Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE, PROTOCOLS AND MEDICAL DIRCTIVES		
	Community Health Nursing		
TITLE:		**SECTION:**	**POLICY NUMBER:**
Guidelines for the Care of Pediatric Sexual Assault Survivors in Community		Nursing Practice	07-046-00
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APPLIES TO:			
Supervisors of Health Programs (SHP); Community Health Nurses (CHN); Nurse Practitioners (NP); Advanced Care Paramedics (ACP); Physicians			

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1. INTRODUCTION AND BACKGROUND

The Criminal Code of Canada defines sexual assault as an assault of a sexual nature that violates the sexual integrity of the victim. Sexual assault is an especially traumatic form of assault in that it is an act of aggression committed by those who are more powerful against those who are less powerful. Childhood sexual abuse is a deeply injurious experience that has severe emotional, physical, mental, and spiritual impacts on an individual's health over their life course.

The Child and Family Service's Act is the legislative authority for child protection in Nunavut. Its fundamental guiding principle is the safety and well-being of children and youth. The Department of Health's (Health) commitment extends beyond medical treatment; it encompasses advocacy, empowerment, and the creation of a safe and supportive environment where survivors can begin their journey toward healing and recovery.

Health Care Providers (HCP) working in remote and isolated Indigenous communities should be aware of the on-going legacy of colonialism and systemic racism and how this relates to the overrepresentation of Indigenous children and youth in child maltreatment investigations. In the aftermath of the residential school system, it is now believed that Indigenous children are disproportionately impacted by sexual abuse. A study conducted by the Cedar Project determined that Youth are 2.35 times more likely to be at risk for sexual assault when a parent was forced to attend residential schools (The Ceder Project, 2015). An estimated 3000 Inuit are residential School survivors (www.pauktuutit.ca.)

In keeping with the values of Pijitsirniq (serving and providing for family or community, or both); Qanuqtuurniq (being innovative and resourceful); Piliriqatigiiniq or Ikajuqtigiinniq (working together for a common cause); Aajiiqatigiinniq (decision making through discussion and consensus); Inuuqatigiitsiarniq (respecting others, relationships and caring for people); and Tunnganarniq (Fostering good spirit by being open welcoming and inclusive), Health provides the following guideline for supporting pediatric sexual assault survivors under the age of 19.

2. DEFINITIONS

Child: A person who is, or in the absence of the contrary, appears to be under the age of 16 years.

Youth (Adolescent): A person 16 years and over, but younger than the age of majority (19 in Nunavut).

Mature minors: children and youth who have demonstrated decision-making abilities in other areas of life and are capable of fully appreciating the nature and consequences of medical treatment. There is no legislated age of consent for medical treatment, therefore the concept of mature minor applies. The determination of a mature minor is decided on a case-by-case basis.

Sexual Assault Examination Kit (SAEK): a forensic packaging system provided by the RCMP that contains:

- *RCMP Healthcare Practitioner's Guide:* Specific instructions on collecting the physical and trace biological evidence from a particular case;
- Informed Consent Form;
- Booklet to document findings;
- Containers in which to place all the collected physical and trace biological evidence;
- Identification labels for each container;
- Instructions on packaging and documenting evidence;
- Procedure on maintaining the chain of custody.

* An SAEK does not need to be collected in its entirety to be considered complete. Specific steps are tailored on a case-by-case basis depending on the circumstances and the patient has a right to decline any aspect of the SAEK they are uncomfortable with.

Sexual Assault Survivor (SA survivor): a positive term recognizing the strength required to live with an experience of sexual assault. Though survivors had no control over the assault, they do have options in their response and must be actively involved in the process of reclaiming their personal power.

Victim Services: a free and confidential client-centered service for victims of crime. Services are tailored to each victims need. Contact: victimservices@gov.nu.ca or 1-866-456-5216.

The Umingmak Centre: is a Child Advocacy Centre (CAC) located in Iqaluit. It is a non-governmental program under the Arctic Child and Youth Foundation that works closely with GN partners to provide care and support for children who have experienced acute abuse/maltreatment in a child friendly, trauma informed manner. Both forensic investigation and follow up care/support can be provided on site, as well as expert guidance and education for others working with children who have experienced abuse in other communities.
Contact information: 867 975-3255 or UmingmakCD@acyf.ca

Forensic Exam: An exam based on the purpose of collecting forensic evidence (documenting the events and collecting biological evidence) in the context of sexual assault. A SAEK is part of the Forensic exam.

Medical exam: The gathering of clinical information including history and physical assessment to determine medical/health concerns, injuries sustained and where appropriate therapy and medical treatment can be provided. The medical exam can be done in conjunction with the forensic exam or separately**.**

Chain of custody: The movement and location of physical evidence from the time it is collected until the time it is presented in court. Proper documentation of the continuity of forensic evidence can avoid allegations in court of tampering or misconduct, those of which, can ultimately compromise a case.

Health Care Providers (HCP): Supervisors of Health Programs (SHP); Community Health Nurses (CHN); Nurse Practitioners (NP); Advanced Care Paramedics (ACP)

3. CULTURAL SAFETY AND TRAUMA INFORMED CARE CONSIDERATIONS

3.1 HCPS shall ask the patient and/or guardian which language they would be most comfortable with and shall contact a suitable interpreter in accordance with *The Interpreter Services Policy (Policy #06-013-00),* as necessary. The use of family or friends to act as interpreters is strongly discouraged for reasons of confidentiality and bias, but can be used as a last option if no interpreter is available.

3.2 A trauma informed approach emphasizes safety, control and choice for the person who is seeking help; enhancing their strength and resilience; minimizing re-traumatization; and promoting physical and emotional safety.

3.3 Treatment and care of a child or youth who have been sexually assaulted must be provided with respect and in a way that restores and maintains dignity.

