

GENERAL GUIDELINES FOR CLINIC PERSONNEL

These guidelines are provided to assist you with the health-related areas of concern that may confront you in the daily operation of the school. It is the goal of the school system to provide a clinic in each school to help ensure the health and well being of students. Whenever a question or situation arises which is not addressed by general guidelines or local policies or procedures, remember the school principal always has the ultimate responsibility for the health and well being of the child during school. Always work within the guidelines established by school board policy, local school procedures, and the Student Health Services Manual.

CLINIC REGULATIONS

All medicines should be in their original containers, clearly labeled, and stored in a locked area, accessible only to authorized personnel. A signed Authorization To Give Medication At School Form must be on file before medication can be taken at school. Make sure to have the right student, right medication, right dose, right time and right routine. Record administration of medication on the medication log.

An Emergency Transportation/Treatment Release Card should be on file for each student. These cards should be stored in the clinic and/or office in a manner ensuring confidentiality and accessibility in case of an emergency. Emergency contact information should be updated at least twice a year. A Student Contact Form can be printed from SASI and sent to the parent/guardian for review and revision. Corrections should be entered on SASI.

If a student is taken to a hospital because of serious injury or illness, the employee accompanying the student should take a copy of the Student Contact Form and the Emergency Transportation/Treatment Release, for use and duplication by hospital personnel. The original cards should be retained by the school employee and returned to the school.

A clinic log should be used daily for documentation of all students who visit the clinic. Any student who is apparently ill, and is checked out of school must be signed out through the school office, and not through the clinic.

Each school should follow approved regulations for clean up and handling of body fluids.

DUTIES AND RESPONSIBILITIES OF CLINIC PERSONNEL

1. Maintain a clean and orderly health clinic.
2. Maintain confidentiality by respecting the privacy of students in the clinic and their health issues/records.
3. Maintain certification in basic first aid and CPR.
4. Maintain clinic records.
5. Provide supervised, appropriate health services and demonstrate care and concern for students.
6. Maintain up-to-date knowledge of school health procedures through district training/materials.
7. Develop effective working relationships with school personnel and parents/guardians.
8. Communicate pertinent student health information in a timely manner to appropriate persons (principal/designee and/or other school staff).
9. Maintain and restock supplies.
10. Assist students with wet, soiled, or torn clothing.
11. Promote principles of health and safety within the school and provide in-service education to school staff as requested.
12. Contact parents regarding student health issues when assigned by the principal/ designee.
13. Store and assist with student medication (prescription and non-prescription) in accordance with school system guidelines; volunteers should **NEVER** dispense medication.

CLINIC PERSONNEL WILL NOT:

1. Perform any invasive procedures such as probing in the eyes, ears, nose, skin or throat.
2. Diagnose or prescribe treatment or medication
3. Apply any unapproved topical creams, ointments or sprays, etc.
4. Transport students
5. Assist students with prescription or non-prescription medications without a signed medication authorization form

SUGGESTED SCHOOL CLINIC PROCEDURES

1. Accept referral slip from teacher.
2. Record name of child and time on daily log.
3. Listen to child's complaint.
4. Check the Health History Atom on SASI to determine any special health-related problems or instructions.
5. Assess situation and give care according to guidelines in the Student Health Services Manual/Clinic Handbook.
6. Contact parent or consult with cluster/school nurse or administration (as necessary).
7. Release child from clinic:
 - a. to return to classroom (follow local school procedures)
 - b. to parent (follow local school procedures)
8. Complete daily log with requested information.
9. Record any pertinent information/observations, etc. to the Health History Atom on SASI.
10. Complete the monthly student health services report, using data from daily log tallies.

Note:

- A. A student that exhibits a condition that prevents them from participating in a majority of classroom activities should remain at home.
- B. If a student becomes ill at school, whenever possible remove the student from the classroom to reduce the possibility of exposure to classmates until the parent can come for the child.
- C. If a student experiences an extended illness, surgery, or hospital admission, the Physician's Report for Post-op and/or Medical Hospital Admission may be completed if more information is needed when student returns. Report to Cluster/School Nurse.

