



April 2022

Idaho SANE/SART Update

... improving access to standardized care
for the patient who has been sexually
assaulted in the state of Idaho



Evidence Pearls

As we monitor the evidence submitted to the State Crime Lab via the SAECKs (sexual assault evidence collection kits) we can offer feedback to help improve evidence collection.

One of the most common 'errors' we see with kit collection remains collecting too many swabs from an area. Only three areas require collection of four swabs: the oral cavity, vagina, and anal cavity. You will collect a total of four swabs from cavities, using two dry swabs simultaneously. For the oral cavity — swirl two swabs simultaneously around the gum line of each tooth, front and back, avoiding cheeks (you will pick up too much of the patient's DNA if you swab the cheek), and repeat with swabs 3 and 4.

For the vagina, again use a total of four dry swabs, collecting two at a time. Swab the vaginal walls, the cervical body, and posterior fornix (behind the cervix). GENTLY, insert just the tip of one swab at a time into the os of the cervix and let sit for ten seconds—this will wick up any semen that has collected there. Do not twirl or otherwise move the swab while in the cervical os—it will collect too much of the patient's DNA. Repeat with swabs 3 and 4.

For the anal cavity, use four dry swabs, collecting two at a time. After obtaining anal dilation (with manual traction of the buttocks over a couple minutes and/or an anoscope) gently swab the first inch of the canal — do not pass the line of dentate, seen as a lighter colored, smooth tissue; the rectal tissue will appear more mucosal and red.

All other sites require ONLY two damp swabs for collection; both breasts can be swabbed as one site, the external genitalia (including mons, L. major and minora, F. navicularis, Posterior Fourchette, perineum and external anal folds) is collected with

two damp (use 1-2 drops of sterile water) swabs.

Each injury or stain site is swabbed with two damp swabs as well, and packaged separately.

MINIMUM COLLECTION

All patients (with consent) should have at least these swabs collected after sexual assault:

- * oral
- * external genitalia
- * vaginal
- * anal

If the patient has no memory of the assault, also collect from these sites:

- * lips
- * neck
- * breasts
- * inner thighs
- * any body site that fluoresces with the alternate light source

If you have any questions related to evidence collection reach out to the State Coordinator at:

deborah.wetherelt@isp.idaho.gov

Also: please keep any unused envelopes from the kits—do not return them in the sexual assault kit.

Body Cavities = 4 dry swabs : Non-cavities = 2 damp swabs



SPOTLIGHT ON NEW PROGRAMS — KOOTENAI HEALTH SERVICES

Megan Lorincz BSN, RN, CEN, SANE-A, is the Manager of the Forensic Nurse Examiner Program at Kootenai Health in Coeur d'Alene, Idaho. She has been an emergency room nurse for 13 years and with Kootenai Health for seven. Though having provided care for sexual assault patients throughout her career, she only received formal SANE training in 2016. Her desire for formal training came from the opportunity to sit down with the patient, connect with them, and aid them on their journey to healing, an opportunity you do not get often in Emergency Nursing.

In 2018, she began working for a local advocacy group in Spokane, Washington where she developed an on-call SANE program for the Spokane County hospitals. Over the past few years, she has instructed or co-instructed many SANE trainings and educations throughout the Inland Northwest and has been involved in many organizational and community committees. She also works with local prosecution in both Spokane and Kootenai Counties as an expert witness.

Megan shares information about the new unit with us:

When we talk forensic nursing, most think only about sexual assault. The scope of forensic nursing is actually much broader. We see these patients on a daily basis; however, most go unrecognized. Statistics show that every day, emergency departments across the nation are not recognizing human trafficking, domestic violence, intimate partner violence, strangulation, child or adult maltreatment due to lack of knowledge on what to look for, what to ask, and how to provide specialized care for these patients. Strangulation alone shows huge implication for death or long-term complications that are likely getting missed in the ED if nobody asks about it. Standard best practices recommend that a forensically trained nurse care for all victims of intentional trauma or abuse.

Presently, at Kootenai Health we do not have guaranteed 24/7 coverage with a Sexual Assault Nurse Examiner Adult (SANE-A) trained and even fewer Assault Nurse Examiner Pediatric (SANE-P) trained nurses. While our SANE-A cases have been down the last few years from 61 in 2019, 47 in 2020, and 29 this year, we have seen an increase in our SANE-P from 11 in 2019 to 27 cases this year. There is no specialty training or assignment for other victims of crime. We do not have good numbers for how many victims of other crimes we are seeing, as many may be missed and we are only tracking our sexual assault cases.

