2025 Regional Sexual Assault Response Plan

OPH Region 7

January 2025

LOUISIANA DEPARTMENT OF HEALTH

Region VII has created its preliminary Sexual Assault Response Plan (SARP) in compliance with ACT No. 229 of the 2015 Regular Legislative Session. The plan was initially developed through the hard work of Todd Thoma, MD, Caddo Parish Coroner, and Olivia Jones, Executive Director of Forensic Nurse Examiners of Louisiana. Through outreach and coordination, the plan was extended throughout the entire nine parishes of Region VII with the agreement of coroners, law enforcement, hospitals, and rape crisis center leadership.

Parishes in Region VII: Caddo, Claiborne, Bossier, Bienville, DeSoto, Natchitoches, Red River, Sabine, and Webster.

Hospitals in Region VII:

Designated Region 7 Hospitals	ER	Location	Parish
Bienville Medical Center	Yes	Arcadia	Bienville
Willis-Knighton Bossier Health Center	Yes	Bossier	Bossier
Christus Shreveport-Bossier Health System	Yes	Shreveport	Caddo
North Caddo Medical Center	Yes	Vivian	Caddo
Ochsner LSU Health Shreveport	Yes	Shreveport	Caddo
Willis Knighton North	Yes	Shreveport	Caddo
Willis Knighton Piermont	Yes	Shreveport	Caddo
Claiborne Memorial Medical Center	Yes	Homer	Claiborne
Desoto Regional Health System	Yes	Mansfield	Desoto
Natchitoches Regional Medical Center	Yes	Natchitoches	Natchitoches
Christus Coushatta Health Care Center	Yes	Coushatta	Red River
Sabine Medical Center	Yes	Many	Sabine
Minden Medical Center	Yes	Minden	Webster
Springhill Medical Center	Yes	Springhill	Webster
Pathway Rehabilitation Hospital of Bossier	No	Bossier	Bossier
Red River Behavioral Center	No	Bossier	Bossier
Brentwood Hospital	No	Shreveport	Caddo
Life Care Hospitals of Shreveport Piermont Campus	No	Shreveport	Caddo
Shriners Children's Hospital	No	Shreveport	Caddo
Specialists Hospital Shreveport	No	Shreveport	Caddo
Louisiana Extended Care Hospital of Natchitoches	No	Natchitoches	Natchitoches
Specialty Rehabilitation Hospital	No	Coushatta	Red River

***** Please note that all hospitals containing an ER will be available hospitals for adult AND pediatric exams. The SAFE/SANE providers in the region are trained for adult and pediatric care.**

EMS Services in Region VII

Agency Name	Service Area
Advanced EMS	Webster, Bienville
Balentine Ambulance Service	Caddo, Bossier, Shreveport, Bossier City
Bossier City Fire Department	Bossier City EMS
Bossier Parish EMS	Bossier Parish
Caddo Fire District 1	Caddo Parish (Blanchard, Longwood area)
Caddo Fire District 3	Caddo Parish (Greenwood area)
Caddo Fire District 4	Caddo Parish (Four Forks, Colquitt Rd Area)
Caddo Fire District 5	Caddo Parish (Ellerbe, Forbing, Caspiana)
Caddo Fire District 6	Caddo Parish (Keithville)
DeSoto Parish EMS	DeSoto Parish (Mansfield, Logansport etc.)
Med Express	Sabine Parish
Natchitoches Parish EMS	Natchitoches Parish
North Caddo EMS	Vivian, Oil City, Hoston, Rodessa, Mooringsport, Dixie
Pafford EMS	Webster, Claiborne, Bienville,
Red River EMS	Red River Parish
Shreveport Fire Department	City of Shreveport EMS
Life Air Rescue	Helicopter EMS for all of region 7
Willis Knighton Transport	Willis Knighton Ambulance Service

Sheriff Offices in Region VII

Parish	Name	Email
Bienville	John E Ballance	jballance@bienvillesheriff.org
Bossier	Julian C. Whittington	Jwhittington@bossiersheriff.com
Caddo	Henry Whitehorn	ada.nelson@caddosheriff.org
Claiborne	Sam Dowies	sam.dowies@claibornesheriff.org
Desoto	Jayson Richardson	jrichardson@dpso.org
Red River	Glen Edwards	sheriffedwards@redriverparishsheriff.org
Natchitoches	Stuart Wright	
Sabine	Aaron Mitchell	a.mitchell@sabinesheriff.org
Webster	Jason Parker	jparker@websterssheriff.org

