

RECLAIM[®]

Quick Reference Guidelines

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Medical Diagnostics

Assessment Guidelines

Tips to Interview
Patients Alone

Minors

Medical Treatments

Safety Guidelines

MEDICAL DIAGNOSTIC CONSIDERATIONS

SEXUAL TRAUMA & REPRODUCTIVE HEALTH

Exam includes thorough pelvic,
genital, anal exam:

Offer/Discuss S.A.N.E. Exam

Forensic exams should only be
completed by S.A.N.E. providers. or
under direct supervision of an
approved Tele-SANE Provider

**Required for all minors*

Wet prep

Pap smear

Chlamydia, Gonorrhea,

Herpes Simplex

Urine analysis with culture

Urine HCG

MEDICAL DIAGNOSTIC CONSIDERATIONS

Serological Tests

HIV

CD4 quantitative

Syphilis

Beta-quantitative

Hepatitis A, B, and C

CBC with differential

Total iron

Total iron-binding capacity (TIBC)

Ferritin

Consider Vitamin Deficiency

Testing B9, B12, A, D

Calcium

Phosphorous

TSH (Free T4)

Toxicology Panel (Drug Screen,
ASA Level, Acetaminophen Level,
ETOH Level)

Tuberculosis Screening/Testing

Consider Infectious Disease

Testing (i.e. Malaria)

MEDICAL DIAGNOSTIC CONSIDERATIONS

Stool Studies

Ophthalmological exam for
infants to r/o retinal hemorrhages

Vision & Hearing Screening

Imaging

Xray

Pelvic US (High Risk for TOA)

CT: as clinically appropriate

*maintain low threshold to obtain
imaging

VICTIM CENTERED ASSESSMENT GUIDELINES

- Recognize the control over the victim
- If the victim is alone this is not indicative of their personal freedom, but the extent of control the trafficker has
- Be willing to ask more questions and dialogue if patient is willing
- BE PATIENT. These patients will take time that you may not have. They may expect you to give up on them; as others have in the past. But it is your ethical obligation to do your due diligence.
- Victims have a high rate of leaving Against Medical Advice (AMA).
- If the accompanied person is a suspected co-victim, separate the victims, if at all possible.

VICTIM CENTERED ASSESSMENT GUIDELINES

- Co-victims can be a discourager to induce fear for getting help.
- If a victim is escorted by law enforcement or in police custody after a raid, they may be uncooperative, angry, or combative.
- Younger victims may have stronger “romantic” bonds to the trafficker. These victims usually feel as though they are protecting their boyfriend.
- Building rapport can be the most challenging aspect but it is the cornerstone of change for patients who are seeking connections that provide trust and safety.
- If possible, have law enforcement stand outside room not visualized by victim.

HEALTHCARE PROVIDER ASSESSMENT GUIDELINES

- Use female providers and nursing staff when available.
- Turn phones and communication devices off if possible unless it causes increased stress to victim.
- Consider turning off "Location" in phone setting.
- Limited persons in room. No scribes, residents, or students.
- Limit computer documentation in room.
- If the patient is unwilling to speak or disclose information at the time, give them a code word to use or ask them to text on their phone and show to staff that they are willing to discuss. Then proceed with a safe and confidential assessment

ASSESSMENT QUESTIONS

- Tell me about your ____?
Use victim's own words ('boyfriend', 'date', 'work', 'boss')
- Use victim's cues as opportunities for conversation: 'I'm new to town', 'Just visiting a friend'
- Tattoos 'Tell me more about your tattoo, it's interesting'
- Work related injury 'What kind of work do you do?' 'Are you given any special equipment for your job?'
- General ill or malnourished appearance 'You look tired and dehydrated, tell me about your diet.' 'Are you getting enough rest?' 'What is your work schedule like?'

ASSESSMENT QUESTIONS

Pregnancies

- 'How did your previous pregnancies end?'
- 'How are the children now, how is their health?'

