

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
NON CONSENSUAL SEXUAL CONTACT

MSRM 140117.01.13.3
(R-4/19)

Subjective Data:

Allergies: _____

Medical staff on site: Yes No

After hour phone call: Yes No

Non-consensual sexual contact reported by: Inmate

Security Officer: (Name): _____ Date: _____ Time: _____

Case Manager: (Name): _____ Date: _____ Time: _____

Other: (Name): _____ Date: _____ Time: _____

Name of facility head/designee notified if reported by inmate: _____ Date: _____ Time: _____

Chief complaint: _____

Time of incident or of most recent contact: _____ Location of Incident: _____

Type of contact: Oral Anal Vaginal Skin to skin contact No skin to skin contact

Penetration by: Penis Finger Object Describe: _____ Other Describe: _____

Brief summary of incident (Do not include perpetrators name): _____

Is there visual or reported physical injury: Yes No If "Yes" describe injuries, location and how the injuries were inflicted: _____

Did the victim experience any of the following? (Check all that apply) If inmate experienced any of the following the victim must be evaluated by the ER prior to forensic examination.

- Strangulation Loss of consciousness Altered level of consciousness Assault by instrumentation Physical injury

Has the alleged inmate performed any of the following post assault activities since last contact? (Check all that apply)

- Change clothes Urinated Defecated Bathed

Note: Do not have the inmate change clothes. Have the inmate take a change of clothes to the forensic examination. If recent contact, discourage but do not forbid urination.

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

CRITERIA FOR FORENSIC EXAMINATION: Health care provider and CHSA must be called if not on site or if after clinic hours. **CHSA will notify the warden, facility head or his/her designee. The Fugitive Apprehension and Investigations Unit is responsible for determining when a comprehensive sexual assault exam is necessary.**

- Last contact < 120 hours (5 days)
 Skin to skin nonconsensual sexual contact to includes but not limited to penetration

NOTIFY SECURITY FOR:

- Sexual harassment
 No skin to skin contact (such as inappropriate touching over clothes) unless there is visual injury

ER/Forensic Examiner Notified: Date: _____ Time: _____ Name of ER/Forensic Examiner: _____ Transport Time: _____

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
 Refer to health care provider next working day.
 Refer to QMHP next working day.
 Refer to dental provider next working day if indicated (oral contact or injury).
 Obtain history in a private, quiet environment.
 Instruct the victim on importance of medical, mental health and dental follow-up.
 Education/Intervention: Instructed to follow-up sick call with medical and mental health care, treatments and medications. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

CHSA Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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