



Sexual Assault and Domestic Violence Medical Emergency Services Managed in Hospital Emergency Departments During COVID-19 Pandemic

Illinois hospitals work closely with Illinois Coalition Against Sexual Assault (ICASA) rape crisis centers across the state to provide trauma-informed care and treatment for sexual assault survivors pursuant to the Sexual Assault Survivors Emergency Treatment Act (SASETA), 410 ILCCS 70. Hospitals also play an integral part in delivering treatment and care for domestic violence survivors. In order to reassure survivors that hospital emergency departments (EDs) are safe, equipped, and ready to provide treatment for sexual assault and domestic violence during the COVID-19 outbreak, the Illinois Department of Public Health, in consultation with ICASA, the Illinois Health and Hospital Association, and the Illinois Coalition Against Domestic Violence, offers the following guidance.

Safety Is Top Priority in the Emergency Department

As hospitals continue to implement enhanced safety modifications in treatment areas in response to the COVID-19 pandemic, including the ED, they should work closely with rape crisis centers and domestic violence organizations to reassure sexual assault and domestic violence survivors that EDs are prepared to deliver safe care. Advocates will continue to encourage sexual assault survivors to seek medical treatment and evidence collection at hospitals pursuant to SASETA.

Provide Care to Sexual Assault and Domestic Violence Survivors in an Alternate Location Within the Hospital in Proximity to the Emergency Department

Hospitals have already reorganized aspects of their ED in an effort to handle an increase in COVID-19 patients and ensure the safety of all patients. Hospitals should also implement reorganization strategies, as appropriate, within the ED with a focus on effectively managing the delivery of medical forensic services under SASETA, particularly as to the location within the hospital where medical care and evidence collection is provided for a sexual assault and domestic violence survivor. In compliance with the federal Emergency Medical Treatment and Labor Act, 42 CFR 489.24, each hospital can evaluate its facility's layout to extend triage and care for sexual assault and domestic violence survivors, within proximity of the ED, to provide the required medical emergency examination, treatment, and evidence collection away from the main ED.

Advocates at rape crisis centers and domestic violence agencies, when possible, will telephone the hospital ahead of the survivor's ED visit to give notice of the need for a sexual assault forensic examination or evidence collection. This enables the hospital to prepare to ensure a private, smooth, and timely transition

of the survivor to the prescribed treatment area. When possible, hospital personnel will connect survivors with the closest rape crisis center or domestic violence agency if the survivor has not already done so.

Consult Visitor Guidance and Availability of Personal Protective Equipment (PPE) for Advocate Visitation

Hospitals are encouraged to determine the practicality of onsite visitation by the advocates from the rape crisis center or domestic violence organization based on public health guidance relating to visitors and the availability of PPE supplies. If the advocate cannot accompany the survivor, hospitals should arrange for telephone support during the survivor's hospital visit. Hospitals and advocates should stay in close contact regarding the hospital's visitation policy during the pandemic.

Resources

PDF of hospitals identified as treatment hospitals for Sexual Assault Survivors



Treatment Hospital
list SASETA .pdf

List of rape crisis centers:

<http://icasa.org/crisis-centers>

List of domestic violence service providers:

<https://ilcadv.coalitionmanager.org/contactmanager/contact/publicdirectory?SearchProgramTypes=14>