3.4 In line with the principle of "do no harm", HCPs should seek to prevent further traumatization and distress for children and youth.

3.5 SA Survivors' views should be actively solicited, and their comments incorporated.

3.6 Validation of the SA survivor's experience and abilities to cope with their life are crucial aspects of empowering them to keep themselves safe.

3.7 Timely information, presented in easily understood terms, is one of the most basic needs of victims of crime.

4. POLICY

4.1 All HCPs will strictly adhere to their professional scope of practice and individual knowledge, judgement and skills, and consult an MD/NP or seek guidance from the Supervisor of Health Programs accordingly.

4.2 All HCPs will strictly adhere to the mandatory reporting requirements outlined in Section Six: Mandatory and Voluntary Reporting along with the *Child Welfare Policy (Policy #06-016-00)*.

4.3 All SA Survivors who report (or guardian who reports) being the victim of a sexual assault shall be given the choice to have a sexual assault examination kit (SAEK) if indicated and the timing is appropriate regardless of the SA survivor's (or guardian's) intent to pursue a criminal complaint.

4.4 **Appendix A: Suspected/Reported Pediatric Sexual Assault Algorithm for SA Survivors < 13 Years Old** will be followed to assist the HCP with decision making on clinical priorities and pediatrician consultation pathways.

4.5 **Appendix B: Suspected/Reported Pediatric Sexual Assault Algorithm for SA Survivors 13-18 Years Old** will be followed to assist the HCP with decision making on clinical priorities and consultation.

4.6 All HCPs will follow the transferred medical functions as outlined in Section Five: Medical Directive, when caring for pediatric sexual assault survivors.

5. MEDICAL DIRECTIVE

5.1 Completion of an SAEK < 13 years old can be performed in the community by a HCP only if approved and guided by the pediatrician.

> **NOTE:** Only the pediatrician can determine if, when and by whom the forensic examination should take place for SA survivors less than 13 years old (or pre-pubescent).
>
> *Refer to Section 9.1 for more details

5.2 SHPs, CHNs and ACPs have authorized transferred medical functions they are permitted to follow as outlined in:

- 5.2.1 Table 2: Recommended Labs and Diagnostics to be Completed During the Medical Examination
- 5.2.2 Table 3: Treatment to be Offered During the Medical Examination
- 5.2.3 Table 5: Recommended Labs for all HCPs to be Offer During the Follow Up.
- 5.2.4 Table 6: Recommended Labs and Management for Positive STI Results.

6. MANDATORY AND VOLUNTARY REPORTING

Background

6.1 Duty to report is a personal obligation and cannot be delegated to another individual.

6.2 Under the Child and Family Services Act, no action will be taken against any Health employee for reporting information in accordance with said Act unless the report is done with malicious intent.

6.3 Refer to *Policy 06-016-00 Child Welfare* for further information on the process of reporting (including the process on when a HCP is unable to reach Family Services) and information to include.

Mandatory Sexual Assault Reporting to Family Services for Patients Under the Age of 16

6.4 Mandatory reporting is immediately required to Community Social Services Worker (CSSW) in the following situations. If the CSSW is unreachable, the HCP will report their concerns to RCMP.

- 6.5.1 For reported or suspected sexual assault in a child under the age of 16.
- 6.5.2 For any known sexual contact outside the age of consent for sexual activity in a child under the age of 16 (Refer to Table 1.).

Voluntary (not compulsory) Reporting to Family Services for Patients Aged of 16-18

6.5 There is no mandatory reporting to Family Services for all reported or suspected sexual assaults, or any known sexual contact outside the age of consent for sexual activity for youth between the age of 16-18. However, a HCP may choose to voluntarily report at their discretion or if:

- 6.6.1 If the youth is under the care of Family Services (i.e. due to an intellectual disability);
- 6.6.2 If the suspected perpetrator is the legal guardian;
- 6.6.3 Any known sexual contact outside the age of consent (Refer to Table 1.). A 16-18 year old cannot consent if the partner is in a position of power, trust or authority or the SA Survivor is in a relationship of dependency on that person;
- 6.6.4 If the youth does not meet the criteria to be considered a mature minor and requires medical treatment, but the legal guardian is refusing to provide consent.

Table 1. Age of Consent for sexual activity: According to the Criminal Code of Canada, consent to sexual activity is based on the age of a person and the age of the partner (applies to both males and females)

Under the age of 12	**No consent is possible**
12 – 13 years old	Consent possible if partner less than 2 years older and there is no relationship of trust, authority or dependency or any other exploitation of the young person.
14 – 15 years old	Consent possible if partner is less than 5 years older and there is no relationship of trust, authority or dependency or any other exploitation of the young person.
16 – 18 years old	Consent is possible with anyone older unless the partner is in a position of power, trust or authority or the SA survivor is in a relationship of dependency on that person.

7. OBTAINING SEXUAL ASSAULT SURVIVOR'S CONSENT

Options to Present to the Patient

7.1 The HCP shall advise the SA survivor and guardian in plain language and through an interpreter when requested, all the options available:

- 7.1.1 To have the SAEK completed and accept a medical exam and treatment.
  - 7.1.1.1 SAEK completed and submission of complaint to the RCMP; or
  - 7.1.1.2 SAEK completed without submitting a complaint to the RCMP. The RCMP will store the kit for a period of time and also advise the SA survivor of available options.
- 7.1.2 To decline a SAEK but accept medical exam and treatment.
- 7.1.3 To have the SAEK completed (refer to 7.1.1.1 and 7.1.1.2), but decline the medical exam and treatment.
- 7.1.4 To decline medical examination and treatment, and SAEK, but accept STI testing and pregnancy test.
- 7.1.5 To decline all options.

