

Registered Nurse Scope of Practice as A Sexual Assault Nurse Examiner

The Oregon State Board of Nursing believes that there is an important role for the Registered Nurse as an examiner for individuals who have been sexually assaulted and that the competencies required of a Sexual Assault Nurse Examiner are within the scope of practice for the Registered Nurse. A Registered Nurse should not perform sexual assault examinations without the proper training and without demonstrating and maintaining competence. The purpose of this position statement is to define the Registered Nurse scope of practice based on the time frame of the assault as well as the age of the assaulted person and to define the preparation necessary to function as a Sexual Assault Nurse Examiner (SANE). The Board believes that the competencies required of a Sexual Assault Nurse Examiner are beyond the scope of practice for a Licensed Practical Nurse. *

Acute Sexual Assault Examination of Older Adolescent and Adult Patients

Acute sexual assault of older adolescents (15 years old and above) and adults is defined as an unwanted sexual encounter for which the person seeks medical examination/ treatment and in most cases forensic evidence collection, generally within 72 hours of the assault, but may be up to 96 hours after the assault.

The Registered Nurse may function as a Sexual Assault Nurse Examiner following successful completion of training and demonstration of competence as a SANE. Training may be formal training offered either as continuing education or for academic credit or other structured training provided the content described below is covered; the program contains both didactic and supervised clinical practice; and the person(s) offering the training have expertise in acute sexual assault examination of older adolescents and adults.

The course/training for preparation of a Sexual Assault Nurse Examiner shall contain the following content:

- History taking regarding medical history, developmental history and current status
- History taking regarding the assault
- Growth and developmental needs of adolescents and special populations, including persons with disabilities and the elderly
- Physical examination, including proper use of equipment
- Forensic evidence collection, chain of custody and storage of specimens/evidence
- Specimen collection for toxicology, serology and microbiology
- Documentation of findings including other physical findings related to the assault
- Prophylactic treatment
- Reporting requirements under mandatory reporting (state and federal)
- Informed consent and patient rights
- Referral sources
- Advocacy services
- Crisis intervention
- Emotional support/sensitivity
- Discharge instructions and follow-up
- Court testimony

Demonstration of clinical competence is essential when a Registered Nurse adds a new role and skills and is required by the Board's rules for Registered Nurse scope of practice (Division 45). If a clinical component is not an integral part of the training program/course, the Registered Nurse must have a period of preceptored clinical practice adequate to gain and demonstrate

competence in the skills required of a Sexual Assault Nurse Examiner. The clinical preceptor must be a licensed health care professional who has the expertise in examination of older adolescents and adults who have been sexually assaulted. The nurse's employer has a dual responsibility to assure that preceptored clinical experience is provided for the Registered Nurse and to establish a system which documents how clinical competence was demonstrated and is maintained.

It is within the scope of practice for the Registered Nurse as a Sexual Assault Nurse Examiner to:

- Take a medical history, including the history of assault from the patient
- Perform a complete nursing assessment of the patient – physical/psychosocial
- Perform a physical examination of the patient related to the sexual assault
- Use a vaginal speculum, colposcope, anoscope and other tools to assist in observing, assessing and documenting the injuries of the person
- Collect forensic evidence through swabs, slides, taking photographs and other physical evidence
- Use proper techniques to obtain, process and preserve physical evidence
- Collect, prepare and process specimens for toxicology, serology and microbiology
- Document subjective and objective findings using descriptive terms and accepted nursing diagnoses nomenclature
- Document nursing conclusions as to whether findings or lack of findings are consistent or are not consistent with patient history and the event as described
- Initiate prophylactic treatment for sexually transmitted diseases and other infectious conditions using written protocols and standing orders
- Initiate emergency pregnancy prophylaxis treatment using written protocols and standing orders
- Provide support to the patient
- Provide expert testimony in court trials

It is not within the scope of practice for the Registered Nurse as a Sexual Assault Nurse Examiner to:

- Perform a bi-manual exam
- Make a medical diagnosis based on observation and assessment of injuries

Acute Sexual Assault Examination of Pediatric Patients (14 years old and younger)

Acute sexual assault of children is defined as acute anogenital injury or bleeding thought or believed to be secondary to sexual abuse, or sexual abuse that has occurred generally within the 72 hours preceding an examination, but may be up to 96 hours and which necessitates documentation and may necessitate collection of forensic evidence. (Definition taken in part from the American Academy of Pediatrics)

A Registered Nurse who agrees to examine children must have recent clinical experience in pediatric nursing and demonstrated competence. If competence in pediatric nursing cannot be demonstrated, the Registered Nurse must have recent coursework in physical assessment of pediatric patients, child growth and development, history gathering from children and clinical application of the above, in addition to training as a SANE.

The course/training for preparation of a Sexual Assault Nurse Examiner must contain:

- The same content as described above for examination of the older adolescent/adult patient, taught from the perspective of the growth and developmental needs of children, and
- History taking from a responsible parent, guardian or adult witness and the child

- Guidelines for examination of the child versus referral to another health care professional or agency
- Informed consent and the rights of minors to treatment

It is within the scope of practice for the Registered Nurse as a Pediatric Sexual Assault Nurse Examiner of pediatric patients to:

- Take a medical/health history from the patient and parent/responsible adult, as appropriate
- Perform a complete nursing assessment of the patient – physical/psychosocial
- Perform a physical examination of the patient related to the sexual assault
- History gathering from the patient related to the sexual assault
- History gathering from parents, responsible adult, community partners (law enforcement, human services) or others, as appropriate
- Use equipment including colposcope or other tools to assist in observing, assessing and documenting the injuries
- Collect forensic evidence through swabs, slides, taking photographs and other physical evidence
- Use proper techniques to obtain, process and preserve physical evidence
- Collect, prepare and process specimens for toxicology, serology and microbiology
- Document subjective and objective findings using descriptive terms and accepted nursing diagnoses nomenclature
- Initiate prophylactic treatment for sexually transmitted diseases and other infectious conditions using written protocols and standing orders
- Initiate emergency pregnancy prophylaxis, if appropriate, using written protocols and standing orders
- Provide support for the patient and family
- Refer to a child abuse assessment center per community protocol for a forensic interview and/or a medical evaluation for abuse and diagnosis
- Provide expert testimony in court trials

It is not within the scope of practice of the Registered Nurse to make a medical diagnosis based on observation and assessment of injuries. A licensed physician or nurse practitioner, within their scope of practice, must be the health care professional to conclude whether or not the findings are consistent or are not consistent with a diagnosis of sexual abuse.

Supervision of the Registered Nurse who examines children and young adolescents will include on site supervision by a physician or nurse practitioner who has had training and experience and/or who has access to consultation with a physician or nurse practitioner who has had the training and experience in the examination of children and can make a diagnosis of sexual abuse.

The Board recommends that the setting in which the Registered Nurse functions as a Sexual Assault Nurse Examiner have clear written policies and procedures regarding the practice of the Sexual Assault Nurse Examiner, a process for ensuring continued competence and a plan for periodic review of performance according to institutional policy and within expected standards of nursing practice.

* This policy does not address the scope of practice for advanced practitioners of nursing as Sexual Assault Nurse Examiners. This policy does not address the scope of nursing practice in examination of non-acute child sexual abuse.

Adopted: April 10, 2003