



Exclusion Criteria:

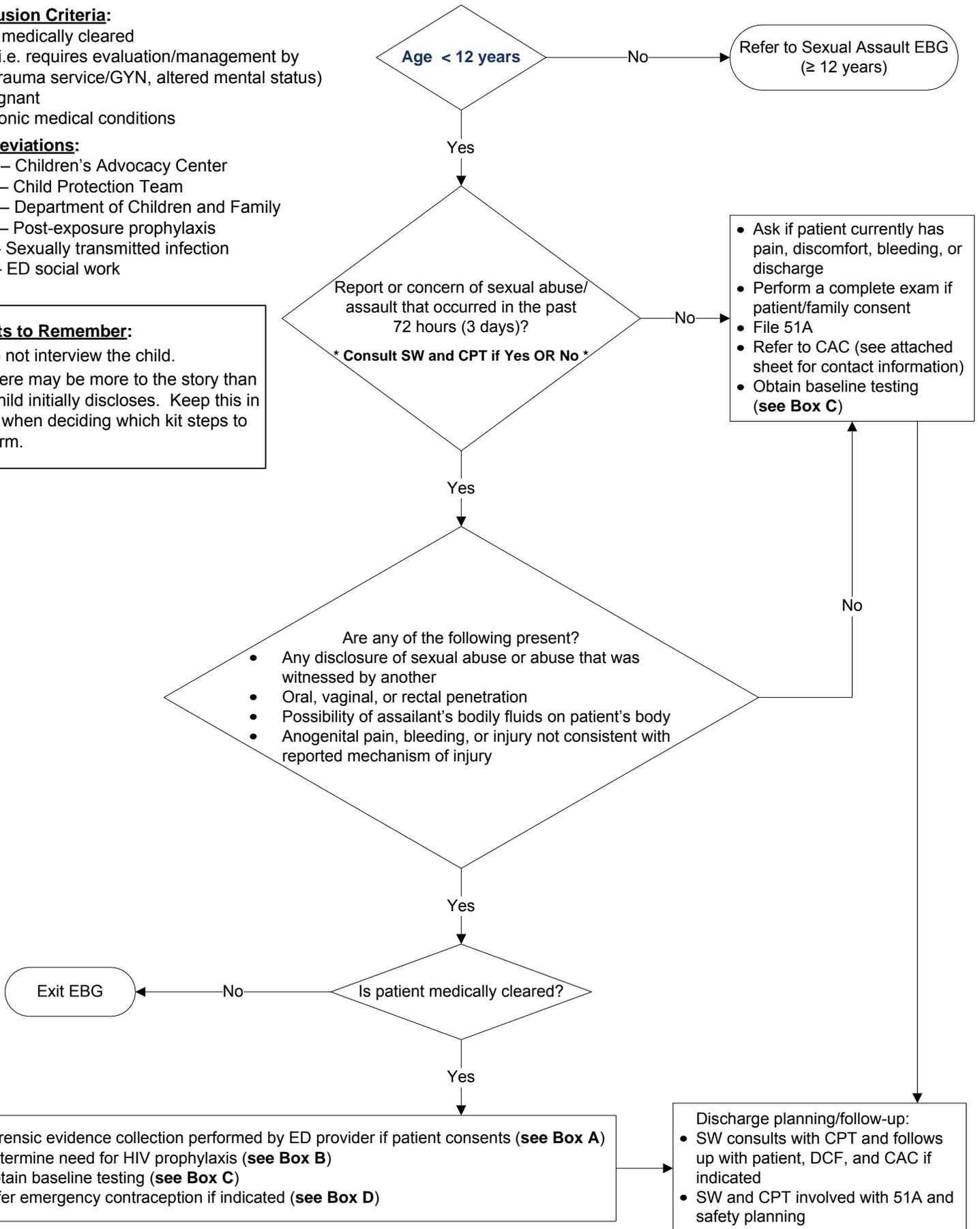
- Not medically cleared (i.e. requires evaluation/management by trauma service/GYN, altered mental status)
- Pregnant
- Chronic medical conditions

Abbreviations:

- CAC – Children's Advocacy Center
- CPT – Child Protection Team
- DCF – Department of Children and Family
- PEP – Post-exposure prophylaxis
- STI – Sexually transmitted infection
- SW – ED social work

Points to Remember:

1. Do not interview the child.
2. There may be more to the story than the child initially discloses. Keep this in mind when deciding which kit steps to perform.



