FNIHB-OR Nursing Policy and Procedure

Section:	**Professional Nursing Practice**	Policy Number:	**II - 41**
Subject:	**Sexual Assault and Intimate Partner Abuse**	Issued:	**2018-01-22**
		Revised:	

1. POLICY

1.1 Community Health Nurses (CHNs) offer and provide unconditional and non-judgmental support, medical care, and forensic evidence collection to consenting individuals who have experienced sexual assault (SA) or intimate partner violence (IPV).

1.2 All possible options around SA or IPV care will be discussed with the client.

1.3 Client choice will be respected and facilitated in as timely a manner as possible.

1.4 Mental health care is of paramount importance and must be emphasized as a key component of quality SA and IPV care.

1.5 CHNs will complete and submit occurrence report following all events of SA or IPV.

1.6 Documentation of SA and IPV will be regularly reviewed by Nursing Practice Consultants (NPC) for the purpose of education, identifying gaps, and ensuring appropeiate patient care was received.

2. PRINCIPLES

2.1 Victims and survivors of sexual assault and intimate partner violence deserve the highest quality of care and support possible, delivered in a manner that is acceptable to them.

2.2 SA and IPV can be comples events that involve both physical and emotional trauma. The CHN must be aware that multiple visits with both the medical team, and mental health services, will likely be necessary after an SA or IPV event has occurred.

2.3 While SA and IPV are generally perpetrated against women, men may also be victims of these acts. Men may be more reluctant to seek care. CHNs will demonstrate empathy and give high quality care to male victims, and ensure that men have access to resources that assist male victims.

2.4 Generally, the age of consent for sexual activity is 16. Additionally, a young person 14 or 15 years of age can legally consent to sexual activity with someone less than 5 years older,

and a young person 12 or 13 years of age can legally consent to sexual activity with someone less than 2 years older.
A person under 18 years of age cannot consent to sexual activity if the other person has a relationship of trust or authority over them, or they are dependent on that person. People in positions of trust or authority include, for example, a teacher, coach, babysitter, family member, minister or doctor. Persons under 18 also cannot consent if it involves exploitative activity, such as prostitution or pornography or if they are paid, or offered payment, for sex (Department of Justice, 2017a).

3. DEFINITIONS

Consent: The voluntary agreement of the complainant to engage in the sexual activity in question. Conduct short of a voluntary agreement to engage in sexual activity does not constitute consent as a matter of law (Department of Justice, 2017b). A person is unable to consent to sexual activity if they are intoxicated or otherwise impaired.

Intimate Partner Violence (Domestic Violence or Abuse): Domestic abuse does not always involve physical violence. Abuse can include other forms of mistreatment and cruelty such as constant threatening, psychological/emotional, financial/material, spiritual and verbal abuse. It can also include sexual assault, in which case the victim has the same options as any other person who has been sexually assaulted (SADVTC, 2017).

Sexual Assault: Sexual assault is any form of unwanted sexual activity that is forced upon a person without that person's consent. Sexual assault can range from unwanted sexual touching, to forced intercourse. While most sexual assaults are perpetrated against women, both women and men can be, and are, sexually assaulted (Ontario Network of Sexual Assault/Domestic Violence Treatment Centers, SADVTC, 2017).

Sexual Assault Treatment Centre: A service that specializes in the care of patients that have been sexually assaulted, sexually abused or the victims of intimate partner violence. These facilities are located within most hospitals and provide both direct patient care and telephone advice for nurses working in remote areas. Services include medical care, sexual assault evidence kit collection, safety planning and mental health counselling.

4. PROCEDURE

4.1 Mandatory Education

The CHN will attend all mandatory education sessions around Sexual Assault and Domestic Violence and Sexual Health and will inform their Nursing Practice Consultant (NPC) when they have completed these sessions.

In Nursing Stations or Health Centres with Treatment

4.2 Sexual Assault of an Adult

4.2.1 Patient choice is paramount in determining the plan of care. The Sexual Assault Evidence Kit (SAEK) is an optional part of treatment but is not a requisite for receiving care. The purpose of the SAEK is to collect possible evidence to assist in a legal investigation, and will only be tested if police are involved. If the patient does not want to involve police it is unnecessary to complete the SAEK. If the patient is unsure if they want to involve police, the SAEK can be completed and stored for up to six months . The storage of the kit is only possible if the facility allows for secure storage, including access to a refrigerator and freezer, and chain of evidence can be maintained. If the patient is unsure and wants to complete a kit but storage space is unavailable, the CHN should discuss transfer to an SATC that can accommodate this.

4.2.2 The CHN (General Class) will consult with an NP or physician for all cases of sexual assault. As a reminder, the Sexual Transmitted Infection (STI) Medical Directive requires that CHNs consult with a physician/NP prior to administering STI medication if a sexual assault is suspected to have occurred.

4.2.3 Generally, anyone who has reached sexual maturity can be assessed and treated as an adult, paying special consideration to developmental age and needs. Consult with the physician/NP or Sexual Assault Treatment Centre (SATC) if you are unsure if the patient should be treated as an adult or child. Medically treating a person that has reached sexual maturity as an adult does not absolve responsibility around mandatory reporting. See Principles 2.4 and 2.5 for more information on age of consent.

4.2.4 The CHN will use the Adult Sexual Assault Documentation Tool (*Appendix A*). This tool serves as both a guide to care options and will become part of the client record.

4.2.5 The CHN will consider drug facilitated sexual assault (DFSA) and complete the DFSA Documentation Tool (*Appendix B*) when appropriate.

4.2.6 The CHN will consider strangulation and complete the Strangulation Documentation Tool (*Appendix C*) when appropriate.

4.2.7 The CHN will ensure that mental health follow up is offered to the client, including both community and external options. The nurse will obtain consent and send referral to mental health services at initial visit. In instances where a referral is not required, the nurse will assist the client to set up own appointment at initial visit.

4.2.8 A follow-up phone call in 5-7 days is encouraged and will be made to each

client that gives consent to this. The purpose of this call is to identify any new issues that have arisen, ensure patient has attended any follow-up appointments, to offer support, and to answer any questions the patient may have. This call should ideally be made by the CHN that initially cared for the patient, however if the CHN leaves the community prior to the call being made the responsibility will fall to the Nurse in Charge (NIC) or delegate.

4.3 Sexual Assault or Abuse of a Child

4.3.1 All cases of sexual assault and sexual abuse against children should be referred to expert practitioners outside of the community.

4.3.2 Obtaining a thorough history of an alleged sexual assault of a child is a difficult skill. While the CHN needs to ensure the medical wellbeing of the child, it is easy to influence a child and promote/support misinformation, which could interfere with legal proceedings and the child's wellbeing. For this reason, the CHN should not question the child any further than to determine if any urgent medical care is required. For example, ascertaining if the child has any pain is important, but asking why the child has this pain is beyond the scope of expertise of the CHN. Consult with SATC services prior to questioning a child.

4.3.3 The CHN will report all instances of assault, abuse, or violence witnessed by a child to the appropriate Child and Family Services Organization.

4.3.4 The CHN will consult with the closest sexual assault treatment centre (SATC) to determine a plan of care. Depending on the time of last contact with the alleged perpetrator, the SATC may recommend the child is medevaced immediately, or they may suggest a scheduled appointment within the next few days. The SATC may also suggest interventions for the CHN to complete with the patient.

4.3.5 If the child is to be sent out the next day, Child and Family Services must be notified that the child will be staying in the community to ensure the child's safety.

4.3.6 If there is no safe place for the child to stay in the community, the child will need to be sent out by medevac.

4.3.7 In instances where a medevac is delayed, the CHN may be required to provide some care or collect some evidence. Determining which care to provide and which evidence to collect will be done in conjunction with the accepting physician/NP and the SATC.

4.3.8 The CHN will communicate this plan of care with the Community Physician or Nurse Practitioner.

4.3.9 The CHN will clearly document in the nurse's notes the complete history

obtained; any examination provided; any care provided, any samples collected, persons consulted/notified; and the plan of care.

4.4 Statutory Sexual Assault

4.4.1 Nurses must report all cases of statutory sexual assault. See Principles 2.4 for guidance in determining if statutory sexual assault has occurred. This includes reporting for sexual assault that is disclosed incidentally, such as during sexually transmitted infection screening or contact tracing.

4.4.2 Treat all cases of statutory sexual assault as sexual assault. See Principle 2.4.

4.5 Intimate Partner Violence

4.5.1 The CHN will include intimate partner violence screening with all Well Woman and prenatal care encounters. To facilitate a safe environement for disclosure, the CHN will complete this screening away from the client's partner or other family members.

4.5.2 If a disclosure of historical intimate partner violence is made, the CHN will discuss safety planning with the client using the Safety Planning Tool (*Appendix D*). The CHN can also give a copy of this plan to the patient to complete on their own, or with the assistance of a trusted community worker or friend.

4.5.3 If a client presents to the health facility who has been victimized by an intimate partner, the CHN will utilize the Intimate Partner Violence Documentation Tool (*Appendix E*).

4.5.4 Reporting intimate partner violence to law enforcement is the solely the decision of the client. The exception to this is in the case of a gunshot wound or if the client or others disclose that they are going to commit harm to themselves or others. If the client does choose to report to law enforcement, the CHN will offer the client a telephone and private space to do this.

4.5.5 The CHN will ensure that mental health follow-up is offered to the client, including both community and external options. The nurse will obtain consent, and send referral to mental health services, at the initial visit. In instances where a referral is not required, the nurse will assist the client to set up own appointment at initial visit.

4.5.6 A follow-up phone call in 5-7 days is encouraged, and will be made to each client that gives consent to this. The purpose of this call is to identify any new issues that have arisen, to ensure the patient has attended any follow-up appointments, to offer support, and to answer any questions the patient may have. This call should ideally be made by the CHN that initially cared for the patient, however if the CHN leaves the community prior to the call being made

the responsibility will fall to the Nurse in Charge (NIC), or delegate. As the person inflicting abuse may live in the home, it may be safer for the patient to call the CHN or to come to the clinic in person. This option will be discussed with the patient.

4.5.7 The CHN will be aware that violence often escalates during times of stress, including pregnancy, loss of a job, addiction, or when the abused partner tries to leave the relationship. The CHN will keep this in mind when completing assessment and safety planning.

4.5.8 If a child witnesses intimate partner violence, the CHN must report this to Child and Family Services. It is advisable to make the presenting client aware of this and to offer the client an opportunity to make this report themselves.

In Public Health Facilities

4.6 Public Health Facilities should include screening for IPV in well-person care.

4.7 The CHN should create and maintain a list of available community resources for persons that disclose SA or IPV.

4.8 If a disclosure or IPV is made, the CHN should assist the patient in completing safety planning.

4.9 The CHN is responsible for mandatory reporting as outlined in Principles 4.3.2, 4.4.1 and 4.5.5

5. RELATED POLICIES:

FNIHB-OR Policy: Mandatory Reporting of Child Welfare Concerns

6. REFERENCES AND FURTHER READING

Department of Justice: *A Definition of Consent to Sexual Activity*. (2017).

Department of Justice: *Age of Consent to Sexual Activity*. (2017).

Ontario Network of Sexual Assault and Domestic Violence Treatment Centers (2017).

Approved by:		Effective Date:
SCLo Jan 22/18		January 22 2018
Director of Nursing, Ontario Region FNIHB	Date:	
Regional Executive Officer, Ontario Region, FNIHB	Date: JAN 2 6 2018	

APPENDIX A – Adult Sexual Assault Assessment and Documentation Tool

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Adult Sexual Assault Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Confidentiality Agreement

The information you provide to us is private. Your information is discussed only in relation to your medical and psychological needs with those persons involved in your medical care which could include the community health nurse, the nurse practitioner, and the physician. The nurses will ask for your written consent before releasing information to persons not directly involved in your care such as the police, or community resources such as a counseling centre.

There are exceptions to confidentiality where information may be given without your consent. These include:

1. Cases of suspected child abuse or neglect which must be reported to the appropriate child welfare agency. This includes a domestic violence situation where there is a child residing in the same home.
2. Reasonable belief that informing is necessary to prevent a risk of death or serious injury.
3. A subpoena, summons or warrant is served by the court. If a police investigation is initiated, any documentation and evidence collection related to the visit can be subject to a warrant.
4. When you disclose suicidal ideation or a suicide attempt.

Consent(s) by Client Reviewed ☐ No ☐ Yes

As Sexual Assault requires 1:1 nursing attention, please ensure that you do not see or speak with any other patients until you have finished caring for this client. If required, have second nurse take all calls during this time.

If your patient has significant injuries or requires immediate medevac, please initiate transfer prior to beginning this documentation tool.

