

Policies, Procedures, Standard Operating Practices

No. ER-VTC-01

Title: Sexual Assault/Domestic Violence Treatment Centre Overview		<input type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input checked="" type="checkbox"/> SOP
Category:	Standard Operating Procedure	Distribution:		
Sub-category:	Sexual Assault/Domestic Violence			
Dept/Prog/Service:	Emergency Services			
Approved:	Executive VP, In-Patient Care Programs	Approval Date: December 1, 2020		
Signature:		Reviewed/Revised Date: November 2020		
		Next Review Date: December 1, 2023		

CROSS REFERENCES: *PCS-DO-118 SADV Pre Printed Direct Orders; ER-IV-01 Standard of Care – Emergency Department*

1. PURPOSE

To outline and direct the provision of services for victims of Sexual Assault or Domestic Violence (SA/DV) at TBRHSC.

2. POLICY STATEMENT

The Sexual Assault/ Domestic Violence Treatment Centre (SA/DVTC) uses a multi-disciplinary approach to provide excellent, unique and individualized service in the area of sexual assault and domestic or intimate partner violence. We recognize and respond to physical, psychological, social, medico-legal, and safety needs of the individual and their family in a culturally sensitive manner.

3. SCOPE

Includes acute care, follow-up, referral, education and research.

SA/DVTC responds to the needs of individuals and families in Thunder Bay and the surrounding area who have experienced sexual assault and/or domestic violence. This includes all genders who are victims of sexual assault, domestic or intimate partner violence and pediatric sexual assault/abuse. With this comprehensive approach to service, we are dedicated to providing leadership and innovation in the area of sexual assault and domestic violence.

4. DEFINITIONS

SA/DVTC – Sexual Assault/Domestic Violence Treatment Centre

ONSA/DVTC – Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

SANE – Sexual Assault Nurse Examiner

5. PROCEDURE

The SA/DVTC covers the region of Northwestern Ontario and is committed to providing comprehensive emergency and follow-up care to all survivors of acute and non-acute sexual assault and/or domestic violence. “Acute” refers to assaults that have occurred in the past twelve days. Follow-up support and referrals to community agencies are offered to patients who disclose historical sexual assault and/or domestic violence.

The SA/DVTC accepts self-referrals, referrals from local and regional police services, family, physicians, social services agencies and other hospitals. The SA/DVTC is an integral part of sexual assault and domestic violence care in the surrounding communities, as well as the City of Thunder Bay, and is an active member within the provincial Network of Sexual Assault/Domestic Violence Treatment Centres.

- I. The SA/DVTC will be coordinated through the TBRHSC’s Emergency Department with access to the Emergency Service being offered on a 24-hour-per-day basis. SA/DVTC care can be accessed by presenting to the Emergency Department, as well as when admitted to an in-patient unit.

- II. Survivors who disclose sexual assault or intimate partner violence and request treatment will be registered as Emergency Department patients and provided care in a timely manner based on the Canadian Triage and Acuity Scale Guidelines. This is performed by on duty nursing/medical staff and Sexual Assault/Domestic Violence trained nurse or Follow-up/Outreach nurse, by following the Triage SA/DVTC Pathway or In-Patient SA/DVTC Pathway.
- III. The SA/DV trained nurse is assigned to acute cases of sexual assault and intimate partner violence. Initial contact between the SA/DV trained nurse and patient should follow ONSA/DVTC's Standards of Care following a disclosure of sexual assault or intimate partner violence. For non-acute cases, an appointment can be made with the follow-up nurse with patient's informed consent and completing an assessment consult in the Electronic Medical Record.
- IV. The patient's initial Emergency Department care will be provided using pathways and guidelines developed for the SA/DVTC (see below, p. 3-4). Depending on the circumstances, and only with the patient's informed consent, this initial care may include all or part of the following:
 - (a) physical assessment, which may include a pelvic examination, by the Emergency Room physician or SANE-trained SA/DVTC RN,
 - (b) documentation *and* treatment of injuries, including photo documentation
 - (c) treatment of sexually transmitted infections (STI's), pregnancy screening and prevention post assault
 - (d) reassurance and emotional support
 - (e) collection of forensic evidence with appropriate documentation
 - (f) risk assessment and safety planning
 - (g) referral for medical follow-up
 - (h) referral to counselling
 - (i) referral to shelter and/or other relevant community resources
 - (j) police involvement

All SA/DVTC care should be completed using best-practices and following ONSA/DVTC Standards of Care by the most suitable Health Care Professional (HCP). This may include care performed by the Emergency Room physician, SA/DVTC nurse, SANE-trained nurse, Follow-up nurse, or any combination of HCP listed for appropriate and complete multidisciplinary care.