Who Can Provide Consent

7.2 Consent is obtained from an SA survivor who is fully awake, able to understand what they are consenting to and able to sign the consent form.

7.3 Consent for both the forensic and medical examination can be provided by:

- 7.3.1 The SA survivor for both examinations if deemed to be a mature minor who has the capacity to make an informed choice understanding the risks, consequences, and benefits of any assessment, treatment and intervention.
- 7.3.2 The legal guardian for both examinations if the SA survivor is not deemed to be a mature minor or is incapacitated and cannot provide consent.
- 7.3.3 The Community Social Service Worker (CSSW) for medical examination and treatment if the child's legal guardian is unavailable or unable to consent to the provision of the treatment AND the SA survivor is not deemed to be a mature minor.
- 11.2.1 If the medical examination and treatment are declined by the SA survivor (who has NOT been deemed a mature minor) and/or legal guardian in the presence of genuine health concerns, the CSSW may apply to the court for authorization to provide consent in place of the parent or legal guardian if in the best interest of the SA survivor.
- 7.3.4 CSSW for a forensic examination through applying to the court for authorization if the child's legal guardian is unavailable or unable to consent to the provision of the examination AND the SA survivor is not deemed to be a mature minor.

How to Obtain Consent

7.4 The HCP must obtain written informed consent for the forensic examination and the SAEK (Consent form is included in the SAEK). It is best practice to re-confirm consent and readiness with the SA survivor before proceeding through each portion of the exam. The SA survivor has the right to decline any step of the SAEK they wish. Any completed portions of the SAEK will be submitted for evidence.

- 7.4.1 With the consent of the SA survivor or guardian, a second HCP should be present to assist. Ensure that the SA survivor is aware of all the possible options as described in 7.1.

8. PROCEDURE – EXAMINATION AND TREATMENT FOR CHILDREN AND YOUTH UNDER 19 YEARS OF AGE

8.1 SA survivors are a priority and should be immediately placed in a safe area.

8.1.1 Be supportive, nonjudgmental, and compassionate so that the survivor experiences a feeling of control over the situation. Ask whether the SA survivor would like someone to be with them. Offer to contact Victim's Services by phone, Mental Health Nurse, or a support person.

8.2 The forensic interview with Family Services/RCMP should occur first before the HCP proceeds. This interview will help to guide the direction of care (i.e. all the options in 7.1). If the delay in the forensic exam will delay care, the HCP is permitted to proceed with the medial examination and treatment.

8.3 Prior to performing the medical or forensic exam, clothing involved in the assault will be placed in a paper bag and collected as evidence. The patient will be offered a Health Centre gown or clothing brought from home.

8.4 During the medical assessment, the HCP will:

8.4.1 Perform a medical interview including health history and history of presenting concern using basic clinical health questions and avoiding probing questions regarding specifics of the assault. The goal of this medical interview is to identify and address any immediate medical concerns. Record the time and date of the assault, but do not ask further details. If forensic interview has been completed, use this information, and avoid duplicating questions as that may be re-traumatizing.

> **NOTE:** Forensic interviewing of the child is the responsibility of trained Family Services' staff and/or the RCMP. Refer to *Policy 06-016-00 Child Welfare* for further directions on interviewing the pediatric population.

8.4.2 Perform vital signs assessing for signs of shock, infection, internal injury, and identify obvious physical injuries and record all physical findings. These documented physical findings are also incorporated as part of the forensic examination.

8.4.3 Assess for pain and injuries; treat accordingly prior to completing a SAEK.

8.4.4 Determine any pertinent health history from the chart that may affect care (e.g. pregnancy).

8.4.5 All HCPs will offer the recommended screening and testing guidelines outlined in Table 2. and the recommended treatment guidelines outlined in Table 3.

Table 2. Recommended Labs and Diagnostics to be Completed During the Medical Examination

Labs/Diagnostics	Notes
Urine Pregnancy Test	All HCPs will offer and SHPs, CHNs and ACPs are authorized to obtain a urine pregnancy test for all biological female patients who have reached menarche.
Baseline STI Screening	All HCPs will offer and SHPs, CHNs and ACPs are authorized to collect HIV serology, Hepatitis B surface antigen, Hepatitis B surface antibodies, Hepatitis C antibody and Syphilis serology to all patients. All HCPs will offer and SHPs, CHNs and ACPs are authorized to collect urine or pharyngeal swabs (if involved in the assault) for Chlamydia and Gonorrhea to all patients. Anus swab for Chlamydia and Gonorrhea if the area was involved in the assault and as directed by the Pediatrician/MD. *If prophylaxis treatment administered a 2nd Urine should be collected for forensic purposes
X-Ray	As clinically warranted (CHNs and SHPs to follow the FNIHB guidelines and policy 08-019-00 – Nurse Initiated X-Ry Requests. ACPs require an order from NP/MD)

