

# SEXUAL ASSAULT KIT COLLECTION IN THE EMERGENCY DEPARTMENT

## PROBLEM STATEMENT

"Sexual assault patients regularly present to the emergency care setting for treatment following their traumatic event. In the past, they have often been treated by emergency department personnel who lacked training in medical forensic evidence collection...the result was poor documentation and improper evidence collection."<sup>1</sup> It is best practice for SANE (sexual assault nurse examiners) to facilitate care for this patient population in the emergency department setting. However, many communities lack these expert nurses. Inexperienced care may lead to secondary trauma and victimization of the sexual assault survivor.

## METHODS

A blind survey was conducted of approximately 250 Adult only Emergency Department nurses at an urban Level 1 trauma center. The survey asked nurse's to provide a self-assessment using a 5 point Likert scale on the nurse's training in the care of a sexual assault victim in the ED setting, their knowledge of triage of a victim of sexual assault, their comfort of documentation in the care of a victim of sexual assault, their skill level in forensic evidence collection/chain of custody, and their overall comfort in giving nursing care to a victim of sexual assault in the emergency department setting.

The results clearly indicated the majority of respondents ED nurses felt they lacked adequate training, and were generally uncomfortable in their skills, documentation, and care of a victim of sexual assault in the emergency department.

Staff nurse statements include...

"I am very intimidated to take care of these patients. I am terrified that something I do will screw up their case and their life will be ruined because of my lack of knowledge."

"I am a nurse. I don't want to be an investigator."

"I'm a new nurse and have had zero training on forensic evidence collection. I don't even know where to begin."

## DESIGN

A one hour course was developed in coordination with the local Adult Advocacy Center nurse executive to provide Adult ED nurses with a crash course in the fundamentals of trauma based care of the sexual assault victim and forensic evidence collection.

All nurses at WakeMed Health and Hospitals' Adult Emergency Department were required to attend this educational course as part of their yearly competency.

## COURSE CONTENT

### CONSENT

- Consent for Sex
  - State Laws
  - Can consent be revoked?
  - What about IDD patients?
- Consent for Exam & Evidence Collection

### TRIAGE

- Focus on Acute Injuries
- Timeframe
- Do you want a patient advocate?

### REPORTING

- Law Enforcement
- Adult Protective Services

### NURSING – TRAUMA BASED

- PAIN MANAGEMENT prior to exam
- Speculum exam vs. Blind swabs
- CDC Guidelines on STI testing & prophylaxis

### DOCUMENTATION

- Disclosure use Quotes ""
- Patient presentation & demeanor
- Exam Documentation
  - Anatomy & Physiology review – NO NORMAL
  - No diagnosis! Use descriptive objective medical terminology
- Collaborating Agencies
  - Law Enforcement Personnel & Case Number
  - Patient Advocate Personnel
  - Adult Protective Services Personnel
- Final Chain of Custody for disposition of evidence

### FUNDAMENTALS OF FORENSIC PRACTICE

- Alternate Light Source
- Change gloves between each evidence collection step
- Wet to Dry Swabs (Sterile Water & Sterile Swabs)
- Sealing Evidence with patient stickers, do NOT lick
- Bagging
  - Individual Items in Individual Bags
  - Wet items set out to dry & swab x4

### PHOTODOCUMENTATION

- Assent vs. Consent
- Structure of Photographs
  - Photograph before evidence collection begins
  - ID CARD
  - Photographer ID
  - Whole body image
  - Face image
  - Injury from a distance to show location on body
  - Injury close up with measurement tool (size)
  - Injury close up without measurement tool (detail)
  - Repeat steps 5, 6, 7 for each visible injury
  - ID CARD to close photography series



### RESULTS/OUTCOME

The identical blind survey was repeated after completion of all classes.

Survey feedback identified an improved understanding and comfort in the care of sexual assault victims in the emergency department setting.

Staff nurse statements include...

"Thank you for making me feel more comfortable to complete care!"

"So necessary!! I now know how to do an SBI kit!"

"Very valuable step-by-step collection using resources provided to me today, the only suggestion I have to improve is more hands-on experience with a manikin."

"I feel more comfortable & confident which will translate to better patient care."

"Great refresher, even for a SANE nurse like me!"

"I'm a new nurse and have never had to do a kit before. It should now be less intimidating."

"I will know what is needed in preparation and feel more confident in kit collection."

### IMPLICATIONS

Recommend standardization of education on the foundations of trauma based care for victims of sexual assault and forensic evidence collection for emergency department nurses.

Recommend collaboration with local external agencies including adult rape crisis centers, law enforcement, district attorneys, patient advocates, crisis centers, and mental health to develop an all encompassing team with a closed feedback loop to ensure victim care post discharge is continued.

### SAFE DISCHARGE PLANNING

- Medical Follow-up
  - Mental Health & Crisis Counseling
  - Protective Orders & Crisis Interventions
- PREVENTING ED NURSE VICARIOUS TRAUMA
- Maintain professional boundaries
  - SART TEAM follow up
  - Advanced Training & Professional Development