



Idaho SANE/SART Update

October 2022

... improving access to standardized care
of the sexual assault patient in the state
of Idaho



Evidence Pearls

THEY'RE HERE!! We've waited over a year but our newly revised SAECKs (Sexual Assault Evidence Collection Kits) have arrived and you will be getting them with your next order (some sites have already received the new kits).

We noticed two issues with the kits that we have already addressed with the manufacturer; the Patient Information and History Form is currently two separate pages, we have requested that be a back-to-back one page form.

We also noted that the "peel and seal" envelopes were not included — that will be changed with our next shipment; until then you may need to unseal the envelopes before using them, as the heat encountered during shipping has caused some of them to seal.

Two of the biggest changes we feel to be positive is the "multiple choice" of suspected fluid on the evidence envelope; you can now just "check" whether you suspect semen, saliva, or blood. If you are submitting swabs for manual contact or digital penetration you will still need to enter that information on the envelope manually.

The second change is that each evidence envelope has the correct number of swabs needed for each site; we are hopeful this will decrease the incidence of too many, or too few, swabs being used for each site.

If you have suggestions for more improvements be sure to let Deb know; she is keeping a list for the next go-round of revisions.



And then there were two

In 2022 Deb has scheduled 11 40-Hour SANE-A courses across Idaho, in addition to presenting *Forensic Nursing and Law Enforcement: the intersection of healthcare and criminal justice* and *Strangulation*, a course designed to be a shared session for healthcare and law enforcement. Personal call, attendance at SART meetings, travel for consultation with SANE programs has led to a LOT of miles on the state car!

At the October ISAKI meeting it was decided that ISP should solicit grant funding to hire a second RN for the ISP Forensic Nursing Discipline. The grant application has begun and, when received (positive thinking, right?) ISP will begin recruitment.

We anticipate that the second RN will take over teaching the SANE-A courses (likely much fewer than 11 each year!) and Deb, who will be off grant funding April 1, 2023, will begin developing a pediatric program to be offered across the state.

If you are interested, or know someone who may be interested, please contact Deb for more information and details on the position and the application process.

Upcoming Courses

It is the goal of ISPFS (Idaho State Police Forensic Services) to educate 250 nurses as SANE nurses in Idaho ... to that end we are working with hospitals and other organizations to schedule a minimum of four **40-hour SANE courses** in Idaho each year. This course will qualify the Registered Nurse, APN, or Physician to perform Medical Forensic Examinations for patients who have experienced sexual assault. Currently there is one course scheduled in March in Lewiston, and we are looking at one in Meridian in early April. If you have any interest in hosting one of these sessions please contact Deb for details.

2-Day Skills Labs

Emily Mangas, with the Domestic Violence and Sexual Assault Center in Idaho Falls, has room left in the 2-Day Skills Lab being held in Meridian Nov. 28th and 29th. This class uses live models to provide hands-on practice for the skills needed to practice as a SANE, after completing the 40-hour SANE-A course.

Registration is handled through Eventbrite:

Meridian Class:

<https://www.eventbrite.com/e/255500277207>

Cortexflo Classes

We had great attendance at the Cortexflo classes last week in Idaho Falls learning how to feel more comfortable using the Cortexflo for SANE exams.

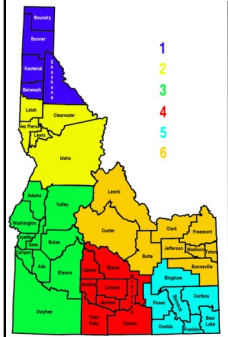
Remember, please practice any chance you get with the Cortexflo — DO scan the URL and report the practice sessions as “practice”. If you use the device for exams other than sexual assault use the URL and select “other” for type of exam and then type in “forensic injury”.

Since the equipment was purchased using federal grant monies we need to register each exam to track that we are, indeed, using the equipment and that the majority of the exams were for sexual assault.

Deborah.wetherelt@isp.idaho.gov

Need to order kits?