Box A: Forensic Evidence Collection

- Do not interview the child. Document only what the guardian states. Ask child only the following:
 - Reason for ED visit
 - Current complaints of pain, discomfort, or bleeding
- If child makes spontaneous comments about the abuse, limit follow-up questions to **who, what, where, and when**. All statements the child makes should be documented as direct quotations.
- Explain each step of the evidence collection process, and reassure the patient.
- Avoid invasive or painful procedures.
 - No speculum exam in children
 - No restraints or sedation for evidence collection
- Attempt to collect as many kit steps as possible. The patient, however, may decline further evidence collection at any time in the process (An uncooperative child = no exam).
- Document the following:
 - Signs of injury, erythema, or bleeding
 - Complaints of tenderness or pain
- Support the child, and provide reassurance.

Box B: HIV Prophylaxis

Consider PEP to prevent HIV if yes to all three of the following conditions:

1. Isolated anal, vaginal, percutaneous or oral exposure to *possibly* or *definitely* HIV infected blood or semen?
2. Exposure occurred within 72 hours of presentation?
3. Patient/Family will consent to treatment and agree to follow-up?

HIV PEP in a PREpubertal sexual assault patient will generally be the three-drug regimen below. Phone consultation with Peds ID is required to include discussion of potential drug alternatives, particularly if source is known HIV+ (call page operator and ask for general ID fellow)

- Zidovudine:** 240 mg/m²/dose, PO BID (max 300 mg/dose) **AND**
- Lamivudine:** 4 mg/kg/dose, PO BID (max 150 mg/dose) **OR**
- Zidovudine/lamivudine (**Combivir**), 1 tablet PO BID

AND (choose one of the following):

If the patient requires a liquid preparation, choose Kaletra. If the patient can take a chewable tablet or swallow tablets, please choose raltegravir. **Note that the chewable tablets and the film-coated tablets are NOT interchangeable.**

- **Raltegravir** (Isentress)

CHEW TAB: 10 – 13.9 kg: 75 mg PO BID; 14 – 19.9 kg: 100 mg PO BID; 20 – 27.9 kg: 150 mg PO BID; 28 – 39.9 kg: 200 mg PO BID; >40 kg: 300 mg PO BID

FILM COATED TAB: >= 25 kg: 400 mg PO BID

OR

- **Lopinavir/Ritonavir** (Kaletra) – dose based on lopinavir

LIQUID: 7 kg – 14.9 kg: 12 mg/kg/dose PO BID; 15 kg – 40 kg: 10 mg/kg/dose PO BID (max 400 mg/dose)

*** Patient should receive first dose in the ED. ***

All prescriptions should be written for a 28-day supply.

Baseline Labs:

If starting HIV PEP, obtain HIV ELISA, CBC with differential, hepatic function panel.

Consider RPR, Hepatitis B surface antibody, Hepatitis C antibody.

Counsel regarding side effects of medications, signs of acute seroconversion.

Consider Hep B vaccine and Tdap vaccine.

Follow-up must be arranged for all patients:

- Patients who agree to take PEP should follow-up by phone within 3-4 days to ensure compliance and to assess for medication side effects. Patients will need to be seen for follow-up in 2 weeks.
- Patients who refuse PEP may be contacted in 24 hours so that they can be further counseled regarding risks and benefits of PEP. Provide information to Peds ID fellow.
- Follow-up should be scheduled through Children's Hospital ID Program; please notify Peds ID:
 - Weekdays 8am – 5pm call 56832 to make an appointment in the PEP clinic
 - Evenings and weekends notify ID fellow on call
- Parents must consent to release records to the Children's Hospital ID Program and to their PCP.

Exposures to saliva, urine, vomitus or feces, without blood or breaks in skin are low-risk for transmission of HIV. Page pediatric ID (general ID fellow) if considering HIV PEP for these exposures.