Table 3. Treatment to be Offered During the Medical Examination

Treatment	Notes
Prophylaxis treatment for chlamydia and gonorrhea	Prophylaxis treatment for chlamydia and gonorrhea may be considered based on patient preference and in collaboration with the on-call physician/pediatrician or NP. *Direct observation therapy is best practice and should be followed for oral medication prophylaxis treatment
Hepatitis B vaccine	All HCPs are to offer and administer Hepatitis B vaccine if eligible as per the Nunavut Immunization Schedule and if not up to date (ACPs require an order to administer from an NP/MD)
Hepatitis B Immune Globulin	Consideration for Hep B Immune Globulin as per the Communicable Disease Manual and in consultation with the a Pediatrician/Pediatric ID for patients < 13 years old or Regional on-call if 13 years of age and older.
HIV Post-Exposure Prophylaxis **(**PEP)	Consideration for HIV (PEP) as per the Communicable Disease Manual and in consultation with the Pediatric ID for patients < 13 years old or Regional on-call if 13 years of age and older. For patients over 40 kgs PEP available at the CHC. For patients under 40 kgs, PEP can be administered if weight-based dosing available.
Human Papillomavirus vaccine	All HCPs are to offer Human Papillomavirus vaccine if eligible as per the Nunavut Immunization Schedule and if not up to date. (ACPs require an order to administer from an NP/MD)
Emergency contraception	All HCPs are to offer emergency contraception within 120 hours (5 days) post-assault if of childbearing age and known onset of menarche (negative urine pregnancy test required pre-administration). SHPs and CHNs are authorized to administer. ACPs require an order to administer from an NP/MD. • Depending on the therapeutic treatment window/efficacy of oral emergency contraception, the regional on-call physician and the HCP may review options for a scheduled flight for the insertion of a copper IUD

9. PROCEDURE – COMPLETION OF THE SAEK FOR CHILDREN AND YOUTH UNDER 19 YEARS OF AGE

Consultation Consideration Prior to Performing a SAEK

SAEK and Pediatrics Less Than 13 Years Old or Pre-Pubescent

9.1 Consult the On-Call Pediatrician with details of the history and initial assessment (Refer to **Appendix A** for the Pediatrician consultation pathway). Only the Pediatrician can determine if, when and by whom the forensic examination should take place in SA survivors under the age of 13 (or who are pre-pubescent).

- 9.1.1 Completion of the SAEK can be performed in the community by a HCP if approved by the Pediatrician.
  - 9.1.1.1 The decision for a HCP to perform a SAEK in community will be discussed with the Pediatrician, where the HCP's level of comfort along with their personal knowledge, judgement and skill performing SAEKs will all be reviewed. The HCP and Pediatrician will take into consideration the SA survivor's age.
- 9.1.2 All HCPs are prohibited from performing any internal vaginal or rectal examination in a child under 13 years old (or pre-pubescent).
- 9.1.3 A Pediatrician must approve vaginal/rectal swabs in all SA Survivors under the age of 13 years old (or who are pre-pubescent) prior to initiation of these tests.

SAEK and Pediatrics 13-15 Years Old

9.2 Consult the community Physician or the Regional On-Call Physician with the details of the history and initial assessment. A physician order is required prior to proceeding with the SAEK. The physician may consider consulting a Pediatrician as required.

SAEK and Youth 16-18 Years Old

9.3 CHNs, SHPs and NPs to consult the community Physician or the Regional On-Call Physician as required. ACPs are required to consult for all patients as per scope of practice.

Actions Taken Prior to Performing an SAEK

9.4 Prior to performing the SAEK, the HCP will:

- 9.3.1 Complete the medical examination.
- 9.3.2 Inform the SA survivor and guardian that the SAEK can only be stored with the RCMP, which requires a file to be opened. The SA survivor and guardian have the right to:
  - 9.3.3.1 Permit the SAEK to be signed over to the RCMP but decide not to proceed with a criminal investigation;
  - 9.3.3.2 Permit the SAEK to be signed over to the RCMP and proceed with a criminal investigation;
  - 9.3.3.3 Request that the SAEK be destroyed.
- 9.3.3 Obtain informed consent (Refer to Section 7).
- 9.3.4 Advise the SA survivor and guardian that they may stop the examination at any point.
- 9.3.5 Gather all necessary equipment for the examination prior to breaking the seal on the SAEK. Once the seal is broken, the HCP must maintain direct line of sight of the SAEK at all times until transferred to RCMP.
  - 9.3.5.1 Refer to Section 9 for further information on all the equipment and supplies required to be brought in the room.

9.5 The SAEK ideally should be completed within 7 days of the assault (72 hours if prepubertal). If more time has passed, DNA has degraded to the extent that it may no longer be useful. However, if the

timeframe is beyond 7 days and the SA survivor/guardian wishes for a SAEK, contact the Pediatrician/Physician for guidance on whether to perform the SAEK.

Performing an SAEK

9.6 The HCP will notify the RCMP when the SA survivor or guardian has agreed to a forensic examination regardless of whether the SA survivor decides to make a complaint. In the community, sealed SAEKs are stored at the RCMP detachment and an RCMP member will provide the SAEK and verify that the seal has not been broken prior to use.

9.6.1 If the SA survivor does not want to speak to the RCMP, the member will still collect the kit as third-party reporting until the survivor is ready to report. The RCMP officer does not need to be in the Health Centre during the examination or collection of the kit.

9.7 Each step of the examination will be explained prior to initiating it and the HCP will re-confirm consent with each step.

9.8 Medical specimens must be kept separately from forensic specimens gathered for the SAEK.

9.9 Once the SA survivor has been examined and treated medically, read and follow the SAEK instructions. Ensure that all forms are filled out, labeled, and legible, and all evidence and specimens are labeled as outlined in the SAEK instructions.

9.9.1 After the SAEK is completed, the HCP will hand the kit over to RCMP. It is essential that chain of custody be maintained by the HCP until the kit is handed over to RCMP. The RCMP officer who collects the kit will also collect any accompanying forms. The RCMP accept custody of the SAEK by signing for the individual items

10. Equipment Required for Completing SAEKs

10.1 To ensure preparation the HCP must be stocked with any additional supplies in the exam room that may not be located within the sealed SAEK. Refer to Table 4. For a comprehensive list of the additional supplies and equipment required to have while performing an SAEK.

