

## SCS SADV Adult Sexual Assault/Domestic Violence Algorithm

For patients 11 years and older, please follow the steps outlined below

### ACUTE Care ≤12 days

1. Complete Triage assessment
2. Medically and Psychiatrically Clear patient
3. Does patient **consent** to be seen by SADV team?
4. Call SADV through **switchboard**

**Collect a urine sample:** If the patient needs to urinate, **provide two specimen containers:** one for urine, the other for toilet paper. Label with patient's name, time of specimen collection and nurse's initials. Seal lid by using patient's label (label will start on lid and go down bottle). Place in biohazard bag. **DO NOT send urine to lab.** Specimen is taken with the patient to the treating facility. Specimen is to remain with patient at all times. If patient is returning to see SADV, specimen is to be taken home and refrigerated. If patient is being transferred to another SADV center, they are to take specimen with them.

### NON-ACUTE Care 13-30 days

1. Complete Triage assessment
2. Medically and Psychiatrically clear patient
3. Does patient consent to be seen by SADV team?
4. Call SADV through switchboard
5. If SADV has no coverage, SADV staff can follow up with patient to book an appointment
  - a. Is it safe to call patient?
    - i. Collect phone number
    - ii. Can SADV leave a voicemail?
    - iii. Do we need to use a code word for safety?
  - b. **Complete consult order for SADV** (Consult request will print to SADV office)

### Historical Care Post 30 Days

- Patient can call the office for information and resources
- Offer **SADV information package** (found in SADV resource bin). Please **ask if it is safe** for them to take all or some of the package with them

## Triage Assessment

- Patient discloses Sexual Assault/Domestic Violence
  - **Does patient consent to SADV involvement?**
- Assault
  - When did the assault happen?
  - What act(s) of sexual assault took place?
    - Eg. Assaulted with penis/digital/oral/object – *do not ask for further details*
  - Bath or shower since the assault?
  - Is the clothing worn at the time of assault available (even if washed)?
  - Were they drugged?
- Strangulation
  - Was the patient strangled?
  - Was pressure applied to the neck with hands and/or objects?
- Head Injury
  - Was patient's head hit against something or with something?
- Physical Injuries
  - Any injuries/pain/bleeding?
  - Where?
- Are they currently intoxicated/under the influence of any substance?
  - **Are they consentable?**
- Pregnancy
  - Is patient pregnant?
  - If 20 weeks or greater, they must be seen by OB/GYN service and be medically cleared

### Next Steps:

- Call switchboard for SADV nurse
- Provide TOC to SADV

**Any medical treatment and/or diagnostics required to medically and psychiatrically clear the patient, are to be done prior to SADV contact.**

## If No SADV Coverage

Provide the client with the following options:

Offer **SADV information package** (found in SADV resource bin). Please **ask if it is safe** for them to take all or some of the package with them

1. **Remain at the hospital** (if there is a short wait for SADV coverage). Complete consult order for SADV (Consult request will print to SADV office)
2. **Return to SCS** when SADV nurse is available (verify time with switchboard). Ask for consent and document if it is safe for SADV to call patient directly. Client to take sealed urine/tissue home with instructions to store in refrigerator and bring back on return to SADV. Complete consult order for SADV (Consult request will print to SADV office)
3. **Transfer to Hamilton SADV Centre** (See additional instructions below)
  - a. Age 18+ send to Hamilton General Hospital (237 Barton St. E. Hamilton)
  - b. Age 13-17 send to McMaster Children's Hospital (1200 Main St. W. Hamilton)

## Process for Transferring Patients to Hamilton SADV

- **Only** patients who are **acute: assaulted ≤12 days** may be offered the option of being transferred to Hamilton for SADV care. **Non-acute patients (13-30 days post assault) can call and book an appointment to be seen by SADV in office 905-378-4647 ext 45300 (refer to information package)**
- **Complete Triage Assessment**
- **Patient to be medically and psychiatrically cleared.**
- **Collect a urine sample:**
  - If the patient needs to urinate, **provide two specimen containers:** one for urine, the other for toilet paper. Label with patient's name, time of specimen collection and nurse's initials. Seal lid by using patient's label (label will start on lid and go down bottle). Place in biohazard bag. Specimen is taken with the patient to the treating facility. Specimen is to remain with patient at all times. If patient is returning to see SADV, specimen is to be taken home and refrigerated. If patient is being transferred to another SADV center, they are to take specimen with them.
  - **Pregnancy test must be completed prior to transfer**
- Please call the Hamilton General ED **905-521-2100** to provide TOA (i.e. medical issues and whether patient has been medically and psychiatrically cleared and results of pregnancy test)
- If patient has no transportation provide taxi voucher
- **If client consents** call **Victim Services Niagara** at **905-682-2626** for a VSN team member to provide support and transportation

