Guide to Establishing an On-Call Sexual Assault Nurse Examiner Program

Prepared by the Sexual Assault Medical Forensic Services Implementation Task Force

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This resource has been created by the Sexual Assault Medical Forensic Services Implementation Task Force pursuant to 410 ILCS 70/9.5(c)(2). Implementation of these recommendations, templates, and documents in this Guide is not required by hospitals. The templates and documents may be modified to meet the needs of the facility.

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Public Act 100-0775 expands the Sexual Assault Survivors Emergency Treatment Act (SASETA) to ensure that all survivors of sexual assault and sexual abuse are treated in a timely manner by health care professionals who are specially trained to conduct medical forensic examinations of sexual assault and sexual abuse survivors. The Act is the product of a yearlong collaboration among the Illinois Department of Public Health, the Office of the Attorney General, child abuse pediatricians, sexual assault nurse examiners, and other medical providers, rape crisis advocates, children's advocacy centers, hospitals, state's attorney's offices, and state agencies.

Public Act 100-0775 established the Sexual Assault Medical Forensic Services Implementation Task Force ("Implementation Task Force") and set forth numerous goals to accomplish before December 31, 2023. One of the goals is "to facilitate the development of on-call systems of qualified medical providers and assist hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5[.]" [410 ILCS 70/9.5(c)(2)]. The Implementation Task Force created this Guide to satisfy this statutory mandate.

Providing medical forensic services to a sexual assault patient can take anywhere from 3 – 6 hours per patient. Accordingly, employing or contracting with sexual assault nurse examiners (SANEs) to fulfill the requirement for qualified medical providers is generally the most cost-effective approach for hospitals to take. This Guide provides hospitals with important information and options to weigh when considering whether to start an on-call SANE program and what type of employment model to establish.

Additional information regarding the Implementation Task Force and resources on the implementation of the changes to SASETA can be found at http://www.illinoisattorneygeneral.gov/victims/saimplementationtaskforce.html.

The full text of Public Act 100-0775 can be found at http://ilga.gov/legislation/publicacts/100/PDF/100-0775.pdf. The full text of SASETA can be found at http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1531&ChapterID=35&Print=True.

Please email sane@atg.state.il.us to receive Word or Excel versions of any of the documents contained in this Guide.

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SECTION ONE: A Staffed SANE Program Model vs. An On-Call SANE Program Model

When considering whether to start an on-call SANE program, it is important for hospital administrations to understand the differences between an on-call model and a staffed model. Each type of program will have its own advantages and disadvantages that are specific to each hospital or healthcare system.

The following chart compares the two models. Hospital administrators should take into consideration the number of sexual assault patients typically served, their location, including proximity to other hospitals, the availability of financial resources, the current staffing levels of the Emergency Department, and the anticipated hiring needs to sustain each type of program. A SANE program may also be a hybrid of the two models, which will be addressed elsewhere in this Guide.

Comparison of Staffed SANE Programs vs. On-Call SANE Programs[1]

	Staffed SANE Program	On-Call SANE Program
Availability of SANEs	Smaller pool of potential SANEs.	Bigger pool of potential SANEs.
Turnover rates of SANEs	Lower turnover.	Higher turnover.
Number of SANEs Needed to Sustain Program	• Dependent on patient volumes. • Minimum one SANE but may be up to four SANEs staffed, not including coordinator. • Fill-in gaps with 5-10 on-call SANEs.	The general recommendation is at least 15-20 SANEs; however this will be dependent on whether a hospital serves a low, moderate, or high volume of sexual assault patients.
Staffing Cost	Higher staffing cost.	Lower staffing cost.
Training Cost	Lower training cost.	Higher training cost.
Program Expansion	Ability to assist with other forensic patients.	• May be more difficult due to SANEs other jobs. • Increased burnout with program expansion due to increased volumes.
Collaboration	Higher utilization of SANE when integrated into the ER model of care.	May not be familiar with other ER staff if only responding occasionally.

[1] This information was identified by contacting a range of existing SANE programs across the county.

Availability of SANEs – The pool of available SANEs for a staffed SANE program is limited to SANEs employed by the hospital. On-Call SANE programs can include SANEs employed by the hospital, by other hospitals, by physician's offices or outpatient clinics, etc. For either type of program, consider recruiting nurses from departments other than the emergency room. Diversity of experience brings additional strength to the program.

Turnover rates of SANEs – On-call SANE programs have higher turnover rates than staffed SANE programs. When on-call, the SANE goes to the Emergency Department when needed. An on-call SANE has another job and this is a secondary position for them. Providing medical forensic services is often just one of many duties of a SANE in a staffed program. Other duties would include staff education, peer review and expert consultation.

Number of SANEs Needed to Sustain Program - In order to sustain a staffed SANE program, a hospital with a low volume of sexual assault patients will need approximately 1-2 SANEs and 10-15 on-call SANEs. A hospital with a moderate volume of sexual assault patients will need 2-3 SANEs with 10-15 on-call SANEs, and a hospital with a high volume of sexual assault patients will need 3-4 SANEs with 5-10 on-call SANEs. The number of SANEs needed for an on-call program will vary depending on the number of hospitals participating in the program, the size of the hospitals and the overall sexual assault patient volumes. In general, an on-call program will need approximately 15 – 20 SANEs. A hospital with a high volume of sexual assault patients should also consider having a back-up on-call so that services can be provided in a timely manner for all patients.

Staffing and Training Costs – Staffing and training costs vary depending on the model established and the size of the hospital. The Guide will discuss staffing and training costs in more detail in Section Eight. Either a staffed model or an on-call model can share the cost among hospitals, which choose to collaborate to establish a multi-facility program.

Program Expansion – Many SANE programs across the country have realized the potential for SANEs to improve the quality of care provided to forensic patients. These patient populations include victims of human trafficking, elder abuse, child abuse/neglect, strangulation, interpersonal violence and trauma. Some of these programs are now seeing well over 1,000 forensic patients a year, therefore validating the need to employ staffed forensic nurse examiners (FNEs).

Collaboration – An individual employed full-time by an emergency department will have improved relationships and utilization of their services. On-call SANEs are often not seen as a part of the overall emergency room team and may have barriers with communication, trust and understanding of their capabilities to practice independently in this role.

SECTION TWO: The Role and Duties of a SANE Coordinator

A vital role for the formation of a successful staffed, on-call, or hybrid SANE program is a SANE Coordinator who is dedicated to the program for at least 20 hours per week. This should be one of the first positions to consider hiring when establishing a new SANE program or looking to improve an existing SANE program.

Sample Template – SANE Coordinator Job Description

Summary:

- Registered Professional Nurses at _____ Hospital are licensed professionals empowered to participate in an interdisciplinary approach to meet the expectations of those we serve. Registered nurses are actively involved in the continued evidence-based development of best practices to ensure individualized and desired outcomes at discharge. A SANE practice provides compassionate care to aid the recovery of patients who are victims of sexual assault.

Experience/Education Requirements:

- Graduate of an approved school of nursing, BSN preferred.
- Well-developed written and oral presentation skills.
- Well-developed interpersonal, communication, and problem-solving skills including crucial conversations.
- Highly organized, prioritizes with good time management skills.
- Ability to meet project timelines and deadlines.
- Performs adequate physical assessment of patients.
- Ability to work effectively with patients, healthcare team and members of the Sexual Assault Response Team (SART).

License or Certification Requirements:

- Current RN Illinois license in good standing.
- BLS certification upon hire and required to remain current.
- ACLS certified upon hire and required to remain current (preferred).
- TNCC or TNS required upon hire and kept current (preferred if considering program expansion for other victims of violence, otherwise optional).
- Earn 10 Continuing Education Credits annually related to sexual assault/abuse care, advancement in technology and innovations within the specialty.
- PALS within 1 year and kept current or ENPC within 2 years and kept current (preferred).
- ECRN (optional).
- SANE certification within XX months.

Responsibilities

- Acts as a 24-hour on-call resource to program participants.
- Acts autonomously following the professional standards as outlined by the Sexual Assault Survivors Emergency Treatment Act (SASETA), the Illinois Nurse Practice Act, the International Association of Forensic Nurses Scope and Standards of Practice, and unit specific protocols appropriate to those served.
- Audits and maintains policies and procedures regarding care of sexual assault patients to facilitate hospital designation as a Sexual Assault Treatment Center.
- Catalyzes and facilitates change to enhance professionalism, efficiency, competency, and cost containment within the SANE program.
- Collaborates with physicians, and other caregivers, and diagnostic and therapeutic services to provide input in care of patients and monitor patient's progress.
- Collaborates with the SANE Coordinator for the Illinois Attorney General's Office and maintains collegial relationship with other SANE coordinators throughout the state.
- Educates patients and their families to meet their health needs and aid in recovery process.
- Enhances professional growth and development by participating in and utilizing current evidence based information and keeping abreast of current trends in Forensic and SANE nursing practice.
- Functions as a role model in patient care, provides a high level of clinical expertise by selecting and preparing nurses for the SANE role.
- Leads monthly peer review of SANE cases, audits all sexual assault documentation, communicates issues with other practicing SANE(s) and ED leadership.
- Creates, maintains and distributes SANE call schedule.
- Collaborates with SANE medical director to develop best practice model for sexually assaulted patients.
- Maintains documentation standards with accurate, timely and complete recording and reporting; reviews all sexual assault charting to ensure staff compliance with SASETA.
- Maintains knowledge of current clinical concepts and practices.
- Maintains supplies and equipment as needed to conduct medical-forensic examinations.
- Maintains up-to-date knowledge required by attending in-services, department meetings, hospital meetings and seminars as well as reading professional journals.
- May be required to develop and conduct in-services for employees.
- Participates in long range planning, goal setting, program development and evaluation for the SANE program.
- Performs assigned work safely, adhering to established departmental safety rules and practices, reports to supervisor, in a timely manner, any unsafe activities, conditions, hazards, or safety violations that may cause injury to oneself, other employees, patients and visitors.
- Performs other related duties as required.

- Provides a learning atmosphere by sharing knowledge with coworkers; participates in orientation of new staff by providing content relevant to caring for sexually assaulted patients.
- Provides data as indicated to assure accurate record management and quality assurance process.
- Responsible for coordination of recruitment and orientation to the SANE program.
- Responsible for the development, coordination and evaluation of educational activities related to the SANE program.
- Functions as a teaching and collaborative role.
- Supports and is involved in continuous quality improvement efforts designed to improve patient outcomes, increase patient satisfaction, and improve the utilization of the hospital's human, capital and physical resources.
- Testifies in court as an expert and/or fact witness and assists other SANEs in preparing for court testimony.
- Work requires analytical ability necessary to assess physical, psychological and social needs of all ages to develop individualized care plans, and evaluate responses to medical and nursing interventions.
- Works collaboratively with State's Attorney's Offices, Law Enforcement, Illinois Attorney General's Office and local victim services.
- Works within the community to educate on SANE program and violence prevention.

Other Information

- Include General Hospital Employee Requirements specific to your facility.

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SECTION THREE: The Role and Duties of a SANE

Forensic nursing is a profession within the field of nursing. A Sexual Assault Nurse Examiner (SANE) is a type of forensic nurse. A SANE is a registered nurse or advanced practice nurse with specialized training to care for victims of sexual assault. See Section Six and Appendix I for additional information on SANE training requirements.

Sample SANE Job Description

Purpose:

- To provide specialized, trauma-informed medical forensic services to all individuals who present with complaint or concern of sexual assault. These services will be prompt, non-judgmental and compassionate while encouraging autonomy and reducing psychological trauma.

Role Overview: The SANE must be able to:

- Conduct a comprehensive medical forensic exam including:
  - Obtain informed consent.
  - Conduct a patient medical and forensic history.
  - Perform a head-to-toe assessment.
  - Offer and provide a detailed ano-genital exam.
  - Explain and complete evidence collection.
  - Discuss and offer testing and treatment for STIs, including HIV and pregnancy.
  - Complete safety assessment and discharge of the patient when appropriate.
  - Perform forensic photography.
- Provide respective services supporting emotions, reinforcing autonomy.
- Provide testimony as required in legal proceedings.
- Demonstrate performance consistent with:
  - Professional Forensic Nursing Scope and Standards of Practice.
  - The Illinois Nurse Practice Act.
  - Sexual Assault Survivors Emergency Treatment Act (SASETA).
  - The mission and goals of the hiring facility.
  - Policies and protocols of the facility.

Qualifications:

- Current CPR certification.
- Current Illinois Licensure as a Registered Nurse in good standing.
- Current driver's license.
- Completion of an IAFN approved SANE didactic course for age groups served.
- Completion of State of Illinois required SANE clinical component for age groups served.
- Meets standard physical requirements for your organization.
- Preferred ACLS, TNCC or TNS, and ENPC or PALS.

Requirements:

- Minimum of two years nursing experience.
- Working knowledge of all OSHA safety and health standards relevant to the position and job duties.
- Complete any hospital mandatory education.
- Must have reliable transportation and phone access.
- Complete a competency checklist while being observed by an experienced SANE within 90 days of hire (optional).

Responsibilities:

- Peer review of all medical forensic examinations by a qualified peer.
- Earn 6 continuing education hours annually regarding sexual assault/abuse (optional).
- Proper use and management of photography equipment.
- Must not be under the influence of drugs and/or alcohol while on-call.
- Must commit to cover minimum number of shifts, and other scheduling and on-call requirements as determined by the SANE Program Leader.
- Attend monthly SANE meeting with attendance rate ___% or higher (optional).
- When on call, arrive at facility and initiate patient care within 90 minutes of patient arrival.

Prerequisite Skills:

- Knowledge of:
  - Professional Forensic Nursing Scope and Standards of Practice.
  - The Illinois Nurse Practice Act.
  - Illinois Sexual Assault Legislation.
  - Fundamental nursing theories and current clinical concepts of care.
  - Principles of growth and development.
  - Resources for sexual assault patients.
  - Special techniques such as traction, foley/fox swab, toluidine blue dye, alternative light source and forensic photography.
- Ability to:
  - Demonstrate initiative, resourcefulness and good judgment.
  - Work effectively and cooperatively with a multidisciplinary team or SART (Sexual Assault Response Team) composed of professionals from various community agencies.
  - Communicate orally and in writing in a concise and easily understandable manner, including patient documentation, and face to face interactions.
  - Prioritize tasks and work effectively with complex tasks under pressure and time restraints.
  - Collaborate with Emergency Room physicians and other experts when patient needs fall out of the SANE's scope.
  - Use computer programs including Microsoft Office (optional).

Advanced Skills:

- Ability to continuously reassess patient's medical condition.
- Clinical SANE nursing patient assessment and the use of equipment/instruments relevant to forensic patient care.
- Effective interpersonal communication and team skills which include listening, and obtaining history.
- Problem solving techniques, critical thinking skills, and decision making.

Essential Skills:

- Ability to:
  - Provide care utilizing Professional Forensic Nursing Scope and Standards of Practice, The Illinois Nurse Practice Act, SASETA, the missions and goals of the organization and the policies and protocols of the facility.
  - Ensure appropriate triage of the patient and assess for life threats to ensure medical safety prior to forensic care.
  - Promote a positive professional image for the organization.
  - Provide the 7 steps of a medical forensic exam: informed consent, history, head-to-toe assessment, detailed ano-genital exam, evidence collection, medications, medical treatment, safety assessment and discharge instructions.
  - Maintain chain of custody for records, photographs, and forensic specimens.
  - Understand and comply with mandatory reporting requirements for incidents of abuse and neglect.
  - Testify in court when needed.
  - Debrief as needed to maintain emotional and physical wellness in response to the emotional demands of the field.
  - Maintain patient confidentiality.
  - Provide emotional support to patient who has recently undergone traumatic events.
  - Provide consultation to other professionals regarding dynamics of victimization and local resources for sexual assault patients (optional).
- Knowledge and skills necessary to:
  - Provide care appropriate to meet the age and cultural needs of the patients served.
  - Demonstrate ability to assess data/interpret appropriate information.
  - Provide direct nursing and forensic care.
  - Perform assessment, reassessment, and monitoring of patients.
  - Recognize the medical, legal, and social responsibilities in caring for sexual assault patients.
  - Complete the 7 steps utilizing the ISPECK and paper work.
  - Ensure the patient receives the state voucher for follow-up services if applicable.

Additional considerations for employers of on-call SANEs:

- An at-will employment relationship exists between the SANE and the organization.
- Maintain appropriate levels of malpractice insurance.

- Compensation for Services
  - Per HR registry/on-call pay scale and policy.
  - Compensations in connection with testimony in court proceedings at a rate of $$$. This time shall include __ hours of preparation, time spent with attorneys in meetings or phone calls, or actual court related proceedings, from the time the SANE arrives at the site until they are excused.
  - For services rendered, compensation will be as follows:
    - Exams performed during orientation with a SANE….$$$.
    - During the 1st year of independent practice as a SANE…..$$$.
    - After 1 year of service……..$$$.
    - In the event a SANE is requested and no exam is done due to reasons beyond the control of the SANE, the nurse will be compensated at a rate of ……$$$.
    - ****OR bonus payments, per exam, of varying amounts depending on SANE's level.
      - Training for AA, AA SANE or SANE-A.
      - Training for PA, PA SANE or SANE-P.
      - Preceptor.

Associate Behaviors of Excellence (Optional)

- *Be Responsive*: Timeliness and consideration when addressing communication; attentiveness to issues and concerns; responding with kindness, patience and respect; taking responsibility for issue resolution; adapting to change, ambiguity and multiple priorities; quality and consistency of service; handling of service feedback and improvement opportunities.
- *Be Respectful*: Fair and respectful treatment of all people including but not limited to patients, peers, Emergency Room personnel, advocates and law enforcement plus any of the patient's support team the patient wishes to include; appreciation for cultural diversity; handling of conflict and difficult conversations; clear and open communication; building candid and trusting relationships; contributing to a culture of mutual respect; handling of disrespectful behavior.
- *Be Professional*: Maintenance of industry and professional knowledge; application of learning into strategy; response to stressful situations and unexpected challenges; representing [Hospital] positively; acting in the best interest of [Hospital]; demonstrating integrity and ethics; protecting confidentiality and privacy.
- *Be Accountable*: Following through on promises and commitments; monitoring progress to meet deadlines; participation in process improvements efforts; contributing to department and site goal achievement.
- *Be Collaborative*: Managing of other people and groups; sharing useful information; effectiveness of handoffs; recognizing individual and team accomplishments; sharing credit for success; partnering with others to improve service; participation in cross-functional teams.
- *Be Safe*: Demonstrating safety behaviors and error prevention tools in daily work; reporting errors, near misses and unsafety conditions that may lead to patient or associate harm; participating in site and system safety initiatives.

SECTION FOUR: The Role and Duties of a Medical Director

When forming a SANE program, it is important to have a Medical Director that shares the common mission and shared values of the program. Select a Medical Director that has mutual respect for the role of a SANE. This individual should act as a champion for the program while also helping the program to develop high quality, cost effective care for victims of sexual violence. Depending on the current program status, this may be a part time position or less.

Sample Medical Director Job Description[2]

Qualifications:

- Graduate of an accredited school of medicine.
- Board Certified in a specialty of medicine.
- Must have knowledge and experience in examining adults, adolescents and children.
- Completed a panel review process by the SANE Team.

Service Expectations:

- To ensure provision of high quality, expeditious and cost effective care to victims of sexual assault.
- To maintain an atmosphere of positive group dynamics to promote patient and group satisfaction with services provided.
- To ensure professional growth and development of members of the team on a continuous basis.

Job Elements:

- To hold all group members accountable for on-going peer review.
- To assist with preceptorship, orientation and development of new SANEs.
- To demonstrate commitment to excellence in performance while supporting the development of SANEs through on-going peer review.
- To promote and contribute to the creation of a supportive environment in which initiative, problem solving, and self-assessment are supported and valued.
- To mentor team members and encourage professional growth and development.
- To act as a resource for team members.
- To assure adherence to established hospital and departmental policies and procedures.
- To assist with the coordination of interdepartmental and interagency needs.
- To assist and/or participate with research studies.
- To function as an educator.

[2] https://www.safeta.org/resource/resmgr/Forms_Library/job%20desc%20medical%20dir.doc

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SECTION FIVE: The Role and Duties of a Sexual Assault Forensic Examiner

A Sexual Assault Forensic Examiner (SAFE) is defined in the Sexual Assault Survivors Emergency Treatment Act as "a physician or physician assistant who has completed training that meets or is substantially similar to the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses."[3] A SAFE has specialized training to care for victims of sexual assault. The Illinois Department of Public Health, in consultation with the Office of the Illinois Attorney General, will determine documentation necessary to qualify as a SAFE.

Sample SAFE Job Description

Purpose:

- To provide specialized, trauma-informed medical forensic services to all individuals who present with complaint or concern of sexual assault. These services will be prompt, non-judgmental and compassionate while encouraging autonomy and reducing psychological trauma. The services provided by the SAFE will last from the beginning of the medical forensic exam until the patient is discharged.