- V. Patients will be advised that medical follow-up is available should they choose to be contacted by the SA/DVTC Follow-up/Outreach nurse. Outpatient registration for medical follow-up is done through the follow-up office. The medical follow-up may include:
 - (a) reassessment of injuries
 - (b) further consideration of safety
 - (c) continuing treatment and monitoring of STI's
 - (d) further photographs and injury documentation
 - (e) appropriate referral(s)

6. RELATED PRACTICES AND/OR LEGISLATIONS

Domestic Violence Protection Act, 2000, S.O. 2000, c. 33 - Bill 117

Standards of Care, Second Edition, 2019, ONSA/DVTC's

Hospital Guidelines for the Treatment of Persons Who Have Been Sexually Assaulted, 3rd Edition, Ontario Hospital Association

7. REFERENCES

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres
<https://www.sadvttreatmentcentres.ca/>

SADV Patient presents to ED/Triage

- Patient presents to ED, discloses SADV, triage patient appropriately according to patient's complaints
 - o Complete 'SADV Assessment' in EMR
 - o Provide patient with SADV Information Sheet **if safe to do so**
- Advise Charge Nurse of patient – Charge will assign SADV nurse
- All efforts should be made to move patient to quiet, private area to wait for care– B hallway, A waiting area, Family Room, etc.

Specialized SADV care **should be offered by ACTIVE RN's within the SADV Team only**

Initial Assessment & Medically Stable

- Patient assessed by primary ED nurse:
 - o Vitals, primary complaint, any injuries/pain, strangulation event, suicidal ideation, mental health concerns, etc.
 - o **Initial Assessment does not mean patient needs to tell their assault story, this will be gathered by the SADV nurse; What does the physician need to know about them medically in order to start SADV care**
- Physician may see patient prior to SADV care initiation, if medically necessary, or after SADV chart completed

Initial Contact with SA/DV trained RN to offer SA/DV care

NOT CONSENTING

- Patient declines SADV care during this ED visit
- Provide patient with SADV pamphlet and office information
- Ask patient if they would like a follow up phone call at later date
 - o Enter EMR Consult:
 - Category – SADV
 - Mnemonic – ASSESS
 - Safe contact number
- Document on ED chart that patient declines SA/DV care at this visit
- Care provided by ED Team

CONSENTING

- SADV trained ED nurse advises Charge Nurse, Charge Nurse will reassign caseload
- Patient must be sober, able to hold meaningful conversation;
 - o If intoxicated, document on ED notes, reassess patient regularly to determine if patient can provide consent to care
- Patient must be **medically stable** prior to bringing patient into SADV Treatment Room for care
- SADV nurse will bring patient to Treatment Room and provide specialized care
- Pelvic exam by ED MD or delegated to SANE

Patient discharged from ED once care is completed. SADV Follow-up/Outreach nurse will follow-up with consenting patients as outpatient.

SADV Patient Admitted to In-Patient Unit

- Patient discloses Sexual Assault/Domestic (Intimate Partner) Violence to unit staff or physician
 - o Determine the date of assault:
 - Acute Assault occurred (12 days ago or less)
 - Non-Acute Assault occurred (greater than 12 days ago)
 - o Offer to call the SADV Team for specialized care from Assault Nurse, **patient must be consenting for SADV care**
- Physician order is NOT necessary for SADV care
- Patient must also be medically stable

Acute SADV Care (12 days and less)

- Unit nurse calls ext. 6125 Charge Nurse
- Inform Charge Nurse patient disclosed acute SADV and consenting to care by Assault Team nurse
- Charge Nurse will assign SADV nurse to provide care to patient
- SADV nurse will call unit to arrange for the patient to be escorted to ED

- Specialized SADV care completed
- Pelvic exam by ED MD or delegated to SANE
- When SADV care is complete, SADV nurse will contact MRP for verbal/phone orders following SADV PPDO
 - o Testing to be completed on unit
 - o Medications to be administered on unit
 - o **HIV – if pharmacy closed, SADV nurse will provide HIV PEP medications until pharmacy can fill order**

Non-Acute SADV Care (greater than 12 days)

- Enter EMR Consult:
 - o Category – SADV
 - o Mnemonic – ASSESS
 - o Description – ASSESS SADV
- Provide patient's contact number and if safe to leave message
- Follow-up Nurse will contact unit within 1 business day to set up intake appointment with patient while admitted
 - o **Please note:** Office hours are Monday – Friday 1000-1800
- Specialized SADV care will be provided to patient either on unit, SADV office or Treatment Room
- If SADV orders are needed, Follow-up Nurse will contact MRP for verbal/phone orders following SADV PPDO
 - o Testing to be completed on unit
 - o Medications to be administered on unit

- SADV nurse will escort patient back to unit
- Copy of PPDO
 - Single Dose MAR

If patient started on HIV PEP, unit staff must inform SADV Office (ext. 6751) of patient's discharge prior to leaving hospital to set up follow up