

## **Areawide Sexual Assault Treatment Plan**

This Areawide Sexual Assault Treatment Plan (the “Plan”) is created and agreed upon by, and between, \_\_\_\_\_ Hospital (“Name”) and \_\_\_\_\_ (“Transferring Hospital”) (collectively, the “Participating Hospitals”) and shall be effective on January 1, 20XX. This Plan was approved by the Illinois Department of Public Health (“IDPH”) on XXXX.

The Participating Hospitals recognize the specialty services that a person under the age of 13 who presents with injuries or trauma resulting from sexual assault (“Pediatric Sexual Assault Survivor”) requires and that (Hospital) provides such specialty services.

Transferring Hospital shall transfer Pediatric Sexual Assault Survivors to (Hospital) to receive medical forensic services, as defined by the Sexual Assault Survivors Emergency Treatment Act and Code (“SASETA”), in accordance with this Plan. Transferring Hospital shall transfer all other patients in accordance with any existing Transfer Agreement between the Participating Hospitals, if one exists, or applicable law.

(Hospital) shall accept the transfer of all Pediatric Sexual Assault Survivors, limited only by bed availability, from the Transferring Hospital and provide medical forensic services.

The Participating Hospitals shall comply with the requirements of the Emergency Medical Treatment and Active Labor Act (“EMTALA”), SASETA, and all applicable federal, state, and local laws, regulations, and ordinances in the operation of this Plan.

In the four sections below, this Plan sets forth: (1) the criteria for transferring a Pediatric Sexual Assault Survivor to (Hospital), (2) a plan for appropriate transfer of a Pediatric Sexual Assault Survivor to (Hospital), (3) requirements for implementation and review of the Plan, and (4) a decision tree tool entitled Determining the Need for Transfer of a Pediatric Sexual Assault Survivor.

### **SECTION 1**

#### **Transfer Criteria**

The Transferring Hospital agrees that, for the purposes of this Plan, the pediatric patients who may require transfer to (Hospital) for further evaluation of sexual abuse are those who meet the following criteria:

- Require subspecialty medical or surgical care; and/or
- May require an emergent pediatric medical forensic exam.

The Participating Hospitals also agree that, for the purposes of these Transfer Criteria, “pediatric” means the following:

- Female—less than 13 years of age; and
- Male—less than 13 years of age; and
- Developmental delay does not change the applicability of the above criteria.

The Participating Hospitals further agree that pediatric patients who may require an emergent pediatric medical forensic exam have one or more of the following:

- Physical findings concerning for acute sexual abuse or assault, including signs of genital trauma or bleeding;
- A disclosure of sexual assault/abuse by an individual within the past 7 days;
- A disclosure of past sexual assault/abuse by a specific individual and was in the care of that individual within the past 7 days.

## **SECTION 2**

### **Pediatric Transfer Plan**

Transferring Hospital will follow the steps outlined below to ensure that the transfer is appropriate and that the safety and health of the Pediatric Sexual Assault Survivor will be maintained during the transfer process.

Transferring Hospital shall:

1. Provide an appropriate medical screening examination and necessary stabilizing treatment prior to transfer of the Pediatric Sexual Assault Survivor. In the event the Pediatric Sexual Assault Survivor has an emergency medical condition that has not been stabilized, the EMTALA requirements for transferring an unstable patient shall be met.
2. Contact (Hospital) via the Transport Team at (phone).
3. Provide the Pediatric Sexual Assault Survivor/Pediatric Sexual Assault Survivor's family with an appropriate explanation of the reason for the transfer to another hospital for treatment.
4. Complete and transport a copy of the emergency department record with the Pediatric Sexual Assault Survivor. The record should include the following:
  - a. A completed emergency department admission form;
  - b. Clinical findings if any;
  - c. Nurses' notes;
  - d. The name and relationship to the Pediatric Sexual Assault Survivor, if known, of any person present during an examination conducted pursuant to this section;
  - e. Observations of signs and symptoms and the presence of any trauma or injury (e.g., cuts, scratches, bruises, red marks, and broken bones), if any examination was conducted or treatment rendered;
  - f. Results of any tests; and
  - g. Information related to reporting (i.e. police report number, DCFS intake information, etc.)
5. The emergency department record shall not reflect any conclusions regarding whether a crime (e.g., criminal sexual assault, criminal sexual abuse) occurred.
6. Maintain a chain of custody in the handling of the Pediatric Sexual Assault Survivor and his or her clothing.
  - a. The Transferring Hospital shall handle the Pediatric Sexual Assault Survivor and clothing as minimally as possible.

