CHECKLIST: Treatment Plan for Adult Survivors of Sexual Assault

\square An appropriate forensic medical examination
$\hfill\square$ Appropriate evaluations to determine a adult survivor's risk of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
\square Appropriate oral and written information about:
$\hfill\Box$ The possibility of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
\Box Accepted medical procedures and medications for the prevention or treatment of infection or sexually transmitted disease, including HIV, resulting from the sexual assault
\Box 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
\square The possibility of pregnancy resulting from the sexual assault
$\hfill \square$ Medically and factually accurate oral and written information about:
\square Emergency contraception
$\hfill\Box$ The indications, contraindications, and potential risks associated with the use of emergency contraception
\square The availability of emergency contraception
\square Prescriptions of appropriate medications for treatment of the adult 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
\Box 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
$\hfill\Box$ Information about medical advocacy services provided by a rape crisis center with which your facility has entered into a memorandum of understanding
\square Referral(s) for appropriate counseling and other support services
$\hfill\Box$ For appropriate health care providers who provide services in your facility's emergency department to annually complete sexual assault training

Please send the plan to <u>olc-sasplans@vdh.virginia.gov</u> with the subject line "Facility Name - NEW Adult Treatment Plan" - thank you!