

Sexual Assault Nurse Examiner Certification & the Nevada State Board of Nursing
Victims of Crime Subcommittee
June 20, 2012

At the request of General Masto during the May 2012 Victims of Crime Subcommittee Meeting
the following information has been compiled for possible address.

Acronyms Defined

Sexual Assault Nurse Examiner (SANE): Collect forensic evidence through the use of an evidence collection kit when a sexual assault is reported.

SANE-A: Certification obtained by SANE who have passed the National Certification exam provided by the International Association of Forensic Nurses (IAFN). Nevada is the only state *requiring* this certification before a nurse is allowed to conduct the forensic exam. *-A designates Adult/Adolescent

Note: Advanced Practice Nurses (Nurse Practitioners) and Physicians can perform the exams without the SANE-A certification. However, many of the qualified professionals do not have the interest or desire to perform the exams while many professionals with the interest are prevented from conducting forensic exams due to the mismatch in SANE-A Certification requirements and the Nevada Board of Nursing Requirements.

The Issue:

Nevada has a shortage of Sexual Assault Nurse Examiners (SANEs) to collect forensic evidence upon report of a sexual assault. Because we are not the authoritative entities, it is difficult to ascertain how deeply victims and communities are impacted by having so few nurses, especially in rural areas where victims may be transported to the exam location by law enforcement, and how it might play a role in Nevada's VAWA compliance.

To our knowledge, there are 6.5 practicing SANE-A certified nurses (5 in Washoe County; 1.5 in Clark County) yet according to the Uniform Crime Report in 2010, 956 sexual assaults were reported in Nevada, less than the previous four years. This extreme imbalance between the number of assaults and SANE-As is then complicated by the all too often predicament faced by victims, especially in rural and frontier communities, who are forced to travel long distances to access these nurses.

Reason for the Shortage:

As with any issue, a combination of factors has likely lead to the problem. Among the most prominent complicating factors is the Nevada State Board of Nursing's decision, effective January 1, 2005, which established evidence collection as an advanced practice and thereafter, requires nurses to obtain the SANE-A certification through IAFN. The original language of this decision is attached for your reference.

We cannot fill the vacancies, regardless of expressed interest by qualifying nurses, due to current certification requirements. With IAFN requiring a physician or practicing SANE-A to signify the trainee has demonstrated proficiency in conducting exams while the Nevada State Board of Nursing requires training nurses to hold their certification before performing these exams, there is a gridlock.

Moreover, when working in an area with minimal reports filed and forensic exams requested, it is onerous for a nurse to be supervised by an expert, especially if there is not one in that area which is commonly the very reason the nurse may be training to serve that function. More succinctly, this nurse may be the only professional in the surrounding 100 miles or more willing and able to conduct these examinations. For this nurse be supervised over the time frame required, she would have to donate time to be on-call with a busier program, without guarantee of a single exam in all the days she awaits.

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Furthermore, the financial impact can be quite incredible. Consider the following burden placed onto the training nurse:

1. Lodging while away from home
2. Additional family/household costs due to the trainees' absences
3. Waiting, without pay, to be dispatched to a sexual assault exam. Depending on the crime rate, multiple and even consecutive periods without reported sexual assaults could be likely. In this circumstance, nurses could spend immeasurable amounts of money and time without achieving necessary practicum hours to complete the certification.

If the nurse is volunteering with a community or county program there are additional complications such as:

1. A possible attempt at performance without a contract with the governing body (such as the DA's Office in Washoe County) which may require the nurse is certified and qualified before allowing any contact with victims of sexual assault
2. The training nurse may not be able to conduct the exam for training purposes creating another immovable barrier
3. Credibility or consistency issues if the trainee's name appears or does not appear on the chart
4. Possible legal ramifications due to the above burdens and complications

These consequences of the decision may have been unintended yet still serve as unnecessary roadblocks between potential nurses and the SANE-A certification. Please note: the current requirement of the Nevada State Board of Nursing is unlike any other state requirement.

