

Sample Template - Written Agreement for Acute Adolescent/Adult Sexual Assault Survivor Transfers

**Educational Materials Regarding
New Law on Medical Forensic Services
for Sexual Assault Survivors
Public Act 100-0775**



Ensuring Quality Medical
Forensic Services

Prepared by the Sexual Assault Medical Forensic
Services Implementation Task Force



OFFICE OF THE ILLINOIS
ATTORNEY GENERAL



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Public Act 100-0775 expands the Sexual Assault Survivors Emergency Treatment Act (SASETA) to ensure that all survivors of sexual assault and sexual abuse are treated in a timely manner by health care professionals who are specially trained to conduct medical forensic examinations of sexual assault and sexual abuse survivors. The Act is the product of a yearlong collaboration among the Illinois Department of Public Health, the Office of the Attorney General, child abuse pediatricians, sexual assault nurse examiners, and other medical providers, rape crisis advocates, children's advocacy centers, hospitals, state's attorney's offices, and state agencies.

Public Act 100-0775 established the Sexual Assault Medical Forensic Services Implementation Task Force (Implementation Task Force) and set forth numerous goals to accomplish before December 31, 2023. One of the goals is "to facilitate the development of areawide treatment plans among hospitals and pediatric health care facilities;" [410 ILCS 70/9.5(c)(1)]

The Implementation Task Force prepared this document to satisfy this statutory mandate, in part. Hospitals are not required to use this document and may modify it to meet the needs of their organizations and community. Please email sane@ilag.gov to request a Microsoft Word version of the sample template.

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Sample Template - Written Agreement for Acute Adolescent/Adult Sexual Assault Survivor Transfers

This Written Agreement for Acute Adolescent/Adult Sexual Assault Survivor Transfers (the “Agreement”) is created and agreed upon by, and between, _____, “Treatment Hospital”, and _____, “Transfer Hospital”, (collectively, the “Participating Hospitals”) and shall be effective on MONTH DATE, 20XX.

The Participating Hospitals recognize the specialty services that a person aged 13 and older with injuries or trauma resulting from sexual assault or abuse (“Sexual Assault Survivor”) requires and that “Treatment Hospital” provides such specialty services.

“Transfer Hospital” shall transfer all acute Sexual Assault Survivors to “Treatment Hospital” to receive medical forensic services, as defined by the Sexual Assault Survivors Emergency Treatment Act (SASETA) and Administrative Code, in accordance with this Agreement. Acute Sexual Assault Survivors present with a complaint of sexual assault/abuse within a minimum of the last 7 days or who have disclosed past sexual assault/abuse by a specific individual and were in the care of that individual within a minimum of the last 7 days. “Transfer Hospital” shall transfer all other patients in accordance with any existing Transfer Agreement between the Participating Hospitals, if one exists, or applicable law.

“Treatment Hospital” shall accept the transfer of all Sexual Assault Survivors from the “Transfer Hospital” and provide medical forensic services. The Participating Hospitals shall comply with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA), SASETA, and all other applicable federal, state, and local laws, regulations, and ordinances in the operation of this Agreement.

In the three sections below, this Agreement sets forth:

- 1) the criteria for transferring a Sexual Assault Survivor to “Treatment Hospital”,
- 2) an agreement for appropriate transfer of a Sexual Assault Survivor to “Treatment Hospital”, and
- 3) requirements for implementation and review of the Agreement.

SECTION 1

Transfer Criteria

The “Transfer Hospital” agrees that, for the purposes of this Agreement, the Sexual Assault Survivors who require transfer to “Treatment Hospital” for further evaluation of sexual assault or abuse are those who meet the following criteria:

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- Require subspecialty medical or surgical care which may include but not be limited to genitourinary, obstetrics, surgery, neuro, child life, social work, or child protective team; and/or
- An acute medical forensic exam.

The Participating Hospitals also agree that, for the purposes of these Transfer Criteria, “Sexual Assault Survivor” means the following:

- Any survivor 13 years of age or older.
- An individual with a disability does not change the applicability of the above criteria.

