



## Department of Health

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Executive Deputy Commissioner

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Dear Chief Executive Officer:

The purpose of this letter is to remind hospitals that they are required to offer and make available advocacy services from a rape crisis or victim assistance organization for all sexual assault patients. This letter contains information for hospitals on providing advocacy during an emergency, including the COVID-19 public health emergency.

To comply with the requirements defined in New York State Public Health Law § 2805-i, and to maintain the safety of everyone in the hospital during a public health or other emergency, the New York State Department of Health (NYSDOH) supports implementation of protocols between hospitals and their local rape crisis program to provide services remotely. When it is not safe or feasible for in-person advocacy services to occur, remote advocacy services may be provided by phone or video.

### **Hospital Requirements**

NYS Public Health Law § 2805-i has not been waived in response to the COVID-19 public health emergency. All hospitals must continue to treat every presenting victim of a sexual offense. It is the responsibility of every hospital to advise the sexual assault victim of the availability of a local rape crisis or victim assistance organization, if any, and to contact the organization on behalf of the victim to establish the coordination of non-medical services, and accompany the victim throughout the sexual assault medical forensic exam. Additionally, hospitals must inform the victim that the rape crisis or victim assistance organization will provide free transportation to a safe location within the geographical region at the conclusion of the exam.

As stated in the NYSDOH health advisory dated April 7, 2020, [Treatment of Sexual Assault Patients in a Hospital Emergency Department during the COVID-19 State of Emergency](#), the treatment of patients for a post-sexual assault medical forensic exam is an essential service in all NYS hospitals. To assist hospitals with maintaining social distance and preserving personal protective equipment, NYSDOH recommends that sexual assault patients are offered rape crisis program services remotely when possible, such as by phone or video call.

Remote rape crisis or victim assistance services may only be provided upon consent from the sexual assault patient. If the patient accepts remote services, the program advocate may stay on the phone or video with the patient throughout their entire stay at the hospital; before, during, or after their exam; or throughout the patient's stay as needed. If the patient declines services, the program advocate may obtain their consent to contact them for follow-up the next day. The hospital should also have materials (i.e., a brochure) available to give the

patient with the program's contact information. For more on how to successfully provide services remotely, please review the attachment.

The rape crisis or victim assistance organization provides a critical service to the hospital and sexual assault patient. Trained advocates who specialize in the dynamics of sexual assault are available to inform the patient of their rights, assist with acute safety planning, provide emotional support, apply for victim assistance, and arrange for follow-up or referrals. If your hospital is in need of in-person or remote advocacy services, please contact your local program. A complete list of NYSDOH approved rape crisis programs can be found here: [https://www.health.ny.gov/prevention/sexual\\_violence/](https://www.health.ny.gov/prevention/sexual_violence/).

Thank you for your prompt attention to this very important issue and your continued commitment to high quality care for sexual assault survivors. If you have any questions, please contact Ann-Margret Foley, Director of the NYSDOH Sexual Violence Prevention Unit at [ann-margret.foley@health.ny.gov](mailto:ann-margret.foley@health.ny.gov).

Sincerely,

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Acting Interim Division Director  
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Stephanie Shulman, DrPH, MS  
Director  
Division of Hospitals and  
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## Guidance on Providing In-Person or Remote Advocacy Services from a Rape Crisis or Victim Assistance Organization in a Hospital Setting During an Emergency

The purpose of this guidance document is to share information on providing in-person or remote advocacy services from a rape crisis or victim assistance organization in a hospital setting when services have been compromised by a public health or other emergency. While the content focuses on hospital and rape crisis program (RCP) response to the COVID-19 public health emergency, much of the guidance and lessons learned may be useful in the future when other emergencies impact local communities or the State.

In general, all hospitals and RCPs should prioritize in-person advocacy services when it is safe for patients, hospital providers and staff, and RCP advocates. Factors used to determine if advocacy should be provided remote or in-person during a public health emergency include:

- Direction from the hospital or hospital emergency policy.
- Community transmission rates.
- Sexual assault patient diagnosis or person under investigation.
- RCP agency emergency policy.
- Advocate and patient comfort level.

In response to the COVID-19 public health emergency, many hospitals throughout New York State halted in-person advocacy services for the treatment of sexual assault patients from their local RCP. Hospitals, RCPs, and sexual assault response teams or programs quickly developed new protocols for remote advocacy services by phone or video. To learn more about their successes, challenges, and lessons learned, the New York State Department of Health (NYSDOH) conducted interviews with several RCPs throughout the State. This guidance document is a summary of findings and best practices compiled from those interviews.

### General

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- Pursuant to New York State Public Health Law § 2805-i, it is the responsibility of every hospital to:
  - Treat every presenting sexual assault victim.
  - Advise the patient of the availability of a local rape crisis or victim assistance organization, if any.
  - Contact the organization on behalf of the patient to establish the coordination of non-medical services and to accompany the patient throughout the sexual assault medical forensic exam.
  - Inform the patient that the rape crisis or victim assistance organization will provide free transportation to a safe location within the geographical region at the conclusion of the exam.
- The RCP advocate is trained in the dynamics of sexual assault as it pertains to crisis intervention, availability of medical, legal, and social services, confidentiality, and counseling. They provide a critical service to the hospital and sexual assault patient.