Administrative Information

Date:	**Time:**
Name of Attending CHN:	
Name of Any Supporting CHN/s:	

Patient Referred by:	☐ self	☐ family/friend	☐ police ☐ other_____
Accompanied by:	☐ alone	☐ family/friend	☐ other _____
Police Involved: ☐ No ☐ Yes	Occurrence number _____		Officer's Name_____

Police Service : _____

Reminder: If the patient chooses police involvement and police are present, they should be outside the room during the CHN's history and examination. They may do their own interview of the patient before or after the CHN's assessment.

Support Services/Person offered?	☐ Declined ☐ Accepted	**Name of Agency/Individual:** _____
Interpreter called:	☐ NA ☐ Yes	**Name/Agency**

Child Protection Involved ☐ No ☐ Yes

Service/ Worker name:_____

Sexual Assault Treatment Center Consulted? ☐Yes ☐No **Time:**_____

Which SATC?_____

Name of Consultant:_____

Reason for consult and advice: _____

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre (Thunder Bay SASH, NFC, Sioux Lookout SASH, Kenora SASH etc)

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Place all forms in numbered order in the patient's health file.

Physician or NP Consult (mandatory) ☐ Yes
Provide physician/NP with a copy of this documentation tool. You may wish to complete the health history and assault history sections and consult SATC prior to consulting the physician/NP.
Name of consultant: _____ **Time of Consult:** _____
Reason for consult and orders: _____

Relevant Health History – inform the patient that this information is necessary for performing a thorough assessment

Allergies	☐ No ☐ Yes Describe:
Immunizations	☐ None ☐ Current/up to date (including Hep B series) If immunizations not up to date offer all missing immunizations. If Hep B not up to date patient should be offered Hep B Immune Globulin – discuss with Sexual Assault Treatment Centre or Consulting MD/NP.
Medical history	☐ diabetes ☐ kidney disease ☐ lung disease ☐ asthma ☐ epilepsy ☐ hepatitis ☐ liver disease ☐ Other: _____ Comments:
Medications	Include prescription, non prescription, over the counter, recreational, herbal
Physical disability	☐ No ☐ Yes Describe:
Developmental Disability	☐ No ☐ Yes Describe:
Relevant Hospitalizations: (with dates if known)	
Surgery:	☐ Hysterectomy ☐ Tubal ligation ☐ Other: _____
Last menstrual period: _____	**Cycle:** ☐ Regular ☐ Irregular **Cycle length:** _____
Is the patient	**Pregnant?** ☐ No ☐ Yes **Due Date:** _____ **Breast feeding?** ☐ No ☐ Yes
Sexually active: ☐ No ☐ Yes	**Previous pelvic exam:** ☐ No ☐ Yes
Contraception: ☐ No ☐ Yes	**Method:** _____
Date of last consensual intercourse: _____	**Condom used:** ☐ No ☐ Yes

Inform the patient that this information is required to determine risk of pregnancy, STIs and to guide evidence collection if SAEK being performed.

Nurse's Signature and Designation _____ **Initials** _____
SATC: Sexual Assault Treatment Centre including Thunder Bay SAFE, SATE, Sioux Bay and SADT, Kenora SADT etc

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Instructions: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms as numbered order in the patient's health file.

Sexual Assault History

Date of assault:	Time of assault:

Location: (check all that apply)
☐ Patient's home ☐ Assailant's home ☐ Friend's home ☐ Relative's home ☐ Vehicle
☐ Outside ☐ Other _____ Address: _____ (if known)

Number of assailants: _____ **Known to Client:** ☐ No ☐ Yes
Length of association: _____ Relationship: _____

Where does(do) the assailant(s) live? _____

Physical contact with: ☐ weapon ☐ Object Describe: _____

Did assailant: ☐ Hit ☐ Kick ☐ Grab ☐ Hold ☐ Burn ☐ Strangle
If strangulation, Strangulation Checklist completed? ☐ No ☐ Yes

Verbal threats ☐ No ☐ Yes Quotes: _____

Drug facilitation suspected ☐ No ☐ Yes Why? _____
If yes completed DFSA checklist ☐ No ☐ Yes

Describe any physical or mental impairment prior to, during or after the assault and the timing:

Suspicion or knowledge that assault was recorded (webcam, phone, camera) ☐ No ☐ Yes
If yes, describe:

Care Options Discussed

Sexual Assault Evidence Kit	☐ Accepted	☐ Declined	☐ N/A
Diagnostic testing	☐ Accepted	☐ Declined	☐ N/A
Medication	☐ Accepted	☐ Declined	☐ N/A
Injury documentation	☐ Accepted	☐ Declined	☐ N/A
Police involvement	☐ Accepted	☐ Declined	☐ N/A
Third party report (nurse reports to police anonymously without giving patient name/information)	☐ Accepted	☐ Declined	☐ N/A
Community Referrals (Mental Health etc) Which Agency? _____	☐ Accepted	☐ Declined	☐ N/A
Transfer outside the community? Which Facility? _____ If transferring, consult the sexual assault treatment centre or accepting physician to determine which care is appropriate while awaiting transfer. Clearly document actions on Page 1 of this form and ensure that documentation is sent to accepting facility.	☐ Accepted	☐ Declined	☐ N/A

Nurse's Signature and Designation _____ **Initials** _____

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Sexual Assault Evidence Collection Kit (SAEK)
If SAEK done: Kit # _____ Time kit opened: _____ Time kit closed: _____
SAEK should be completed within 12 days of the assault. If greater than 12 days is passed this care option is not as useful. Discuss with SATC if unsure. **If using SAEK, complete all SAEK documentation. Use the body diagrams in the SAEK to record injuries instead of using this documentation tool to avoid double documentation.**

Complete this highlighted section only if no SAEK completed. *Inform patient that the purpose of collecting this information is to guide care options. If not completing SAEK, record patient injuries on body diagrams included in this documentation tool*

Did the assailant kiss/lick/bite etc: ☐ No ☐ Yes Body location(s) _____

	Attempted			Completed		
During the assault was there penile penetration of the victim's:	**No**	**Yes**	**Don't know**	**No**	**Yes**	Don't know
Vagina						
Mouth						
Anus						

Condom used ☐ No ☐ Yes ☐ Don't know

Penetration with ☐ Finger ☐ Foreign object Describe object _____

	Attempted			Completed		
	No	**Yes**	**Don't know**	**No**	**Yes**	**Don't know**
Vagina						
Mouth						
Anus						

Diagnostic Tests (as ordered by NP/MD) Ordering Provider Name _____					
Pregnancy	☐ urine Result _____		☐ blood		
Gonorrhea/Chlamydia (note that this test will not indicate an infection that is the result of an acute sexual assault, only a previous infection. For this reason it is advisable to treat for these today and have patient return for a test of cure in 4 weeks)	☐ cervix	☐ urethral	☐ rectal	☐ urine	☐ throat
Trichomoniasis/ Bacterial Vaginosis	☐ vaginal culture				
Hepatitis B	☐ HbsAg	☐ AbsAb			
Syphilis	☐ VDRL				
Toxicology (for suspected DFSA)	☐ blood	☐ urine			
HIV	☐ blood (ensure that informed consent is obtained)				
HIV PEP baseline	☐ blood including CBC, creatinine and eGFR, liver function tests				
Other					

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre including Thunder Bay SATC, n'CT, Sioux Bay area SATC, Kenora SATC etc

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[illegible]

Medications (obtain physician or NP order)
Ordering Provider Name____________________

	Onsite	Take home	**Prophylaxis** (consult Canadian STI Guidelines prn)
Emergency contraception	☐ ☐	☐ ☐	Plan B (Levonorgestrel) 0.75 mg 2 tabs po stat OR, Plan B 1.5 mg 1 tab stat
Gonorrhea (Will also cover for chlamydia)	☐ ☐ ☐	☐ ☐ ☐	Ceftriaxone 250 mg IM in a single dose PLUS azithromycin 1 g PO in a single dose OR Cefixime 800 mg PO in a single dose PLUS azithromycin 1 g PO in a single dose OR Azithromycin 2 grams in a single dose (if cephalosporin allergy)
Chlamydia	☐ ☐ ☐	☐ ☐ ☐	Azithromycin 1g po single dose OR, Doxycycline 100 mg bid po x 7 days(not for use in pregnancy) OR, Erythromycin 500 mg daily po x 7 days
Hepatitis B (see Appendix A of this document for a detailed explanation on how to determine which product should be used)	☐	Hepatitis B Immune Globulin (HBIG) 0.06ml/kg ____ml i/m gluteus; single dose (within 14 days post exposure, give ASAP) Site given____	
	☐ ☐	Engerix B 20mcg/ml (1.0 ml if ≥ 19 yrs; 0.5 ml if ≤ 18 yrs old) ___ml i/m deltoid. Site given ________ or Recombivax HB 10mcg/ml (1.0 ml if ≥ 19 yrs; 0.5 ml if ≤ 18 yrs old) ____ ml i/m deltoid. Site given________	
Tetanus if due (Also complete HIS paperwork for any immunizations given)	☐ ☐	Tetanus, diphtheria (Td) 0.05 ml Td i/m deltoid or Tetanus, diphtheria and acellular pertussis (Tdap) if no previous dose in adulthood 0.05 ml Tdap i/m deltoid	
HIV Post Exposure Prophylaxis (PEP) Kit) See Appendix D of this document for a detailed risk assessment tool	PEP Given? □Yes □No How PEP is obtained and the drug regime chosen may be determined by the services the patient has chosen. If collaborating with an SATC (such as ACT or Thunder Bay SADV), that program may cover the cost of the medication. NIHB also covers. Consult with nearby SATC if you or the ordering provider are unsure of how to get this medication for a patient. Where is PEP coming from?________ PEP Medications Used________		
Other medications	Consider medications for pain relief and management of nausea. Record medication, amount, dosing frequency and amount dispensed below.		

Nurse's Signature and Designation ____________________ **Initials** ________

[illegible]

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms or numbered order in the patient's health file.

Injury Documentation			
Physical exam done	☐ No ☐ Yes		
If no physical exam done, please explain why: ☐ performed prior to disclosure of assault ☐ patient prefers to defer to another time ☐ patients declines eg time constraints, fatigue etc ☐ to be completed by receiving facility ☐ other			
If no SAEK done, record physical injuries on the body diagrams with location and injury type.			
Injuries observed?	☐ No ☐ Yes	Body maps used? (Use only if no SAEK done)	☐ No ☐ Yes
Additional body maps added to chart?	☐ No ☐ Yes	Photographs of injuries by police? This may be helpful if patient has visible injuries that are difficult to document. Patient must consent to police involvement for this to occur.	☐ No ☐ Yes
Additional Nursing Notes:			
Signature/Designation			

Nurse's Signature and Designation _____ **Initials** _____

SATC Sexual Assault Treatment Centre including Thunder Bay SATC, ACT, Sioux Bay area SATC, Kenora SATC etc.

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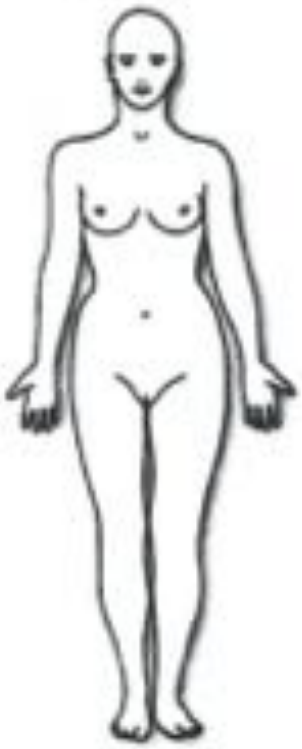
Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness and alternate light source findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasions/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF INJURIES: FEMALE: FRONT AND BACK

Body – Front



Body – Back

☐ No visible physical injuries noted ☐ Photographs Taken by police ☐ SAEK diagrams used
☐ Area not examined
☐ Not applicable, male body diagram used

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre (excluding Thunder Bay SASH, SATE, Sioux Lookout SASH, Kenora SASH, etc.)