The Participating Hospitals further agree that patients may require an acute medical forensic exam if one or more of the following exist:

- Physical findings concerning for acute sexual assault/abuse, including signs of genital trauma or bleeding;
- A complaint of sexual assault/abuse by an individual within a minimum of the past 7 days;
- A complaint of past sexual assault/abuse by a specific individual and was in the care of that individual within a minimum of the last 7 days; or
- Anyone that presents requesting additional services or requesting transfer.

SECTION 2

Transfer Agreement

“Transfer Hospital” will follow the steps outlined below to ensure that the transfer is appropriate and that the safety and health of the Sexual Assault Survivor will be maintained during the transfer process.

“Transfer Hospital” shall:

1. Take a brief history from the patient, non-offending parent, or legal guardian.
2. Provide a medical screening examination assessing for acute medical needs such as difficulty breathing, severe pain and/or bleeding or trauma, and necessary stabilizing treatment prior to transfer of the Sexual Assault Survivor. In the event the Sexual Assault Survivor has an emergency medical condition that has not been stabilized, EMTALA requirements for transferring an unstable patient shall be met.
3. Contact “Treatment Hospital” via (phone# XXXX) and notify of the need to transfer a Sexual Assault Survivor. Receive the name of an accepting physician and provide an appropriate handoff to the “Treatment Hospital”.
4. Provide the Sexual Assault Survivor and non-offending parent or legal guardian, if applicable, with an explanation of the reason for the transfer to another hospital for treatment, including the uniform materials created by the Office of the Illinois Attorney General. Attempt to secure their consent for transfer whenever possible.

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5. Provide a copy of the emergency department record to the "Treatment Hospital". This record should not be sent with a Sexual Assault Survivor who is transporting themselves in their own personal vehicle. In case of transportation via personal vehicle, the record should be sent via fax to the "Treatment Hospital" and receipt of the fax should be documented in the "Transfer Hospital's" medical record. The record shall include the following:
 - a. A completed emergency department admission form;
 - b. Emergency provider notes;
 - c. Clinical findings if any;
 - d. Nurses' notes;
 - e. The name and relationship to the Sexual Assault Survivor, if known, of any person present during an examination conducted pursuant to this section;
 - f. Observations of signs and symptoms and the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, and broken bones), if any examination was conducted or treatment rendered;
 - g. Results of any tests;
 - h. Medications administered (if applicable);
 - i. Information related to reporting (i.e., police report number, Department of Children and Family Services intake information, etc.);
 - j. All individuals involved in the survivor's care or who came in contact with the survivor at the hospital; and
 - k. The emergency department record shall not reflect any conclusions regarding whether a crime occurred (i.e., criminal sexual assault, criminal sexual abuse).
6. Maintain chain of custody in the handling of any evidence from the Sexual Assault Survivor including but not limited to their clothing.
 - a. The "Transfer Hospital" shall handle the Sexual Assault Survivor and clothing as minimally as possible.
 - i. If removal of any clothing is necessary to render emergency services, removal should be attempted without cutting, tearing, or shaking garments.
 - ii. All loose or removed articles of clothing shall be placed in separate paper bags. Each bag shall be sealed and labeled with the Sexual Assault Survivor's name, the health care provider's name that collected the item, the type of item, a description of contents and the date and time the item was collected.
 - b. The "Transfer Hospital" shall not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.) unless absolutely necessary (i.e., the Sexual Assault Survivor needs to urinate prior to transfer).
 - i. If the Sexual Assault Survivor needs to urinate, a dirty urine sample should be collected by the "Transfer Hospital" in a clean, dry specimen container. The container should be sealed with evidence tape and labeled with the Sexual Assault Survivor's name, the health care provider's name that collected the

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urine, and the date and time the urine was collected. The container should then be placed in a biohazard bag.

