



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6310.01

August 10, 2023

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DAD-MA

SUBJECT: Healthcare Management of Patients Associated with Interpersonal Violence and the Department of Defense Forensic Healthcare Program

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (k) and (n) through (aw), establishes the Defense Health Agency's (DHA) procedures to achieve a patient-centered, trauma-informed healthcare response when: a patient discloses interpersonal violence (IPV) such as sexual assault, domestic violence, intimate partner violence, child abuse and neglect, or other acts of unwanted violence (excluding combat injuries); a healthcare provider suspects a patient was sexually and/or physically assaulted, including suspecting a child has been abused or neglected or a patient is accused of, discloses they are accused of, or admits to, having committed or engaged in sexual assault, domestic violence, intimate partner violence, aggravated child sexual abuse, child abuse or neglect, and/or other acts of unwanted or reportable physical violence. The procedures of this DHA-PI provide guidance on the provision of coordinated, compassionate, and competent healthcare, including forensic healthcare, to patients associated with the acts covered in this instruction, within the Military Health System (MHS), and in remote and operational environments. This DHA-PI meets, and serves to implement the applicability, policy, responsibility, and standards requirements set forth in Reference (d).

2. APPLICABILITY. This DHA-PI applies to: The DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include: assigned, attached, allotted, or detailed personnel; Combatant Commands; Office of the Chairman of the Joint Chief Staff and the Joint Staff; Military Departments (MILDEP) (including the Coast Guard at all times, including when it is in the Department of Homeland Security by agreement with the Department). For DHA publications, the terms "market" or "direct reporting market" includes the Hawaii Market unless otherwise noted in the publication. This applies to all published DHA publications, thereby ratifying any actions taken by the Hawaii Market after establishment.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) through (p), References (q) through (ab), and References (ae) through (am), that DoD Components have the responsibility to ensure adherence to, and maintenance of, prescribed procedures and standards of practice for treating patients associated with the acts covered in this DHA-PI, including but not limited to care, treatment, forensic healthcare examinations (FHEXs), sexual assault medical forensic examinations (SAFEs), and training and education.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent for this publication is the Deputy Assistant Director, Medical Affairs (DAD-MA). When Activities are unable to comply with this publication, the Activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS. DD Form 2911, DoD Sexual Assault Medical Forensic Examination Report, is available at: [https://www.esd.whs.mil/Directives/forms/dd2500\\_2999/](https://www.esd.whs.mil/Directives/forms/dd2500_2999/).

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA)),  
September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as  
amended
- (c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
- (d) DoD Instruction 6310.09, "Health Care Management for Patients Associated With a Sexual  
Assault," May 7, 2019
- (e) U.S. Department of Justice, Office on Violence Against Women, "A National Protocol for  
Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition,"  
April 2013<sup>1</sup>
- (f) Memorandum of Agreement between The Surgeon General of the U.S. Navy, Office of the  
Surgeon General, U.S. Air Force, and Office of the Surgeon General, U.S. Army: Subject:  
Interservice Sexual Assault Medical Forensic Examiner Training. Health Care Interservice  
Training Office, Army Medical Department Center & School. Fort Sam Houston, Texas,  
May 26, 2015<sup>2</sup>
- (g) DoD Instruction 6495.02, Volume 1, "Sexual Assault Prevention and Response: Program  
Procedures," March 28, 2013, as amended
- (h) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," May 1, 2019
- (i) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military  
Health System (MHS)," September 26, 2011, as amended
- (j) DHA-Procedural Instruction 6025.10, "Standard Processes, Guidelines, and  
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Health System (MHS) Military Medical Treatment Facilities (MTFs)," October 9, 2018, as  
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- (k) U.S. Department of Justice, "National Training Standards for Sexual Assault Medical  
Forensic Examiners, Second Edition," August 2018<sup>3</sup>
- (l) U.S. Department of Justice, "A National Protocol for Sexual Abuse Medical Forensic  
Examinations-Pediatric," April 2016<sup>4</sup>
- (m) Adams, J., Kellogg, N., Farst, K., et al., (2016). "Updated Guidelines for the Medical  
Assessment and Care of Children Who May Have Been Sexually Abused," *Journal of  
Pediatric Adolescent Gynecology*, April 2016, 29(2), pp 81-87
- (n) National Children's Alliance, "Standards for Accredited Members," 2017 edition<sup>5</sup>
- (o) Public Law 113-66, "National Defense Authorization Act for Fiscal Year 2014," December  
26, 2013

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<sup>1</sup> This reference can be found at <https://www.ojp.gov/pdffiles1/ovw/241903.pdf>

<sup>2</sup> This reference will be provided on request by contacting [cynthia.t.ferguson.civ@health.mil](mailto:cynthia.t.ferguson.civ@health.mil)

<sup>3</sup> This reference can be found at <https://www.justice.gov/ovw/page/file/1090006/download>

<sup>4</sup> This reference can be found at <https://www.justice.gov/ovw/file/846856/download>

<sup>5</sup> This reference can be found at

[https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/os\\_nca\\_standards\\_child\\_advocacy\\_centers-508.pdf](https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/os_nca_standards_child_advocacy_centers-508.pdf)

- (p) Public Law 113-291, "The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015," December 19, 2014
- (q) Centers for Disease Control and Prevention, Sexually Transmitted Infections Treatment Guidelines, 2021, Morbidity and Mortality Weekly Report, Volume 70, Number 4, July 23, 2021
- (r) Office of the Chairman of the Joint Chiefs of Staff, "DoD Dictionary of Military and Associated Terms," current edition
- (s) DoD Instruction 6400.06, "DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," December 15, 2021, as amended
- (t) National Institute of Justice, Office of Justice Programs, "National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach," August 7, 2017<sup>6</sup>
- (u) DHA-Procedural Instruction 6200.02, "Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception," May 13, 2019
- (v) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (w) TRICARE Policy Manual 6010.60-M, "Medical Forensic Examinations Following Sexual Assault or Domestic Violence," Chapter 7, April 1, 2015<sup>7</sup>
- (x) WHO Clinical and Policy Guidelines, "Responding to Intimate Partner Violence and Sexual Violence against Women" 2013<sup>8</sup>
- (y) Public Law 114-92, "National Defense Authorization Act for Fiscal Year 2016," November 25, 2015
- (z) Centers of Disease Control and Prevention, "U.S. Selected Practice Recommendations for Contraceptive Use: Emergency Contraception," July 29, 2016, as amended.<sup>9</sup>
- (aa) DoD Manual 6400.01, Volume 3, "Family Advocacy Program: Clinical Case Staff Meeting and Incident Determination Committee," August 11, 2016, as amended
- (ab) United States Code, Title 10, Section 1037c – Armed Forces
- (ac) DoD Directive 6495.01, "Sexual Assault Prevention and Response (SAPR) Program," January 23, 2012, as amended
- (ad) TRICARE Policy Manual 6010.57-M, February 1, 2008, as amended
- (ae) DoD Assistant Secretary of Defense of Health Affairs (ASD(HA)) Memorandum, "Statutory Revision to Department of Defense Coverage of Abortions," March 12, 2013
- (af) Christian, C.W., "Clinical Report – Guidance for the Clinician in Rendering Pediatric Care: The Evaluation of Suspected Child Physical Abuse," *American Academy of Pediatrics*, May 2015, 135(5), e1337-e1354
- (ag) DoD Instruction 6025.23, "Health Care Eligibility Under the Secretarial Designee (SECDES) Program and Related Special Authorities," September 16, 2011, as amended
- (ah) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019
- (ai) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

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<sup>6</sup> This reference can be found at <https://www.ojp.gov/pdffiles1/nij/250384.pdf>

<sup>7</sup> This reference can be found at:

[https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/46/AsOf/TP15/C7S26\\_1.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/46/AsOf/TP15/C7S26_1.html).

<sup>8</sup> This reference can be found at [https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf)

<sup>9</sup> This reference can be found at <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html>

- (aj) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
- (ak) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019, as amended
- (al) DoD Instruction 1402.05, "Background Checks on Individuals in DoD Child Care Services Programs," September 11, 2015, as amended
- (am) Public Law 116-283 "William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021," Section 549B, January 1, 2021
- (an) Public Law 114-328 "National Defense Authorization Act for Fiscal Year 2017," Section 575, December 23, 2016
- (ao) DoD Instruction 5505.18, "Investigation of Adult Sexual Assault in the Department of Defense," March 22, 2017, as amended
- (ap) "Definition and Typology of Violence." The VPA Approach. World Health Organization. 2021<sup>10</sup>
- (aq) Presidential Action, "Memorandum on Protecting Women's Health at Home and Abroad," January 28, 2021<sup>11</sup>
- (ar) Commission for Forensic Nursing Certification. (2001) Sexual Assault Nurse Examiner (SANE-A® and SANE-P ®) 2021 Certification Examination Handbook. International Association of Forensic Nurses
- (as) DHA-Procedural Instruction 6040.04, "Guidance for Amendment and Correction of Entries in Garrison Electronic Health Records (EHRs)," February 21, 2020
- (at) Public Law 113-4 "Violence Against Women Reauthorization Act of 2013," March 7, 2013
- (au) United States Code, Title 18, Section 3772
- (av) DoD Under Secretary of Defense, "Changes to Command Notification of Pregnancy Policy" February 16, 2023
- (aw) DHA-PM 6025.13, "Clinical Quality Management in the Military Health System Volume 4: Credentialing and Privileging," August 29, 2029

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<sup>10</sup> This reference can be found at <https://www.who.int/groups/violence-prevention-alliance/approach>

<sup>11</sup> This reference can be found at <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/28/memorandum-on-protecting-womens-health-at-home-and-abroad/>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. In collaboration with DAD-MA, Forensic Healthcare Program (FHP) staff, Military Medical Treatment Facility (MTF) Directors, MILDEPS, the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO), and the DoD Family Advocacy Program (FAP), will develop any additional guidance necessary to ensure delivery of a trauma-informed, gender responsive, and competent forensic healthcare response to patients described in this DHA-PI.

b. Oversee the DoD FHP, which is responsible for managing the activities covered in this Instruction.

c. Ensure the DoD FHP:

(1) Develops, standardizes and implements Reference (d) training requirements for healthcare provider first responder training.

(2) Maintains oversight of, and coordinates with, MTF FHPs on the healthcare management of patients included in this DHA-PI.

(3) Develops, standardizes, and implements required forensic healthcare education/training, and certification of Forensic Healthcare Examiners (FHEs), in accordance with the standards and requirements set forth in Reference (d), and Enclosure 6.

(4) Coordinates with DoD SAPRO and DoD FAP to collaborate on additional, and future, policy and guidance development, research activities, and process improvement efforts.

(5) Ensures standardized annual training and support resources are developed and available for all health care personnel who may encounter patients described in Paragraph 3.1. of Reference (d).

(6) Includes the staffing of a healthcare provider, with the required education, certification and experience as outlined in this DHA-PI, at each MTF, appointed by the MTF Director, to serve as the MTF FHP-Director (FHP-D) or MTF FHP-Combined role Director/Manager (FHP-D/M), to be the primary point of responsibility to oversee quality control and consistent mission capability, and to ensure the incorporation of policy updates related to the forensic healthcare of patients included in this DHA-PI.

(7) Adheres to, and completes, the annual reporting requirements set forth in Reference (d).

d. Coordinate with Chairman of the Joint Chiefs of Staff and the Joint Staff to ensure that this DHA-PI is incorporated into relevant joint doctrine, training, and plans, as appropriate.

e. In consultation with the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commanders, the Secretaries of the MILDEPs, and the Coast Guard, monitor implementation of this DHA-PI.

f. Coordinate with the Combatant Commanders and Secretaries of the MILDEPs to create and assign a subspecialty code or specialty identifier for FHE to track healthcare providers certified in the specialty and contribute toward Medical Expense and Performance Reporting System coding requirements, and to ensure the requirements of this DHA-PI, and Reference (d), are implemented.

2. DAD-MA. The DAD-MA will:

a. Ensure dissemination and implementation of this DHA-PI throughout the MHS, and other relevant policy regarding the forensic healthcare of patients covered in this DHA-PI.

b. Collaborate with DoD SAPRO, DoD FAP, and other appropriate stakeholders in the development of MTF written plans pertaining to forensic healthcare management of patients included in this DHA-PI.

c. Ensure the development of standardized education and training programs that meet the requirements set forth in Reference (d) and this DHA-PI, to include training for MTF staff, and the forensic healthcare training, credentialing and certification of FHP FHEs. Also ensure that instructors and facilitators are themselves, appropriately trained, credentialed, and competent in forensic healthcare, and in performing FHEs and SAFEs, in accordance with Reference (d) and this DHA-PI.

d. Ensure MTF FHP personnel provide comprehensive forensic healthcare in accordance with the requirements and procedures outlined in this DHA-PI.

e. Ensure MTF Directors designate the required FHP personnel positions, in writing, as outlined in Enclosure 3.

3. SECRETARIES OF THE MILDEPs. The Secretaries of the MILDEPs will:

a. Ensure compliance with this DHA-PI in operational settings and settings outside the MTFs (e.g., deployed and remote settings).

b. Collaborate with the DHA, to implement and maintain a written plan to appropriately staff, train, and equip MTFs and uniformed services personnel to adequately serve patients as set forth in Reference (d), and this DHA-PI.

c. Ensure that all uniformed services FHEs are identified with a specialty code, sub-specialty code, or other unique identifier, in order to track numbers of trained personnel in operational settings and settings outside the MTF (e.g., deployed and remote settings).