We are not achieving best practices and the Forensic Nurse program seeks to change that. With this program, we seek to have 24/7 on call Forensic Nurse Examiners (FNE) to cover all areas of forensic nursing care including:

- * sexual assault of adults, adolescents, children, and prisoners under PREA (Prison Rape Elimination Act)
- * domestic violence * interpersonal violence * assault/battery * child maltreatment
- * elder maltreatment * vulnerable adult maltreatment * strangulation/asphyxia
- * hangings * non-accidental burns * gunshot wounds * stabbings
- * workplace violence * other non-accidental trauma * suspect/perpetrator examinations
- * suspicious injuries/events, such as human trafficking, poisonings, drownings, kidnapping, female genital cutting or mutilation, acts of terrorism and other events that may have forensic implications.

The FNE will also be trained in expert witness testimony and may be called upon by our state or local prosecutors to testify.

While initially this will be an on-call program, this will likely change as the demand increases to a scheduled shift, once we have more data. As this program is still being developed, many of the details have not been decided, including call requirements and compensation. We are considering a 64-hour combined SANE A/P course and the 2-day clinical skills training as part of the minimum education requirement as a starting point. The FNE will also be required to participate in monthly peer reviews, and will be required to complete ongoing continuing education.

Our anticipated go-live is Summer of 2022. My goal is to have 30 providers with a two shifts per month call-requirement. We currently have 20 SANE-A trained or certified nurses, including myself. I hope to recruit at least half of them for this program. Medical oversight at go live will be by the attending physician for the patient. I hope as this program grows, that we can expand to have our own dedicated provider.

The expectation is the FNE will be called by staff when a patient presents that has any forensic implications. The entire organization will receive education regarding this new program prior to go live. The FNE will be responsible for history taking, assessment, including speculum examination as indicated, injury identification and documentation, medical-forensic photography, evidence collection, and reporting as required by Idaho Statute. They will also collaborate with other members of the care team to develop plan of care, provide patient education including follow up care recommendations and referrals.

Through this program, our goal is to better recognize patients that have been victims of crime in order to address their medical-forensic health care needs in a trauma informed manner in an effort to promote their safety and healing. We hope to increase collaboration among the multi-disciplinary team to better serve this population and help connect them with resources and also to

Mandated Reporting—Elder Abuse

“Are you safe at home?” is a question we should be asking every patient we care for; it is essential when caring for the assaulted patient. Most often, we think of the younger female when we are asking this question, but we need to be aware almost any of our patients can be at risk of various types of abuse and, as mandated reporters, we need to know what our legal obligations to those patients are.

Idaho Code 39-5303 outlines our duty to report possible abuse, neglect, exploitation or self-neglect of a vulnerable adult — but what is a vulnerable adult and where must that report be made?

The vulnerable adult is defined as anyone who is 18 years or older and who is unable to protect him/herself due to physical or mental impairments. (Anyone under the age of 18 who may be neglected is a pediatric patient and is covered by those mandated reporting guidelines).

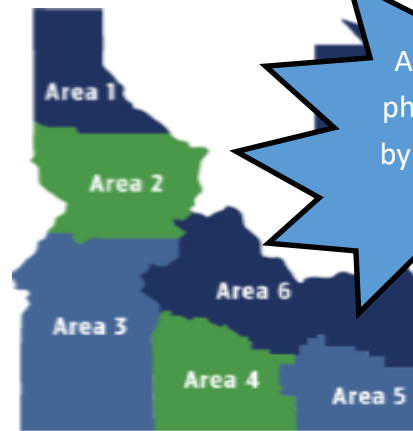
The Code specifies the report must be made to your local Area Agency on Aging (AAA) and the report must be made within four hours of becoming suspicious that abuse/neglect may be a factor for your patient.

To make a report in person or by phone you can find your local AAA contact information by going to www.aging.idaho.gov and click on the “Find Nearby Services” map of Idaho — your county is listed with the regional contact number.

You can also make a report online; go to www.aging.idaho.gov and look to the top of the page for “Online Reporting Tools” and click the link. You will be directed to a new page to make your report. You cannot report anonymously; you will have to provide your name so the agency can follow up with you as needed.

Idaho Code 39-5303 provides protection from civil or criminal liability if the report is made in good faith; conversely, the Code also provides that mandatory reporters who fail to report maltreatment of a vulnerable adult may be convicted of a misdemeanor.