Role Overview: The SAFE must be able to:

- Conduct a comprehensive medical forensic exam including:
  - Obtain informed consent.
  - Conduct a patient medical and forensic history.
  - Perform a head-to-toe assessment.
  - Offer and provide a detailed ano-genital exam.
  - Explain and complete evidence collection.
  - Discuss and offer testing and treatment for STIs, including HIV and pregnancy.
  - Complete safety assessment and discharge of the patient when appropriate.
  - Perform forensic photography.
- Provide respective services supporting emotions, reinforcing autonomy.
- Provide testimony as required in legal proceedings.
- Demonstrate performance consistent with:
  - Sexual Assault Survivors Emergency Treatment Act (SASETA).
  - The mission and goals of the hiring facility.
  - Policies and protocols of the facility.

Qualifications:

- Current CPR certification.
- Current Illinois licensure as a Physician or Physician's Assistant in good standing.
- Current driver's license.

[3] 410 ILCS 70/1a.

- Completion of a didactic course that meets or substantially similar to the SANE Education Guidelines established by the IAFN for age groups served.
- Completion of State of Illinois required SAFE clinical component for age groups served.
- Meets standard physical requirements for your organization.

Requirements:
- Working knowledge of all OSHA safety and health standards relevant to the position and job duties.
- Complete any hospital mandatory education.
- Must have reliable transportation and phone access.
- Complete a competency checklist while being observed by an experienced SAFE/SANE within 90 days of hire (optional).

Responsibilities:
- Peer review of all medical forensic examinations by a qualified peer.
- Earn 6 continuing education hours annually regarding sexual assault/abuse (optional).
- Proper use and management of photography equipment.
- Must not be under the influence of drugs and/or alcohol while on-call.
- Must commit to cover minimum number of shifts, and other scheduling and on-call requirements as determined by the SANE Program Leader.
- Attend monthly SANE meeting with attendance rate ___% or higher (optional).
- When on call, arrive at facility and initiate patient care within 90 minutes of patient arrival.
- Independently perform a medical forensic examination including evidence collection without delegation of evidence collection kit to a non-qualified medical provider.

Prerequisite Skills:
- Knowledge of:
  - Illinois Sexual Assault Legislation.
  - Fundamental theories and current clinical concepts of care.
  - Principles of growth and development.
  - Resources for sexual assault patients.
  - Special techniques such as traction, foley/fox swab, toluidine blue dye, alternative light. source and forensic photography.
- Ability to:
  - Demonstrate initiative, resourcefulness and good judgment.
  - Work effectively and cooperatively with a multidisciplinary team or SART (Sexual Assault Response Team) composed of professionals from various community agencies.
  - Communicate orally and in writing in a concise and easily understandable manner, including patient documentation, and face to face interactions.
  - Prioritize tasks and work effectively with complex tasks under pressure and time restraints.
  - Collaborate with nursing staff and specialists when applicable.

Advanced Skills:

- Ability to continuously reassess patient's medical condition.
- Clinical patient assessment and the use of equipment/instruments relevant to forensic patient care.
- Effective interpersonal communication and team skills which include listening, and obtaining history.
- Problem solving techniques, critical thinking skills, and decision making.

Essential Skills:

- Ability to:
  - Provide care utilizing the Standard of Care, Medical Code of Ethics, SASETA, the missions and goals of the organization and the policies and protocols of the facility.
  - Ensure appropriate triage of the patient and assess for life threats to ensure medical safety prior to forensic care.
  - Promote a positive professional image for the organization.
  - Provide the 7 steps of a medical forensic exam: informed consent, history, head-to-toe assessment, detailed ano-genital exam, evidence collection, medications, medical treatment, safety assessment and discharge instructions.
  - Maintain chain of custody for records, photographs, and forensic specimens.
  - Understand and comply with mandatory reporting requirements for incidents of abuse and neglect.
  - Testify in court when needed.
  - Debrief as needed to maintain emotional and physical wellness in response to the emotional demands of the field.
  - Maintain patient confidentiality.
  - Provide emotional support to patient who has recently undergone traumatic events.
  - Provide consultation to other professionals regarding dynamics of victimization and local resources for sexual assault patients (optional).
- Knowledge and skills necessary to:
  - Provide care appropriate to meet the age and cultural needs of the patients served.
  - Demonstrate ability to assess data/interpret appropriate information.
  - Provide direct nursing and forensic care.
  - Perform assessment, reassessment, and monitoring of patients.
  - Recognize the medical, legal, and social responsibilities in caring for sexual assault patients.
  - Complete the 7 steps utilizing the ISPECK and paperwork.
  - Ensure the patient receives the state voucher for follow-up services if applicable.

Additional considerations for employers of on-call SAFEs:

- An at-will employment relationship exists between the SAFE and the organization.
- Maintain appropriate levels of malpractice insurance.
- Compensation for Services.
  - Per HR registry/on-call pay scale and policy.

- Compensations in connection with testimony in court proceedings at a rate of $$$. This time shall include __ hours of preparation, time spent with attorneys in meetings or phone calls, or actual court related proceedings, from the time the SAFE arrives at the site until they are excused.
- For services rendered, compensation will be as follows:
  - Exams performed during orientation with a SAFE/SANE….$$$.
  - During the 1st year of independent practice as a SAFE…..$$$.
  - After 1 year of service……..$$$.
  - In the event a SAFE is requested and no exam is done due to reasons beyond the control of the SAFE, the SAFE will be compensated at a rate of ……$$$.
  - ****OR bonus payments, per exam, of varying amounts depending on SAFE's level
    - Training for AA SAFE.
    - Training for PA SAFE.
    - Preceptor.

SECTION SIX: SANE Training Requirements

In order to become a Sexual Assault Nurse Examiner (SANE), a person must be a registered nurse or advanced practice registered nurse "…preferably with two years or more experience in areas of practice that require advanced physical assessment skills, such as emergency, critical care and maternal child health."[4]

Under the Sexual Assault Survivors Emergency Treatment Act, a SANE is "…an advanced practice registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses [(IAFN)]."[5] The IAFN is "…an international membership organization comprised of forensic nurses working around the world and other professionals who support and complement the work of forensic nursing."[6]

The Sexual Assault Nurse Examiner (SANE) Education Guidelines "…set forth the minimum level of instruction for each key target learning topic in the adult/adolescent and/or pediatric/adolescent populations, while allowing for flexibility to meet the educational needs of registered nurses in diverse practice settings and communities."[7] The SANE Education Guidelines help the SANE meet the medical forensic needs of those who have been affected by sexual violence, including individual patients, families, communities and systems.

Registered nurses who perform medical forensic evaluations must receive additional and specific didactic and clinical preparation to care for adult, adolescent and pediatric patients. These guidelines specify the minimum level of instruction required to ensure competent practice.

Clinicians should attend a didactic training that yields a minimum of 40 continuing nursing education contact hours from an accredited provider of nursing education. Separate didactic coursework exists for the Adult/Adolescent patient and the Pediatric/Adolescent patient. Clinicians may also attend a combination Adult/Adolescent and Pediatric/Adolescent training that yields a minimum of 64 continuing nursing education contact hours from an accredited provider of nursing education.

Upon completion of the didactic coursework, clinicians must also complete clinical components, including simulated clinical experiences that are in addition to the didactic coursework and not calculated as part of the 40-hour didactic course. The Office of the Illinois Attorney General has a clinical training log specific to Adult/Adolescent and Pediatric/Adolescent training requirements. The IAFN recommends that nurses complete clinical training within 6 months of

[4] International Association of Forensic Nursing, Sexual Assault Nurse Examiners, https://www.forensicnurses.org/page/aboutSANE.
[5] 410 ILCS 70/1a.
[6] International Association of Forensic Nursing, About Us, https://www.forensicnurses.org/page/Overview
[7] Sexual Assault Nurse Examiner (SANE) Education Guidelines (updated 2018), pages 2 – 3, available at https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf.

the didactic training. Due to the lower volumes of sexual assault patients in many rural areas in Illinois, the timeframe for completing the clinical training components in Illinois has been set to 12 months after the completion of didactic training.

Appendix 1 of this Guide includes an overview of the IAFN Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines, an overview of the IAFN Pediatric/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines, the Illinois Sexual Assault Nurse Examiner (SANE) Program Adult/Adolescent Clinical Training Log, and the Illinois Sexual Assault Nurse Examiner (SANE) Program Pediatric/Adolescent Clinical Training Log.

Information about the didactic training opportunities and the clinical logs may be found on the Office of the Illinois Attorney General's website: http://www.illinoisattorneygeneral.gov/victims/sane.html. Didactic training opportunities can also be found on the IAFN website under the Education tab, though it should be noted that trainings offered outside of Illinois will not specifically address Illinois' legal requirements: https://www.forensicnurses.org/default.aspx.

The SANE Program in the Office of the Illinois Attorney General does not provide SANE Certification. The Commission for Forensic Nursing Certification (CFNC), as part of the IAFN, currently offers two professional credentials: the Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A®) and the Sexual Assault Nurse Examiner-Pediatric (SANE-P®). Both credentials are recognized by the American Nurses Credentialing Center's (ANCC) Magnet Program®. National certification is not required to practice as a SANE in Illinois. It is recommended that a clinician practice as a SANE for 3 years or 300 clinical hours before applying to sit for the National Certification Exam. Information on national certification may be found on the IAFN website at https://www.forensicnurses.org/page/CertOpportunities.

The Implementation Task Force encourages SANEs to become nationally certified to ensure the highest level of care for Illinois sexual assault survivors. Practicing SANEs can work with the Illinois SANE Coordinator or their mentor to achieve this designation. The CFNC offers certification exams in April and September each year, in multiple locations.

SECTION SEVEN: Recruitment and Retention of SANEs

The recruitment and retention of Sexual Assault Nurse Examiners (SANEs) is paramount to sustaining a successful SANE program, regardless of the type of program or employment model. Recruitment for this position is different than most other nursing positions as you need to consider the effect of vicarious trauma on all practitioners working in this field upfront. Retention is improved when practicing as a SANE is not a secondary role but rather a primary profession.

The National Sexual Violence Resource Center and International Association of Forensic Nurses collaborated to create the *SANE Sustainability Education Project*,[8] which provides a wealth of information and resources for SANE programs regarding the recruiting and retention of SANEs.

Staff Recruitment and Retention[9]

Staff Orientation Overview[10]

SANE Orientation Checklist[11]

Staff Educational Resources[12]

SANE Practice Standards and Guidelines[13]

Resources for Vicarious Trauma[14]

[8] https://www.nsvrc.org/sane-sustainability.
[9] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_staff-recruitment-retention.pdf.
[10] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_staff-orientation-overview.pdf.
[11] https://www.nsvrc.org/publications/SANE-Mobile-App/orientation-checklist.
[12] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_staff-education.pdf.
[13] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_sane-practice-standards-guidelines.pdf.
[14] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_resources-vicarious-trauma.pdf.

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SECTION EIGHT: How to Start Discussions with Other Regional Hospitals

Creating and maintaining a single hospital 24/7 SANE program can be challenging and cost prohibitive. Illinois law has acknowledged this difficulty and afforded hospitals the opportunity to form collaborative agreements to share the limited resource of SANEs amongst facilities and within a region. Below are some points to consider when trying to establish a shared SANE program and how best to begin the discussion with other hospitals in your region.

- Consider the needs and readiness of your community to support a SANE program. The U.S. Department of Justice's Office for Victims of Crimes' SANE Program Development and Operation Guide[15] offers readiness information and an assessment tool at https://www.ovcttac.gov/saneguide/building-a-sustainable-sane-program/readiness-assessment/.
- Consider contacting the Illinois Attorney General's Office SANE Coordinator to discuss steps to begin preparation and data for your community.
- Consider the area that can be covered.
    - Remember that the SANE will need to initiate medical forensic services within 90 minutes of the patient's arrival at the treatment hospital(s).
- Calculate the total number of patients currently being treated by the hospital(s) in the area.
    - This data can be found on the Illinois Department of Public Health website: http://dph.illinois.gov/topics-services/health-care-regulation/facilities/hospitals
- Draft a template budget including on-call and hourly pay appropriate to the area to be served.
    - Consider providing an increased on-call and hourly pay for this role in order to improve retention over time.
    - Include a SANE Coordinator position in the budget appropriate to the number of patients being served and commensurate with other management salaries in the area to be served.
- Set-up a meeting to discuss the potential of a shared program with the other hospitals within the region.
    - Invite Chief Nursing Officers, Chief Financial Officers, Chief Medical Officers, Emergency Room Directors, Emergency Room Managers, Practicing SANEs in the region and Human Resources.
    - Invite the Illinois Attorney General's Office SANE Coordinator to help facilitate the presentation of a shared model concept.
    - Invite local rape crisis center leadership, law enforcement and State's Attorneys as this process will affect all members of the sexual assault response team, not just the hospitals.
- Set-up a follow-up meeting.
    - Decide which hospitals will be participating in the shared model plan.

[15] https://www.ovcttac.gov/saneguide/program-operational-costs-and-funding/determining-funding-needs-and-creating-a-budget/.

    - Determine which hospital will be the lead hospital for the program and employ the SANE Coordinator and SANEs.
    - Determine how the cost of the program will be split amongst the hospitals (evenly split or dependent on the number of patients currently being served).
    - Determine how long the agreement will be in affect and build in an annual adjustment to the cost to reflect the increase in patients served when patients know this service is now consistently being provided in your community.
- Hire a SANE Coordinator.
- Begin to draft a memorandum of understanding (MOU) between the lead hospital and the partner hospitals outlining the terms of the agreement.
- Develop a standardized treatment plan that will be used by all participating hospitals.
- Begin to hire on-call SANEs (if available) and begin recruitment for nurses to attend didactic SANE training.

Considerations when Collaborating with Out-of-State Hospitals

- Ensure the out-of-state hospital is on the approved list from the Illinois Department of Public Health (IDPH) to apply for Illinois sexual assault treatment designation.
- Check treatment designation status of the out-of-state hospital on the IDPH Hospital website.
- Ensure the out-of-state hospital will provide appropriate transportation upon the completion of medical forensic services back to the transfer hospital or treatment hospital with pediatric transfer where the sexual assault survivor initially presented seeking medical forensic services, unless the sexual assault survivor chooses to arrange his or her own transportation.
- Ensure the out-of-state hospital has access to the Medisystem for vouchers.
- Ensure the out-of-state hospital has appropriate personnel for the survivor that will be transferred (i.e. pediatric vs. adult).
- Discuss transfer considerations including involvement of an advocate at the Illinois facility prior to transfer and law enforcement notification prior to transfer.
- Discuss with Illinois rape crisis centers for medical advocacy for Illinois patients being transferred to an out-of-state hospital.

SECTION NINE: Employment Structure Models for SANE Programs

Comparison of SANE Employment Models

	Hospital Model	System Model	Community Model	Contract Model
Program Description	An **individual hospital** would utilize its own employees to provide 24/7 coverage for sexual assault patients.	A group of Hospitals belonging to the **same system** would utilize system employees to provide 24/7 coverage for sexual assault patients at multiple hospital locations.	A group of hospitals belonging to the same **community** would utilize SANEs in the **communit**y to provide 24/7 coverage to sexual assault patients at multiple hospitals.	A hospital would utilize an agency to provide 24/7 SANE coverage for sexual assault patients.
SANE Qualified Medical Providers (Pediatric, Adolescent, Adult)	The SANEs trained to care for all populations identified in the hospital's Treatment Plan.	The SANEs trained to care for all populations identified in the Treatment Plans for each participating hospital.	The SANEs trained to care for all populations identified in the Treatment Plans for each participating hospital.	The SANEs trained to care for all populations identified in the hospital's Treatment Plan.
Employment of SANE	SANEs employed by the hospital.	SANEs employed by the system or a hospital within the system.	Would need to determine which participating hospital would employ the SANEs.	SANEs employed by the contract agency.
Staffed, On-Call, or Staffed/On-Call Hybrid Model	Staffed, On-Call, or Staffed/On-Call Hybrid			
Type of Sexual Assault Treatment Plan required of a hospital	Individual Treatment Plan	Areawide Treatment Plan would be required if any of the hospitals were not full Treatment Hospitals	Areawide Treatment Plan would be required if any of the hospitals were not full Treatment Hospitals	Individual Treatment Plan
Cost	Higher cost	Cost effective – cost shared among multiple affiliated facilities	Cost effective – cost shared among multiple non-affiliated facilities	Higher cost

	Hospital Model	System Model	Community Model	Contract Model
Liability Insurance	SANEs covered by hospital.	SANEs covered by system or hospital within system.	SANEs covered by participating hospital employing SANEs.	SANEs covered by contract agency.
Availability of SANEs	Smaller pool of potential SANEs.	Bigger pool of potential SANEs.	Bigger pool of potential SANEs.	Bigger pool of potential SANEs.
Location of Services	Hospital where patient presents.	SANEs would travel to hospital where patient presents.	SANEs would travel to hospital where patient presents.	SANEs would travel to hospital where patient presents.
Financial Responsibility for Cost of Training SANEs	Hospital's sole responsibility	Hospital within the system or system's responsibility	Dependent on agreement between hospitals. Responsibility of one hospital or may be divided among hospitals.	Contract agency's responsibility
Number of SANEs Needed to Sustain Program	The general recommendation is at least 15-20 SANEs. However, this will be dependent on the number of sexual assault patients served, whether a hospital is a Treatment Hospital or a Treatment Hospital with Approved Pediatric Transfer, and the number SANEs that are trained to treat all sexual assault patients, only pediatric and adolescent sexual assault patients, and only adult and adolescent sexual assault patients.			

SECTION TEN: SANE Program Personnel Budgets – Templates and Examples

When creating a personnel budget for a SANE program, there are a number of expenses to consider, including but not limited to salary and benefits, training expenses, exam expenses, and competency expenses.

The following pages provide templates for an On-Call SANE Program Model personnel budget and a Staffing/On-Call SANE Program Model personnel budget. The cells shaded in yellow are for hospital-specific information to be entered. Excel versions of the blank templates, complete with formulas, are available by sending an email to sane@atg.state.il.us.

Following the templates are example budgets for On-Call SANE Programs and Staffed/On-Call Hybrid SANE Programs for hospitals with a low, moderate, and high volumes of sexual assault patients.

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Sample Template - SANE Personnel Expenses Budget: On-Call Model

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	
Time and a Half Pay	$0.00
On-call Pay	
Number of exams per year	
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of RNs)	40	$0.00	$0		$0
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)					$0
AA SANE Clinical Hours (enter # of RNs)	60	$0.00	$0		$0
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)					$0
PA SANE Training Classroom (enter # of RNs)	40	$0.00	$0		$0
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)					$0
PA SANE Clinical Hours (enter # of RNs)	60	$0.00	$0		$0
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)					$0
EXAM EXPENSES	Exams	Hours	Salary		
Call-in Pay (# of exams x 6 hours) at 1 1/2 pay	0	6	$0.00		$0
Call Time (365 days x 24 hours)= 8760 - exam time	0	8760	$0.00		$0
Additional Incentive/Bonus Pay (Amt. entered by program)	0				$0
Travel time (1 hour average travel time)	0	1	$0.00		$0
Courtroom prep and testimony (25% proceed to trial)	0	4	$0.00	0.25	$0
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (ALL RNs)	24	$0.00	$0		$0
Continuing Education Hours (CEUs or CMEs) (ALL RNs)	15	$0.00	$0		$0
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$0.00	$0		$0
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)			2		$0
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)			2		$0
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$0

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)		40	$0	$0	$0
Part time option (20 hours)		20	$0	$0	$0
			ENTER CHOSEN SALARY PLUS BENEFITS		

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$0

Year 1 Program Split	
2 hospitals	$0
3 hospitals	$0
4 hospitals	$0
5 hospitals	$0
6 hospitals	$0
7 hospitals	$0

To request an Excel version of this document, complete with formulas, please send an email to
sane@atg.state.il.us

Sample Template - SANE Personnel Expenses Budget: Staffed/On-Call Hybrid Model

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	
Time and a Half Pay	$0.00
Staff SANE RN Pay	
On-call Pay	
Number of exams per year	
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of clinicians)	40	#DIV/0!	#DIV/0!		#DIV/0!
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)					$0
AA SANE Clinical Hours (enter # of RNs)	60	#DIV/0!	#DIV/0!		#DIV/0!
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)					$0
PA SANE Training Classroom (enter # of RNs)	40	$37.50	$1,500		$0
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)					$0
PA SANE Clinical Hours (enter # of RNs)	60	$37.50	$2,250		$0
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)					$0
EXAM EXPENSES	Weeks	Hours	Salary	Fringe Benefits	Total Cost
Staffing coverage (ENTER HOURS PER WEEK)	52		$0	$0	$0
1 FT= 36 2 FT= 72 3 FT= 108 4 FT= 144					
	Non-Staffed Exams	Hours	Salary		Total Cost
Call-in Pay (# of non-staffed exams x 6 hours) at 1 1/2 pay		6	$0.00		$0
Additional Incentive/Bonus Pay (Amt. entered by program)	0				$0
Travel time (1 hour average travel time)	0	1	$0.00		$0
	Staff Coverage	Remaining on-call	On-Call Pay		Total Cost
Call Time (365 days x 24 hours)= 8760 - staffing coverage	0	8760	$0.00		$0
	Exams	Hours	Salary	% to trial	Total Cost
Courtroom prep and testimony (25% proceed to trial)	0	4	#DIV/0!	0.25	#DIV/0!

COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (Staff RNs)	24	$0.00	$0		$0
Monthly Meeting (2 hours) including peer review (On-call RNs)	24	$0.00	$0		$0
Continuing Education Hours (CEUs or CMEs) (Staff RNs)	15	$0.00	$0		$0
Continuing Education Hours (CEUs or CMEs) (On-call RNs)	15	$0.00	$0		$0

SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$0.00	$0		$0
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)			2		$0
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)			2		$0
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					#DIV/0!

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)		40	$0	$0	$0
Part time option (20 hours)		20	$0	$0	$0
ENTER CHOSEN SALARY PLUS BENEFITS					
Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	#DIV/0!

Year 1 Program Split	
2 hospitals	#DIV/0!
3 hospitals	#DIV/0!
4 hospitals	#DIV/0!
5 hospitals	#DIV/0!
6 hospitals	#DIV/0!
7 hospitals	#DIV/0!

To request an Excel version of this document, complete with formulas, please send an email to
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Example SANE Personnel Expenses Budget: On-Call Model for Low Volume Program

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care, including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$27.50
Time and a Half Pay	$41.25
On-call Pay	$2.50
Number of exams per year	20
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of RNs)	40	$27.50	$1,100	2	$2,200
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	2	$1,000
AA SANE Clinical Hours (enter # of RNs)	60	$27.50	$1,650	2	$3,300
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	2	$400
PA SANE Training Classroom (enter # of RNs)	40	$27.50	$1,100	2	$2,200
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	2	$1,000
PA SANE Clinical Hours (enter # of RNs)	60	$27.50	$1,650	2	$3,300
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	2	$400
EXAM EXPENSES	Exams	Hours	Salary		
Call-in Pay (# of exams x 6 hours) at 1 1/2 pay	20	6	$41.25		$4,950
Call Time (365 days x 24 hours)= 8760 - exam time	20	8640	$2.50		$21,600
Additional Incentive/Bonus Pay (Amt. entered by program)	20		$150.00		$3,000
Travel time (1 hour average travel time)	20	1	$27.50		$550
Courtroom prep and testimony (25% proceed to trial)	20	4	$27.50	0.25	$550
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (ALL RNs)	24	$27.50	$660	8	$5,280
Continuing Education Hours (CEUs or CMEs) (ALL RNs)	15	$27.50	$413	8	$3,300
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$27.50	$660	2	$1,320
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	15	$100.00	2		$3,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	5	$200.00	2		$2,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$56,550

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$37.50	40	$78,000	$23,400	$101,400
Part time option (20 hours)		20	$0	$0	$0
				ENTER CHOSEN SALARY PLUS BENEFITS	$101,400

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$157,950

Year 1 Program Split	
2 hospitals	$78,975
3 hospitals	$52,650
4 hospitals	$39,488
5 hospitals	$31,590
6 hospitals	$26,325
7 hospitals	$22,564

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Example SANE Personnel Expenses Budget: Staffed/On-Call Hybrid Model for Low Volume Program

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care, including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$27.50
Time and a Half Pay	$41.25
	$32.50
On-call Pay	$2.50
Number of exams per year	20
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of clinicians)	40	$30.00	$1,200	2	$2,400
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	2	$1,000
AA SANE Clinical Hours (enter # of RNs)	60	$30.00	$1,800	2	$3,600
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	2	$400
PA SANE Training Classroom (enter # of RNs)	40	$37.50	$1,500	2	$3,000
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	2	$1,000
PA SANE Clinical Hours (enter # of RNs)	60	$37.50	$2,250	2	$4,500
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	2	$400
EXAM EXPENSES	Weeks	Hours	Salary	Fringe Benefits	Total Cost
Staffing coverage (ENTER HOURS PER WEEK)	52	36	$60,840	$18,252	$79,092
1 FT= 36 2 FT= 72 3 FT= 108 4 FT= 144					
	Non-Staffed Exams	Hours	Salary		Total Cost
Call-in Pay (# of non-staffed exams x 6 hours) at 1 1/2 pay	10	6	$41.25		$2,475
Additional Incentive/Bonus Pay (Amt. entered by program)	10		$150.00		$1,500
Travel time (1 hour average travel time)	10	1	$27.50		$275
	Staff Coverage	Remaining on-call	On-Call Pay		Total Cost
Call Time (365 days x 24 hours)= 8760 - staffing coverage	1872	6888	$2.50		$17,220
	Exams	Hours	Salary	% to trial	Total Cost
Courtroom prep and testimony (25% proceed to trial)	20	4	$30.00	0.25	$600

COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (Staff RNs)	24	$32.50	$780	1	$780
Monthly Meeting (2 hours) including peer review (On-call RNs)	24	$27.50	$660	9	$5,940
Continuing Education Hours (CEUs or CMEs) (Staff RNs)	15	$32.50	$488	1	$488
Continuing Education Hours (CEUs or CMEs) (On-call RNs)	15	$27.50	$413	9	$3,713
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$32.50	$780	2	$1,560

	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	15	$100.00	2		$3,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	5	$200.00	2		$2,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$132,142.00

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$37.50	40	$78,000	$23,400	$101,400
Part time option (20 hours)		20	$0	$0	$0
ENTER CHOSEN SALARY PLUS BENEFITS					$101,400

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$233,542.00

Year 1 Program Split	
2 hospitals	$116,771
3 hospitals	$77,847
4 hospitals	$58,386
5 hospitals	$46,708
6 hospitals	$38,924
7 hospitals	$33,363

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SANE Personnel Expenses Budget: On-Call Model for Moderate Volume Program

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$30.00
Time and a Half Pay	$45.00
On-call Pay	$4.00
Number of exams per year	123
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of RNs)	40	$30.00	$1,200	6	$7,200
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	6	$3,000
AA SANE Clinical Hours (enter # of RNs)	60	$30.00	$1,800	6	$10,800
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	6	$1,200
PA SANE Training Classroom (enter # of RNs)	40	$30.00	$1,200	6	$7,200
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	6	$3,000
PA SANE Clinical Hours (enter # of RNs)	60	$30.00	$1,800	6	$10,800
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	6	$1,200
EXAM EXPENSES	Exams	Hours	Salary		
Call-in Pay (# of exams x 6 hours) at 1 1/2 pay	123	6	$45.00		$33,210
Call Time (365 days x 24 hours)= 8760 - exam time	123	8022	$4.00		$32,088
Additional Incentive/Bonus Pay (Amt. entered by program)	123		$150.00		$18,450
Travel time (1 hour average travel time)	123	1	$30.00		$3,690
Courtroom prep and testimony (25% proceed to trial)	123	4	$30.00	0.25	$3,690
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (ALL RNs)	24	$30.00	$720	20	$14,400
Continuing Education Hours (CEUs or CMEs) (ALL RNs)	15	$30.00	$450	20	$9,000
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$30.00	$720	2	$1,440
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	100	$100.00	2		$20,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	20	$200.00	2		$8,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$179,968

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$40.00	40	$83,200	$24,960	$108,160
Part time option (20 hours)		20	$0	$0	$0
				ENTER CHOSEN SALARY PLUS BENEFITS	$108,160

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$288,128

Year 1 Program Split	
2 hospitals	$144,064
3 hospitals	$96,043
4 hospitals	$72,032
5 hospitals	$57,626
6 hospitals	$48,021
7 hospitals	$41,161

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Example SANE Personnel Expenses Budget: Staffed/On-Call Hybrid Model for Moderate Volume Program

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$30.00
Time and a Half Pay	$45.00
Staff SANE RN Pay	$35.00
On-call Pay	$4.00
Number of exams per year	123
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of clinicians)	40	$32.50	$1,300	6	$7,800
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	6	$3,000
AA SANE Clinical Hours (enter # of RNs)	60	$32.50	$1,950	6	$11,700
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	6	$1,200
PA SANE Training Classroom (enter # of RNs)	40	$37.50	$1,500	6	$9,000
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	6	$3,000
PA SANE Clinical Hours (enter # of RNs)	60	$37.50	$2,250	6	$13,500
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	6	$1,200
EXAM EXPENSES	Weeks	Hours	Salary	Fringe Benefits	Total Cost
Staffing coverage (ENTER HOURS PER WEEK)	52	$36.00	$65,520	$19,656	$85,176
1 FT= 36 2 FT= 72 3 FT= 108 4 FT= 144					
	Non-Staffed Exams	Hours	Salary		Total Cost
Call-in Pay (# of non-staffed exams x 6 hours) at 1 1/2 pay	90	6	$45.00		$24,300
Additional Incentive/Bonus Pay (Amt. entered by program)	90		$150.00		$13,500
Travel time (1 hour average travel time)	90	1	$30.00		$2,700
	Staff Coverage	Remaining on-call	On-Call Pay		Total Cost
Call Time (365 days x 24 hours)= 8760 - staffing coverage	1872	6888	$4.00		$27,552
	Exams	Hours	Salary	% to trial	Total Cost
Courtroom prep and testimony (25% proceed to trial)	123	4	$32.50	0.25	$3,998
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (Staff RNs)	24	$35.00	$840	2	$1,680
Monthly Meeting (2 hours) including peer review (On-call RNs)	24	$30.00	$720	16	$11,520
Continuing Education Hours (CEUs or CMEs) (Staff RNs)	15	$35.00	$525	2	$1,050
Continuing Education Hours (CEUs or CMEs) (On-call RNs)	15	$30.00	$450	16	$7,200
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$35.00	$840	2	$1,680
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	100	$100.00	2		$20,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	20	$200.00	2		$8,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$250,355.50

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$40.00	40	$83,200	$24,960	$108,160
Part time option (20 hours)		20	$0	$0	$0
				ENTER CHOSEN SALARY PLUS BENEFITS	$108,160

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$358,515.50

Year 1 Program Split	
2 hospitals	$179,258
3 hospitals	$119,505
4 hospitals	$89,629
5 hospitals	$71,703
6 hospitals	$59,753
7 hospitals	$51,217

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Example SANE Personnel Expenses Budget: On-Call Model for High Volume Program

NOTE: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$30.00
Time and a Half Pay	$45.00
On-call Pay	$4.00
Number of exams per year	240
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of RNs)	40	$30.00	$1,200	8	$9,600
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	8	$4,000
AA SANE Clinical Hours (enter # of RNs)	60	$30.00	$1,800	8	$14,400
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	8	$1,600
PA SANE Training Classroom (enter # of RNs)	40	$30.00	$1,200	8	$9,600
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	8	$4,000
PA SANE Clinical Hours (enter # of RNs)	60	$30.00	$1,800	8	$14,400
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	8	$1,600
EXAM EXPENSES	Exams	Hours	Salary		
Call-in Pay (# of exams x 6 hours) at 1 1/2 pay	240	6	$45.00		$64,800
Call Time (365 days x 24 hours)= 8760 - exam time	240	7320	$4.00		$29,280
Additional Incentive/Bonus Pay (Amt. entered by program)	240		$150.00		$36,000
Travel time (1 hour average travel time)	240	1	$30.00		$7,200
Courtroom prep and testimony (25% proceed to trial)	240	4	$30.00	0.25	$7,200
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (ALL RNs)	24	$30.00	$720	20	$14,400
Continuing Education Hours (CEUs or CMEs) (ALL RNs)	15	$30.00	$450	20	$9,000
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$30.00	$720	2	$1,440
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	200	$100.00	2		$40,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	40	$200.00	2		$16,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$273,320

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$40.00	40	$83,200	$24,960	$108,160
Part time option (20 hours)		20	$0	$0	$0
				ENTER CHOSEN SALARY PLUS BENEFITS	$108,160

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$381,480

Year 1 Program Split	
2 hospitals	$190,740
3 hospitals	$127,160
4 hospitals	$95,370
5 hospitals	$76,296
6 hospitals	$63,580
7 hospitals	$54,497

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Example SANE Personnel Expenses Budget: Staffed/On-Call Hybrid Model for High Volume Program

Note: This document only reflects the cost of personnel and does not take into account the cost of patient care including laboratory tests, medications, equipment and reimbursement.

	Year 1
Average Clinician Pay	$30.00
Time and a Half Pay	$45.00
Staff SANE RN Pay	$35.00
On-call Pay	$4.00
Number of exams per year	240
Fringe Benefit Percentage	30%

Year 1 SANE Expenses					
TRAINING EXPENSES	Hours	Salary	Cost per person	Total # of RNs	Total Cost
AA SANE Training Classroom (enter # of clinicians)	40	$32.50	$1,300	8	$10,400
AA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	8	$4,000
AA SANE Clinical Hours (enter # of RNs)	60	$32.50	$1,950	8	$15,600
AA SANE 2-day Clinical Training Travel (enter cost per indiv and # of clinicians)			$200	8	$1,600
PA SANE Training Classroom (enter # of RNs)	40	$37.50	$1,500	8	$12,000
PA SANE Travel for Classroom Training (enter cost per indiv and # of clinicians)			$500	8	$4,000
PA SANE Clinical Hours (enter # of RNs)	60	$37.50	$2,250	8	$18,000
PA SANE Travel for Clinical Training (enter cost per indiv and # of clinicians)			$200	8	$1,600
EXAM EXPENSES	Weeks	Hours	Salary	Fringe Benefits	Total Cost
Staffing coverage (ENTER HOURS PER WEEK)	52	72	$131,040	$39,312	$170,352
1 FT= 36 2 FT= 72 3 FT= 108 4 FT= 144					
	Non-Staffed Exams	Hours	Salary		Total Cost
Call-in Pay (# of non-staffed exams x 6 hours) at 1 1/2 pay	180	6	$45.00		$48,600
Additional Incentive/Bonus Pay (Amt. entered by program)	180		$150.00		$27,000
Travel time (1 hour average travel time)	180	1	$30.00		$5,400
	Staff Coverage	Remaining on-call	On-Call Pay		Total Cost
Call Time (365 days x 24 hours)= 8760 - staffing coverage	3744	5016	$4.00		$20,064
	Exams	Hours	Salary	% to trial	Total Cost
Courtroom prep and testimony (25% proceed to trial)	240	4	$32.50	0.25	$7,800
COMPETENCY/OTHER EXPENSES	Hours	Salary	Cost per person	Total # of RNs	
Monthly Meeting (2 hours) including peer review (Staff RNs)	24	$35.00	$840	2	$1,680
Monthly Meeting (2 hours) including peer review (On-call RNs)	24	$30.00	$720	16	$11,520
Continuing Education Hours (CEUs or CMEs) (Staff RNs)	15	$35.00	$525	2	$1,050
Continuing Education Hours (CEUs or CMEs) (On-call RNs)	15	$30.00	$450	16	$7,200
SART Meeting participation (2 hours per month) (Determine how many RNs)	24	$35.00	$840	2	$1,680
	# of Exams	Cost per Exam	Hours		Total Cost
Out-source peer review (if no QMPs at the facility) (Per exam Cost AA)	200	$100.00	2		$40,000
Out-source peer review (if no QMPs at the facility) (Per exam Cost Peds)	40	$200.00	2		$16,000
Out-source peer review (if no QMPs at the facility) (Annual Cost)					
REMOVE ANY TOTALS NOT NEEDED FOR YOUR FACILITY OR JUST ENTER A ZERO IN THE TOTAL COLUMN					$414,346.00

SANE Coordinator: Rate should be consistent with Trauma Coordinator, EMS Coordinator and ER Manager	Rate	Hours	Salary	Fringe Benefits	Total Cost
Full time option (40 hours)	$40.00	40	$83,200	$24,960	$108,160
Part time option (20 hours)		20	$0	$0	$0
				ENTER CHOSEN SALARY PLUS BENEFITS	$108,160

Medical Director: Rate should be consistent with other medical program directors	Rate	Hours	Salary		
Part time (hours determined by facility)			$0.00		$0.00

Year 1 Total	$522,506.00

Year 1 Program Split	
2 hospitals	$261,253
3 hospitals	$174,169
4 hospitals	$130,627
5 hospitals	$104,501
6 hospitals	$87,084
7 hospitals	$74,644

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SECTION ELEVEN: Consulting Nurses

When hospitals within a community or region, that belong to different healthcare systems, partner to establish a shared on-call SANE program, the partnership must designate one hospital to house the SANE program. This includes employing the SANEs. When a SANE travels to a partnering hospital to provide medical forensic services to a sexual assault patient, the SANE is considered to be a consulting nurse to the partnering hospital. A SANE, as a consulting nurse, does not require access to the partnering hospital's electronic medical records or medication dispensing system.

Roles and responsibilities of a consulting SANE:

- Arrive within 90 minutes of notification.
- Notify Rape Crisis Center and Law Enforcement.
- Comply with mandated reporting requirements.
- Perform medical forensic exam.
    - Obtain informed consent.
    - Conduct a patient medical and forensic history.
    - Perform a head-to-toe assessment.
    - Offer and provide a detailed ano-genital exam.
    - Explain and complete evidence collection.
    - **Recommend medical treatment and medications for the Attending Physician to order.**
    - Complete safety assessment and discharge of the patient when appropriate.
- Utilize specialized examination techniques during the medical forensic exam.
- Offer and perform forensic photography.
- Screen and discuss drug facilitated sexual assault.
- Collaborate with the Emergency Room staff nurse to complete pending orders.
    - Laboratory tests.
    - Medication administration (no access to hospital Pyxis).
    - Medical treatment (hospital specific).
    - Diagnostic imaging.
- **Document all findings on the medical forensic documentation form and supplemental paperwork.** (No access to hospital electronic medical records needed.)

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SECTION TWELVE: SANE Equipment and Resources

The provision of medical forensic services requires numerous supplies, including a number of specialized pieces of medical equipment. SANE supplies and equipment should be kept together on a designated cart or in an exam room to be used only by SANEs. The following checklist contains recommended supplies and equipment.

For considerations regarding equipment and program startup costs, other than personnel costs, please view the OVC's SANE Program Development and Operation Guide[16] budget information.

Sample Checklist for SANE Equipment and Supplies
For a PDF of the Checklist click here.[17]

Supplies	Yes	Estimated Cost
Resource binder (may include strangulation assessment, imaging guidelines, local resources, etc.)		
Printed hospital labels with the patient name and date of exam for labeling specimens and forms		
Illinois State Police Sexual Assault Evidence Collection Kit (ISP SAECK)		$0
Personal protective equipment (gloves, gown, mask, hair covering, shoe covering)		
Clear medical or packing tape to seal evidence		
Scale for photographs and measuring injuries (ABFO #2 preferred)		
Speculum and light source		
Alternative light source (Wood's lamp is inadequate)		
Digital camera with macro lens setting, ring flash, and tripod with • Foot pedal, OR • Wireless remote **AND/OR** Colposcope (if utilizing a colposcope for ano-genital photography, a digital camera will still be needed for other injury photo documentation)		
Patient gowns		
Blankets for patient comfort/privacy		
Extra sterile cotton swabs		
Toluidine blue dye		
14 or 16 fr. Foley catheter and 50mL syringe		
Foxtail (large) swabs		
Urine specimen cups		
Biohazard bags for urine specimens		

[16] https://www.ovcttac.gov/saneguide/program-operational-costs-and-funding/determining-funding-needs-and-creating-a-budget/.
[17] https://illinoisattorneygeneral.gov/victims/saneguide/Sample_Checklist_for_SANE_Equipment_and_Supplies.pdf.

Paper bags for clothing collection and other evidence		
Black permanent marker for labeling evidence		
Blood collection supplies		
Lancet for reference specimen collection (blood on filter paper)		
Culture collection tubes for STI testing (per hospital policy)		
Medical supplies for injury treatment (ice pack, gauze, ace bandage, Band-Aid, etc.)		
Sterile water or distilled water		
Sterile scissors (suture removal kit)		
Small envelopes for additional specimens/swabs		
Plain copy paper for extra bindles		
Water and food for patient after oral specimen collection		
Disposable scrubs or replacement clothing for patient (advocacy agency may provide)		
Sanitary pads		
Bleach disinfectant wipes		
Any extra forms, like toxicology screening consent forms for possible DFSA		
Hospital sheet for under miscellaneous debris collection cloth		
Items to distract a child, such as View Master or Kaleidoscope		
10 ft. multi-tip USB charging cables and wall charger for patient's mobile phone		

Specialized SANE Equipment Vendors

Specialized SANE equipment can be purchased from a variety of vendors and SANE Coordinators should work with the hospital administration to ensure that all necessary supplies and equipment are available. A list of vendors selling specialized equipment used by SANEs during sexual assault medical forensic services has been provided below for information purposes only. The Implementation Task Force does not recommend use of particular vendors and there are no known financial or commercial relationships with any of the vendors listed. SANE Coordinators are encouraged to reach out to SANE Coordinators at other hospitals for recommendations.