University/Collage Security in Region VII

University/Collage Security	Name	Email
Centenary Collage Public Safety	Eddie Walker - Director of Public Safety	ewalker@centenary.edu
Louisiana State University at Shreveport Police	Allen Johnson --Chief of University Police Department	police@lsus.edu.
Southern University at Shreveport Police Department	Jeffery K. Ivey – Chief of Police	jivey@susla.edu
Bossier Parish Community College Campus Safety	Jimmy Stewart- Chief of Police	
LSU Health Sciences	Director – University Police - Vaugn Burris Associate Director – University Police Scott Phillips	vaughn.burris@lsuhs.edu scott.phillips@lsuhs.edu

FORENSIC MEDICAL EXAMINATION (FME):

Per ACT No. 229, with respect to R.S. 15:622 and R.S. 15:623, a forensic medical examination is defined as an examination provided to the survivor of a sexually-oriented criminal offense by a healthcare provider for the purpose of gathering and preserving evidence of a sexual assault for use in a court of law. An FME shall include the following:

- Examination of physical trauma;
- Patient interview, including medical history, triage, and consultation; and
- Collection and evaluation of evidence, including but not limited to the following:
    - Photographic documentation;
    - Preservation and maintenance of chain of custody;
    - Medical specimen collection; and
    - When determined necessary by the healthcare provider, an alcohol-and-drug-facilitated sexual assault assessment and toxicology screening.

PURCHASE AND STORAGE OF SEXUAL ASSAULT COLLECTION KITS PRIOR TO USE:

The statewide tracking system, Sexual Assault Kit (SAK) Tracking System, requires that the Physical Evidence Recovery Kit (PERK) be uniform throughout the state. These kits will be

purchased by the hospitals from the State Crime Lab. SAFE nurse/medical coroner/physicians, law enforcement, and some survivor advocacy groups may also purchase collection kits to cover in case a hospital has low kit inventory. The PERK no longer requires vaginal washings, so it no longer requires refrigeration for storing nor does it expire. Due to this change, sterile water will need to be on-hand when the kit is used.

The PERKs are available through the State Crime Lab. If a hospital or entity has remaining kits, they may request barcodes from the State Crime Lab to continue kit usage until they are gone, and the kits can be tracked through the new system. The State Crime Lab is in the process of creating an online form to be able to request PERKs simply from their website, https://lsp.org/about/leadershipsections/support/crime-lab/sexual-assault-kit-tracking-unit/ . Until this is in place, kits may be requested via phone call or email to the following contact person: Email: Bridget DePew or Carie Whittington bridget.depew@la.gov or carie.whittington@la.gov

Phone: 225-925-7628

The kits will be sent out within a day or two from requested date.

PROVIDERS CONDUCTING FORENSIC MEDICAL EXAMINATIONS:

The use of Sexual Assault Forensic Examiners (SAFE) Nurses occurs in the nine parishes in Region VII. Because each Forensic Medical Exam can take 3 to 5 hours to perform, and because each SAFE nurse/medical coroner/physician has received training in both adult and pediatric forensic medical examinations, the SAFE nurse/medical coroner/physician is called to perform the FME. Since every parish is not currently covered by a SAFE nurse/medical coroner/physician, if a SAFE nurse/medical coroner/physician is not available, the emergency department physician or the coroner, if a medical provider, will conduct the FME. All parishes abide by this protocol, which has been signed all of the parishes.

Hospital/healthcare providers:

Each parish within Region VII has at least one hospital with an emergency department that is required by law to provide FME to survivors of sexual assault. Each hospital will be prepared to offer FME to survivors according to this plan. For parishes containing more than one hospital with an emergency department, it should be up to the survivor to decide which hospital to visit to seek services.

Procedure/protocol:

Hospital presentation of the adult survivor without law enforcement: the adult survivor decides whether or not to report. Once the adult survivor is assessed for safety, harm, and specific needs, the ER staff will call the Victim'**s** Advocate **(VA)**. The VA assists the survivor by providing information on the legal and medical processes. The VA explains the options to report or not to report to Law Enforcement. The VA acts as an intermediary between the survivor and the SART team and the legal system. The VA will provide the survivor with toiletries, clothing, assistance with calls, etc. Calling the VA should always be one of the first steps in aiding the survivor.

