

## Enhanced Emergency Sexual Assault Services (EESAS) Outline

Mar 9, 2016

### Purpose of EESAS

- To facilitate more rapid, compassionate and comprehensive sexual assault services for recent victims of sexual assault through enhancing the role of Emergency department personnel in areas where there are no sexual assault nurse examiners (SANEs) or dedicated physician examiners, or while waiting for examiners to become available, and
- To facilitate multidisciplinary collaboration and understanding of process and roles among professionals working with victims of sexual assault (e.g. first responders, police, social workers or other professionals involved in supporting sexual assault services).
- To increase comfort and knowledge related to requirements of revised RCMP sexual assault evidence kit and procedures

### What EESAS Involves

- Building on existing skills of personnel (e.g. positive responses to disclosure, client support, assessment) rather than requiring learning new skills for which competency may be hard to maintain (e.g. no need for nurses to learn speculum examination and normal/abnormal genital finding)
- Actions range from supporting clients and ensuring their safety until the examiners can come to providing the full range of care in areas without examiners (e.g. all professionals provide support, safety and positive responses, the RN does triage/interview/head to toe exam and evidence, treatment and discharge planning while the physician or nurse practitioner does genital examination and evidence, prescription and laboratory ordering)
- Consists of
  - 8 online video modules with accompanying handouts. Each is approximately 30 minutes in length followed by a short quiz – it takes approximately 4-4.5 hours to complete but can be done at staff member's own pace with one module at a time. A certificate of continuing education hours is issued on completion. It is possible to complete only some of the modules but it is highly recommended that non-health care staff also complete the modules on body and genital exam and evidence collection (#6,7) to better understand the process and support the client. Onsite training can also be arranged if required.
  - A brief checklist for ER personnel of procedures to keep with their supplies
  - A 1 hour refresher is also available for annual recertification. This consists of A DVD of evidence collection - the information is contained in the modules but this provides a brief 35-40 minute review focused mainly on the evidence collection

Module	Module Title	Objectives
1	Introduction & EESAS Overview	<ul style="list-style-type: none"><li>• common sexual assault myths</li><li>• impact of sexual assault on health care and individuals</li><li>• high risk groups for sexual assault</li><li>• key principles of the EESAS model</li><li>• focus of the sexual assault services</li></ul>
2	Psychological considerations	<ul style="list-style-type: none"><li>• acute reactions to stress including tonic immobility and dissociation</li><li>• consequences of severe stress including ASD and PTSD</li><li>• potential impact of acute stress on behaviour and memory</li><li>• strategies to reduce risks of PTSD and dissociation</li></ul>

		<ul style="list-style-type: none"> <li>ways to prevent stress disorders and promote resiliency including psychological first aid (PFA)</li> <li>ways for staff to reduce secondary traumatic stress</li> </ul>
3	Triage & toxicology	<ul style="list-style-type: none"> <li>triage classification in ER and modifiers for sexual assault clients</li> <li>considerations for eating or drinking at triage</li> <li>evidence collection principles</li> <li>indicators for suspected drug facilitated assault and interventions for toxicology testing</li> <li>common symptoms (toxidromes) relevant to drugs of abuse</li> </ul>
4	Consent-history and interview	<ul style="list-style-type: none"> <li>capacity for consent to examination</li> <li>pertinent information in medical history</li> <li>differences in sexual assault history by health professional versus police</li> <li>strategies to minimize stress during interview</li> <li>grounding techniques for dissociation</li> </ul>
5	Injuries & documentation	<ul style="list-style-type: none"> <li>issues with terminology &amp; injury description</li> <li>key components of BALD STEP guide to physical findings</li> <li>key characteristics of blunt injuries</li> <li>key characteristics of penetrating injuries</li> <li>findings with burns, bites and blasts</li> <li>considerations in documentation</li> </ul>
6	Body Examination	<ul style="list-style-type: none"> <li>equipment required for evidence and examination</li> <li>procedures for primary and secondary assessment during head to toe examination</li> <li>typical evidence samples with body exam</li> <li>issues with timing of evidence collection</li> </ul>
7	Genital Examination (	<ul style="list-style-type: none"> <li>procedures for external genital examination and evidence collection</li> <li>use of toluidine blue for genital injuries and positive vs. non-specific findings with its use</li> <li>balloon technique for hymen visualization</li> <li>considerations for internal examination technique</li> <li>procedures for anal-rectal exam and evidence collection</li> <li>differences with special populations (males, children, elderly)</li> </ul>
8	Interventions & Discharge	<ul style="list-style-type: none"> <li>typical testing protocols post-assault</li> <li>STI prophylaxis and emergency contraception</li> <li>risks for HIV and prophylaxis</li> <li>considerations for discharge including safety and suicide screening</li> <li>issues with follow up and when to return to Emergency</li> <li>considerations for follow up and quality assurance</li> <li>process for anonymous kits</li> <li>issues if providing court testimony</li> </ul>