

## **HANDOUTS**

**Confidentiality,  
Health Records,  
and Duty to Report  
for Health Assistants**

# **NOTICE TO ALL STUDENTS**

As a school health assistant, I will respect your privacy and not share anything you tell me, except in the following situations:

- You give me reason to believe that you may be in danger of harming yourself.
- You give me reason to believe that you may intend to harm another.
- You give me reason to believe that you may be a survivor of child abuse.

I am required by law to report these three situations. However, I will also be there to help you and support you at this time in any way I can.

# NOTICE TO ALL STUDENTS

*As a school nurse, I will respect your privacy and not share anything you tell me, except in the following situations:*

- *You give me reason to believe that you may be in danger of harming yourself.*
- *You give me reason to believe that you may intend to harm another.*
- *You give me reason to believe that you may be a survivor of child abuse.*

*I am required by law to report these three situations. However, I will also be there to help and support you in any way I can during this time.*

(SAMPLE)

Grade \_\_\_\_\_ Home Room Teacher \_\_\_\_\_

### Public Schools EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for a child who becomes ill or injured while under school authority, when parent's cannot be reached. Upon completion, this form must be returned to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian. PLEASE COMPLETE ALL THREE SECTIONS!

Last Name:	First Name:	Middle Initial:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
------------	-------------	-----------------	---------------------------------------------------------------	------

NAME OF SCHOOL ATTENDED LAST SCHOOL YEAR:

#### SECTION ONE - STUDENT EMERGENCY CONTACT INFORMATION

In the event your child becomes sick or injured and needs to be sent home or to the ER, the school health office will always attempt to reach the Parent/Guardian listed below FIRST. Secondary contacts will be called if the parent/guardian cannot be reached. PLEASE KEEP THESE NUMBERS CURRENT!

Parent/Guardian Name:	Address:	Phone #1
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		Phone #2
		Phone #3
Parent/Guardian Name:	Address:	Phone #1
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Legal Guardian		Phone #2
		Phone #3

	Emergency Contact List	Relationship	Phone #1	Phone #2	Phone #3
1.					
2.					
3.					
4.					

#### Siblings in Other Schools

	Name	School/Daycare	Grade	DOB
1.				
2.				
3.				

#### SECTION TWO - STUDENT HEALTH HISTORY - Please check appropriate box

My child has no health conditions including those listed below

<input type="checkbox"/> Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Food (List): _____ <input type="checkbox"/> Other Allergy (List): _____ <input type="checkbox"/> Has EpiPen prescription
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Congenital/Genetic <input type="checkbox"/> Ear/Nose/Throat <input type="checkbox"/> Pulmonary (Other than Asthma)
<input type="checkbox"/> Asthma <input type="checkbox"/> Eye/Vision <input type="checkbox"/> Diabetes (circle one) <input type="checkbox"/> Cardiovascular (List) _____ Needs Inhaler at School: Y N Wears glasses/contacts: Y N Type 1 Type 2 High Blood Pressure: Y N
<input type="checkbox"/> Cancer <input type="checkbox"/> Dermatologic/Skin <input type="checkbox"/> Stomach/GI <input type="checkbox"/> Musculoskeletal
Long Term Medications (List): <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Bladder/GU <input type="checkbox"/> Dental/Oral
<input type="checkbox"/> Any Other Health Conditions: <input type="checkbox"/> Endocrine Other than Diabetes <input type="checkbox"/> Hematology/Bleeding Disorders <input type="checkbox"/> Psychiatric (List Meds): _____ <input type="checkbox"/> Migraines

#### SECTION THREE - INSURANCE INFORMATION

Student's Insurance:	Subscribers Name:	ID#
<b>TO GRANT CONSENT</b>		
In case of an emergency involving my child AND I CANNOT BE REACHED, I understand emergency medical services will be contacted and my child may be transported to the following provider/hospital for emergency medical care:		
Healthcare Provider:	Phone:	
Dentist:	Phone:	
Hospital:	Phone:	

If, for any reason, NEITHER I NOR THE ABOVE LISTED MEDICAL CARE PROVIDERS OR HOSPITAL CANNOT BE REACHED, I understand that appropriate transport and medical care of my child will be arranged to ANY appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need. Nothing in this section shall be construed to impose liability on any school official or school employee, who in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care. I authorize the school health office staff to contact my child's providers listed above regarding medical management of my child. I understand information on this card will be shared with appropriate personnel on an as-needed basis only. I, also, understand health screenings (including vision, hearing, height, weight, blood pressure, and BMI) may be done by school health personnel unless I provide the school health office with written notification requesting exclusion from these screenings.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name:

First Name:

# **CONFIDENTIAL SERVICES FOR MINORS IN New Mexico**

As addressed in the New Mexico Statutory Authority

[Last revised June 2007]

## **§ 24-1-9 NMSA 1978 ... Sexually transmitted disease**

Any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease.

