

NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:



Hospitals



Community Health Centers



Public Health Units



Doctors' Offices



Social Services Offices



Other: _____

The information contained in this document is a Departmental:



Policy



Standard



Protocol



Procedure



Guidelines

**Title: NWT Clinical Practice Guidelines Adults – Sexual Assault
Section 15 Mental Health, page 48-49**

Effective Date: March 23rd, 2007

Statement of approved clinical practice:

The NWT Nursing Leadership Network upon recommendations of the RCMP Forensic Laboratory Services has approved the following changes in practice:

1. In accordance with the Sexual Assault Examination Kit and Guidelines,
 - Delete Step # 16 Collection representative sample of scalp hair with roots
 - Delete Step # 21 Collection sample of pubic hair with roots
2. Obtain a blood sample via finger poke routinely as the sole DNA reference sample from sexual assault complainants (Discontinue using buccal swabs as reference DNA samples, as forensic experience has shown that some sexual assault complainants forget details and consider it too emotionally painful or too embarrassing to discuss oral penetration).
3. Obtain a full and careful history to identify what areas of the body need to be swabbed. (i.e. It is not necessary to do vaginal swabs when ejaculation occurred on the victim's abdomen, or if genital area was not involved) . It may be of use to utilize a Wood's lamp, or blue light to identify other areas where samples need to be retrieved.

Note: After informed consent is obtained, the client has the right to refuse any or all parts of the exam, at any point during the exam.

Review Guidelines for Prophylaxis of STI & Pregnancy, Follow-up required, Psychological referral, including Victim Impact Services.

Place this notice:

- In the NWT Clinical Practice Guidelines Manual
- On the current sexual assault kits

Attachments: RCMP recommendation

This clinical practice is approved. _____


(signature)

Assistant Deputy Minister

Chief Medical Officer of Health

Director, Child & Family Services

Director, Adoptions



Royal Canadian
Mounted Police

Gendarmerie royale
du Canada

Security Classification/Designation
Classification/désignation sécuritaire

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Your File - Votre référence

Our File - Notre référence

Anna Bergen
Nurse Educator Mentor,
Community Heath
Government of the Northwest Territories
Department Human Resources

Date

2006 October 6

Historically over the past number of decades, pulled hair samples have been routinely obtained from sexual assault patients. These reference samples were then compared to pulled and/or shed questioned hairs which were typically located on or about the victim or on an accused person. This conventional hair comparison service however was discontinued by Forensic Laboratory Services and all forensic comparisons are now carried out strictly by DNA profiling.

As DNA is found in various body fluids(i.e. blood, buccal cells) and hair, it was decided that only one DNA reference standard need be obtained from sexual assault patients. Accordingly, the Biology Section has recommended that a **blood sample via finger poke be routinely obtained** as the sole DNA reference sample.

Forensic experience has shown that some sexual assault complainants either forget details, consider it too emotionally painful, or feel embarrassment discussing oral intercourse. Accordingly, the Biology Section recommends against using buccal swabs as reference DNA samples from sexual assault complainants.

THEREFORE:

Canada

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Pulled pubic hair samples need no longer be routinely collected. If the complainant is hemophic or oral intercourse has occurred, collect approximately 15 pulled scalp hairs to be submitted as a reference standard.