Recommended School Clinic Supplies

Permanent Equipment

Bed (2) (w/adjustable headrest)	Toilet (2) ideal
Chairs (4)	Biohazard (sharps) container
Clock with second hand	Digital thermometer
Desk	Thermometer covers
Desk chair	Flashlight
Computer	Bandage scissors
Bulletin board	Tweezers
Locking overhead cabinets	Locking drawers
File cabinet with lock	Locking lower cabinets
Telephone	Small refrigerator
Sink with hot and cold water	Soap dispensers
Privacy screen	Trash can
Rolling chair (less expensive than a wheel chair)	
Disposable mouth barrier for CPR (suggest 1/ CPR provider)	

Injury Care Supplies

Non-latex tape ½” and 1”	Alcohol (isopropyl)
Band-Aids	Emesis basin
(round, knuckle, fingertip, 1”, 3”)	Pint-size baggies for ice
Non-sterile gauze (2x2 & 4x4)	Dental wax
Sterile gauze (2x2 & 4x4)	Rolled non-sterile gauze
Normal saline eyewash	Disposable eye cups
Cotton tipped applicators	Hot water bottle
Cold packs (small and medium)	Arm splints
Cotton balls	Hydrogen peroxide (always dilute 3:1)

General Supplies

Alcohol prep pads	Insect sting swabs
Blanket	Facial tissues
Bleach	Paper towels with dispenser
Cleaning and disinfectant supplies	Table paper for bed (disposable)
Bed pillow	3 oz. paper cups
Plastic cover for pillow	Medicine cups
Non-latex gloves (disposable)	General office supplies
Sanitary napkins	Hand lotion
Anti-bacterial soap	Vaseline in unit dose packs
Pediculosis sticks	

Immunizations

Georgia law requires that all children (up to 19 years) entering school must be age- appropriately immunized according to the rules and regulations established by the Department of Human Resources (DHR).

Children are now required to be age-appropriately immunized against each of these diseases:

Hepatitis B	Polio
Diphtheria	Measles
Tetanus	Mumps
Pertussis	Rubella
Haemophilus Influenza Type B	Varicella

All students, regardless of grade and including foreign exchange students, must have the DHR immunization certificate 3231 on file unless any of the following situations exist:

1. Medical exemption authorized by a medical doctor **(to be reviewed and renewed annually).***
2. Conflict with religious beliefs verified by parents/guardians notarized affidavit.*
3. Waiver of 30 calendar days granted by the principal.

***It is the school's responsibility that children who are not immunized against certain illnesses be excluded from school if an outbreak of that particular illness occurs i.e., measles.**

Please notify and consult with Student Health Services.

A certificate for a child who is the process of receiving all required vaccines must have a date of expiration that relates to the date of the next required immunization is due or the date on which a medical exemption must be reviewed. A new certificate must then be obtained and submitted to the school within 30 days after the expiration date. Children whose parents fail to renew said certificates within the time allotted shall not be permitted to continue in attendance.

Effective with the 1994-1995 school year, for entrance into grade six in Georgia schools, a child must have a total of two measles containing vaccines administered on or after the child's first birthday and at least 30 days apart. This requirement will remain in effect through the 2005-2006 school year. Georgia DHR Form 3189 is acceptable for showing the additional MMR immunization for incoming six graders.

Effective with the school year 2001-2002, for entrance into grade six in Georgia schools, a child must have one dose of varicella (chickenpox) vaccine on or after the first birthday or two doses (administered a minimum of 28 days apart) if the first dose was given at 13 years or older, or proof of immunity (i.e. already had disease) from health care provider or parent. Georgia DHR Form 3231 must be used for children who will be admitted to schools on or after August 1, 2000. It must replace Day Care Certificate, DHR Form 3227, which will currently expire on or after August 1, 2000. **It will not be necessary to replace DHR Form 3032 for children already attending Georgia schools.**

Vision, Hearing and Dental

Vision, Hearing and Dental:

No child beginning school for the first time shall be admitted to the Fulton County Public School System unless the child has had a vision, hearing and dental examination.

The student's parents or guardian shall furnish the school system with the appropriate certificate issued by a physician and dentist licensed by the State of Georgia or the health department acknowledging that the child has been examined.

This policy does not apply if the parent or legal guardian of the child objects to it on the grounds that such examination conflicts with their religious beliefs. In the case the parent/guardian must furnish the school officials with a notarized affidavit stating this exemption.

