EMERGENCY DEPARTMENT, PRIMARY CARE, URGENT CARE, & HOSPITAL PROTOCOL

Organizational Readiness Assessment: Medical & Healthcare Settings

Institutional Self-Audit for Clinical Identification, Forensic-Informed Care, & Safe Discharge

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> **Medical & Healthcare Scope:** Healthcare settings—including Emergency Departments (EDs), urgent care clinics, primary care, OB/GYN, dental, and occupational medicine—are among the few places persons actively experiencing trafficking access while exploited. Clinical readiness requires universal private triage, EHR/After-Visit Summary (AVS) safety controls, ICD-10 documentation standards, and warm hospital social-work handoffs **(ACF, 2019; SAMHSA, 2014)**.

Hospital / Health System / Medical Clinic Name: _____	**Assessment Date / Review Cycle:** _____
Chief Medical/Nursing Officer or Care Mgmt. Lead: _____	**Clinical Units Assessed (ED, Primary, OB/GYN, Urgent):** _____

Part 1: Medical & Healthcare Self-Audit Standards

1. **Engage Multidisciplinary Clinical & Support Teams:** Include physicians, nurses, triage staff, medical social workers/case managers, registration/billing staff, security, and patient advisors with lived experience.
2. **Protect Patient Safety in EHR & Discharge Paperwork:** Audit After-Visit Summaries (AVS), patient portals, and insurance explanation-of-benefits (EOBs) so sensitive notes do not alert an accompanying trafficker.
3. **Prioritize Medical Stabilization & Patient Autonomy Over Disclosure:** Focus clinical encounters on healing, safety, and warm resource connection rather than pressuring patients to disclose.

Part 2: Medical & Healthcare Readiness Indicators

Mark **Met** (consistent facility-wide clinical practice), **Dev** (developing / inconsistent across departments), **Gap** (priority institutional gap), or **N/A**.

Medical & Healthcare Readiness Standard & Focus	Met	Dev	Gap	N/A
Domain 1: Private Clinical Triage, Companion Separation, & Language Access				
1.1 Universal Private Exam & Triage Separation: Triage and nursing protocols routinely separate every patient from accompanying companions, employers, or family members (e.g., for vitals, imaging, or specimen collection) before asking safety questions. Normalizes private one-on-one time without raising suspicion from an accompanying trafficker.	☐	☐	☐	☐

Medical & Healthcare Readiness Standard & Focus	Met	Dev	Gap	N/A
1.2 24/7 Medical Interpreter Access & Companion Prohibition: All clinical units maintain immediate 24/7 video/phone access to qualified medical interpreters and strictly prohibit companions or workplace supervisors from interpreting. Ensures accurate informed consent and confidential clinical communication across languages.	☐	☐	☐	☐
Domain 2: EHR Documentation Safety, Forensic Care, & Billing Protections				
2.1 EHR Confidential Flagging, ICD-10 Coding, & Safe AVS Discharge: EHR workflows suppress sensitive trafficking notes from printed After-Visit Summaries (AVS) and shared portals, use confidential safety alerts, and apply appropriate ICD-10 codes accurately. Prevents printed discharge papers or portal alerts from exposing disclosures to a controlling third party.	☐	☐	☐	☐
2.2 Trauma-Informed Exam & SANE/Forensic Protocol Integration: Clinicians practice trauma-informed physical exams (asking permission before touching, explaining procedures) and have 24/7 access to Sexual Assault Nurse Examiners (SANE) and injury documentation. Protects bodily autonomy and preserves medical-forensic evidence if the patient elects future legal action.	☐	☐	☐	☐
Domain 3: Safe Discharge Planning, Financial Assistance, & Clinical Training				
3.1 24/7 Medical Social Work Handoff & Charity Care Access: Hospital social workers/case managers provide warm handoffs to emergency shelter, legal aid, and victim compensation, and registration waives upfront billing/ID barriers via charity care. Ensures patients can access follow-up medications and shelter without financial or documentation barriers.	☐	☐	☐	☐
3.2 Role-Specific Clinical & Security Training: Physicians, nurses, registration, and hospital security complete annual training on sex and labor trafficking red flags (untreated workplace injuries, scripted answers, malnutrition) and non-escalatory safety response. Prepares clinical and hospital support teams to recognize subtle presentations and protect patient autonomy.	☐	☐	☐	☐

Part 3: Medical & Healthcare Priority Action Matrix

Medical / Healthcare Readiness Domain	Readiness Tier (1–4)	Key Clinical / EHR Gap	Lead Owner & Target Date
1. Private Triage Separation & Medical Interpreters			
2. EHR/AVS Confidentiality & Trauma-Informed Exams			
3. Safe Discharge, Charity Care, & Clinical Training			

Medical / Healthcare Findings & 90-Day Action Plan

Practice Standards & References

1. Administration for Children and Families (ACF), Office on Trafficking in Persons. (2019). *Public Health Response to Human Trafficking: Organizational Readiness & Screening Guidance*. U.S. Department of Health and Human Services (Public Domain).
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services (Public Domain).
3. Trafficking Victims Protection Act of 2000 (TVPA), Pub. L. No. 106-386, 114 Stat. 1464 (2000) (codified as amended at 22 U.S.C. § 7102).

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