4. THE OFFICE OF THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF AND THE JOINT STAFF, AND THE COMBATANT COMMANDERS. The Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, and the Combatant Commanders will:

a. In coordination with the Secretaries of the MILDEPS and Combatant Commanders, ensure compliance with, and monitor implementation of, this DHA-PI by all Commanders in operational settings and settings outside the MTFs (e.g., deployed and remote settings).

b. Ensure uniformed services healthcare personnel in operational settings and settings outside the MTFs (e.g., deployed and remote settings), have access to all forensic healthcare services, resources, tools, and training, including allowance of time by unit or combatant commanders for uniformed services healthcare personnel to be able to complete any requested or required FHP training.

5. DIRECTORS, DHA MARKET, SMALL MARKET AND STAND-ALONE MTF ORGANIZATION, AND DEFENSE HEALTH AGENCY REGIONS (DHAR). Directors, DHA Market, Small Market and Stand-Alone Medical Treatment Facility Organization and DHARs (known collectively throughout this publication as “Markets”) will:

a. Collaborate with the MTF FHP-D/M or MTF FHP Manager (FHP-M) if the MTF’s FHP-M role is separate from the MTF FHP-D role, to implement and maintain a written FHP plan in accordance with, and inclusive of, the requirements outlined in Reference (d) and this DHA-PI, to appropriately staff, train, and equip their assigned MTF to adequately serve patients.

b. In coordination with the MTF FHP-D/M or MTF FHP-M, will oversee implementation of the DHA standardized FHP position descriptions and medical protocols for assessing and treating forensic healthcare patients, including disclosed or suspected child abuse cases, in accordance with the processes detailed in this DHA-PI, and References (d) and (m).

c. Appoint, in writing, the following MTF positions: FHP-D, FHP-M, FHP Follow-up Healthcare Provider (FHP-F), FHP-Care Coordinator (FHP-CC), FHEs, and qualified healthcare providers, as determined by the FHP-M, to serve on the Incident Determination Committee (IDC). The MTF Director will appoint healthcare providers to the IDC after verifying all appointed healthcare providers meet eligibility as listed in Enclosure 3, Section 4b, and training requirements, as outlined in Enclosure 6.

d. Ensure their MTF staff meets the patient safety standards and requirements as outlined in Enclosures 4 and 5.

e. Submit an annual fiscal year report, in accordance with Reference (d) and any other applicable DoD reporting requirements and respond to requested data or taskers related to the FHP. MTF data will be submitted to the MTF's assigned FHP Market Coordinator (FHP-MC).

ENCLOSURE 3

PROCEDURES

1. BACKGROUND. The DHA Integrated Clinical Operations Policy and Support Branch collaborated with the MILDEPs and the Sexual Assault Medical Forensic Examiner (SAMFE) Course Director to plan the policies and program design of the FHP. Prior to this DHA-PI, those providing FHEXs, and treatment to patients reporting, or accused of, sexual violence or other reportable or unwanted violence were previously called SAMFEs. Since SAMFEs may also provide care for patients associated with different forms of IPV depending upon their training and certification, they will now be called FHEs.

2. OVERVIEW

a. In accordance with References (d) through (p), (r) through (ab), and (ae) through (al) the MHS must provide a competent and standardized response to IPV. The DHA FHP oversees specialty forensic healthcare in the MHS guided by four program management areas that address legal requirements for forensic healthcare of patients within the DoD: Policy, Operations, Education and Training, and Research and Data.

b. This DHA-PI implements Reference (d) for the forensic healthcare of Active Duty Service Members (ADSMs), beneficiaries, DoD civilian employees, and dependents within the 50 United States, District of Columbia and U.S. territories and outside the continental United States (OCONUS) (as defined in this Enclosure), who disclose an act covered in this DHA-PI to healthcare providers, when there is a suspicion of physical and/or sexual abuse or neglect of pediatric patients, and for patients accused of, or who disclose committing, sexual assault and/or other reportable or otherwise unwanted physical violence.

c. All healthcare discussed in this DHA-PI will be provided regardless of age, sex, race, sexual orientation, or gender identification and will be in alignment with guidelines established in References (d) through (p), (r) through (ab), (ad) and (ae) through (al).

d. Operations of the FHP include key staffing roles within the program and their duties, as well as communications and the standardization of forensic healthcare within all DHA Markets.

e. For purposes of this DHA-PI, the adolescent population is defined as the un-emancipated (as identified in applicable state, District of Columbia and territory laws) patient ages 12-17 inclusive. The child population is defined as ages 11 and under. OCONUS 24 hours/7 days a week (24/7) Emergency Department (ED) MTFs must have child abuse and neglect FHEX capability; MTFs within the 50 United States, District of Columbia and U.S. territories, may, in addition to Adult/Adolescent forensic healthcare, choose to have a pediatric forensic healthcare capability (discussed in Enclosure 5) with certified Child Abuse Pediatricians (CAPs) or certified

FHEs Adult/Pediatric (FHE-A/P) who meet all requirements outlined in Enclosure 6 to perform pediatric FHEXs.

### 3. ORGANIZATION.

a. The FHP staffing and operations function across two primary levels: the headquarters level (Defense Health Headquarters (DHHQ)), and the MTF level. As designated by the Director, DHA, the FHP falls under the DAD-MA, Integrated Clinical Operations Policy and Support Branch, Clinical Support Division, with its primary office located at DHHQ, and is led by the FHP-Lead Program Director (FHP-LPD).

b. The MTF FHP will fall directly under the MTF Director as a separate department or specialty service. The MTF FHP will be allotted its own budget for staffing, training/education, supplies, and other program requirements as needed or required by policy.

c. MTF FHPs will align under a DHHQ FHP area of responsibility (AOR) or DHAR) and will be jointly managed by the DoD FHP-LPD, FHP-Assistant Program Director (FHP-APD), and FHP-MCs, as assigned. These AORs or DHARs are delineated solely for the DoD FHP and are utilized to streamline the forensic healthcare workload, facilitate communications, and optimize quality control. Each FHP-MC is assigned an AOR or DHAR which includes corresponding Markets for MTF FHP oversight. The AORs or DHARs are as follows:

- (1) East United States
- (3) Central United States
- (4) West United States
- (5) Stand Alone/Small Markets
- (6) DHAR Europe (DHAR-E)
- (7) DHAR Indo-Pacific (DHAR-IP)

4. STAFFING. FHP staff must meet requirements outlined in Enclosure 6 of this DHA-PI. Key staffing roles of the DoD FHP occur at three main levels: 1) DHHQ; 2) MTFs that operate a 24/7 ED, as well as MTFs that do not have a 24/7 ED that perform FHEXs or SAFEs; and 3) those MTFs and military clinics that do NOT perform FHEXs or SAFEs.

a. DoD FHP DHHQ Staffing.

(1) FHP-LPD. The FHP-LPD is the head of the FHP and must be either a civilian Federal employee General Schedule (GS)-14/15, or an ADSM with a rank of O4 or higher. Additionally, per Section 539 of Reference (p), the FHP-LPD must be a healthcare provider (physician, nurse practitioner (NP), certified nurse midwife (CNM), physician assistant (PA) or registered nurse (RN)) with a terminal degree (e.g., Doctor of Philosophy, Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Nursing Practices, Doctor of Public Health) in a related medical, nursing, or public health field and a minimum of 6 years of experience working in forensic healthcare patient care and management. The FHP-LPD:

(a) Is responsible for the organization and staffing of the DHA FHP, updating FHP policy, and related implementation guidance, as needed, education and training of FHP staff, oversight of FHE training (to include SAMFE training or other DoD approved forensic healthcare training), collection of FHP data, FHP research, and the functional operations of the program;

(b) In collaboration with the FHP-APD, FHP-MCs, MILDEPS, FHP leads, and the SAMFE Course Director, will write or update all DHA FHP internal policies, then coordinate for consensus concurrence with program stakeholders who interact with and/or are affected by the DHA FHP.

(2) FHP-APD.

(a) The FHP-APD is appointed by the FHP-LPD and must be either a GS-13/14, or ADSM rank O4 or higher (but junior in rank if the FHP-LPD is an ADSM). The FHP-APD must be a healthcare provider, as required by Section 539 of Reference (p), with graduate level education in a related medical, nursing, or public health field, a minimum of 3 years of experience serving as an FHE, and 6 years of forensic healthcare patient care experience and management.

(b) The FHP-APD is responsible for assisting the FHP-LPD with duties, to include, but not limited to, oversight of operations, implementation of policy, and education and training of MCs and other staff.

(c) The FHP-APD will serve as the FHP-MC for the National Capital Region, in addition to other Markets as assigned by the FHP-LPD.

(3) FHP-MC. The FHP-MC must be a healthcare provider, as required by Section 539 of Reference (p), a GS-13/14, or ADSM rank O4 or higher, with a graduate level education in a related medical, nursing or public health field, with a minimum of 3 years of experience serving as an FHE. The FHP-MC will:

(a) Serve as the Market lead FHP subject matter expert for their assigned Market AORs or DHARs, covering the Continental United States (CONUS) (excluding the National Capital Region) and OCONUS, as defined in this Enclosure.

(b) Be responsible for distributing, and assisting with, the implementation of this DHA-PI.

(c) Maintain oversight of their assigned Market AORs or DHARs for FHP-D/Ms, FHP-Ds, FHP-Ms, and FHP-CCs, ensuring their adherence to the position requirements outlined in this DHA-PI, including the education and training of other healthcare providers serving as FHEs, and completion of annual Market and MTF interpersonal violence response training. Training for FHP personnel is independently monitored and documented by MTF FHP-Ms (or at non-MTFs and clinics, by the FHP-CC). Trainings are reported to the respective FHP-MC, who in turn, reports training of their Markets to FHP Headquarters level.

(d) Receive and consolidate FHP data requests from DHA on their assigned Market AOR or DHAR.

(e) Manage overall FHP operations for their assigned Market AORs or DHARs, including traveling to MTFs for site visits and spot-reviews of peer-reviewed records, and ensuring that the FHP at each MTF is ready for inspections/audits.

(f) Perform peer reviews of FHEXs and SAFEs when peer reviews cannot be completed at the MTF level, or when the FHP-M is the only FHE at the MTF.

(g) Provide the FHE with forensic healthcare annual refresher training to FHEs as needed.

(h) Serve as FHE-A course instructor and/or preceptor as needed, or may serve as a SAMFE course or other DoD medical forensic approved course instructor or preceptor as needed,

b. MTF Staffing. Healthcare providers serving on the IDC are recommended and approved by the MTF FHP, then appointed by MTF Director, with assent of the healthcare provider IDC candidate. IDC medical voting members are required to attend monthly meetings of their IDC or Case Review Board or equivalent and must have a back-up provider appointed to assume the role for when the primary IDC medical provider needs to be away. The FHP-M or FHP-CC is responsible for putting forth the names of the individuals to serve in these roles who meet these qualifications and will prepare the appointment letters.

(1) In order to be qualified for IDC membership healthcare providers must:

(a) Have completed their local IDC training, have completed the IDC healthcare provider supplemental training as listed in Enclosure 6, have three years providing active clinical care of patients to include experience in identification of injuries and care of physical abuse of adults, adolescents, and children and;

(b) Be assigned to the MTF FHP as the FHP-M; or assigned as the FHP-CC to the MTF or clinic that does not perform medical forensic exams; or have a written recommendation from the FHP-M or FHP-CC for the healthcare provider to serve on the IDC and;

- (c) Be one of the following:
1. An MTF FHP-M
  2. A FHP-CC at a MTF or clinic that does not perform medical forensic exams;
  3. An FHE
  4. Physician, NP, PA, or nurse with DHA-FHP approved training in forensic healthcare
  5. Physician, NP, PA, or nurse with a certification in a DHA-FHP approved and related forensic healthcare specialty, by an applicable and accredited certification body.

(2) Healthcare providers participating in the IDC as voting members may only attend cases related to their specific areas of expertise and training as related to physical and sexual abuse, as well as child neglect (e.g., FHEs who have not had training in child abuse cannot attend child abuse cases and FHEs who have not had training in adult/adolescent strangulation cannot attend adult strangulation cases).

c. MTF FHP Staffing. The MTF FHP personnel may consist of the FHP-D, FHP-M, FHP-D/M, FHP-F, FHP-CC, and FHEs. All 24/7 ED MTFs, and non-24/7 MTFs and clinics with FHP exam capabilities, must have a minimum of 1 certified FHE, in addition to the FHP-M, to assist with the FHP and serve as an alternate when the FHP-M is away or unavailable. The MTF Director appoints all of these positions, in writing. FHEs may also be appointed by clinic leadership to provide forensic healthcare at that facility (e.g., FHEs serving in stand-alone clinics outside of MTFs).

(1) MTF FHP-D.

(a) The FHP-D is a privileged healthcare provider with prescription authority, trained in forensic healthcare, and FHEXs and SAFEs. This position may be served as a collateral duty, or as a combined role with the required one Full Time Equivalent (FTE) FHP-M (FHP-D/M) at 24/7 ED MTFs. If this position is hired as an FHP-D/M they must be either GS 13/14 or ADSM rank O4 or higher healthcare provider with graduate level education in a related medical, nursing or public health field as outlined in Section 539 of References (p), meet requirements in Reference (aw), and be one of the following: physician (holds a DO or MD), NP, CNM, or a PA.