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness and alternate light source findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incised/Cut; Penetrating injury; Bite/Bitten; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF INJURIES: FEMALE BODY PROFILE

Body – Profile Right

Body – Profile Left

☐ No visible physical injuries noted ☐ Photographs Taken by police ☐ BASK diagrams used
☐ Area not examined

Nurse's Signature and Designation _____ **Initials** _____

BASK: Sexual Assault Evidence Kit (also including Thunder Bay SASK, ACT, Anishnawbe Mushkiki SASK, Kenora SASK etc)

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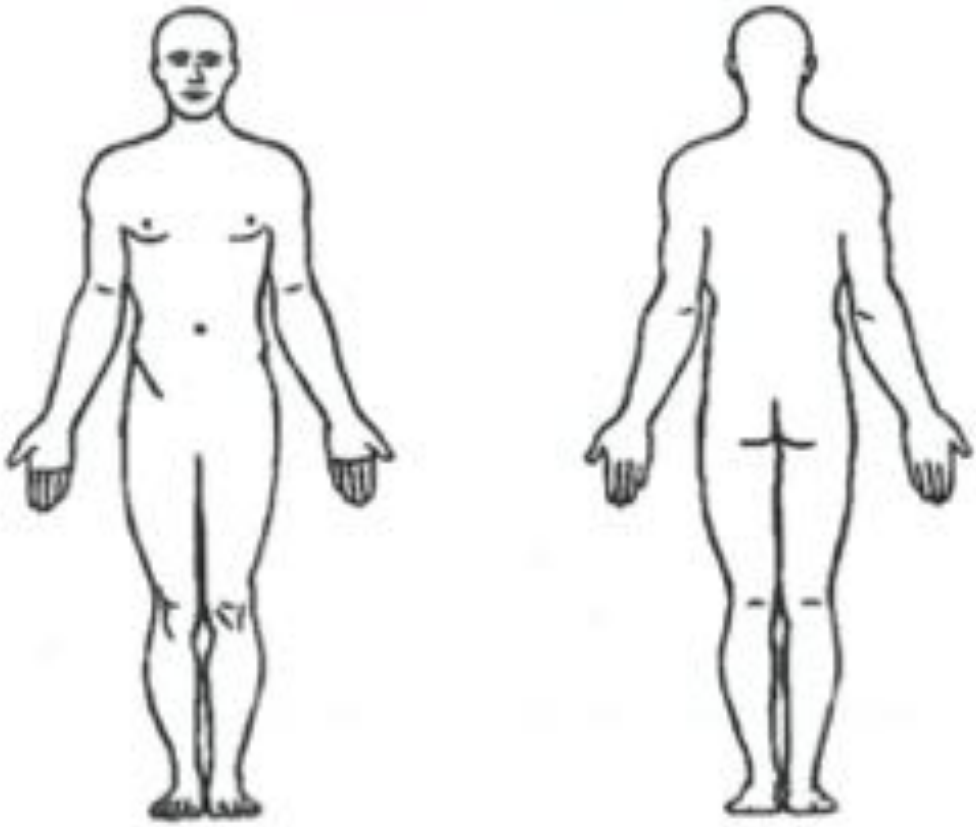
Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness
Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise, Laceration/Tear, Abrasion/Scratch, Incision/Cut, Penetrating Injury, Symmetry, Tenderness, Instability, Redness, Swelling.

DESCRIPTION OF INJURIES: MALE: FRONT AND BACK



☐ No visible physical injuries noted ☐ SAEK diagrams used ☐ Area not examined
☐ Not applicable: female body diagram use

Nurse's Signature and Designation _____ **Initials** _____

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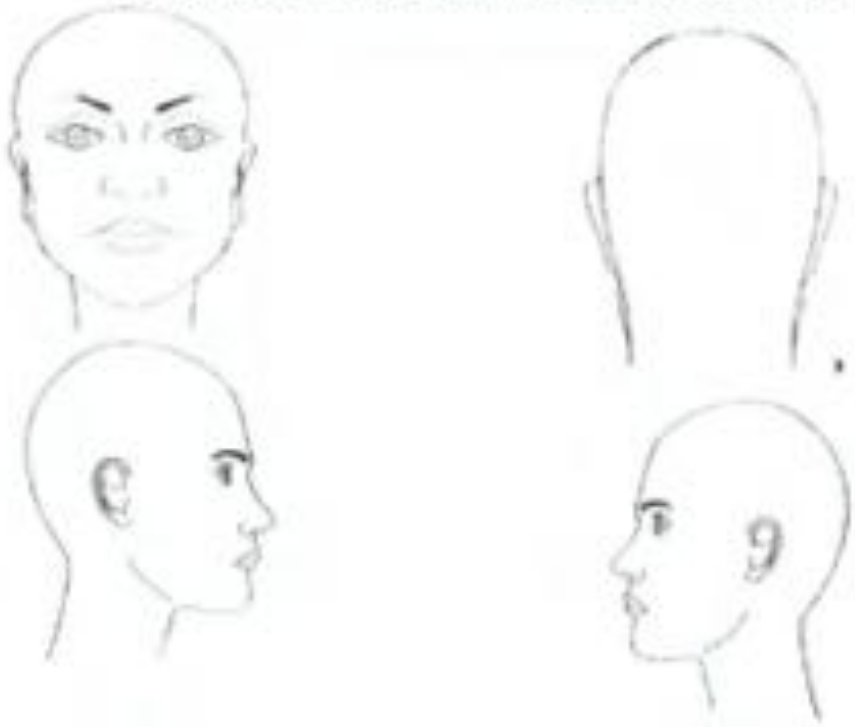
Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness.
Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF FACIAL INJURIES FOR BOTH MALE AND FEMALE



☐ No visible physical injuries noted ☐ Photographs Taken by police ☐ SAEK diagrams used
☐ Areas not examined

Nurse's Signature and Designation _____ **Initials** _____

SANE forensic examiner Providers (Thunder Bay SAEK, ACT, Sioux Lookout SAEP, Kenora SAEP, etc)

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First Nations Inuit Health Branch – Ontario Region

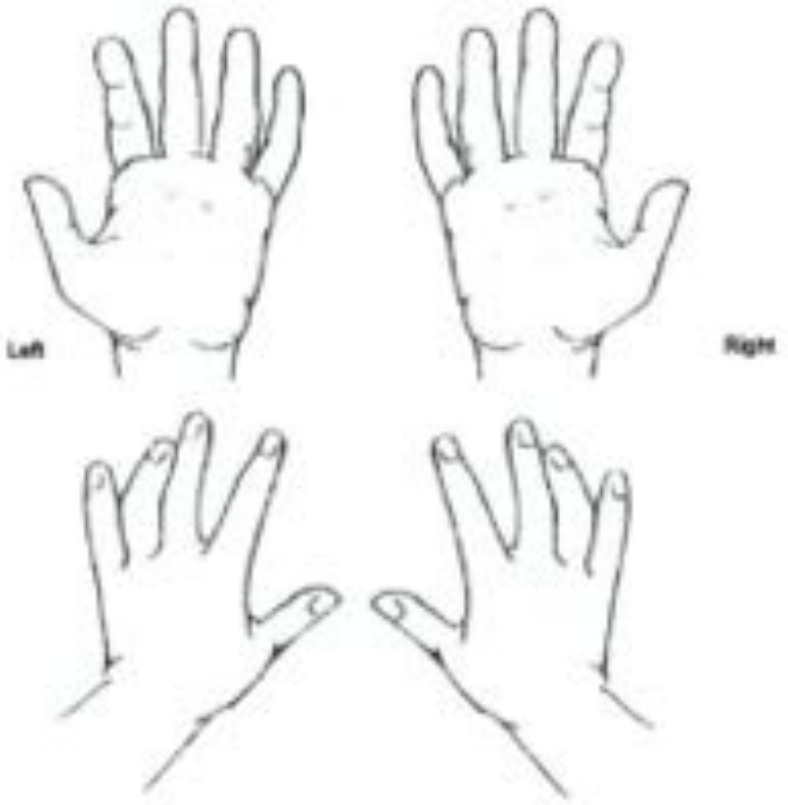
Adult Sexual Assault Assessment and Documentation Tool

Page 1 of 1

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness.
Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF HAND INJURIES FOR BOTH MALE AND FEMALE



☐ No visible physical injuries noted ☐ Photographs Taken by police ☐ SAEK diagrams used
☐ Areas not examined

Nurse's Signature and Designation _____ **Initials** _____

SANE: Sexual Assault Treatment Centre including Thunder Bay SAEK, SCT, Jason Bay area SAEK, Kenora SAEK etc.

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First Nations Inuit Health Branch – Ontario Region

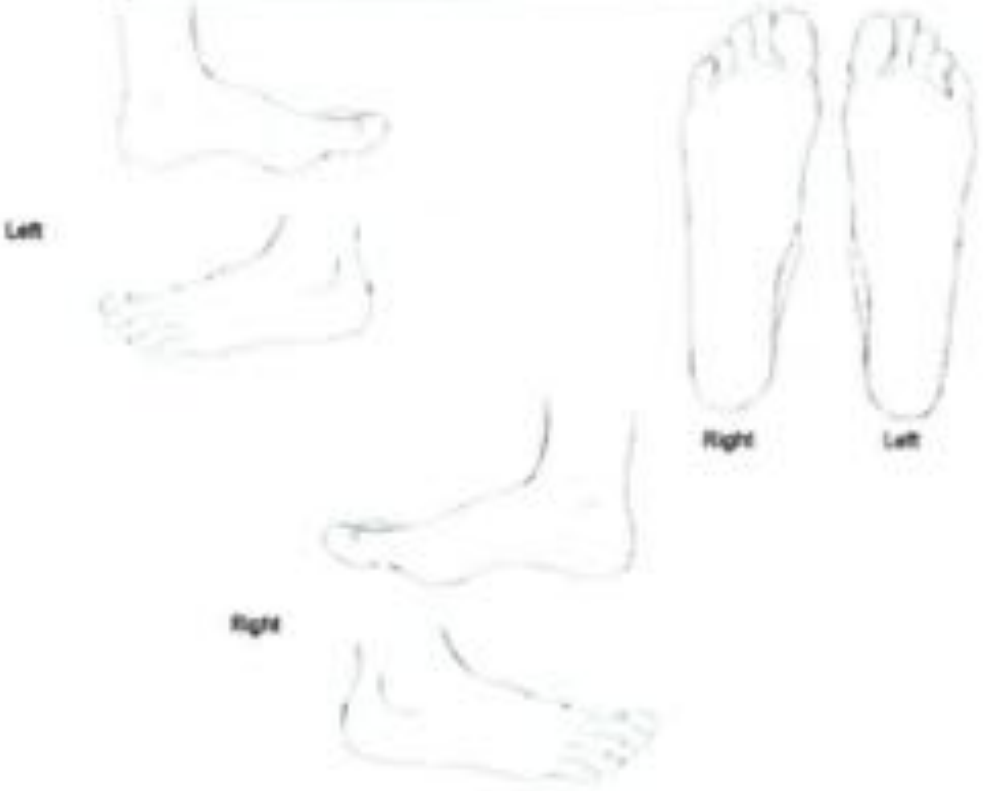
Adult Sexual Assault Assessment and Documentation Tool

Page 1 of 2

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Bilateral; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF FOOT INJURIES: FOR BOTH MALE AND FEMALE



☐ No visible physical injuries noted ☐ Photographs Taken by police ☐ BABK diagrams used
☐ Area not examined

Nurse's Signature and Designation _____ **Initials** _____

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First Nations Inuit Health Branch – Ontario Region

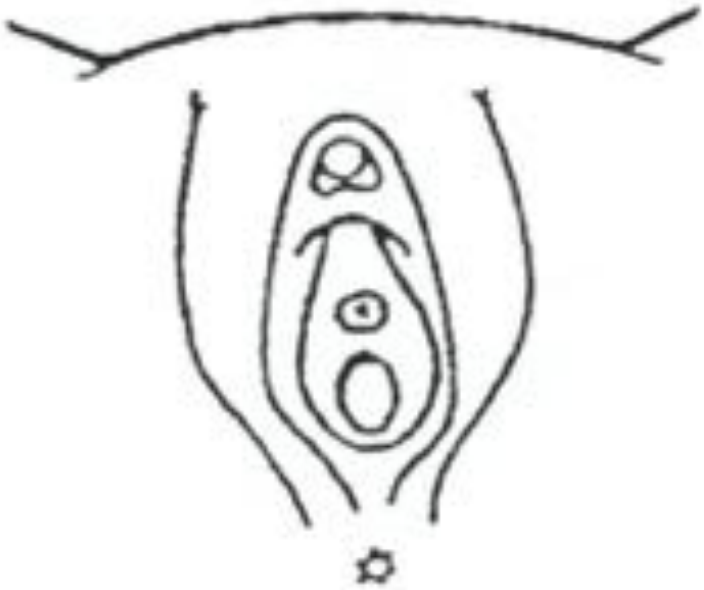
Adult Sexual Assault Assessment and Documentation Tool

Page 1/3

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness.
Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling.