## **§ 24-1-13.1 NMSA 1978 ... Pregnancy**

A health care provider shall have the authority, within the limits of his license, to provide prenatal, delivery and postnatal care to a female minor. A female minor shall have the capacity to consent to prenatal, delivery and postnatal care by a licensed health care provider.

## **§ 24-8-5 NMSA 1978 ... Contraception**

Neither the state... nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite for receipt of any requested family planning service...[exceptions do not address age of client].

## **§24-10-2 NMSA 1978 ... Emergency Conditions**

... in cases of emergency in which a minor is in need of immediate hospitalization, medical attention or surgery and the parents of the minor cannot be located for the purpose of consenting...after reasonable efforts have been made..., consent can be given by any person standing in locus parentis to the minor.

## **§32A-6-14 NMSA 1978 ... Mental Health (including substance abuse)**

Any child shall have the right, with or without parental consent, to consent to and receive individual psychotherapy, group psychotherapy, guidance, counseling or other forms of verbal therapy that does not include aversive stimuli or substantial deprivations. ... **{does not include electroconvulsive therapy or psychotropic medications}** Initial psychotherapy assessment and early intervention services will not extend beyond a two week period for children under 14 years of age without parental consent.

## **CHILD ABUSE AND NEGLECT**

### **SCHOOL STAFF RESPONSIBILITIES**

Child abuse and neglect are serious and widespread problems, but it can be interrupted and prevented. School personnel can play a key role in the identification and reporting of suspected child abuse.

The New Mexico Children's Code (32A-4-1 NMSA through 32A-4-34 NMSA) sometimes cited as the Abuse and Neglect Act, states that physicians, law enforcement officers, nurses, school personnel and others acting in official capacities who SUSPECT abuse must report it immediately to the local offices of the Children, Youth and Family Department (CYFD), Social Services Division in their respective communities or appropriate tribal social services offices. All certified school personnel, including school nurses, are required to complete training in the detection and reporting of child abuse and neglect during the person's first year of employment by a school district in New Mexico (22A-10-32 NMSA).

When a child discloses indicators discussed in the following pages, it does not prove conclusively that a child is abused or neglected. He/she may tell a story that seems difficult to believe, but the story should be taken seriously and the child's concerns explored. The presence of more than one indicator combined with other information warrants further assessment by CYFD. School employees do not need to substantiate abuse before reporting it to CYFD. They only need to **SUSPECT** it. In New Mexico the CYFD or appropriate tribal social service office investigates all reports of suspected child abuse or neglect.

### **REPORTING CHILD ABUSE/NEGLECT**

CYFD maintains the NM Statewide Central Intake (SCI) system which is housed in Albuquerque for reporting suspected or known child abuse/neglect. It can be accessed state-wide through a hotline at 1-800-797-3260. Detailed information on reporting suspect abuse/neglect is available at <http://cyfd.org/node/26>.

Reports are more likely to result in appropriate action and/or investigation if the following information is available at the time the report is being made.

- Name of child, parent and legal guardian, address where child resides
- Age, sex, SS# of child
- Family composition, language spoken in home
- Location of the child at time of reporting
- Location where suspected abuse occurred
- Name and address of person alleged to be responsible for abuse/neglect
- Nature and extent of suspected abuse or neglect
- Names of other professionals in contact with child
- Past history of child/family
- Child's affect
- Any disability the victim may have
- History of domestic violence, substance abuse/mental illness, or criminal activity

## **PHYSICAL INDICATORS OF ABUSE**

The following information is presented for reference for school health providers when concerns arise of child abuse (physical and sexual) and neglect. Keep in mind that some of the indicators and behaviors presented here are seen in children who are experiencing stress within their families. Family problems such as domestic violence, alcoholism, or parental absence may affect a child's physical and mental health. A key element in assessing the possibility of child abuse is checking to see if the child can offer a reasonable explanation for his/her behavior and/or physical findings. A history that is not consistent with injuries or observed behaviors is a key factor in deciding whether or not abuse has occurred.

### **Physical Abuse**

When physical abuse occurs the signs are often visually evident but may go unnoticed and/or be considered normal for an active child. Here are some signs that may trigger suspected abuse for a health care provider.