(b) The FHP-D must complete specialty education and training as described in this DHA-PI, and as determined by the responsibilities specific to the position at each MTF:

1. If the FHP-D is also serving as the FHP-M in the combined FHP-D/M role, their position requires the provision of FHEXs and SAFEs, and therefore they are required to be FHEs, and maintain competency as outlined in Enclosure 6.

2. If the FHP-D is only serving in the MTF FHP-D role and not in the combined FHP-D/M role, they are not required to perform FHEXs or SAFEs and are, therefore, not required to be FHEs. They will perform other duties, such as completing and signing off patient charts, and reviewing patient labs and medication prescriptions.

(c) The FHP-D/FHP-M/FHP-D/M will execute initial and periodic quality control evaluations of the MTF FHP's services, and FHEXs and SAFEs, to ensure all relevant standards are being met.

(d) The FHP-D/FHP-D/M coordinates with MTF Directors and is the responsible individual for ensuring proper IDC appointments.

(e) The specific FTE designations, roles, and responsibilities of each FHP-D/FHP-D/M position will be included and defined in each MTF's written FHP plan in accordance with FHP policy and procedures in this DHA-PI.

(2) MTF FHP-M.

(a) The FHP-M must be either a GS-12/13 or ADSM rank O3 or higher healthcare provider with a graduate level education in a related medical, nursing or public health field, as outlined in Section 539 of Reference (p), and be one of the following: RN, physician (holds a DO or MD), NP, CNM, or a PA.

(b) The FHP-M must also have a minimum of 3 years of experience serving as an FHE, be currently certified as an FHE, and meet specialty-training requirements as outlined in Enclosure 6 of this instruction.

(c) FHP-Ms serve as the one required FTE position at MTFs with 24/7 EDs and those with FHPs, as mandated by Reference (p). If the FHP-M is a privileged provider, the FHP-M may also serve as the FHP-F, and additionally may serve simultaneously as FHP-D (FHP-D/M).

(d) The FHP-M manages the MTF FHP, and is responsible for:

1. In collaboration with the FHP-MC, ensuring implementation of DoD policy and DHA guidance related to the FHP, and that MTF FHP operations meet the requirements set forth in this DHA-PI, including:

a. Serving as the lead FHE, ensuring 24/7 FHE coverage for the MTF and that there are an appropriate number of FHEs available to meet staffing needs at their assigned MTF. Staffing needs may be met by ensuring there are FHE(s) for collateral duties, backup, or alternate(s) for the FHP-M;

b. Organizing and maintaining documentation of individual FHE training and competencies outlined in Enclosure 6;

c. Ensuring that all necessary supplies and resources are ordered and available for the MTF FHP; and

d. Ensuring that all dedicated collaborative personnel who support patients associated with a sexual assault are appropriately trained and responsive to the needs of patients in accordance with References (d) through (p), (s) through (u), (w) through (y), and Enclosure 6.

2. Assisting with the development and publication of a current written MTF FHP plan describing the medical response for patients described in this DHA-PI, including medical case management for emergent and follow-up care and offering referrals to behavioral health.

3. Ensuring any medical forensic related back-up facility Memorandums of Understanding (MOU) or Memorandums of Agreement (MOA) are appropriate and current.

4. Ensuring the written appointment and responsibility of a trained and qualified (as defined in Enclosure 6) healthcare provider, and a designated alternate, to serve on the area FAP IDC, per References (h) and (am).

5. Submitting funding/budget requests to the MTF Director.

6. Responding to the FHP-MC for all relevant data and metrics requests.

7. Coordinating networking relationships with the installation's/garrison's Sexual Assault Response Coordinator (SARC), the Sexual Assault Response Team, FAP, Military Criminal Investigation Organizations (MCIOs,) installation/garrison legal offices, DHA legal personnel, Special Victim's Counsel/Victim's Legal Counsel, and other entities who serve as part of the local response to physical violence.

(3) MTF FHP-F. The FHP-F is a privileged healthcare provider, trained, per Enclosure 6, in the follow-up care of patients described in this DHA-PI. There may be additional FHP-Fs appointed in writing by the MTF Director, as needed or desired.

(a) The FHP-F provides follow-up care for forensic healthcare patients after they have received their initial forensic healthcare treatments and examinations, ensuring, for example, that any repeat labs for the patient are ordered and reviewed, medications are prescribed as necessary, and referrals are provided to the patient as needed or desired.

(b) The FHP-F role can also be filled by the FHP-D or FHP-M (if the FHP-M is a privileged provider).

(4) MTF FHP-CC. The FHP-CC is generally a collateral duty position appointed in writing and it is required within non-24/7 MTFs and military clinics that do not provide FHEXs and SAFEs; however, leadership at 24/7 ED MTFs may hire as a position, or appoint in writing as a collateral duty, an FHP-CC to assist the FHP-M with case management duties. The FHP-CC:

(a) Is a healthcare provider (RN, PA, NP, CNM, MD, DO) designated as the primary medical point of contact (POC) to coordinate care of patients after they return from a FHEX or SAFE provided at another MTF, after patients have returned from a private sector facility providing FHP support via MOA/MOU, or for patients transferring to a new duty station during expedited transfer or permanent change of station;

(b) Serves as the liaison between private sector facilities providing FHP support via MOA/MOU, and Sexual Assault Prevention and Response Program (SAPR), FAP, and other entities at that MTF or appropriate location;

(c) Coordinates medical care for the patient who solely desires medical care without a FHEX to include: pregnancy testing, sexually transmitted infection (STI) testing, pregnancy prevention, and STI prophylaxis;

(d) Serves as the POC at their MTF or clinic for forensic healthcare questions and other related topics;

(e) Ensures the MTF/facility or unit has an FHP written plan outlining the medical response for patients in accordance with this DHA-PI; and

(f) Ensures that local facilities that have a MOU/MOA with the MTF, meet the requirements and mandates outlined in this DHA-PI and References (d) through (i), (k) through (p), (q) and (s) through (u). In addition, the FHP-CC ensures these facilities meet the medical needs of the patient who may require FHEX or SAFE exams.

(5) MTF FHP FHE. FHE is the designation of all medical forensic trained healthcare providers who meet the requirements outlined in Enclosure 6 and perform FHEXs (Adult/Adolescent and/or Pediatric) and SAFEs.

(a) FHEs must be an ADSM, a DoD civilian employee, or an approved contractor and one of the following: an RN, a physician (holds a DO or MD), a NP, CNM, or a PA, per Section 539 of Reference (p).

1. The FHE may also be a pediatric NP when certified as an FHE-A/P, but may only provide specialty forensic healthcare to those age groups within the scope of their approved privileges.

2. The FHE may also be an independent duty corpsman, Special Forces Medical Sergeants or independent duty medical technician if an individual specified above in this enclosure, paragraph 4.b.(5)(a)-1, is impracticable in deployed or remote locations.

(b) The FHE role may be a collateral duty, including serving as backup or alternate for the FHP-M, depending on the numbers of patients and hours required to care for patients.

(c) All FHEs share on-call schedules with other FHEs and/or the FHP-M.

(d) FHEs may also provide comprehensive care to patients who present with a disclosure of reportable or otherwise unwanted physical violence without a sexual component.

(e) With requisite education and training, and under the guidance of a pediatrician and/or CAP, FHEs may also assist with child non-sexual abuse cases providing forensic photography, exam documentation and/or other approved procedures.

(6) The MTF Forensic Healthcare Assistant (FHA) is a military collateral duty or paid civilian role that requires the MTF FHP Manager approval, MTF Director appointment and completion of a DHA FHA standardized training before serving in this position of trust.

(a) Participation in this role includes MTF military or civilian healthcare personnel with medical training in accordance with Reference (aw).

(b) FHAs serve to assist the FHE with preparing examination rooms for FHEXs or SAFEs, assist with non-examination components of the FHEX or SAFE during the examinations, including serving as a medical chaperone and ensuring the chain of custody of samples collected after the examination is completed.

## 5. OPERATIONS.

### a. MTF FHP Plan.

(1) MTFs must have an FHP written plan in accordance with Reference (d) and any other relevant Assistant Secretary of Defense for Health Affairs policy and DHA guidance that outlines and includes all relevant items, requirements, and standards of this DHA-PI, as it applies to their MTF. This includes sections outlining MTF FHP processes and requirements specific to the accused and pediatric populations, as outlined in this DHA-PI and other relevant FHP published policy and guidance.

(2) MTF FHP written plans will require the maintenance of an appropriate, secure, gender-neutral room available for conducting FHEXs or SAFEs that ensures patient privacy for the FHEX or SAFE and interviews.

(3) MTF FHP written plans will include a section specific to the pediatric population, as defined in this DHA-PI, and must include the following:

(a) Reporting requirements and guidance on subsequent steps following a report of child abuse and/or neglect for all healthcare providers and personnel involved in the response;

(b) Education and training requirements for healthcare providers and personnel related to mandatory reporting laws pertinent to the respective jurisdiction;

(c) Training and certification requirements of healthcare providers performing pediatric FHEXs, in accordance with References (d) through (p).

(d) Processes concerning pediatric FHEX findings, such as consultation with an MHS CAP.

(e) If the MTF has limited or no pediatric FHEX capabilities and/or personnel, the MTF's FHP written plan will outline processes to ensure pediatric patients described in this DHA-PI are provided forensic healthcare in accordance with the requirements and standards outlined in this DHA-PI, as well as all relevant laws and FHP policy:

1. When a healthcare provider is requested to perform a pediatric FHEX, and the healthcare provider is not trained and certified in the FHEX of children, the healthcare provider must consult with a CAP or an FHE-A/P qualified, trained, and certified as outlined in this enclosure and Enclosure 6.

2. The FHP plan must outline processes that enable patient transfer to an MTF or local private sector facility with proper FHEX and SAFE capabilities, ideally within 72 hours post-assault. However, prior to any action or decision regarding patient transfer or provision of care, there must be consultation with a healthcare provider trained and certified to conduct pediatric FHEXs (e.g., CAP, FHE-A/P) to determine the best course of action.

3. When pediatric forensic healthcare capabilities are not available through the MTF, an MOU/MOA with private sector entities meeting the standards described in References (l) through (n) will be executed to provide children access to an adequate forensic healthcare assessment in accordance with the requirements and standards outlined in this DHA-PI, as well as all relevant laws and FHP policy.

4. Facilities that have pediatric FHEX capabilities will work with FAP to ensure the pediatric patient described in this DHA-PI receives a child interview by a trained and certified child forensic interviewer conducted in accordance with the standards outlined in References (l), (m), and (n). Options for behavioral healthcare must also be provided. Facilities that do not have adequate pediatric FHEX and interview capability with appropriately trained and certified personnel must ensure an MOU or MOA is in place with a Child Advocacy Center that meets the standards set forth in References (l), (m), and (n).

b. 24/7 ED MTFs and MTFs with Forensic Healthcare capabilities that do not have 24/7 EDs.

(1) MTFs with a 24/7 ED will have a fully operational and staffed FHP that will serve as the primary department responsible for all forensic healthcare offered to patients described in this DHA-PI; however, non-24/7 ED MTFs are not required to stand up a functional FHP as the primary mechanism to provide forensic healthcare.

(2) While non-24/7 ED MTFs that provide FHEXs and SAFEs will have the provision of forensic healthcare fall directly under the MTF Director, the FHE may be assigned to

another department as needed, and the FHP-D/M, FHP-D, FHP-M, and FHE may be assigned any of those duties as a collateral duty. When provision of care only occurs during clinic hours at MTFs and small clinics, FHP personnel will ensure there is a proper MOU or MOA in place with a private sector medical facility that provides forensic healthcare 24/7 (or during the hours outside of the MTF or small clinic's operating hours) so there is no gap in care due to hours of operation, for both the individual reporting and individual accused of sexual assault, IPV or other forms of unwanted physical violence and that the facility adheres to national and DoD standards of forensic healthcare.

(3) Both MTFs with 24/7 EDs, and those without 24/7 EDs but that perform FHEXs and SAFEs, will ensure that properly trained personnel, as described in Enclosure 6, fill the following specialty roles within their FHP:

- (a) Minimum of one FHP-D, as described in this Enclosure.
- (b) MTFs with 24/7 EDs must have one full-time DoD-employed, certified FHE Adult and Adolescent (FHE-A) who is also the FHP-M (under a standardized DHA position description), as described in this Enclosure. This role may also be a combined FHP-D/M role, if the FHP-M is a privileged healthcare provider. MTFs without 24/7 EDs that perform FHEXs and SAFEs must have a trained and certified FHE who also serves as the FHP-M and may also serve in a combined FHP-D/M role if the FHP-M is a privileged healthcare provider.
- (c) An FHP-F, as described in this enclosure.
- (d) An FHE, as described in this enclosure. There must be at least one alternate FHE on staff for full coverage of care. Additional full or part-time, or collateral duty, certified FHEs, may serve as alternates or backups to the FHP-M, to ensure provision of forensic healthcare at the MTF meets FHP patients' needs and the requirements and standards set forth in this DHA-PI and Reference (d).
- (e) An optional FHP-CC (this role is not required for 24/7 ED MTFs, but FHEs may serve as an FHP-CC at the discretion of each MTF's FHP, as determined by each MTF's needs).
- (f) Appropriate numbers of trained FHAs as approved by the FHP-M and MTF Director.

c. MTFs and Clinics without Forensic Healthcare Capabilities.