Arrowhead Forensics - https://www.arrowheadforensics.com/arrowhead-by-discipline/forensic-nursing-supplies.html

B & H - https://www.bhphotovideo.com/c/browse/Photography/ci/989/N/4294538916

Cooper Surgical - https://www.coopersurgical.com/medical-devices

Cortexflo - http://www.cortexflo.com

CSI Crime Sciences Inc. and Invitro Sciences Inc. - https://crimesciencesinc.com/specialized-areas/sexual-assault/

EVIDENT - https://www.shopevident.com/

FingerprintPads.com - https://www.fingerprintpads.com/category/forensic-uv-lights/

Lutech - https://www.lutechmedical.com/colposcope

Medline - https://www.medline.com

Mobile ODT - https://www.mobileodt.com/products/eva-sane/

OBP Medical Corporation - https://obpmedical.com

ORC Forensics - https://orcforensics.com/shop/

The Safariland Group - http://www.safariland.com/products/forensics/

SDFI-Telemedicine - https://www.sdfi.com/index.asp

Tritech Forensics - https://tritechforensics.com/Forensic-Light-Sources

Welch Allyn - https://www.welchallyn.com/en.html

Illinois SANE Training Program: Sexual Assault Treatment Checklist

A laminated copy of the following checklist should be kept on the SANE cart to be used as a guide when providing medical forensic services. For a PDF of the Checklist click here.[18]

Overall Considerations:

*** PATIENT MAY DECLINE ANY COMPONENT OF THE EXAM AT ANY TIME**	
*** NEVER LEAVE THE ILLINOIS STATE POLICE SEXUAL ASSAULT EVIDENCE COLLECTION KIT (ISP SAECK) UNSECURED/UNATTENDED ONCE OPENED**	
*** USE TERM "DECLINED" INSTEAD OF "REFUSED"**	*** NEVER USE TERM "ALLEGED"**
*** USE TERM "PATIENT" NOT "VICTIM"**	*** LAW ENFORCEMENT (LE) IS NOT ALLOWED IN ROOM DURING EXAM**
*** WITH PATIENT CONSENT THE MEDICAL ADVOCATE MAY BE PRESENT DURING THE ENTIRE EXAM**	

*****Evidence Collection Kit shall be offered and completed if the patient presents within a minimum of 7 days of the sexual assault.**

Actions	Check when completed	Comments
Registration: Obtain general consent for treatment *(patient of any age)*	☐	
Identify patient as sexual assault patient	☐	
Briefly triage patient • Assign ESI level 2 for any patient that presents within 7 days of the assault • Refer to patient by code • Place in a private room	 ☐ ☐ ☐	
Notifications: • SANE and/or assign primary RN • Rape crisis center for medical advocate • Law enforcement (if not previously notified - discuss patient's consenting choice first) • Other mandated reporting agencies {Department of Aging, Department of Children and Family Services (DCFS), Office of the Inspector General}	 ☐ ☐ ☐ ☐	
MD or Midlevel provider to complete medical screening exam • Address all emergent medical concerns (i.e. strangulation injury, trauma, bleeding)	 ☐	
Prior to starting exam obtain all supplies needed (see recommended supply list)	☐	
Screen **all** patients for possible Drug Facilitated Sexual Assault (DFSA) • Collect at least 30ml of urine in a clean/dry cup and maintain chain of custody • Instruct patient to blot with gauze/tissue before sample collection (if genital swabs have not yet been collected) and submit tissue/gauze as miscellaneous evidence. Instruct patient to drip dry or blot after sample collection. • Provide patient with **Illinois State Police Toxicology Screening Information for Drug Facilitated Sexual Assaults: Patient Information Sheet** • Provide patient with **Consent to Toxicology Screen Form** (patient does not have to consent at this time. Urine can be held by law enforcement for a minimum of 10 years for the patient over 18 and until the 28th birthday for a patient under 18.) o Photocopy consent form and provide a copy to the patient and a copy for medical records • **Do not include urine specimen in ISP SAECK** • Seal the urine cup with tape, initial and date tape, place in biohazard bag with original consent form • Release to law enforcement and notify them that item needs to be **refrigerated**	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Open sealed ISP SAECK and utilize checklist provided • **Obtain patient consent for:**		

[18] https://illinoisattorneygeneral.gov/victims/saneguide/Illinois_SANE_Training_Program_Sexual_Assault_Treatment_Checklist.pdf.

o **Medical Forensic Exam and Evidence Collection** *(patient of any age)* o **Photographic Evidence** *(patient ≥13 years, parent or guardian)* o **Reporting Decision: Patient report, Health Care Provider report or Non-report** *(patient ≥13 years, parent, guardian, DCFS or LE)* o **Evidence Analysis: Consent to Test or Consent to Hold** *(patient ≥13 years, parent, guardian, DCFS or LE)* **TIP:** Non-report can only consent to hold the evidence.	☐ ☐ ☐ ☐	
Obtain medical forensic history, including detailed history of the assault • Use the medical forensic documentation form in the ISP SAECK as a guide: See pages 126 and 127 of the Pediatric National Protocol for sample medical history questions • Quote patient statements as much as possible, but try not to interrupt • For pediatric patients: o Obtain history from parent/guardian without the child and vice versa o Ask the child only "Do you know why you are here? Does anything hurt?" ▪ If disclosure occurs, document the patient's history and any clarifying questions that are asked verbatim ▪ If no disclosure, reassure the child that you are going to examine them to make sure that they are healthy o DO NOT introduce any terminology that is foreign to the child's vocabulary	☐ ☐ ☐ ☐ ☐ ☐	
Collect miscellaneous debris and patient clothing *(patient of any age)* • Examine each piece of clothing for rips, tears, presence of foreign materials • Place bra and underwear in collection bags in ISP SAECK • Other clothing should be placed in paper bags (one item per bag) • Label each bag with patient's name, description of contents, name of collector, date and time of collection and seal each bag (see below for proper seal– initial and date starting on the bag and crossing onto the clear tape) 	☐ ☐ ☐ ☐	
Perform a head-to-toe physical assessment *(patient of any age)* • Document all skin findings and note on the medical forensic documentation form • **Note location, description (color, shape) and size of all findings** • Photograph all injuries and findings (if applicable)– do not place photographs inside the ISP SAECK. Maintain according to hospital policy. o Mid-range photo (where is the injury/finding on the body) o Close-up photo (fill the frame with the injury/finding) o Close-up with ruler photo (same as above with measurement)	☐ ☐ ☐	
Complete evidence collection as outlined in the ISP SAECK (see evidence collection guide) *(patient of any age)* **TIP:** Specimens should be placed directly in the cardboard boxes and envelopes provided as they will dry in the box and envelope	☐	

Complete detailed ano-genital assessment **(SANE, Physician or Midlevel Provider only)** if indicated by patient history *(patient of any age)*
• Perform anal assessment using prone knee chest or left lateral recumbent positioning to aide patient in self-dilation
  o Moisten all 4 swabs for evidence collection
• FEMALES:
  o Conduct external assessment for injury using labial separation and labial traction *(patient of any age)*
  o Swab medial labia majora, labia minora, clitoral hood, clitoris and vestibule
  ▪ Pediatric patient: All 4 swabs
  ▪ Adult/Adolescent patient: 2 swabs
  o Adult/Adolescent patients only:
  ▪ Utilize advanced techniques such as Toluidine Blue Dye, Foley Catheter/Fox Swab (with proper training)
  ▪ Place speculum; do not use lubrication per the request of the Illinois State Police Forensic Lab, may use warm water
  ▪ Use 2 swabs to obtain evidence from cervical os and posterior fornix. Mark the end of the wooden swab stick with a sharpie to indicate to the lab that these were the internal swabs.
  ▪ Avoid touching vaginal walls
• MALES:
  o Conduct assessment for injury
  o Moisten all 4 swabs for evidence collection from shaft and glans
 	
TIP: DO NOT PLACE SPECULUM IN A PRE-PUBSCENT GIRL
AVOID TOUCHING THE URETHRAL OPENING FOR ALL PATIENTS
	☐
	☐
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	☐
	☐
	☐
	☐	

Package, seal and label all evidence • **Maintain chain-of-custody at all time** for the ISP SAECK and other evidence by never leaving unattended from opening until sealed and secured or released to law enforcement	☐	
Document per policy • Avoid duplicate documentation whenever possible	☐	

Obtain additional tests as ordered by Physician, Midlevel Provider or hospital standing orders *(patient of any age)*
• These may include
  o Pregnancy test *(adult/adolescent females only)*
  o Baseline HIV test
  o CBC, CMP
  o Hepatitis Panel
  o Syphilis test
  o STI testing (to be collected **after** evidence collection swabs)
  o Urine sample for hospital drug screen (this must be a different sample than that obtained for DFSA)
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Administer medications per Physician, Midlevel Provider or hospital standing orders following CDC and/or ACEP guidelines to prevent STIs, pregnancy and reduce risk of HIV *(information below for adult/adolescent patients only)*
• Discuss risks and benefits with patient and obtain consent prior to administering any medication
  o **Ceftriaxone** 250 mg IM in a single dose (may dilute with lidocaine to decrease pain) PLUS
  o **Azithromycin** 1 g orally in a single dose
  o **Metronidazole** 2 g orally in a single dose (advise no ETOH prior to and after medication for approximately 48 hours)
  o HIV Risk Assessment, screening, and prophylaxis per protocol
  ▪ **Tenofovir** 300mg PO daily + **Emtricitabine** 200mg PO daily **PLUS**
  ▪ **Raltegravir** 400mg PO BID OR **Dolutegravir** 50mg PO daily
  o Emergency Contraception Pill (ECP) or copper IUD per policy
  CHOOSE ONE ONLY:
  ▪ **Ulipristal acetate** 30mg PO x1 (Ella) up to 120 hours
  ▪ **Levonorgestrel** 1.5mg PO x1 (Plan B One-step, Next Choice One
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Dose, My Way) up to 72 hours o Human Papiloma Virus (HPV) ▪ **Gardasil**: 3 dose series IM: initial visit, 1-2 months, 6 months (*only 2 doses needed if first dose received before the age of 15)* o Hepatitis B ▪ **Simulataneous HBIG** 0.06mL/kg and **hepatitis B vaccine** NOTE: **Hepatitis B vaccine** alone- equally as effective **TIP: Pediatric patients should only receive medication for treatment of an active STI once there have been 2 positive test results. For pediatric patients, refer to the CDC guidelines.**	☐ ☐ ☐	
Provide patient education and discharge material • Risk of pregnancy and ECP/IUD *(adult/adolescent females only)* • Follow-up with Primary Care Physician, clinic, primary OB/GYN or Infectious Disease Specialist. Provide referral. • Follow-up with Child Advocacy Center *(pediatrics/adolescents only)* • Medications/prescriptions • Counseling and advocacy referral • Crime Victim Compensation information	☐ ☐ ☐ ☐ ☐ ☐	
Provide an Illinois Sexual Assault Program Voucher • Voucher system is activated for ***all*** non-Medicaid patients • Verify with registration/billing clerk that chart is coded/registered correctly to ensure the patient **does not** receive a bill (violates federal and state law to send bill to sexual assault patients for medical forensic services)	☐ ☐	
Disposition of evidence to law enforcement: • Sealed ISP SAECK • Clothing • Photographs (per hospital policy) • Drug facilitated sexual assault urine specimen • Other evidence collected	☐ ☐ ☐ ☐ ☐	
Verify that final diagnosis is entered as **sexual assault, evaluation of sexual assault or sexual assault by history** • Diagnosis should not include the word "alleged"	☐	

*****Patient may consent for testing or consent for holding of the evidence. The hospital is required to transfer all evidence to the law enforcement agency with jurisdiction for storage as soon as possible after completing evidence collection. Law enforcement must store evidence for a minimum of 10 years for a patient over the age of 18 and until the 28th birthday for a patient under the age of 18. The patient may contact law enforcement or a rape crisis advocate at a later time to release their evidence for testing. No evidence will be analyzed without the patient's consent.**

Illinois SANE Training Program: Sexual Assault Evidence Collection Guide

A laminated copy of the following guide should be kept on the SANE cart to be referenced when providing medical forensic services. For a PDF of the Sexual Assault Evidence Collection Guide click here.[19]

Overall Considerations:

- Use in conjunction with the Sexual Assault Treatment Checklist Form.
- Use in conjunction with the instructions provided in the Illinois State Police Evidence Collection Kit (ISPECK).
- Per ISPECK instructions, the examiner should wear personal protective equipment during evidence collection, including gloves, gown, mask, hair covering and shoe covering.
- Gloves must be changed after each item of evidence is collected.
- Thoroughly clean exam room and evidence processing areas before and after examination.
- Package each sample location or piece of evidence separately in paper bags/evidence boxes/envelopes.
- Avoid contamination during collection. If contamination occurs, document what occurred but **do not dispose of the evidence**.
- Evidence collection steps should be performed in a head-to-toe sequence. Patient comfort and consent is a major factor throughout the exam.
- There is only one chance to collect: when in doubt, collect!
- Before performing each step, discuss with the patient what the step involves and obtain their verbal consent to proceed.

****Evidence Collection Kit shall be offered and completed if the patient presents within a minimum of 7 days of the sexual assault. ****

Evidence Collection Envelope	When/What to Collect	Collection Equipment	Method/Instructions
Miscellaneous/debris collection	❖ If patient has not changed clothing post assault ❖ To collect evidence/debris that may fall off clothing	❖ Hospital cloth sheet ❖ Paper sheet provided in ISPECK ❖ Miscellaneous/debris ISPECK envelope	1. Place clean hospital sheet on the floor 2. Place paper sheet directly over the clean hospital sheet 3. Instruct patient to stand on paper sheet and remove one article of clothing at a time 4. Create a privacy wall for the patient during the process by using a blanket, sheet or gown 5. Patient should place each article of clothing in a separate spot on the paper sheet (see clothing collection below) or directly into paper bag 6. Collect the paper sheet by folding into a bindle and placing in **Miscellaneous/Debris Collection** envelope provided in ISPECK
Clothing collection	❖ If patient has not changed clothing post assault ❖ Underwear worn to the hospital ❖ Clothing patient brought with them that was worn during the assault ❖ To collect evidence that may be present on clothing	❖ Clothing ISPECK bags (underwear, bra) ❖ Paper bags ❖ Clear plastic tape or evidence collection tape ❖ Alternative light source ❖ Camera	1. Examine each piece of clothing for rips, tears, presence of foreign material and/or fluorescence with alternative light source 2. Document any findings and photograph per policy 3. Obtain consent from patient for each piece of clothing that will be submitted as evidence 4. Place each piece of clothing in a separate paper bag (if not done so already) and document patient's name, date and time of collection, name of collector and contents on the bag 5. Seal with tape and place your initials and the date across the width of the tape, ensuring that

[19] https://illinoisattorneygeneral.gov/victims/saneguide/Illinois_SANE_Training_Program_Sexual_Assault_Evidence_Collection_Guide.pdf.

			the initials and date overlap both the tape and the paper bag 6. Always collect the patient's underwear (even if not worn during the assault) and place in **Clothing** bag provided in ISPECK 7. If bra is collected, place in **Clothing** bag provided in ISPECK
Head hair combings	❖ To collect trace evidence in patient's hair	❖ Head hair combings ISPECK envelope with comb and bindle ❖ Camera	1. Visually examine head and scalp for any signs of trauma 2. Document any findings and photograph per policy 3. Remove paper bindle and comb 4. Unfold paper bindle 5. Lightly comb head hair so that any loose hair, fibers or other debris fall onto the paper bindle 6. Place comb in paper bindle and refold 7. Place in corresponding envelope 8. Palpate entire head and neck for any areas of tenderness NOTE: If patient would like to perform this step, please instruct them how to complete this step independently.
Oral specimens	❖ Oral penetration with or without ejaculation ❖ Oral contact such as kissing, licking	❖ Oral specimens ISPECK envelope with cardboard tube and sterile swabs ❖ Camera	1. Visually examine oral cavity for any signs of trauma. 2. Document any findings and photograph per policy 3. Use 2 dry swabs at a time; collect a total of 4 swabs 4. Swab oral cavity of patient; concentrate on area between lower lip and gum, upper lip and gum, along gum line of the teeth, on the inner surface of the teeth and recessed areas of the mouth. Avoid touching the patient's cheeks, tongue and saliva. 5. Place all 4 swabs into one cardboard tube, fold in end flaps, label and place in corresponding envelope NOTE: If patient would like to perform this step, please instruct them how to complete this step independently.
Fingernail specimens	❖ If the patient scratched or injured the assailant during the assault ❖ To collect assailant skin/blood cells	❖ Fingernail specimen ISPECK envelope with fingernail scraper and paper bindle; one per hand ❖ Camera	1. Visually examine hands and fingernails for any signs of trauma 2. Document any findings and photograph per policy 3. Remove 2 specimen envelopes (right hand, left hand) 4. Place paper bindle under patient's hand on flat surface 5. Scrape beneath the nails while holding nails over bindle so that debris falls into paper bindle 6. Place scraper in paper bindle and refold 7. Place paper bindle in corresponding fingernail scraping envelope

			8. Repeat steps for other hand 9. Place both hand envelopes in the fingernail specimen envelope NOTE: If patient would like to perform this step, please instruct them how to complete this step independently.
Miscellaneous stains/bite mark evidence	❖ Oral contact by assailant (i.e. anywhere the assailant touched the patient with their mouth) ❖ To collect assailant saliva ❖ Any area that fluoresces under an alternative light source ❖ To collect any dried secretions/ stains noted ❖ Direct skin contact by assailant (i.e. anywhere the assailant grabbed the patient) ❖ To collect assailant skin cells/sweat	❖ Miscellaneous stains/bite mark evidence ISPECK envelopes with cardboard tube and sterile swabs ❖ Alternative light source ❖ Sterile water ❖ Camera ❖ ABFO #2 Ruler	1. Visually examine entire body for signs of trauma 2. Utilize alternative light source or wood's lamp to help identify possible areas for evidence collection 3. Document any findings and photograph per policy 4. Moisten one swab with 1-2 drops of sterile water 5. Swab the entire area/stain by rolling the swab lightly over the patient's skin with the tip down then onto the side 6. Follow with second dry swab over the entire area/stain with the tip down then onto the side 7. Place both swabs into one cardboard tube, fold in end flaps, label and place in corresponding envelope. 8. **Document location swabs taken from on the outside of the envelope** 9. Palpate entire body for any areas of tenderness NOTE: Each location of evidence collection should be placed in a separate envelope.
Pubic hair combings	❖ To collect trace evidence in patient's pubic hair	❖ Pubic hair combings ISPECK envelope with comb and paper bindle ❖ Sterile swabs ❖ Sterile water ❖ Camera	1. Visually examine pubic area for any signs of trauma. 2. Document any findings and photograph per policy 3. Remove paper bindle and comb and unfold paper bindle 4. Place paper bindle under patient's buttocks 5. Comb pubic hair in a downward motion so that any loose hair/debris falls into the paper bindle 6. Refold paper bindle and place comb and paper bindle in corresponding envelope 7. If no pubic hair present, evidence can be collected with 2 swabs as you did for miscellaneous stains/bite marks NOTE: If patient would like to perform this step, please instruct them how to complete this step independently.
Anal specimens	❖ Penile, digital, oral or other object penetration or contact with or without ejaculation	❖ Anal specimens ISPECK envelope with cardboard tube and sterile swabs ❖ Sterile water ❖ Toluidine blue dye ❖ Alternative light source ❖ Camera ❖ ABFO #2 Ruler	1. Assist patient into prone knee chest, left lateral recumbent or standing and leaning over position to aide in self-dilation 2. Visually examine anus for any signs of trauma 3. Document any findings and photograph per policy 4. Moisten 4 swabs with 1-2 drops of sterile water each