DESCRIPTION OF GENITALIA INJURIES: FEMALE



☐ No visible physical injuries noted ☐ SAEK diagrams used ☐ Area not examined
☐ Not applicable, male body diagram used

Nurse's Signature and Designation _____ **Initials** _____

SAEK: Sexual Assault Evidence Collection Thunder Bay SAEK; SATE Sioux Lookout SAEK; Kenora SAEK etc

First Nations Inuit Health Branch – Ontario Region

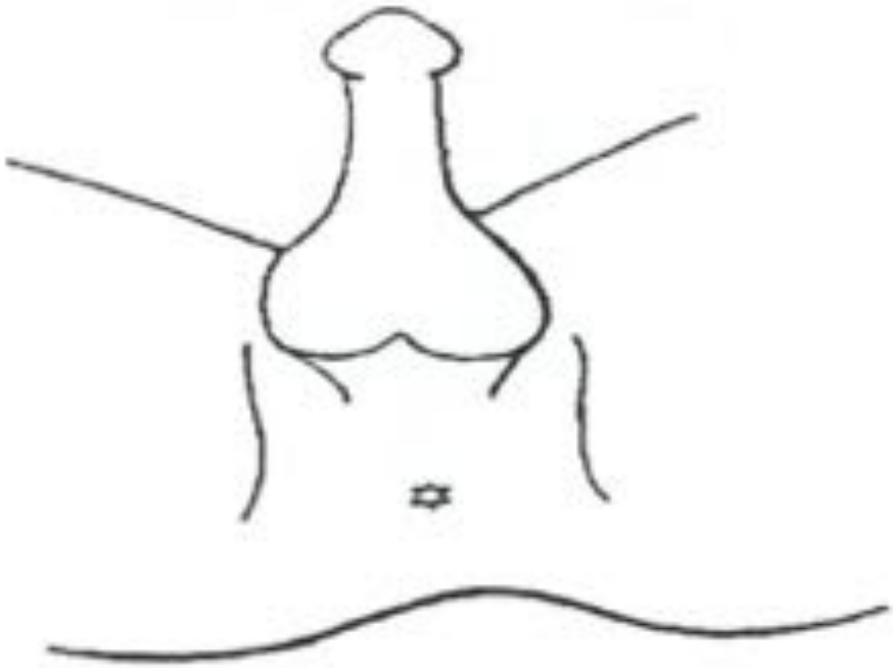
Adult Sexual Assault Assessment and Documentation Tool

Page 13

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Place all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness.
Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling

DESCRIPTION OF GENITALIA INJURIES: MALE



☐ No visible physical injuries noted ☐ SAEK diagrams used ☐ Area not examined
☐ Not applicable, female body diagram used

Nurse's Signature and Designation _____ **Initials** _____

SANE forensic assault treatment centre including Thunder Bay SAFE, ACT, Jason Hay area SAFE, Sioux Lookout SAFE etc

Dec 2017 Page 14 of 17

First Nations Inuit Health Branch – Ontario Region

Adult Sexual Assault Assessment and Documentation Tool

Page 15

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

DISCHARGE INFORMATION – you may give a copy of this sheet directly to patient if they wish, otherwise ensure all appointment information and phone numbers are provided.

If patient requires further immunizations, when are they due: _____
Give appointment card to patient with next immunization appointment date

If patient requires further communicable disease testing (ie: HIV and Hep C at 3 and 6 months, gonorrhea/chlamydia test of cure in 4 weeks) when are these due: _____
Give patient appointment card with next testing appointment date

If PEP given, how/when will patient receive subsequent doses?_____

If SANK has been completed has it been picked up by police? ☐ Yes ☐ No ☐ Not applicable
If SANK has been completed for later pickup, is it stored appropriately in a secure (locked) area of the clinic and with refrigerated and frozen components properly stored ? ☐ Yes ☐ No ☐ Not applicable

Recommended Follow-up:
☐ Physician/NP (if a strangulation or head injury even has occurred, the patient is advised to follow up at 1-2 weeks and 1 month)
☐ CHN
☐ SATC (ie Thunder Bay SADV, Mens-Ya Win ACT)
☐ Mental Health Service _____

Have appointments been made with these services? ☐ Yes ☐ No
If yes when and with who: _____
If no, who is responsible for making follow-up appointments? _____
If patient is to make own appointment, do they have all required contact information? ☐ Yes ☐ No
_____

Patient agrees to Follow-up phone call by CHN at 5-7 days ☐ Yes ☐ No
If no, does patient prefer to call: ☐ Yes ☐ No
Phone number: _____ **Is it ok to leave a message?** ☐ Yes ☐ No
Alternate phone number: _____
Other means of contact acceptable to patient? _____

Written information provided:
☐ Strangulation What you Need To Know Sheet
☐ Helpers in Your Community Phone Number Sheet
☐ Head Injury General Information Sheet
☐ Women's Shelter Number/Pamphlet Name/Number: _____
☐ Crisis line - Assaulted Women's Helpline /Talk 4 Healing/Good 2 Talk/ Kids Help Phone Line
Number: _____
☐ Other: _____

Education
☐ Safety issues discussed
☐ Discussed information re: the police and justice system
☐ Reviewed coping strategies and importance of self care
☐ Reviewed Signs & Symptoms of Post Traumatic Stress Disorder (PTSD)
☐ Identified client supports (are they available on discharge?) _____

Discharge Plan Discharged at _____ [Time] To _____[Place]
Transportation ☐ Family/Friend ☐ own ☐ police ☐ taxi ☐ other

or

Transferred care to Ornge/EMS at _____ [Time]
Accompanied by ☐ Family/Friend ☐ self ☐ police ☐ agency worker ☐ other

Nurse's Signature and Designation _____ **Initials** _____
SATC: Sexual Assault Treatment Centre (including Thunder Bay SADV, NYE, Asian Bay area SADV, Kinoro SADV etc

First Nations Inuit Health Branch – Ontario Region

Adult Sexual Assault Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Appendix A: Determining Risk of Hepatitis B.

This form must be completed for every patient that has been sexually assaulted

Hepatitis B Risk and Immunization Protocol			
Determine Patient's Vaccine Status and follow Ontario Publicly Funded Immunization Schedule Obtain MOHP Order For Bloodwork and to give Hepatitis B Immune Globulin (HBIG)			
Vaccination and antibody response status of victim	TREATMENT		
	SOURCE	SOURCE	SOURCE
	(+) Hepatitis B (Acute/Chronic)	(-) Hepatitis B	Unknown or not available for testing
☐Unvaccinated	**Acute**-HBIG x 1 and initiate HB vaccine series **Chronic** – initiate HB vaccine series (CDC guideline)	Initiate HB vaccine series	-Initiate Hep B vaccine series if source is low risk. -If source is known high risk then treat as if source is (+) Hepatitis B
☐Previously Vaccinated			
☐a) Known Responder	NO TREATMENT	NO TREATMENT	NO TREATMENT
☐b) Known Non-Responder [2]	HBIG x 1 and initiate revaccination or HBIG x 2 [3]	-No treatment if received two series of vaccination. -Initiate revaccination series if only received one series	If source is known high risk, treat as if source is (+) Hepatitis B
☐c) Antibody response unknown	Test exposed person for Anti-HBS	NO TREATMENT	Test exposed person for Anti-HBS
	(1) If adequate[1], no treatment needed (2) If inadequate[2], administer HBIG and vaccine booster		(1) If adequate[1], no treatment. (2) If inadequate[2] administer vaccine booster and recheck titer in one to two months

1. A responder is a person with adequate levels of serum antibody to HBsAg (i.e. anti-HBs ≥ 10miu/ml)
2. A non-responder is a person with inadequate levels of serum antibody t HBsAg (i.e. anti-HBs < 10miu/ml)
3. The option of giving one dose of HBig and reinstating the vaccine series is preferred for non-responders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to response, two doses of HBig are preferred

Nurse's Signature and Designation _____ **Initials** _____

[illegible] Dec 2017 Page 16 of 17

First Nations Inuit Health Branch – Ontario Region

Adult Sexual Assault Assessment and Documentation Tool

Page 1 of 17

Guidelines: To be completed by Community Health Nurse for patients that have been sexually assaulted. Retain all forms in numbered order in the patient's health file.

Appendix B: HIV Risk Assessment

This form must be completed for every patient that has been sexually assaulted

HIV Risk Assessment for PEP – consult with collaborating SATC for further assistance		
• NO Penetration • NO contact with assailant's body Fluid	No Risk	Do Not Offer HIV PEP
• ANAL, VAGINAL or ORAL Penetration (suspected, partial, or completed) • Contact with assailants body fluid (such as blood or ejaculate via mucous membrane, non-intact skin or IM6) • Unknown exposure (such as in DFSA)	At Risk	Offer HIV PEP

HIV Risk Assessment Documentation	Yes	No
Time lapsed since assault ≤ 72 hours? IF > 72 hours since assault - DO NOT OFFER HIV PEP. Recommend baseline HIV test		
Patient at No Risk of HIV • Counselled on asymptomatic nature need for PEP/no need for testing/no need for follow-up ==> STOP		
Patient at Risk of HIV • Counselled on HIV risk, HIV PEP, follow-up needed • Health history taken - Any health and/or drug contraindications to PEP identified? • Determined if patient is pregnant. Pregnant? – MD to consult Infectious Disease Specialist • HIV PEP Offered If not offered/ available why: _____ • HIV PEP accepted If not accepted indicate why: _____		
Patient at-risk who declines HIV PEP • Received HIV follow-up information • Counselled on precautions to prevent HIV transmission to sexual partner(s) • Recommended taking baseline blood sample (for storage, or testing at Initial Visit) • Recommended HIV testing at 4-6 weeks, 3 months, and 6 months post-assault		
Patient at-risk who accepts HIV PEP • Dispensed starter kit and ensure NEW/PSATC places order for continuing therapy • Drug Regime_____ Comments_____ _____ _____ • IF patient is < 12 years of age and < 50 kg Consulted MD to determine drug dosages • Review Client Information Booklet: medication info; follow-up process • Obtained blood for HIV PEP bloodwork (CBC, electrolytes, blood sugar, creatinine,AST, ALT, ALP, bilirubin, CK, amylase), STAT serum beta-HCG (for women) • Obtained urine for urinalysis • Obtained blood for baseline HIV test OR Counselled re: HIV testing at following visit • Scheduled 1st Follow-up appointment (2-4 days after Initial Visit) • Recommended HIV testing at 4-6 weeks, 3 months, and 6 months post-assault • Counselled on precautions to prevent HIV transmission to sexual partner(s)		

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre (including Sexual Assault Nurse Examiner (SANE), Adult Sexual Assault Nurse Examiner (ASANE), Forensic Nurse Examiner (FNE) etc.

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First Nations Inuit Health Branch – Ontario Region

Suspected Drug Facilitated Sexual Assault Checklist

Guidelines:
1. To be completed if as Appendix to Adult Sexual Assault Documentation Form
2. Areas with a check box require a check mark (check all that apply)

Date:_____ Time_____

1. Why does the patient suspect drugging? (check all that patient experienced/is experiencing).

- ☐ Amnesia Hangover inconsistent with alcohol/drugs consumed
- ☐ Confusion Impaired judgment
- ☐ Conscious paralysis Impaired motor skills
- ☐ Delirium/Hallucinated Impaired vision
- ☐ Disinhibition/Loss of consciousness – How long? _____
- ☐ Dizziness Nausea/Vomiting
- ☐ Drowsiness Slurred speech
- ☐ Other: _____

2. Suspected involuntary drug ingestion-Date: _____ Time: _____

3. Why does the client suspect sexual assault?

- ☐ Reported by witness to have been seen in compromised circumstances
- ☐ Feeling that sexual acts occurred
- ☐ Clothing altered
- ☐ Body injuries
- ☐ Genital injuries
- ☐ Body fluids/foreign material
- ☐ Other

4. Within the last 72 hours did the client voluntarily consume alcohol?

☐ Yes ☐ No
If Yes Date: _____ Time: _____
Type /Amount_____

5. Within the last 72 hours did the client voluntarily consume any street drugs/over the counter drugs/prescription medications or has marijuana been used within the last 7 days?

☐ Yes ☐ No
If Yes Date: _____ Time: _____
Type /Amount_____

6. Diagnostic Testing

Urine drug-tested in the community? ☐ Yes ☐ No
Results_____
Urine sent for drug testing? ☐ Yes ☐ No
Urine for Sexual Assault Evidence Kit (SAEK) collected ☐ Yes ☐ No
Blood for toxicology for SAEK collected: ☐ Yes ☐ No

Continue on Adult Sexual Assault Documentation Form

Nurse's Signature and Designation _____ Initials _____

Dec 2017 Page 1 of 1

First Nations Inuit Health Branch – Ontario Region

Strangulation Checklist

Guidelines:
1. To be completed if patient indicates they were strangled or choked
2. Areas with a 'box' require a check mark (check all that apply)

Place Patient Label or write identifying info here

Date: _____ Time: _____

☐ Strangulation suspected/unknown Comments: _____

METHOD AND/OR MANNER OF STRANGULATION:

How was victim strangled?