Email R3lab@isp.idaho.gov and tell us how many you need. If you need toxicology kits, please email the lab in your district, the same R3 email, or R1lab@isp.idaho.gov or R5lab@isp.idaho.gov.



988
SUICIDE
& CRISIS
LIFELINE

New National Suicide Hotline

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline's network of over 200 crisis centers has been in operation since 2005, and has been proven to be effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

When a caller reaches the line they will hear an automated greeting that tells them they have reached the Suicide and Crisis Hotline, they can select Spanish as a language, and they have a specific counselors for veterans or current military members. The call is then routed to the crisis center nearest them. If there is no answer at the local crisis line the call is routed back to the national hotline.

Check with your local crisis center to see if they are connected to the national hotline number!

Sometimes the most

productive thing

you can do is to relax!



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 no Sexual Assault Nurse Examiner Pediatric (SANE-P) trained nurses in our emergency department. While our SANE-A cases have fluctuated the last few years from 67 in 2019, 61 in 2020, and 36 in 2021, we have seen an increase in our SANE-P from 12 in 2019 to 29 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 estimate approximately 400 potential crime victims that this program could be serving annually.

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 (including adult, adolescent, pediatrics, prisoners under the Prison Rape Reform Act or PREA)
- Non-accident trauma, examples such as:
 - * Domestic Violence
 - * Intimate Partner Violence
 - * Assault/Battery
 - * Child Maltreatment
 - * Elder/Vulnerable adult maltreatment
 - * Strangulation/Asphyxia
 - * Hangings
 - * Non-accidental burns
 - * Gun shot wounds
 - * Stabbings
 - * other non-accidental trauma to report

- Other suspicious injuries or events, such as
 - * Human Trafficking
 - * Poisoning
 - * Drownings
 - * Kidnapping
 - * Female Genital Mutilation
 - * Acts of terrorism
- Other events with forensic implications
- Patients suspected of crime



The FNE will also be trained in expert witness testimony and may be called upon by our state or local prosecutors to testify. We also seek to support our hospital's clinical violence program and the staff that are affected by this.

See next page ...

Program Spotlight, continued

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. Plan is for nurses to be required to sign up for two on-call shifts per month, one of which must be a night or weekend shift. Nurses will be compensated at Kootenai's established standby pay rate with call back pay when called in for examination or consult. Minimum training will be a 64-hour combined SANE A/P course and a 2-day clinical skills training approved by the International Association of Forensic Nursing. The FNE will also be required to participate in regular staff meetings, quarterly peer review, and will be required to complete 24 hours of ongoing continuing education annually.

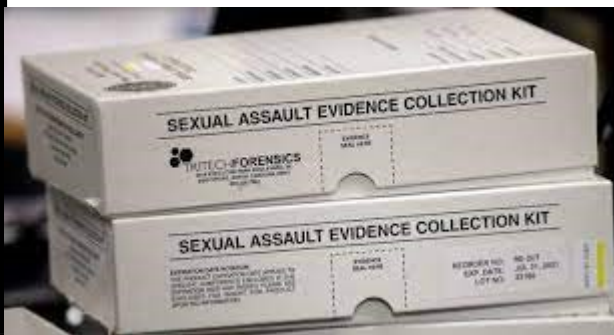
Our anticipated go-live is January 2023. We currently have 20 SANE-A trained or certified nurses, including myself across our organization. I hope to recruit at least half of them for this program. We have also had significant interest by newer staff in joining this program. Medical oversight at go live 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 identify gaps and barriers in the system. Future potential for this program includes: tele-sane, follow-up clinics, a regional call system, a multidisciplinary education center, and a long term goal of becoming a premier center for medical-forensic education and care.

Megan Lorincz MBA, BSN, RN, CEN, SANE-A, GFN-C 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 14 years and with Kootenai Health for eight. 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 as they begin 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 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.



How Many Swabs???

Body cavities (mouth, vagina, anus): 4 dry swabs

Non-cavity sites: 2 damp swabs