

CHECKLIST: Treatment Plan for Pediatric Survivors of Sexual Assault (Full Range)

- ☐ An appropriate forensic medical examination
 - ☐ Appropriate evaluations to determine a pediatric survivor's risk of infection or sexually transmitted disease, including 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
 - ☐ 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
 - ☐ 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
- (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

Please send the plan to olc-sasplans@vdh.virginia.gov with the subject line "Facility Name – NEW Pediatric Treatment Plan (Full)" – thank you!