			5. Gently place swabs inside anal canal so that entire cotton tip is within the canal 6. Move in circular motion and withdraw 7. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope NOTE: If unable to tolerate 4 swabs at once, perform with 1-2 swabs at a time instead NOTE: If patient is unable to self-dilate or you are unable to visualize anal tissue without folds, do not document "no injury/trauma". Instead document "unable to visualize lack or presence of injury."
Penile specimens OR	❖ Oral, anal, vaginal, digital or other contact with penis	❖ Penile specimens ISPECK envelope with cardboard tube and sterile swabs ❖ Sterile water ❖ Alternative light source ❖ Camera	1. Visually examine penis and scrotum for any signs of trauma 2. Utilize alternative light source to help identify possible areas for evidence collection (with patient consent) 3. Document any findings and photograph per policy 4. Moisten 4 swabs with 1-2 drops of sterile water each 5. Swab penile shaft, foreskin (if present), glans (head of penis) and base of shaft 6. **DO NOT SWAB THE URETHRA** 7. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope
Vaginal/cervical specimens	❖ Penile, digital, oral or other object penetration of female sex organ, with or without ejaculation	❖ Vaginal/cervical specimens ISPECK envelope with cardboard tube and sterile swabs ❖ Speculum ❖ Toluidine blue dye ❖ Foley catheter/fox swabs ❖ Alternative light source ❖ Camera	1. Visually examine external genitalia for any signs of trauma 2. Utilize alternative light source to help identify possible areas for evidence collection (with patient consent) 3. Document any findings and photograph per policy 4. Use 2 dry swabs to collect evidence from the medial labia majora, medial and lateral labia minora, clitoral hood, clitoris and vestibule ***(for pediatric patients, swabs may need to be moistened. Use all 4 swabs here and do not proceed with any of the steps below)*** NOTE: Vaginal swabs should not be collected in this box outside of the labia majora 5. If your facility utilizes toluidine blue dye, perform inspection with toluidine blue dye at this time according to your hospital policy and photograph 6. If you have received training on how to utilize a foley catheter/fox swabs to examine the hymen, perform hymen evaluation at this time according to your hospital policy and photograph 7. Place speculum with sterile water lubrication

			only: do not use lubricating jelly per the request of the Illinois State Police Forensic Lab NOTE: **DO NOT PLACE A SPECULUM IN A PRE-PUBESCENT GIRL** 8. Using 2 dry swabs, swab the cervical os and posterior fornix (area directly under the cervix) 9. Avoid touching the vaginal walls 10. Place all 4 swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope
Blood on filter paper Or Buccal swab reference sample	❖ Reference specimen to obtain patient DNA	❖ Blood on filter paper ISPECK envelope with filter paper ❖ Lancet ❖ Alcohol or CHG skin prep ❖ Buccal swab reference sample ISPECK envelope with cardboard tube and sterile swabs	1. Don gloves and remove filter paper from envelope 2. Place on a clean paper towel or the envelope 3. Write patient's name and date on filter paper, you can also use a patient label 4. Only touch the bottom of the filter paper 5. If you **are not** obtaining lab specimens for any other tests, finger stick patient with lancet 6. If you **are** obtaining lab specimens for other testing, you can use blood obtained in blood collection with a syringe and fill circles 7. Fill 5 circles with patient's blood 8. Allow filter paper to air dry 9. Place in corresponding envelope 1. If the patient does not disclose any history of oral contact with the offender, have the patient rinse their mouth with water 2. Wait 30 minutes before collection 3. Insert one swab into the mouth and firmly press into the inside cheek, rubbing up and down 4. Repeat with second swab for opposite cheek 5. Avoid touching teeth and tongue 6. Place both swabs into one cardboard tube, fold end flaps, label and place in corresponding envelope
Urine specimen	❖ Possible drug facilitated sexual assault (DFSA) based on signs and symptoms of patient	❖ Urine specimen cup ❖ Consent to Toxicology Form ❖ Patient Information Sheet ❖ Medical Provider Instruction Sheet	1. Collect earliest urine specimen possible 2. Instruct patient to blot with gauze/tissue before sample collection (if genital swabs have not yet been collected) and submit tissue/gauze as miscellaneous evidence. Instruct patient to drip dry after sample collection. 3. Advise the patient to urinate directly into cup **4. Do not place inside the ISPECK kit** 5. Obtain Toxicology paperwork from the Illinois State Police Website: http://www.isp.state.il.us/ a. Forensics tab on the left side of the screen b. Drug Facilitated Sexual Assault

1. Place all evidence specimens/envelopes inside the ISPECK
2. Date and initial the red evidence tape provided in the ISPECK
3. Place in the appropriate space to seal the ISPECK
4. Label the ISPECK with requested information
5. Maintain chain-of-custody until hand off to law enforcement or place in a secure area for storage; document when either action is performed on the outside of the ISPECK kit

*****Patient may consent for testing or consent for holding of the evidence. The hospital is required to transfer all evidence to the law enforcement agency with jurisdiction for storage as soon as possible after completing evidence collection. Law enforcement must store evidence for a minimum of 10 years for a patient over the age of 18 and until the 28th birthday for a patient under the age of 18. The patient may contact law enforcement or a rape crisis advocate at a later time to release their evidence for testing. No evidence will be analyzed without the patient's consent.**

SECTION THIRTEEN: Forensic Nursing – Expanding the Duties of SANEs

Once a SANE program has been established and is sustainable, both financially and staffing-wise, a hospital may want to consider expanding the forensic nursing services it provides to its community. Forensic nurses can be an integral part of serving other patient populations in the areas of:

- Intimate partner violence.
- Strangulation.
- Child maltreatment (Screening for and documenting injuries).
- Elder abuse and neglect.
- Suspect examinations.
- General interpersonal violence.
- Homicides.
- Human Trafficking.
- Trauma.

The National Sexual Violence Resource Center and International Association of Forensic Nurses' *SANE Sustainability Education Project*[20] includes the following resources:

Program Expansion Overview[21]

Program Expansion Worksheet[22]

[20] https://www.nsvrc.org/sane-sustainability.
[21] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_resources-for-expanding-services.pdf.
[22] https://www.nsvrc.org/sites/default/files/nsvrc-publications_sane-mobile-app_program-expansion-worksheet.pdf.

Examples of Forensic Nursing Programs

	ChristianaCare (Delaware)	**Saint Luke's Health System** (Missouri)	**Louisville Metro Police Department – Clinical Forensic Medicine Program** (Kentucky)
Services Provided			
Child Abuse and Neglect	**X**	**X**	**X**
Consultation services available upon request to investigating law enforcement agency and prosecuting agency			**X**
Dog Attacks	**X**		
Intimate Partner Violence and Domestic Violence	**X**	**X**	**X**
Elder Abuse and Neglect	**X**	**X**	**X**
Human Trafficking	**X**	**X**	**X**
Sexual Assault	**X**	**X**	**X**
Strangulation	**X**	**X**	**X**
Suspect Examinations		**X**	**X**
Trauma (May include but is not limited to gunshot wounds, stab wounds, house fires, traffic accidents)	**X**	**X**	**X**
Case Priority			
	• Sexual Assaults are seen within 10 minutes. • In case of multiple patients, if FNE is working in ED, they assist with forensic patient if ED volume allows.	• SANE and Human Trafficking patients seen by core FNEs. • Other forensic patients cared for by ED nurses with forensic training.	• Usually one case at the time, prioritized based on potential evidence lost. • The victim is evaluated before the suspect.

Number of Hospitals Covered			
	• 24/7 coverage in ChristianaCare in Newark (Level I trauma center, 104K volume). • Affiliated hospitals are in Wilmington (Level II trauma center, 60K volume) and Middletown (30K), those hospitals do phone consults or transfer patients to the trauma center.	• Saint Luke's Health System (16 hospitals). Three are rural/critical access, seven are community hospitals and the others are larger trauma centers with one as a Level 1 trauma center.	• Crime scenes, all hospitals (ED, OR, ICU) for the county, with occasional consults outside the county.
Number of Patients Covered			
	• In 2018, the team took care of 1754 patients.	• Approximately 1000 victims of violence (going up by 20% every year for the past 4 years), approximately 250 SANE patients a year.	• Approximately 100 patients per year (county population approximately 770,000).
Certification Requirements for Forensic Nurse Examiners			
	• SANE-A Certified within 3 years of joining team.		• SANE-A Certified.

Educational/Training Requirements for Forensic Examiners			
	• New FNEs need to complete 80 hours of classroom: IAFN Online SANE course for SANE-A and SANE-P and 40 hours of forensics including, ballistics/gunshot wound evaluation. • Following classroom training, hands-on training for 2-3 months and no less than 240 clinical hours with an experienced FNE. Orientees must demonstrate competency to work independently.	• In the first year of hire, nurses are required to take a triage class that explains services, protocols and policies, a 2-hour Forensic Nursing Class and a 40-hour SANE training.	• 100 hours of internal lectures. • 40 hours forensic photography course. • 20 training shifts in Medical Examiner's Office. • 12 shifts with multiple police units (DV, Homicide, Crimes Against Seniors, Crime Scene Unit, Traffic, Elder Abuse). • Mock courtroom testimony training. • Oral and written examinations.
Continuing Educational Requirements for Forensic Examiners			
	• 16 hours of continuing forensic education is required every year.	• Internal forensics and SANE refresher classes and a 2 hour Advanced Forensic Nursing class which changes topics each year.	• On-going bedside teaching and peer review of each case.

Employment Model			
	• 24/7 emergency department coverage. FNEs split shifts between being ED staff nurse and FNE.	• Core group of full time SANE/FNEs self-schedule to assure coverage. • Travel to multiple hospitals to see Sexual Assault or Human Trafficking patients. • Nurses are also assigned to ED shifts. • All ED nurses in the system are trained in Forensic Nursing (approx. 350 nurses in the system).	• On-call only model. • Employed by the police department.
Staff Members			
	• Twenty FNEs on the team.	• 4 nurses for days (7a-7p) and 4 nurses for nights (7p-7a). • Each working 3 12-hour shifts per week.	• 3 part-time nurses. • 1 full-time physician.
Paid			
	• Salary-based. • Extra hourly compensation for FNEs.	• Salary-based.	
Sources of Funding			
	• State reimbursement for SANE exams.	• Crime victim compensation for SANE exams.	• Paid by police department.

APPENDIX – Sexual Assault Nurse Examiner Training Requirements

Overview of IAFN Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines (2018)

The complete Education Guidelines can be viewed at *https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf*

Required Content
I. Overview of Forensic Nursing and Sexual Violence
A. Forensic Nursing Overview
1. History and evolution of forensic nursing
2. Role of the adult/adolescent SANE in caring for adult and adolescent sexual assault patient populations
3. Role of the adult/adolescent SANE and sexual violence education and prevention
4. Role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice
5. Key aspects of Forensic Nursing: Scope and Standards of Practice
6. Professional and ethical conduct related to adult/adolescent SANE practice and care of adult and adolescent sexual assault patient populations through the ethical principles of autonomy, beneficence, non-malfeasance, veracity, confidentiality, and justice
7. Nursing resources, locally and globally, that contribute to current and competent adult/adolescent SANE practice
8. Vicarious trauma
9. Methods for preventing vicarious trauma associated with adult/adolescent SANE practice
10. Key concepts associated with the use of evidence-based practice in the care of adult and adolescent sexual assault patient populations
B. Sexual Violence
1. Types of sexual violence
2. Types of intimate partner violence (IPV)
3. Global incidence and prevalence rates for sexual violence and IPV in the female and male adult and adolescent populations
a. Risk factors for sexual violence and abuse
4. Health consequences of sexual violence and abuse and co-occurring violence, to include physical, psychosocial, cultural, and socioeconomic sequelae
5. Unique healthcare challenges to underserved sexual assault and abuse populations and associated prevalence rates, including but not limited to:
a. Men
b. Inmates
c. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, Intersex, agender/asexual)
d. Patients with disabilities

	e. Culturally diverse populations
	f. Mental health populations
	g. Patients with language/communication barriers
	h. People who are trafficked
	i. Patients who are in the military
6. Best practices for improving forensic nursing care provided to underserved or vulnerable patient populations	
7. Factors that impact the vulnerability of patients being targeted for sexual assault and abuse (i.e., adverse childhood experiences [ACEs], generational violence, and people who were raised in the foster care system)	
8. Biases and deeply held beliefs regarding sexual violence, abuse, and co-occurring violence in adult and adolescent patient populations	
9. Key concepts of offender behavior and the effect on sexual assault patient populations	
10.Differences between the minor and adult patient populations as related to adult and adolescent sexual violence	
11.Delayed disclosure and recantation as common presentations in sexual violence and abuse	
II. Victim Responses and Crisis Intervention	
A. Common psychosocial responses to sexual violence, abuse, and co-occurring violence in adult and adolescent populations	
B. Acute and long-term psychosocial ramifications associated with sexual violence, abuse, and co-occurring violence	
C. Emotional and psychological responses and sequelae following sexual violence, including the impact of trauma on memory, cognitive functioning, and communication applicable to adult and adolescent sexual violence patient populations	
	1. Key components of a suicide risk assessment
	2. Key components of a safety risk assessment
D. Diverse reactions that can be manifested in the patient after sexual violence	
E. Risk factors for acute and chronic psychosocial sequelae in adult and adolescent patients following sexual violence, abuse, and co-occurring violence	
F. Common concerns regarding reporting to law enforcement following sexual violence, abuse, and co-occurring violence and potential psychosocial ramifications associated with this decision	
G. Culturally competent, holistic care of adult and adolescent patients who have experienced sexual assault, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance	
H. Risk factors for non-adherence in adult and adolescent patient populations following sexual violence	
I. Diverse psychosocial issues associated with underserved sexual violence patient populations, such as:	
	1. Males
	2. Inmates
	3. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual)
	4. Adolescents
	5. Patients with disabilities

	6. Culturally diverse populations
	7. Mental health populations
	8. Patients with language/communication barriers
	9. People who are trafficked
J. Factors related to the patient's capacity to consent to services, such as age, cognitive ability, mental state, limited English proficiency, intoxication, and level of consciousness	
K. Patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems based on the patient's chronological age, developmental status, identified priorities, and tolerance	
L. Techniques and strategies for interacting with adult and adolescent patients and their families following a disclosure of sexual violence, including but not limited to:	
	1. Empathetic and reflective listening
	2. Maintaining dignity and privacy
	3. Facilitating participation and control
	4. Respecting autonomy
	5. Maintaining examiner objectivity and professionalism
III. Collaborating with Community Agencies	
A. Sexual assault response team (SART), including:	
	1. Overview of roles and responsibilities
	2. SART models
	3. Strategies for implementing and sustaining a SART
	4. Benefits and challenges
B. Roles and responsibilities of the following multidisciplinary SART members as they relate to adult and adolescent sexual violence:	
	1. Victim advocates (community- and system-based)
	2. Medical forensic examiners (adult/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants)
	3. Law enforcement personnel
	4. Prosecuting attorneys
	5. Defense attorneys
	6. Forensic scientists
	7. Social service agencies
C. Key strategies to initiate and maintain effective communication and collaboration among multidisciplinary SART members while maintaining patient privacy and confidentiality	
IV. Medical Forensic History Taking	
A. Key components of obtaining a comprehensive, developmentally appropriate patient history, including a focused review of systems with an adult/adolescent patient, which can provide context for appropriate healthcare decisions and potential forensic implications, to include:	
	1. Past medical history
	2. Allergies
	3. Medications
	4. Recreational drug use
	5. Medical/surgical history

	6. Vaccination status
	7. Anogenital-urinary history
	8. Last consensual intercourse
	9. Pregnancy history
	10. Contraception usage
	11. Last menstrual period
	12. Event history
	a. Actual/attempted acts
	b. Date and time of event
	c. Location of event
	d. Assailant information
	e. Use of weapons/restraints/threats
	f. Use of recording devices (photographs or videos of the event)
	g. Suspected drug-facilitated sexual assault
	h. Condom use
	i. Ejaculation
	j. Pain or bleeding associated with acts
	k. Physical assault
	l. Strangulation
	m. Potential destruction of evidence
	B. Difference between obtaining a medical forensic history and conducting a forensic interview, and the purpose of each
	C. Techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level, tolerance, gender identity, and cultural differences
	D. Importance of using the medical forensic history to guide the physical assessment of the patient and evidence collection
	E. Poly-victimization or co-occurrence of violence using the medical forensic history
	F. Importance of accurate and unbiased documentation of the medical forensic history
	G. Coordination between law enforcement representatives and SAFEs regarding the logistics and boundaries of medical forensic history taking and investigative intent
V. Observing and Assessing Physical Examination Findings	
	A. Importance of obtaining informed consent and assent throughout the medical forensic examination process
	B. Importance of addressing patient concerns related to examiner gender and other preferences
	C. Comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, while considering the patient's tolerance, including assessment of:
	1. Patient's general appearance, demeanor, cognition, and mental status
	2. Clothing and other personal possessions
	3. Body surfaces for physical findings
	4. Anogenital structures
	5. Sexual maturation
	6. Impact of estrogen on anogenital structure
	D. Mechanical and physical trauma and identification of each type
	1. Blunt force

	2. Sharp force
	3. Gunshot wounds
	4. Strangulation
	E. Comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings
	F. Terminology related to mechanical and physical trauma findings, including:
	1. Abrasion
	2. Laceration/tear
	3. Cut/incision
	4. Bruise/contusion
	5. Hematoma
	6. Swelling/edema
	7. Redness/erythema
	8. Petechiae
	G. Anogenital anatomy and physiology, including:
	1. Normal anatomical variants
	2. Types and patterns of injury that are potentially associated with sexual assault
	3. Physical findings and medical conditions or non-assault-related trauma that can be misinterpreted as resulting from a sexual assault
	H. Multimethod approach for identifying and confirming physical findings, which may include:
	1. Positioning
	2. Labial separation/traction
	3. Sterile water irrigation
	4. Colposcopic or photographic visualization with magnification
	5. Anoscopic visualization, if indicated and within the scope of practice in the jurisdiction's Nurse Practice Act
	6. Toluidine blue dye application and removal
	7. Urinary (Foley) catheter, swab, or other technique for visualization of the hymen
	8. Peer review/expert consultation
	I. Current evidence-based references and healthcare practice guidelines for the care of the adult and adolescent patient who has experienced sexual assault
	J. Circumstances that may necessitate referral and/or consultation
	K. Planning care using current evidence-based practice for adult and adolescent sexual assault patient populations
	L. Using clinical judgment to determine care
	M. Individualized short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of the adult and adolescent patient who has experienced sexual assault
	N. Critical thinking elements and evidence-based practice needed to correlate potential mechanisms of injury of anogenital and non-anogenital findings, including recognizing findings that may be the result of medical conditions or disease processes
	O. Care prioritization based on assessment data and patient-centered goals
	P. When to employ medical consultation and trauma intervention

VI. Medical Forensic Specimen Collection
A. Patient (Victim)-Centered Care
1. Importance of patient participation, consent, and ongoing assent during specimen collection procedures as a means of recovering from sexual violence
2. Sexual assault evidence collection kit
3. Integration of obtaining and preserving forensic samples into the medical forensic examination
4. Specimen collection options within the community available to adult and adolescent patients who have experienced sexual assault, including:
a. Reporting to law enforcement
b. Non-reporting/anonymous evidence collection
c. Medical evaluation and treatment
5. Recommendations for collection time limits of biological specimens following a sexual assault
6. Types of specimens and methods of collection in the adult and adolescent patient following a sexual assault, based on the event history, including but not limited to:
a. DNA
b. Trace/non-biologic
c. History documentation
d. Physical findings, identification, and documentation
e. Medical forensic photography
f. Toxicology
7. Chain of custody and principles and procedures for maintaining
8. Drug-facilitated sexual assault (DFSA), current trends, criteria associated with risk assessment for DFSA, and when specimen collection procedures are indicated
9. Patient concerns and common misconceptions patients may have regarding specimen collection
10. Potential risks and benefits for the patient related to evidence collection
11. Adjunctive tools and methods used in specimen identification and collection and associated risks and benefits, including but not limited to:
a. Alternate light sources
b. Swab collection techniques
c. Speculum examination
d. Colposcopic visualization or magnification with a digital camera
e. Anoscopic visualization, if indicated and within the scope of practice in the Nurse Practice Act
12. Appraisal of data regarding the assault details to facilitate complete and comprehensive medical forensic examination and evidence collection
13. Evidence-based practice guidelines for the identification, collection, preservation, handling, and transfer of biologic and trace evidence specimens following a sexual assault
14. Evidence-based practice when planning evidentiary procedures
15. Materials and equipment needed for biologic and trace evidence collection
16. Techniques to support the patient and minimize the potential for additional trauma during specimen collection procedures