School officials may grant a 30-calendar day waiver of this requirement for a justified reason. As in the case of immunization certificates, the waiver period begins on the day of first admittance or first attendance whichever is earlier.

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL HANDLING OF BLOOD AND OTHER BODY FLUIDS

General Principles:

1. Many infections may be spread from person to person through contact with blood and other body fluids.
2. Both students and staff members may be capable of transmitting infections, even when there is no knowledge or appearance of illness. Universal precautions are based on the premise that anyone may potentially transmit an infection.
3. Universal precautions should be observed by anyone who is involved in handling blood or other body fluids (such as vomit, fecal matter, or urine); or cleaning facilities or equipment that may have been contaminated. Universal precautions are for the protection of everyone.

Procedures:

Whenever it is necessary to handle or clean up anything contaminated with blood or other body fluids, the following simple and effective procedures should be observed:

- When applying pressure to stop a bleeding wound, disposable gloves should always be worn. If at all possible, the injured person should hold the pressure on the wound themselves.
- Disposable gloves should never be reused. Those who are cleaning up spills should avoid any exposure of open skin lesions or mucous membranes, such as the eyes, nose, and mouth.
- Surfaces soiled with the above substances should be promptly disinfected, using a bleach solution (1 part bleach to 10 parts water) for colorfast surfaces, and other EPA-approved disinfectant or germicide for surfaces that will fade. The bleach solution should be freshly made each day.
- Whenever possible, disposable towels, tissues or similar materials should be used in the cleanup process. These disposables, including the gloves, should then be sealed in one plastic bag, then double bagged in a second bag, and then discarded.
- Non-disposable cleaning equipment and materials, such as mopheads, should also be disinfected with bleach or other EPA-approved disinfectant or germicide. Linens that are not disposable, such as towels, may be cleaned in a normal hot water laundry cycle, but should be stored in a plastic bag until laundering.
- Thoroughly wash hands afterwards, using soap and water.
- All sharp or blood-contaminated objects, such as lancets, needles, glass ampules, razor blades, and strips used for blood or urine testing should be disposed of in a puncture-proof container. All needles should be disposed of without being bent or recapped. Schools should identify students whose medical condition requires use of these sharps, and insure that they are instructed in the proper disposal of such items.
- If there is exposure to blood or other body fluids, a report to the school office will dictate possible further medical attention needed.

These measures should be adopted as standard procedure for every spill or wound involving blood or other body fluids to avoid potential for transmission of any communicable disease. Observance of these guidelines will make the school a safer environment for students and staff.

Note: the Universal Precautions video should be shown annually to the entire school staff at the start of the school year. (You may reserve this video for your school through the Media Services Department.) Also the Health and Physical Education Department staff and Cluster/School Nurses are available to present a program on this topic.

CULTURAL DIVERSITY: ITS IMPACT ON STUDENT HEALTH IN THE SCHOOLS

As the school system has grown and so many students from other cultures have been assimilated, the need to understand more about these cultures has been recognized. A student's "culture" can be defined as the set of values, beliefs, and social practices that is practiced in his home country and in his family. Culture can be considered an "experiential comfort zone" for children, shared through generations, which guides their thinking, social relationships, and the behaviors of daily life. Having some understanding of a student's cultural beliefs and practices can help guide your assessments, and keep you from forming opinions and making judgements that would hinder the communication process and your ability to help the student. Always remember too that cultural variability exists, and stereotypes should never be applied. Many of these students may have come from a war or other very traumatic event, which affects their approach to new situations and people. There will be others in the school who have acquired knowledge of different cultures--teachers, social workers and administrators—who should share this knowledge with all of those who need to work with these students. Language barriers can also be a problem, especially in communicating with parents. Some resources will be listed in the back of this manual, which may help in this area.

Questions which may help with cultural assessment to supplement general health assessment include:

1. Where was the student born? How long has he lived in this country? (Do not question citizenship status, as this may lead to miscommunication.)
2. What kinds of health and education facilities does the student and family have experience with? (i.e. may have had limited school attendance or access to health care, or may have come from a socialized medicine system where there is free and easy access to health care)
3. What is the student's ethnic identity? Who are the student's major support people? (i.e. family, friends, refugee families may have an American support family) Can any of those people help with language barriers? How can they be reached?
4. Who are the dominant family members? (may be useful when you have to contact the family with concerns)
5. What are the primary and secondary languages of the family, and what is their speaking and reading ability in English?
6. What is the non-verbal communication style? Eye contact, space, and touch practices may be very different.
7. Are the family's religious practices of major importance in daily life? (i.e. are there activity or dietary restrictions?)
8. What are the health and illness beliefs and practices of the family?
9. What diseases and disorders are endemic to the country of origin?
10. What are the customs and beliefs concerning major life events?