☐ One hand ☐ Right hand ☐ Left hand ☐ Two hands ☐ Knee ☐ Foot ☐ Right Forearm
☐ Left Forearm ☐ Uncertain ☐ Ligature (Describe) _____
☐ Strangled from in front ☐ Strangled from behind

Length of time of strangulation: _____ ☐ Victim unable to remember / estimate length of time

Was the victim also smothered? ☐ Yes ☐ No

From 1 to 10, how hard was the suspect's grip? (Soft) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (Hard)

Multiple attempts? ☐ Yes ☐ No Multiple methods? ☐ Yes ☐ No

Was the victim shaken during strangulation? ☐ Yes ☐ No

Was the victim strangled in a manner in which their feet were not touching the ground? ☐ Yes ☐ No

Was the victim's head struck or hit against a wall, floor or ground? ☐ Yes ☐ No

Describe _____

What did the suspect say to the victim during strangulation?

_____

What did the victim think was going to happen?

_____

How or why did the suspect stop strangling the victim?

_____

Any previous strangulation attempts by the same perpetrator? ☐ Yes ☐ No

If yes, when did the incident(s) occur? _____

_____

Is the patient pregnant? ☐ *Yes ☐ No
If yes is physician/NP aware? ☐ Yes
If over 20 weeks, does physician/NP want patient sent out for obstetrical assessment? ☐ Yes ☐ No
Is the patient experiencing any cramping or vaginal bleeding? ☐ Yes ☐ No

Describe _____

Nurse's Signature and Designation _____ **Initials** _____

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First Nations Inuit Health Branch – Ontario Region

Strangulation Checklist

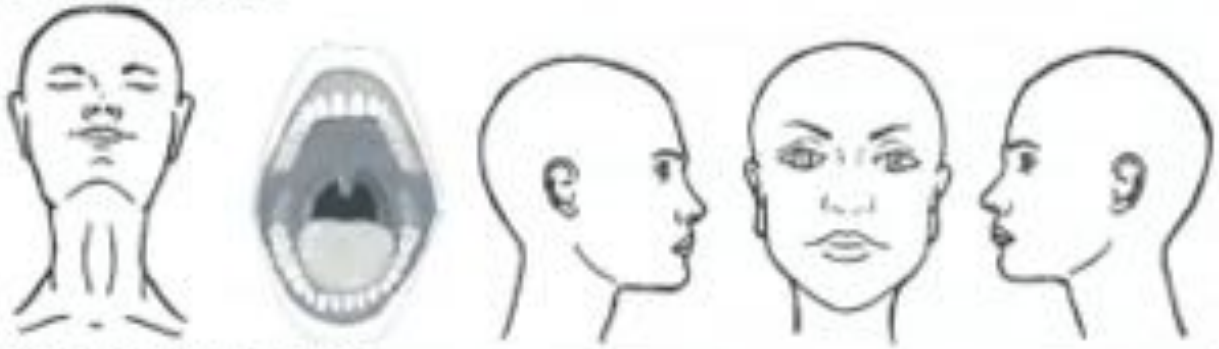
Guidelines:
1. To be completed if patient indicates they were strangled or choked
2. Areas with a "box" require a check mark (check all that apply)

Nursing Assessment: (* indicates more serious findings)

- ☐ * Neck pain
- ☐ * Bruising to neck ☐ * Abrasions to neck
- ☐ * Red Spots / Petechia
- ☐ * Neck swelling
- ☐ * Subcutaneous emphysema
- ☐ * Difficulty breathing
- ☐ * Stridor
- ☐ * Voice changes (raspy, hoarse, unable to speak)
- ☐ Coughing
- ☐ Sore throat
- ☐ * Difficulty /pain with swallowing
- ☐ Nausea ☐ Vomiting
- ☐ * Loss of control of bladder
- ☐ * loss of control of bowels
- ☐ * Fainting or loss of consciousness
- ☐ Lightheaded ☐ Dizziness
- ☐ * Subconjunctival haemorrhage ____Right ____Left
- ☐ * Vision changes Comment:_____
- ☐ Headache
- ☐ Tinnitus
- ☐ * Weakness or numbness of extremities

Comment:_____

- ☐ Loss of memory
- ☐ Mental status change
- ☐ Anxiety



For suspected head injury, assess:

☐hemotympanum ☐raccoon' eyes ☐Battle's Sign (bruising behind ears) ☐vomiting ≥ 2 episodes
☐amnesia of ≥ 30 minutes for pre event time period ☐fall from ≥3 feet or 5 stairs ☐age ≥65

DOCUMENT ALL INJURIES ON BODY MAPS ☐ No injuries observed

Description of strangulation injuries _____

_____

_____

Physician/NP Notified of findings ☐ Yes Physician/NP Name _____
Sent out for further assessment/testing? ☐No ☐Yes, Schedevac ☐Yes, Medevac
Other
Comments_____

_____

_____

Nurse's Signature and Designation _____ **Initials** _____

Dec 2017 Page 2 of 2

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label or Write Identifying Data if Label Not Available

- *The purpose of a safety plan is to help an abused person and their loved ones stay safe from abuse.*
- *Fill in the blanks with the information that applies to you*
- *Use the "To Do" Lists in this plan*
- *The nurse, mental health worker, or any person you trust can help you complete this plan.*

Things that usually trigger abuse or happen before my abuser hurts me:_____
_____
_____

This is the safest way to enter or leave my home:_____
_____

If I can't leave my home I can go to these rooms if I am in danger:_____
_____

If I need to call for help, telephones are located in these places: _____
_____

Safe places to go close by:_____

A place I can stay overnight: _____

A code word I can use to tell my friends/family I am in trouble_____
What is the plan if I call a friend/family member and tell them my code word? _____
_____

Make sure you discuss the code word and plan with your trusted family/friends

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
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Numbers I Can Call for Help

People I can call for help:	
Name	**Number**

Organizations I can call for help		
Name	**Number**	**Website**
Police		
Health Centre		
Talk 4 Healing	1-855-554-4325	www.talk4healing.com
Mental Health Counsellor Name_____		
Closest Shelter Name_____ Place_____		

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy to retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label or other identifying [illegible]

To Do

☐ Hide originals of important documents in a safety deposit box or with someone you trust (health card, status card, banking papers, court orders).

☐ Keep copies of all court orders like a restraining order, peace bond, or access order with you at all times.

☐ Practice getting my emergency bag and leaving my home (See the last page of this checklist for things to pack).

☐ Add telephone numbers to my cell phone for support people I can call. I can use a fake contact name if I don't want anyone to know I may contact a shelter.

☐ Memorize important phone numbers.

☐ Tell family my code word for when I need help and practice my plan.

Other Things I can do if I DO NOT live with my abuser

☐ Change the locks on my home if the abuser might have a key.

☐ Add extra security, such as window bars or more locks.

☐ Let someone know when I am leaving my house and when I get home safely.

☐ Tell family, friends and employers not to share my contact information or tell anyone where I am.

☐ If there is no reason for my abuser to come to my home (such as picking up or dropping off kids) tell my neighbours to call me when they see my abuser.

☐ Have someone with me for when my abuser must come to the house, such as picking up or dropping off children.

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Keeping Children Safe

(complete only if you have children)

My child's code word to leave the home or to call for help is:_____

This is the safest way for my child to enter or leave the home: _____

A safe place that my child can go: _____

If my child can't leave the home, they can go to these rooms if they are in danger:_____
_____

People my child can call for help if they don't feel safe	
Name	Number

To Do

☐ Tell the school/daycare etc who is allowed to pick up my child. Give them a copy of the court orders

☐ Tell the school/daycare etc not to share my contact info with anyone.

Depending on my child's age and situation, I can:

☐Teach them a code word for when they need help

☐Teach them my code word for when I need help, and what I want them to do

☐Teach them how to call the police

☐Tell them who is allowed ot pick them up from school/daycare

☐Tell them if I want them to answer the door or pick up the phone

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label in this box

Staying Safe at Work

Who can I tell about my abusive situation: _____

This is the safest way to go to and leave my work: _____

_____

Where can I go if my abuser comes to my work: _____

How to contact security or my coworkers if I feel unsafe: _____

_____

To Do

☐Practice the safest way to get to and leave work

☐Avoid stairwells and other quiet area when I am alone

☐Ask someone to walk with me to work or to my car

☐Ask my employer/coworkers not to share my contact information or tell my abuser where I am

☐Ask someone to screen my calls at work

☐Show my coworkers a photo of my abuser if they don't know who they are

☐Other: _____

_____

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Staying safe online and when using my phone

To Do

□Change passwords to online bank accounts, emails etc that my abuser knows or can easily figure out (www.lukesplace.ca/resources/keep-safe-online).

□Make my facebook or other social media accounts private, or delete these accounts and make new accounts.

□Limit what I share on social media

□ Not share my location on social media and ask others to do the same

□Turn off or disable the GPS function on my cell phone or tablet.

□Block my abusers phone number

□Not accept calls from private or blocked numbers

□Set an anonymous voicemail message or have someone set it for me

□I will learn how to delete my browsing history.

□I will learn how to delete my internet cookies.

□If I live with my abuser I will use a computer at _____ instead of at home.

□Other: _____

_____

□Other: _____

_____

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label or Write Identifying Data in Chart (if not copy only - do not label patient's copy)

Staying Safe in Public

To Do

☐Have my cell phone and charger with me at all times

☐Ask someone to come with me

☐If I have to be somewhere alone call _____ when I leave or arrive safely

☐If I use public transit, sit near the driver or the emergency alarm

☐Call one of these taxi phone numbers if I feel unsafe taking public transit

_____

_____

_____

☐Avoid places where my abuser might be such as: _____

_____

_____

☐Change my routines that might make it easy for my abuser to find me

☐Learn the exits of the places I normally visit

☐Learn the addresses for police stations nearby

☐Other: _____

_____

☐Other: _____

_____

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label or Write Identifying Data if Label Not Available. Do Not Write on Protective Backing

Staying Safe in My Car

□Have my cell phone and charger with me at all times

□Call someone when I leave or arrive safely

□Check the back seat before getting into my car

□Check if there is a GPS tracking device on my car

□Check if my car's navigation system tracks where I go and if I can delete that history

□Have someone walk me to my car

□Keep my keys in my hand when going to my car

□Make sure my gas tank is full

□Know different routes to get to home, work, or other places I normally go

□If taking a long journey or an isolated route (ie winter road) bring someone with you.

□If my abuser is following me I can drive to_____

_____

_____

□Other: _____

_____

□Other: _____

_____

First Nations Inuit Health Branch – Ontario Region

Safety Planning Tool

Guidelines:

1. Complete for patients that report intimate partner violence
2. A copy is retained in the chart and the patient takes a copy if safe to do so
3. The patient may also give a copy to a trusted friend or family member

Place Patient Label or Write Identifying Data in Space Provided Below While Ensuring Patient's Safety

My Emergency Bag Checklist

Use this checklist to help you pack a bag in case you need to leave your home in a hurry.

Keep this bag somewhere safe in your home or with a trusted friend or family member. You should leave immediately if you have safety concerns. Only get your bag if you are able to do so safely.

☐ Copies or photographs of important items

- Birth certificates for you and your children
- Marriage certificate
- Immigration papers
- passports
- Work permits
- Banking books and records
- Mortgage or lease documents for home and car
- car registration
- Medical records
- Insurance
- Copies of court documents
- status card

☐Extra sets of keys that I need, like car, home and work keys

☐Medications and prescriptions

☐Change of clothes

☐Special items like family photos or important jewellery

☐Children's important items such as medications and prescriptions, vaccination records, special toys and a change of clothes

☐Other: _____

Keep my wallet and purse in a spot where I can get them quickly. Make sure I have my:

- Credit cards
- Debit Cards
- Status Card
- Health card
- Drivers License
- Some cash
- Social insurance number (SIN)
- Cell phone and charger
- Cheque book

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

Page [illegible]

Guidelines: To be completed by Community Health Nurse for patients Triaged for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Confidentiality Agreement

The information you provide to us is private. Your information is discussed only in relation to your medical and psychological needs with those persons involved in your medical care which could include the community health nurse, the nurse practitioner, and the physician. We must ask for your written consent before releasing information to persons not directly involved in your care such as the police or community resources such as a counselling centre.

