**Covid-19 Contingency – CSA Exams (within forensic window)   
with Poole Hospital Colposcope**

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| **PUBERTAL STATUS** | **Prepubertal** | **Postpubertal** | **Postpubertal** |
|  |  | **Low risk Covid** | **High risk Covid** |
| 1. Referral method | Via strategy discussion to include police and social care | Via strategy discussion as needed (for clinical and safeguarding advice) | Via strategy discussion as needed (for clinical and safeguarding advice) |
| 1. Clinical assessment to be completed by | Consultant CSA Paediatrician at Poole Hospital | SOE SARC for COVID 19 as per FFLM guidelines | Contingency plan for Covid as per FFLM guidance |
| 1. Standard risk assessment and crisis support to be offered | SOE and Crisis Support worker, SARC | SOE and Crisis Support worker, SARC | SOE and Crisis Support worker, SARC |
| 1. History and information gathering | Via telephone | As per SARC FFLM guidelines | As per SARC FFLM guidelines |
| 1. Physical examination with colposcope | Poole Hospital, single paediatrician and SOE; peer review of colposcope images to be arranged | As per SARC FFLM guidelines | As per SARC FFLM guidelines |
| 1. Sample obtaining, forensic swab and STI screen | Poole Hospital, single paediatrician and SOE | As per SARC FFLM guidelines | As per SARC FFLM guidelines |
| 1. Forensic swab collection and storage | Dorset Police | As per SARC FFLM guidelines | As per SARC FFLM guidelines |
| 1. STI screen specimens to lab with CofE process | Poole Hospital paediatrician | Assessment of risk to be completed by SOE and onward referral sent | Assessment of risk to be completed by SOE and onward referral sent |
| 1. Report of assessment undertaken, onward referrals and rationale if exam deferred by clinician | Poole Hospital paediatrician | SOE SARC | SOE SARC |
| 1. Emergency contraception, Hep B and PEPSE | Poole hospital paediatrician and SOE as per PGD guidelines | SOE as per PGD guidelines | SOE as per PGD guidelines |

Please note:

--Peer review of colposcope images taken at Poole Hospital will be reviewed as soon as is practicable; at present this will be within 1 week of examination. This is subject to change depending on availability of appropriately trained staff.

--Postpubertal children will not be seen routinely by a paediatrician as a second clinician; The SOE/FNE will undertake these examinations; Clinical advice available from the paediatrician by direct request from FNE only, over the telephone as needed, 24/7. A risk assessment discussion will be completed at the request of the FNE.

--Referrals for cases outside of the forensic window will be considered during a strategy discussion as above; Clinical discussion can be undertaken over the phone with the parent carer if required; Decision to examine, undertake investigations, and provide treatment will be on a case by case basis; As Poole Hospital now have a mobile colposcope, examinations (with 2 specially trained paediatricians, for prepubertal children) for the sole purpose of documenting evidence of sexual assault can now be offered Mon-Fri, 9-5.

--This document represents a contingency plan only, in light of the ongoing strain on health services and the need to optimize social distancing during medical examinations