Some basic information about a few of the more common cultures represented in our schools, is included in the Student Health Services Manual.

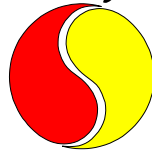


The Hispanic/Latino Culture

Hispanics/Latinos cannot be seen as one people or one culture. They come from more than 20 countries in Central and South America. Many have different religious beliefs and attitudes about their culture. Although there is no formula that will serve as an infallible guide to monolingual people in their professional medical relations with Spanish-speaking people, or anyone who belongs to another culture, a few suggestions can be made:

- ◆ ***Be aware of the importance of the family.*** When possible, focus patient education efforts on the entire family. Take advantage of the support which family members are often willing to provide to each other. Remember that decision-making might need to include several family members, particularly authority figures.
- ◆ ***Be aware of the importance of religion in the lives of many Hispanics/Latinos.*** The majority of Hispanics/Latinos are influenced by the Roman Catholic Church, so this should be taken into account when dealing with such issues as contraception and abortion.
- ◆ ***Be aware of the importance of warmth and tactfulness in human relationships.*** Health workers who place a premium on "efficiency" who feel they must "come directly to the point" and dispense with formalities may find it difficult to be helpful to Hispanics/Latinos who expect a health provider to be warm, friendly and interested in their lives, generally.
- ◆ ***Try saying at least a few words or phrases in Spanish.*** Most people will appreciate your efforts to speak their language. Do not worry about appearing awkward. Your very awkwardness in Spanish might help your patients or clients feel more comfortable trying to speak English.
- ◆ ***Do not assume that affirmative head shakes mean that patients or clients have understood you.*** It is not uncommon for persons who are not fully familiar with English to nod their head affirmatively or smile at what they think are appropriate terms - even though they do not fully understand what is being said. This is particularly true if the person has fear and/or respect for authority.
- ◆ ***Ask patients or clients to repeat what they have been told in their own words.*** This is a good idea with anybody. It is particularly important if you are not certain that the patient or client has understood what has been said.
- ◆ ***Remember that one usually learns to understand another language before being able to speak it.*** It is possible that patients or clients might understand you, even though they have difficulty communicating their understanding to you.
- ◆ In summary, to work more effectively with Hispanics/Latinos and other non-English speaking individuals it is important to be more ***aware of one's own culture***, and understand different world views and their influence on health practices.

Cultural Characteristics of Specific Ethnic Groups



ASIANS

*Asians are as diverse a population as Hispanics/Latinos since they also originate from three major geographical areas: **East Asia** - China, Japan, Korea; **Southeast Asia** - Cambodia, Laos, Vietnam, Burma, Thailand, Malaysia, Singapore, Indonesia and the Philippines; **South Asia** - India, Pakistan, Sri Lanka.*

In general:

- ☉ Age and sex are the primary determinants of social roles and behaviors.
- ☉ Males' authority is relatively unchallenged.
- ☉ Direct physical contact (particularly between men and women) should be avoided.
- ☉ Pork or beef insulin may be unacceptable to Muslims and Hindus.
- ☉ Height and weight charts may not always apply to children who are Chinese, Malay, Bangladeshi, Gujarati or South Indian.

CAMBODIANS

- ☉ Cambodians are formal and reserved. It is impolite to speak loudly.
- ☉ Touching is only for those one knows well and cares for.
- ☉ It is especially disrespectful to touch a Cambodian on the head, which has special significance as the most important part of the body - the place where the spirit resides.
- ☉ Cambodian youth feel comfortable hugging or holding hands with someone of the same sex; it is a sign of friendship.
- ☉ Cambodian politeness sometimes makes them appear shy, but indirectness is favored over direct confrontation.

