Domestic Violence/Sexual Assault – Medical Directive

Medical Advisory Committee Approved: 16MAR2021

☑ Harmonized

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Authorizing Prescriber(s)

LHO - Domestic Violence/Sexual Assault Care Centre (DV/SACC) Physicians
LHO - Emergency Department Physicians

Authorized to Whom

Nurses working at the DV/SACC who have been certified as a Sexual Assault Nurse Examiner (SANE) or nurses that have the knowledge, skill and judgment to work within the DV/SACC Program.

Co-implementers:

- Medical Laboratory Assistants/Technologists (MLA/T) employed at LH who have the knowledge, skill and judgement to process blood and other samples as selected by DV/SACC/SANE nurse from the order tables under this directive.
- Pharmacists and Pharmacy Technicians at LH who have the knowledge, skill and judgment to dispense medications as selected by the DV/SACC/SANE nurse from the order tables under this directive.
- Phlebotomists employed at LH who have the knowledge, skill and judgment to draw blood samples by venipuncture for laboratory tests as selected by DV/SACC/SANE from the orders table under this directive.

Patient Description/Population

Any patient 12 years of age or older presenting with signs or reports of sexual assault and/or domestic violence within 12 days of a sexual assault and meets the procedure specific indications as per the order table.

Order and/or Procedure

The order and/or procedures are not presented in sequential order. Any one or combination may be performed by a DV/SACC/SANE nurse. All acute medical need(s) (e.g. loss of consciousness) will take precedence over any discussion of Post-Exposure Prophylaxis (PEP). Refer to the Order Table Form. The DV/SACC/SANE nurse will:

- Obtain DV/SACC standard sexual assault and health history, including allergies, in consultation with the patient.
- Explain each intervention to the patient and/or family, and/or Substitute Decision Maker (SDM), and/or legal guardian.
- Explain options regarding sexually transmitted infections, treatment(s) and testing.
- Collect urine β HCG for all female patients of childbearing years.

- Complete a HIV transmission risk assessment using the Risk Assessment for HIV Prophylaxis (Appendix A), as required.
- Complete the HIV PEP checklist with the patient if the patient is deemed at risk (Appendix B).
- Obtain written consent for prophylactic treatment, if applicable, and explain to the patient that HIV PEP is prophylactic in the absence of laboratory results.
- Advise patient of possible medication side effects related to the treatment(s) regimen(s).
- Obtain Best Possible Medication History (BPMH) and assess the HIV PEP medications using available resources (e.g. Lexicomp) to identify any potential drug interactions and/or reactions. Consult a pharmacist (LH or via Telehealth) to assess any identified interactions to determine if adjustments in therapy are required. This includes any history related to medications (including alternative therapies and vitamins), recreational drug use, and kidney, liver, pancreatic and blood diseases.
- Refer the patient to the Positive Care Clinic (PCC) or alternative care centre (e.g. patient does not live in the area) as appropriate if a patient is put on HIV PEP for follow up care. The nurse will fax the consult request form and the ED record to the PCC, or alternative care centre and instruct the patient to book a follow-up appointment within 7 days.

Indications to the Implementation of the Directive

Any patient registered to DV/SACC/SANE with indications as listed in the order tables for:

- Analgesic for Mild to Moderate Pain,
- HIV Post Exposure Prophylaxis,
- Hepatitis B Prophylaxis,
- Sexually Transmitted Infection Prophylaxis (Chlamydia and/or Gonorrhea),
- DimenhyDRINATE for Prevention of Nausea Induced by Prophylactic Medication,
- Emergency Contraceptive Pill (ECP) for Pregnancy Drug Prophylaxis as per the Order Table Form.

Contraindications to the Implementation of the Directive

The directive must not be implemented in any of the following circumstances:

- The patient or SDM or guardian refuses to consent to the treatment.
- Existence of treatment specific contraindications as noted in the Order Table From.
- Patient has known allergies to any of the medications and the alternatives listed within this directive.
- Patient has decreased level of consciousness and/or head injury.
- Patient is having/has difficulty swallowing PO medications.

Notify DV/SACC/ Physician/ED physician to determine alternative treatment plan.

Consent

The DV/SACC/SANE nurse implementing the medical directive must obtain consent and document that consent has been obtained. If the patient, SDM or guardian refuses treatment, contact the Most Responsible Practitioner (MRP) or delegate immediately to determine plan of care.

Documentation Requirements

In addition to standard documentation practices, the DV/SACC/SANE nurse implementing this directive must document the following in the order section of the person's health record:

- The name of this medical directive
- The procedure(s)/treatment(s) implemented
- The name of the implementer
- The date and time
- Legible signature of implementer including credentials
- Nurse dispensing record, as applicable

Co-implementers will document in the patient's health record and as per standard documentation practices

Review/Evaluation Process

This medical directive will be reviewed every 2 years by the Emergency Department Program.