If the adult survivor decides to report to law enforcement, law enforcement is called and responds to the hospital. In all cases where the survivor is under the age of 18, it is mandated by law that the offense be reported to the appropriate law enforcement jurisdiction. If the survivor wishes to have a rape examination, whether reporting or not to law enforcement, the hospital will call the coroner's office to request a SAFE nurse/medical coroner/physician. If there is no SAFE nurse/medical coroner/physician available, the emergency department physician performs FME.

Until the responding officer arrives, the SAFE nurse/medical coroner/physician may gather only the information needed to perform the FME. The Physical Evidence Recovery Kit (PERK) will not be collected until the sex crime investigator has arrived, spoken to the survivor, and determined that the PERK administration is necessary. The investigator and SAFE nurse/medical coroner/physician/physician/ medical coroner will determine a mutually agreeable course of action based on the facts of the individual case.

The survivor has the right by law to have a VA (Victim's Advocate) present while being interviewed by law enforcement. The survivor may also request up to one other person besides the advocate to be present, unless this person is a potential witness. If the requested visitor is a potential witness, law enforcement will have discretion as to who will be allowed in during the interview. If the responding officer is not a sex crime investigator (SCI), the responding officer (RO) will take only enough information to complete his report, determine the crime scenes, witnesses, and suspects. The RO will call the sex crime investigator and brief. If a sex crime has been determined to have occurred, the SCI will present to the ER, debrief and release the RO. The SAFE nurse/medical coroner/physician and SCI will coordinate their interviews. The SCI will conduct an interview without the SAFE nurse/medical coroner/physician, during which the VA may be present. If another person is requested by the survivor, the SCI will use his/her discretion as to whether to allow that person in the room during the interview. The SCI will complete the interview, step out, and allow the SAFE nurse/medical coroner/physician to perform the FME, including the PERK. The SAFE nurse/medical coroner/physician will do minimal interviewing of the survivor during the FME. All evidence obtained is immediately relinquished to the

SCI. The SCI may leave and continue the investigation outside the hospital while the FME is being performed, as it takes often 3-5 hours. Once the FME is completed, the SCI or his designee will be contacted and all sealed evidence will be transferred to law enforcement's possession. The SAFE nurse/medical coroner/physician or HCP will provide the survivor with follow-up information regarding medical care and test results. The SCI or his designee will provide information regarding the investigative process, and an appointment should be made for a taped statement within 7 days of the exam, providing the survivor is willing. The survivor will be given the tracking number and informed of how to access the system, so that the survivor may look up the location of the PERK done on this survivor.

Law enforcement presentation: If law enforcement/EMS transports survivor or meets them at the hospital; law enforcement or the hospital will call the coroner's office to request a SAFE nurse/medical coroner/physician. If there are no SAFE nurse/medical coroner/physicians available, the emergency department physician performs FME. The VA should be called by law enforcement or the hospital, but it is imperative that the VA be called. The RO (responding Officer) will conduct a brief interview, during which the survivor may have a support person with them. If this person is a potential witness, he/she will be interviewed first and separately from the survivor. The RO will call the SCI on call and transport the survivor to the hospital of the survivor's choice. This is if medical attention is needed. The process will proceed as it does in hospital presentation (see above).

Transportation of Survivors:

Transportation of survivors from any facility unable or not best able to provide FME to another facility that is qualified to do so may take place by the survivor's personal automobile, by law enforcement (unless the survivor chooses not to report to law enforcement) or by EMS.

Pediatric Sexual Assault Survivors

Per the Louisiana Mandated Reporter Law (R.S. 14:131.1), hospital staff will report the suspected sexual assault of a minor, ages 17 and under, to the Louisiana Department of Children and Family Services (DCFS) and the appropriate law enforcement agency per jurisdiction.

The Gingerbread House Children's Advocacy Center and Pine Hills Children's Advocacy Center provide 24-hour, on-call services for after-hours emergency cases and can be contacted by members of the Multidisciplinary Team via cell phone according to the respective CAC's On-Call Schedule. The law enforcement investigator, in conversation with the CAC forensic interviewer on-call, will determine whether there is a need for an emergency interview and will utilize the CAC On-Call/Emergency Forensic Interview Procedure to schedule the forensic interview.