(1) MTFs and clinics that do not perform FHEXs and SAFEs must have a written plan of care for patients described in this DHA-PI. The plan must include the following:

- (a) Protocols for the provision, documentation, and follow up of medical care, as well as referrals to behavioral healthcare. Protocols must include testing, prophylactic treatment options, and follow-up care for possible exposure to human immunodeficiency virus and other STIs.

(b) When gender appropriate, patients disclosing sexual assault will be assessed for the risk of pregnancy, and provided education concerning options for emergency contraception. Procedures for emergency contraception will be in accordance with Reference (u).

(c) A capability for providing FHEXs for patients who are accused of, disclose they are accused of, or disclose they committed acts described in this DHA-PI.

(2) MTFs and clinics that do not perform FHEXs and SAFEs must appoint, in writing, an FHP-CC, as outlined in this Enclosure.

(3) MTFs and clinics that do not perform FHEXs and SAFEs must transfer patients to another MTF with FHEX and SAFE capability or execute an MOU or MOA with local private or public sector entities to ensure that patients have access to FHEXs and SAFEs at a medical facility and performed by a healthcare provider trained in accordance with References (d) through (f), (h) through (p), (s) through (u), (w) through (y) and (aa) through (ac). The MOU or MOA must outline the following:

(a) Notification of appropriate DoD support personnel as set forth in References (d), (e), (h), (i), and (s), prior to an FHEX or a SAFE being performed.

(b) Specific requirements for handling of the completed Physical Evidence Recovery Kit (PERK) to assure chain of custody.

(c) Required standards for training and provision of forensic healthcare, in accordance with References (d), (e), (g), and (k) through (p) for civilian healthcare providers.

(d) Preference for utilization of a standardized DoD PERK if evidence is provided to MCIOs and not collected by local law enforcement.

## 6. NOTIFICATION REQUIREMENTS.

a. Healthcare personnel, when encountering patients associated with acts covered under this DHA-PI, consistent with patient consent or as required by law, will make immediate notification of all incidents covered by this instruction, in accordance with References (d), (g), (h), (s), and (ai). Exception is given to patients with emergent medical needs who must be readily stabilized prior to notification.

b. SARCs, Sexual Assault Prevention and Response Victim Advocate (SAPR VAs), or FAP and Domestic Violence Victim Advocate (DAVA) personnel will discuss reporting options with adult patients eligible to make such a report (e.g., sexual assault, domestic abuse, or intimate partner violence).

c. FHEs will coordinate with the appropriate responding personnel (e.g., SARCs, SAPR VAs, or FAP, DAVA) to ensure immediate transfer of documents.

(1) While it is best practice to wait until the adult patient has discussed reporting options with the appropriate response personnel, FHEXs and SAFEs may be performed utilizing the adult patient's reporting election and signature on the DD Form 2911, in the rare situation when a patient would prefer not to wait for these personnel to arrive.

(2) Patients will be informed that in certain cases, prior to care, disclosure of sexual assault and/or other physical violence may require notification with or without release of personally identifiable information (PII) to the appropriate authorities, in accordance with Reference (ac).

d. Healthcare providers are required, in all instances when encountering pediatric patients associated with acts covered in this instruction, to notify FAP immediately, despite medical management guidelines, in accordance with References (d), (h), (s) and (aa), as well as the guidance in this Enclosure. Exception is given to the stabilization of patients with emergent medical needs who must be readily stabilized prior to notification.

(1) In addition to immediate notification to FAP, all healthcare providers will make a mandatory report to appropriate civilian authorities. MTF-specific guidance, in addition to the processes described in this DHA-PI, will need to be developed to determine urgency of care and reporting requirements.

(2) Healthcare providers will promptly communicate the urgency of the concern to FAP and the appropriate law enforcement or child protective service agency, if immediate safety concerns are identified.

ENCLOSURE 4

FORENSIC HEALTHCARE OF ADULTS AND ADOLESCENTS

1. TIMELY AND COMPREHENSIVE FORENSIC HEALTHCARE.

a. To comply with the requirement of providing timely medical care, the DHA FHP-LPD, FHP-MCs, and MTF Directors will ensure that patients described in this DHA-PI receive care in accordance with References (d) through (p), as follows:

(1) Patients seeking care associated with acts covered in this issuance are given priority treatment as emergency cases and receive medical treatment and a FHEX or SAFE by a FHE, as quickly as possible. Patients in deployed or remote settings will be medically evacuated, if desired by the patient, within 48 hours. This will be documented in the DoD electronic health record. Patients reporting sexual assault and patients accused of sexual assault must be evacuated separately.

(2) For patients reporting sexual assault, a SARC or VA or a FAP clinician or DAVA, depending on the case, will be notified immediately when the patient presents to the ED and the notification will be documented in the patient DoD electronic health record. For example, sexual violence with an intimate partner requires FAP/DAVA notification. Every effort will be made to minimize the time until the actual FHEX or SAFE.

(3) With regard to the care of adolescents, all healthcare personnel are mandated reporters to Child Protective Services and Family Advocacy in cases of known or suspected child abuse, in accordance with Reference (h) and (ao). This requirement is mandatory regardless of child/adolescent or caregiver consent.

(4) If a patient associated with acts covered in this DHA-PI, including a minor adolescent and/or their caregiver, seeks an appointment in the Direct Care system, such patients will be given a 24-hour appointment (triaged in the category of acutely distressed patient) as an urgent specialty referral, as defined in Reference (m), for behavioral health or follow-up care as a result of sexual or physical assault. The FHP D/M, FHP-D, or FHP-M at non-24/7 ED clinics that provide FHEXs or SAFEs must be notified immediately if the patient is unable to obtain an appointment within 24 hours. If unable to obtain an appointment within 24 hours, the patient will be seen in the nearest ED and provided a follow-up appointment at the MTF as soon as possible.

(5) Priority treatment as emergency cases includes activities relating to access to healthcare, coding, and medical transfer or evacuation, as well as complete physical assessment, examination, and treatment of injuries, to include immediate emergency interventions.

(6) Patients described in this DHA-PI will be provided access, either in-person or virtually via telehealth, to an FHE as soon as possible when presenting to an ED, for the FHE to

inform the patient of available forensic healthcare services. If the patient desires an FHEX or SAFE, ensure the exam starts as soon as possible after the patient presents for care.

b. Patients described in this DHA-PI will be provided comprehensive forensic healthcare, to include:

(1) FHP healthcare personnel collaboration and consultation with the patient's Primary Care Manager, with the patient's consent, or consent from a legally authorized representative if the patient is an adolescent.

(2) Appropriate assessment and referral, including:

(a) Testing, prophylactic treatment options, and follow-up care for possible exposure to human immunodeficiency virus and other STIs that follows the Centers for Disease Control and Prevention (CDC) Guidelines (Reference (q)).

(b) Assessment of the risk of pregnancy, provision of education and options for emergency contraception, and any follow-up care and referral services to the extent authorized by law.

## 2. STANDARDIZED FORENSIC HEALTHCARE.

a. Patient (to include legally authorized representatives) Consent. Ensure patients described in this DHA-PI receive information regarding the availability of medical treatment and/or FHEX or a SAFE, and understand they may decline either or both options, or select portions of either or both options. Each MTF must ensure that any state differences with regard to consent and medical care for adolescents are addressed in their MTF written response plan and Standard Operating Procedures. The FHE will review all items of consent on the applicable DD Form 2911, answer any questions from the patient, and ensure all applicable items on the form are initialed and signed by the patient. Patient consent for forensic healthcare of adults and adolescents, to include FHEXs and SAFEs, will adhere to the requirements set forth in References (i) and (ah).

b. Professional Practice Guidelines and General Standards of Care. Provision of care to patients described in this DHA-PI requires that healthcare providers utilize a gender-responsive, culturally competent, and recovery-oriented approach. Healthcare providers will recognize the possibility of pre-existing trauma (prior to the present sexual assault and/or physical assault incident) and understand the concept of trauma-informed care. The FHEX and SAFE services must meet or exceed standards of the recommendations for conducting FHEXs and SAFEs as described in References (d) through (o). Furthermore, to ensure standardized forensic healthcare for patients, the FHP-LPD, FHP-APD, FHP-MCs, and MTF Directors will:

(1) Ensure that each FHEX or SAFE performed in the MTF is completed by a certified FHE-A, uses the DoD standardized PERK, and the most applicable Forensic Healthcare DD Form 2911 for examination documentation, unless otherwise stated in DoD policy.

(2) Ensure MTFs adopt national standards and guidelines, as outlined in References (e), (k), (t), and (x), in the provision of healthcare and FHEXs and SAFEs, as appropriate.

(3) Ensure MTFs utilize the CDC guidelines (Reference (z)) in the provision of healthcare related to emergency contraception.

(4) Will ensure MTFs utilize the CDC guidelines (Reference (q)) for the prophylaxis and treatment of STIs.

(5) Will ensure MTFs utilize the World Health Organization Clinical and Policy Guidelines outlined in Reference (w).

(6) The FHP-LPD, FHP-APD, FHP-MCs, and MTF Directors will ensure MTFs establish processes to support coordination and collaboration between healthcare providers and SAPR, FAP, or other agencies as set forth in this DHA-PI.

c. Limited Capability Care Alternatives.

(1) If a patient described in this DHA-PI presents for forensic healthcare at a 24/7 ED MTF, and the healthcare provider is not designated as a FHE-A, and is unable to access a FHE-A at the MTF, the patient, regardless of gender, will be offered the option to be transported to another DoD facility that provides forensic healthcare to receive a FHEX or SAFE or transported to a non-DoD healthcare provider/facility for a medical forensic exam if that exam is available.

(2) If the patient presents to a MTF that does not have a 24/7 ED, this option should be explained by the facility's FHP-CC, as all MTFs that do not have FHEX or SAFE capability must have an FHP-CC appointed at their facility to assist these patients.

(3) In the case of the patient reporting sexual assault, the referring non-FHE healthcare provider, or FHP-CC, must also:

(a) Ensure the patient understands that when an FHEX or SAFE is performed at local civilian medical facilities, those facilities are bound by State and local laws that may require reporting the sexual assault to civilian law enforcement.

(b) Ensure collaboration with the SARC, SAPRO, or FAP, as appropriate and facilitate a warm handoff of the patient to the receiving MOU facility by providing an advance call to the facility and speaking with the on-call forensic healthcare provider to provide advance notice of the transfer of the patient.

d. Restricted Reporting Procedural Requirements.

(1) In performing a FHEX or SAFE for a Restricted Report, the FHE (or healthcare provider qualified to perform SAFEs under an MOU/MOA), must adhere to the following procedures and requirements, dependent upon the type of assault or abuse:

(a) Contact the SARC. The SARC, or SARC designee, will generate a Defense Sexual Assault Incident Database (DSAID) number, or current method identified by SAPRO, unique to each incident to be used in lieu of PII. The DSAID or current unique identifier will be used in lieu of PII to label and identify evidence collected during a SAFE (e.g., accompanying documentation, personal effects, and clothing). The SARC will provide (or the SARC will designate the SAPR VA to provide) the FHE (or healthcare provider qualified to perform SAFEs under MOU/MOA) with the DSAID to use in place of PII in accordance with Reference (g).

(b) Contact the designated FAP installation official, per References (d), (h), (i), (s), (x), and (ae). The DAVA will generate an alphanumeric Restricted Reporting Case Number, or other unique incident specific identifier that will be used in lieu of PII to label and identify evidence collected during a FHEX or SAFE. The FAP installation official will provide (or will designate the DAVA to provide) the FHE-A (or healthcare provider qualified to perform SAFEs under MOU/MOA) with a unique identifier to use in place of PII per Reference (h).

(c) Upon completion of the FHEX or SAFE, ensure all evidence and proper DD Forms 2911 include both patient name and unique identifier, package all evidence collected and a copy of the appropriate DD Form 2911 inside the kit and seal the evidence inside the PERK. Label the outside of all evidence container(s) with only the unique identifier in a process, and no PII, as directed by the DHA FHP, and seal the outside evidence container with evidence tape.

1. If the PERK is handed off to a MCIO or a designated law enforcement agency in-person, while keeping patient PII from view, ensure the recipient signs the original DD Form 2911, stating MCIO's or law enforcement agency member's name, badge number, and date/time of receipt of the PERK.

2. If mailing the PERK to a central repository, ensure that only the unique identifier for the patient (Non-PII) is on the exterior of the kit, and ensure the proper address is provided and affixed for mailing the kit. Ensure that a copy of the chain of custody form is attached to the original DD Form 2911 to be stored under double lock in the MTF's FHP Forensic Healthcare Records file system. Ensure that mailing or shipping of the PERK is completed with a proper postal or delivery service qualified to maintain chain of custody through arrival at the evidence's final destination.

3. In the event that the PERK cannot be transferred to law enforcement, ensure it is placed where there is only single access, in a double locked storage area in accordance with References (v) and (ao).

(2) Restricted Reports with FHEXs or SAFEs may also include toxicology samples, if indicated or applicable. In cases where toxicology is collected at MTFs, label the toxicology kit only with a unique patient identifier and ensure no PII is visible. Label blood and/or urine samples enclosed with a unique identifier, and mail the kit with the appropriate, current DoD

Armed Forces Medical Examiner System (AFMES) form included to Armed Forces Medical Examiner System toxicology at Dover Air Force Base, Delaware.