	17. Techniques to facilitate patient participation in specimen collection procedures
	18. Evaluating the effectiveness of the established plan of care and associated evidentiary procedures and adapting the plan based on changes in data collected throughout the nursing process
B. Patient (Suspect)-Centered Care	
	1. Differences in victim and suspect medical forensic examination and specimen collection following a sexual assault
	2. Legal authorization needed to obtain evidentiary specimens and examine a suspect, including:
	a. Written consent
	b. Search warrant
	c. Court order
	3. Components of a suspect medical forensic examination
	4. Recommendations for time limits of collection of biologic evidence in the suspect of a sexual assault
	5. Types of evidence that can be collected in the medical forensic examination of a suspect following sexual assault, such as:
	a. DNA evidence
	b. Trace/non-biologic evidence
	c. Physical findings, identification, and documentation
	d. Medical forensic photography
	e. Toxicology
	f. Variables in specimen collection, packaging, preservation, and transportation issues for items, including:
	i. Products of conception
	ii. Foreign bodies
	iii. Tampons
	iv. Diapers
	6. Synthesizing data from a reported sexual assault to inform a complete and comprehensive medical forensic examination and evidence collection in the suspect of a sexual assault
	7. Preventing cross-contamination if the medical forensic examinations and/of evidence collections of the victim and suspect are performed in the same facility or by the same examiner
	8. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process
VII. Medical Forensic Photography	
A. Importance of obtaining informed consent and assent for photography	
B. Impact of abuse involving photography/images on a patient's experience with photodocumentation	
C. Potential legal issues related to photography (e.g., use of filters, alterations to images, use of unauthorized camera equipment, such as personal cell phones of law enforcement's camera)	
D. Physical findings that warrant medical forensic photographic documentation	
E. Biologic and/or trace evidentiary findings that warrant photographic documentation	
F. Physiological, psychological, sociocultural, and spiritual needs of adult/adolescent patients	

	that warrant medical forensic photography following a sexual assault
	G. Options for obtaining medical forensic photographs, including colposcope images and digital imaging equipment
	H. Variables affecting the clarity and quality of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed
	I. Key photography principles, including consent, obtaining images that are relevant, a true and accurate representation of the subject matter, and non-inflammatory
	J. Photography principles as they relate to the types of images required by judicial proceedings, including overall orientation, close-up, and close-up with scale photographs
	K. Photography prioritization based on assessment data and patient-centered goals
	L. Adapting photography to accommodate patient needs and preferences
	M. Selecting the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation
	N. Situations that may warrant follow-up photographs and options for securing
	O. Consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination
	P. Legal and confidentiality issues that are pertinent to photographic documentation
	Q. Consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings
VIII. Sexually Transmitted Disease Testing and Prophylaxis	
	A. Prevalence/incidence and morbidity and risk factors related to sexually transmitted diseases after sexual assault and abuse
	B. Symptoms associated with sexually transmitted diseases
	C. Sexually transmitted diseases that are commonly asymptomatic
	D. Symptoms and findings that may mimic sexually transmitted diseases
	E. Key concepts associated with screening for the risk of transmission of select sexually transmitted diseases based on the specifics of the patient's provided history
	F. Patient concerns and myths regarding transmission, treatment, and prophylaxis of select sexually transmitted diseases
	G. Physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following a sexual assault
	H. Evidence-based national and/or international guidelines for the testing and prophylaxis/treatment of sexually transmitted diseases when planning care for adult/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following a sexual assault
	I. Evidence-based practice when planning care for adult/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following a sexual assault
	J. Risks versus benefits of testing for sexually transmitted disease(s) during the acute medical forensic evaluation versus at the time of initial follow-up after prophylaxis
	K. Testing methodologies based on site of collection, pubertal status, and patient tolerance for select sexually transmitted diseases
	L. Screening versus confirmatory testing methodologies for select sexually transmitted diseases
	M. Approach to HIV risk assessment and prophylaxis decision-making based on current

	guidelines, local epidemiology, and available resources
	N. Individualizing short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of adult/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following a sexual assault
	O. Prioritizing care based on assessment data and patient-centered goals
	P. Sexually transmitted disease(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology
	Q. Sexually transmitted disease(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications
	R. Indications for seeking medical consultation
	S. Collection, preservation, and transport of testing medias for select sexually transmitted disease(s)
	T. Follow-up care and discharge instructions associated with select sexually transmitted disease(s)
IX. Pregnancy Risk Evaluation and Care	
	A. Prevalence rates for pregnancy following a sexual assault
	B. Risk evaluation for pregnancy following a sexual assault based on the specifics of the patient's provided history and developmental age
	C. Testing methods (e.g., blood versus urine; quantitative versus qualitative)
	D. Effectiveness of available pregnancy prevention methods
	E. Patient education key concepts regarding emergency contraception, including:
	1. Mechanism of action
	2. Baseline testing
	3. Side effects
	4. Administration
	5. Failure rate
	6. Follow-up requirements
	F. Patient concerns, belief systems, and misconceptions related to reproduction, pregnancy, and pregnancy prophylaxis
	G. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients at risk for an unwanted pregnancy following a sexual assault
	H. Evidence-based guidelines for pregnancy prophylaxis when planning care for adult and adolescent patients at risk for unwanted pregnancy following a sexual assault
	I. Prioritizing care based on assessment data and patient-centered goals
	J. Situations warranting medical or specialty consultation
	K. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process
	L. Demonstrating the ability to identify and explain necessary follow-up care, discharge instructions, and referral sources associated with emergency contraception and/or pregnancy termination options
X. Medical Forensic Documentation	
	A. Roles and responsibilities of the forensic nurse in documenting the adult and adolescent medical forensic examination
	B. Steps of the nursing process, including patient-centered care, needs, and goals

	C. Differentiating and documenting sources of information provided
	D. Documentation of sources/sites of evidence collection
	E. Documentation of event history by quoting the patient's statements as much as possible
	F. Documentation of outcry statement made during the medical forensic examination
	G. Differentiation between objective and subjective data; Using language to document that is free of judgment or bias
	H. Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice
	I. Legal considerations, including:
	1. Regulatory or other accreditation requirements (see legal considerations section)
	2. Legal, regulatory, or other confidentiality requirements (see legal considerations section)
	3. Mandated reporting requirements (see legal considerations section)
	4. Informed consent and assent (see legal considerations section)
	5. Continuity of care
	J. Judicial considerations, including:
	1. True and accurate representation
	2. Objective and unbiased evaluation
	3. Chain of custody
	K. Key principles related to consent, access, storage, archiving, and retention of documentation for:
	1. Written/electronic medical records
	2. Body maps/anatomic diagrams
	3. Forms
	4. Photographs (see medical forensic photography section)
	L. Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)
	M. Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)
	N. Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)
	O. Sharing medical forensic documentation with other treatment providers
	P. Patient access to the medical forensic record
	Q. Release, distribution, and duplication of medical forensic records, including photographic and video images and evidentiary material
	1. Any potential cross-jurisdictional issues
	2. Procedures to safeguard patient privacy and the transfer of evidence/information to external agencies according to institutional protocol
	3. Explanation of laws and institutional policy that have domain over the protection of patient records and information
	4. Applicable facility/examiner program policies (e.g., restricted access to medical records related to the medical forensic examination, response to subpoenas and procedures for image release)
XI. Discharge and Follow-Up Planning	
	A. Resources that address the specific safety, medical, and forensic needs of adult and

	adolescent patients following a sexual assault
	B. Individualizing the discharge plan and follow-up care based on medical, forensic, and patient priorities
	C. Facilitation of access to multidisciplinary collaborative agencies
	D. Evidence-based guidelines for discharge and follow-up care following a sexual assault of an adult or adolescent patient
	E. Evidence-based practice when planning and prioritizing discharge and follow-up care associated with safety, and psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted diseases and pregnancy
	F. Modifying and facilitating plans for treatment, referrals, and follow-up care based on patient needs and concerns
	G. Generating, communicating, evaluating, and revising individualized short- and long-term goals related to discharge and follow-up needs
	H. Determining and communicating follow-up and discharge needs based on evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography
XII. Legal Considerations and Judicial Proceedings	
	A. Legal Considerations
	1. Consent
	a. Key concepts associated with obtaining informed consent and assent
	b. Methodology for obtaining consent to perform a medical forensic examination in adult and adolescent patient populations
	c. Differences between legal requirements associated with consent or declination of medical care versus consent or declination of evidence collection and release
	d. Impact of age, developmental level, and physical and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance
	e. Legal exceptions to obtaining consent as applicable to the practice area
	f. Potential consequences of reporting options and assisting the patient with informed decision-making
	g. Potential consequences of withdrawal of consent and/or assent and the need to explain this to the patient while respecting and supporting their decisions
	h. Coordinating with other providers to support patient choices for medical forensic examination and consent
	i. Procedures to follow when the patient is unable to consent
	j. The critical importance of never performing the medical forensic examination against the will of the patient
	k. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect informed consent procedures
	B. Reimbursement
	1. Crime Victim Compensation/reimbursement options that are associated with the provision of a medical forensic examination in cases of adult and adolescent intimate partner and sexual violence as applicable
	2. Reimbursement procedures and options for adult and adolescent patient populations
	C. Confidentiality

	1. Legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:
	a. Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation
	b. Key concepts associated with informed consent and the release of protected health information
	c. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may impact confidentiality procedures
	D. Medical screening examinations
	1. Legal requirements associated with the provision of a medical screening examination and its impact on the provision of medical forensic care in adult and adolescent patients following intimate partner or sexual violence, including:
	a. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation
	b. Required procedures to secure informed consent and informed declination in accordance with applicable legislation
	c. Required procedures to transfer or discharge/refer a patient in accordance with applicable legislation
	d. Prioritizing and securing medical treatment as indicated by specific presenting chief complaints
	e. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect medical procedures
	E. Mandated reporting requirements
	1. Legal requirements associated with mandated reporting requirements in adult and adolescent patient populations
	2. Mandatory reporting requirement procedures and options for adult and adolescent patient populations
	3. Differentiating between reported and restricted/anonymous medical forensic evaluations following sexual violence 4. Modifying medical forensic examination procedures in nonreported/anonymous cases
	5. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following a sexual assault that may affect mandated reporting requirement procedures
	F. Judicial proceedings
	1. Role of the SANE in judicial and administrative proceedings, must include:
	a. Civil versus criminal court proceedings
	2. Role of the SANE in judicial and administrative proceedings, may include:
	a. Family court proceedings
	b. Administrative/university proceedings
	c. Title IX hearings
	d. Military and court martial proceedings
	e. Matrimonial/divorce hearings
	f. Child custody proceedings
	3. Legal definitions associated with sexual violence

	4. Case law and judicial precedence that affect the provision of testimony in judicial proceedings, such as:
	a. Admissibility or other applicable laws specific to the area of practice
	b. Rules of evidence or other applicable laws specific to the area of practice
	c. Hearsay or other applicable laws specific to the area of practice
	5. Differences between civil and criminal judicial proceedings, including applicable rules of evidence
	6. Differences between the roles and responsibilities of fact versus expert witnesses in judicial proceedings
	7. Differences between judge versus jury trials
	8. Judicial processes:
	a. Indictment
	b. Arraignment
	c. Plea agreement
	d. Sentencing
	e. Deposition
	f. Subpoena
	g. Direct examination
	h. Cross-examination
	i. Objections
	9. Forensic nurse's role in judicial proceedings, including:
	a. Educating the trier of fact
	b. Providing effective testimony
	c. Demeanor and appearance
	d. Objectivity
	e. Accuracy
	f. Evidence-based testimony
	g. Professionalism
	10. Key processes associated with pretrial preparation

https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf

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Illinois Sexual Assault Nurse Examiner (SANE) Program
Adult/Adolescent Clinical Training Log

https://illinoisattorneygeneral.gov/victims/sanetraining/AA_SANEClinicalLog2020.pdf

Name	
Address	
City/State/Zip Code	
Telephone Number	
Email Address	
Date of SANE Didactic Training	
Name of Mentor	
Mentor Contact Information	

The Office of the Illinois Attorney General sets high training standards for nurses aspiring to practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To independently perform medical forensic examinations on adult/adolescent (defined as the onset of menses in females, the advent of secondary sex characteristics in males, postmenopausal females and other older adult) sexual assault patients, the registered nurse must complete and maintain certificates of completion for both:

- Adult/Adolescent 40-hour didactic SANE training
- Adult/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines

The outlined requirements are the **minimum** clinical training standards for the Adult/Adolescent SANE in Illinois and are consistent with the guidelines established by the International Association of Forensic Nurses (IAFN).

Clinical training includes the following **mandatory** requirements:

1. Genital Exams and Competency Validation Tool — Date Completed: _____
2. Specialized Equipment Proficiency Training — Date Completed: _____
3. Entry-Level Adolescent and Adult Assessment Workbook — Date Completed: _____
4. Criminal Trial Proceeding — Date Completed: _____
5. Three Additional Training Opportunities — Date Completed: _____
6. Medical Forensic Exams and Competency Validation Tool — Date Completed: _____
7. SANE-A Mock Exam **OR** Completion of the Illinois Attorney General Clinical 2-day SANE Training Program — Date Completed: _____

The goal of the Adult/Adolescent clinical SANE training is for the clinician to become proficient in caring for the adult/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Adult/Adolescent SANE. **The clinical training must be completed within 12 months of the completion of an Adult/Adolescent didactic SANE course.** If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

Mandatory Requirements

1. Genital Exams

Primary Goal: To provide training and practice techniques required for the physical examination of the external and internal structures of the female genitalia and external structures of the male genitalia. This practice must include 15 or more successful speculum placements for female patients. The genital examinations are to be completed until proficiency is achieved. The Clinical Competency Validation Tool (see next page) outlines the competency criteria and must be validated by the preceptor during each exam.

Please keep in mind that this is not a pelvic exam. SANE nurses use additional techniques (including labial separation, labial traction, Foley catheters and/or Fox swabs) to improve visualization of areas prone to injury/trauma and you should make sure that your preceptor is knowledgeable about these techniques before beginning.

	Date	Facility/Location	Techniques Used	Preceptor Name	Preceptor Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Additional Genital Examinations (if needed to gain competency **OR** for male patient exams):

	Date	Facility/Location	Techniques Used	Preceptor Name	Preceptor Signature
16.					
17.					
18.					
19.					
20.					

Clinical Competency Validation Tool
Genital Exams Including Speculum Placement

Primary Goal: To validate competency of anatomy and techniques required during the physical examination of the external and internal structures of the female genitalia and external structures of male genitalia.

Performance Measures/Criteria	Meets Criteria Yes	No
1. Identification of normal genital anatomy, including: ☐ FEMALE: mons pubis, labia majora, labia minora, clitoral hood, clitoris, vestibule, urethral meatus, periurethral area, fossa navicularis, posterior fourchette, hymen, vaginal orifice, posterior fornix, cervix, cervical os, perineum, anus ☐ MALE: urethral meatus, glans penis, corona of glans penis, frenulum, prepuce (foreskin), penile shaft, scrotum, testes, perineum, anus **Competency criteria: Clinician must properly identify each of the above structures/areas (must include both female and male examinations)**	_____	_____
2. Speculum placement with identification of posterior fornix and cervical os **Competency criteria: Clinician must place speculum with successful cervical os visualization and verbalization of posterior fornix location**		
3. Other visualization techniques to improve visualization and injury identification ☐ Labial separation ☐ Labial traction ☐ Foley catheter technique to visualize hymen ☐ Fox swab technique to visualize hymen **Competency criteria: Clinician must perform three of the above mentioned techniques for improved visualization (please indicate which three were completed by checking the box to the left)**		
I have supervised the genital exams performed by the clinician, and I find that the clinician is proficient to perform genital exams and speculum placement independently.	Y	N

Date of Competency Validation (list multiple dates if necessary):

Preceptor Name, Title and Signature (Physician, Midlevel, SANE-A or AA SANE):

Preceptor Contact Phone or Email:

2. **Specialized Equipment Proficiency Training**

Primary Goal: To gain knowledge in the use of a colposcope, digital camera, alternative light source, Toluidine blue dye, Foley catheter or Fox swabs, or other specialized equipment utilized during ano-genital assessments. **Training is required for <u>each</u> equipment that a facility utilizes. This training should <u>not</u> be performed on a sexual assault patient.**

Date: _____ Equipment Type: Alternative Light Source
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Digital Camera or Colposcope
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Foley Cath
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Fox Swab
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

Date: _____ Equipment Type: Toluidine Blue Dye
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Proficient: Y N Suggested Remediation: Y N
Comments: _____

3. Entry Level Adolescent and Adult Assessment Workbook

The clinician must complete the entry level adolescent and adult assessment workbook and write up a 2-3 paragraph summary of what they learned, what they found most helpful and any outstanding questions or concerns that were identified when completing the material. Please attach the write-up of the workbook to this packet with your submission. **DO NOT RETURN THE WORKBOOK!!!!**

4. Observation at Criminal Trial Proceedings

Primary Goal: To observe and become familiar with criminal trial proceedings, particularly direct and cross examination of a witness. Preferably the testimony observed will be that of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator or State SANE Coordinator. Completed time should not be less than **4 hours**.

Direct examination:
Date: ____ Time Spent: _____ Location of Observation: _____
Name, Title and Signature of Individual who witnessed your attendance:

_____
Contact Phone or Email: _____

Cross examination:
Date: ____ Time Spent: _____ Location of Observation: _____
Name, Title and Signature of Individual who witnessed your attendance:

_____
Contact Phone or Email: _____

Description of what you observed and any questions that were not answered during this experience:

_____
_____
_____
_____
_____
_____
_____

5. At Least Three Additional Training Opportunities

The clinician must complete **at least 3** of the following activities:

a. Forensic Photography Training

Primary Goal: To gain hands-on practice and experience with a digital camera and/or other photography equipment. Should be completed with a forensic photography expert (crime scene investigator, detective, SANE or other individual with specialized training).
Date: _____ Time Spent: _____ Location/Agency: _____
Name, Title and Signature of Individual who witnessed your attendance:

_____
Contact Phone or Email: _____

b. Victim Services Agency

Primary Goal: To establish a collaborative relationship with victim services agency and staff. To learn full range of services provided.
Date: _____ Time Spent: _____ Location/Agency: _____
Name, Title and Signature of Individual who witnessed your attendance:

_____
Contact Phone or Email: _____

c. **State's Attorney's Office Victim Witness Coordinator**

Primary Goal: To establish a collaborative relationship with victim witness coordinator. To learn full range of services provided and court process for victims and other witnesses.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

_____

Contact Phone or Email: _____

d. **Illinois State Police Crime Lab**

Primary Goal: To gain first-hand knowledge of forensic science center.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

_____

Contact Phone or Email: _____

e. **Law Enforcement Agency**

Primary Goal: To establish a collaborative relationship with local law enforcement agency/sex crimes unit. To observe sex crimes detective in the field.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

_____

Contact Phone or Email: _____

f. **Additional Relevant Experiences**

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

_____

Contact Phone or Email: _____

Description of Experience: _____

_____

_____

_____

g. **Additional Relevant Experiences**

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

_____

Contact Phone or Email: _____

Description of Experience: _____

_____

_____

_____

6. Medical Forensic Examinations

Primary Goal: To gain competency in conducting medical forensic examinations, including use of informed consent, medical forensic history taking, head-to-toe assessments, detailed ano-genital exams, evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit, providing discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, safety planning and the use of specialized examination techniques including forensic photography.

A **minimum** of three examinations are required; however, sexual assault examinations should be completed with a preceptor until proficiency is achieved. The Clinical Competency Validation Tool (page 10) outlines the competency criteria that must be validated by the preceptor during each exam and completed by the preceptor one time when final competency is determined. The recommendation is to proceed in the following order:

1. Complete the entry level adolescent and adult assessment workbook
2. Observe an exam conducted by an experienced examiner (preferably a SANE-A)
3. Perform a mock examination with a SANE-A or participate in performing an exam with an experienced examiner
4. Independently conduct exams with the experienced examiner present until competency is achieved

Document a summary of each exam below. Include what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why, and any questions you have. **All examinations must be peer reviewed.** If you have a mentor, document the date and time of the peer review with your mentor. **If you do not have a mentor, you will need to submit a copy of the medical forensic exam documentation including forensic photography for peer review** (**please do not include names or other confidential patient information**). Please send the exams as they are completed. DO NOT WAIT UNTIL THE END!

Exam 1:

Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature: _____
Preceptor Contact Phone or Email: _____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 2:
Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature:_____
Preceptor Contact Phone or Email:_____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 3:
Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature:_____
Preceptor Contact Phone or Email:_____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 4:
Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature:_____
Preceptor Contact Phone or Email:_____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 5:
Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature:_____
Preceptor Contact Phone or Email:_____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Exam 6:
Date: _____ Patient Age: _____ Patient Gender: _____ Time Since Assault: _____
Preceptor Name, Title and Signature:_____
Preceptor Contact Phone or Email:_____
Summary of Examination: _____

Mock Exam: Y N Date of Peer Review: _____ Completed With: _____

Clinical Competency Validation Tool
Medical Forensic Examinations

Competency Statement: The performance of the SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list provided below is not inclusive of all requirements; however, the list includes the **minimum** criteria necessary to practice as an AA SANE. Performance of required clinical skills should be performed until competency* is demonstrated by the SANE.

*Competency is defined by the local program.