Table 4. List of Additional Supplies Required in the Exam Room Prior to Breaking the SAEK Seal

Recommended
Large surface/table, pen, extra gloves (may need to change frequently)
Proper lighting (additional light source if required)
Adequate covers (sheet)
Medical Camera with fresh batteries (JedMed Horus Scope)
Sterile water and smaller container for that water (for dry swabs if needed)
Medical swabs (i.e. for ch/gon/trich/c/s)
small cup for youth to 'swish and spit' before DNA buccal swab
Kleenex/paper towel/cloth (to wipe any areas post swab, ie if used wet swab, or for tears)
Paper bag for the SA Survivors clothing
Patient gown
Blood work supplies

Optional
urine containers (for any material found that is to be included in the SAEK (i.e. condom, tampon)
extra clothes (underwear) in case clothing needs to be taken
sterile scissors (in case they allow to cut hair with forensic material)

11. Discharge, Consults and Follow-Up

Discharge Considerations

11.1 At the time of discharge, the HCP will:

- 11.1.1 Address the physical comfort needs of the SA survivor prior to discharge (e.g., an opportunity to shower or wash in private, brush teeth, change clothes, get food and/or a beverage, and make needed phone calls). They may also require assistance to obtain transportation to their home or another location.
- 11.1.2 Provide medical discharge instructions to the SA survivor and/or guardian which should also include contact information for local support and advocacy services.
- 11.1.3 Advise the SA survivor and/or guardian that the emotional impact of the assault may not be felt for days, weeks or even months later and may become evident as anxiety, outbursts of anger/rage, nightmares or flashbacks, insomnia, depression, or suicidal ideation. Encourage them to attend counselling.
- 11.1.4 Provide information about Victim Services including their contact information to the SA Survivor and/or Family.

Consultation Considerations

11.2 Consult the Regional On-Call Physician and/or Pediatrician as per Section 17 and 18: **Appendix A and B** Algorithm

- 11.2.1 In conversation with the Physician, the Umingmak Centre can be consulted as needed.

11.3 Consult Mental Health for acute counselling, screening for safety and suicide risk assessment if the SA survivor and/or guardian consents.

Follow up Considerations

11.4 Follow up at the Community Health Centre with an MD or HCP in one to two weeks unless earlier follow-up is indicated. At the follow-up visit, the HCP will:

- 11.4.1 Review tests or treatments which were declined earlier.
- 11.4.2 Complete a mental health check-in and re-assess referral with the SA survivor if initially declined.
- 11.4.3 The HCP will repeat the urine pregnancy test at 4-6 weeks after the sexual assault for all women of childbearing age who have reached menarche (recommended regardless of the administration of emergency contraception within the appropriate treatment window). If a patient becomes pregnant, they should be offered the choice of a therapeutic abortion.
- 11.4.4 Reassess injuries, noting evidence of healing.
- 11.4.5 Assess and treat pain.
- 11.4.6 Re-consult with the Regional on call MD or pediatrician based on the follow up plan.
- 11.4.7 All HCPs will review STI test results and consider further follow up (Refer to Table 5. for further information on follow-up testing timelines). Follow the **Communicable Disease Manual** for the process on reporting to the Regional Communicable Disease Coordinator (RCDC) along with completing case reports and contract tracing for all positive STIs.

  NOTE: Direct observation therapy is best practice and should be followed for STI oral medication treatment

- 11.4.8 All HCPs are accountable for providing timely follow-up of test results in accordance with

Policy 08-005-00 Acknowledgement of Diagnostic Test Results and *Policy 08-006-00 Follow-up of Abnormal Diagnostic Test Results*

11.4.9 Refer to Table 6 for the treatment and management of STI labs that have resulted positive.

Table 5. Recommended Labs for all HCPs to Offer During the Follow Up. SHPs, CHNs and ACPs are authorized to follow the below table.

Labs	Timeframe Post SA	Timeframe Post SA	Timeframe Post SA
HIV Serology	3 weeks	6 weeks	12 weeks
Hepatitis B Surface Antigen & Hepatitis C Antibody	HCV and HBV at 12 Weeks	HCV antibody at 24 weeks if HIV positive	
Syphilis serology (or if known positive complete RPR)	8-12 weeks		
*If deemed low risk exposure, HIV serology, Syphilis serology, Hepatitis B surface antigen and Hepatitis C antibody can be combined into a single blood draw at 12 weeks post SA.			
Gonorrhea and Chlamydia	10 Days *Not required if prophylactic treatment given	6 weeks for Test of Cure (TOC) after a positive result is treated or if prophylactic treatment given	
* If the test of cure for either Gonorrhea or Chlamydia is positive, mandatory reporting of this result back to Family Services is required.			
Trichomonas Rapid POCT	28 Days post SA if Suspected Exposure. *Consult Pediatrician if less than 13 years old as this is a vaginal swab		