- Bruises in various stages of healing
  - on the face, lips, mouth, torso, back, buttocks, thighs
  - forming a pattern/imprint reflecting the shape of the article that was used to inflict the mark on the body
  - on different skin surfaces of the body inconsistent with the history of the injury
  - regularly appearing bruises after absence, weekend, or vacation
- Burns for which the child has no explanation
  - classic cigar or cigarette burns on the soles, palms, back or buttocks
  - sock-like or glove-like intentional immersion burns on the extremities that may be doughnut shaped on buttocks or genitalia and spare creases of the body
  - intentional burns leaving a characteristic imprint pattern on the skin surface such as curling iron, electric burner, iron or heated objects
  - infected burns as result of delay in seeking treatment
- Deformities with accompanying swelling/pain suspicious of fractures/dislocations
  - commonly of extremities, skull, nose or facial structure
  - multiple fractures in various stages of healing revealed on medical evaluation
- Lacerations, abrasions, injuries or hair loss/bald patches on a child with no reasonable or consistent explanation offered
  - seen most often on the child's face, eyes, internal and external oral area, genitalia, buttocks, and anus
  - injuries in various stages of healing
  - circumferential ligature marks may be seen as the result of "rope burns" around the ankles, wrists and neck
  - hair loss usually in patches and potentially the result of forceful pulling

### **Sexual Abuse**

Indicators of sexual abuse are more likely to be subtle and behavioral in nature; however, physical indicators of sexual abuse may include the following signs.

- New onset of difficulty walking or sitting

Bloody, stained, or inappropriately soiled underwear (leaves and dirt inside underwear but not present on outer clothing)

- Swelling, bruising, lacerations or bleeding in genital or anal area
- Pregnancy
- Pain or bleeding on urination
- Vaginal/penile discharge and/or odor
- Sexually transmitted infections (STIs)
- Poor sphincter tone (poor bowel or bladder control)

### **Neglect and Emotional Abuse**

The effects on children of neglect and emotional abuse are long term and are more likely to manifest by chronic physical and mental ill health. The health care provider may observe any or all of the following neglect and emotional abuse signs and symptoms.

- Unattended physical problems and unmet medical needs of the child
- Underweight child or small stature for age with no known medical diagnosis to explain condition (failure to thrive)
- Normal intelligence but showing deficiencies in areas of intellectual and motor development
- Inappropriate care consistent with hunger, poor hygiene and unsuitable clothes for climate

### **BEHAVIORAL INDICATORS OF ABUSE**

Behavioral indicators of abuse are nonspecific; the child who is experiencing sexual abuse may demonstrate the same behavior as a child who is experiencing emotional abuse. For example, sexual or emotional abuse of a five-year-old child may result in a behavior change such as “wetting his/her pants”.

The observer should keep in mind that a sudden change in behavior is more concerning than observation of a behavior which has always been present in that child. The observer should be aware that many factors can influence a child’s behavior. Family difficulties such as domestic violence, drug addiction, parental loss will also result in behavioral changes in a child.

Behavior indicators seen in children who may be abused or neglected might include emotional changes, school problems, inappropriate sexual behavior, signs of neglect.

### **Emotional Changes**

- Withdrawal, depression or expression of suicidal thoughts (e.g., I want to die, I should just go away, I feel like killing myself)
- Child demonstrates anger by violent or self-abuse acts
- Child demonstrates unreasonable fearful reactions to normal circumstances (e.g., a child who is afraid to be alone in a room)
- Younger child demonstrates new clingy or irritable behavior (e.g., always wants to sit in the teacher’s lap or cries, becomes angry, lashes out with little provocation)

### **School Problems**

- New onset of poor concentration or decreased attention span
- Consistently demonstrates fatigue or listlessness (e.g., falling asleep in class)



- Delinquent or anti-social behaviors (e.g., stealing, violence or threatened violence towards classmates)
- Truancy or frequent absences from class
- Dramatic change in academic achievement
- Unwillingness to change for or participate in physical education class
- Poor peer relationships/friendless (e.g., a child no one wants to play with)
- Demonstration of low self-esteem by behavior or statements
- Demonstration of regressive behavior (e.g., a 6 year old who now sucks her thumb, refuses to eat unless fed, and talks "baby talk")
- Demonstration of fear of a specific person or situation or new onset of withdrawal (e.g. a child who previously went gladly with a caretaker now resists vigorously)
- Extension of stay at school with early arrival and late departure (e.g. abuse occurs at home and child is fearful to return)

### **Inappropriate Sexual Behavior**

- Inappropriate displays or seeking of "affection" (e.g., attempts french kissing with teacher, sexually provocative dress or manner for developmental level)
- Demonstration of sophisticated, precocious knowledge of sex acts by engaging others in sexual acts (e.g. attempts oral sex on other children or inserts objects in another child's anus or vagina)
- Inappropriate compulsive masturbation to the exclusion of other enjoyable activities
- Masturbation in a manner that could cause injury (e.g. inserts objects in vagina or anus)

