

## **CHECKLIST: Treatment Plan for Pediatric Survivors of Sexual Assault (Partial Range)**

***(For all hospitals providing any treatment services to pediatric survivors):***

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

***(For all hospitals providing any treatment services to pediatric survivors that have one or more emergency departments):***

- Completion of annual sexual assault training for appropriate health care providers who provide services in your facility's emergency department

***(For hospitals unable to provide the full range of treatment services to pediatric survivors):***

- Identification of the specific treatment services your facility will provide to pediatric survivors
- If your facility does not provide 24/7 services, information for the public regarding the need to seek an alternative source of treatment, including emergency medical services

**For those pediatric survivors your facility will transfer:**

- 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
- 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

**For those pediatric survivors your facility will treat (if identified by the hospital as a treatment service to be provided):**

- An appropriate forensic medical examination

- Appropriate evaluations to determine a pediatric survivor's risk of infection or sexually transmitted disease, including human immunodeficiency virus (HIV), resulting from the sexual assault
- Appropriate oral and written information about:
  - The possibility of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
  - Accepted medical procedures and medications for the prevention or treatment of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
  - The indications, contraindications, and potential risks of medical procedures or medications for the prevention or treatment of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
  - The possibility of pregnancy resulting from the sexual assault
- Prescriptions of appropriate medications for treatment of the pediatric survivor both during treatment at the hospital and upon discharge, including, in cases in which prophylactic treatment for infection with HIV is deemed appropriate, an initial dose or all required doses of HIV prophylaxis
- Oral and written information regarding the need for follow-up care, including examinations and laboratory tests to determine the presence or absence of sexually transmitted infection or disease and follow-up care related to HIV prophylaxis
- Information about medical advocacy services provided by a rape crisis center with which your facility has entered into a memorandum of understanding
- Referral(s) for appropriate counseling and other support services

**Please send the plan to [olc-sasplans@vdh.virginia.gov](mailto:olc-sasplans@vdh.virginia.gov) with the subject line "*Facility Name - NEW Pediatric Treatment Plan (Partial)*" - thank you!**