Performance Measures/Criteria	Meets Criteria Yes	Meets Criteria No	Not Evaluated
1. Explains/provides to the patient: ▪ Informed consent ▪ Procedures and equipment/techniques utilized ▪ Rights to privacy and confidentiality			
2. Obtains medical and forensic history using a trauma-informed approach and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using a speculum (when appropriate) and other techniques and/or equipment			
4. Identifies, interprets and appropriately documents findings of: ▪ Injury/trauma ▪ Normal variations ▪ Disease process			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Identifies and performs specimen collection for drug facilitated sexual assault, sexually transmitted infection, pregnancy and HIV testing			
7. Using proper techniques, performs forensic photography accurately			
8. Performs psychosocial assessment that includes: ▪ Crisis intervention ▪ Suicide and safety assessment and planning ▪ Referrals ▪ Culturally sensitive approach			
9. Provides appropriate medication administration, discharge instructions and other referrals based on patient's needs			
Date of Competency Validation:			

Preceptor Name, Title and Signature (Physician, Midlevel, SANE-A or AA SANE):

Preceptor Contact Phone or Email:

Illinois Attorney General 2-day Clinical SANE Training Attended: Y N
Month and Year of Attendance:

The course clinical log must be completed and a **copy** submitted to the Illinois SANE Coordinator within **12 months** of your Adult/Adolescent didactic SANE training. It is highly recommended that you contact the Illinois SANE Coordinator six months after your didactic training if you are having difficulty completing any of your requirements. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** Any questions regarding these requirements should be directed to the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution and/or the Illinois SANE Coordinator may require additional clinical experiences to validate your competency.

You must include the following as a component of your clinical training:

- a copy of your 2-3 paragraph summary of the entry level adolescent and adult assessment workbook
- a sign-off of competency by a SANE-A during a mock exam **OR** completion of the Illinois Attorney General's 2-day clinical SANE training program

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review and approval of documentation, you will be mailed a certificate of completion for clinical training requirements. Having a certificate of completion for **both** didactic and clinical training allows you to practice as an AA SANE in the State of Illinois. If you will be practicing as an AA SANE, you may write this title **below** your signature as a description of your job title.

This does not mean that you are certified as an Adult/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. The clinical training certificate provides proof of Adult/Adolescent clinical SANE training, which will allow you to sit for the certification exam. Please visit the International Association of Forensic Nurses website at www.forensicnurses.org for more information. Obtaining the clinical training certificate will also assist in qualifying the Adult/Adolescent SANE as an expert witness in criminal/civil court proceedings.

Upon completion of all clinical requirements, fax, email or mail a copy (DO NOT MAIL ORIGINAL) of your clinical training log and other documentation to:

Jaclyn Rodriguez, BSN, BS, RN, SANE-A
Illinois SANE Coordinator, Crime Victim Services Division
Office of the Illinois Attorney General
100 W. Randolph Street, 13th Floor
Chicago, IL 60601
E-mail: jrodriguez@atg.state.il.us
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Overview of the IAFN Pediatric/Adolescent Sexual Assault Nurse Examiner (SANE) Education Guidelines (2018)

The complete Education Guidelines can be viewed at *https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/education/2018_sane_edguidelines.pdf*

Required Content
I. Overview of Forensic Nursing and Child Sexual Abuse
A. Forensic Nursing Overview
1. History and evolution of forensic nursing
2. Role of the pediatric/adolescent SANE in caring for pediatric and adolescent sexual abuse/assault patient populations
3. Role of the pediatric/adolescent SANE and sexual abuse/assault education and prevention
4. Role of the International Association of Forensic Nurses in establishing the scope and standards of forensic nursing practice
5. Key aspects of Forensic Nursing: Scope and Standards of Practice
6. Professional and ethical conduct related to pediatric/adolescent SANE practice and the care of pediatric and adolescent sexual abuse/assault patient populations, through the ethical principles of autonomy, beneficence, non-malfeasance, veracity, confidentiality, and justice
7. Nursing resources, locally and globally, that contribute to current and competent pediatric/adolescent SANE practice
8. Vicarious trauma
9. Methods for preventing vicarious trauma associated with pediatric/adolescent SANE practice
10. Key concepts associated with the use of evidence-based practice in the care of pediatric and adolescent sexual abuse/assault patient populations
B. Child Sexual Abuse
1. Types of child/adolescent sexual abuse/assault
2. Types of physical child maltreatment
3. Global incidence and prevalence rates for sexual violence and abuse in the female and male pediatric and adolescent populations
a. Risk factors for pediatric/adolescent sexual abuse/assault
b. Fundamentals of growth and development in the context of understanding child/adolescent sexual abuse/assault
4. Health consequences of sexual abuse/assault, to include physical, psychosocial, cultural, and socioeconomic sequelae
5. Unique healthcare challenges to underserved or vulnerable sexual abuse and assault populations and associated prevalence rates, including but not limited to:
a. Boys/men
b. Patients with developmental challenges
c. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual)
d. Patients in emergent or long-term foster care placement

	e. Patients with disabilities
	f. Culturally diverse populations
	g. Mental health populations
	h. Patients with language/communication barriers
	i. People who are trafficked
6. Best practices for improving forensic nursing care to underserved or vulnerable patient populations	
7. Factors that impact the vulnerability of patients being targeted for sexual abuse/assault (i.e., adverse childhood experiences [ACEs], generational violence, and people who were raised in the foster care system)	
8. Biases and deeply held beliefs regarding sexual abuse/assault in pediatric and adolescent patient populations	
9. Key concepts of offender typology and related impact on sexual abuse/assault patient populations	
10. Differences in typology of offenders targeting pediatric populations	
11. Grooming or accommodation syndrome with child sexual abuse victims and their families	
12. Dynamics of familial sexual abuse (incest) and the impact on the child and non-offending caregiver(s)	
13. Children's disclosure of sexual abuse and the factors related to disclosure	
A. Common psychosocial responses to sexual abuse/assault and in pediatric and adolescent populations child maltreatment	
B. Acute and long-term psychosocial ramifications associated with sexual abuse/assault and child maltreatment	
C. Emotional and psychological responses and sequelae following sexual abuse/assault, including familiarity with traumatic and stress-related disorders applicable to pediatric and adolescent sexual abuse/assault and child maltreatment patient populations	
1. Key components of a suicide risk assessment	
2. Key components of a safety risk assessment	
D. Diverse reactions that can be manifested in the patient after sexual violence	
E. Risk factors for acute and chronic psychosocial sequelae in pediatric and adolescent patients following sexual abuse/assault and child maltreatment	
F. Risk factors for acute and chronic health conditions related to or exacerbated by sexual abuse/assault and child maltreatment, such as asthma, hypertension, and gastrointestinal issues	
G. Common concerns regarding reporting to law enforcement following sexual abuse/assault and child maltreatment and potential psychosocial ramifications associated with this decision	
H. Culturally competent, holistic care of pediatric and adolescent patients who have experienced sexual abuse/assault, based on objective and subjective assessment data, patient-centered outcomes, and patient tolerance	
I. Risk factors for non-adherence in pediatric and adolescent patient populations following sexual abuse/assault	
J. Diverse psychosocial issues associated with underserved sexual violence patient populations, such as:	
1. Males	
2. Inmates/juvenile detainees	

	3. GLBTQIA (gay, lesbian, bisexual, transgender, questioning/queer, intersex, agender/asexual)
	4. Familial perpetration (sibling, parent/guardian, etc.)
	5. Patients with disabilities
	6. Culturally diverse populations
	7. People with mental illness
	8. Patients with language/communication barriers
	9. People who are trafficked
	K. Prioritizing crisis intervention strategies for pediatric and adolescent patients following sexual abuse/assault
	L. Patient outcomes, interventions, and evaluation criteria designed to address actual or potential psychosocial problems, based on the patient's chronological age, developmental status, identified priorities, and tolerance
	M. Techniques and strategies for interacting with pediatric and adolescent patients and their families following a disclosure of or a concern regarding sexual abuse/assault, including but not limited to:
	1. Empathetic and reflective listening
	2. Maintaining dignity and privacy
	3. Facilitating participation and control
	4. Respecting autonomy
	5. Maintaining examiner objectivity and professionalism
III. Collaborating with Community Agencies	
	A. Multidisciplinary team (MDT), including:
	1. Overview of roles and responsibilities
	2. MDT models
	3. Child advocacy centers
	4. Family justice centers
	5. Sexual assault response/resource teams (SART)
	6. Strategies for implementing and sustaining a MDT/SART
	7. Benefits and challenges
	B. Roles and responsibilities of the following MDT members as they relate to pediatric and adolescent sexual abuse/assault:
	1. Victim advocates (community- and system-based)
	2. Medical forensic examiners (pediatric/adolescent SANEs, death investigators, coroners, medical examiners, forensic nurse consultants)
	3. Law enforcement personnel
	4. Prosecuting attorneys
	5. Defense attorneys
	6. Forensic scientists
	7. Forensic interviewers
	8. Child protection agencies
	9. Other social service agencies
	C. Key strategies for initiating and maintaining effective communication and collaboration among MDT members while maintaining patient privacy and confidentiality

IV. Medical Forensic History Taking
A. Key components of obtaining a comprehensive, developmentally appropriate patient history, including a focused review of systems with a pediatric/adolescent patient, which can provide context for appropriate healthcare decisions and potential forensic implications, to include:
1. Past medical history
2. Allergies
3. Medications
4. Recreational drug use
5. Medical/surgical history
6. Vaccination status
7. Social history
a. Parent/caretaker
b. Other information, as needed
8. Developmental history
a. Milestones
b. Physical development
c. Sexual development
d. Intellectual development
e. Social development
f. Emotional development
g. Moral development
9. Genitourinary history
a. Urinary tract development and disorders
b. Reproductive tract development and disorders
c. Last consensual intercourse, if applicable
d. Pregnancy history, if applicable
e. Contraception usage, if applicable
f. Menarche and last menstrual period
10. Gastrointestinal history
a. Gastrointestinal tract development and disorders
b. Constipation and diarrhea history and treatments
11. Event history
a. Actual/attempted acts
b. Date and time of event
c. Location of event
d. Assailant information
e. Use of weapons/restraints/threats/grooming/manipulation
f. Use of recording devices (photographs or videos of the event)
g. Suspected drug-facilitated sexual assault
h. Condom use
i. Ejaculation
j. Pain or bleeding associated with acts
k. Physical assault
l. Strangulation

	m. Potential destruction of evidence
	12. Difference between obtaining a medical forensic history and conducting a forensic interview, and the purpose of each
	13. Techniques for establishing rapport and facilitating disclosure while considering the patient's age, developmental level, tolerance, gender identity, and cultural differences
	14. Obtaining a child's history independent of other parties
	15. Obtaining a caregiver (parent, guardian, etc.) history independent from the child
	16. Obtaining a medical forensic history from a child and identifying when doing so would be inappropriate
	17. Difference between leading and non-leading questions
	18. Importance of using the medical forensic history to guide the physical assessment of the patient and evidence collection
	19. Importance of accurate and unbiased documentation of the medical forensic history
	20. Coordination between law enforcement representatives and SAFEs regarding the logistics and boundaries of medical forensic history taking and investigative intent
V. Observing and Assessing Physical Examination Findings	
	A. Acute and non-acute medical forensic examination process for the pediatric/adolescent patient
	B. Role of the SANE within the child advocacy center model
	1. Developmentally appropriate communication skills and techniques with respect to cognitive and linguistic development
	C. Prioritizing a comprehensive health history and review of systems data
	1. History, including health issues and immunization status
	2. History of alleged or suspicious event
	3. Patient
	4. Family/caregiver/guardian
	5. Law enforcement
	6. Child protection agency
	D. Psychosocial assessment of the child/adolescent related to the event
	1. Crisis intervention for acute presentations
	2. Behavioral/psychological implications of long-term abuse in the prepubescent, pediatric, and adolescent child
	3. Suicide and safety assessment and planning
	4. Impact of substance abuse issues
	5. Guidance for child, family, and caregivers
	6. Referrals
	E. Comprehensive head-to-toe physical assessment that is age, gender identity, developmentally, and culturally appropriate, as well as mindful of the patient's tolerance, including assessment of:
	1. Patient's general appearance, demeanor, cognition, and mental status
	2. Clothing and other personal possessions
	3. Body surfaces for physical findings
	4. Patient's growth and development level
	5. Patient's sexual maturation
	6. Patient utilizing a head-to-toe evaluation approach

7. Anogenital structures, including the effect of estrogen/testosterone on anogenital structures
8. Identification of findings that are:
a. Documented in newborns or commonly seen in non-abused children
i. Normal variants
ii. Findings commonly caused by other medical conditions
iii. Conditions that may be misinterpreted as resulting from abuse
b. Indeterminate
c. Diagnostic of trauma and/or sexual contact
i. Acute trauma to external genital/anal tissues
ii. Residual (healing) injuries
iii. Injuries indicative of blunt force penetrating trauma
iv. Sexually transmitted disease(s)
v. Pregnancy
vi. Sperm identified in specimens taken directly from a child's body (Adams, Kellogg, & Moles, 2016)
F. Mechanical and physical trauma and identification of each type
1. Blunt force
2. Sharp force
3. Gunshot wounds
4. Strangulation
G. Comprehensive strangulation assessment for the patient with known or suspected strangulation as a part of the history and/or physical findings
H. Terminology related to mechanical and physical trauma findings, including:
1. Abrasion
2. Laceration/tear
3. Cut/incision
4. Bruise/contusion
5. Hematoma
6. Swelling/edema
7. Redness/erythema
8. Petechiae
I. Anogenital anatomy and physiology, including:
1. Normal anatomical variants
2. Types and patterns of injury that are potentially associated with sexual abuse/assault
3. Physical findings and medical conditions associated with non-assault-related trauma that can be misinterpreted as resulting from sexual abuse/assault
J. Significance of a normal examination
K. Examination positions and methods, including:
1. Labial separation/traction
2. Supine/prone knee-chest
3. Assistive techniques and equipment for evidence collection where appropriate, including but not limited to:
a. Alternate light source
b. Toluidine blue dye application and interpretation

	c. Colposcope versus camera with macro lens for photographs
	d. Urinary (Foley) catheter, swab, or other technique for visualization of the hymen
	e. Water flushing
	f. Use of cotton swabs
L. Sound critical thinking and decision-making to correlate potential mechanisms of injury for anogenital and non-anogenital findings, including recognizing findings that may result from a culturally specific practice, medical condition, or disease processes	
1. Medical consultation and trauma intervention when indicated	
2. Documenting history, findings, and interventions	
	a. Injury/trauma findings
	b. Normal variations
	c. Disease processes
	d. Diagrams and trauma grams that accurately reflect photographic and visualized image documentation
	e. Unbiased and objective evaluations
M. Importance of peer review/expert consultation	
N. Local and legal maintenance and release of records policies	
VI. Medical Forensic Evidence Collection	
A. Patient (Victim)-Centered Care	
1. Importance of patient participation and collaboration in evidence collection procedures as a means of recovering from sexual abuse/assault (as appropriate)	
2. Elements of consent and the procedures required for evidence collection with respect to age and capacity	
3. Basic growth and development stages in the context of building rapport and tailoring the approach to the patient	
4. Specimen collection options within the community available to pediatric and adolescent patients who have experienced sexual abuse/assault, including:	
	a. Mandatory reporting requirements
	b. Non-reporting/anonymous evidence collection, if applicable (based on the age of the patient and local statutes)
	c. Medical evaluation and treatment
5. Recommendations for collection time limits of biological specimens following sexual abuse/assault, including the differences in time frames for prepubertal victims	
6. Differences in approach to evidence collection in the prepubertal population (i.e., external versus internal samples)	
7. Types of specimens and methods of collection in the pediatric and adolescent patient following a sexual abuse/assault, based on the event history, including but not limited to:	
	a. DNA
	b. Trace/non-biologic
	c. History documentation
	d. Physical findings, identification, and documentation
	e. Clothing/linen evidence
	f. Medical forensic photography
	g. Toxicology

	8. Physical evidence collection through use of:
	a. Current evidence-based forensic standards and references
	b. Current evidence-based forensic standards and references
	c. Appropriate identification, collection, and preservation of evidence
	d. Appropriate chain of custody procedures
	e. Recognized variations in practice, following local recommendations and guidelines
	9. Chain of custody principles and procedures for maintaining
	10. Drug-facilitated sexual abuse/assault (DFSA), current trends, criteria associated with a risk assessment for DFSA, and when specimen collection procedures are indicated
	11. Patient/guardian's concerns and common misconceptions that patient/guardian's may have regarding specimen collection
	12. Potential risks and benefits for the patient/guardian associated with evidence collection
	13. Adjunctive tools and methods used in specimen identification and collection and associated risks and benefits, including but not limited to:
	a. Alternate light sources
	b. Swab collection techniques
	c. Speculum examination (adolescent/pubertal population)
	d. Colposcopic visualization or magnification with a digital camera
	14. Appraisal of data regarding the abuse/assault details to facilitate complete and comprehensive medical forensic examination and evidence collection
	15. Evidence-based practice guidelines for the identification, collection, preservation, handling, and transfer of biologic and trace evidence specimens following pediatric and adolescent sexual abuse/assault
	16. Evidence-based practice when planning evidentiary procedures
	17. Materials and equipment needed for biologic and trace evidence collection
	18. Modification of evidence collection based on the patient's age, developmental/cognitive level, and tolerance
	19. Techniques to support the patient/guardian and minimize the potential for additional trauma during specimen collection procedures
	20. Techniques to facilitate patient participation during specimen collection procedures (as appropriate)
	21. Evaluating the effectiveness of the established plan of care and associated evidentiary procedures and adapting the plan based on changes in data collected throughout the nursing process
B. Patient (Suspect)-Centered Care	
	1. Differences in victim and suspect medical forensic examination and evidence collection following sexual abuse/assault
	2. Legal authorization needed to obtain evidentiary specimens and examine a suspect, including:
	a. Written consent
	b. Search warrant
	c. Court order
	3. Components of a suspect medical forensic examination
	4. Recommendations for time limits of collection of biologic evidence in the suspect of sexual

	abuse/assault
	5. Types of evidence that can be collected in the medical forensic examination of a suspect following sexual abuse/assault, such as:
	a. DNA evidence
	b. Trace/non-biologic evidence
	c. Physical findings, identification, and documentation
	d. Medical forensic photography
	e. Toxicology
	f. Variables in specimen collection, packaging, preservation, and transportation issues for items, including:
	v. Products of conception
	vi. Foreign bodies
	vii. Tampons
	viii. Diapers
	6. Synthesizing data from reported abuse/assault to facilitate complete and comprehensive medical forensic examination and evidence collection in the suspect of a sexual abuse/assault
	7. Preventing cross-contamination if the medical forensic examination and/or evidence collections of the victim and suspect are performed in the same facility or by the same examiner
	8. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process
VII. Medical Forensic Photography	
	A. Consent, storage, confidentiality, and the appropriate release and use of photographs taken during the medical forensic examination
	B. Physical findings that warrant photographic documentation
	C. Biologic and/or trace evidentiary findings that warrant photographic documentation
	D. Physiological, psychological, sociocultural, and spiritual needs of pediatric/adolescent patients that warrant/involve photography following sexual abuse/assault
	E. Options for obtaining medical forensic photographs, including colposcopic images and digital imaging equipment
	F. Variables affecting the clarity and quality of photographic images, including skin color, type and location of finding, lighting, aperture, and film speed
	G. Key photography principles, including consent, obtaining images that are relevant, a true and accurate representation of the subject matter, and non-inflammatory
	H. Images obtained by the examiner as part of the medical/health record versus those obtained by other agencies or even the offender
	I. Photography principles as they relate to the types of images required by judicial proceedings, including overall, orientation, close-up, and close-up with scale photographs
	J. Photography prioritization based on assessment data and patient-centered goals
	K. Adapting photography needs based on patient tolerance
	L. Selecting the correct media for obtaining photographs based on the type of physical or evidentiary finding warranting photographic documentation
	M. Overall, orientation, close-up, and close-up with scale photographs that provide a true and accurate reflection of the subject matter

	N. Situations that may warrant follow-up photographs and options for securing
	O. Consistent peer review of photographs to ensure quality and accurate interpretation of photographic findings
	P. Need for ano-genital photography in the pediatric population as related to quality assurance, confirmation of the presence or absence of findings, and decreasing the necessity of repeat examinations
VII. Sexually Transmitted Disease Testing and Prophylaxis	
	A. Prevalence/incidence and morbidity and risk factors related to sexually transmitted diseases after sexual abuse and assault
	B. Symptoms associated with sexually transmitted diseases
	C. Sexually transmitted diseases that are commonly asymptomatic
	D. Symptoms and findings that may mimic sexually transmitted diseases
	E. Key concepts associated with screening for the risk of transmission of select sexually transmitted diseases based on the specifics of the patient's provided history
	F. Probability of maternal transmission versus community-acquired infection
	G. Presence of sexually transmitted disease may be evidence of sexual abuse/assault in the pediatric/adolescent patient (see Adams's classification)
	H. Patient and/or guardian concerns and myths regarding transmission, treatment, and prophylaxis of select sexually transmitted diseases
	I. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault
	J. Evidence-based national and/or international guidelines for the testing and prophylaxis/treatment of sexually transmitted diseases when planning care for pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault
	K. Evidence-based practice when planning care for pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault
	L. Risks versus benefits of testing for select sexually transmitted disease(s) during the acute medical forensic evaluation versus at the time of initial follow-up after prophylaxis
	M. Risks versus benefits of testing for select sexually transmitted disease(s) during the acute medical forensic evaluation versus at the time of initial follow-up after prophylaxis
	N. Testing methodologies based on site of collection, pubertal status, and patient tolerance for select sexually transmitted diseases (nucleic acid amplification testing (NAAT) versus culture versus serum)
	O. Screening versus confirmatory testing methodologies for select sexually transmitted diseases
	P. Prophylaxis options, common side effects, routes of administration, contraindications, necessary baseline laboratory specimens when applicable (e.g., HIV), dosing, and follow-up requirements for select sexually transmitted disease(s)
	Q. Referrals for follow-up testing (e.g., HIV nPEP)
	R. Individualizing short- and long-term goals based on the physiological, psychological, sociocultural, spiritual, and economic needs of pediatric/adolescent patients who are at risk for an actual or potential sexually transmitted disease(s) following sexual abuse/assault