If there are any questions or concerns, please contact the Children's Advocacy Center in your jurisdiction, and they will assist. The contact information can be found below:

Gingerbread House CAC: 318-674-2900 (serving Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster parishes)

Pine Hills CAC: 318-255-7273 (serving Bienville, Claiborne, Jackson, Lincoln, and Union parishes)

Sexual Assault Examination Process Guidelines

Purpose: To provide guidance to the Forensic Examiner during the medical-forensic care of a patient who presents with a chief complaint of sexual assault and an evidence kit is requested, whether by police or by blind report. These guidelines are written with the understanding that each case presentation is different, as well as, the tolerance level of each patient. Therefore, this policy should be viewed only as a guide to assist the examiner in decision making during the medical-forensic examination rather than a strict policy. The examiner should always use his or her best judgment, in conjunction with his or her forensic education and the patient's tolerance level when performing a sexual assault medical-forensic examination.

Policy/Guidelines:

The Forensic Examiner should be a Physician or Registered Nurse who has completed additional advanced training in order to provide comprehensive medical-forensic care to patients with a chief complaint of sexual assault. This care includes, but is not limited to, examination of physical trauma, patient interview (including medical history, triage and consultation), collection and evaluation of evidence, including but not limited to photographic documentation, preservation and maintenance of chain of custody, medical specimen collection, and, when determined necessary by the healthcare provider, an alcohol- and drug-facilitated sexual assault and toxicology assessment.

The first priority in the care of any patient, including the patient whose chief complaint is sexual assault, is to treat life-threatening injuries. Although some portions of the forensic examination may be, at times, appropriately performed while life-sustaining measures are taking place, the forensic examination is likely to take place once treatment for life-threatening injuries has been rendered. The patient presenting to the Emergency Department with a chief complaint of sexual assault has the option to receive medical care only or to receive a medical-forensic examination either with or without law enforcement involvement, depending on the circumstances of the case and the age/mental capacity of the patient. See the Louisiana Revised Statutes for further information.

1) When a patient presents to the Emergency Department with a chief complaint of a sexual assault, the patient shall be triaged to assess the urgency of the patient's condition and severity of any injuries present. When appropriate (in accordance with the ER Protocol), the triage nurse will contact the Coroner or his designee, as well as a Victim's Advocate, if available. The Emergency Department staff shall follow the appropriate guidelines for caring for the sexual assault patient prior to the Forensic Examiner's arrival.

2) Once the Forensic Examiner/medical coroner/physician arrives, he or she shall gather all necessary equipment for the medical-forensic examination as well as ensure the working order of all supplies. The examiner shall introduce himself/herself to the patient and explain the role of a Forensic Examiner. He or she shall ensure the patient's understanding of reporting and treatment options before proceeding with the informed consent process and examination. If present, the Survivor Advocate may assist the examiner with providing explanation and assessing understanding of reporting and treatment options prior to the informed consent process. The patient may refuse any part of the PERK, or may refuse a forensic medical examination. Once the patient acknowledges understanding of the examination process and expresses a desire to proceed with examination, the examiner shall open the Physical Evidence Recovery Kit (PERK) and proceed with the informed consent process. The examiner is responsible for providing informed consent surrounding the sexual assault examination. This includes, but is not limited to, providing the patient with all the necessary information surrounding the examination procedure, declination of any portion of the examination, consequences that may be associated with declination of any portion of the examination, as well as the ability to terminate the examination at any point. Once informed consent has been obtained, he or she shall proceed with the examination of the patient.

3) The examiner shall begin the examination in a manner appropriate for the patient. This guideline is written with the understanding that each patient's needs, tolerance, and ability to answer questions related to the medical-forensic history as well as receive medical assessment and intervention will vary. In most cases, the examiner will begin the examination by completing the medical-forensic history portion of the PERK paperwork to the best of his/her and the patient's ability.

4) Once the examiner has obtained sufficient information, he or she shall proceed with the physical assessment as well as evidence collection and maintenance. The examiner shall proceed in a manner appropriate for the patient and the medical-forensic history provided by the patient and/or guardian using the instructions provided in the PERK paperwork and training as a guide for the collection process and technique.

5) Once the assessment and evidence collection has been completed, the examiner shall provide the patient and/or guardian with the appropriate education and follow-up instructions including but not limited to STI prophylaxis, Emergency Contraception, medical follow-up care, risks specific to sexual assault patients, assessing and addressing safety concerns, etc. If available, the Survivor Advocate may assist with providing follow-up instruction and addressing safety concerns with the patient but is not a substitute for providing medical related follow-up care.

