a letter via email to serve as proof of valid certification for a period of three years.

### **Roles and Responsibilities**

The role of a NYSAFE is to:

1. Ensure that the services of a trained rape crisis program advocate have been offered to the patient prior to treatment and work with the advocate to ensure patient needs are met.
2. Maintain patient confidentiality.
3. Provide the sexual assault patient with victim-centered, sensitive care which includes a comprehensive medical assessment and evaluation.
4. Document injuries.
5. Collect and preserve quality forensic evidence using the New York State Sexual Offense Evidence Collection Kit (SOECK) and Drug Facilitated Sexual Assault (DFSA) kit where appropriate and maintain the chain of custody.
6. Provide prophylaxis for STDs, HIV and pregnancy prevention if the patient so desires.
7. Refer the patient to follow-up medical and psychological care.
8. Refer the patient to other emergency medical services as needed.
9. Provide testimony as to the findings or act as an expert witness when the case is prosecuted.

A NYSAFE is not to be considered the patient's advocate; to do so would be a conflict in roles and could compromise a NYSAFEs position in the courtroom. The role of the rape crisis advocate is to provide the patient with emotional support, advocacy, information, counseling, and accompaniment services at a time when the patient may be in crisis. To maintain NYSAFEs status as an objective and expert witness, it is recommended that the following information be provided by a rape crisis advocate. In the absence of the rape crisis advocate, the NYSAFE should also provide information about:

1. Civil and criminal court proceedings and availability of accompaniment and support throughout the legal process.
2. Availability of crime victims' compensation benefits.
3. Availability of crisis intervention, telephone and in-person counseling services.

### Standards of Care

NYSAFE services must comply with all applicable state and federal laws, regulations, standards and protocols, including the following:

- NYS Public Health Law Section 2805-i, Treatment of sexual offense patients and maintenance of evidence in a sexual offense
- NYS Public Health Law Section 2805-p, Emergency treatment of rape survivors
- Regulations Title 10 NYCRR 405.9(c) and 405.19(c)(4), Establishment of hospital protocols and maintenance of sexual offense evidence
- '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))
- OVAW's 'A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents'

### Internal Controls

The purpose of an internal controls protocol is to ensure that all NYSAFE application attestations are signed in good faith. Every year, a random group of applicants will be audited for internal control measures.

To audit NYSAFEs in their first year of certification, applicants will be required to submit the following additional items:

1. Proof of at least one-year, full-time clinical experience in licensed area post-graduate. A signed and dated letter from the program director or medical director, or an employee verification form from the hospital must be submitted.
2. Proof of qualified medical oversight. A signed and dated letter from the physician providing medical oversight must be submitted.
3. Proof of successful completion of at least a 40-hour didactic and clinical training program. A training program certificate from a DOH approved training site or IAFN must be submitted. If the NYSAFE submitted a Training Course Exemption attestation, a training program certificate for at least 40 credit hours and a training program outline of topics must be submitted.
4. Proof of successful completion of a competency-based preceptorship. A dated and signed 'guidelines for assessment of key competencies' form must be submitted.

To audit NYSAFEs in their first year of recertification, applicants will be required to submit the following additional items:

1. Proof of a minimum of fifteen hours of continuing education in the field of forensic science during the last certification period. A certificate, sign-in sheet, or other appropriate form of proof must be submitted for 15 hours of educational activity.
2. Proof of maintained competency. A signed and dated letter from the physician providing medical oversight must be submitted.
3. Proof of qualified medical oversight. A signed and dated letter from the physician providing medical oversight must be submitted. Individuals who are licensed to practice as a nurse practitioner or physician are exempt from this requirement.

**For an application please contact the SAFE Program at  
(518) 474 – 0535 or [rcprpt@health.ny.gov](mailto:rcprpt@health.ny.gov)  
Or visit the website: [www.health.ny.gov/prevention/sexual\\_violence/](http://www.health.ny.gov/prevention/sexual_violence/)**