- While in the hospital, the RCP advocate's role is to:
  - Help inform the patient of their rights regarding the sexual assault medical forensic exam and law enforcement involvement.
  - Provide emotional support.
  - Help communicate the patient's needs or wishes to hospital staff, law enforcement, family, or friends.
  - Assist the patient with acute safety planning and addressing individual immediate needs such as housing or transportation.
  - Assist with applying for victim assistance.
  - Provide referrals and follow-up care.
- The advocate and patient interaction in the hospital is a valuable opportunity for the advocate to build a trusting relationship with the patient. This introduction is critical for the RCP to continue to provide support to the patient after their hospital visit.

### **Introducing the Patient and Advocate**

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- The hospital must assist with facilitating the patient/advocate connection as much as possible. There are many breakdowns that may occur during this process. The RCP should monitor often and implement changes to address issues when needed.
- The hospital should provide the advocate with a contact person at the hospital, such as the sexual assault forensic examiner or nurse manager.
- Whether in-person or remote, the hospital must obtain a verbal consent prior to making the connection between the patient and the advocate.
- Once the advocate is connected to the patient, the advocate should explain their role and assess the patient's needs. It is critical to successful remote services that the advocate provide this information, not the hospital.
- If the patient declines RCP services, the advocate can obtain their consent verbally, or in writing with assistance from the hospital, to contact them for follow-up services. The hospital should also provide the patient materials with the RCP's contact information (i.e. a brochure or other items).

### **Remote Advocacy Services**

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- Remote advocacy services may be provided by phone or video.
- Phone services are more commonly used and easily implemented. The advocate may connect to the patient utilizing several different options:
  - Hospital or RCP designated cell phone.
  - Landline in the patient's room.
  - Patient's cell phone.
- It is recommended that the hospital or RCP purchase a designated cell phone. Room phones and patient cell phones tend to be less successful and less patient friendly.
- The hospital or RCP may purchase wireless internet-enabled tablets with HIPAA compliant video accounts for patients who prefer video connection. Access to the hospital's Wi-Fi should be enabled and automatically connected when the tablet is in use; a mobile hotspot may be necessary if the wireless internet connection is poor.

- Given the difficulty of purchasing equipment through the hospital system, it is recommended that the RCP purchase the necessary equipment and store it at the hospital, with an agreement.
- All technology should be kept in a locked, secure area with charging capabilities, such as the sexual assault forensic examiners room or cart, or the hospital point of dispensing area. Tablets may need a wall mount or mobile stand.
- Protocols and instructions should be printed and kept with technology. For tablets, all other applications should be deleted, and the video account set up so that staff can easily click the app and join the room on behalf of the patient.
- Training should be provided to hospital staff and advocates so that everyone is comfortable with the new protocol and technology.
- The advocate may stay in connection with the patient throughout their entire stay at the hospital, before, during, or after their exam, or throughout the patient's stay as needed. The patient or advocate may decide to reconnect at any time, particularly when law enforcement arrives, to coordinate transportation home, going over the patient's discharge plan, or if any issues occur.
- Every encounter is different, but even short connections help with long-term relationship building between the patient and the RCP.

### **In-person Services**

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- When the advocate arrives at the hospital, they should complete a screening questionnaire and temperature check based on the hospital requirements.
- The hospital should make every effort to provide the advocate with a face mask and other PPE as deemed necessary, and in accordance with local, state, and federal guidelines.
- The hospital may consider providing a training to advocates on proper PPE use.
- There is more success when the RCP staff are registered as hospital volunteers.
- The advocate should adhere to hospital guidelines for reducing the risk of exposure and infection, including:
  - Maintaining a social distance of at least six feet.
  - Wearing a mask or face covering.
  - Wearing additional appropriate personal protective equipment as recommended by the Centers for Disease Control and Prevention and hospital policy.
  - Washing hands with soap and water or using of at least 60% alcohol hand sanitizer.
- If the advocate must leave the room due to spacing issues, or the patient is temporarily unable to consent to the exam, the advocate should leave the hospital and follow-up with patient as requested.
- The hospital and the advocate should be flexible and willing to transfer to remote services at any point during the exam.

### **Conclusion**

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- The RCP is there to assist the hospital by focusing their attention on the patient and improving their overall experience.

- Patients may be worried about going to the hospital, and they may be waiting for longer than usual for treatment. By connecting them early on to an advocate, they are more likely to stay in the hospital for treatment.
- RCPs have found it helpful when:
  - Hospital decision makers and medical providers who specialize in the treatment of sexual assault patients are involved (i.e., CEO, nurse management team, Sexual Assault Nurse Examiner (SANE) team, social workers, quality assurance/infection control).
  - All hospital staff are trained and onboard with the new procedure.
  - A contact from the RCP is allowed into the hospital to create the new procedure and make changes as new challenges arise.
  - Sexual Assault Response Team (SART) meetings continue virtually, or in-person if possible.
  - The hospital is willing to facilitate the new procedure by storing equipment and materials and connecting patients with the advocate.
- An ongoing, collaborative relationship between the hospital and RCP is most critical for successful remote advocacy services during an emergency.

## Resources

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- NYSDOH approved rape crisis programs: [https://www.health.ny.gov/prevention/sexual\\_violence/](https://www.health.ny.gov/prevention/sexual_violence/)
- Sexual Assault Forensic Examiners Program: <https://www.health.ny.gov/professionals/safe/>
- Health Advisory: Treatment of Sexual Assault Patients in a Hospital Emergency Department during the COVID-19 State of Emergency (April 7, 2020): [https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh\\_covid19\\_treatmentofsexualassaultpatients\\_040720.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_treatmentofsexualassaultpatients_040720.pdf)