6) The examiner shall provide report to the hospital medical staff responsible for the patient's care, if applicable, and discharge instruction. The examiner should provide a verbal report regarding the examination, assessment, concerns, etc. to the physician, physician's assistant, or nurse practitioner, if applicable, assigned to the patient. If no physician or physician substitute is available, the examiner may provide verbal report to the RN or charge nurse responsible for the patient's care. A SAFE forensic examination shall never substitute for a Medical Screening Exam per the Emergency Department Physician. The hospital medical staff shall be responsible for providing all medications as well as discharge instructions, when appropriate, from the hospital.

7) The examiner shall complete the remaining PERK documentation as well as seal each evidence envelope in the appropriate manner.

8) The examiner shall contact the law enforcement agency with jurisdiction in order to release the kit as evidence. Once the appropriate law enforcement officer has become available, the examiner shall complete the chain of custody forms appropriately, replace the completed PERK paperwork in the kit, seal the kit in the presence of the law enforcement officer and release it to the officer.

9) Should an appropriate law enforcement agent be unavailable to receive the PERK as evidence, the examiner shall follow hospital protocol or contact the Coroner in order to proceed with release of the kit as evidence in an appropriate manner.

10) The examiner shall follow the appropriate guidelines set forth by their Coroner/Hospital for proper maintenance of all examination records including, but not limited to, photographs, PERK paperwork, consent forms, etc.

It is important to note that PERKS will only be requested by law enforcement in cases where the SCI believes that biologic evidence may be obtained. If greater than 120 hours has elapsed since the assault, PERKS should not be requested. (Unless there are special circumstances that the SCI and the SAFE nurse/medical coroner/physician or HCP agree may allow the possibility of trace evidence being found). If the time elapsed is outside the window of 120 hours and SCI will present and do an investigation to determine the level of legal intervention. The survivor will be cared for and receive any medical exam and care needed, regardless of whether a PERK is requested for the survivor or by the survivor. No cost will be incurred for a PERK by a survivor and any costs will be sent to crime survivor's reparation.

COLLECTION AND STORAGE OF SEXUAL ASSAULT COLLECTION KITS FOLLOWING USE:

Code number for unreported cases:

For survivors who do not wish to report the incident to law enforcement (blind report), the survivor is afforded all rights as if reporting, but law enforcement is not called or involved. Any evidence collected shall be assigned a barcode and the hospital or healthcare provider shall maintain records for a period of at least 20 years from the date the survivor presented for treatment. The hospital or healthcare provider shall assign the code number by affixing to the evidence container a barcode to be used in lieu of the survivor's identifying information to maintain confidentiality. The barcode number is to be used for identification should the survivor later choose to report the incident.

The HCP should associate this discreet identification number with the patient's medical information, including the name of the SAFE nurse/medical coroner/physician or HCP performing the FME and the results of the FME. This will allow the investigating authority to readily obtain such information should the survivor decide to report at a later date.

All local hospitals will have a written procedure for blind reporting, and the SAFE nurse/medical coroner/physician, VA, or HCP will explain to the survivor that he or she has 30 days to decide to report to law enforcement before the evidence collected will be destroyed. The HCP shall provide the survivor with a *Blind Reporting Information Sheet* with the survivor's identification number, expiration date, procedures for reporting, and contact numbers for the Coroner's office and local law enforcement. Other informational numbers may be given as well.

This protocol and all contact numbers for each parish to include: the Coroner, local law enforcement, Survivor's advocate, Hospitals in the area, and other numbers (DCFS, etc.) can all be found under the Caddo Coroner's website: caddocoroner.com.

Collection of completed kits from healthcare provider:

At the time of completion of the FME, the Sexual Assault Nurse Examiner (SANE) or emergency department physician who conducted the FME will notify the appropriate law enforcement agency to collect the kit within two hours, pursuant to chain of custody guidelines.

The provider conducting the FME will notify either of the following:

- The law enforcement entity to which a report has been made, and that is currently investigating the report; or
- The law enforcement entity having jurisdiction over the location of the hospital.

This applies to both reported and non-reported assaults.

Law enforcement is responsible for the collection of completed sexual assault collection kits following chain of custody guidelines. Law enforcement is also responsible for storage of these kits whether or not the crime has been reported to law enforcement. Additionally, law enforcement will deliver kits to the crime lab in accordance with state law.

This protocol and all contact numbers for each parish to include: the coroner, local law enforcement, survivor's advocate, hospitals in the area, and other numbers (DCFS, etc.). All of the aforementioned contacts can be found under the Caddo Coroner's website: caddocoroner.com.

