GOVERNMENT MEDICAL COLLEGE & HOSPITAL SECTOR-32, CHANDIGARH

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HOSPITAL ADMINISTRATION BRANCH-II

40952-66

Endst.No. GMCH-HA1I-EA3(OSCC)[173A]-2016/ Dated: 15 JAN 2016

In continuation to this endst. No. GMCH-HA1I-EA3(OSCC)-2014/21507-26 dated 20.08.2014, A copy of the Minutes of Meeting held on 30.07.2014 under Chairmanship of Medical Superintendent, GMCH-32, Chandigarh to intimate the process for establishing of an OSCC (One Stop Crisis Centre) for examination of survivors of sexual violence in view of Guidelines and Protocols issued by the Ministry of Health & Family Welfare, Govt. of India, New Delhi, has been circulated. Now a copy of Standard Operating Procedures (SOPs) for the functioning of OSCC & Medico Legal Examination of the Survivor of Sexual Violence has been prepared by the Prof. Dasari Harish, HOD-Forensic Medicine (Chairman SOPs) and the same is forwarded to the following for information and necessary action : -

1. All HODs, GMCH-32, Chandigarh.
2. The Chairman, Emergency Services, GMCH-32, Chandigarh.
3. The HOD, I.T. Centre, GMCH-32, Chandigarh.
4. The HOD, MRD, GMCH-32, Chandigarh.
5. Prof.Dasari Harish, Chairman, SOPs of OSCC, Department of Forensic Medicine, GMCH-32, Chandigarh.
6. Dr.Ajay Kumar, Nodal Officer-cum-Member, OSCC, Department of Forensic Medicine, GMCH-32, Chandigarh.
7. Dr.Rimpy Tandon, Member OSCC, Deptt. of Obstt. & Gynae, Chandigarh.
8. Dr. Chandrika Azad, Member OSCC, Deptt. of Paediatrics, GMCH- 32,Chd.
9. Dr.Richa, Member OSCC, Deptt. of Anaesthesia, GMCH-32, Chandigarh.
10. Dr. Paramleen Kaur, Member OSCC, Deptt. of Psychiatry, GMCH-32, Chd.
11. The Store Officer, Central Store, GMCH-32, Chandigarh.
12. The Dispensary Supdt., GMCH-32, Chandigarh.
13. The Nursing Superintendent, GMCH-32, Chandigarh.
14. The Social Worker, May I help you Counter, GMCH-32, Chandigarh.
15. PA to DP/MS/ADA for the information of DP/MS/ADA.

Office Superintendent (HA-II)

for Medical Superintendent

(24)

SOPs for examination of survivors of sexual assault

General SOPs for all survivors

The survivor will be received by the EMO on reporting to the casualty. He will examine and rule out life threatening conditions/ emergency. If any such condition is present, EMO to immediately inform respective emergency (Surgery/ Med/ Paeds/ Ortho/ Gynae & Obs), as is routine and complete the admission formalities.

Further, EMO to register the case as an MLC and get the emergency card/ Observation File prepared **for all survivors** of sexual assault.

