SANE Program Update
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Sexual Assault Nurse Examiners have become a welcome asset and provide standardized assessment and treatment for sexual assault victims. They serve a vital role in the legal process and general support of this patient population for many EDs across the state. However, the availability of this valuable resource is inconsistent and under pressure recently in many areas including at Central Washington Hospital in Wenatchee and North Central Washington. In recent years the availability of trained SANEs declined as the ranks of RNs who supported Wenatchee’s program for years could not be bolstered enough to provide 24/7 coverage. Wenatchee is not alone in facing recent challenges in maintaining a strong community sexual assault program and thankfully our State is responding.

In December 2016 a report for the Legislature was submitted by the Office of Crime Victims Advocacy titled “Sexual Assault Nurse Examiners.” In appendix B on page 42 of this report a table contains information about SANE services at EDs in WA. Out of a total of 72 hospitals included in this table, 33 were listed as “N/A” for a SANE on staff and 29 others were listed as “services may not be available based on current staffing.” This demonstrated opportunity for improving access to SANE services. A new report is in process to be submitted soon and will include more complete and current data.

Richard Torrance is the Managing Director of the Office of Crime Victims Advocacy which is under the State Department of Commerce. He is dedicated to finding ways of supporting local efforts to improve SANE services. According to him our state’s response to the deficit in SANE services has been ramping up since Senator Patty Murray took on the issue in 2015. This was prompted by recognition that there were thousands of submitted although untested evidence kits. Since then, Senator Murry has been a leader at a state and federal level on the issue. Her work, along with that of many other individuals and non-profit organizations, led to funding and a bill establishing the WA State Legislature’s Sexual Assault Forensic Examination (SAFE) Best Practices Taskforce. Leah Fisher has been a particularly effective member of the Taskforce. She identifies as a victim and has been vocal in describing the experience a victim can go through in seeking evaluation and justice for an assault. She has testified at the state and federal level in order to forward this agenda.
The work to improve services for victims of sexual assault has gained momentum. New Funding has been allotted in a “Kit Account” to process submitted evidence kits and to track kits. It has also led to new training of over 100 SANE.s and the state recently received a $600K grant from the DOJ for more training. The Office of Crime Victims Advocacy is in the process of publishing a new report which will include a focus on the availability of training. This report will also further address a general response to sexual assault in context of an advocacy response paradigm for each county. There should currently be a paid advocate in all counties as part of each CSAP (County Sexual Assault Program) which is a service provider required to be available 24/7. The Office of Crime Victims Advocacy would like to spread the word to law enforcement, prosecutors etc. about the CSAP/advocate resource so that it may be used for follow-up work in cases when that resource was involved initially during the acute response to the assault.

New state legislation regarding SANE services has been passed while other bills are pending. **HB 1016** was recently passed and takes effect on 07/28/19 although the bill does not require compliance until 07/01/20. It mandates hospitals to have an established “response” for any patient who presents requesting sexual assault evidence kit collection. A “response” includes local service to provide the SANE examination and evidence kit collection along with the option to have a CSAP advocate present. When those services are not available the hospital must notify the patient of that fact within 2 hours of ED presentation. It must also have an established plan for coordinating with the local community sexual assault agency to assist the patient in finding a facility with the appropriate provider available where they can receive this service in a timely fashion. Other relevant legislation includes recently passed bill **HB1166** which specifies details of supporting assault survivors along with another pending bill that may lead to cooperation with WSU for facilitating SANE training.

In Wenatchee, Confluence Heath has committed to maintaining this service at Central Washington Hospital and our solution strategy includes some important changes. Our Trauma Program Manager Jay Bretz RN assumed the role of SANE program manager. Our nursing ED Director and ED Clinical Manager completed the SANE training and will provide coverage when possible if there are holes in the call schedule. 2.1 FTEs for SANE/ED cross covering RNs were approved. This position is meant to assure that 50% of the time the ED will be staffed by a SANE with a primary responsibility of providing SANE services when needed and a secondary responsibility of working as an ED RN during all other times of the shift. We will continue to use pool SANEs 50% of the time to meet our goal of 100% coverage. We have also revised our local SANE Triage Guideline to provide
clear guidance as to how our Emergency Department will respond to the needs of sexual assault victims. The Guideline is included below as reference along with some other relevant links for state resources. The Washington Coalition of Sexual Assault Programs and Harborview Center for Sexual Assault and Traumatic Stress are available to advise or assist any Emergency Department administration in developing their response plan and/or working to improve local resources. Any local Community Sexual Assault Program is a good resource for coordinating sexual assault medical advocacy services. The Washington State Crime Victims Compensation Program reimburses hospitals for the cost of exams and the Office of Crime Victims Advocacy periodically releases grants and funding opportunities to assist with forensic exam costs.