(3) Maintain confidentiality of the Restricted Report, to include communications with the patient, the FHEX or SAFE, and the contents of the PERK, other than to make appropriate notifications to SAPR, or FAP. Unless an exception to Restricted Reporting applies (as communicated by the SARC or FAP personnel in accordance with References (g), (h) and (ac)), FHP MTF personnel and MTF Directors must ensure that healthcare personnel:

1. Are aware that unauthorized disclosure has no impact on the status of the Restricted Report, and all Restricted Reporting information, remains confidential and protected.

2. Are aware that unauthorized disclosure of confidential communications under Restricted Reporting, improper release of medical information, and other violations are prohibited and may result in disciplinary and administrative action.

3. Will follow reporting requirements set forth in References (ah), (ai), (aj), and (ak).

e. Unrestricted Reporting Procedural Requirements. MTF Directors and MTF FHP personnel will ensure the release of Unrestricted Reports to MTFs requiring all forensic healthcare evidence, including toxicology, for MCIOs, or jurisdictional law enforcement use as soon as possible. A working copy of the appropriate DD Form 2911 examination form, and any other applicable issued DoD forensic healthcare forms, must be included with the evidence, kept inside the PERK and a copy placed inside the plain envelope on the back of the PERK. The DD Forms 2911 and accompanying photographs must not be filed in the patient's medical records (paper or electronic), in accordance with Reference (v). The original DD Form 2911 and any other applicable issued DoD forensic healthcare forms, patient documentation, and photographs will be placed and stored in a separate, locked, and secure file cabinet in the MTF FHP's designated space until the development of DHA's Forensic Healthcare Electronic Records Storage and Data Management system is completed. These records will be kept for a minimum of 50 years in accordance with Reference (y). Individuals who may access these records upon request are MTF FHP D/Ms and designated alternates. Individuals who may request a copy of these records at that MTF include the individual patient, the SARC, FAP, and Law Enforcement/Legal under subpoena and the Medical Records Office of the Department of Veterans Affairs with signed permission from the veteran.

3. EXAMS FOR THOSE ACCUSED OF COMMITTING ACTS COVERED IN THIS DHA-PI AND FOR THOSE WHO DISCLOSE COMMITTING ACTS OF IPV. MTF FHPs will:

a. Ensure proper evaluation and medical treatment of eligible patients accused of acts covered in this DHA-PI and require all MTF personnel treat the patient accused of acts described in this DHA-PI with respect and dignity, in a non-biased and objective manner, and as a patient, as required in Reference (d).

b. Require healthcare providers to document medical care for patients accused of acts described in this DHA-PI with appropriate International Classification of Diseases 10<sup>th</sup> Revision (ICD-10) codes for patient treatment, or as an encounter for “Other Special Examination Without Complaint.”

c. Ensure that, if staffing allows, patients accused of acts covered in this DHA-PI are examined by a different FHE-A who did not examine the patient who disclosed sexual assault and/or other unwanted physical violence. If it is not possible to have different FHEs examine the patient accused of acts covered in this DHA-PI, the FHE-A will shower, change clothes, and ensure that the room where the accused is seen is a different room from where other patient(s) associated with the report were examined.

d. If a separate room is not possible, the FHE-A will ensure the room is properly sanitized before commencing the exam to mitigate the opportunity for cross contamination of evidence.

e. In addition to a review of systems, medical care, and a FHEX, the accused will be offered prophylactic STI testing, medications, pregnancy testing and pregnancy prevention (as desired/indicated), and will be offered a referral to behavioral health to schedule an appointment. The accused will be advised that behavioral health care is not required, and they may decline behavioral health services at any time after the referral.

f. If the MTF utilizes a private sector facility through an MOU/MOA to conduct the forensic examination and healthcare, and that facility will not or does not provide forensic healthcare services for the accused, the FHP-CC must work with the MTF Director and MCIO, or law enforcement, to provide an appropriate and consistent pathway of care for the accused for proper FHEX. Forensic healthcare and examination of the accused must be completed within a medical facility and not in an inappropriate location like a jail or holding cell. Options for care may include appointing an appropriate MTF healthcare provider who is properly trained and certified to serve as a FHE or ensuring didactic training of appointed healthcare providers who will contact the FHE subject matter expert via telemedicine to jointly complete the examination.

#### 4. DOCUMENTATION.

a. FHE documentation of forensic healthcare in the patient’s electronic health record (EHR) must follow the standard approach of addressing acute complaints, gathering pertinent historical data, describing physical findings, documenting treatment, inputting proper ICD-10 codes, ordering relevant medications, submitting the patient’s desired referrals and providing a plan for follow-up care in accordance with References (d) and (e).

b. FHEs must ensure the EHR documentation includes information regarding the physical injuries resulting from the assault. The level of detail should be the minimum necessary, but sufficient to provide continuity of care, keeping in mind potential harm to the patient.

c. Documentation will include a statement that references the patient’s DD Form 2911 and any other applicable issued DoD forensic healthcare forms, for further information, as medically

necessary. FHEs must also document completion of mandatory notifications as outlined in Reference (d) and this DHA-PI. The DD Forms 2911 and accompanying photographs must not be filed in patient's medical records (paper or electronic), in accordance with Reference (v).

d. All DoD forensic healthcare documentation and photographs must only be transmitted between medical locations by secure means, such as via the DoD Secure Access File Exchange, or as password protected PDF files inside an encrypted email, with separate encrypted email to the healthcare provider containing the password, or other DHA approved method. Files must only be transferred to FHEs or medical providers who have demonstrated a valid need to access this information.

#### 5. FORENSIC HEALTHCARE FOR NON-MHS BENEFICIARIES.

a. Patients who are not beneficiaries of MHS may be referred to a local private sector healthcare provider/facility to obtain a FHEX or SAFE and healthcare related to acts described in this DHA-PI, after immediate notification is made to the respective SAPR, or FAP and/or local victim advocacy/child protection services.

b. Immediate, emergent medical care may be offered by MHS healthcare providers to non-beneficiaries, as needed. The MHS medical facility/healthcare provider(s) referring the patient out will provide a warm hand-off of the patient to the local private sector healthcare provider, in coordination with SAPR, or FAP, as appropriate.

c. Patients who are not beneficiaries of the MHS will be advised, regardless of gender, that they can obtain a FHEX or SAFE through a local private sector healthcare provider, which should be covered per Reference (at), but that coverage will be in accordance with state-specific funding guidelines and they should know they should not be billed for an examination in accordance with Reference (au).

#### 6. FORENSIC HEALTHCARE OCONUS.

a. Overseas patients who are not beneficiaries of the MHS will be advised, regardless of gender, that they can obtain a FHEX or SAFE. If MCIOs are awarded jurisdiction over the acts covered in this DHA-PI, they may request that personnel at the nearest MTF FHP complete the FHEX or SAFE, and the medical forensic samples gathered will be transferred under chain of custody to the MCIOs per Reference (ao).

b. Host nation individuals who disclose acts covered in this DHA-PI off military installations where local law enforcement maintains jurisdiction, must be referred for all FHEXs, SAFEs and non-emergent medical treatment to facilities within the local system. If MCIOs are awarded jurisdiction over the acts covered in this instruction, they may request the MTF FHE to complete the FHEX or SAFE at the MTF. Alternatively, an agreement will be in place to utilize a local host nation physician or forensic healthcare facility to complete the FHEX or SAFE even

if the MCIOs are awarded jurisdiction over the acts covered in this instruction. The evidence will then be turned over under chain of custody to the MCIOs.

c. Follow-up care for individuals associated with acts covered in this DHA-PI will be completed by local civilian healthcare providers. If desired, the individual may request Secretarial Designee status for follow up at the designated MTF if the alleged offender is associated with the DoD. Requests for Secretarial Designee status would follow the procedures for application processes outlined in Reference (ag).

d. When Status of Forces Agreement personnel, such as North Atlantic Treaty Organization, disclose acts covered in this DHA-PI, determination of jurisdiction, and provision of medical care and FHEXs or SAFEs will be in accordance with applicable Status of Forces Agreements, Exchange of Letters, Military Technical Agreements, or other relevant arrangements. Healthcare providers will follow locally established procedures for notification.

## 7. DEPLOYED AND REMOTE SETTINGS.

a. Patients described in this DHA-PI will be given priority treatment as an emergency case in deployed locations and will be scheduled to be medically evacuated ideally within 48 hours of making a report, to an appropriate site to receive medical treatment, supportive assistance as described in this DHA-PI, and an FHEX or SAFE by an FHE-A within one hour of arrival, per patient consent. If the patient is making a Restricted Report, that patient must be transported in a way that keeps their report status confidential by using an alternate, non-assault medical rationale for transport, and while working with the SARC, VA or DAVA to facilitate patient safety during transportation.

b. U.S. theater hospital facilities and fleet operational platforms will have appropriate capability to provide competent forensic healthcare services, including FHEXs and SAFEs by certified FHE providers, appropriate follow-up described in this DHA-PI, and will ensure patients disclosing sexual assault, regardless of reporting status, have the option to be medically evacuated to facilities with the appropriate forensic healthcare capabilities and will ideally be medically evacuated within 48 hours of making a report, consistent with operational capabilities, as described in this DHA-PI.

c. All operational units will establish protocols to provide care for victims of acts described in this DHA-PI within their force health protection plans. Large deck amphibious assault ships, nuclear aircraft carriers, and those platforms specifically identified by the commander as having forensic healthcare response capability, shall be designated platforms for receiving patients reporting sexual assault or other unwanted non-combat violence, providing patient-centered care and, if the patient desires, for the forensic healthcare FHEX or SAFE, in the operational environment.

d. The FHE in deployed settings will provide forensic healthcare treatment to individuals accused of acts covered in this DHA-PI. They will perform FHEXs and SAFEs as requested by MCIOs, or if the accused requests a FHEX after gaining MCIO authorization. These patients

will be treated with dignity, and if needed, the accused patient will be properly transported to the nearest facility performing FHEXs and SAFEs.

e. FHEX and SAFE services provided to patients who disclose sexual assault in remote areas or while deployed, must be in accordance with the standards outlined in References (d) through (o). For each FHEX or SAFE performed in deployed or remote settings the FHE-A must use the DoD standardized PERK, the current DD Form 2911, DoD SAFE Report or appropriate FHEX documentation form, and any other applicable issued DoD forensic healthcare form, unless otherwise stated in DoD policy.

8. PREGNANCY TERMINATION IN CASES OF RAPE OR INCEST. In circumstances when an adult or adolescent female reporting sexual assault, or is suspected of having been sexually abused, has a positive Human Chorionic Gonadotropin result indicating pregnancy, it is critical that the FHE documents the first day of the last menstrual period, contraceptive method utilized and determination of pregnancy gestation. The policy in Reference (av), must be followed to ensure patient privacy. If the patient is considering termination of the pregnancy, it is essential to consult immediately with the on-call obstetrician-gynecologist or CNM to determine the gestational age of the pregnancy and subsequent counselling regarding the patient's options.

9. IDC.

a. At all MTFs or clinics that provide medical FHEXs and SAFEs, the FHP-M (or FHP-CC at MTFs without a 24/7 ED) serves as the primary forensic healthcare member of the IDC or recommends someone appropriate in their place with comparable experience, as well as an alternate, and is responsible for ensuring that all healthcare providers assigned to the IDC, including FHEs, are properly qualified to serve as forensic healthcare primary medical voting members or alternates on the IDC, in accordance with References (d) and (aa).

b. All healthcare providers serving as core IDC voting members, including alternates, must be appointed, in writing, by the MTF Director, or equivalent. Appointed IDC medical members must be an MD, DO, APRN, PA or RN. There must always be both a primary and an alternate IDC medical member appointed to the IDC with experience in adult and adolescent abuse and sexual abuse, and child abuse and child sexual abuse. IDC medical members may be specialized in their population with IDC primary and alternate members attending adult and adolescent abuse and sexual abuse cases, and an additional pair of IDCs (primary and alternate) having specialized experience in child abuse and child sexual abuse, attending those cases as required.

c. Healthcare providers appointed to the IDC must complete local and online IDC training provided by FAP, as well as DHA FHP supplemental training for healthcare providers appointed to the IDC, as described in Enclosure 6 of this DHA-PI.

ENCLOSURE 5

FORENSIC HEALTHCARE OF CHILDREN

1. GENERAL INFORMATION AND REQUIREMENTS.

a. As directed by this DHA-PI and Reference (d), MTFs will follow DoD policy and standardized DHA procedures for reporting, responding to, and treating pediatric patients with suspected or confirmed physical and/or sexual abuse or neglect, and/or other acts of unwanted or reportable physical violence; or when required by law or court order, children suspected of having committed or having engaged in child physical or sexual abuse, or neglect, and/or other acts of unwanted or reportable physical violence. For the purposes of this DHA-PI, the terms “child” and “pediatric” refer to patients at ages 11 and under and are used interchangeably.

b. In accordance with Reference (h) and (an), all members of the DoD are mandated reporters to Child Protective Services in cases of known or suspected child abuse or neglect. This requirement is mandatory regardless of child/adolescent or caregiver consent. The FAP clinician or DAVA must be immediately notified when a child presents to the MTF with known or suspected child abuse or neglect.

c. All 24/7 ED MTFs are required to have child abuse FHEX capability, except when MTFs in the 50 states have a robust private sector capability that already exists. Private sector capabilities must have a valid agreement with the MTF and meet DoD and national standards for child forensic healthcare standards; in addition, the private sector facility may be no further than 60 miles from the MTF.

d. MTF Directors and FHP-D/Ms will ensure that only certified CAPs and FHEs meeting the training and certification requirements (to include properly trained pediatricians and pediatric NPs), as outlined in Enclosure 6, perform FHEXs on children.