Table 6. Recommended Labs and Management for Positive STI Results

Labs	Recommended Treatment and Management	Authorization and Comments
Chlamydia Positive	- Azithromycin 12-15mg/kg PO x1 dose (to a max of 1 gram) - If second line required consult Pediatrics on-call via Regional on-call. - Report to RCDC; Complete case report and contact tracing; Repeat TOC in 6 weeks (All positive TOCs require reporting to Family Services)	- SHPs/CHNs are authorized to treat 13 years and older. Require an order from MD/NP if < 13. - ACPs require an order from MD/NP for all ages for treatment.
Gonorrhea Positive	- Under 45kg – Ceftriaxone 50mg/kg to a max of 250mg: IM x1 dose - Over 45kg (use adult dosing) – Ceftriaxone 500mg: IM/IV x1 dose - If second line required consult Pediatrics on-call via Regional on-call. * Required to treat on spec for Chlamydia if Gonorrhea is positive - Report to RCDC; Complete case report and contact Tracing; Repeat TOC in 6 weeks (All positive TOCs require reporting to Family Services)	- SHPs/CHNs are authorized to treat 13 years and older. Require an order from MD/NP if < 13. - ACPs require an order from MD/NP for all ages for treatment.
Trichomonas Positive	- Metronidazole 30mg/kg/day divided into TID dosing for 7 days (to a max of 1 gram dosing/day) - Metronidazole 500mg tablets PO BID for 7 days (if over 33kg and able to swallow tablets)	- SHPs/CHNs are authorized to treat 13 years and older. Require an order from MD/NP if < 13. - ACPs require an order from MD/NP for all ages for treatment. - Requires a prescription to a retail pharmacy to compound wt based dosing in oral suspension
HIV Serology Positive	If HIV 1 + 2 Antibody Screen positive – Lab will automatically send HIV p24Ag (supplemental) and Geenius™ HIV 1/2 Confirmatory Assay. If the results are reactive or equivalent: - Report to RCDC. Complete case report and contact tracing. Follow guidelines in the Nunavut's CD Manual. - Consult Regional on-call MD to referral to Pediatrics on-call < 13 - Consult the community MD/NP for urgent referral to Pediatric ID	- HCP to ensure HIV p24Ag (supplemental) and immune blot sent by the lab if Antibody Screen is positive
Hepatitis B & C Positive	- Report to RCDC. Follow guidelines in the Nunavut's CDC Manual. - Consult Regional on-call MD for referral to Pediatrics on-call if <13 - Consult the community MD/NP for urgent referral to Pediatric Hepatology	
Syphilis Positive	- If Syphilis Serology is positive – Lab will automatically send Rapid Plasma Reagin (RPR). - Report to RCDC. Complete case report and contact tracing. Follow guidelines in the Nunavut's CD Manual. - If previous Syphilis positive, consult RCDC on the RPR for interpretation. - Consult Regional on-call MD for referral to Pediatrics on-call if <13 - Consult the community MD for treatment orders	- HCP to ensure RPR sent by the lab if Syphilis Serology is positive.

12. DOCUMENTATION

12.1 The HCP will document in the client's health record as per *Documentation Standards Policy* (Policy #06-008-00) and ensure documentation is detailed, accurate, timely, firsthand knowledge captured verbatim, etc.

12.2 Document the reason the patient was brought to the health centre.

12.3 Document the physical examination highlighting physical injuries and being observant of signs and symptoms that may indicate abuse such as difficulty sitting or walking, bruising and/or injuries at various stages of healing.

12.4 Document observations between the child/adolescent and caregiver.

12.5 Document any spontaneous comments by a child should be recorded verbatim in the SAEK paperwork, also noting the child's behaviour.

12.6 Document all investigations and treatments along with treatments declined.

12.7 Document all consultations with CSSWs or RCMP and MD/NP.

12.8 DO NOT document on subjective impressions (i.e. "child had been sexually abused" and instead note observations of injuries and bruises).

12.9 Forensic exam documentation should be entered on the forms supplied in the SAEK.

12.10 Sensitive pictures (breast, genitals, anus) are permitted to be uploaded to Meditech on the grounds that it is approved by a physician/pediatrician or NP to monitor clinical healing. Refer to **Appendix C: Protocol for Uploading Sensitive Pictures into Meditech**.

13. Health Care Provider Education and Training

13.1 First Nations and Inuit Health Branch. (Jan 2023). *Child Maltreatment*. FNIHB Clinical Practice Guidelines for Nurses in Primary Care Working with Indigenous Communities. Accessible at www.onehealth.ca/ab/CPG – Username: Nursing – Password: National123!

13.2 No SANE In Sight online asynchronous learning module
'No SANE In Sight' > Nunavut Nurses Education SharePoint

13.3 Approach to Care of the Sexual Assault Survivor (July 2022)
https://govnuca.sharepoint.com/teams/NunavutNursesEducation/SitePages/Webinars(1).aspx

13.4 John MacLean: Legal Presentation on mandatory and voluntary reporting
Located on the Nunavut Nurses Education SharePoint Site

13.5 SickKids Pediatric Sexual Assault Training: 6 online asynchronous modules followed by live virtual sessions.
https://academyonline.sickkids.ca/courses/pediatric-sexual-abuse-assault-training-for-nunavut-health-care-providers/

13.6 Ashlea Biles: Approaches to Care for Sexual Assault Survivors
Approaches to Care for Sexual Assault Survivors (July 2022).mp4 (sharepoint.com)

13.7 Dr. Amber Miners: Recorded presentation on Pediatric SAEK
Sexual Assault Kit- Dr. Miners.mp4 (sharepoint.com)

14. Related Policies, Protocols and Legislation

Child and Family Services Act (S.Nu. 2013, c.15, s.6.)

Policy 06-001-00 Confidentiality

Policy 06-005-00 RCMP Investigations

Policy 06-008-00 Documentation Standards

Policy 06-013-00 Interpreter Services

Policy 06-016-00 Child Welfare

Policy 06-018-00 Call Record and On-Call Physician Consultation

Policy 08-001-00 Laboratory Procedures

Policy 08-005-00 Acknowledgement of Diagnostic Test Results

Policy 08-006-00 Follow-up of Abnormal Diagnostic Test Results

The Government of Nunavut's Communicable Disease Manual

15. REFERENCES

British Columbia Ministry of Public Safety and Solicitor General. (2007, January). *Sexual Assault Victom Service Worker Handbook.* Retrieved from https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/info-resources/victim-service-worker-sexual-assault.pdf

First Nations and Inuit Health Branch. (2010, August). *Chapter 5 - Child Maltreatment.* Retrieved from Pediatric Guidelines for Nurses in Primary Care. Retrieved from www.onehealth.ca/Portals/1/Pediatric

The Cedar Project (2015). Children of residential school survivors and victims of childhood sexual abuse are at increased risk of sexual assault. Retrieved from www.indigenous.ubc.ca/2015/04/10/study-links-sexual-assault-to-legacy-of-indian-residential-schools-and-childhood-abuse/

The Government of the Northwest Territories. (2020, February). *NWT Guidelines for the Care of Survivors of Sexual Assault.* Retrieved from: nwt-guidelines-care-survivors-sexual-assault.pdf (gov.nt.ca)

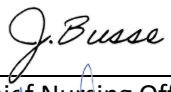
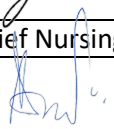
The Government of Nunavut. (2024). Surusinut Ikajuqtigiit: Nunavut Child Abuse and Neglect Response Agreement.