2. The EMO is to bear in mind that informing the police and registering the case as an MLC is his duty as a government officer and no consent is required for this.
3. If survivor is taken to ICU/ OT for emergency intervention, medico legal examination to be deferred till the survivor stabilizes and the emergency abates. The medico legal examination is then to be conducted where the survivor is admitted once she/ he can give valid consent/ consent taken from relatives.
4. If computer is not available at the ICU/ OT for online completion of the said report, the same to be prepared on hardcopy of MEDLEaPR Proforma and submitted as such, stating reason for the same on the hard copy.
5. Survivor can be
   a. Brought by Police – Application for examination to be taken from the I/O.
   b. Brought by Relatives/ Self – Inform Police & register the case as an MLC.
   c. Sent by Court Order:- Order itself is sufficient for conducting the medicolegal examination, after written informed consent of the survivor.
6. The case file will have the Stamp "OSCC FREE" as all treatment, investigations and post treatment follow up, medicines, etc will be free for the survivor. This stamp will be in the custody of the EMO.
7. The survivor is entitled to a copy of the complete treatment record and MLR and the same is to be provided to her/ him free of cost.
8. EMO/ Forensic Medicine Demonstrator/ SR Gynae Obs on OSCC duty, as per the case, to be called and survivor to be sent to OSCC room along with an attendant of the hospital.
9. Written informed consent of the survivor if she/ he is more than 12 years and of sound mind is to be taken after explaining in detail the nature and purpose of the examination, as detailed in the MEDLEaPR Proforma. If patient <12 yrs/ mentally unsound or unstable, consent from parents/ guardians is to be taken. It is to be remembered that if a survivor is more than 12 years and of sound/ stable mind, ONLY she/ he can give/ refuse consent and none else.
10. If survivor is <12 years but is not accompanied by anyone, then consent for examination will be given by the Medical Superintendent/ Nodal Officer or by any one in whom said power has been vested upon. In this case, a person nominated by Medical Superintendent of the hospital will be present at the time of examination if survivor has no objection to the same.
11. If survivor refuses consent despite counseling and explanation, informed refusal to be recorded on the MEDLEaPR Proforma in front of two witnesses and she/ he is not be examined.
12. Survivor can refuse consent at any point once the examination starts. If the refusal persists even after proper counseling, the same to be recorded and further examination stopped.
13. Even after initial refusal for examination, if during the course of stay in the hospital survivor of sexual assault wants to get herself/ himself examined and gives consent for the same, she/ he should be examined and injuries as well as samples to be taken in light of the current situation.
14. Doctor to observe and see whether the survivor (child) is uncomfortable in presence of person accompanying. If in doubt, person accompanying to be sent out and survivor questioned sympathetically and in simple words the reason for discomfort. If survivor wishes, instead of accompanying person, any other relative/ person nominated by the MS to be present during examination.

Now the survivor is to be taken to OSCC Examination Room.

15. Treat the survivor with respect, be sensitive to her/ his needs and never try to be judgmental about anything the survivor says.
16. Try to establish rapport with survivor and obtain a detailed history of the incident and post incident activities in the survivor's own words, without interruption or as little interruption as possible. If any points remain unanswered, as per the MEDLEaPR proforma, they should be got clarified.

17. After the examination, sample collection and report writing is complete, the survivor is allowed to wash herself/ himself in the washroom attached with the OSCC using the toiletries provided by the institute.
18. If the clothes of the survivor are to be sealed, the survivor to be provided with a set of clothes by the institute.
19. The SR Psychiatry on duty to be now called for the assessment of the mental state of the survivor.
20. NGOs, Law agencies, if needed can be allowed to interact with the survivor after the psychiatric evaluations.
21. If no further intervention by the hospital is required by the survivor, the survivor can be sent home/ govt. shelter homes.

SOPs for Male survivor

22. While taking history, the following points should be stressed upon:

- Day, date, time and place of incident
- Type of surface on which the incident occurred
- Is the assailant known to the survivor or a stranger
- How many assailants were there and what were their roles?
- Details of the act committed? Single or multiple acts – if multiple, did they occur on the day of incidence/ over a period of time?
- Whether the survivor experienced pain/ bleeding/ emission
- Was he threatened/ not – details
- Were any physical restraints used
- Masturbation by/ of the survivor/ assailant
- Penetration complete or attempted – oral/ anal/ both – by fingers/ penis/ objects
- Ejaculation – in mouth/ anus/ clothes/ bed, etc.
- Condom used/ not
- Injuries sustained – details
- Loss of consciousness, if any
- Post incident activities – vomiting/ rinsing/ gargling/ brushing/ eating/ drinking/ washing/ bathing/ defecation/ change of clothes, etc
- Any STDs, HIV/ Hepatitis, etc
- H/o drugs/ alcohol use/ abuse – intake at time of incident