2. STANDARDIZED FORENSIC HEALTHCARE PROCESSES FOR THE PEDIATRIC POPULATION.

a. General Guidance for Standardized Care.

(1) MTFs with FHPs that perform child FHEXs will implement DHA standardized processes for executing initial healthcare assessment, examination, and treatment of patients presenting with suspected or confirmed physical or sexual abuse, or neglect, or when required by law or court order. This also includes pediatric patients who have been accused of, disclosed they are accused of, are suspected of having committed, or having engaged in, or disclose they have committed, aggravated child physical or sexual abuse or neglect and/or other acts of unwanted or reportable physical violence. Telemedicine care and consultation with a DoD certified CAP under appropriate DHA protocol may be required.

(2) In addition to following the specific examination guidance outlined in References (k) and (p), CAPs and FHE-A/Ps will follow all exam guidelines and protocols, as per their training outlined in Enclosure 6.

(3) Care should be taken to incorporate the patient's caregiver(s) into the process, and conversations surrounding the assessment, treatment, and recovery plan for FHP pediatric patients, when/where appropriate and clinically indicated, if the caregiver(s) are not the individual(s) suspected of abuse and/or neglect.

(4) Healthcare providers, including CAPs or FHEs, who are not certified in pediatric interviews must not perform a forensic interview of the child. Child forensic interviews related to abuse, sexual abuse and/or neglect should only be completed by professionals specially trained in forensic interviewing of patients in cases of child abuse, as medically and situationally appropriate, in accordance with References (k) through (m).

(5) Hospital security must be included in the MTF response plan and briefed concerning their possible participation in providing a secure environment for the child, the MTF staff and others during the patient intake, child examination or transfer, and discharge process.

b. Triage and Initial Assessment.

(1) MTF healthcare providers who provide the initial care for the pediatric patient will triage and conduct an initial assessment in accordance with the procedures outlined in Reference (d), (l) through (n), and will:

(a) Ensure children who disclose, or are suspected of, acts described in this DHA-PI, are treated as a priority, and triaged as an emergency case;

(b) Ensure that the FAP DAVA is notified of the case;

(c) Inform patients (as appropriate) and caregivers, when appropriate, if the caregiver(s) are not the individual(s) suspected of abuse and/or neglect, that in certain cases, prior to care, disclosure of sexual assault and/or other physical violence may require notification with or without release of PII to the appropriate authorities in accordance with Reference (ah) and (ai);

(d) Provide a medical screening exam to include vital signs and evaluation by a qualified healthcare provider for acute injury or pain, and subsequently treat, as needed, to stabilize;

(e) Notify the certified CAP or FHE-A/P to respond to further assess the pediatric patient or;

(f) Notify the appropriate pediatric forensic healthcare private sector facility (providing services pursuant to an agreement) of the case according to jurisdictional and facility policies and prepare the pediatric patient for transfer as indicated.

(2) If the MTF has a pediatric FHP, the certified CAP or FHE-A/P will gather minimal history and patient information during their initial assessment and;

(a) Decide on the appropriate FHEX once the urgency of medical care is determined and;

(b) If an acute FHEX is to be completed, ensure FAP has arrived, and they have seen the patient and;

(c) Ensure that the FHEX procedure is described to the patient, or accompanying adult who has consent authority, and that proper consent for the FHEX is obtained or;

(d) If a non-acute FHEX is decided, the child will be scheduled for an exam with a certified CAP or FHE-A/P.

c. Patient Safety.

(1) Healthcare providers will prioritize patient safety and respond appropriately to ensure the pediatric patient is medically stabilized and not at risk of further harm.

(2) If the child who reported, or is suspected of, being abused, or neglected, is accompanied by, or is being treated in the same MTF as the individual suspected or accused of the crime, healthcare personnel will ensure there is physical and visual separation between the child and the accused at all times.

d. Patient Consent. For children 11 and under, consent for examination is provided by the legally authorized representative, as identified by applicable law and policy. In the CONUS, Hawaii, Alaska and Puerto Rico, when a child presents to the MTF for forensic healthcare, the provider will refer to the MTF guidance in relation to individual state and U.S. territories requirements on informed consent, as applicable. If the child is overseas, or if state laws do not apply, the provider will follow processes established by the MTF as part of their FHP written plan, and any relevant FHP policy.

e. Confidentiality. Healthcare providers will follow the guidance outlined in References (i) and (l) for maintaining patient confidentiality and restricting unnecessary information sharing in child forensic healthcare cases. Healthcare providers/personnel treating pediatric forensic healthcare patients will also ensure the pediatric patient's caregiver(s), when appropriate, if the caregiver(s) are not the individual(s) suspected of abuse and/or neglect, are aware of the information that will be documented in the medical record.

3. ACUTE AND NON-ACUTE PEDIATRIC SEXUAL ABUSE. Child forensic healthcare falls into two categories, acute and non-acute.

a. Acute Reports of Pediatric Sexual Abuse.

(1) An acute (within 72-hours of the incident) medical FHEX may occur for a child who has disclosed, or is suspected of having been, sexually abused. Additionally, these MTF-specific situations will be utilized when carefully deciding if an examination is appropriate:

- (a) The abuse may have occurred recently and there is a possibility of obtaining forensic healthcare samples;
- (b) There are symptoms of injury;
- (c) There are symptoms of a STI;
- (d) The situation prevents a clear determination of the timeframe since the abuse or of the injury severity;
- (e) There are imminent safety risks to the child or there is concern the caregiver will not return the child for a non-acute medical FHEX;
- (f) The child was abducted, and sexual abuse is suspected;
- (g) The child is experiencing significant psychological or behavioral problems:  
and/or,
- (h) The child or caregiver expressed concerns that an acute FHEX would address.

(2) FHEX-Acute Pediatric Sexual Abuse (FHEX-APSA) exams at DHA MTF facilities must only be completed and documented on the appropriate DD Form 2911 for children who report, or who are suspected of being a victim of sexual abuse.

b. Non-Acute Reports of Pediatric Abuse. Pediatric patients should undergo a non-acute FHEX if the abuse is suspected to have occurred beyond the 72-hour time frame for forensic healthcare sample collection and there is no indication for immediate medical attention. A non-acute FHEX will be scheduled with a certified DoD CAP or FHE trained and certified in non-acute child sexual abuse examinations.

c. Evidence Collection. MTF Directors will ensure the FHP-D/Ms, FHP-Ds, FHP-Ms, and healthcare personnel performing the FHEX maintain strict guidelines for collecting forensic healthcare evidence of child abuse and sexual abuse. Physical findings from acute or non-acute FHEX must be documented, regardless of whether forensic healthcare evidence is available, and appropriate ICD-10 codes will be entered into the EHR in accordance with Reference (v). During the FHEX process, MTF staff may need to coordinate and/or cooperate with other individuals, as discussed in References (k), (l), and (m).

ENCLOSURE 6

EDUCATION, TRAINING, AND FORENSIC HEALTHCARE EXAMINER  
QUALIFICATIONS

1. GENERAL OVERVIEW. FHEs conducting FHEXs or SAFEs must meet the FHE eligibility, training, and certification requirements outlined in this enclosure. FHEXs and SAFEs may also be performed by those healthcare providers performing clinical practice training requirements needed for certification, under proper supervision of an FHP approved preceptor.

a. The DoD FHP develops educational and training program content for FHP specialty healthcare providers, MTF healthcare personnel responding to IPV, medical providers appointed to IDCs, and healthcare personnel OCONUS, deployed and in isolated locations to include:

(1) FHE. Healthcare providers seeking FHE credential are required to take the initial DoD approved 80-hour multi-disciplinary FHE-A course, or a SAMFE adult and adolescent (SAMFE-A) course, or required DoD equivalent, for FHEs, to include related didactic forensic healthcare and clinical practice; and related annual refresher training for each FHP-MC, FHP-M and FHE. All other FHP professionals (FHP-LPD, FHP-APD, FHP-D, FHP-F, FHP-CC and FHA) will complete position designated required training, which includes related forensic healthcare and successive annual refresher training. The FHE pediatric adjunct course which provides a 40-hour multi-disciplinary course is focused on the DoD aspects of child abuse and neglect, stakeholders, and specialty care within the Services. This course is available primarily to those FHEs who have obtained a DHA FHP approved national and/or international certification in child FHEXs, to fully augment their care at their MTFs. Once the course is completed, the FHE will be designated as FHE-A/P to represent training in adult, adolescent and pediatric forensic healthcare. The DHA FHP Director and Forensic Healthcare Education and Training Coordinator will evaluate, on a case-by-case basis, FHEs who may merit waivers for various requirements due to their extensive time and experience in the field, which may facilitate and expedite their FHE-A and FHE-A/P status.

(2) Forensic Healthcare Preceptors. There is a volunteer option in the forensic healthcare community for FHEs to serve as FHE clinical preceptors. To be designated as a preceptor for FHE clinical skills, FHE Preceptors must have 3 years of clinical care experience in forensic healthcare and have performed 15 medical forensic examinations which must include 3 SAFEs. FHE Preceptor candidates must have successfully completed and passed the FHE-A or SAMFE-A course. FHE Preceptor candidates must then submit their preceptor application via the DHA FHP Education Coordinator and attend FHE Preceptor training. Upon successful completion of the DHA FHP MS-Teams didactic preceptor training or an equivalent online training venue, FHEs will complete a FHE clinical skills check with a trained and approved DHA FHE preceptor. After meeting the prerequisites and passing the online and clinical training, the FHE may serve as a designated FHE preceptor. The DHA FHP Director and Forensic Healthcare Education and Training Coordinator will evaluate, on a case-by-case basis, FHEs who may merit

waivers for various requirements due to their extensive time and experience in the field, which may facilitate and expedite their preceptor status.

(3) MTF Healthcare Personnel. All MTF healthcare personnel must complete their annual mandatory training in IPV Response for Healthcare Personnel via DHA Education and Training Continuing Education Program Office (DHA J-7) online platforms, such as the DHA Joint Professional Medical Education.

(4) IDC Medical Voting Member Training. There is a requirement to complete centralized training and continuing education (CE) for medical providers appointed as voting members to IDCs.

(5) Healthcare Personnel in Deployed and Remote Locations. There is on demand training in preservation of medical forensic evidence for healthcare personnel particularly in deployed and isolated locations via DHA J-7 online platforms, such as the DHA Joint Professional Medical Education.

b. All educational content is reviewed and approved by the DHA Director of Forensic Healthcare and the DHA Board of Forensic Healthcare, Education and Certification Committee annually.

c. All healthcare providers performing forensic healthcare must pass a National Agency Check before the FHE-A or SAMFE-A course, or required DoD equivalent training, in accordance with Reference (al). This must be reflected in a memorandum from the MTF Director or a designee of the MTF Director, verifying that a current background check is documented in the Joint Personnel Adjudication System, through a Security Office or equivalent, and that a National Agency Check is complete. A Childcare Background check must also be obtained from the healthcare provider's Security Office, or equivalent, and a copy stored with the healthcare provider's current credentialing record in Centralized Credentials Quality Control System.

2. TRAINING AND QUALIFICATIONS FOR FHP-MCs, FHP-Ds, FHP-Fs, FHP-CCs and FHAs. In addition to the qualifications outlined in Enclosure 3, FHP-MCs, FHP-Ds, FHP-Fs, FHP-CCs and FHAs must successfully complete DHA position-designated required training, as described in this DHA-PI, within 6 months of appointment.

a. FHP-MC. Healthcare providers serving as an FHP-MC must have successfully completed an 80-hour DoD approved multi-disciplinary FHE-A or SAMFE-A training course, or DoD approved equivalent, and must

(1) Maintain the FHE-A credential by attending the FHE-A annual refresher training and clinical skills requirements.

(2) Obtain and maintain FHE-A Preceptor status.

(3) Complete a minimum of 4 CEs credits annually in forensic healthcare.

b. FHP-CC. Healthcare providers appointed as an FHP-CC, primarily at MTFs without a 24/7 ED and without FHE capability, or clinics without FHE capability, must:

(1) Be a Physician, NP, CNM, PA, RN, or when required by the billet, Independent Duty Corpsmen; and

(2) Successfully complete initial required DoD approved FHP-CC position related training and complete a minimum of 4 CE credits annually in forensic healthcare.

3. TRAINING AND QUALIFICATIONS FOR FHP-M. In addition to the qualifications outlined in Enclosure 3, in order to be appointed as a DoD-approved FHP-M, healthcare providers must:

a. Have successfully completed an 80-hour DoD approved multi-disciplinary FHE-A or SAMFE-A training course, or DoD approved equivalent, and

b. Have attended the annual DoD approved FHP-M position-designated annual refresher training on forensic healthcare of patients described in this DHA-PI.

4. TRAINING FOR FHE-A CERTIFICATION. FHE-A training will be provided in accordance with Reference (d), section 539 of Reference (o), and as follows:

a. Eligibility. Healthcare providers eligible to become FHE-As are Physicians, NPs, CNMs, PAs, RNs, or when required by the billet, Independent Duty Corpsmen.

b. Required Clinical Experience. In addition to fulfilling DoD FHE or SAMFE prerequisite clinical skill requirements, or other approved DoD training, healthcare providers must also meet provider-specific clinical practice experience, as follows:

(1) Physicians' completion of residency or at least 3 years of clinical patient care experience meets the clinical patient care experience requirement.