There are exceptions to confidentiality where information may be given without your consent. These include:

1. Cases of suspected child abuse or neglect which must be reported to the appropriate child welfare agency. This includes a domestic violence situation where there is a child residing in the same home.
2. Reasonable belief that informing is necessary to prevent a risk of death or serious injury.
3. A subpoena, summons or warrant is served by the court. If a police investigation is initiated, any documentation and evidence collection related to the visit can be subject to a warrant.
4. When you disclose suicidal ideation or a suicide attempt.

Confidentiality Clause Reviewed: ☐ No ☐ Yes

As Intimate Partner Violence requires 1:1 nursing attention, please ensure that you do not see or speak with any other patients until you have finished caring for this client. If required, have second nurse take all calls during this time.

If your patient has significant injuries or requires immediate medical care, please initiate transfer prior to beginning this documentation tool. Initiate medical care such as pain relief, wound care etc prior to starting form.

Administrative Information

Date:	**Time:**
Name of Attending CHN:	
Name of Any Supporting CHNs:	

Patient Referred by:	☐ self	☐ family/friend	☐ police	☐ other_____
Accompanied by:	☐ alone	☐ family/friend		☐ other _____

Is Assailant with Patient? Y_N_ If so ask partner/assailant to wait outside the room in a designated waiting area.

Police Involved: ☐ No ☐ Yes	Occurrence number _____	Officer's Name_____

Police Service : ☐ Anishinabek Police Service ☐ Nishnawbe-Aski Police Service ☐ Ontario Provincial Police ☐ Thunder Bay City Police ☐ Other_____

Reminder: If the patient chooses police involvement and police are present, they should be outside the room during the CHN's history and examination. They may do their own interview of the patient before or after the CHN's assessment.

Support Services/Person offered?	☐ Declined ☐ Accepted	Name of Agency/Individual _____
Interpreter called:	☐ NA ☐ Yes	Name/Agency

Child Protection Involved: ☐ No ☐ Yes **Worker name:**_____

Sexual Assault/Domestic Violence Centre Consulted? ☐ Yes ☐ No **Time:**_____
☐ ACT Team ☐ Thunder Bay SADV ☐ Other_____
Name of Consultant:_____
Reason for consult and advice: _____
_____
_____
_____

Nurse's Signature and Designation:_____ **Initials** _____

SASC: Sexual Assault Treatment Centre including Thunder Bay SADV, ACT. Dec 2017 Page 1 of 24
Abbreviations: SADV: Sexual Assault DV.

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence Assessment and Documentation Tool

Page [illegible]

Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Physician or NP Consult: (mandatory) ☐ Yes
Provide physician/NP with a copy of this documentation tool. You may wish to complete the health history and assault history sections and consult SATC prior to consulting the physician/NP.
Name of consultant: _____ **Time of Consult:** _____
Reason for consult and orders: _____

Relevant Health History – inform the patient that this information is necessary for performing a thorough assessment	
Allergies	☐No ☐Yes Describe:
Immunizations	☐ None ☐ Current/up to date (including Hep B series) If immunizations not up to date offer all missing immunizations. If Hep B not up to date patient should be offered Hep B Immune Globulin – discuss with Sexual Assault Treatment Centre or Consulting MD/NP.
Medical history	☐ diabetes ☐ kidney disease ☐ lung disease ☐ asthma ☐ epilepsy ☐ hepatitis ☐ liver disease ☐ Other_____ Comments:
Medications	include prescription, non-prescription, over the counter, recreational, herbal
Physical disability	☐ No ☐ Yes Describe:
Developmental Disability	☐ No ☐ Yes Describe:
Relevant Hospitalizations (with dates if known)	
Surgery:	☐ Hysterectomy ☐ Tubal ligation ☐ Other:
Last menstrual period: _____	**Cycle:** ☐ Regular ☐ Irregular **Cycle length:** _____
Is the patient	**Pregnant?** ☐ No ☐ Yes **Due Date:** _____ **Breast feeding?** ☐ No ☐ Yes
Sexually active: ☐ No ☐ Yes	**Previous pelvic exam:** ☐ No ☐ Yes
Contraception: ☐ No ☐ Yes	**Method:** _____
Date of last consensual intercourse: _____	**Condom used:** ☐ No ☐ Yes

Inform the patient that this information is required to determine risk of pregnancy, STIs and to guide evidence collection if SAEK being performed.

Nurse's Signature and Designation _____ **Initials** _____

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Trained for intimate partner violence. Retain all forms as numbered order in the patient's health file.

Current Assault History

Date of assault:	**Time of assault:**

Location: (check all that apply)
☐ Patient's home ☐ Assailant's home ☐ Friend's home ☐ Relative's home ☐ Vehicle
☐ Outside ☐ Other _____ Address: _____ (If known)

Relationship to Victim: ☐ Spouse ☐ Common Law Partner ☐ Same gender couple
☐ Girlfriend ☐ Boyfriend ☐ Ex-Spouse ☐ Ex-Common Law Partner
☐ Divorced ☐ Separated (includes common law or dating relationships)

How long have you been a couple? _____ Days/Months/Years (please circle)

Has there been a recent separation or change in the relationship? ☐ No ☐ Yes
Describe:

Does the person who assaulted you presently reside in the home? ☐ No ☐ Yes
If No, where?

Information Pertaining To Children

Do you have biological children with your partner? Ages?	☐ No ☐ Yes
Do you or your partner have children from another relationship? Ages? Where do they reside?	☐ No ☐ Yes
Do you have children living in the home under the age of 16 years? If yes, ensure Child and Family Services is notified	☐ No ☐ Yes
Is there access between your partner and the children? Comment:	☐ No ☐ Yes
Is there a recent change in that contact/access between your partner and the children? Comment:	☐ No ☐ Yes
Has your partner ever threatened to remove children from your care? Comment:	☐ No ☐ Yes
Have your children ever been assaulted, and/or have they experienced emotional or sexual abuse by your partner? Comment:	☐ No ☐ Yes
Have your children ever witnessed abuse? Comment:	☐ No ☐ Yes

Nurse's Signature and Designation _____ Initials _____

SATC: Sexual Assault Treatment Centre (including Thunder Bay SADV, aCT).
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Eastern Bay area SADV, Kenora SADV etc.

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Triaged for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Nature of present assault: (as reported by patient)

☐ Pushing ☐ Punching ☐ Slapping ☐ Kicking ☐ Biting ☐ Cutting ☐ Burning ☐ Hair pulling
☐ Objects thrown ☐ Strangulation (Complete Strangulation Checklist)
☐ Sexual Assault (Complete Nursing Documentation Form for Sexual Assault: Often SANEK)
☐ Restraining (method) _____ ☐ Other: _____
☐ Verbal threats(describe)

What is bothering you the most right now? _____
_____

Alcohol/Drugs Consumed by Patient: ☐ No ☐ Yes When: _____
What/How much

Describe any physical or mental impairment experienced prior to, during, or after the assault. When were these symptoms experienced?

Alcohol/Drugs Consumed by Accused: ☐ No ☐ Yes When: _____
What/How much:

Thoughts of self-harm or suicide? Comment:	☐ No ☐ Yes

Did the person who assaulted you threaten :

to kill you?	☐ No ☐ Yes
to harm family or friends?	☐ No ☐ Yes
to use a weapon?	☐ No ☐ Yes
Did the person who assaulted you, use a weapon?	☐ No ☐ Yes

Weapon used: ☐ None ☐ Gun ☐ Knife ☐ Unknown ☐ Other _____
☐ Weapon indicated but not seen by victim

Are there any firearms in the home?	☐ Don't know	☐ No ☐ Yes
Does the person who assaulted you have access to firearms?	☐ Don't know	☐ No ☐ Yes
Has there been a recent change in his/her employment status?		☐ No ☐ Yes

Victim Vulnerability	☐ Geographical/community isolation ☐ Language barrier ☐ Disability ☐ Lack of access to phone or other communication ☐ Child issues ☐ Lack of access to transportation ☐ Other(describe)

Will you be able to provide food/shelter for yourself/family if your partner goes to jail?	☐ No ☐ Yes
Are you currently living with or reliant on your partner's family for shelter or support?	☐ No ☐ Yes
Is this community your place of residence?	☐ No ☐ Yes
If not, what is your home community?	

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre including Thunder Bay SASPI, ACT.
Eastern Bay area SASPI, Kingston SASPI, etc.

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

History of Previous Domestic Violence	
To the best of your knowledge has your partner assaulted or been emotionally or sexually abusive with any previous spouse/partners from another relationship? Comment:	☐ No ☐ Yes
Have you been assaulted at other times by this person? Comment:	☐ No ☐ Yes
Did any of the past assaults occur when your partner knew you were pregnant? Comment:	☐ No ☐ Yes
Did any of the previous assaults involve choking or strangling? On approximately how many occasions did this occur? ________ Did any of the previous assaults result in head injury or concussion? Comment	☐ No ☐ Yes ☐ No ☐ Yes
Have you had any injuries from previous assaults? Comment:	☐ No ☐ Yes
Have you ever received medical treatment for injuries because you were assaulted? Comment:	☐ No ☐ Yes
As far as you can remember, how long has the relationship been abusive? Comment:	
Has the abuse become more frequent? Comment:	☐ No ☐ Yes
Has the abuse become more violent? Comment:	☐ No ☐ Yes
Have the police been called to respond to any domestic situations involving your partner prior to this incident? Describe:	☐ No ☐ Yes
Does your partner :	
Show extreme possessiveness, control or jealousy? ie saying things like' "If I can't have you, then no one can." Describe:	☐No ☐Yes
Limit or refuse your access to money or bank accounts, spend or take your money, demand that you explain when you spend money?	☐No ☐Yes
Limit or refuse you access to family and friends?	☐No ☐Yes
Refuse to let you go out in public or check up on you when you are out?	☐No ☐Yes

Nurse's Signature and Designation ______________________________ **Initials** ________

[illegible]
[illegible] Dec 2017 Page 8 of 14

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Limit or refuse to let you go to work or school freely?	☐No ☐Yes
Check your emails, facebook account, cell phone call or text logs or monitor, control or limit your computer activities?	☐No ☐Yes
Listen to your phone conversations?	☐No ☐Yes
Limit or refuse you free access to your phone? Ever broken, hid, unplugged or torn the phone from the wall? Take, break or hide your cell phone?	☐No ☐Yes
Limit or refuse to let you use the motor vehicle or check the mileage?	☐No ☐Yes
Control your hairstyle, use of makeup or what you wear?	☐No ☐Yes
Threatened to, or destroyed, or damaged any of your belongings or contents of your home or a pet to intimidate you? Describe:	☐No ☐Yes
Limit or refuse to let you practice your religion or cultural or spiritual beliefs?	☐No ☐Yes
Forced sexual activity when you did not wish it or demand you participate in sexual acts you were not comfortable with?	☐No ☐Yes
Have possession of your passport or other important items i.e. debit card, OHIP card, marriage license, legal papers, keys, pet, etc?	☐No ☐Yes
Has Your Partner:	
Ever been charged with any criminal behaviour? Comment:	☐No ☐Yes ☐Don't know
Disobeyed any court order, such as bail conditions or a restraining order, any criminal order? Comment:	☐No ☐Yes ☐Don't know
Engaged in any stalking behaviour with you in the past? example: harassing phone calls, watching, following, frequenting workplace Comment:	☐No ☐Yes
Ever tried to persuade you not to contact police or not to testify in previous court proceedings?	☐No ☐Yes
Ever received counselling for drugs, alcohol or gambling? Comment:	☐No ☐Yes ☐Don't know
Forcibly confined you, or prevented you from using the phone, leaving the house or contacting family or friends? Comment:	☐No ☐Yes
Threatened to kill or harm you, other family members, children, friends or helping professionals? Comment:	☐No ☐Yes

Nurse's Signature and Designation _____ Initials _____

SATC: Sexual Assault Treatment Centre including Thunder Bay SATP, ACT.
Ontario Bay area SATP, Kingston SATP, etc

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Return all forms in numbered order in the patient's health file.