Desired Change:

At this time, we feel Nevada would benefit from the Nevada State Board of Nursing adopting a reasonable standard of practice allowing training SANE-A nurses to:

1. Complete a full program of an acceptable course of study
2. Conduct forensic examinations*, learning the law and developing proficiency
3. Receive a certificate of completion, with the stipulation that the SANE-A certification exam must be passed within a set time (1 year, 18 months, 2 years, whichever is deemed appropriate).

* If the nurse demonstrates ability within 2-3 supervised exams, they would then be allowed to perform exams with chart/photo peer-review, until completing and passing the national test. The newly certified SANE would then have the option of continuing a peer evaluation, or contracting with a program to evaluate charts/photos in order to maintain proof of competency. This would also be a reinforcement of ability if this nurse goes to court.

Fortunately, the Nursing Board has the power to approve this stipulation as has been done with other areas of nursing, such as a Certified Emergency Nurse (CEN), or Certified Critical Care Nurse (CCRN). The nurse must first practice within the ER or Critical Care Unit to become proficient in the common practices before testing and receiving this extra certification. These certifications are not necessary to work in these areas but instead, an extra benefit and bonus.

Finally, when a rural/frontier nurse certifies as SANE-A, there may not be a sufficient number of sexual assaults to maintain the certification. To remain proficient, these nurses could stay current on literature and continued education. That is all that is required by the IAFN to maintain certification.

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Possible Adjustments:

Telemedicine:

Another attempt to increase our compliance and narrow the gap is through a telemedicine grant which has been applied for by the University of California, Davis and University of Nevada, Reno's School of Medicine. A partnership with Elko and possibly Humboldt Counties is being developed through Dr. MacLeod.

The telemedicine system is being actively pursued as an alternative to a physical presence for the child exams. There are many successful child telemedicine programs which is fueling the current telemedicine project for the adult victims, to fill the need for exams being done in otherwise difficult arenas such as Tribal land, rural areas and prison systems.

Mobile SANE Units:

Illustrative of the type of model West Virginia's Mobile SANE Program, this might be an option to consider in using tri-county models. This would still require a Medical Director, Unit Coordinator and ideally, advocates from the local communities working together.

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Nevada State Board of Nursing Decision:

1. The dimensions of the specialty practice of the SANE include the collection of forensic material from an acute victim of sexual assault through the use of a "Rape Kit." A victim of sexual assault is considered acute if there is reason to believe that there may be forensic evidence on a victim's body. Non-acute exams shall be referred appropriately. A "Rape Kit" is utilized by the SANE to collect forensic material as appropriate for age and situation of the victim.
2. The Registered Nurse shall demonstrate competency, knowledge, skill, and ability pursuant to NAC 632.071, 632.224, and 632.225. The nurse shall maintain documentation of continued competency which shall be completed annually and include successful return demonstration and peer review of the minimum number of cases required for continued certification by IAFN.
3. Initial and ongoing certification through the IAFN as a Sexual Assault Nurse Examiner-Adult/Adolescent Certified shall be maintained to allow the nurse to practice in this capacity and to use the designation "SANE-A" to indicate his/her practice specialty. The SANE-A certification requirement becomes effective as of January 1, 2005. The SANE shall maintain available age-specific certification.
4. There are agency policies and procedures and any required standardized protocols in place allowing the SANE to administer and dispense specific drugs and devices. These protocols are approved by both medicine and nursing.
5. The nurse maintains accountability and responsibility for nursing care related to this procedure and follows the accepted standard of care, which would be provided by a reasonable and prudent nurse. Protocols for this procedure are to be maintained at the practice site and be available for review by the board.
6. The SANE performs this procedure in consultation with the physician or advanced practice nurse, never independently.

Additional requirements for pediatric cases (individuals of less than thirteen years of age) include:

1. Every pediatric case shall undergo retrospective peer review.
2. All exams, which are deemed to have abnormal genital findings, shall be referred to a recognized child abuse expert who is a physician or advanced practice nurse or final diagnosis.
3. Collection of evidential material on a pediatric victim shall only be performed by a SANE who has ongoing, documented competency based on the Pediatric Education Guidelines for Sexual Assault Nurse Examiners of the IAFN. (4/04)