- b. The Transferring Hospital shall not attempt to obtain any specimens for evidentiary purposes (e.g., blood, saliva, hair samples, etc.). If the Pediatric Sexual Assault Survivor needs to urinate, the hospital should then collect the urine/diaper and maintain chain of custody of the item during transfer.
  - c. If removal of any clothing is necessary to render emergency services, removal should be attempted without cutting, tearing, or shaking garments.
  - d. All loose or removed articles of clothing or other possessions of the Pediatric Sexual Assault Survivor shall be left to dry if possible, placed in separate paper bags, and then placed in one larger paper bag. The bag shall be sealed and labeled with the Pediatric Sexual Assault Survivor's name, the names of the health care personnel in attendance, the type and description of contents, the date, and the time collected. If the bag is not collected by law enforcement at Transferring Hospital prior to transfer, the bag shall be transported with the Pediatric Sexual Assault Survivor to (Hospital).
7. Not directly interview the Pediatric Sexual Assault Survivor.
  8. Notify proper authorities prior to the transfer.
  9. Submit Pediatric Sexual Assault Survivor information to the Illinois Sexual Assault Survivor Registration System (ERSASS) Voucher system and provide a copy of the voucher to the Pediatric Sexual Assault Survivor, ambulance, and (Hospital).
  10. Transfer the Pediatric Sexual Assault Survivor by ambulance.

(Hospital) shall:

1. Have a member of the health care team readily available to respond within minutes of arrival of the Pediatric Sexual Assault Survivor;
2. Have members of the health care team offer a private room if a short wait is unavoidable;
3. Have members of the health care team refer to the Pediatric Sexual Assault Survivor by code;
4. Have available space and staff for treatment of the Pediatric Sexual Assault Survivor;
5. Agree to accept the transfer of the Pediatric Sexual Assault Survivor and to provide appropriate medical treatment and forensic evidence collection as indicated; AND
6. Provide medical forensic services to the Pediatric Sexual Assault Survivor, in accordance with its Sexual Assault Treatment Plan approved by IDPH.