Box C: Additional Testing

- Urine nucleic acid amplification testing (NAAT) for gonorrhea and Chlamydia should be completed for all pre-pubertal children presenting for sexual abuse.
 - Positive urine NAATs require confirmation, which should be done at local CAC or CPT clinic **before** treatment with antibiotics.
 - Pre-pubertal children should not receive STI prophylaxis.
- Pubertal female patients should be tested for pregnancy.
- Also send RPR, hepatitis B surface antibody, hepatitis C antibody, HIV ELISA.

Box D: Emergency Contraception (Pubertal Patients Only)

In females, if urine HCG negative and exposure occurred within 120 hours, offer emergency contraception:

- Levonorgestrel 1.5 mg/tab (Plan B) 1 tablet po x1

Consider anti-emetic 30 minutes prior to medications

Medical Information on PEP for Prepubertal Patients

What is PEP?

PEP stands for postexposure prophylaxis. PEP means taking one or more medications for 28 days in order to reduce your child's risk of HIV infection after a possible exposure to HIV.

What are the benefits of PEP?

PEP may reduce your child's risk of acquiring HIV from a single exposure. The medications used for PEP are known to reduce risk of HIV among medical providers after needlestick injuries and in babies born to HIV-infected mothers. It is not known how well these medications work to prevent HIV infection after a sexual assault or after a non-medical needlestick exposure.

What are the risks of PEP?

The main risk of taking PEP is that your child may have a reaction to the medications. Side effects from these medications are usually not severe. Patients taking Zidovudine sometimes complain of nausea, headaches, poor appetite and difficulty sleeping. Zidovudine can also cause anemia. Patients taking Lamivudine may rarely develop pancreatitis or liver disease. Patients taking Kaletra and Isentress may complain of abdominal pain, nausea and diarrhea. Taking the medications with food helps to reduce the nausea and diarrhea symptoms. Side effects are usually not severe and often reduce over time. Because of the risk of side effects, it is important that your child continues to receive medical care once starting the PEP medications.

What type of follow-up is needed?

Follow-up testing can be done with the providers in the Pediatric Infectious Disease PEP clinic at Children's Hospital Boston (617 355-6832) or with your primary care provider. It is very important that your child continues to receive medical care both while taking PEP *and* once completing the medications. Your child's first follow-up by phone should be within *one week* of the Emergency Department visit. It is very important for your child to get repeat blood tests in *two weeks to check for medication side effects, and to get retested for HIV in six weeks, three months and six months* following the Emergency Department visit. It is also important to contact your chosen system if your child develops flu-like symptoms.

What if I have more questions or my child develops side effects from the medications?

You will choose to have testing follow-up with either the Children's Hospital Pediatric Infectious Disease PEP clinic (617 355-6832) or with your primary care provider. Please contact your chosen system for questions or for help with managing side effects (diarrhea, nausea).

How much do the PEP medications cost?

The PEP medications are costly but are covered by both private insurance and Mass Health. There may be a co-pay depending on your insurance plan. If your child does not have insurance and cannot afford the medications, you can still receive the PEP medications at no cost through the Massachusetts Department of Public Health, through a program called HDAP. You will need a social worker in the Emergency Department to assist you with the paperwork.

What if I was not given PEP?

Some patients who may have been exposed to HIV will not be offered PEP. One reason is if your child's possible exposure to HIV was more than 72 hours ago, the PEP medications will not work. If your child was not given PEP but may have been exposed to HIV, he/she will still need close medical follow-up. If your child develops a flu-like illness he/she must be seen urgently.

**Agreement for treatment and follow-up in the
PREpubertal Patient**

Patient label here

My child was given prescriptions for (check all that apply):

- Zidovudine (Retrovir) liquid or capsules
- Lamivudine (Epivir) liquid or tablets
- Combivir tablets (contains both zidovudine and lamivudine)
- Lopinavir/Ritonavir (Kaletra) liquid
- Raltegravir (Isentress) Chewable tablets or film-coated tablets
- Other medications _____

During the Emergency Department visit my child was also given:

- Hepatitis B vaccine
- Tetanus vaccine
- HIV prophylaxis (first dose) _____
- Other medications _____

My child's plans for follow-up:

_____ My child will follow-up with the Children's Hospital Boston Infectious Disease PEP clinic. I have signed consent for the providers at CHB's PEP clinic to have access to my child's medical records, and to contact me regarding follow-up planning if needed. I understand that within three days, I should call the CHB PEP clinic for an appointment for my child in about two weeks. I can reach providers and can schedule this appointment by calling during business hours at (617) 355-6832.