	S. Prioritizing care based on assessment data and patient-centered goals
	T. Sexually transmitted disease(s) testing and prophylaxis based on current evidence-based practice, risk factors for transmission, and symptomology
	U. Sexually transmitted disease(s) testing and prophylaxis based on patient tolerance, adherence, and contraindications
	V. Indications for seeking medical consultation
	W. Collection, preservation, and transport of testing medias for select sexually transmitted diseases(s)
	X. Follow-up care and discharge instructions associated with select sexually transmitted disease(s)
IX. Pregnancy Risk Evaluation and Care	
	A. Prevalence rates for pregnancy following sexual abuse/assault
	B. Risk evaluation for pregnancy following sexual abuse/assault based on the specifics of the patient's provided history and pubertal status
	C. Testing methods (e.g., blood versus urine; quantitative versus qualitative)
	D. Effectiveness of available pregnancy prevention methods
	E. Patient education key concepts regarding emergency contraception, including:
	1. Mechanism of action
	2. Baseline testing
	3. Side effects
	4. Administration
	5. Failure rate
	6. Follow-up requirements
	F. Patient and guardian concerns, belief systems, and misconceptions related to reproduction, pregnancy, and pregnancy prophylaxis
	G. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients who are at risk for an unwanted pregnancy following sexual abuse/assault
	H. Evidence-based guidelines for pregnancy prophylaxis when planning care for pediatric and adolescent patients at risk for unwanted pregnancy following sexual abuse/assault
	I. Prioritizing care based on assessment data and patient-centered goals
	J. Situations warranting medical or specialty consultation
	K. Evaluating the effectiveness of the established plan of care and adapting the care based on changes in data collected throughout the nursing process
	L. Demonstrating the ability to identify and explain necessary follow-up care, discharge instructions, and referral sources associated with emergency contraception and/or pregnancy termination options
X. Medical Forensic Documentation	
	A. Roles and responsibilities of the forensic nurse in documenting the pediatric and adolescent sexual abuse/assault medical forensic examination
	B. Steps of the nursing process, including patient/family-centered care, needs, and goals
	C. Differentiating and documenting sources of information provided
	D. Documentation of event history by using patient/guardian's words verbatim as much as possible
	E. Including questions asked by the guardian and/or the SANE in the history

	F. Objective versus subjective data
	G. Processes related to medical forensic documentation that include quality improvement, peer review, and research/evidence-based practice
	H. Legal considerations, including:
	1.Regulatory or other accreditation requirements (see legal considerations section)
	2. Legal, regulatory, or other confidentiality requirements (see legal considerations section)
	3. Mandated reporting requirements (see legal considerations section)
	4. Informed consent and assent (see legal considerations section)
	I. Judicial considerations including:
	1. True and accurate representation
	2. Objective and unbiased evaluation
	3. Chain of custody
	J. Key principles related to consent, access, storage, archiving, and retention of documentation for:
	1. Written/electronic medical records
	2. Body diagrams
	3. Photographs (see medical-forensic photography section)
	K. Terminology related to pediatric/adolescent sexual abuse/assault
	L. Purpose of professional medical-forensic documentation, including:
	1. Communication
	2. Accountability
	3. Quality improvement
	4. Peer review
	5. Research
	M. Documentation elements of the case:
	1. Demographic data
	2. Consent
	3. History of abuse/assault
	4. Patient presentation
	5. Medical history
	6. Physical examination and findings
	7. Genital examination and findings
	8. Impression/opinion
	9. Treatment
	10. Interventions
	11. Mandatory reporting requirements
	12. Discharge plan and follow-up
	N. Storage and retention policies for medical forensic records (including the importance of adhering to criminal justice standards for maintaining records, such as statutes of limitations)
	1. Sharing medical forensic documentation with other treatment providers
	2. Patient/parental access to the medical forensic record
	O. Release, distribution, and duplication of medical forensic records, including photographic and video images and evidentiary material
	1. Any potential cross-jurisdictional issues

	2. Procedures to safeguard patient privacy and the transfer of evidence/information to external agencies according to institutional protocol
	3. Explanation of laws and institutional policy that have domain over the protection of patient records and information
	4. Applicable facility/examiner program policies (e.g., restricted access to medical records related to the medical forensic examination, response to subpoenas and procedures for image release)
XI. Discharge and Follow-Up Planning	
	A. Resources that address the specific safety, medical, and forensic needs of pediatric/adolescent patients following sexual abuse/assault
	B. Individualizing the discharge plan and follow-up care based on medical, forensic, and patient priorities
	C. Facilitation of access to multidisciplinary collaborative agencies
	D. Differences in discharge and follow-up concerns related to age, developmental level, cultural diversity, family dynamics, and geographic differences
	E. Evidence-based guidelines for discharge and follow-up care following sexual abuse/assault of a pediatric/adolescent patient
	F. Evidence-based practice when planning and prioritizing discharge and follow-up care associated with safety, and psychological, forensic, or medical issues, including the prevention and/or treatment of sexually transmitted disease(s) and pregnancy
	G. Modifying and facilitating plans for treatment, referrals, and follow-up care based upon patient/family needs and concerns
	H. Generating, communicating, evaluating, and revising individualized short- and long-term goals related to discharge and follow-up needs
	I. Determining and communicating follow-up care and discharge needs based on evidence-based practice, recognizing differences related to age, developmental level, cultural diversity, and geography
XII. Legal Considerations and Judicial Proceedings	
	A. Legal Considerations
	1. Consent
	a. Key concepts associated with obtaining informed consent and assent
	b. Methodology for obtaining consent to perform a medical forensic evaluation in pediatric/adolescent patient populations
	c. Difference between legal requirements associated with consent or declination of medical care versus consent or declination of evidence collection and release
	d. Impact of age, developmental level, and physical and mental incapacitation on consent procedures and the appropriate methodology for securing consent in each instance
	e. Legal exceptions to obtaining consent as applicable to the practice area
	f. Communicating consent procedures and options to pediatric and adolescent patient populations
	g. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may affect informed consent procedures
	B. Reimbursement

	1. Crime Victim Compensation/reimbursement options that are associated with the provision of a medical forensic evaluation in cases of pediatric/adolescent sexual abuse/assault
	2. Reimbursement procedures and options for pediatric and adolescent patient populations
C. Confidentiality	
	1. Legal requirements associated with patient confidentiality and their impact on the provision of protected health information to patients, families, and multidisciplinary agencies, including:
	a. Health Insurance Portability and Accountability Act (HIPAA) or other applicable confidentiality legislation
	b. Key concepts associated with informed consent and the release of protected health information
	2. Explaining procedures associated with confidentiality to pediatric and adolescent patient populations
	3. Physiological, psychological, sociocultural, spiritual, safety, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may impact confidentiality procedures
D. Medical screening examinations	
	1. Legal requirements associated with the provision of a medical screening examination and its impact on the provision of medical forensic care in pediatric and adolescent patients following sexual abuse/assault, including:
	a. Emergency Medical Treatment and Active Labor Act (EMTALA) or other applicable legislation
	2. Required procedures to secure informed consent and informed declination in accordance with applicable legislation
	3. Required procedures to transfer or discharge/refer a patient in accordance with applicable legislation
	4. Prioritizing and securing appropriate medical treatment as indicated by specific presenting chief complaints
	5. Explaining medical screening procedures and options to pediatric and adolescent patient populations
	6. Physiological, psychological, sociocultural, spiritual, and economic needs of pediatric and adolescent patients following sexual abuse/assault that may affect medical procedures
E. Mandated reporting requirements	
	1. Legal requirements associated with mandated reporting requirements in pediatric/adolescent patient populations
	2. Mandatory reporting requirement procedures and options for pediatric/adolescent patient populations
	3. Differentiating between reported and restricted/anonymous medical forensic evaluations following sexual abuse/assault, if applicable (based on age of patient and local statutes)
	4. Modifying medical forensic evaluation procedures in non-reported/ anonymous cases
	5. Physiological, psychological, sociocultural, spiritual, and economic needs of adult and adolescent patients following sexual abuse/assault that may affect mandated reporting requirement procedures
F. Judicial proceedings	

	1. Role of the SANE in judicial and administrative proceedings must include:
	a. Civil versus criminal court proceedings
	2. Role of the SANE in judicial and administrative proceedings may include:
	b. Family court proceedings (may)
	c. Administrative/university proceedings
	d. Title IX hearings
	e. Military and court martial proceedings
	f. Matrimonial/divorce proceedings
	g. Child custody proceedings
	G. Legal definitions associated with child/adolescent sexual abuse/assault
	H. Case law and judicial precedence that affect the provision of testimony in judicial proceedings, including but not limited to:
	1. Admissibility or other applicable laws specific to the area of practice
	2. Rules of evidence or other applicable laws specific to the area of practice
	3. Hearsay or other applicable laws specific to the area of practice
	I. Differences among family, civil, and criminal judicial proceedings, including applicable rules of evidence
	J. Differences between the roles and responsibilities of fact versus expert witnesses in judicial proceedings
	K. Differences between judge versus jury trials
	L. Judicial processes:
	1. Indictment
	2. Arraignment
	3. Plea agreement
	4. Sentencing
	5. Deposition
	6. Subpoena
	7. Direct examination
	8. Cross-examination
	9. Objections
	M. Forensic nurse's role in judicial proceedings, including:
	1. Educating the trier of fact
	2. Providing effective testimony
	3. Demeanor and appearance
	4. Objectivity
	5. Accuracy
	6. Evidence-based testimony
	7. Professionalism
	N. Key processes associated with pretrial preparation

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Illinois Sexual Assault Nurse Examiner (SANE) Program
Pediatric Clinical Log

Name:_____Total Pediatric Clinical Hours:_____
Address:_____ City:_____
State:_____ Zip Code:_____Telephone:_____
Email:_____
Adult/Adolescent SANE Course Attended: _____
Approved: Y _____ N _____
Adult/Adolescent SANE Clinical Training Completed: Y_____ N_____
Approved: Y _____ N _____
Pediatric SANE Course Attended:_____
Approved: Y_____ N_____
Reviewed by (OAG office use only): _____

The Office of the Illinois Attorney General sets high training standards for nurses who practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To perform medical forensic examinations on pediatric patients, defined as **prepubertal and adolescent patients up to 18 years of age**, the registered nurse must complete:

- A minimum of 40 hours of Pediatric/Adolescent didactic SANE training; and
- Pediatric/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines.

The outlined requirements are the minimum clinical training standards for the Pediatric/Adolescent SANE and are consistent with or exceed the guidelines established by the International Association of Forensic Nurses (IAFN).

The goal of the Pediatric/Adolescent clinical training is for the Pediatric/Adolescent SANE to become proficient in caring for the pediatric/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Pediatric/Adolescent SANE.

The clinical training must be completed within **12 months** of the completion of the Pediatric/Adolescent didactic course. If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

Mandatory Requirements

1. Pediatric Well Exams

Primary Goal: To provide competency training and practice techniques regarding the physical examination of the external and internal structures of the prepubertal and adolescent patient, including male and female genitalia. To observe normal versus abnormal genitalia, signs of injury or infection and child development. Only structures that can be visualized without speculum placement should be observed in the prepubertal female. Techniques such as traction and separation should be practiced for all female patients. The clinician should learn how to make children feel comfortable with the examination process.

The well exams should include both genders and at least **3 female** examinations from each developmental stage:

Infant – Birth to 12 months
Toddler – 1 to 3 years
Preschool – 3 to 6 years
School Age – 6 to 12 years

Examples of clinical sites include: well baby clinics, family practice offices, pediatricians' offices, emergency departments or in-patient pediatric units.

Exam	Date	Location	Age	Gender	Tanner Stage	Findings	Preceptor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

2. Observation at Child Abuse Criminal Trial Proceedings

Primary Goal: To observe and become familiar with child abuse criminal trial proceedings, particularly the direct and cross examination of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator.

Questions to consider during child abuse trial observations: What is the working relationship between the expert witness and the prosecutor and defense attorney? How does a child abuse criminal trial differ from a proceeding with an adult victim? Do you understand child sexual assault/abuse laws in Illinois? How would you explain the absence of genital injury with a history of penetration?

The SANE in clinical training should observe child abuse criminal trial proceedings until the primary goal is met and the questions to consider are answered. Recommended observation time is **6 – 10 hours.**

Date:_____ State's Attorney's Office:_____
SANE Initials:_____ Hours Spent: _____

Date:_____ State's Attorney's Office:_____
SANE Initials:_____ Hours Spent: _____

Date:_____ State's Attorney's Office:_____
SANE Initials:_____ Hours Spent: _____

Description of Experience(s), Questions, Concerns:

3. Pediatric/Adolescent Medical Forensic Examinations

Primary Goal: To gain competency in conducting pediatric/adolescent medical forensic examinations, including head-to-toe assessment, detailed genital exam and evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit (IL SAECK) if warranted. To differentiate between normal versus abnormal findings in the pediatric/adolescent sexual assault/abuse patient.

There should be a mix of acute and non-acute (chronic abuse) pediatric/adolescent medical forensic examinations. There should be a mix of gender and age, but an emphasis should be placed on examining the pre-pubescent female.

Document a summary of each exam (please no names or other confidential patient information) and findings. You may include a copy of your documentation as your summary (void of any patient identifying information).

The Clinical Competency Validation Tool must be filled out by the preceptor after the clinician feels confident in their ability to perform a medical forensic exam independently.

Exam 1:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
Description and Interpretation of Findings (may attach chart record):
_____
_____
_____
Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 2:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
Description and Interpretation of Findings (may attach chart record):
_____
_____
_____
Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 3:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):
_____
_____
_____
Description and Interpretation of Findings (may attach chart record):
_____
_____
_____
Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 4:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 5:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 6:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 7:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 8:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 9:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Exam 10:

Date:_____ Time:_____ SANE Initials:_____ Preceptor Name:_____
Preceptor Contact:_____ Exam Location:_____
Age of Patient:_____ Gender:_____ Tanner Stage: 1 2 3 4 5
Time Elapse from Contact: _____ Disclosure: Y (to whom) _____ N
Hymen: Annular Cresentic Estrogenized Other
Position Utilized: Frog-leg Knee-chest Lithotomy Other
Patient History/Disclosure (may attach chart record):

_____
_____
_____

Description and Interpretation of Findings (may attach chart record):

_____
_____
_____

Treatment Provided:_____
Follow-up Recommendations:_____
Safety Plan for Discharge: _____
Law Enforcement Notified: Y N Evidence Collection: Y N
DCFS Hotline Notified: Y N Concern for Abuse: Y N
STI Testing: Y N
Swabs (if so, describe where): Y N _____
Urine: Y N

Clinical Competency Validation Tool
Pediatric Medical Forensic Examinations

Competency* Statement: The performance of the pediatric/adolescent SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list described is not inclusive; rather, the list includes the **minimum** criteria necessary to practice as a pediatric/adolescent SANE.

*Competency is defined by the local program.

Performance Measures/Criteria	Meets Criteria Yes	Meets Criteria No	Not Evaluated
1. Explains/provides to the patient and family: • Informed consent • Procedures and equipment • Rights to privacy and confidentiality			
2. Obtains health and forensic history and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using the appropriate position and other techniques and/or equipment			
4. Identifies and interprets findings of: • Injury/trauma • Normal variations • Disease process			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Using proper techniques, performs forensic photography accurately			
7. Provides appropriate medication administration with patient/caregiver consent, STI testing if indicated, follow-up and discharge instructions			
8. Performs psychosocial assessment that includes: • Crisis intervention • Suicide and safety assessment and planning • Referrals			
9. Works with members of the multidisciplinary team, including the local child advocacy center, DCFS worker, rape crisis advocate and law enforcement			
Date of Competency Validation:			

Preceptor Signature:	SANE Signature:
Preceptor Name:	SANE Name:
Preceptor Contact Phone or Email:	

4. Initial Mentorship and Ongoing Peer Review

The importance of establishing a mentoring relationship with an expert in the field of pediatric/adolescent sexual assault/abuse medical forensic examinations cannot be emphasized enough. A physician, mid-level provider, SANE-P or SANE with specialized training in the examination of the pediatric/adolescent sexual assault/abuse patient that performs both acute and non-acute examinations on a routine basis is considered an expert.

The mentorship should be initiated during clinical training for hands-on medical forensic examination training and consultation to answer questions, review charts and discuss findings.

Ongoing and routine peer review of charts and positive findings is considered best practice for the Pediatric/Adolescent SANE. The Pediatric/Adolescent SANE must provide the name, contact information and signature of the training mentor. A plan for continued peer review must be outlined as well. Please contact the Illinois SANE Coordinator for guidance if needed.

Mentor Information

Mentor Name:_____
Mentor Contact Phone or Email:_____
Mentor Site of Employment:_____
Mentor Institution Address:_____

I, _____, agree to mentor _____ throughout the Pediatric SANE clinical training experience.

Mentor Signature:_____

Comments:
_____
_____
_____

Ongoing Peer Review Plan

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. Other Clinical Experiences (Optional)

Children's Advocacy Center (CAC)

Primary Goal: To establish a collaborative relationship with the children's advocacy center and staff. To learn the full range of services provided, including forensic interviews of children. **This experience is highly recommended if the SANE will be working with a local CAC.**

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name of Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Law Enforcement Agency

Primary Goal: To establish a collaborative relationship with the local law enforcement agency/child abuse unit. To observe a child abuse detective in the field.

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name and Location of Law Enforcement Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Additional Relevant Experiences

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date:_____ SANE Initials:_____ Preceptor Name:_____
Name of Agency:_____
Preceptor/Agency Contact Phone or Email:_____
Hours Spent:_____

Description of Activities:
_____
_____
_____
_____

The course clinical log should be completed and a copy submitted to the Illinois SANE Coordinator within **12 months** of the didactic Pediatric/Adolescent SANE course. It is highly recommended that you contact the Illinois SANE Coordinator 6 months after your didactic training if you are having difficulty completing any of your requirements. If you are unable to complete the clinical requirements within the allotted time frame, please contact the Illinois SANE Coordinator. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** If you have any questions, call the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences.

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review, you will be mailed a certificate of completion of Pediatric/Adolescent SANE clinical requirements. **This does not mean that you are certified as a Pediatric/Adolescent SANE.** Certification is granted through the Forensic Nursing Certification Board after passing an exam. The clinical training certificate provides proof of Pediatric/Adolescent SANE clinical training, which allows you to sit for the exam. Please visit the International Association of Forensic Nurses website at www.iafn.org for more information. Obtaining the clinical training certificate will also assist in qualifying the Pediatric/Adolescent SANE as an expert witness in criminal/civil court proceedings.

On completion of clinical requirements, mail a copy of your clinical log and other documentation if needed to:

Jaclyn Rodriguez, BSN, BS, RN, SANE-A
Illinois SANE Coordinator, Crime Victim Services
Office of the Illinois Attorney General
100 W. Randolph Street, 13th Floor
Chicago, IL 60601
jrodriguez@atg.state.il.us
Office: 312-814-6267
Fax: 312-814-7105

The Illinois SANE Program would like to thank the following for providing help and support in the development of the Pediatric SANE clinical guidelines:

Fort Wayne Sexual Assault Treatment Center in Fort Wayne, Indiana
Diana Faugno and the Georgia Network to End Sexual Assault
Patty Metzler at Carle Foundation Hospital in Urbana, Illinois
International Association of Forensic Nurses, *Sexual Assault Nurse Examiner (SANE) Education Guidelines*. (2015).

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Sexual Assault Medical Forensic Services Implementation Task Force Membership

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Representing the Office of the Illinois Attorney General

Karen Senger, Task Force Co-Chair
Division Chief, Division of Health Care Facilities and Programs
Representing the Illinois Department of Public Health

Representative Mike Unes
Representing the Illinois House of Representatives

Vacancy:
One member representing State's Attorneys appointed by the head of a statewide organization representing the interests of State's Attorneys in Illinois

Former Task Force Members who Contributed to this Guide

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