

Vermont Sexual Assault Nurse
Examiner (SANE) Program
Board Member Handbook

Revised August 2017

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I. Board Role and Responsibilities

A. Board History & Development: In 2007, the Vermont Legislature passed a statute to establish the SANE Board. The Vermont Network Against Domestic and Sexual Violence (The Network) was given responsibility for coordinating the program and hiring staff to oversee the program with limited grant funding from the Vermont Center for Crime Victim Services (VCCVS). The Network hired two part-time staffers, one to oversee the clinical and education elements of the SANE program, and the other to oversee the programmatic and Board staffing tasks. Shortly thereafter, an ad-hoc committee of the Board worked with an attorney to draft the Regulation of **Sexual Assault Nurse Examiners (The SANE Rules)**, as required by statute. The SANE Rules were passed by administrative rule in 2010. They detailed the educational and clinical requirements for certification of Sexual Assault Nurse Examiners, program compliance, and quality assessment. In 2017, the Legislature passed Act 68 which changed the function of the SANE Board to an advisory Board which sets forth the training and educational requirements for SANEs and advises the SANE program.

B. Purpose and Responsibilities: The SANE Board's statutory purpose is to advise the Sexual Assault Nurse Examiners Program on the following topics: (1) statewide program priorities, (2) training and educational requirements, (3) a standardized sexual assault protocol and kits to be used by all physicians and hospitals in this State when providing forensic examinations of victims of alleged sexual offenses, and (4) statewide policy development related to sexual assault nurse examiner programs.

C. Board Membership: The SANE Board membership is established by statute and includes:

- the Executive Director of the Vermont Nurses Association or designee;
- the President of the Vermont Association of Hospitals and Health Systems;
- the Director of the Vermont Forensic Laboratory or designee;
- the Director of the Vermont Network Against Domestic and Sexual Violence or designee;
- an attorney with experience prosecuting sexual assault crimes, appointed by the Attorney General;
- the Executive Director of the Vermont Center for Crime Victim Services or designee;
- a law enforcement officer assigned to one of Vermont's special units of investigation, appointed by the Commissioner of Public Safety;
- a law enforcement officer employed by a municipal police department, appointed by the Executive Director of the Vermont Criminal Justice Training Council;
- three sexual assault nurse examiners, appointed by the Attorney General;
- a health care provider as defined in 18 V.S.A. § 9402 whose practice includes the care of victims of sexual assault, appointed by the Commissioner of Health;
- a pediatrician whose practice includes the care of victims of sexual assault, appointed by the Vermont chapter of the American Academy of Pediatricians;
- the Coordinator of the Vermont Victim Assistance Program or designee;
- the President of the Vermont Alliance of Child Advocacy Centers or designee;
- the Chair of the Vermont State Board of Nursing or designee;
- the Commissioner for Children and Families or designee; and
- The Commissioner of Health or designee.

II. Board Role and Operating Procedures

A. Board Members: Members of the Board are appointed based on the governing statute. When a vacancy occurs, SANE Program Coordinator will work with co-chairs to reach out to the listed organization to find a replacement.

B. Board Meetings and Operations

1. Facilitation: Board meetings will be facilitated by the Board Co-Chairs or under their direction.

2. Meeting Structure: The SANE Board meets 5 times per year, on the second Wednesday of January, March, May, September and November, or on a schedule voted upon by the Board

3. Agendas: Agendas will be set by the Co-Chairs in consultation with the SANE staff. Individual Board members can make suggestions to the upcoming Board meetings by contacting the Co-Chairs or Staff. Staff or appointed Board members will be responsible for disseminating information after Board or ad-hoc committee meetings.

4. Co-chairs: The Board shall select two (2) co-chairs from among its members at the final meeting of the calendar year, or as determined by the Board. The co chairs shall serve for a term of two (2) years and may serve more than one (1) term. The co-co chairs will each be responsible for overseeing one of the standing committees, they will work directly with program staff to prepare for agendas and work plans and will facilitate or oversee facilitation of the Board meetings.