23. After again explaining each and every step of procedure, survivor to be examined both for general physical examination and local examination as per MDLEaPR proforma. In the General Physical Examination, following points have to be stressed upon:
    a. General appearance/ behavior
    b. Consciousness (level of)/ oriented in time & space/ signs of intoxication
    c. Pulse, BP, RR, Systemic examination
    d. Stains/mud/ dirt/ grass, etc on body
24. If the patient is wearing the same clothes worn at the time of the alleged incident, the clothes are to be meticulously examined for:

- Stains/ cuts or tears/ broken buttons/ dirt/ mud/ twigs/ grease/ hair, etc
- All the cuts and various stains are to be encircled with a permanent marker pen and numbered
- Each piece of cloth is to be initialed by the doctor performing the examination, giving the MLR No., date.
- These clothes are to be air dried in the room, if wet. Only dry clothes are to sealed in paper/ cloth packets with the seal of the OSCC, GMCH, CHD

25. Injuries on the person of the survivor are to be examined for and all injuries to be recorded in the Proforma mentioning the type, dimensions, shape, exact position, margins, angle, base, healing changes, foreign material if any, etc.
26. For local examination, survivor to be placed on knee elbow position for proper view of the ano-rectal area, after explaining the position to him and the need for this position.

27. Before proceeding with the examination of the ano-rectal area, it is desirable to collect swabs from this area as examination may lead to loss of evidence due to handling and manipulation.
28. The state of penis, perineal area, anus and ano-rectal area are to be mentioned, particularly if any positive findings are observed.
29. For internal examination, S.R. Surgery on OSCC duty be called and his help taken. If SR Surgery is called, he will record his findings in the case file and the EMO/ Demonstrator writing the Report will note these on the respective columns in the Proforma and note therein " As per the notes of the Dr.....,SR Surgery in the case file". In this way, there will be no need to incorporate the SR Surgery as a member of the Board in all such cases.
30. If examination needs sedation especially in smaller children, then SR Anaesthesia on OSCC duty can be called for the same.
31. Collection and preservation of samples are detailed separately in the SOPs for Collection of Evidence
32. If survivor needs any further intervention, he is to be sent to respective departments, otherwise to be discharged.
33. Any personnel from NGO/ Law officer/ Councilor etc. will interact with the patient in the history taking room only, if need be, after history and examination is completed by the doctor on OSCC Duty.
34. If patient is an unknown/ destitute / is brought by a passerby / any citizen, he is to be handed over the IO/ police official from PP, GMCH, Sector-32, Chandigarh.

SOPs for Female survivor

35. **History / Details of alleged assault**

- History should be taken from the survivor in her own words with as little interruption as possible, as per the MEDLEaPR proforma.
- While taking history no third person / police should be allowed. Relative be allowed to be present if survivor is comfortable and gives consent for the same.
- Important points to be elicited in history of sexual assault, as

  Date, time and place of assault
  Details of assailant/s like their number and features, if known
  Details of the act
  Description of type of surface on which assault occurred
  The nature of the physical contact
  Threat / use of force, weapons or any injury produced
  Penetration attempted / complete (oral, vaginal, anal) by penis, fingers, objects
  Oral sex by the assailant on the survivor/ of the assailant by the survivor
  Ejaculation in vagina, anus, mouth, breast or any other part of body
  Use of condom, foam or jelly
  Injuries inflicted on assailant
  Whether she resisted and in which manner
  Loss of consciousness, if any
  Any post-incident activities i.e. vomiting, defecation, bathing, douching, urination, use of tampons, brushing, gargling, changing of clothes, etc
  Any history of consensual sexual intercourse within past one week
  Any history of sexually transmitted diseases / infections prior to assault
  History of drug, alcohol being given prior to or during assault

36. **Obstetrical History**

- Age of menarche / menopause
- LMP (Last menstrual period)
- Married / Unmarried
- Gravida / Para / Live issues (Obstetric details)
- If patient is pregnant, then details