### **SECTION 3**

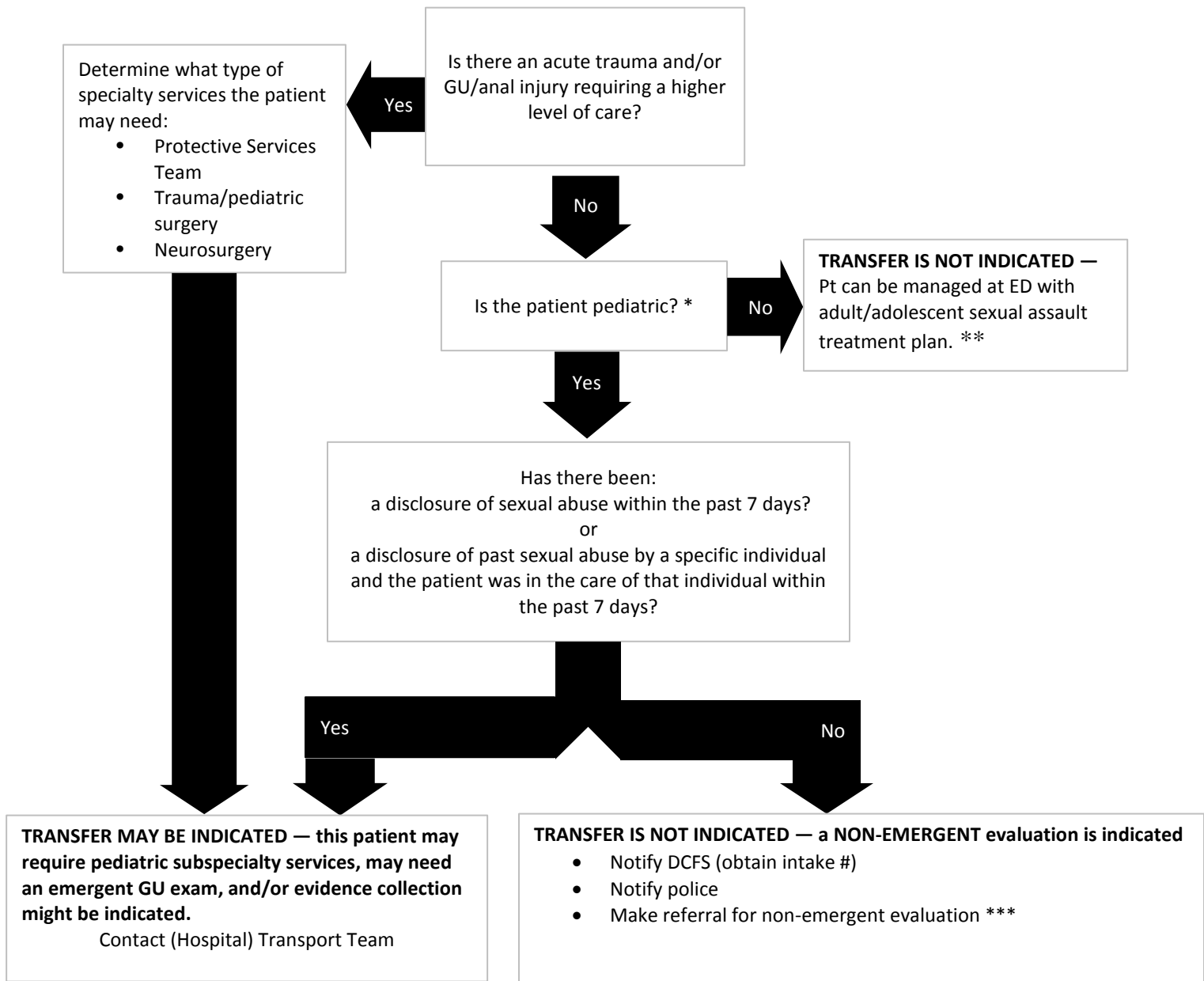
#### **Implementation and Review of Plan**

1. The Participating Hospitals shall designate a representative who will act as contact and decision maker for implementation and review of the Plan. Any change to this designee or to any other information related to the Participating Hospitals will be immediately communicated to the other party.

2. Representatives will reevaluate the Plan activity and collaborate to revise approximately every 6 months, and shall formally review and resubmit the Plan for IDPH approval no less frequently than every three (3) years.

## SECTION 4

# Determining the Need for Transfer of a Pediatric Sexual Assault Survivor



\*Pediatric: Less than 13 years old

\*\*Treatment hospitals equipped to care for adult victims of sexual assault are able to manage adolescent victims because the medical care is the same. Avoid speculum exams in patients that are not otherwise sexually active or when the patient declines. Unnecessary transfer can lead to (1) Loss of evidence (2) Delay of time sensitive medical treatment (i.e. HIV and pregnancy prophylaxis medications) (3) Increase patient and family anxiety (4) Inappropriate utilization of resources

\*\*\*Once DCFS and police reports are made, a referral can be made to the: Local Advocacy Center by calling XXXXXXX and leaving a message about the referral including the patient's name, DOB, and DCFS intake number.

By signing below, the Participating Hospitals agree to their roles and responsibilities as outlined above and execute this Plan as of the Effective Date.

**(Hospital)**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Transferring Hospital**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_