(2) NPs, CNMs, and PAs must have at least 3 years of clinical patient care experience.

(3) RNs must have at least 3 years of clinical patient care experience after passing the National Council Licensure Exam and obtaining their nursing state licensure.

(4) Independent Duty Corpsmen must have at least 3 years of clinical patient care experience.

c. Certification Requirements. In order to be identified as a DoD-Certified FHE-A, healthcare providers must:

- (1) Successfully complete required training, that includes a DoD-approved multi-disciplinary didactic FHE-A or SAMFE-A training, or DoD-approved equivalent; and
- (2) Successfully pass the FHE-A or SAMFE-A, or DoD-approved equivalent, FHE-A examination; and
- (3) Demonstrate clinical competency within 6 months of course completion, or hold a current professional civilian certification by a national or state-accredited certification body;
- (4) Complete DoD-approved requisite training on the DoD FHP within 6 months of appointment to the FHE-A role; and
- (5) Demonstrate clinical competency within 6 months of FHE-A appointment.

d. Maintaining FHE-A Certification. In order to maintain FHE-A status, the FHE-A must have current credentials IAW with the DHA-PM 6025.13 and:

- (1) Complete 4 CE credits in sexual assault forensic healthcare per year;
- (2) Complete DHA FHE-A annual refresher training (didactic and clinical); and
- (3) Complete and document all skills competencies as follows:
  - (a) Successful performance of any combination of 4 live and/or simulated cases annually. In simulated cases, the FHE-A demonstrates proficiency by completing each FHEX or SAFE with an FHP-MC approved FHE-A Preceptor; and
  - (b) Completion of a peer review process, as outlined in Enclosure 7 that includes 100% medical record review of patient forensic FHEX or SAFE documentation.
  - (c) SAFEs are preferred for skill competencies since they contain most of the components needed for the FHE-A practice.
  - (d) The FHP-M will provide the certification of competency requirements to the credentials office to be included in the provider's credentials record. All competency completions will be verified by the appropriate DHA FHP-MC.

e. Maintaining FHE Preceptor Designation. In order to maintain status as an FHE Preceptor the FHE Preceptor must remain current as an FHE, complete FHE Preceptor training updates in Adult and Adolescent, and if applicable, Pediatric, every 2 years via annual DHA FHP presentations and pass an FHE clinical skills check-off every 2 years with an approved Preceptor. Verification of the FHE Preceptor's clinical skills check-off must be provided to the DHA FHP Director and Education and Training Coordinator before the FHE can continue as a FHE Preceptor.

f. FHEs on Deployment.

(1) Training requirements of deploying healthcare providers with a line item on their orders for FHE-A training should be identified as early as possible.

(2) The DoD approved multidisciplinary FHE-A or SAMFE-A course and related forensic healthcare training must be completed. Deployers will be given a priority seat at the SAMFE-A course for this training.

(3) FHP-MCs will track FHE-A and SAMFE-A trained deployers from their Market areas, and will:

(a) Document deployed FHE-A education and training dates, FHE-A annual refresher-training requirement dates;

(b) Ensure all deployed FHE-As who are current in their training and/or annual refresher training, and who have maintained their competencies, are tracked when they return to CONUS, and their current duty station/location is documented in their master FHP FHE-A roster.

(c) Update the master FHE-A roster in their assigned Market area quarterly (e.g., January, April, July, and October).

(d) Ensure communications with other FHP-MCs and notification of an FHE-A deployment or transfer from one Market to another and notify the DHA FHP Director of all actions related to FHE transfers and deployments in monthly data reports.

5. TRAINING FOR FHE-A/P CERTIFICATION. Healthcare providers involved in the pediatric FHEX of patients described in this DHA-PI will follow the standards and guidelines outlined in (k) through (n), and in addition to holding an FHE-A/P certification, must first attend the FHE-A or SAMFE-A course, or DoD approved equivalent, and already hold an FHE-A certification, and:

a. In addition to the requirements outlined in this enclosure, healthcare providers will be certified and credentialed at the MTF as a FHE-A/P by either:

(1) Completing a DoD-approved pediatric physical abuse/sexual abuse education/training course for FHE-A/P, and documented preceptorship of clinical practice to include individual MTF/medical facility competency criteria in FHEX-APSA; or,

(2) Hold documentation from a certifying body that adheres to the training standards outlined in References (k) and (n).

b. Maintain current credentials IAW with the DHA-PM 6025.13, to include:

(1) Completion of 4 CE credits in pediatric forensic healthcare per year;

(2) Documented skills competency by 100% medical record review of FHEX-APSA patient documentation and must demonstrate successful performance of any combination of 4 live or simulated acute sexual abuse pediatric cases annually.

(3) Completion of a peer review process as outlined in Enclosure 7; and

(4) Consultation with a DoD CAP for all cases that exceed the healthcare provider's expertise or scope of care.

6. TRAINING OF MTF HEALTHCARE PERSONNEL IN IPV RESPONSE. There will be standardized sexual assault, IPV/DV, and child abuse baseline and annual refresher education and training requirements for all MHS healthcare first responders, to ensure consistent understanding of, and approach to, the healthcare management of patients affected by the acts covered in this DHA-PI.

a. The DHA FHP will coordinate with the DHA J-7 and the MILDEPs to develop, coordinate, implement, and track the healthcare first responder training for all MTF staff, deploying units, and individual augmentees, in accordance with References (d) and (g).

b. MTF healthcare first responder training will include, at a minimum:

(1) Foundational knowledge on trauma-informed response to patients;

(2) Information on available treatment resources;

(3) The information covered in Enclosure 3 (FHP overview, organization, staffing, and operations);

(4) Information on FHP policies and critical issues, including:

(a) Standardized healthcare response to the acts covered in this DHA-PI, including each healthcare provider's responsibilities and mandatory reporting requirements;

(b) DoD SAPR and FAP policies, including the role of the SARC, SAPR VA, Family Advocacy POC, FAP, DAVA, and the IDC;

(c) MILDEP -specific policies, when applicable;

(d) Unrestricted and Restricted Reporting Options;

(e) Exceptions to Restricted Reporting and limitations to use;

(f) Change in victim reporting preference election;

- (g) Installation and local Victim Advocacy resources;
- (h) Notification requirements (e.g., calling a SARC or FAP representative);
- (i) Local resources and referrals, including the policies and procedures necessary to utilize, and collaborate with, location-specific resources;
- (j) Foundational information on some of the responses patients might have to acts covered in this DHA-PI, including:
  - 1. Victimization process, including re-victimization and secondary victimization;
  - 2. Potentially harmful or risky behavior, direct and indirect acts of self-harm;
  - 3. Impact of trauma on memory and recall;
  - 4. Potential psychological sequelae, including, for example, acute stress disorder, post-traumatic stress disorder, and depression, as well as responses that do not necessarily represent pathology; and
  - 5. Recanting, a conflicted response due to relationship status (married, intimate partner), religious beliefs, and/or feelings of guilt, shame, confusion, and fear, among other issues)
- (k) Gender responsive, trauma-informed care;
- (l) Deployment issues, including remote location assistance;
- (m) Possible investigative outcomes of acts covered in this DHA-PI;
- (n) Rationale for, and demonstration of, expert witness testimony;
- (o) Explanation of the investigation process; and
- (p) Safety and self-care, including vicarious trauma.

7. IDC TRAINING FOR HEALTHCARE PROVIDERS. When a healthcare provider is appointed to serve as an IDC medical voting member, the appointment letter must include: the name of the command/MTF, the individual's name, rank/grade, their medical profession (for example: medical doctor, NP, etc..) and their area of expertise (for example: pediatrics; women's health; emergency medicine, etc.). A copy of the appointment letter must be emailed to the MTF's FHP-MC. All appointees are required to complete the local IDC training required of all IDC team members. The DHA FHP-MC will provide the IDC member with a link to the IDC supplemental medical training which must be completed

before serving on the IDC. This training is provided online by the DHA FHP once IDC medical voting member's appointment letter is received. IDC medical voting members must refresh their training every 3 years and attend a minimum of 2 DHA FHP presentations each year.

a. IDC medical voting member training will be completed online via a selected platform (e.g., JKO) and will include:

- (1) Medical-legal aspects of violence that intimate partners and children may experience during domestic abuse and child abuse;
- (2) Identification of common physical injuries suffered by victims of violence;
- (3) Didactic information on the FHEX and SAFE and treatment of physical injuries related to child and intimate partner abuse/sexual abuse; and
- (4) Dynamics of abusive behavior.

b. A certificate of completion will be awarded with successful completion of the IDC medical voting member training.

8. ON DEMAND TRAINING IN PRESERVATION OF MEDICAL FORENSIC EVIDENCE FOR MEDICAL PERSONNEL OCONUS AND IN DEPLOYED AND ISOLATED LOCATIONS.

(a) There will be standardized on demand DoD-approved forensic healthcare training in preservation of medical forensic evidence for medical personnel OCONUS and in deployed and isolated locations to ensure consistent understanding of the healthcare management of patients affected by the acts covered in this DHA-PI. This training will include how to identify and preserve potential medical forensic evidence until the patient associated with IPV can be transferred to a MTF for additional medical care and, if indicated and desired, a FHEX by a trained FHE-A.

(b) The DHA FHP will coordinate with the DHA J-7 and the MILDEPs to develop, coordinate, implement, track and evaluate the training.

(c) The Preservation of Medical Forensic Evidence training will include, at a minimum:

- (1) Foundation knowledge in forensics to include Locard's Exchange Principle.
- (2) Requirement that if the patient is reporting an assault, that they ensure the SARC/VA or FAP/DAVA is notified and that the patient elects a restricted or unrestricted report before providing medical forensic care in accordance with References (g) and (h).

(3) Acute medical treatment recommended for patients associated with sexual assault and other forms of IPV and patient consent for treatment.

(4) Patient consent for non-intrusive evidentiary collection, and proper collection, handling, packaging, labeling and securing of any potential evidentiary items received from the patient, as well as chain of custody.

(5) Documentation of all patient care to include proper IDC-10 coding.

9. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PRIVACY AND PRIVACY ACT TRAINING FOR MEDICAL PERSONNEL. All medical personnel will complete all of the required Health Insurance Portability and Accountability Act and Privacy Act training as outlined in References (ah), (ai), and (ak).

ENCLOSURE 7

FORENSIC HEALTHCARE EXAMINER PEER REVIEW PROCESS

1. PEER REVIEW. A FHE peer review process is required for quality control and will be based on current standards of care, policies, and procedures IAW Reference (aw).

a. Every FHEX or SAFE record must be peer reviewed by another FHE within 5 business days to ensure that the documentation is complete, accurate, and appropriate based on the existing guidance and per Reference (as). The original DD Forms 2911 documentation, any accompanying documentation and photographs containing sensitive patient forensic healthcare information must be stored in the MTF FHP designated secure room with limited access in a separate, locked cabinet where only the FHP-D/M and designated alternates have access to those records. The DD Forms 2911 and accompanying medical forensic documentation and photographs, which contain sensitive information, must not be filed in patient's medical records (paper or electronic), consistent with Reference (v).

b. When reviewing Restricted Reporting sexual assault cases, peer reviews must be completed in a secure environment where only FHEs have access, or where the FHE can view the document in a private venue. If a secure environment is unavailable, the FHE must review a redacted copy of the examination, with all identifying information removed before the review.

c. All MTF FHEs will use a DHA standardized FHEX or SAFE peer review process for each FHEX or SAFE performed within their assigned MTF.

d. An initial peer review, assigned by the FHP-M, will be conducted within 5 business days after the completion of a FHEX or SAFE.

(1) After the initial peer review, all documentation will have a secondary review for quality control by the FHP-D/M, FHP-D (if the Director serves actively as FHE and maintains competencies), or FHP-M, or in pediatric cases, a senior CAP or FHE-A/P. In cases where the FHP-D/M, FHP-D, or FHP-M is the only FHE at the MTF and was the sole provider who performed the SAFE and/or FHEX, external peer review is required. In this case the FHE will contact their FHP-MC who will select another peer reviewer at a MTF with an FHP. All documents and photographs will be sent via DoD Secure Access File Exchange, or other DoD-approved, secure method, to that selected provider and their peer review shall be completed within 5 business days. Once the first review is completed, it shall be securely returned to the FHP-MC who assigned the peer review and that FHP-MC will complete the secondary review within 5 business days. After completion, the results of this peer review shall be returned to the original provider who performed the exam, for their review, and retained by the examiner's FHP-MC for storage.

(2) As part of the FHP-MC role, the FHP-MC will compile peer and quality control review and relative data for their assigned Markets to submit to the DHA FHP-LPD for the

quarterly (e.g., January, April, July, and October) and annual program information and assessment, as well as for responding to Congressional requests.