37. **Examination – look for: (as per the MEDLEaPR proforma.)**

- General mental condition: Distressed, agitated, shocked, hopelessness, guilt, self blame
- PR, BP, RR, height, weight

- Signs of drug or alcohol ingestion: Specific smell, mood changes, slurred speech, inability to stand or walk etc.
- Examination of clothes: Any tears, stains, loss of buttons, foreign materials like hair, soil or debris [refer to SOPs for collection of evidence]
- Document any stain or foreign material on body collect stain material by a cotton swab moistened with distilled water [refer to SOPs for collection of evidence]
- Gait of victim
- Finger nail exam: Broken nails or any foreign material beneath nails
- Abdominal exam: With special reference to pregnancy
- Injuries on the person of the survivor are to be examined for and all injuries to be recorded in the Proforma mentioning the type, dimensions, shape, exact position, margins, angle, base, healing changes, foreign material if any, etc.

38. **Genito Anal Examination [also refer to SOPs for sample collection]**
- Swab of external genitilia should be taken before any per vaginal or per speculum examination
- Per speculum examination is not a must in case of children / young girls when there is no history of penetration or visible injuries
- Examination and treatment may have to be performed under GA in case of minors and when injuries are severe
- If there is vaginal discharge, note its texture, colour, odour
- '**Two finger test**' must not be conducted for establishing rape
- Inspection of introitus
- Examine vagina, cervix for injury / foreign bodies
- Examine buttocks / perineal skin / anal folds for injury
- If rectal injury is suspected, proctoscopic examination to be done [SR Surgery on OSCC duty to be summoned for the same]
- Internal examination is usually avoided in a child unless she is bleeding; to be done under G/A
- The status of hymen is irrelevant because the hymen can be torn due to several reasons such as cycling, riding or masturbation among other things. Hymen should be treated like any other part of the genitals while documenting examination findings in cases of sexual violence. Only those findings that are relevant to the episode of assault (such as fresh tears, bleeding, edema etc. – their site, nature and extent) are to be documented.
- Collection of material for evidence [refer to SOPs for sample collection]
- Bimanual examination – Size and consistency of uterus, uterine adnexa
- Signs of pre existing pregnancy
- Tenderness resulting from trauma

39. If examination needs sedation especially in smaller children, then SR Anaesthesia on OSCC duty can be called for the same
40. If survivor needs any further intervention, she is to be sent to respective departments, otherwise to be discharged.
41. Any personnel from NGO/ Law officer/ Councilor etc. will interact with the patient in the history taking room only, if need be, after history and examination is completed by the doctor on OSCC Duty.
42. If patient is an unknown/ destitute / is brought by a passerby / any citizen, she is to be handed over the IO/ police official from PP, GMCH, Sector-32, Chandigarh.

SOP's for collection of evidence of sexual assault survivor – female & male

1. Doctor on OSCC duty to make a proper assessment of the case and determine what evidence needs to be collected before he/ she begins. The nature of forensic evidence collected will be determined by two main factors - history of assault and time elapsed between assault and examination.
2. If a woman reports **within 96 hours** of the assault, all evidence including swabs must be collected without fail, as mandated by the history of assault. As per the guidelines, spermatozoa can be identified only up to 72 hours after assault. So if a survivor has suffered the assault more than 4 days ago, please

refrain from taking swabs for spermatozoa. In such cases swabs should only be sent to FSL for tests for identifying semen.

3. Evidence on the outside of the body and on materials such as clothing can be collected even after 96 hours.
4. An exception must be made in peculiar cases. If the survivor has not washed or bathed at all, between the assault and examination, no matter how much time has lapsed, it is still advantageous to take all the swabs.
5. It is once again stressed that the nature of swabs taken is determined to a large extent by the nature of assault and the history that the survivor provides. The kind of swabs taken should always be consistent with the history.
6. **Key components of proper evidence collection & handling are:**

- Collect carefully, avoiding contamination
- Collect specimens as early as possible
- All appropriate evidences including swabs and slides ***must be air dried*** prior to packaging
- Place the various samples in appropriate evidence containers
- Proper labeling & sealing the evidence containers
- Store evidence in a secure area and
- Always maintain the chain of custody.