BILLING FOR FME:

Hospitals or healthcare providers will follow the provisions of ACT No. 229, relative to billing for FME. No hospital or healthcare provider shall directly bill a survivor of a sexually-oriented criminal offense for any healthcare services rendered in conducting a forensic medical examination as provided for in R.S. 15:622.

The expenses of the FME shall include the following:

- Forensic examiner and hospital or healthcare facility services directly related to the exam, including integral forensic supplies;
- Scope procedures directly related to the forensic exam including but not limited to endoscopy and colposcopy;

- Laboratory testing directly related to the forensic examination, including drug screening, urinalysis, pregnancy screening, syphilis screening, chlamydia culture, gonorrhea coverage culture, blood test for HIV screening, hepatitis B and C, herpes culture, and any other sexually transmitted disease testing directly related to the forensic examination; and
- Any medication provided during the forensic medical examination

The LA Crime Victim Reparations Board, the Louisiana Governor's Office, and the Louisiana Hospital Association are continuing to work to clarify this process and provide guidelines and fee schedules to be published at a later date.

The SAFE nurse/medical coroner/physician will be reimbursed $600.00 for the exam and all services included in the forensic exam. The healthcare facility where the forensic medical exam was conducted will be reimbursed up to $1000.00. These two services are directly billed to the Crime Victims Reparations Board. There is no competition for these funds. They are separate and distinct to the examiner and to the facility respectively.

If the victim sustained any other injuries which the emergency room provider treated, like a broken arm that required an x-ray, these services will be billed to the victim directly or to their insurance, only if they patient consents. If billed directly to the survivor, the survivor can then apply for additional medical assistance through CVR.

The survivor can begin the application process by contacting the local parish sheriff's office in which the crime occurred. CVR has a link on our website that gives the direct contact for the person responsible for assisting them. https://lcle.la.gov/programs/cvr/cvr-resources/.

The survivor should be given a copy of the Crime Victims Reparation form before they are discharged.

Community Meeting Requirement:

We had our meeting scheduled. However, there was a delay. The two invites are attached with the invitees identified in the copy line. The invitee list includes all coroners, school superintendents, district attorneys, children's advocacy centers, hospital ED nurse leads, SAFE staff, law enforcement to include university staff, EMS and Fire Departments, Louisiana State Police local leads, and Crime Reparations representatives. The sign-in sheet is also included for reference.

Please note that the plan is signed off by all Coroner's of Region VII.

Martha Whyte

Subject:	SARP Update
Location:	Caddo EOC, 1144 Texas Avenue in Shreveport
Start:	Thu 1/23/2025 1:00 PM
End:	Thu 1/23/2025 2:30 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Martha Whyte
Required Attendees:	byron.lyons@bpsb.us; Keith.Burton@caddoschools.org; jasonrowland@bossierschool.org; clay.corley@desotopsb.com; cbrooks@cpsb.us; geloi@nat.k12.la.us; swright@sabine.k12.la.us; astrong@rrbulldogs.com; jrowland@websterpsb.org; mlowe@2jdda.org; jmarvin@26thda.org; cadams@desotoda.com; Billy Joe Harrington; juliejones@39da.com; jstewart@caddoda.com; don@sabineda.com; jballance@bienvillesheriff.org; jwhittington@bossiersheriff.com; sam.dowies@claibornesheriff.org; jrichardson@dpso.org; swright@npsheriff.net; sheriffedwards@redriverparishsheriff.org; a.mitchell@sabinesheriff.org; jparker@websterssheriff.org; ada.nelson@caddosheriff.org; ewalker@centenary.edu; police@lsus.edu; jivey@susla.edu; jistewart@bpcc.edu; vaughn.burris@lsuhs.edu; casey@balentineambulance.com; bpdeputycoroner2 @outlook.com; office@bossiercoroner.com; tthoma@caddocoroner.com; whaynes75 @yahoo.com; steven.clanton@npcoroner.net; redriverparishcoroner@gmail.com; allen.mosley123@gmail.com; dpcoroner_locke@att.net; jwebster@gingerbreadhouseac.org; jmilan@gingerbreadhousecac.org; Olivia Jones (oliviajones.fnesane@gmail.com)

