



Leading the National Effort to End Sexual Violence

Checklist for Facilities to Prevent & Respond to Sexual Violence During the COVID-19 Public Health Crisis

NOTE: This checklist is intended to be used as a resource. This checklist does not supersede any existing general orders, policies, or procedures.

INTRODUCTION

Below is a brief checklist for all state agencies and others charged with medical facility management of temporary housing for COVID-19 patients, both for new temporary facilities and repurposed facilities.

Reports of sexual and domestic violence increase during natural disasters and during the immediate post-disaster period when traditional support structures have been reduced. For example, reports indicated that sexual assaults increased by 45% during the Hurricane Katrina crisis and in the recovery period.

The lessons learned from the planning and response to sexual violence in natural disasters must be modified to protect patients, medical staff, and volunteers during the COVID-19 pandemic.

PHASE I: Establishing / Building / Repurposing Facilities Facility Security Planning

- Designate specific monitored housing units for patients identified as registered sex offenders, who have social service findings of child sexual abuse, or who are respondents of protection orders.
 - If patients who are still in need of medical treatment or recovery are found to have committed an act of sexual misconduct or sexual assault on another patient, they may need to be segregated into this monitored housing area to prevent further harm to other patients.

- Segregate patient populations by sex.
 - Transgender patients should be assigned to the sex-segregated area that corresponds to their gender identity. Alternative housing options may be secured at the request of the transgender patient to ensure their health and safety. A facility may not make a determination about services for one patient based on the complaints of another patient when those complaints are based on gender identity. For guidance on treatment of transgender patients in a medical context, please see the [CDC's website and guidance documents](#).
 - Also see: "[Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#)."
- Designate Pediatric and Adolescent Units with staff access through secure key-access only with alarms on doors, and video camera monitoring at entrances and exits.
 - Minors and family members should be kept within the same unit as much as practicably possible.
- Additional security staff should be posted at the entrances to the housing unit and will be manned 24-hours a day.
- Make sure that all public spaces are well lit at all times.
- Set up closed-circuit television cameras, video monitoring, and other surveillance systems to cover all public spaces. This includes, but is not limited to: entrances and exits, hallways, lobbies, waiting rooms, entrances to offices and public bathrooms, elevators, fire escapes, equipment and medical storage areas, parking garages, and parking lots.
- Ensure the facility has adequate IT network infrastructure and IT staff support to accommodate the facility's bandwidth to provide telehealth and other medical services. Implement a backup network with its own wifi implementation throughout the facility to prevent the primary IT network from oversaturation.

- Increase Wi-Fi implementation throughout the facility or specific sections of the facility where practicable.
 - IT infrastructure must meet HIPAA-compliance requirements.

*NOTE: Currently, some sexual assault service providers indicate that hospitals are at or beyond their IT network's bandwidth and cannot accommodate local sexual assault service providers access to victims in the hospital through remote tele-advocacy options.
- Close secluded areas of the facility that cannot be monitored by cameras or checked regularly by staff to prevent perpetration of sexual assault. Surveillance footage of the facility's premises should be stored for no less than six months on a secured cloud server.
- The facility security team should conduct weekly checks of all surveillance cameras, ensure the continued recording and storage of video surveillance, and ensure lighting is fully functional and alarms are activated. Any failures in these security systems or lighting should be corrected within one business day.
- In sex-segregated areas, female security staff should monitor the female dormitories at night and conduct randomized checks during the hours of 9 p.m. to 7 a.m. Male security staff should monitor the male dormitories at night and conduct randomized checks during the hours of 9 p.m. to 7 a.m.
- Within these larger medical units, designate private spaces for patients to change clothes and for personal hygiene practices.

