VERMONT SANE DRUG FACILITATED SEXUAL ASSAULT POLICY AND PROCEDURE FORMS

Purpose

This document explains the procedure for screening a patient for possible drug facilitated sexual assault (DFSA) and the procedure for collecting and transporting urine samples for testing in suspected DFSA cases. Included are suggestions for patient education regarding the risks and benefits of testing, the procedure to request testing and the procedure for obtaining the test results.

Overview

Perpetrators use drugs, including alcohol, to facilitate sexual assault as they can cause incapacitation, loss of consciousness or loss of memory. Patients may present to medical facilities after a period of memory loss, or intoxication out of proportion to what the patient recalls ingesting. In these cases, patients seek to understand the circumstances of this memory loss and suspect that they may have been drugged. A specialized drug screen may help the patient understand the circumstances that led to their loss of consciousness which in turn may assist the patient in processing and decision-making.

Screening

Consider testing for DFSA if the patient reports any of the following and if the incident occurred within 72 hours of presentation:

- The patient remembers having a drink but cannot remember what happened for a period of time after they consumed the drink.
- The patient feels as though someone had sexual contact with them but cannot recall any or all of the incident.
- The patient feels or felt more intoxicated than their usual response to the amount of alcohol/drugs they knowingly consumed.
- The patient does not remember having an excessive amount of alcohol/drugs or using other substances that would have caused them to lose consciousness.
- The patient woke up feeling very “hungover” or “fuzzy,” experiencing memory lapse, and cannot account for a period of time.
- The patient has “snapshots” or “cameo memories.”
- The patient woke up in a strange or different location and does not know how they got there.
- The patient’s clothes are absent, inside out, disheveled or not theirs and does not know how this occurred.
- The patient experienced an inability to control their motor response.
Important information to share with the patient who is considering testing for DFSA includes:

- The drug most commonly present in drug facilitated sexual assault is alcohol.
- Testing positive for certain substances tells us that a substance was in the patient’s body. However, the test cannot determine how the substance was ingested or administered. This test is designed to provide information to the patient.
- Test results can be used in criminal investigations.
- Test results may be used in legal proceedings.
- The patient may be required, by court order, to allow the test results to be used in legal proceedings or criminal investigation, over their objections.
- Voluntarily ingested substances (including legal prescription medications) may show up in the test results.

Procedure For Sexual Assault Nurse Examiners (SANE) or Other Medical Personnel

1. Explain the process of collecting a sample for toxicology testing, including reviewing the details of the Patient Information Sheet (summarized below).
2. Obtain patient’s consent.
3. Use the NMS Labs Kit Box and follow the instructions that come with the box.
   a. Have patient provide at least 12 cc of urine in the sample cup provided by NMS Labs.
   b. Be sure to label the specimens with patient identifying labels.
4. Ship sealed box to the Vermont Forensic Laboratory (VFL) via FedEx (Vermont Forensic Laboratory, 45 State Drive, Waterbury, VT 05671 Attention: Trisha Conti, DFSA) or certified mail (Vermont Forensic Laboratory, P.O. Box 47, Waterbury, VT 05676-0047 Attention: Trisha Conti, DFSA)
5. Retain “Senders” copies of all documents including shipping documents.
6. If there is a delay in shipping the sample, the sealed package should be refrigerated in a secure area. (chain of custody is maintained if sample is sealed and custody is documented on the shipping paperwork)

Information for Patients Regarding Sample Analysis

1. Sample will be sent to the VFL.
2. Sample will be held for 90 days.
3. If the patient wants the sample analyzed they must notify the VFL using the letter provided.
   a. The analysis is not run automatically.
   b. The patient’s written request for the analysis is required (see sample letter)
VERMONT SANE DRUG FACILITATED SEXUAL ASSAULT POLICY AND PROCEDURE
FORMS

c. If the patient loses the letter, they can contact the SANE Program/hospital for a copy of the form. They can also obtain assistance from their confidential advocate or the advocate assigned to the State’s Attorney’s office.

4. Sample will be tested for a panel of drugs that have been known to be used to facilitate sexual assault.

5. Results will not prove or disprove that a person was drugged or sexually assaulted. Results can be used as evidence to support legal proceedings.

6. Voluntarily ingested substances (including medications prescribed by their medical provider) may show up in the test results and may be used in legal proceedings.

7. Results will be sent to the address indicated on the request letter within 14 days from the receipt of the request.

8. The results will not be released to the hospital or SANE Program.

9. The analysis is paid for by the Vermont SANE Program.

10. The information that the sample was obtained and sent to VFL will be documented in the patient’s medical record.

11. For more information about rights and options for reporting a sexual assault, a patient can talk to a confidential advocate at their local Vermont Network Program or the advocate at the State’s Attorney’s office.