Pauktuutit (2024). Residential Schools. Retrieved from https://pauktuutit.ca/abuse-prevention-justice/residential-schools

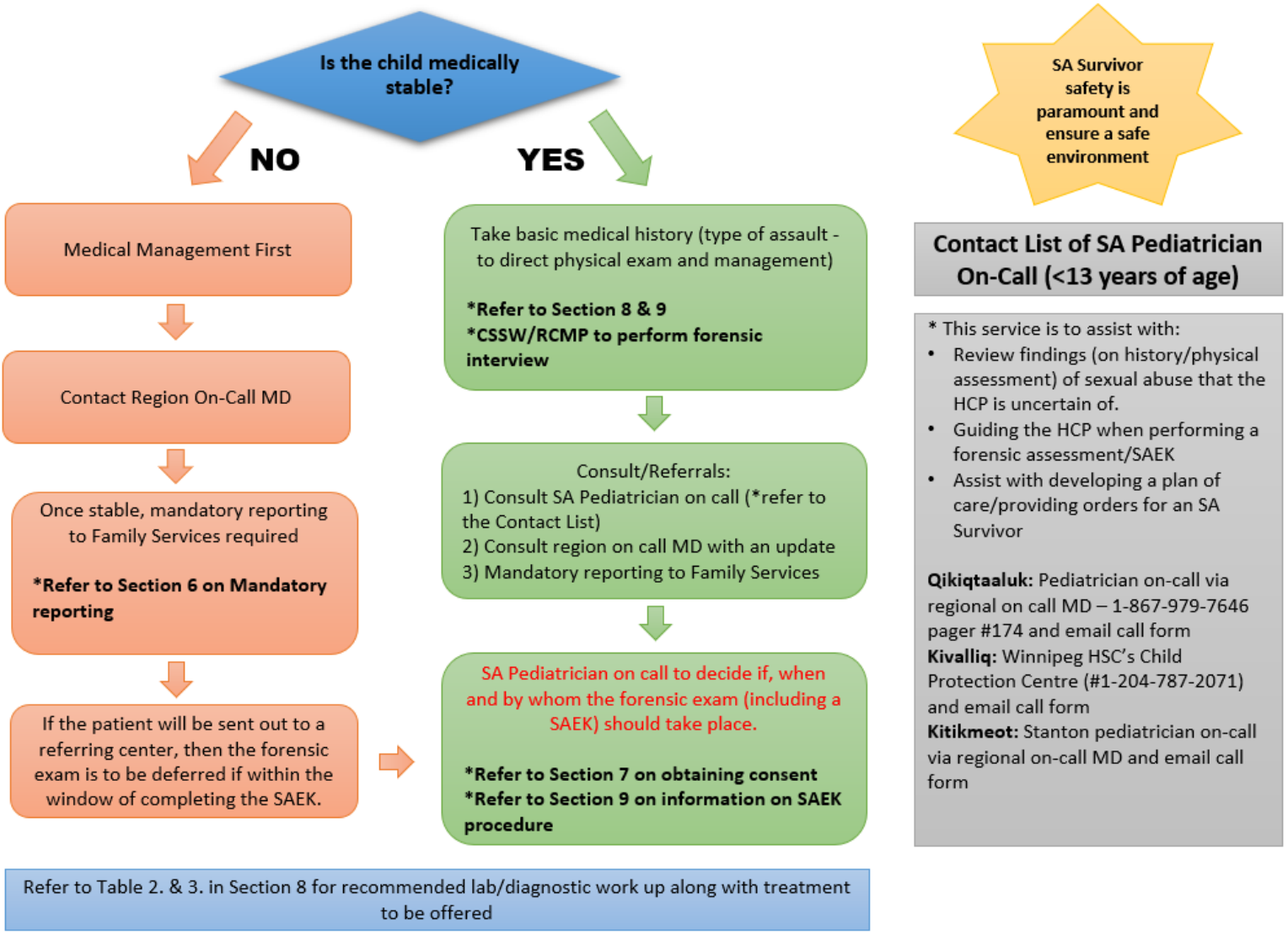
World Health Organization. (2017). Responding to Children and Adolescents Who Have Been Sexually Abused - World Health Organization Clinical Guidelines.

World Health Organization. (2019). World Health Organization's Guidelines for the Health Sector Response to Child Maltreatment.