7. **Labeling Evidence Containers:**
   All items of evidence must be clearly labelled to enable the person who collected the evidence to later identify it in court and to ensure that the 'chain of custody' is maintained.
8. **Label envelopes or boxes with the following information:**
   Sample No., full name of patient, date of collection, MLC No., Name of the sample, signature and the full name of the doctor.
9. **Proper sealing of evidence containers can be accomplished by:**
   Sealing with a sealing wax with the emblem "OSCC GMCH CHD", as per the routine protocol of sealing various packets, envelops and containers. In case sealing is done by an adhesive tape, securely tape the container/ packet/ envelop (do not lick the adhesive seal); and put signature and date on the tape by writing over/ under the tape and onto the evidence container.
   Note: Stapling is not considered a secure seal.
   The following general procedures apply to the use of swabs for the collection of various materials for forensic analysis:

- Use only sterile cotton swabs.
- Place **swabs** collected from a site in a glass test tube. Use different test tubes for the swabs collected from different sites. Then put glass test tubes in paper envelop or boxes.
- *Do not place the swabs in medium as this will result in bacterial overgrowth and destruction of the material collected by the swab. Swabs placed in medium can only be used for the collection of bacteriological specimens.*
- Moisten swabs with sterile water/ distilled water when collecting material from dry surfaces (e.g. skin, anus). Distilled water is preferred to saline for moistening the swabs, because saline can crystallize and confound the findings.
- If microscopy is going to be performed (e.g. to check for the presence of spermatozoa), a slide should be prepared. Label slide and after collecting the swab, rotate the tip of the swab on the slide. Both swab and slide should be sent to the laboratory for analysis.
- All swabs and slides should be **air dried** before sealing.

Following evidence is generally collected as per the need.

General Evidence:

1. **Debris from collection paper** (on which survivor undresses): *This is collected for evidence of* any foreign material, its nature, source etc. Ask the victim to stand on the catchment brown/ white paper [this is to be placed on another 'barrier sheet/ paper'] to collect loose foreign bodies from cloth and body surface while undressing. This is folded and sealed in a paper envelope. This procedure is only done if victim has not changed her clothes, or taken bath after the alleged incident.

Clothing (each garment should be properly labelled, folded and placed separately in a paper bag **after drying**):

a) Request the victim to undress behind the curtain stand and provide her with necessary sterile hospital gown.
b) Note the presence of stains – semen, blood, foreign body etc. on the clothes, encircle and give them a serial No.
c) Note if there are any tears or marks on clothes, encircle and give them a serial No.
d) Allow clothes to air dry and ensure that they are folded in such a manner that the stained parts are not in contact with unstained part of the clothing.
e) Preserve clothes in paper bags, seal and label them. **Do not use plastic bags.**
f) In case if the victim has changed her clothes after the alleged incident, there is no need to collect the present clothes unless there is specific indication for it. This fact shall be documented in report. However police should be instructed to collect the clothes worn at the time of offence and submit the same to the laboratory for analysis.
g) If police/ survivor/ relatives bring the clothes worn by the survivor at the time of the alleged incident, the examining doctor should note the same on the Proforma, examine the clothes, seal them and hand over the packet to the police for onward transmission to the laboratory.

3. **Sanitary napkins, diapers, panty liners or tampons** (worn by the patient just after the assault or collected from the scene): Any of the above, diaphragms or condoms, if present/ presented by the IO, should be dried and sealed in a labelled paper envelope separately.