2. SAFE AND FHEX PEER REVIEW COMPONENTS. The components of a FHEX or SAFE peer review are as follows:

a. Verification of documentation, to include completeness of appropriate DD Form 2911 and related forensic healthcare photographs, and verification of proper storage of all documentation in accordance with Reference (t);

b. Medical evaluation and care provided (e.g., prophylaxis, labs, referrals);

c. Control of proper clinical forensic evidence collected based on adherence to policy and/or evidence-based practice, the individual case, and patient history;

d. Control of proper technique for evidence collection (e.g., was correct process followed and documented for the entire FHEX or SAFE? Was the DoD SAFE Kit or PERK prepared properly for each patient?);

e. Forensic healthcare photograph quality (e.g., technique, position, location, focus);

f. Verification of chain of custody sufficiency, including the presence of all required chain of custody documents and documentation (e.g., DD Form or MCIO documents); and

g. Any additions or corrections that occur during the peer review process are to be included as an addendum to the record such as addendums to the electronic health record, DD Form 2911 or other DoD FHEX or SAFE documentation.

3. CASE REVIEW.

a. In addition to the review process outlined above, FHP-D/Ms and FHEs also have the opportunity to employ peer review in the form of case review presentations, as a teaching and learning opportunity for maintaining and enhancing clinical competence. The FHP-LPD, FHP-APD, and FHP-MCs may host and attend case review presentations to enhance teaching and learning opportunities.

b. Non-PII documentation of adjudicated FHEXs or SAFEs can be shared at staff meetings to discuss strengths and weaknesses of the record, or to highlight particularly challenging or unique patient encounter issues.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

24/7	24 hours/7 days a week
ADSM	Active Duty Service Member
AOR	Area of Responsibility
CAP	Child Abuse Pediatrician
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CNM	certified nurse midwife
CONUS	Continental United States
DAD-MA	Deputy Assistant Director, Medical Affairs
DAVA	Domestic Violence Victim Advocate
DHA	Defense Health Agency
DHA J-7	Defense Health Agency Education and Training Continuing Education Program Office
DHA-PI	Defense Health Agency Procedural Instruction
DHAR	Defense Health Agency Region
DHHQ	Defense Health Headquarters
DO	Doctor of Osteopathy
DSAID	Defense Sexual Assault Incident Database
ED	Emergency Department
EHR	Electronic Health Record
FAP	Family Advocacy Program
FHA	Forensic Healthcare Assistant
FHE	Forensic Healthcare Examiner
FHE-A	Forensic Healthcare Examiner Adult/Adolescent
FHE-A/P	Forensic Healthcare Examiner Adult/Pediatric
FHEX	Forensic Healthcare Examination
FHEX-APSA	Forensic Healthcare Examination Acute Pediatric Sexual Abuse
FHP	Forensic Healthcare Program
FHP-APD	Forensic Healthcare Program Assistant Program Director
FHP-CC	Forensic Healthcare Program Care Coordinator
FHP-D	Forensic Healthcare Program Director
FHP-D/M	Forensic Healthcare Program Director and Manager
FHP-F	Forensic Healthcare Program Follow-up Healthcare provider
FHP-LPD	Forensic Healthcare Program Lead Program Director
FHP-M	Forensic Healthcare Program Manager
FHP-MC	Forensic Healthcare Program Market Coordinator
FTE	Full Time Equivalent

GS	General Schedule
ICD-10	International Classification of Diseases 10 <sup>th</sup> Revision
IDC	Incident Determination Committee
IPV	Interpersonal Violence
MCIO	Military Criminal Investigative Organizations
MD	Doctor of Medicine
MHS	Military Health System
MILDEP	Military Department
MOA	Memorandums of Agreement
MOU	Memorandums of Understanding
MTF	Military Medical Treatment Facility
NP	nurse practitioner
OCONUS	outside Continental United States
PA	physician assistant
PERK	Physical Evidence Recovery Kit
PII	Personally Identifiable Information
POC	point of contact
RN	Registered Nurse
SAFE	Sexual Assault Medical Forensic Exam
SAMFE	Sexual Assault Medical Forensic Examiner
SAMFE-A	Sexual Assault Medical Forensic Examiner-Adult/Adolescent
SAPR	Sexual Assault Prevention and Response Program
SAPRO	Sexual Assault Prevention and Response Office
SAPR VA	Sexual Assault Prevention and Response Victim Advocate
SARC	Sexual Assault Response Coordinator
STI	sexually transmitted infection

## PART II. DEFINITIONS

acute sexual assault. Patient disclosures where the sexual assault occurred in the past 168 hours from the time of the alleged event for adults/adolescents, and 72 hours from the time of the alleged event for children, depending upon the age of the patient or local standards.

adolescent. For purposes of this DHA-PI adolescents are unemancipated minors age 12-17 inclusive.

beneficiaries. Individuals eligible for healthcare services under Chapter 55 of Reference (ab).

child. For the purposes of this DHA-PI, the child population for forensic healthcare management will be defined as ages 11 and under.

child abuse and neglect. The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a child caregiver, whether the child caregiver is intra-familial or extra-familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent (References (h) and (aa)).

child caregiver. An individual, family member or other, paid or unpaid, performing activities that include, but are not limited to helping, looking after, or providing direct care for a child. Caregivers may or may not have a legal responsibility for the child patient. Due to the sensitive nature of child sexual abuse, MTFs should follow the guidance in this DHA-PI for addressing caregiver concerns and input during the sexual assault medical response process.

domestic violence. Defined in Reference (s), to include intimate partner sexual violence.

emergency department. The section of an MTF that has availability to the public 24 hours a day, seven days a week, 365 days per year, is staffed by appropriately qualified emergency physicians, has adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility, is staffed at all times by a RN with a minimum requirement of current certification in advanced cardiac life support and pediatric advanced life support, and has policy agreements and procedures in place to provide effective and efficient transfer to a higher level of care if needed (i.e., cardiac catheterization labs, surgery, intensive care unit).

FAP. As described in Reference (h) and Reference (s).

first responders. For purposes of this DHA-PI, first responders are all healthcare personnel, including healthcare providers who work in the MHS.

Forensic Healthcare. A specialty within Clinical Forensic Medicine that addresses both the medical and legal components of patient care. It combines the definition of “forensic” (relating to or dealing with the application of scientific knowledge to legal problems” – from Merriam Webster) and healthcare (“efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals” – Merriam Webster) in order to provide the physical health assessment and forensic healthcare of a patient.

FHA. Medically trained healthcare personnel (active duty or civilian) who assist the FHE with setting up exam rooms for the FHEX or SAFE, performing non-examination tasks during the FHEX or SAFE and ensuring proper chain of custody of medical forensic samples after the FHEX or SAFE is complete.

FHEX. A FHEX where the patient is systematically examined after a report of physical violence, the patient's reported history of the experience is documented and the physical

examination is completed using a PERK for the purpose of providing medical treatment as well as collecting forensic evidence that may be used in a court of law.

FHE. A specialty term used to describe the healthcare provider (physician, NP, CNM, PA, RN and, in some cases, IDC), who is officially appointed in writing by the MTF Director and receives specialty education and training in forensic healthcare and is certified to examine and collect forensic healthcare samples that may be used as evidence from persons reporting, or accused of, reportable or otherwise unwanted violence. The FHE uses multidisciplinary knowledge and experience to serve as an objective expert witness for the government or defense in their particular areas of forensic healthcare expertise such as: adult/adolescent sexual assault, child abuse/sexual abuse; strangulation, intimate partner violence, aggravated assault, gang violence, and workplace violence. All FHEs must have a primary certificate of training in forensic healthcare examinations, to include SAFEs, via the DHA FHE-A course, or approved equivalent. complete certification requirements as an FHE-A. Afterward, if approved by the MTF FHP-D/M or FHP-M they may go on to obtain certification in acute pediatric sexual abuse exams and must be appointed in writing by the MTF Commander to serve as MTF FHE-A/P. Prior to this DHA-PI those providing FHEX and treatment to patients reporting, or accused of, sexual violence, or other reportable or unwanted violence were previously called "SAMFEs".

FHE-A. The FHE who has an initial certificate of training in FHEXs, to include SAFEs, for adults/adolescents via the DHA FHE-A course or approved equivalent and has passed all requirements for FHE-A certification.

FHP-APD. Executive healthcare provider located at the DHHQ DHA who is an expert in forensic healthcare. Assists the FHP-LPD with duties as required and serves as Region Market Coordinator for assigned Markets. Provides briefings, presentations, and education/training on forensic healthcare as needed or requested and may serve as medical legal consultant and expert witness in cases where there is no professional conflict of interest.

FHP-CC. Licensed privileged healthcare providers or RNs officially assigned as the medical POC for patients who receive forensic healthcare treatment and a PERK or SAFE via MOU/MOA with local community facilities. The FHP-CC ensures a current MOU/MOA is in place and up to date, and facilitates any follow-up care and specialty care for the patient after the patient returns from the MOU/MOA facility. The FHP-CC also serves as the facility POC for forensic healthcare and medical forensic sexual assault and/or unwanted physical violence questions. The FHP-CC liaises with the SARC and/or SAPR VA, FAP, MCIOs, and Judge Advocate General personnel to assist with any forensic healthcare education/training and information needs. They may attend individual sexual assault case management group meetings at the discretion of the SARC.

FHP-D. MTF privileged healthcare provider (MD, DO, NP, CNM, or PA) who provides medical oversight to an MTF FHP in cases where the FHP-M is not a licensed privileged healthcare provider. This role may be a collateral duty or a duty as part of the one FTE role as FHP-M.

FHP-F. Privileged healthcare provider (MD, DO, NP, CNM, or PA) who provides follow-up FHEXs, and provides repeat pregnancy and STI testing as the patient desires and submits

referrals as requested for patients with a disclosure of sexual assault and/or other unwanted physical violence and serves as back-up for the FHP-D.

FHP-LPD. Executive healthcare provider located at the DHHQ DHA who is a leading expert in forensic healthcare and develops and oversees all FHP within the MHS Markets and liaisons with the MILDEPs to provide FHP policy practice and information for deployment forensic healthcare. Attends military, government, and civilian meetings as the DHA FHP representative. Provides briefings, presentations, and education/training on forensic healthcare, as needed or requested, and may serve as medical legal consultant and expert witness in cases where there is no professional conflict of interest.

FHP-M. Serves as the one National Defense Authorization Act required full time MTF FHP FHE-A or SAMFE-A trained employee (one FTE) at the 24/7 ED MTF. Serves as Program Manager for the MTF FHP and lead FHE healthcare provider. Organizes and supervises the MTF FHP, ensures all related by-law compliance and implements DHA FHP policy. Serves as MTF FHE and forensic healthcare consultant and expert witness for the military legal system, as needed, when there is no direct MTF professional conflict of interest. May be a physician, NP, CNM, PA or RN.

FHP-MC. Specially trained healthcare provider with 3 or more years of FHE experience and who works at the DoD FHP Market level to coordinate forensic healthcare within their region or AOR and assigned military treatment facilities. Works under the professional direction of the FHP-LPD as part of the DoD FHP. Assists with policy development and guides policy implementation, program assessment, and evaluation to ensure completed education and training of healthcare providers who serve as FHP-Ms, FHEs, FHP-Cs, FHP-Ds and FHP-Fs, as well healthcare personnel serving as FHAs. Provides MTF site visits to ensure FHP readiness and ensures consistent implementation of standardized peer review and competencies. Participates in DoD FHP annual and monthly data gathering of information from their region or AOR MTFs and collates information as needed for the FHP-LPD for the FHP annual report and required taskers .

gender-responsive care. As described in the Reference (ac)

healthcare personnel. Persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to an MTF). Includes all healthcare providers.

healthcare provider. As defined in Reference (aw).

IDC. As defined in Reference (h).

IPV. As defined in Reference (ap).

Military Medical Treatment Facility. As described in section 1037c of Reference(ab).

patient. All persons who seek or are referred for healthcare services within the MHS. In the context of this DHA-PI, this includes patients who disclose they experienced sexual violence, the

healthcare provider suspects that they have experienced sexual violence, or who are accused of or disclosed they committed sexual violence as stated in 3.1 of Reference (d).

PERK. A standardized medial forensic evidence kit used to collect biological and trace evidence from persons reporting, or accused of, a violent physical crime. This item has been previously identified as, and is synonymous with, a SAFE Kit.

physical violence. When an individual or a group attacks a person physically, with or without the use of a weapon.

Restricted Report. As defined in Reference (ac), (g) and Reference (s)

non-acute sexual assault. Patient disclosures, or suspicions, of sexual assault beyond 168 hours from the time of the alleged event for adults and 72 hours from the time of the alleged event for children, depending upon the age of the patient or local standards.

sexual assault (adult). Non-domestic violence sexual assault as defined in Reference (ac) and (g)

SAFE. A SAFE is a forensic healthcare examination of a patient who discloses that he or she is the victim of sexual assault and elects to have a SAFE PERK completed. The patient disclosing sexual assault is examined by specially trained healthcare providers who will obtain the history of events from that patient and then medically examine the patient and collect biological and trace evidence that may be used in a court of law. This type of examination is also provided for patients who are accused of sexual assault, with the exception that a verbal history is not obtained in order to ensure that the patient's legal rights are maintained.

SAMFE. See Forensic Healthcare Examiner.

SAMFE-A Course. The initial education and training required to obtain certification as a FHE. The SAMFE-A course is 80 hours long and provides 40 hours of didactic training and 40 hours of clinical experience for the student to learn how to perform SAFEs, document them properly, and then testify in a court of law if required.

SARC. As defined in Reference (ac).

Sexual Assault Prevention and Response Victim Advocate. As defined in Reference (ac).

trauma-informed care. An approach to engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. See Resource: [https://www.cdc.gov/orr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm)

Unrestricted Report. As defined in Reference (ac) and Reference (s).