_____ My child will follow-up his/her primary care provider regarding PEP. My first appointment will be within two weeks. I have signed consent for my primary care provider to have access to the medical records for my child's visit to the Children's Emergency Department today. My child's primary care provider's name and phone number are:

_____ I have not agreed for my child to take PEP. I may contact the CHB PEP program to further discuss the risks and benefits of PEP, or they may contact me.

Parent/ Guardian Signature/Date

Provider Signature/Date

Massachusetts Pediatric SANE Contact List



<p>Barnstable County Children's Cove P.O. Box 427 Barnstable, MA 02630</p> <p>Sandy Hebenstreit, MS, RN, CFNP (508) 375-0410</p>	<p>Berkshire County Kid's Place 63 Wendell Ave Pittsfield, MA 01201</p> <p>Anne Hutchinson, PNP, MPH, Pedi SANE (413) 499-2800 ext. 23</p>
<p>Bristol County Children's Advocacy Center 58 Arch Street Fall River MA 02721</p> <p>Mildrine Tulyse, NP (508) 674 -6111</p>	<p>Essex Children's Advocacy Center</p> <p>Kristine Aznavoorian, MS, CNS Lawrence General Hospital (978) 683-4000 ext. 2030</p>
<p>Lawrence General Hospital Emergency Department Pediatric SANE Services (24 hrs/7 days/week) (978) 683-4000 ext 2500</p> <p>NE Regional Coordinator: Linda Molchan, RN, MS, Pedi and Adult SANE (978) 683-4000 Ext. 2627</p>	<p>Norfolk Advocates for Children 12 Payson Road Foxboro, MA 02035</p> <p>To access services call: (508) 543-0500 X 106</p>
<p>Plymouth County Children's Advocacy Center 309 Pleasant Street Brockton, MA 02301</p> <p>Kristine Aznavoorian, MS, CNS (508) 580-3383</p>	<p>Suffolk County CAC 989 Commonwealth Ave Boston, MA 02215</p> <p>Adine Latimore, PNP, Pedi and Adult SANE (617) 779-2144</p>
<p>Joan Meunier-Sham, RN, MS Pediatric SANE Associate Director (781) 718- 9107</p>	<p>Anne Parsons Marchant MS, CNS Pediatric SANE Clinical Coordinator (617) 571-6684</p>

Pediatric Sexual Assault Nurse Examiner (SANE) Services in Massachusetts



Frequently Asked Questions For Medical Providers

This document is designed to provide guidance regarding health and medical services for children who have been sexually abused, or when there is a concern that sexual abuse has occurred. It provides information regarding access to Pediatric SANE services and addresses the most frequently asked questions about these services. This document is not intended to be an all inclusive document, but rather one that reflects the most commonly asked questions about the Pedi SANE Program and medical/health services related to sexual abuse.

Medical providers may access Pediatric SANEs for *any* medical/health consultation related to sexual abuse for any child. Pediatric SANEs may also be utilized as resources for families who have health concerns related to sexual abuse/assault. ***Please note that family access to Pedi SANEs occurs through clinician to clinician referral. Families should not be directly referred to the Pedi SANE.***

Q. What services do Pedi SANEs provide to medical providers:

A. Pediatric SANEs are directly available to medical providers for:

- Consultation regarding health and medical concerns related to disclosures or concerns for sexual abuse;
- Consultation regarding behaviors that may be concerning for sexual abuse (sexualized behaviors)
- Case management around medical/health issues related to sexual abuse
- Access to specialized sexual abuse examinations for children/families in their care
- Educational presentations related to the health/medical needs of sexually abused children

Q. Where can I access Pediatric SANE Services?

A. Pediatric SANE services can be accessed at different locations across Massachusetts. Currently, seven of the state's eleven Children's Advocacy Centers have Advanced Practice Pediatric SANE 2s (Nurse Practitioners or Clinical Nurse Specialists) who provide on-site services on a Monday-Friday, 9AM – 5PM basis (see list below for PT/FT availability). Pediatric SANE services are available to **ALL** medical providers statewide regardless of county.