Toxicolgy Samples:

Collect toxicology samples if the survivor:

a) is unconscious
b) exhibits abnormal vital signs
c) reports ingestion of drugs or alcohol
d) exhibits signs of memory loss, dizziness, confusion, drowsiness, impaired judgment, light-headedness, decreased blood pressure;
e) shows signs of impaired motor skills;
f) gives a H/o loss of consciousness, memory impairment or memory loss; and/ or
g) reports nausea.

Note:

- Even thought there are no signs suggestive of inebriation by drugs and/ alcohol at the time of examination, but patient gives such a history then also doctor should collect the samples for toxicology. ***Collect toxicology samples as soon as possible.***
- The drugs will be metabolised and excreted from the body depending upon their half life. To be on the safer side, it is better to take samples up to 7 days of intake/ administration of the unwholesome substance.

4. **Blood in vial:** If ingestion of drugs and/ or alcohol occurred within 24 hours prior to the examination, a blood sample of at least 5 mL should be collected for alcohol and/ or drug analysis with sodium fluoride & potassium oxalate as the preservative [in gray-top tube (contains preservatives sodium fluoride and potassium oxalate]. Be sure to cleanse the area with a non-alcoholic solution if collection is to be done for alcohol analysis.
5. **Urine in vial:** Collect for alcohol/ drug analysis in fluoride glass tube. If ingestion of drugs is suspected within 96 hours of the examination, collect the first available urine specimen (approximately 50 ml). This may help to confirm the presence of certain drugs or their metabolites which may not be detectable in the blood because of short half-life. The number of times that survivor had urinated after intake of the drug/ alcohol and prior to collection of the sample should be documented.
6. **Vomited material:** Occasionally, survivors of drug-facilitated sexual assault may vomit. In such cases collect vomited matter in clean sterile container for toxicology analysis.

Body Evidence (Other Than Perineal Region):

7. **Swabs from cheek & gum area:** If there has been any allegation of oro-penile contact within 12 hours prior to examination, collect ***two swabs*** by swabbing firmly around the gums, frenulum, and in the fold of the cheek. Prepare one dry mount slide from one of the swabs.

Preparation of a dry mount slide:

Select one of the swabs collected from the vaginal pool. Roll the swab in a rotating motion to make a thin smear on the slide.

Label, air dry, package, and seal.

Label the swab used to make the dry mount slide so that the laboratory knows it was used for this purpose.

8. **Foreign material on body:** Types of foreign materials that may be present are fibers, soil, hairs sand, paint glass, grass or other vegetation, other debris. All such materials should be collected in a plain white paper and then the paper should be folded in such a way that the contents cannot escape. This folded paper should then be placed in a labelled paper envelope and sealed.
9. **Semen-like stains on body:** Swab the area and specify the site from where the swab is collected.
10. **Swabs from suspected or alleged bite marks & from the places that have been licked or kissed; along with control sample:** Collect for evidence of saliva, its grouping & DNA. Also specify the site from where the swab was collected. If the patient history indicates a bite but there are no visible findings, even then swab the indicated area.
11. **Combing of the patient's head hair:** For collection of loose hairs and to compare with the reference sample of hairs of the victim. Hairs found to be foreign to the patient can then be compared to reference hairs obtained from potential suspects.
12. **Fingernail scrapings of both hands separately:** Collect for identification of any foreign trace materials, such as skin, blood, hairs, soil, fibres of the alleged assailant. Nail scrapping is done with a sterile toothpick. Nail clippings are taken with a new nail cutter. Both are collected separately for right and left hand; separate small paper packets to be used for nails of each finger. Nail clippings are collected in plain paper, folded and then put in paper envelope. The toothpick and the nail cutter are also to be sealed.
Collect invariably even if the survivor is not able to recollect or give H/o properly.