Information provided by: Deedra Hung, Program Specialist, Idaho Commission on Aging; Mandated Reporters brochure



Area on Aging
phone numbers
by Idaho region:

Area 1: North 208-667-3179 or 800-786-5536

Area 2: North Central 208-743-5580
or 800-877-3206

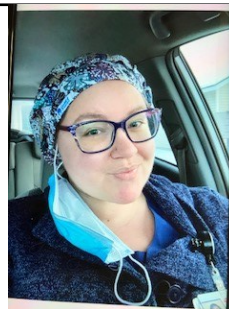
Area 3: Southwest 208-898-7060 or 800-850-2883

Area 4: S. Central 208-736-2122 or 800-574-8656

Area 5: Southeast 208-233-4032 or 800-526-8129

Area 6: East 208-522-5391 or 800-632-4813

Congratulations ... Again!!



Emily Mangas, who practices at the Domestic Violence & Sexual Assault Center in Idaho Falls, and Jane Spohn, who practices at Kootenai Health in Coeur d'Alene both decided to bite the bullet in 2021 and sat for the IAFN (International Association of Forensic Nurses) Certification Exam, not once, but TWICE!! Both are now double-certified as SANE-A and SANE-P. This is a tremendous accomplishment; they are two of only three double SANE-certified nurses in Idaho! Congratulations, Emily and Jane!!

Hope is being able to see that there is light despite all the darkness.

Desmond Tutu

Animals at Work??

Have you had a patient bring an animal in to your healthcare organization when they presented for care? What do you do when the patient insists on having her “service” animal with her during an exam?

Well ... that’s a great question! First, let’s talk about the different kinds of service animals you may see and what legal protections they have.

A “Service Animal” is defined under the Americans with Disabilities Act (ADA) and must either be a dog or miniature horse that has been trained to assist an individual with their disability; this may include a psychiatric service animal.

The service animal must be allowed to go where members of the public can go and the patient can not be asked to provide proof of their disability OR any certification for the animal.

An “emotional support animal” is covered under the Fair Housing Amendments Act (FHAA), where the term is called “Assistance Animal”; the protection for these animals applies *only* to housing. The animal may be any species, is not trained to perform any act for their owner but may provide comfort to them by doing what animals naturally do.

A housing provider can ask for documentation requesting a reasonable accommodation for an assistance animal when it is not clear what the disability or assistance being provided is.

A therapy dog is one that has been trained to provide assistance for people in general, and has a handler. Think of the dogs brought into a Children’s Hospital or Nursing Home.

If your patient brings an animal in to be with them for their exam, we recommend you allow the animal to remain — as long as its behavior does not endanger you, or anyone else in the organization.

Don’t worry about animal hair contaminating a kit; even if a stray hair finds its way into the kit, the State Lab will recognize it as non-human.

Office on Violence Against Women, US Department of Justice, “Overlap of terms between Service Animal and Assistance Animal”


IKTS Entry is Required by Law for Healthcare Providers

All organizations that collect SAECKs are required by Idaho law to enter those kits in the IKTS system. The system is set up like dominoes—as kits are collected, the healthcare provider must enter the kit into the system so the next user can do their entry. First, enter the kit number you are using:

<https://isp.idaho.gov/SexualAssaultKitTracking/>

Sexual Assault Kit Tracking

This site tracks sexual assault kits issued by the State of Idaho

 Authorizing Legislation

This website enables the tracking of sexual assault evidence kits* in the state of Idaho in compliance with Idaho Code Chapter 29, Title 67, Section 67-2919.

*Sexual assault evidence kit means a set of materials, such as swabs and tools for collecting blood samples, used to gather forensic evidence from a victim of reported sexual assault and the evidence obtained with such materials.

[Sexual Assault Victim Notification Form](#)

Instructions

Select the kit number from the list:

<https://isp.idaho.gov/SexualAssaultKitTracking/medical/dashboard>

Sexual Assault Kit Tracking Home Search Manage Help

serial number Logout

Domestic Violence and Sexual Assault Center Dashboard

Incoming Kits: 0 In-Process Kits: 13

Serial #	Received On	Received By	Status	Destination Agency
05305	02/10/2021	Emily Mangas	Unused	...
05683	07/01/2021	Emily Mangas	Unused	...
05694	07/01/2021	Emily Mangas	Unused	...
05631	09/27/2021	Emily Mangas	Unused	...

Verify the kit’s expiration date:

Fill in the Collecting Medical Agency:

Fill in the Destination Law Enforcement Agency:

Fill in the Collection Date:

Fill in Victim Type (Named/Anonymous)

Send and Save

Sexual Assault Kit Tracking Home Search Manage Help

serial number Logout

DASHCARD / KIT #05305

Sexual Assault Kit #05305

Kit Timeline Send Kit... Repurpose Kit...

Expiration Date: 05/28/2023

Collecting Medical Agency: [Dropdown]

Collection Date: [Date Picker]

Destination Law Enforcement Agency: [Dropdown]

Victim Type: ☐ Named ☐ Anonymous

Save