Ever attempted to act on such threats? Comment:	☐No ☐Yes
Attempted or threatened to commit suicide? Comment:	☐No ☐Yes ☐Don't know
Been under psychiatric care, now or in the past?	☐No ☐Yes ☐Don't know
Are you afraid of your partner's friends, family or associates? Comment:	☐No ☐Yes
Do you believe your partner is capable of severely injuring or killing you (or your children)?	☐No ☐Yes ☐Don't know

Health Concerns	
Are you dependant on your partner for medication, alcohol or street drugs? Comment:	☐No ☐Yes
If so, are you worried you could go into withdrawal Comment:	☐No ☐Yes
Are you worried that your partner may have cheated on you?	☐No ☐Yes
Would you like testing for sexually transmitted and blood borne infections?	☐No ☐Yes

Care Options	Discussed	Chosen
Physical examination		
Injury documentation (written only)		
Written documentation of injuries		
Forensic evidence collection		
Police involvement		
Photography by Police		
Diagnostic testing (include STI testing if client concerns)		
Safety Plan		
Community Referrals		

Safety Plan – see Appendix A	
Does patient want to complete safety plan at this time? Comment:	☐No ☐Yes
If yes, would they like assistance from CHN or other person? Comment:	☐No ☐Yes
If no, would they like to plan a time to return to complete plan? Comment:	☐No ☐Yes

Nurse's Signature and Designation _____ **Initials** _____

SAFE: Sexual Assault Treatment Centre including Thunder Bay SAFE, et'c.
Eastern Bay area SAFE, Kingston SAFE, etc.

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First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

Page [illegible]

Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Injury Documentation			
Physical exam done	☐ No ☐ Yes		
If no physical exam done, please explain why: ☐ performed prior to disclosure of abuse ☐ patient prefers to defer to another time ☐ patients declines ie time constraints, fatigue etc ☐ other			
Record physical injuries on the body diagrams with location and type of injury.			
Injuries observed?	☐ No ☐ Yes	Body maps used?	☐ No ☐ Yes
Additional body maps added to chart?	☐ No ☐ Yes		
Photographs of injuries? (only if police involvement - this must be done by police, but CHN can assist)	☐ No ☐ Yes	Photographs of injuries by police?	☐ No ☐ Yes
Location photographs taken at:		Time photographs taken:	
Additional Nursing Notes:			
Nurses Signature and Designation:			

Nurse's Signature and Designation _____ **Initials** _____

SATC: Sexual Assault Treatment Centre including Thunder Bay SASH, ACT, [illegible]

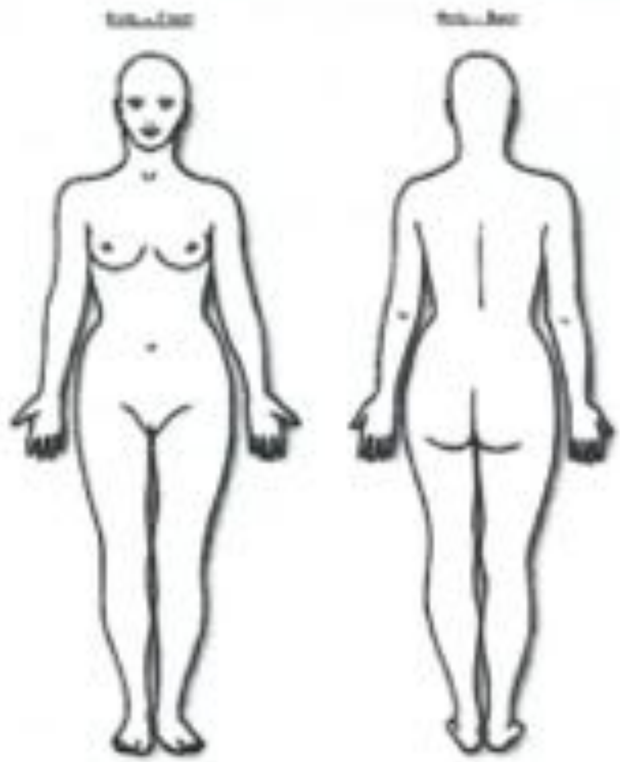
First Nations Inuit Health Branch – Ontario Region

**Intimate Partner Violence
Assessment and Documentation Tool**

Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries. USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM. Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating Injury; Symmetry; Tenderness; Instability; Redness; Swelling

DESCRIPTION OF INJURIES FEMALE BODY FRONT AND BACK



☐ No visible physical injuries noted
☐ Not applicable – male diagram used

☐ Photographs Taken ☐ Area not examined

Nurse's Signature and Designation ______________________ **Initials** ________

[illegible] Dec 2017 Page 9 of 24

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Bilateral; Tenderness; Immobility; Redness; Swelling.

DESCRIPTION OF INJURIES: FEMALE SIDE PROFILE

Body – Profile Right

Body – Profile Left

☐ No visible physical injuries noted ☐ Photographs Taken ☐ Area not examined
☐ Not applicable – male diagram used

DESCRIPTION OF INJURIES: MALE: FRONT AND BACK

Nurse's Signature and Designation _____ **Initials** _____

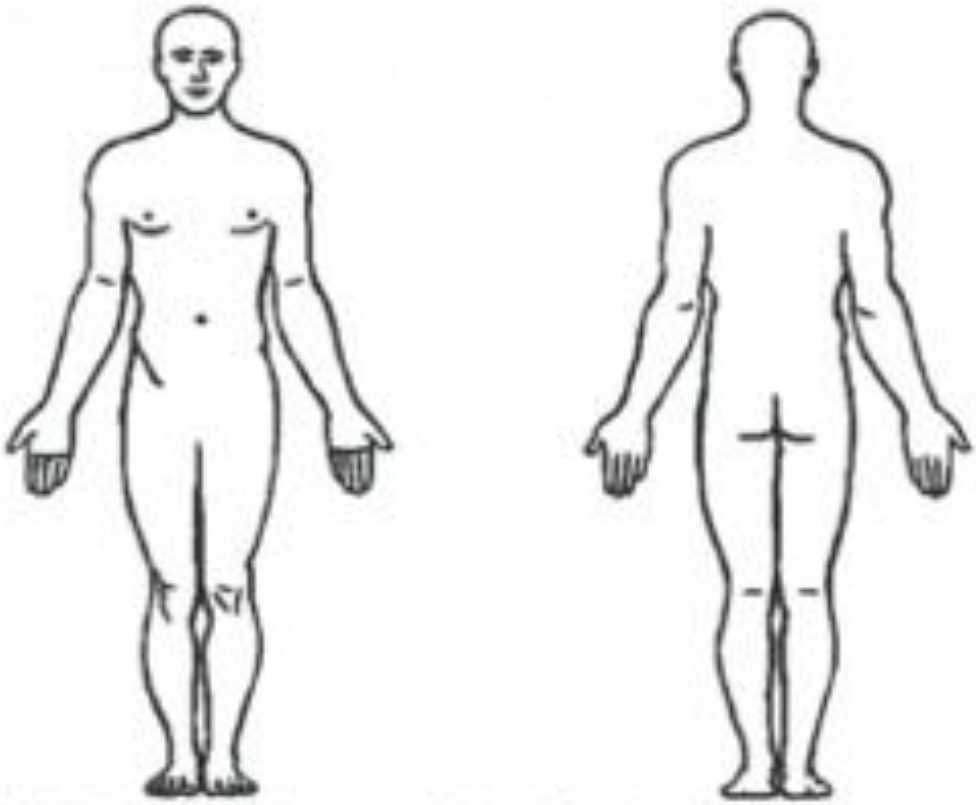
First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

Page [##]

Guidelines: To be completed by Community Health Nurse for patients Triaged for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating Injury; Symmetry; Tenderness; Instability; Redness; Swelling.



☐ No visible physical injuries noted
☐ Not applicable – male diagram used

☐ Photographs Taken ☐ Area not examined

Nurse's Signature and Designation _____ **Initials** _____

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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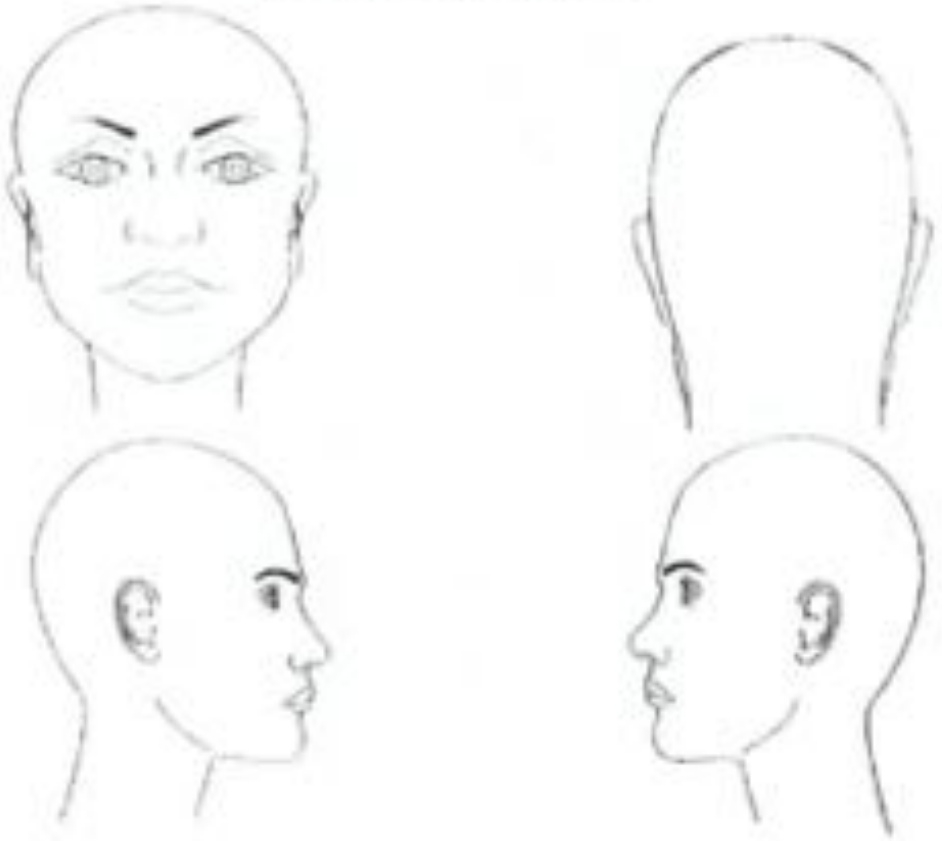
Guidelines: To be completed by Community Health Nurse for patients
Treated for intimate partner violence. Retain all forms in numbered order
in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling

DESCRIPTION OF FACIAL INJURIES



☐ No visible physical injuries noted ☐ Photographs Taken ☐ Area not examined

Nurse's Signature and Designation _____ Initials _____

LLTC - Sexual Assault Treatment Centre including Thunder Bay SADP, SATC
James Bay area SADP, Kenora SADP, etc.

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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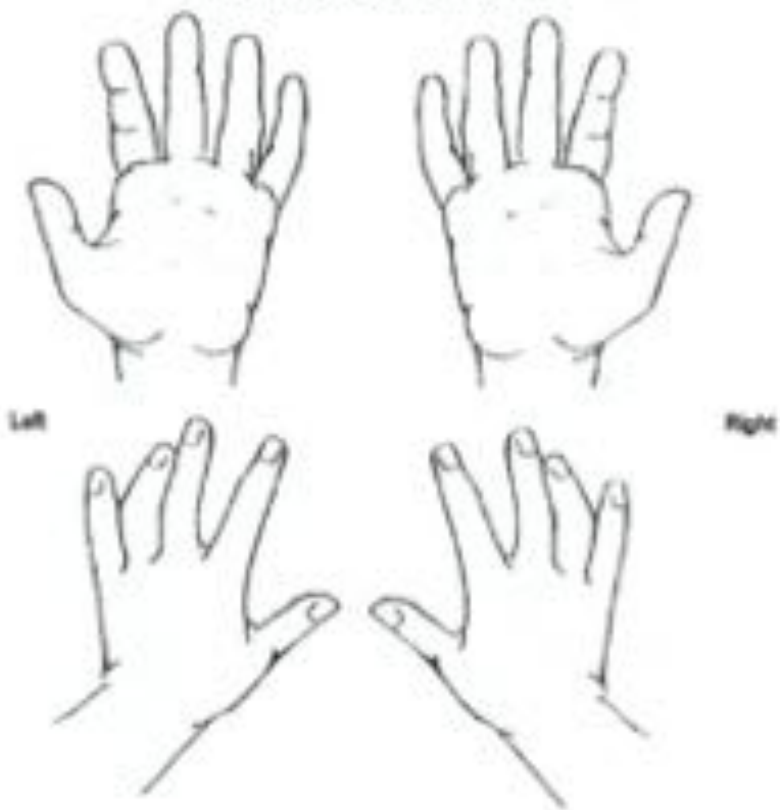
Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Symmetry; Tenderness; Instability; Redness; Swelling

DESCRIPTION OF HAND INJURIES



☐ No visible physical injuries noted ☐ Photographs Taken ☐ Area not examined

Nurse's Signature and Designation ______________________ **Initials** __________

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Intimate Partner Violence
Assessment and Documentation Tool