## SADV Adult Sexual Assault/Domestic Violence Algorithm

**GNG, WHS, DMH or PCG**

**For patients 11 years and older, please follow the steps outlined below**

### **ACUTE Care ≤12 days**

1. Complete Triage assessment
2. Medically and Psychiatrically Clear patient
3. Does patient **consent** to be seen by SADV team?
4. Call SADV through **switchboard**
  - a. Confirm SADV nurse is available
5. Transfer patient to SCS site

**Collect a urine sample:** If the patient needs to urinate, **provide two specimen containers:** one for urine, the other for toilet paper. Label with patient's name, time of specimen collection and nurse's initials. Seal lid by using patient's label (label will start on lid and go down bottle). Place in biohazard bag. **DO NOT send urine to lab.** Specimen is taken with the patient to the treating facility. Specimen is to remain with patient at all times. If patient is returning to see SADV, specimen is to be taken home and refrigerated. If patient is being transferred to another SADV center, they are to take specimen with them.

### **NON-ACUTE Care ≥12 days**

1. Complete Triage assessment
2. Medically and Psychiatrically clear patient
3. Does patient consent to be seen by SADV team?
4. Call SADV through switchboard
5. Transfer patient to SCS site
6. If SADV has no coverage, SADV staff can follow up with patient to book an appointment
  - c. Is it safe to call patient?
    - i. Collect phone number
    - ii. Can SADV leave a voicemail?
    - iii. Do we need to use a code word for safety?
  - d. **Complete consult order for SADV** (Consult request will print to SADV office)

### **Historical Care Post 30 Days**

- Patient can call the office for information and resources
- Offer **SADV information package** (found in SADV resource bin). Please **ask if it is safe** for them to take all or some of the package with them

## Triage Assessment

- Patient discloses Sexual Assault/Domestic Violence
  - **Does patient consent to SADV involvement?**
- Assault
  - When did the assault happen?
  - What act(s) of sexual assault took place?
    - Eg. Assaulted with penis/digital/oral/object – *do not ask for further details*
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- Head Injury
  - Was patient's head hit against something or with something?
- Physical Injuries
  - Any injuries/pain/bleeding?
  - Where?
- Are they currently intoxicated/under the influence of any substance?
  - **Are they consentable?**
- Pregnancy
  - Is patient pregnant?
  - If 20 weeks or greater, they must be seen by OB/GYN service and be medically cleared
- SADV information package (found in SADV resource bin)
  - Offer package to patient
  - Ask if it is safe for them to take all or some of the package with them

### Next Steps:

- Call switchboard for SADV nurse to collaborate care
- Transfer patient to SCS site for SADV care
  - Medical transfer of care will take place via phone
  - **Complete consult order for SADV** (SADV will receive this through fax)
  - Offer taxi chit to transfer patient if they have no transportation

**Any medical treatment and/or diagnostics required to medically and psychiatrically clear the patient, are to be done prior to SADV contact.**

## If No SADV Coverage

Provide the client with the following options:

Offer **SADV information package** (found in SADV resource bin). Please **ask if it is safe** for them to take all or some of the package with them

1. **Remain at the hospital** (if there is a short wait for SADV coverage). Complete consult order for SADV (Consult request will print to SADV office)
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- **Complete Triage Assessment**
- **Patient to be medically and psychiatrically cleared.**
- **Collect a urine sample:**
  - If the patient needs to urinate, **provide two specimen containers:** one for urine, the other for toilet paper. Label with patient's name, time of specimen collection and nurse's initials. Seal lid by using patient's label (label will start on lid and go down bottle). Place in biohazard bag. Specimen is taken with the patient to the treating facility. Specimen is to remain with patient at all times. If patient is returning to see SADV, specimen is to be taken home and refrigerated. If patient is being transferred to another SADV center, they are to take specimen with them.
  - **Pregnancy test must be completed prior to transfer**
- Please call the Hamilton General ED **905-521-2100** to provide TOA (i.e. medical issues and whether patient has been medically and psychiatrically cleared and results of pregnancy test)
- If patient has no transportation provide taxi voucher
  - 237 Barton Street East, Hamilton
- **If client consents** call **Victim Services Niagara** at **905-682-2626** for a VSN team member to provide support and transportation