Genito-Anal Evidence

13. **Matted pubic hairs:** Collect matted pubic hairs (if present) for identification of human semen, its group and DNA. The dried patch of approximately 10 to 15 hairs is to be cut with scissors, as near to the skin of the survivor, as possible. Collect in paper, fold and keep in a sealed envelope.
14. **Combing of Pubic hair:** For collection of loose hairs and to compare with the reference sample of hairs of the victim. Document if area was found shaved. All loose hairs are to be collected in a clean paper placed underneath the survivor. These collected hairs along with the comb used are kept in same paper, folded and placed in a sealed envelope.
15. **Vulval (labia majora) Swabs:** Collect at least two vulval swabs for identification of semen/ saliva of the alleged assailant. The genital area must be swabbed to collect possible saliva or semen regardless of Wood's Lamp findings.
16. **Vestibular (labia minora) swabs:** As above.
17. **Vaginal swabs (2):** One vaginal swab to be air dried & put in a test tube for identification of semen of the alleged assailant. Other one should be used for wet mount slide preparation.
18. **Cervical Swab (2):** One cervical swab to be air dried and put in a test tube for identification of semen of the alleged assailant. Other one should be used for wet mount slide preparation.
19. **Vaginal Smear (2):** One vaginal smear on a glass slide to be air dried to be put in an envelope for identification of semen of the alleged assailant.
20. **Perianal, anal, rectal swabs & smear (2 each) (in cases of alleged sodomy):** One swab with smear each from these areas on a sterile swab and a glass slide, respectively, to be air dried, and then to be put in a test tube/ envelope, for identification of semen of the alleged assailant.

Reference Sample:

Reference samples are used by the laboratory to determine whether or not evidence specimens collected are foreign to the patient. Blood, buccal (inner cheek) swabs, or saliva should be collected from patients for DNA analysis to distinguish their DNA from that of suspect's.

Following reference samples may be collected as per the need:

21. **Blood on clean gauze piece:** Collected for grouping & DNA analysis. This is more suitable procedure than collection of blood in vial. Airs dry the cloth before putting it into paper envelope.
22. Blood in plain tube/ vaccutainers for grouping – 2 mL. (if not taken on clean white gauze piece/ filter paper/ FTA card).
23. Blood in EDTA tube/ vaccutainers for DNA analysis – 2 ml. (if not taken on clean gauze piece/ filter paper/ FTA card).

s (scalp and pubic) 10 - 20 strands (cut with scissors) to be collected and packed separately for mparison with the loose hairs found from the body of the survivor and from the scene.

Control Swabs:

. Control swabs from the unstained area adjacent to the skin; collected to interpret the typing results from the evidence swab.

Other:

26. **Other samples:** Collect any other sample which you feel is important/ requested by the investigating police officer but not covered in the above listed items.
Note: If any sample listed in the above list is not collected then give reasons for the same – not indicated by the history/ no evidence of contact, etc in the note column against the said sample in the Proforma.
The samples for forensic science examination should be decided on the basis of history and scientific observations pertaining to the examination of clothing and body

Forwarding samples to FSL:

a) All samples must be sealed and labelled properly to avoid tampering.
b) Properly filled requisition forms along with samples are to be handed over to concerned investigating police official/ police official of Police post GMCH 32 after taking due receipt.
c) Receipt should include signature, name, designation, belt number of the police official, name of police station, date and time; to maintain chain of custody.
d) Samples for microbiological studies which include swabs, smears for STDs and blood for HIV test, VDRL are to be sent to Microbiology Department of the institute along with requisition for the same.
e) If it is not possible to immediately handover the samples to the police after examination or if, police is not available to collect the evidence; then such evidence shall be kept in the safe custody of examining doctor. The details of all handing over from one 'custodian' to the other must be documented and continuity must be maintained.