Good Morning,

I am writing, with very short notice unfortunately, to ask you to attend a meeting to update the required regional sexual assault plan. Several years ago, many of us met to write the plan, and it has been updated with legislatively required changes yearly. We were informed this week that we must now hold yearly meetings with community partners that may be involved with survivors to review and update the plan. We will have to include in the plan who was invited and who attended. This all will be updated on the LDH website. I do feel like this will be beneficial by assuring that everyone is aware of the regional plan and any changes. For those who have not been involved or seen the plan in the past, this plan delineates how sexual assault survivors are to be treated when they present for help after an assault. It puts in writing how our parishes will meet the requirements to assure survivors are treated with respect, fairness and in accordance with the law. Dr. Thoma has graciously offered his conference room as a place to hold the meeting, and it will be next Thursday, January 23rd at 1:00PM. We will send the exact location as we get responses as to who will attend, so please accept this invite as soon as possible. I will send the site no later than January 21st. I will also be sending the current plan and what needs to be changed or added by the new acts that passed this year. Please attend if at all possible. It is important. I need your input, and I would like to show the state that this region cares about how we will address this important group of survivors in our community. So very sorry for the short notice, but hope to see you Thursday! I will be also sending this to the hospitals, but If you have anyone from your parish or job who has a role in sexual assault response, please forward this to them and ask them to attend.

Thank you!

1

Martha Whyte

Subject:	Sexual Assault Response Plan
Location:	Caddo Coroner's Office conference room
Start:	Thu 2/13/2025 1:00 PM
End:	Thu 2/13/2025 2:00 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Martha Whyte
Required Attendees:	Allen Mosley, FNP-C; Amanda Lindberg; Jeffery Evans,MD; Mark Haynes, MD; Mark Holder MD; Michael Williams, MD; Mr. Steven Enlow Clanton, RN/EMT-P; Todd Thoma, MD; Wyche Coleman, M.D.; Bienville and Claiborne Parish; Billy Joe Harrington; Charles Adams; Don Burkett (Sabine); James Stewart; Julie Jones; Schuyler Marvin; casey@balentineambulance.com; Allison Strong; Byron Lyons; Chris Brooks; Clay Corley; Grant Eloi; Jason Rowland; jrowland@websterpsb.org; Keith Burton; Shane Wright; Bob Wertz; jwebster@gingerbreadhouseac.org; jmilan@gingerbreadhousecac.org; Blake Taylor Pafford; Chad Falls; Damon Johnson; Daniel Marze NCaddo; Eric Keel NPEMS; Ernest Mitchell; Gary Jones; George Alamond SFD; Jeff Ackes CFD 1; Jeff Watson; Kelth Harris; Scott Ingram; Shane Terral Life Air Rescue; Stephen Johnson Red River EMS; Steve Nezat; swolverton@wkhs.com; George Strickland

All,

I am rescheduling the sexual assault response plan review meeting. I am sorry for having to cancel it so abruptly. I hope you can attend; we need your input and agreement on the plan. We have to update the plan yearly, and they have required in person community partner meetings. I think this is a good requirement and will have more notice in the future. I am attaching the plan we currently have and the newest legislation we have to include in our update. Thank you to Dr. Thoma for allowing us to use his space. If we have a large number attending, we may have to move to the NWLA Crime Lab. I will let you know by Tues, February 11th.

Thank you,

Martha

Martha Whyte, MD
Regional Medical Director- LA Office of Public Health
NWRO, Region VII
Office: 318-676-7489
Fax: 318-676-7560
Cell: 318-455-8454

Sexual Assault Response Planning Meeting

Febuary 13, 2025

Name	Organization	Phone	Email	Signature
Sherondo Bell	Bienville Parish S.O	(318)263-2215	sbell@bienvillesheriff.org	
Tony Staton	Bossier SO	208-5110	tstaton@bossiersheriff.com	
STEVEN LOWERY	LA STATE POLICE	318-741-7411	steven.lowery@la.gov	
Rodger CASON	State Police	318-947-0570	rodger.cason@la.gov	
Chad Madden	Bossier Sheriff	754-6376	CMadden@bossiersheriff.com	
Suzanne Gallier	Red River School Bd	371-3141	suzanne.gallier@rrbulldogs.com	
Jackie Winston	Caddo SO.	318-560-2383	Jacqueline.Winston@caddosheriff.org	
Sonya T Hall	SFD EMS	318-673-6720	sonya.hall@shreveportla.gov	
Bryant Boyd	BCFD, BPEMS, WK	820-2442	Lsuboyde@gmail.com	
Frank Robison	OPH	318-676-7645	Frank.Robison@la.gov	
Kaye Pearson	WKSED	212-5501	kpearson@wkscd.org	
Billie Cook	Ochsner LSU	318-572-8377	billie.cookeochsnerlsuhs.org	
Lacie Hadley	GingerBread Home Care	314-674-2900	lhadley@gingerbreadhomecare.com	
Tonda Robison		318)402-9804	Tonda.Robison@gmail.com	
DAVID Janese	Shreveport FD	(201)851-2535	david.janese@lsuhs.edu	