Contact Information for Pediatric SANE Services in Children's Advocacy Centers (CACs)

Barnstable County - Children's Cove – Barnstable, MA (508) 375-0410 **(20 hours/week)**

Berkshire County Kid's Place – Pittsfield, MA (413) 499-2800 **(32 hours/week)**

CAC of Bristol County, Fall River, MA (508) 674-6111 **(32 hours/week)**

Essex County CAC – Lawrence General Hospital (617) 777-2414 or (978) 683-4000 ext 2030 **(20 hours/week)**

Norfolk Advocates for Children, Foxboro, MA (508) 543-0500 ext.106 **(20 hours/week)**

CAC of Plymouth County – Brockton, MA (508) 580-3383 **(20 hours/week)**

CAC of Suffolk County, Boston, MA (617) 779- 2144 or **(37.5 hours/week)**

Contact Information for Pediatric SANE Services in Emergency Departments (EDs)

Lawrence General Hospital provides a 24/7 Pediatric SANE response, including forensic evidence collection, for **children < 12 with a disclosure of sexual abuse that occurred within a 72 hours period**, and for **children 12-17 years with a disclosure of abuse that occurred within a 120 hour period**

- **Lawrence General Hospital Emergency Department** (978) 683-4000 ext 2500

Q. What services do Pediatric SANEs provide to children and families?

- A. ***When a clinician to clinician referral is made and services are deemed appropriate***, Pediatric SANEs provide a variety of health and medical services to children and families. Children and their guardians often have many questions and concerns about the impact of sexual abuse on their current health and future well being. Children and families have concerns about possible injuries and the risk of sexually transmitted infections. Pediatric SANEs are available to talk or meet with families, and as needed to conduct examinations and testing for sexually transmitted infections.

Most pediatricians and medical providers do not have a comfort level or expertise in this specialized area of child sexual abuse. Pedi SANEs can provide this level of expertise directly to the child/guardian. With the guardian's permission, the Pedi SANE will work closely with the child's medical provider to ensure that care is coordinated and comprehensive.

Services are tailored to meet the individual needs of the child/family and may include:

- Phone consultation or face-to-face consultation with the child's guardian/child about medical/health concerns related to sexual abuse
- A head-to-toe physical exam focused to documentation of injuries or symptoms of infection related to sexual/physical abuse
- A **non-invasive** MedScope exam of the child's external genitals to assess for new or old injuries related to sexual abuse. **NO internal/speculum exam is done** (unless child is a physically mature adolescent and history indicated the need for such exam).
- Forensic evidence collection using the Massachusetts Pediatric Sexual Assault Evidence Collection Kit (MA PEDI Kit) for children **< 12 years of age when sexual abuse occurs within a 72 hour period** and a child is not currently in an emergency department.

- Testing for Sexually Transmitted Infections (STIs) such as gonorrhea, Chlamydia, HIV
- Follow-up examinations to document healing of injuries or resolution of medical concerns
- Health/medical case management related to sexual abuse/assault

Q What happens during a Pediatric SANE examination?

A. The exam is very much like exams that all children receive from their medical provider. The Pedi SANE exam proceeds from head-to-toe carefully looking for signs of injuries on the child's body. Extra attention is given to examination of the child's genitalia. Girls are examined in a frog-leg position. In this position, the child's genitalia will be fully visualized in a manner that is **not painful or invasive**. A MedScope (video-documentation system) is used to externally light and magnify the child's genitalia, and allows for digital images of the exam to be obtained and stored. If sexual abuse occurred within a 72 hours period, forensic evidence collection using the MA PEDI Kit may also be completed.

Q. Are children sedated for Pediatric SANE exams?

A. No, children are never sedated because these examinations are non-invasive. An exam done by a Pedi SANE is not painful or traumatic. In the rare occasion that the child is not able to cooperate with an exam, the exam is usually rescheduled for a later time. Most children find the examinations reassuring and positive experiences.

Q. If a child is not cooperative during an exam, is another examination always rescheduled?

A. If a child is uncooperative, the importance of repeating the exam would be based on the child's clinical presentation and the level of concern for injury based on the allegations. There are times when it is determined that it is probably not in the best interest of the child to attempt another exam. Those decisions are made in conjunction with the child's parent.