SOPs in case survivor needs intervention by the Anaesthetist

Any call received from OSCC will be attended to by the senior resident on OSCC duty. The senior resident will examine the patient and:

1. In case the survivor is hemodynamically unstable, the assessment will be done according to the standard ABC protocol, i.e. airway, breathing and circulation will be assessed and managed accordingly. An Intravenous line will be secured and the survivor will be resuscitated and hemodynamically stabilized. Oxygen supplementation will be provided, if deemed necessary.
2. Pre anaesthetic check up of the survivor will be carried out according to the institutional protocol if survivor is to be examined under anesthesia (EUA) or undergo any operative procedure. All necessary investigations will be carried out before taking up the patient for any surgical procedure. However, the urgency of the same will be decided by the senior resident on duty, in consultation with the consultant on call.
3. In case the survivor requires urgent operative procedure or ICU intervention, he/ she will be shifted to emergency operation theatre for the same immediately.
The monthly roster of the department shall mention the name of senior resident on OSCC duty.

SOPs for survivors of sexual assault – Paediatric age group

In addition to the steps to be followed for the examination of adults, following points are to be kept in mind and SR Paediatrics on OSCC duty to be called when ever mandated by the circumstances.

History taking:

Should be done in presence of care taker/ person accompanying of the child, as detailed in the general SOPs.

Doctor to observe and see whether the survivor (child) is comfortable/ uncomfortable in presence of person accompanying. If in doubt, person accompanying to be sent out and survivor questioned sympathetically and in simple words the reason for discomfort. If survivor wishes, instead of

accompanying person, any other person or person nominated by the Medical Superintendent to be present during examination.
Environment in the OSCC should be reassuring.

Special points in examination:

If child is agitated:

Examination may be performed with the child under sedation: [SR, Anaesthesia on OSCC duty to be called, if necessary]
Diazepam(per oral): 0.15 mg/kg of bodyweight; maximum 10 mg
Promethazine hydrochloride(syrup- per oral): 2-5 years: 15-20 mg, 5-10 years: 20-25 mg

For Pain relief:

Paracetamol: 15 mg/kg/dose
Ibuprofen: 5-10 mg/kg/dose
Emergency management: [SR, Anaesthesia on OSCC duty to be called, if necessary]
Airway, Breathing, Circulation: Fluid/ Blood/ Ionotropic support (as per protocol)
Evidence of Sepsis to be examined for (especially in cases presenting after 24 hours)
Antibiotics as per protocol

Prophylaxis:

With regard to STIs, HIV, hepatitis B, and tetanus, children have the same prevention and treatment needs as adults but may require different doses.

SOPs for Psychiatric Evaluation of the Survivor

1. Call should be sent to the Psychiatry department for all cases reporting to OSCC.
2. The call should preferably be sent after the survivor is medically stabilized and forensic evaluation completed.
3. The calls sent during routine working hours of the hospital (9 am to 5pm) shall be attended to by a clinical psychologist as per departmental roster prepared for OSCC and the calls sent outside the routine working hours of the hospital shall be attended to by the Senior resident on call.
4. The clinical psychologist/ senior resident shall use the "Walk in Proforma" of the department to record the reported psychological symptoms and observations on the mental status of the survivor. (copy of the walk in proforma to be attached)
5. Throughout the history taking and examination, the clinical psychologist/ SR will treat the survivor with due respect, sympathy and in no circumstances will he/ she be judgemental towards the survivor.
6. The non-pharmacological management shall be initiated during the initial interview and carried on by the same clinical psychologist during follow ups.
7. In case a need is felt by the clinical psychologist, senior resident on referral duty shall be called to assess need for pharmacological management and to initiate the same.
8. In case a senior resident carries out the initial interview, pharmacological and non-pharmacological intervention as required shall be initiated in the first contact.
9. Sexual assault survivor shall be attached to one clinical psychologist through OPD on second visit for non-pharmacological management.
10. For follow up pharmacological management, if any, the survivor shall be attached to one faculty member of the department.

Dr. Chandrika Azad
Member

Dr. Paramleen Kaur
Member

Dr. Ajay Kumar
Member

Dr. Rimpy Tandon
Member

Dr. Richa Saroa
Member

Dr. Dasari Harish
Chairperson

29.10.14