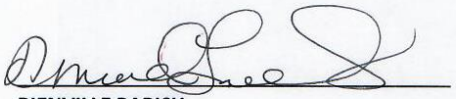
Sexual Assault Response Planning Meeting

Febuary 13, 2025

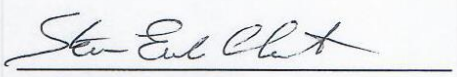
Name	Organization	Phone	Email	Signature
David Hamlin	Minden Medical Ctr	3184640280	david.Hamlin@Attmgt.com	
Christie Cox	Webster Parish Coroner	318-471-4426	christiecox@yahoo.com	
JASON EASTIN	LCLE (CVR)	225-342-7756	jason.eastin@lcle.la.gov	
Danielle Lax	LCLE (CVR)	225-342-1749	Danielle.Lax@lcle.la.gov	
MONICA Gray	BPCO	318 549-3415	mgray@bossiercoroner.com	
Sammy Halphen	BPCO	318 465 5608	shalphen@bossiercoroner.com	
Skyler VanZandt	RRPSO	318-734-7999	svanzandt@eadriverparishsheriff.org	
Ginger Pickett	Bienville Parish	318-245-2262	gpickett@bpsb.us	
Scott Powell	WKMC ED	318-560-2150	spowell3@wkhs.com	
Kendall Odaware	Christus Highland	318 780 6205	kdo46496@gmail.com	
Danny Puddy	RRPSO	318 465 5167	dpuddy@redriverparishsheriff.org	
GEORGE ALAMOND	SFIS	3186736729	george.alamonde.shreveport.la.gov	
Rusty Stamps	Caddo DA Office	318-226-6200	rstamps@caddoda.com	
KAI SMITH	OCHSNER ED	318 626 1212	kai.smith@ochsnerlsuhs.org	
LISA STEWART	North Caddo Med Center	318-375-4009	Melisa.Stewart@NCMCLA.com	
Jennifer Stump	WK Health	318 518-3176	jstump@wkhs.com	
Steven Eulon Clanton	NPCO	318-332-8632	steven.clanton@npcoroner.net	
HANK Haynes	WPSO	318-208-6072	hhaynes@websterSheriff.org	
BOBBY IGO III	WPSO	318-540-3761	bigoiii@websterSheriff.org	
Martha Lebyte	LPH DPH	3186767484	marthalebyte@la.gov	

Sexual Assaults Response Plan

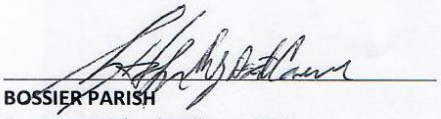
Coroner's Signature Page



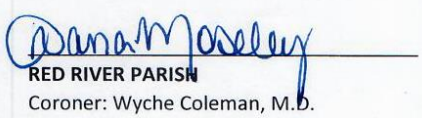
BIENVILLE PARISH
Coroner: Amanda Lindberg, RN, EMTP



NATCHITOCHES PARISH
Coroner: Mr. Steven Enlow Clanton, RN/EMT-P

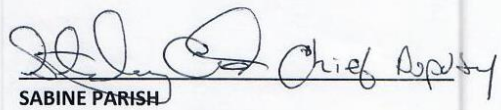


BOSSIER PARISH
Coroner: Michael Williams, MD

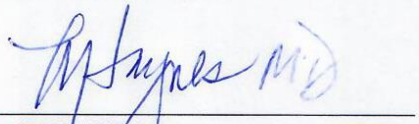


RED RIVER PARISH
Coroner: Wyche Coleman, M.D.

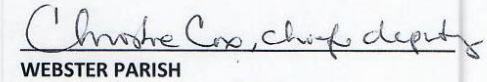
CADDO PARISH
Coroner: Todd Thoma, M.D.



SABINE PARISH
Coroner: Mark Holder, M.D.



CLAIBORNE PARISH
Coroner: William "Mark" Haynes, M.D.



WEBSTER PARISH
Coroner: Allen Mosley, FNP-C

DESOTO PARISH
Coroner: Stacey Henderson, M.D.