### **Evidence of Neglect**

- Begging for or stealing food at school
- Lack of appropriate supervision outside of school
  - child is alone for extended periods of time inappropriate to developmental level
  - child makes statements indicating no caretaker in the home
- Untreated medical condition (e.g. untreated seizures, asthma, ADD, ADHD, or diabetes)

## **FOLLOW-UP ON REPORTING**

**Any verbal statement from a child that he/she has been sexually or physically assaulted in any way constitutes suspicion of abuse and must be reported.**

Collaboration between the schools and social services is strongly encouraged to maintain reliability and continuity of care. The school nurse can establish a working relationship with the local social service agency by contact and follow up with the assigned social worker/case manager. Consideration should be given to regular meetings with school nurses, other school staff and social services staff to establish and maintain an ongoing rapport.

## Physical and Behavioral Indicators of Abuse

Type of Abuse	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul style="list-style-type: none"> <li>• Unexplained bruises (in various stages of healing)</li> <li>• Unexplained burns, especially cigarette burns or immersion burns</li> <li>• Inconsistent or unexplained injuries; fractures, lacerations or abrasions</li> <li>• Swollen areas</li> <li>• Evidence of delayed or inappropriate treatment for injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Self destructive</li> <li>• Withdrawn and/or aggressive - behavior extremes</li> <li>• Arrives at school early or stays late as if afraid to be at home</li> <li>• Chronic runaway (adolescents)</li> <li>• Complains of soreness or moves uncomfortably</li> <li>• Wears clothing inappropriate to weather, to cover body</li> <li>• Bizarre explanation of injuries</li> <li>• Wary of adult contact</li> </ul>
Physical Neglect	<ul style="list-style-type: none"> <li>• Abandonment</li> <li>• Unattended medical needs</li> <li>• Consistent lack of supervision</li> <li>• Consistent hunger</li> <li>• Inappropriate dress</li> <li>• Poor hygiene</li> <li>• Inadequate nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Regularly displays fatigue or listlessness, falls asleep in class</li> <li>• Steals food, begs from classmates</li> <li>• Reports that no caretaker is at home</li> <li>• Frequently absent or tardy</li> <li>• Self destructive</li> <li>• School dropout (adolescents)</li> <li>• Extreme loneliness and need for affection</li> </ul>
Sexual Abuse	<p>Sexual abuse may be non-touching: obscene language, pornography, exposure - or touching: fondling, molesting,</p>	<ul style="list-style-type: none"> <li>• Excessive seductiveness</li> <li>• Role reversal, overly concerned for siblings</li> </ul>

	<p>oral sex, intercourse</p> <ul style="list-style-type: none"> <li>• Torn, stained, or bloody underclothing</li> <li>• Pain, swelling or itching in genital area</li> <li>• Difficulty walking or sitting</li> <li>• Bruises or bleeding in genital area</li> <li>• Venereal disease</li> <li>• Frequent urinary or yeast infections</li> </ul>	<ul style="list-style-type: none"> <li>• Massive weight change</li> <li>• Suicide attempts (especially adolescents)</li> <li>• Inappropriate sex play or premature understanding of sex</li> <li>• Threatened by physical contact, closeness</li> </ul>
<p>Emotional Abuse</p>	<p>Emotional abuse may be name-calling, insults, put-downs, etc., or it may be terrorization, isolation, humiliation, rejection, corruption, ignoring</p> <ul style="list-style-type: none"> <li>• Speech disorders</li> <li>• Delayed physical development</li> <li>• Substance abuse</li> <li>• Ulcers, asthma, severe allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Habit disorder (sucking, rocking, biting)</li> <li>• Antisocial, destructive</li> <li>• Neurotic traits (sleep disorders, inhibition of play)</li> <li>• Passive and aggressive - behavioral extremes</li> <li>• Delinquent behavior (especially adolescents)</li> <li>• Developmentally delayed</li> </ul>

**Remember:**

DISCIPLINE helps a child learn a lesson that will carry over and positively affect future behavior. ABUSE affects the future in a negative way, leading to anger, hatred and more deviant behavior. DISCIPLINE enhances the child's sense of self worth, helping the child learn self-control and thus becoming comfortable within the family and in society. ABUSE robs the child of self worth and causes him/her to feel outcast and resentful.

DISCIPLINE is not shame or guilt. ABUSE is shame or guilt which satisfies the needs of the parents at the moment and destroys the self image of the child in a hostile manner.

DISCIPLINE is taught by example. But so is abuse!

*Adapted from Child Discipline: Guidelines for Parents by Gary May.*

[http://www.nationalcac.org/families/for\\_workers/abuse\\_indicators.html](http://www.nationalcac.org/families/for_workers/abuse_indicators.html)