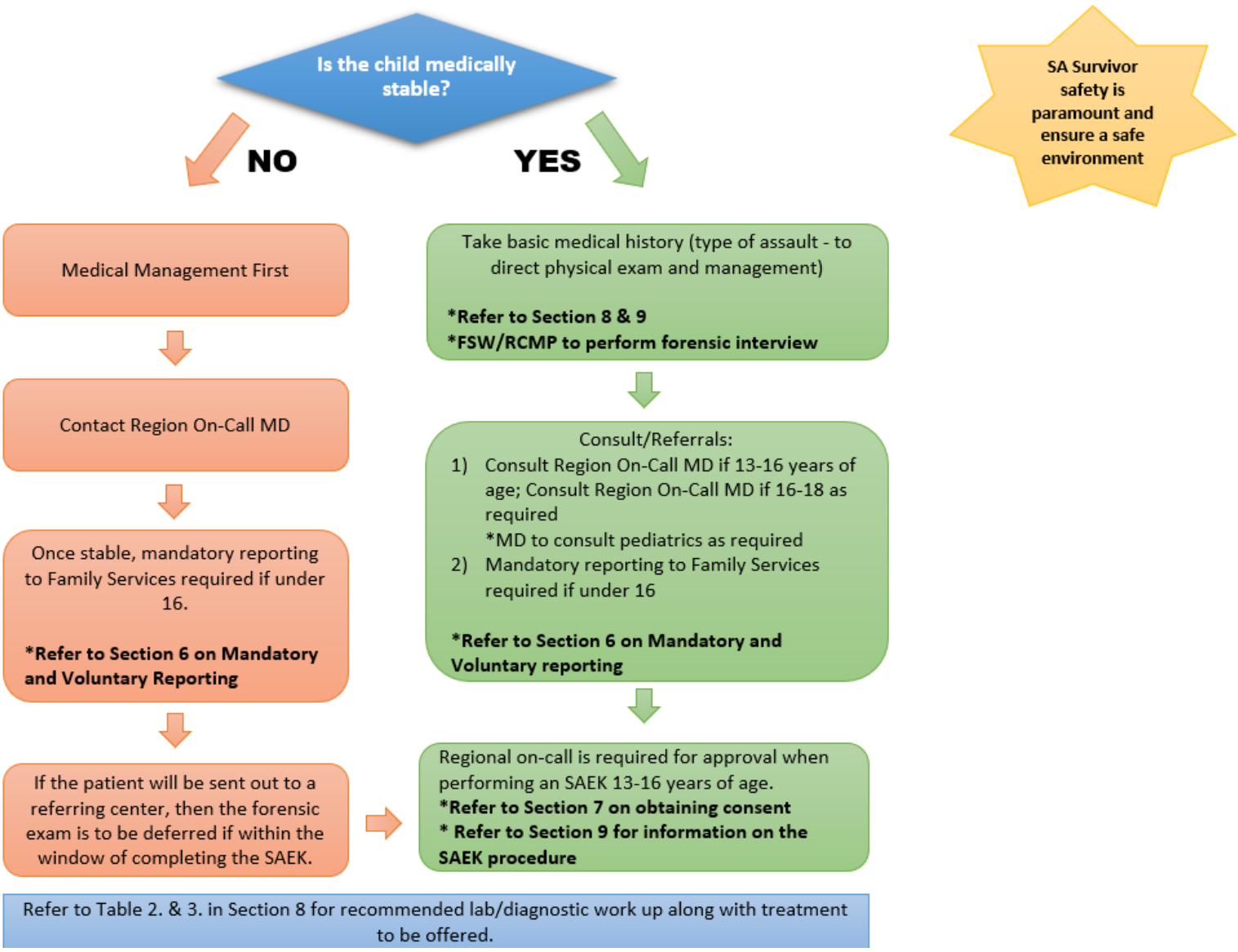
16. APPROVAL

Approved By: 	Date: 2025-04-03
Jennifer Berry, Assistant Deputy Minister, Operations – Department of Health	
Approved By: 	Date: April 5, 2025
Janet Busse, Chief Nursing Officer	
Approved By: 	Date: April 4,2025
Dr. Francois de Wet, Chief of Staff	

17. Appendix A – Suspected/Reported Pediatric Sexual Assault Algorithm for Sexual Assault Survivors < 13 years Old

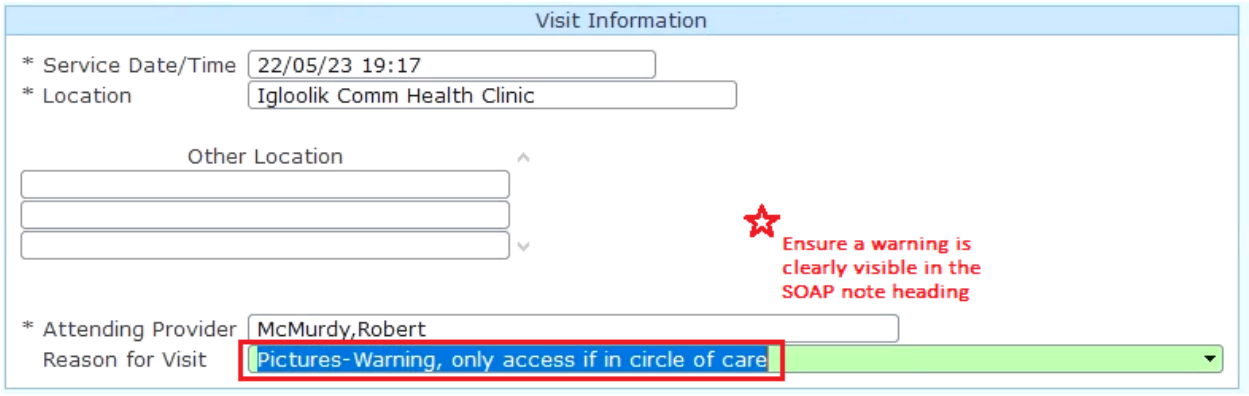


18. Appendix B – Suspected/Reported Pediatric Sexual Assault Algorithm for Sexual Assault Survivors 13-16 years Old



19. Appendix C – Protocol for Uploading Sensitive Pictures Into Meditech

Step 1: Create a separate registration that will be solely for these pictures to be uploaded. Ensure the 'Reason for the visit' section is labelled with a warning.



Step 2: The picture should not be made visible as soon as the note is opened, and the user should be required to scroll down. When uploading the picture ensure the 'enter tab' is pressed enough times prior to uploading the picture to ensure it is hidden and requires the user to scroll down.