## SADV: Pediatric Sexual Assault/Abuse Algorithm

Children 10 Years of Age or Younger. (For patients 11 years and older refer to Adult Algorithm)

- If the child presents with acute injuries or bleeding, have ED physician assess and medically clear.
- A FACS call is mandatory for any disclosure of sexual assault/abuse for patients age 15 and under. (**FACS 905-937-7731**).
- **Child Advocacy and Assessment Clinic (CAAP)** is located at McMaster Children's Hospital (MUMC) in Hamilton (1200 Main St W, Hamilton, ON L8N 3Z5). Referrals from MRPs, FACS, and police are accepted **but** caregiver/legal guardian **must consent**.

### ACUTE Care ≤72 hours

Referral to CAAP by MRP:

5. Obtain consent from caregiver/legal guardian for referral to CAAP
6. Complete the CAAP **Intake Referral Form** (see attached example form and where to locate)
7. Fax form 905-522-7982 (monitored M-F 8-4)
8. Call **905-521-2100 ext73268** (M-F 8-4pm) or Page **905-521-5030** (M-F 4-8pm, S + S 9-5pm) and you will be advised of next steps.

**Collect a Urine sample:**

If child needs to urinate, provide **two specimen containers**: one for urine, the other for the toilet paper. Label with child's name, time of specimen collection, nurse's initials. Seal lid by using patient's label (label will start on lid and go down bottle). Place in biohazard bag. **DO NOT send urine to lab**. Specimen will be taken with child to MUMC. If not going directly to MUMC, specimen is to be taken home and refrigerated. Specimen is to remain with patient at all times.

### NON-ACUTE Care ≥72 hours

Referral to CAAP by MRP:

6. Obtain consent from caregiver/legal guardian for referral
7. Complete the CAAP **Intake Referral Form** (see attached example form and where to locate)
8. Fax form 905-522-7982 (monitored M-F 8-4)
9. Inform parent/caregiver they will be contacted by CAAP program

## FOR BOTH ACUTE & NON-ACUTE

Please obtain the following information from caregiver in a separate private area (DO NOT speak with the child):

- When did the assault occur?
- What acts of SA took place?
- Who is the offender? Age of offender?
- When was the last time the offender had access to the child?
- Is there pain/bleeding, where?
- Is there genital discharge?
- Has patient bathed or showered since the assault?
- Is the clothing worn at the time of assault available (even if washed)?
- Are Family and Children's Services (FACS) already involved?
  - A call to FACS is still mandatory even if they are already involved
  - **FACS: 905-937-7731**
- Are Police already involved?
  - It is not a health professional's role to report an assault to the police. FACS and caregivers are responsible for reporting assault to police.

### Reminders:

- **DO NOT EXAMINE** unless medically necessary
- **DO NOT INTERVIEW** the child, do not interview within ear shot of child, only the caregivers are asked for information
- **REFERRALS** to CAAP
  - No self-referrals are accepted (referral must be from MRP, FACS or police)
  - Do not give out CAAP phone number to parents/caregivers
  - Do not advise parents/caregivers to attend at McMaster Hospital requesting CAAP

**SADV may be available for assistance in coordinating care and/or questions.  
Please contact through switchboard.**



## **Child Advocacy and Assessment Clinic Intake Referral form**

To **LOCATE FORM** Search Internet: Hamilton Health Sciences Child Advocacy and Assessment Program Page

[Child Advocacy and Assessment Program - Hamilton Health Sciences](#)

Section of: Child Maltreatment Medical Assessments, click arrow for more information

[https://www.hamiltonhealthsciences.ca/wp-content/uploads/2025/04/CAAP-Referral-Form\\_712751\\_2025-04.pdf](https://www.hamiltonhealthsciences.ca/wp-content/uploads/2025/04/CAAP-Referral-Form_712751_2025-04.pdf)

Child Maltreatment Medical Assessment Referral Form (live link)

**Can complete referral online in pdf form and print**

**Fax form to 905-522-7982 (monitored M-F 8-4)**