Q. What is the Massachusetts Pediatric Sexual Assault Evidence Collection Kit (MA PEDI Kit)?

A. The MA PEDI Kit is a forensic evidence collection kit that was specially designed for emergency department clinicians to use for children < 12 years of age. The MA PEDI Kit is indicated for use when the **last sexual contact occurred within a 72 hour period**. This "child friendly" kit was developed according to "do no harm principles" and contains a series of envelopes and cotton-tipped swabs that are used to gently swab the **external** portions of the child's body for forensic evidence such as saliva, semen, skin cells and other foreign material. All evidence collection steps are non-invasive and should not cause discomfort. Documentation forms contained within the MA PEDI Kit guide emergency clinicians to obtain history from the child's guardian and avoid interviewing the child. Timely evidence collection using the MA PEDI Kit is critical as forensic evidence in young children disappears quickly. Children **currently in an emergency department who meet criteria for forensic evidence (72 hour period) should have a MA PEDI Kit completed on-site in the emergency department**. A referral should then be made to the Pedi SANE for follow-up and a MedScope exam.

Q. What is the cost of Pediatric SANE services?

A. There is no cost to a child or family for Pediatric SANE services as funds for these services are provided by the state. In cases in which testing for Sexually Transmitted Infections (STIs) is indicated, the child's medical insurance is billed for laboratory testing. In cases in which the child has no insurance, the Pediatric SANE will work with the laboratory to make provisions for free care.

Q. When should medical providers access emergency department services following disclosures of sexual abuse?

Children < 12 years

- A. If a **child is < than 12 years and the abuse occurred within 72 hours, or if a child is complaining of pain or bleeding**, the child should be seen urgently to assess for injuries and to collect forensic evidence that may be on the child's body and clothing. If the abuse involves oral, vaginal or rectal penetration by a penis, other body part or object, or if there is a concern of bodily secretions (saliva, semen etc) on the child's body or clothing, forensic evidence collection is indicated and should be done as soon as possible. Most Massachusetts emergency departments who provide care for children have access to the MA **Pediatric** Sexual Assault Evidence Collection Kit (for patients < 12 years), and have been trained by the Pediatric SANE Program to use these kits as indicated. Pediatric SANE services are also available in the emergency department at Lawrence General Hospital on a 24/7 basis for all children who live in that geographical location.

During normal business hours, with guardian consent, **primary care** medical providers may also contact a local Children's Advocacy Center (CAC) Pediatric SANE to see if it is possible to complete the examination and forensic evidence collection on-site at the CAC instead of an emergency department. If the child is currently in an emergency department, evidence collection should be done on-site.

Children 12 years and older

- A. If a **child is 12 years or older and the abuse occurred within 120 hours, or the child is complaining of bleeding or pain**, the child should be seen urgently to assess for injuries and to collect forensic evidence that may be on the child's body and clothing. If the abuse involves oral, vaginal or rectal penetration by a penis, other body part or object, or if there is a concern of bodily secretions (saliva, semen etc) on the child's body or clothing, forensic evidence collection is indicated and should be done as soon as possible. All emergency departments in Massachusetts have access and have been trained to use the MA Sexual Assault Evidence Collection Kit (for patients 12 years and older). **In addition, the following facilities are MA designated SANE sites where Adult and Adolescent SANE services are available to care for patients 12 years and older on a 24/7 basis.**

Boston Area

- *Boston Medical Center*
- *Brigham and Women's*
- *Beth Israel Deaconess*
- *Cambridge Hospital*
- *Children's Hospital - Boston*
- *Massachusetts General Hospital*
- *Newton Wellesley Hospital*

Cape and Islands

- *Falmouth Hospital*
- *Cape Cod Hospital*
- *Nantucket Cottage Hospital*

Central MA

- *Harrington Memorial Hospital*
- *Milford Regional Medical Center*
- *Worcester Medical Center*
- *UMASS Memorial Hospital*
- *UMASS University Hospital*

Northeast MA

- *Lawrence General Hospital*

Southeastern MA

- *Brockton Hospital*
- *Charlton Memorial Hospital*
- *St. Luke's Hospital*
- *Morton Medical Center*
- *Tobey Hospital*
- *Jordan Hospital*

Western MA

- *UMASS Amherst University Health Services*
- *Baystate Medical Center*
- *Cooley Dickinson Hospital*
- *Mercy Medical Center*
- *Wing Memorial Hospital*