- c. If any clothing or specimens are collected at the “Transfer Hospital” then the “Transfer Hospital” should maintain chain of custody of the item and transfer the item directly to the law enforcement agency with jurisdiction. Transferring of evidence to law enforcement should not delay the transfer of the Sexual Assault Survivor. Evidence should never be sent with the Sexual Assault Survivor or the non-offending parent or legal guardian.
7. The “Transfer Hospital” must still notify proper authorities including the Department of Children and Family Services (DCFS, if applicable,) and Law Enforcement. Notification of these agencies should not delay the transfer of the Sexual Assault Survivor.
 8. A Sexual Assault Survivor may be transported by ambulance, law enforcement, personal vehicle, or private transportation services such as Uber, Lyft, etc.
 - a. A risk assessment should be performed prior to allowing the transfer of a Sexual Assault Survivor in a personal vehicle.
 - b. If there are any concerns for the safety of the Sexual Assault Survivor, then another mode of transportation should be chosen.
 - c. The “Transfer Hospital” is responsible to ensure that the Sexual Assault Survivor is not billed for transportation services. The facility may choose to offset the cost of patient transportation by personal vehicle.

“Treatment Hospital” shall:

1. Have available space and staff for treatment of the Sexual Assault Survivor;
2. Agree to accept the transfer of the Sexual Assault Survivor and to provide appropriate medical treatment and forensic evidence collection as indicated;
3. Have a member of the health care team available to respond without delay to perform a medical screening exam on a Sexual Assault Survivor;
4. Have a member of the health care team available to respond without delay to perform a medical forensic exam on a Sexual Assault Survivor in a private, age-appropriate, or developmentally appropriate space;
5. Have members of the health care team refer to the Sexual Assault Survivor by code;
6. Provide medical forensic services to the Sexual Assault Survivor, in accordance with its Sexual Assault Treatment Plan approved by IDPH; and
7. Issue a sexual assault services voucher for all eligible survivors and provide a copy of the voucher to the Sexual Assault Survivor, ambulance, and any other appropriate entities that bill separately from the hospital.

The participating hospitals agree that the [“Transfer Hospital” or “Treatment Hospital”] (Choose one) will assume responsibility for ensuring appropriate transportation is provided upon the completion of medical forensic services back to the “Transfer Hospital” where the Sexual Assault

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Survivor initially presented seeking medical forensic services unless the survivor chooses to arrange their own transportation.

SECTION 3

Implementation and Review of Agreement

1. The Participating Hospitals shall designate a representative who will act as contact and decision maker for implementation and review of the Agreement. Any change to this designee or to any other information related to the Participating Hospitals will be immediately communicated to the other party.
2. Representatives will reevaluate the Agreement activity and collaborate to revise approximately every 6 months and shall formally review and resubmit the Agreement for IDPH approval no less frequently than every three (3) years.

Compensation [This Subsection is OPTIONAL]

In recognition of the investment of time, resources, and attention required to develop and maintain the Treatment Hospital's medical forensic services for survivors, the Treatment Hospital with Approved Pediatric Transfer or Transfer Hospital shall pay to the Treatment Hospital \$ [redacted] [insert amount*] each [redacted] [insert frequency, e.g., year or month], and the compensation shall be due on the first of each [redacted] [insert period, e.g., year or month]. This compensation amount may be renegotiated every [redacted] [insert period: e.g., year or three years].

*[*Things to consider: When determining the amount, hospitals may consult the updated Guide to Establishing a Sexual Assault Examiner Program (dated 2023) and its budget information in Section 10, which is available on the Illinois Office of the Attorney General's website. There are examples in the Guide of costs for low volume, medium volume, high volume, and staffed and hybrid programs.*

Also, hospitals could choose an amount based on expected patient volumes based on historical patient data and monitor it periodically to adjust to ensure fair compensation. Historical patient data from 2019 to present is available on the IDPH website: [Sexual Assault Survivors Emergency Treatment Act \(illinois.gov\)](#). The SASETA Implementation Task Force Cost of Care Committee determined that the cost per medical forensic exam varied from about \$3,000 to \$6,000 per patient.

For more information or for support using this subsection, please contact Karen Senger at the Illinois Department of Health at 217-782-0381 or Cassie Yarbrough at the Illinois Health and Hospitals Association at 630-276-5516.

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By signing below, the Participating Hospitals agree to their roles and responsibilities as outlined above and execute this Agreement as of the Effective Date.

Treatment Hospital

By: _____
Name: _____
Title: _____
Date: _____

Transfer Hospital

By: _____
Name: _____
Title: _____
Date: _____

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