For the Vermont Forensic Laboratory

1. Sample will be received from sending Vermont hospital.
2. Chain of custody will be preserved and the sample will be held per lab protocol for storage of samples.
3. Sample will be discarded after 90 days if no request is received within that time period.
4. If a “DFSA TESTING REQUEST FORM” is received, the sample will be sent to NMS Labs, tested (ACODE 1452U will be run) and results sent to the VFL. The VFL will send the report to the address the patient has specified on the form.
5. If the DFSA analysis is negative, the sample will be discarded.
6. If the DFSA test is positive, the sample will be held for 1 year.
7. The sample will be stored at the NMS Labs at no charge.
8. No results will go to the sending hospital.
9. If the sample is tested, the Vermont SANE Program will receive the bill and payment will be remitted to NMS Labs.
10. Every six months, the Vermont Forensic Laboratory will generate a report listing:
   a. Number of samples received
   b. Number of requests for testing received
   c. Positive findings and substances detected
   d. Time elapsed from sample receipt to analysis request

NOTE: No patient identifying information will be provided.
VERMONT SANE DRUG FACILITATED SEXUAL ASSAULT POLICY AND PROCEDURE
FORMS

For Law Enforcement

1. If patient has signed a release authorizing disclosure of their medical records to law enforcement, the records will be provided to the designated law enforcement agency.
2. The medical record will reflect that a urine sample has been collected and sent to the Vermont Forensic Laboratory.
3. If patient has signed a release authorizing disclosure of the test results to law enforcement, VFL will provide a copy of the lab report to the designated law enforcement agency.

References

*Adapted from New York State Division of Criminal Justice Services DFSA Protocol 2004
*State of Vermont, Vermont Forensic Lab, ALC F003, 12012013, “Request for Independent Blood Collection”
*State of Vermont, Vermont Forensic Lab, ALC F004. 12012013, “Request for Independent Analysis of Blood for Alcohol/Drug Content”
*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolsecents, 2nd Ed, U.S. Department of Justice Office on Violence Against Women. April 2013; NCJ240903
*Office for Victims of Crime, Office of Justice, Toxicological Investigations of Drug-Facilitated Sexual Assaults” Marc A. LeBeau, Forensic Examiner/Toxicologist, Chemistry Unit, Federal Bureau of Investigation, Washington DC
I, ____________________________ (patient name) consent to the collecting of a urine sample for the purpose of identifying drugs that may have been used to facilitate sexual assault. I understand that the urine sample may detect drugs that I have taken by choice including, but not limited to, recreational and prescription drugs.

I understand that the sample will be sent to and held at the Vermont Forensic Laboratory. I understand that I must initiate the request to have the sample analyzed. I have been provided the information and paperwork needed to request the analysis.

I understand that the hospital and the Vermont SANE Program will not receive the results. I acknowledge that I have received a copy of the Patient Instruction Sheet.

I understand that the results of the testing may be admissible as evidence in court.

(Patient signature) ____________________________ (Date/time) ____________________________

(Clinician/SANE signature) ____________________________ (Date/time) ____________________________

[ ] Check here to indicate that patient has received Patient Information Sheet/Testing Request Form
1. You had a urine sample collected today while we were evaluating you based on a concern that you may have been the victim of a drug facilitated sexual assault (DFSA).
2. This sample may help you understand your experience.
3. Your urine sample will be shipped to the Vermont Forensic Laboratory (VFL) and held for 90 days, beginning today, \[\text{date of ED visit}\]. If you decide that you do not want to have the sample tested within 90 days, it will be discarded and you will not be able to have the urine sample tested at a later date.
4. Testing may reveal drugs (legal or illegal) that you may have taken by choice. This information could be used in legal proceedings.
5. Some drugs cannot be detected because of the amount of time that has passed and other factors.
6. While results cannot prove or disprove that a person was drugged or sexually assaulted, they can be used as evidence in any criminal/legal proceedings related to the event.
7. If you choose to have the sample tested, fill out the enclosed form and mail it, using the pre-addressed envelope. If you don’t have the pre-addressed envelope, you can mail it to

   Vermont Forensic Laboratory  
   P.O. Box 47  
   Waterbury, VT 05676-0047  
   Attention: Trisha Conti

8. Your sample will be sent for testing to NMS and report the results back to the VFL and they will send the results to you at the address you have provided. The test results will be mailed to you within 14 days.
   - If the analysis is negative (meaning the drugs tested for were not found) the sample will be discarded.
   - If the analysis is positive (meaning one or more drugs tested for were found) NMS will hold the sample for one year.
   - If there is a problem with the sample NMS you will be contacted.
   - The test results will not be part of your medical record or Sexual Assault Evidence Collection Kit.
   - The hospital and the Vermont SANE Program will not have access to NMS results unless you provide it to us.
   - As part of an investigation, the police may ask for your consent to release this information. Even if you decline to share the results with the police, a court may order you to release the report.
9. You do not have to pay for this test. The cost is covered by the Vermont SANE Program. NMS will send a bill directly to the Vermont SANE Program. If you receive a bill, please contact the SANE Program or your advocate to correct the error.
10. If you have any questions, you can call your confidential advocacy program \[\text{name of local advocacy program}\] or the Vermont SANE Program at 802.223.1302 X 1111.
To: Vermont Forensic Laboratory  
P.O. Box 47  
Waterbury, VT  
05676-0047  
Attention:  
Trisha Conti

Date: ________________  
From: ____________________  
________________________________ (Patient name)  
Date of Birth: ___

This is a request to have my URINE sample tested for DFSA. Please send the results to:  
Mailing address is ____________________________  
________________________________  
________________________________  
OR, as an email attachment, my email address is ____________________________  

______________________________  
Signature and Date