PHASE II: Establish Prevention and Response Coordinator Facility Security Personnel and Protocol

- Appoint a Sexual Assault Prevention and Response (SAPR) Coordinator for each facility.
- The SAPR Coordinator must devise reporting and response protocols for all reports of sexual assault—including anonymous reporting—for the facility and ensure implementation of all planning and prevention recommendations for sexual assault allegations and occurrences. If the alleged assailant is a patient, alternative placement should be made with priority given to the victim and public safety.
 - See guidelines for responding to sexual abuse within the hospital setting from the Florida Society of Ambulatory Surgical Centers: “[Florida Risk Management and Related Regulations 3rd Edition, Adverse Incident Reporting Guide](#).”
 - See an example of checklists from the Bureau of Justice Assistance, an agency with a zero tolerance for sexual misconduct policy and review from victims who are inmates, staff members, or from third party reports: “[Implementing the Prison Rape Elimination Act: A Toolkit for Juvenile Agencies and Facilities](#).”
 - See an example of organizational reporting structure for response to a report of sexual assault from the Peace Corp: “[Responding to Sexual Assault Procedures](#).”
- Establish a Zero Tolerance Policy for all staff and volunteers working at the facility for any acts of sexual assault and sexual misconduct. Draft and disseminate notice of zero tolerance policy for facility and personnel.
 - See: “[SHARP Coordinator Role in the Military’s Sexual Harassment Assault Response Prevention \(SHARP\) Program](#).”
 - See: “[Zero Tolerance for Sexual Abuse and Sexual Harassment](#).”

- Zero tolerance for sexual assault and misconduct means that an individual will be dismissed from his or her position if the facility finds that he or she committed any act of sexual misconduct. Under this type of policy, staff and volunteers do not receive warnings or disciplinary action regarding the behavior. Staff and volunteers do not benefit from a three-strikes rule and do not have the right to a probationary period. One instance of sexual misconduct could lead to immediate termination.
- Hand out to each patient at arrival the facility's Zero Tolerance Policy, resources for reporting assault, and information for support services. Prominently post information in bathrooms and common areas on the facility's Zero Tolerance Policy for sexual assault and the facility's contact information to report any sexual misconduct. Include contact information for RAINN's National Sexual Assault Hotline at 800.656.HOPE (4673) and [online.rainn.org](https://www.rainn.org).
- The SAPR Coordinator shall provide guidance and technical assistance to the facility administration and execute the following areas of responsibility:
 - Develop Sexual Assault Prevention & Response Reporting and Response Protocols, including anonymous reporting for the facility. Ensure implementation of all planning and prevention recommendations.
 - Participate in all general facility management meetings.
 - Ensure a 24/7 response and reporting capability for victims of sexual assault across the facility.
 - Provide direct and indirect services.
 - Create and disseminate outreach materials for patients and visitors to encourage victims to report complaints to SAPR Coordinator and administration if sexual assault or misconduct occurs.
 - Conduct on-site visits where appropriate.



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- Collect specified data regarding the number of complaints of sexual assault and sexual misconduct, perpetrators, victim data, locations of assault and misconduct to identify problem areas in protocols and procedures and provide recommendations for improvements.
- Coordinate all stakeholders with a nexus to sexual assault, including, but not limited to: facility security, social service department, local and state law enforcement, local and state sexual assault service providers, and telemedicine nurse networks.
- Formulate and monitor the budget for the program authorized and funded by the funding agency.
- Maintain secure storage for all sexual assault complaints, documentation, and evidence. This material shall be preserved and provided to the agencies with jurisdictional authority.



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RESOURCE LIST

RAINN - National Sexual Assault Hotline

800.656.HOPE (4673) [available in English and Spanish]

Online: online.rainn.org

Child Help National Child Abuse Hotline

800.422.4453

National Domestic Violence Hotline

Hotline: 800.799.SAFE (7233)

TTY number for those who are Deaf and Hard of Hearing: 800.787.3224

Child Advocacy Centers

Find a local CAC: <https://www.nationalcac.org/find-a-cac/>

National Network to End Domestic Violence

www.nnedv.org

Phone: 202.543.5566

Fax: 202.543.5626

safetynet@nnedv.org

International Association of Forensic Nurses, Technical Assistance

SAFETA.org

Phone: 410.626.7805

Hotline: 877.819. (SART7278)

Sexual Assault Nurse Examiner Programs

Find a local SANE program: <https://www.forensicnurses.org/search/>

Sexual Assault Service Providers

Find a local SASP: <https://centers.rainn.org/>