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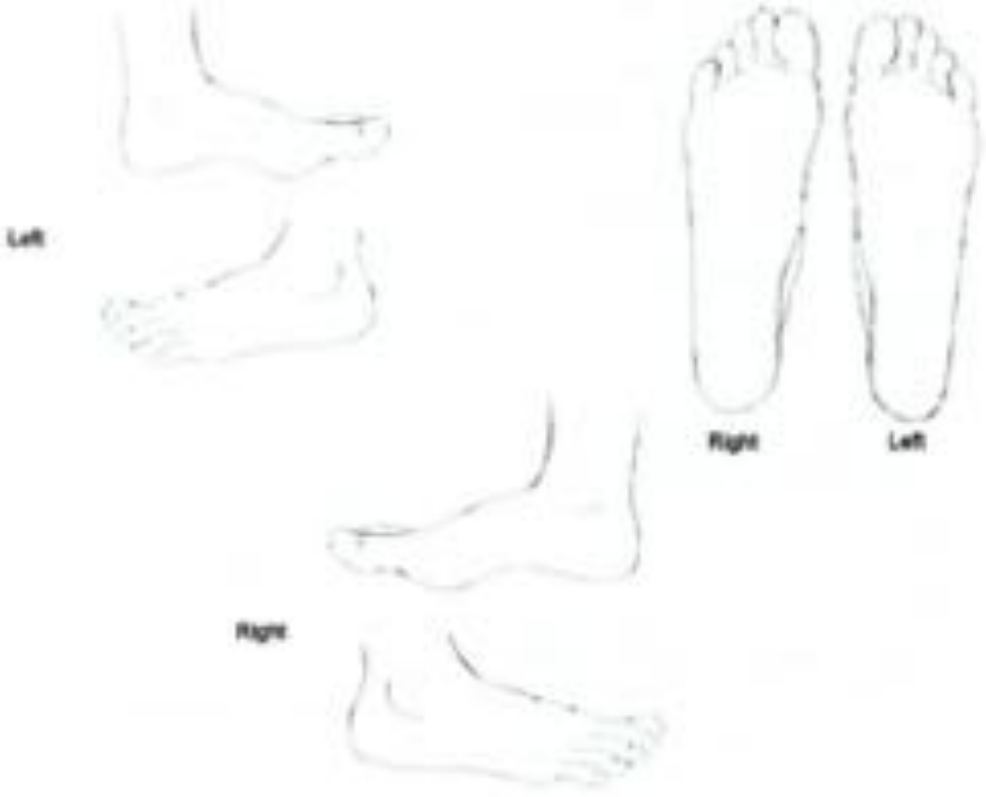
Guidelines: To be completed by Community Health Nurse for patients Triaged for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Mark all injuries relevant to the assault as well as areas of tenderness. Describe colour, appearance and size of injuries. Provide a brief history of injuries.
USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.
Examples of terminology: Contusion/Bruise; Laceration/Tear; Abrasion/Scratch; Incision/Cut; Penetrating injury; Hyperemia; Tenderness; Ecchymosis; Redness; Bleeding.

DESCRIPTION OF FOOT INJURIES



☐ No visible physical injuries noted ☐ Photographs Taken ☐ Area not examined

Nurse's Signature and Designation _____ **Initials** _____

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

DISCHARGE INFORMATION – you may give patient a copy of this form if safe to do so.
Check if copy given□

If patient requires further communicable disease testing (ie. HIV and Hep C at 3 and 6 months, gonorrhea/chlamydia test of cure in 4 weeks) when are these due _____
Give patient this page or appointment card with next testing appointment date.

Recommended Follow-up:
□ Physician/NP (if a strangulation or head injury event has occurred, the patient is advised to follow up at 1-2 weeks and 1 month)
□ CHN
□ SATC (ie Thunder Bay SADV, Mamo-Ya Win ACT) Number: _____
□ Mental Health Service _____ Number: _____

Have appointments been made with these services? □ Yes □ No
If yes when and with who _____
If no, who is responsible for making follow-up appointments? _____
If patient is to make own appointment, do they have all required contact information? □ Yes □ No

Was safety plan completed? □ Yes □ No
If not completed today when/how will this be completed? _____
Is it safe for patient to take copy of safety plan? □ Yes □ No
If safe have they been given copy? □ Yes □ No

Patient agrees to Follow-up phone call by CHN in 5-7 days □ Yes □ No
If no, does patient prefer to call □ Yes □ No
Phone number: _____ Is it ok to leave a message? □ Yes □ No
Alternate phone number: _____
Other means of contact acceptable to patient? _____

Written Information provided:
□ Strangulation What you Need To Know Sheet
□ Head Injury General Information Sheet
□ Helpers in Your Community Phone Number Sheet
□ Women's Shelter Number/Pamphlet Name/Number _____
□ Crisis line – Assaulted Women's Helpline /Talk 4 Healing/Good 2 Talk/ Kids Help Phone Line Number _____
□ Other _____

Education
□ Safety issues discussed
□ Discussed information re: the police and justice system
□ Reviewed coping strategies and importance of self care
□ Reviewed Signs & Symptoms of Post Traumatic Stress Disorder (PTSD)
□ Identified client supports (are they available on discharge?) _____

Discharge Plan Discharged at _____ (Time) To _____(Place)
Transportation □ Family/Friend □ own □ police □ taxi □ other

Or

Transferred care to Drop-in/BWS at _____ (Time)
Accompanied by □ Family/Friend □ self □ police □ agency worker □ other

Nurse's Signature and Designation _____ **Initials** _____

First Nations Inuit Health Branch – Ontario Region

Intimate Partner Violence
Assessment and Documentation Tool

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Guidelines: To be completed by Community Health Nurse for patients Treated for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Appendix A- Safety Planning Tool

- *The purpose of a safety plan is to help an abused person and their loved ones stay safe from abuse.*
- *Fill in the blanks with the information that applies to you*
- *Use the "To Do" Lists in this plan*
- *The nurse, mental health worker, or any person you trust can help you complete this plan.*

Things that usually trigger abuse or happen before my abuser hurts me:_____
_____
_____

This is the safest way to enter or leave my home:_____
_____

If I can't leave my home I can go to these rooms if I am in danger:_____
_____

If I need to call for help, telephones are located in these places: _____
_____

Safe places to go close by:_____

A place I can stay overnight: _____

A code word I can use to tell my friends/family I am in trouble_____
What is the plan if I call a friend/family member and tell them my code word? _____
_____

Make sure you discuss the code word and plan with your trusted family/friends

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Guidelines: To be completed by Community Health Nurse for patients Trained for intimate partner violence. Retain all forms in numbered order in the patient's health file.

Numbers I Can Call for Help

People I can call for help:	
Name	**Number**

Organizations I can call for help		
Name	**Number**	**Website**
Police		
Health Centre		
Talk 4 Healing	1-855-554-4325	www.talk4healing.com
Mental Health Counsellor Name_____		
Closest Shelter Name_____ Place_____		

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To Do

- ☐ Hide originals of important documents in a safety deposit box or with someone you trust (health card, status card, banking papers, court orders).
- ☐ Keep copies of all court orders like a restraining order, peace bond, or access order with you at all times.
- ☐ Practice getting my emergency bag and leaving my home (See the last page of this checklist for things to pack).
- ☐ Add telephone numbers to my cell phone for support people I can call. I can use a fake contact name if I don't want anyone to know I may contact a shelter.
- ☐ Memorize important phone numbers.
- ☐ Tell family my code word for when I need help and practice my plan.

Other Things I can do if I DO NOT live with my abuser

- ☐ Change the locks on my home if the abuser might have a key.
- ☐ Add extra security, such as window bars or more locks.
- ☐ Let someone know when I am leaving my house and when I get home safely.
- ☐ Tell family, friends and employers not to share my contact information or tell anyone where I am.
- ☐ If there is no reason for my abuser to come to my home (such as picking up or dropping off kids) tell my neighbours to call me when they see my abuser.
- ☐ Have someone with me for when my abuser must come to the house, such as picking up or dropping off children.

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SATC: Sexual Assault Treatment Centre including Thunder Bay SADP, ACT.
Eastern Reg. area SADP, Kenora SADP, etc.

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Keeping Children Safe

(complete only if you have children)

My child's code word to leave the home or to call for help is:_____

This is the safest way for my child to enter or leave the home: _____

A safe place that my child can go: _____

If my child can't leave the home, they can go to these rooms if they are in danger:_____
_____

People my child can call for help if they don't feel safe	
Name	Number

To Do

☐ Tell the school/daycare etc who is allowed to pick up my child. Give them a copy of the court orders

☐ Tell the school/daycare etc not to share my contact info with anyone.

Depending on my child's age and situation, I can:

☐Teach them a code word for when they need help

☐Teach them my code word for when I need help, and what I want them to do

☐Teach them how to call the police

☐Tell them who is allowed ot pick them up from school/daycare

☐Tell them if I want them to answer the door or pick up the phone

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SATC: Sexual Assault Treatment Centre including Thunder Bay SAFE ACT. Dec 2017 Page 19 of 24
Eastern Reg area SAFE; Sarnia SAFE etc

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Staying Safe at Work

Who can I tell about my abusive situation: _____

This is the safest way to go to and leave my work: _____

_____

Where can I go if my abuser comes to my work: _____

How to contact security or my coworkers if I feel unsafe: _____

_____

To Do

□Practice the safest way to get to and leave work

□Avoid stairwells and other quiet area when I am alone

□Ask someone to walk with me to work or to my car

□Ask my employer/coworkers not to share my contact information or tell my abuser where I am

□Ask someone to screen my calls at work

□Show my coworkers a photo of my abuser if they don't know who they are

□Other: _____

_____

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Staying safe online and when using my phone

To Do

□Change passwords to online bank accounts, emails etc that my abuser knows or can easily figure out (www.luluspplace.ca/resources/keep-safe-online).

□Make my facebook or other social media accounts private, or delete these accounts and make new accounts.

□Limit what I share on social media

□ Not share my location on social media and ask others to do the same

□Turn off or disable the GPS function on my cell phone or tablet

□Block my abusers phone number

□Not accept calls from private or blocked numbers

□Set an anonymous voicemail message or have someone set it for me

□I will learn how to delete my browsing history

□I will learn how to delete my internet cookies.

□If I live with my abuser I will use a computer at _____ instead of at home.

□Other: _____

_____

□Other: _____

_____

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Staying Safe in Public

To Do

□Have my cell phone and charger with me at all times

□Ask someone to come with me

□If I have to be somewhere alone call _____ when I leave or arrive safely

□If I use public transit, sit near the driver or the emergency alarm

□Call one of these taxi phone numbers if I feel unsafe taking public transit

_____

_____

_____

□Avoid places where my abuser might be such as: _____

_____

_____

□Change my routines that might make it easy for my abuser to find me

□Learn the exits of the places I normally visit

□Learn the addresses for police stations nearby

□Other: _____

_____

□Other: _____

_____

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Staying Safe in My Car

□Have my cell phone and charger with me at all times.

□Call someone when I leave or arrive safely

□Check the back seat before getting into my car

□Check if there is a GPS tracking device on my car

□Check if my car's navigation system tracks where I go and if I can delete that history

□Have someone walk me to my car

□Keep my keys in my hand when going to my car

□Make sure my gas tank is full

□Know different routes to get to home, work, or other places I normally go

□If taking a long journey or an isolated route (ie winter road) bring someone with you.

□If my abuser is following me I can drive to_____

_____

_____

□Other: _____

_____

□Other: _____

_____

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My Emergency Bag Checklist

Use this checklist to help you pack a bag in case you need to leave your home in a hurry.
Keep this bag somewhere safe in your home or with a trusted friend or family member. You should leave immediately if you have safety concerns. Only get your bag if you are able to do so safely.

□ Copies or photographs of important items

- Birth certificates for you and your children
- Marriage certificate
- Immigration papers
- passports
- Work permits
- Banking books and records
- Mortgage or lease documents for home and car
- car registration
- Medical records
- Insurance
- Copies of court documents
- status card

□Extra sets of keys that I need, like car, home and work keys

□Medications and prescriptions

□Change of clothes

□Special items like family photos or important jewellery

□Children's important items such as medications and prescriptions, vaccination records, special toys and a change of clothes

□Other: _____

Keep my wallet and purse in a spot where I can get them quickly. Make sure I have my:

- Credit cards
- Debit Cards
- Status Card
- Health card
- Drivers Licence
- Some cash
- Social insurance number (SIN)
- Cell phone and charger
- Cheque book

Nurse's Signature and Designation _____ Initials _____

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