Transient living, homeless, 'new to town'

- 'We have resources to help you with housing.'
- 'Where do you live?'
- 'How long have you lived there?'
- 'Who do you live with?' 'Who takes care of you?'

Employment

- 'Do you have a job?' 'How do you make money?'
- 'Do you get to keep all the money you make?'
- **Interpersonal** 'How did you meet your 'boyfriend'? 'How long have the two of you been together?'

When concerned the patient maybe a trafficking victim

‘After talking to you and completing your exam I have concerns that you are not safe. I am here to help you. Are you okay?’

‘Do you feel trapped in your situation?’

HOW TO INTERVIEW A PATIENT ALONE

- Verbalize the importance of a confidential interview with your patient and set the expectation that you will need others to step out for a few minutes as part of your clinical exam.
- Radiologic study; i.e., x-ray, MRI, CT Scan, Ultrasound, swallow study, etc.
- During a procedure; i.e., pelvic exam, EKG, blood draw, O.R. prepping, obtaining Urine Analysis sample, etc.
- Order studies/imaging that requires patient privacy or restricted access areas.

HOW TO INTERVIEW A PATIENT ALONE

- Gain trust of patient during ADLs; i.e., walking patient, bathing, linen changes, routine vital signs and blood draws, transportation to radiologic studies or Child Life sessions.
- Take advantage of opportunities when patient will not have access to their cell phones. They may be in fear over communication they are receiving from their trafficker.
- Have the accompanied person(s) leave the patient room to complete paperwork or talk with clinical staff.
- Discuss safety concerns with your clinical/leadership staff to coordinate an intervention(s) that best fit the victim's individual needs/situation.

MINORS

- Family members, guardians, or other accompanied person(s) may have been involved in the trafficking. Maintain a high degree of suspicion before including any of these individuals in the patient's case.
- Do not assess or interview patient in the presence of other persons.
- Encourage patient to participate in decision making and plan of care as much as possible.
- Age-appropriate medical and developmental assessment.
- Involve Child Life Specialist when available.
- Consider high risk populations.

SUSPICIOUS THAT A MINOR IS A VICTIM?

- Review Red Flags
- Implement Trauma Informed Care... E.M.P.O.W.E.R!
- Confirm accompanied person(s) is legal guardian, or legal guardian has given consent
- Call for resources:
 - National Human Trafficking Hotline 1-888-373-7888
- Include appropriate law enforcement. They can help determine:
- Is the child a missing person?

YOU ARE A MANDATORY
REPORTER OF SUSPICIOUS OR
CONFIRMED CHILD ABUSE
INCLUSIVE OF TRAFFICKING!

RECLAIMÉ

MEDICAL TREATMENTS

Acute Complaints

Chronic Conditions

HTN, Asthma, COPC, Chronic Bronchitis, IBS

PROPHYLACTIC TREATMENT HIV
(refer to institution policy) STI's: offer one-time dosing treatment options when appropriate

Td Vaccine

Consider treatment for exposure from recent travel from endemic area CDC web page <https://wwwnc.cdc.gov/ov/travel/destinations/list/>

Hepatitis B immunoglobulin (HBIG)

HEALTH MAINTENANCE

Multi-vitamin

Prenatal vitamin (if pregnant)

Routine childhood immunization

Dental referral

Medical specialists (OB-GYN,

Infectious Disease, Pulmonology,

Cardiology, etc.) Primary care or

community/public clinic referrals as

indicated

PRIORITIZE SAFETY

- Initiate Safety Plan
- Protect from harm, threats, or intimidation
- Interview without accompanied person and, if possible, without cell phone
- Recognize threat of harm to family or loved ones is a means of coercion or control

REASSESS SAFETY

- Trafficker's potentially violent behavior
- Increase in the frequency, severity of threats, or assaults

CONFIDENTIALITY

- Is essential for safety
- Make 'no info' patient status
- Do not discuss the patient in the hallway, nurse's station, or in any public area where the trafficker may be in earshot