CHECKLIST: Transfer Plan for Pediatric Survivors of Sexual Assault

☐ An appropriate medical examination (not a forensic medical examination)

☐ Necessary stabilizing treatment prior to transfer to a treatment hospital or a clinic that provides treatment services to pediatric survivors

☐ Medically and factually accurate written and oral information about:
  ☐ Emergency contraception
  ☐ The indications, contraindications, and potential risks associated with the risk of emergency contraception
  ☐ The availability of emergency contraception

☐ Prompt transfer—without undue burden to the pediatric survivor—to a treatment hospital or a clinic that provides treatment services to pediatric survivors

☐ The written agreement of a treatment hospital to accept transfer of pediatric survivors

Please send the plan to olc-sasplans@vdh.virginia.gov with the subject line “Facility Name – NEW Pediatric Transfer Plan” – thank you!