



AGGRAVATED SEXUAL ASSAULT MEDICAL FOLLOW-UP CHECKLIST

Medical provider: _____ Date: _____ Time: _____

Upon return from a community-based forensic medical examination, the individual will be taken to Health Services for follow-up care and needs

This checklist will be used for allegations of Aggravated Sexual Assault: Sexual acts perpetrated by either staff or an individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids

Required Actions	Time Started	Time Completed	Initial	N/A
Review all available forensic examination and medical information to determine immediate and ongoing medical needs				<input type="checkbox"/>
With informed patient consent, initiate medical testing as needed per established post exposure prophylaxis, communicable disease, infection prevention, and bloodborne pathogens protocols and policies				<input type="checkbox"/>
Schedule medical follow-up appointments as necessary				<input type="checkbox"/>
Ensure individual is offered a follow-up meeting with a mental health provider and submit referral as necessary				<input type="checkbox"/>
Notify the Infection Prevention Nurse (IPN)				<input type="checkbox"/>
Document care in the Health Services sections of the patient's electronic file as a Primary Encounter Report				<input type="checkbox"/>
Consult with the Shift Commander regarding appropriate housing placement				<input type="checkbox"/>

Notes: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Shift Commander