References

Canadian Guidelines on Sexually Transmitted Infections, Public Health Agency of Canada (2013)

CDC Updated Guidelines for Antiretroviral Post Exposure Prophylaxis After Sexual, Injection Drug Use, or Other Non-occupational Exposure to HIV (2016)

College of Nurses of Ontario (2018)

Lexicomp (2018)

Ontario Network of Sexual Assault and Domestic Violence Treatment Centres-Medical Directives (2011)

Positive Care Clinic-Lakeridge Health (2018)

Toronto Public Health STI Treatment Reference Guide (2016)

This table must **not** be used independently apart from the Medical Directive

Order form table

Analgesia for (Mild to Moderate) Pain			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
Patient weighs less than or equal to 65 kg: Acetaminophen 650 mg PO one dose **OR** **Patient weighs more than 65 kg**: Acetaminophen 975 mg PO one dose **OR** Ibuprofen 400 mg PO one dose	• Mild to moderate pain (less than 8 on the pain scale) • Patient has an intolerance/allergy to acetaminophen • Patient has received acetaminophen within the last 3 hours OR more than 3 doses of acetaminophen within the past 24 hours	• Acetaminophen administration in the last 3 hours **OR** more than 3 doses in the past 24 hours • The patient is not experiencing pain • The patient has a known/documented allergy to Acetaminophen • Decreased level of consciousness • Difficulty swallowing oral medications • Ibuprofen administration in the past 6 hours **OR** more than 3 doses in the past 24 hours • History of cirrhosis, chronic liver disease, alcohol abuse, active peptic ulcer disease, gastrointestinal bleeding or impaired renal function • Patient is pregnant • Known/documented allergic manifestations precipitated by ASA or other non-steroidal anti-inflammatory agents (NSAIDS)	• If patient is under the age of 18, notify MRP or Paediatrician on call to determine plan of care regarding weight based dosing • If difficulty swallowing, notify MRP to determine plan of care

HIV Post Exposure Prophylaxis			
Order	**Indication**	**Contraindication**	**Notes**
Laboratory Investigations Collect blood work prior to the administration of PEP: creatinine, ALT, ALP,AST, bilirubin, VDRL, HIV serology, serum HCG (if female of childbearing years), Hepatitis B profile and Hepatitis C serology Complete a HIV transmission risk assessment using the Risk Assessment for HIV Prophylaxis (Appendix A)	• Oral, vaginal, or anal penetration with a penis and/or is uncertain/does not remember, regardless of condom use or ejaculation. • As indicated on the risk assessment tool and/or as desired by the patient (Appendix B).	• If the patient is deemed as “no risk” using the risk assessment (Appendix A)	• Explain lack of risk of HIV to the patient; indicate that Post Exposure Prophylaxis (PEP) is not recommended and no follow-up for HIV is required. • The nurse must complete the HIV PEP checklist with patient • The nurse must show results of creatinine, ALT, ALP, AST, bilirubin and serum βHCG (if applicable) to the Emergency Physician before patient leaves DV/SACC. If the patient refuses to stay the nurse should have the patient sign an against medical advice form and note it in the patient’s chart

HIV Post Exposure Prophylaxis (cont'd)			
Order	**Indication**	**Contraindication**	**Notes**
Medications If the patient is pregnant and/or breast feeding consult the Infectious Disease (ID) Physician Truvada (Emtricitabine 200mg and Tenofivir 300mg) PO once **AND** Dispense a total of 6 tabs Truvada (Emtricitabine 200 mg and Tenofivir 300 mg) to be taken PO daily for 7 days **AND** Raltegravir 400 mg PO one dose **AND** Dispense 13 tabs of Raltegravir 400 mg PO BID for 7 days	• Oral, vaginal, or anal penetration with a penis and/or is uncertain/does not remember, regardless of condom use or ejaculation • Patient is deemed at risk using the risk assessment,	• Patient has an intolerance/allergy to Emtricitabine and/or Tenofivir and/or Raltegravir • Patient is less than 12 years of age • If the patient is deemed as no risk using the risk assessment • The patient refuses to consent to the procedure/SDM or Guardian refuses to consent to the procedure • History of renal impairment (CrCl < 50, for Truvada only), decompensated liver disease, Hepatitis B. • Medications that interacts with Truvada that is either not recommended (i.e. avoid combination) or that requires dosage adjustments. Notify MRP to determine plan of care	• Advise patient that non-essential medications, alternate therapy, vitamins, and recreational drug use should be discontinued during the HIV PEP regimen/until positive care clinic appointment. • Explain lack of risk of HIV to the patient; indicate that Post Exposure Prophylaxis (PEP) is not recommended and no follow-up for HIV is required. • Both drugs may be taken together at the same time and should be taken with food