5. Board Committees: The SANE Board may establish ad hoc committees to assist it in carrying out its responsibilities. Ad hoc committees may include both members of the Board and others with relevant expertise.

C. Staff:

1. SANE Program Coordinator: The SANE Program Coordinator is responsible for the following functions:

- Staffing and providing support to the SANE Board. This includes Board membership, communication, and ad-hoc Board projects.
- Gather and manage statistics for the SANE program.
- Ensuring financial sustainability for the SANE Program, including budget management.
- Maintain current database of SANEs and program contacts.
- Staff projects related to program implementation (e.g. DFSA, kit backlog, etc.)
- Liaise with sexual assault victim advocates on issues related to the SANE program.
- Manage grants, and submit timely financial and program reports.
- Provide training to allied professionals

2. Clinical Coordinator: The Clinical Coordinator's role is responsible for the following functions:

- Recruitment and retention of SANEs and Pediatric SANEs;
- Administering a system for certifying currency of practice
- Administration and coordination of statewide training, including education for certification of SANEs and Pediatric SANEs, and ongoing training to ensure currency of practice and advanced training;
- Development of forms for implementation of the Vermont SANE Program;
- Modification of sexual assault examination protocols and the sexual assault evidence collection kit;
- Consultation to SANEs, Pediatric SANEs and hospitals;

3. Shared Responsibilities

- Represent SANE program at statewide discussions
- Be a voice for the SANE program in public policy discussions
- Work jointly on any revisions or proposals related to the statute or rules
- Monitoring and quality assurance;
- Training and outreach to criminal justice and other community-based organizations;

D. Decision Making

1. Decision Making Process: The SANE Board makes decisions by voting, a simple majority is required to approve an item.

2. Quorum and Member Participation: To ensure an active and healthy board, SANE Board members are asked to attend every meeting. If a Board Member is unable to attend a meeting, they must contact the Program Coordinator to inform the SANE Program of their absence. A quorum is required for the SANE Board or a Standing Committee to conduct any business. A quorum is defined as at least fifty (50) percent of the seated members of the Board or a Standing Committee. Any member may request that their position on an item may be recorded for the minutes. If a decision is reached by vote, the results of the vote will be documented in the minutes. Anyone may participate in discussions but decisions will be made by Board members. Members must be present to make vote.

3. Board Member Removal/Replacement: If a Board member does not attend 3 meetings in a row, the SANE Program Coordinator will work with the Board co-chairs to send a letter to the appointing official requesting a Board replacement.

4. Proxies: Board members may inform the SANE staff in writing via email that they intend to send a proxy to a meeting in the event of a Board member's planned absence. Proxies may cast votes on behalf of the permanent Board member. If a Board member sends a proxy to 3 meetings in a row, the SANE Program Coordinator will work with the Board co-chairs to send a letter to the permanent Board member requesting a Board replacement.

5. Warning of Board Decision Making: To be considered for decision making, items must be warned to Board members at least 14 calendar days prior to the Board's meeting. Items that have not been appropriately warned may not be acted upon unless the Board members present agree by vote that the item is time sensitive and cannot wait until a subsequent scheduled meeting. Items that have been appropriately warned may be voted upon by the Board members present, provided a quorum is present.

6. Issues Requiring a Board Vote: Items currently requiring a vote by the SANE Board include those outlined in state statute including:

- SANE Certifications
- Recommendations related to educational requirements, clinical experience
- Recommendations related to the standardized sexual assault protocol and kit

7. Handbook Revisions: This Handbook may be amended by the SANE Board in the following manner:

- Proposed amendments to the Handbook shall be moved and seconded at a regularly scheduled meeting.
- The proposed amendments to the Handbook may then be adopted by the affirmative vote of two-thirds of the SANE Board members present at any subsequent meeting, provided that written notice of the meeting is given 14 days prior to such meeting.