Maintaining reliable SANE services across our expansive state is a unique challenge which is worth addressing. Thankfully our State Government is engaged in this effort. Hopefully, in sharing information and accessing available resources our local Emergency Departments can meet the needs of those who have been sexually assaulted and seek our help.

Confluence Health Guideline: SANE Triage

PURPOSE:

To provide guidance for staff when a sexual assault patient presents to the ED or is referred to the Central Washington Hospital (CWH) from an outside agency.

DEFINITIONS:

A. On Shift: Working as ED RN in the CWH Emergency Department

B. On Call: Standby Call with a 45 minute response time

GUIDELINES:

When a Sexual Assault patient presents to the Emergency Department:

A. If there is a Sexual Assault Nurse Examiner (SANE) RN On shift in the ED:

1. Then the SANE RN will be assigned as the patient's primary RN and the patient will be roomed in room 8. The SANE RN will inquire if the patient would like a Survivor Advocacy Group (SAGE) Advocate present and make arrangements if this is the patient's preference.

B. If there is a SANE RN On Call:
1. Then the patient will be assigned a primary RN from the ED staff who is responsible for triage and all nursing care not related to the SANE Exam. The Primary RN will inquire if the patient would like a SAGE Advocate present and make arrangements if this is the patient's preference.

C. If no SANE RN is On Shift or On Call:

1. Then the patient will be triaged and if it is determined that they have an immediate medical need, they will be roomed and assigned a primary ED RN and physician.

2. If at triage it is determined that the patient does not require immediate medical attention, then the patient will be informed by the triage or charge nurse that there is no SANE RN available and when the next SANE RN will be on call or on shift. The patient will be given the option for a medical screening exam by an ED Physician.

3. The opportunity to have an advocate present will be provided regardless of SANE RN availability.

D. If the patient chooses to wait until a SANE is on shift or on call:

1. Then the triage or charge RN will ask the patient if they would like a SAGE advocate present. If the patient would like a SAGE Advocate present, the Charge RN will contact SAGE for an advocate.

2. If the next SANE RN will be on call or on shift within 30 minutes, then the patient may be roomed in room 8 and assigned a primary ED RN who will initiate the nursing process. If the next SANE RN will not be on call for greater than 30 minutes, then the charge RN will determine if the patient will be roomed based on ED census, staffing and time until a SANE RN is available. If the SANE RN is an ED RN, then care will be handed over to the SANE RN. If the SANE RN is not an ED RN, then the ED RN will remain the primary RN for this patient.

E. If the patient chooses to return when a SANE RN is on shift or on call:

1. Then an initial encounter with the patient will be created and the triage or charge RN will document the time of the sexual assault. The patient will be instructed not to shower (if it will be >36 hours before the SANE exam can take place then patient may shower if they wish, but should not douche) and to place clothing worn at the time of assault into a brown paper bag. If Law Enforcement is present or has been notified, any evidence or clothing may be given to Law Enforcement to preserve chain of evidence. If greater than 72 hours will have passed between the time of the assault and the next SANE RN on call or on shift, then the patient will be provided the opportunity to be roomed and administered any STI prophylaxis and/or emergency contraception indicated. The SANE Exam can be performed up to 120 hours from the time of the assault. The patient will be instructed to return to the ED for the SANE exam within this time frame if a SANE RN will be available.

F. If the patient requires a SANE exam before the next SANE RN is on shift or on call:
1. Then, in coordination with local advocacy group, the patient will be provided information on what the closest facilities are that provide SANE services.

G. If an outside agency such as a hospital, Law Enforcement or Sexual Advocacy Group contacts CWH wishing to refer a sexual assault patient:

1. If there is a SANE RN on call or on shift, then follow the work flow outlined above.

2. If there is no SANE RN on call or on shift, then inform the referring agency when the next SANE RN will be on call or on shift, provide information on other agencies that provide SANE services, inform the patient or agency that if the patient wishes to have a SANE exam that the patient should refrain from showering and place any clothing worn at the time of the assault in a brown paper bag. Inform the referring agency or patient that they may present to the emergency department at any time for additional required medical care and any indicated STI prophylaxis and/or emergency contraception.