Sexually Transmitted Infection Prophylaxis for Chlamydia			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
<u>Chlamydia Prophylaxis</u> Azithromycin 1 Gram PO once **OR** if allergy to Azithromycin, Erythromycin or Clarithromycin Doxycycline 100 mg PO BID for 7 days	• Oral, vaginal, or anal penetration with a penis and/or is uncertain/does not remember, regardless of condom use or ejaculation • Patient is not pregnant and/or breastfeeding • Patient has allergy to Azithromycin, Erythromycin, or Clarithromycin	• Patient has an intolerance/ allergy to Azithromycin, Erythromycin, and Clarithromycin, Doxycycline and/or any of the Tetracycline's. • Decreased level of consciousness • Difficulty swallowing PO medications • Patient is pregnant and/or breastfeeding	• Explain options regarding sexually transmitted infections treatment and testing (take medication now and be retested in 3 weeks or not take medication now and be tested in one week) • Assess for any intolerances /allergies to medication • Advise patient of possible side effects (i.e. gastrointestinal disturbances, cardiac arrhythmia). • Azithromycin and/or Doxycycline can be taken with food • Inform patient they should be retested for sexually transmitted infections in 3 weeks following completion of Azithromycin administration • Explain options regarding sexually transmitted infections (STI) treatment and testing (take medication now and be retested in 3 weeks or not take medication now and be tested in one week) • Explain to the patient that doxycycline is prophylactic in the absence of lab result • Notify MRP, if difficulty swallowing, to determine plan of care alternative treatment

Sexually Transmitted Infection Prophylaxis for Gonorrhea			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
<u>Gonorrhea Prophylaxis</u> Cefixime 800 mg PO once **OR** if allergy to Cefixime Azithromycin 2 Grams PO once	• Oral, vaginal, or anal penetration with a penis and/or uncertain/does not remember, regardless of condom use or ejaculation • Patient has an allergy to Cefixime and/or has contraindications to Cefixime	• Patient has known/documented allergies to Azithromycin, Cefixime, Cephalosporin's, Erythromycin, and/or Penicillin • Decreased level of consciousness • Difficulty swallowing PO medications • Breastfeeding: It is unknown if Cefixime is excreted in breast milk, consult the Emergency Physician to discuss alternative treatment	• Advise patient of possible side effects (e.g. gastrointestinal; cardiac arrhythmia with Azithromycin) • Advise patient Cefixime/Azithromycin can be taken with food • Inform patient they should be retested for STIs in 3 weeks following completion of Azithromycin and/or Cefixime administration • If difficulty swallowing, notify MRP to determine plan of care

Hepatitis B Prophylaxis			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
Engerix B Adult vaccine, 20 mcg/mL, 1 mL pre-filled syringes, IM (deltoid) x 1 dose then, repeat at 1 & 6 months **AND** Hepatitis B Immune Globulin 0.06 ml/kg IM gluteal (see dosage chart and product insert dosage information) x 1 dose	• Patient has not been completely immunized for Hepatitis B (3 doses of the vaccine) or unsure of status • HBsAb (Anti-HBs) is negative (if available)	• Allergy to aluminum hydroxide or a previous adverse reaction is known • Patient history of allergic reaction/sensitivity to immune globulin or blood products/blood transfusion reaction (fever, hives, joint pain, anaphylaxis). • If patient has a fever greater than or equal to 38ºC • Consult the Emergency Department Physician to discuss alternative treatment	• Explain to patient why it is important to receive Hepatitis B vaccine in conjunction with Hepatitis B Immune globulin (if necessary) • Explain options regarding Hepatitis B virus base line testing, immunity testing and prophylactic treatment for Hepatitis B virus • Obtain patient's written consent for testing and treatment and explain to patient that Hepatitis B Immune Globulin (HBIG) is prophylactic in the absence of laboratory results.

DimenhyDRINATE for Prevention of Nausea			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
DimenhyDRINATE 50 mg PO once	• Patient is experiencing nausea due to the administration of prophylactic medication(s)	• Patient has a known allergy to dimenhyDRINATE • loss of consciousness • head injury	• If difficulty swallowing, notify MRP to determine plan of care • Patient is not driving after the administration of dimenhyDRINATE

Emergency Contraceptive Pill (ECP) for Pregnancy Drug Prophylaxis			
Order	**Indication**	**Contraindication**	**Notes (Optional)**
If Urine β HCG result is negative **Patient is less than 75 kg** Levonorgestrel 0.75 mg 2 tablets PO once **OR** **Patient is equal to or greater than 75 kg** Ulipristal acetate (UPA) 30 mg PO one dose	• Patient is 12 years of age or older, presenting within 72 hours of a suspected or known sexual assault regardless of condom use.	• Patient is less than 12 years of age • Suspected or known sexual assault occurred more than 72 hours regardless of condom use. • Positive urine β HCG • Patient is allergic to levonorgestrel or ulipristal • Patient is pregnant • Patient is premenarche	• Advise patient that levonorgestrel has a low incidence of side effects (i.e. gastrointestinal disturbance, dizziness, headache, breast tenderness, vaginal bleeding and fatigue) • Advise patient to have pregnancy test if period is more than one week late starting and that spotting is not considered a period. • Advise patient that there is considerable reduction in effectiveness with delay between the sexual assault and the initiation of treatment

Appendix A: Risk Assessment for HIV Prophylaxis

There are two factors that contribute to the risk of HIV transmission following sexual assault:

1. The risk that the assailant is HIV Positive

2. The risk of the exposure

High Risk: Strongly Recommend HIV Post- Exposure Prophylaxis (PEP)

HIGH-RISK EXPOSURE • Anal penetration* • Vaginal penetration* • Unknown exposure (e.g. drug assisted)	**PLUS**	**HIGH-RISK ASSAILANT** **Known** HIV positive assailant **Known** high-risk assailant: injection drug user; man with sexual contact with men; from endemic area	**GUIDELINES: Strongly recommend HIV PEP** Truvada **AND** Raltegravir Provide counseling and education

Unknown Risk: Discuss HIV PEP

HIGH RISK EXPOSURE • Anal penetration* • Vaginal penetration* • Unknown exposure (e.g. drug assisted)	**PLUS**	**UNKNOWN-RISK ASSAILANT** **Unknown** or Known with **unknown** HIV status	**GUIDELINES: Discuss HIV PEP** Truvada **AND** Raltegravir Provide counseling and education

No Risk: DO NOT offer or recommend HIV PEP

NO RISK EXPOSURE • No vaginal penetration • No anal penetration • No oral penetration	**PLUS**	**ANY ASSAILANT**	**GUIDELINES:** **Do NOT offer or recommend HIV PEP -** Provide counseling and education about the zero risk of acquisition and the high risk of unnecessary side effects

NOTE: If the exposure is no risk and the assailant is HIV positive, HIV PEP is not offered. Penetration= attempted, partial or completed penetration or ejaculation in vagina or anus.

Appendix B: Post - Exposure Prophylaxis (PEP) Checklist: Read This Through with the Patient

- ❑ The patient has no medical history that would contraindicate PEP, such as significant renal impairment and allergy to the medications.
- ❑ The patient is not knowingly allergic to any of the PEP medications.
- ❑ The patient is not taking medications which are not recommended to be combined with PEP or that require adjustment when taken with PEP (as per references and/or pharmacist).
- ❑ Patient is advised to avoid unnecessary medications, vitamins, alternative medicines or recreational drugs while taking HIV PEP. If a new medication is prescribed, ensure that the prescriber is aware that PEP is being taken.
- ❑ Provide education to the patient regarding remaining on birth control during PEP regime (i.e. risk with pregnancy). Condoms should be worn for additional birth control and to provide barrier protection for HIV until patient has been cleared of HIV infection.
- ❑ Educate female patients **NOT** to breastfeed during PEP regime.
- ❑ Discuss the risks of HIV infection and the risks of taking PEP
- ❑ Instruct the patient to take these medications concurrently:
    - Raltegravir 400mg 1 tab **twice** a day (12hrs apart) for 7 days
    - Truvada (Emtricitabine 200mg and Tenofivir 300mg) 1 tab **daily** for 7 days
- ❑ Educate the patient on the importance of contacting the Positive Care Clinic for further risk assessment and review of recommendations for serial testing.
- ❑ Educate the patient that adherence to HIV PEP regime and attending follow up visits at the Positive Care Clinic will PEP work effectively.
- ❑ Provide the patient a list of side effects (i.e. Lexicomp) that may be experienced with the treatment regime.
- ❑ Advise the patient to call the Positive Care Clinic, their Family Physician, or the Emergency Department if they are experiencing any side effects.
- ❑ Discuss support systems the patient may have in place and/or how to access them
- ❑ Educate the patient to not to donate blood, plasma, tissue, organs or sperm until consult with positive care clinic.
- ❑ Educate the patient to not share toothbrushes, razors, needles etc. that could be contaminated with blood or body fluids.