VIETNAMESE

- ☉ The Vietnamese are very formal and respectful to others, including their own family members. It is considered disrespectful to touch other people or to make eye contact.
- ☉ It is considered extremely aggressive for a man to touch a woman to whom he is not related.
- ☉ Some hand gestures which Americans use in everyday speech are in poor taste to the Vietnamese. When speaking to a Vietnamese person try to avoid gesturing.
- ☉ Vietnamese families take responsibility for their own and would never place a family member in an institution such as a nursing home or hospice.

FILIPINOS

- ☉ Elders are extremely important members of the family system. Always make a special point of greeting and saying goodbye to older people.
- ☉ Raising eyebrows means "no".
- ☉ Filipinos often smile when upset or embarrassed.

- ☯ Men or boys (as well as women or girls) may hold hands in public; this gesture has no sexual implications. However physical contact with members of the opposite sex is to be avoided in public.
- ☯ Filipinos are never to show anger in public. They are expected to control their emotions and must avoid direct confrontations.



Cultural Characteristics of Specific Ethnic Groups

NATIVE AMERICANS

- It is acceptable for Native Americans to compliment a family on their baby, but it is deemed inappropriate by some families to give a lot of compliments, and draw attention to the child. The child's family may believe that this behavior might bring harm to the child.
- Certain animals, dolls, and toys, may be considered bad luck or evil in certain Indian tribes. For example, owls are a sign of a bad omen or evil force.
- Sometimes when a child is in the process of or has completed a healing ceremony, there may be markings or objects (considered sacred) placed on the child's body to protect and/or ensure healing. If it is necessary to remove any of these objects, you should consult the family first.

HAITIANS

- Haitians are very expressive people who gesture energetically and emphatically as a part of normal conversation.
- Humor plays an important role in their social interactions and they survive by finding humor in themselves and their situation.
- Haitian personal space is much smaller than American's personal space. It is normal to stand much closer than the typical American space of an arm's length.

SOMALIS

- Somalis are very courteous people who value independence and individualism.
- Several of our everyday hand gestures are offensive to Somalis. A good rule is to use your right hand only for passing things back and forth. Avoid "finger" gestures of any kind.
- Eye contact is considered aggressive.
- If a person from Somalia avoids your gaze, he/she is not necessarily being evasive. Women especially, will look downwards. This is considered a polite gesture, expected from a well-behaved, "disciplined" woman.

MIDDLE EASTERN

- People from the Middle East have an informal support system.
- Children are brought up to live interdependently.
- Mothers are more willing to allow children to be picked up, kissed or hugged.
- More flexible schedule for eating, sleeping, and toilet training
- Less freedom for independent learning and exploration
- Respect for old age, spiritual maturity and wisdom



Health Care Beliefs of Southeast Asians

Attitudes About Suffering:

Many Southeast Asians are reluctant to seek health services because of their cultural attitudes about the nature of life and the inevitability of suffering. Instead of seeing suffering as a health condition requiring improvement, many Southeast Asians see some suffering and illness as an unavoidable part of life.

To many Southeast Asians, illness may be attributed to:

- An imbalance of yin and yang (hot and cold)
- A failure to be in harmony with nature
- A curse by an offended spirit
- A punishment for immoral behavior

Indeed, illness is believed to be one of the main ways in which angry or evil spirits punish people.

Attitudes About Our Health Care System:

- * Some Southeast Asians expect the first Western medical provider they encounter to diagnose and treat their illness instantly.
- * Some think that physicians can identify the source of a medical problem at first sight with no more physical examination. For example, some believe that x-rays are curative. If they undergo an x-ray procedure and do not become well, they may think that Western medicine is ineffective for their illness and not seek further Western medical services.
- * Many Southeast Asian refugees believe that surgery upsets the soul or causes the spirit to leave the body. Some Lao, for example, believe that immunizing babies can be dangerous for the baby's spirit. Thus, they may balk at immunization, invasive diagnostic techniques or surgery.

- * For others such as the Hmong people, the length of a person's life is predetermined, and so the type of life-saving health care that we offer may be seen as worthless.

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OTHER CULTURAL HEALTH PRACTICES

Southeast Asian Practices

Cupping, pinching, and rubbing (also known as coining) are the most commonly used practices and are thought to restore balance by releasing excess “air”. Knowledge of these practices is extremely important since resulting skin alterations and scarring are often mistaken for signs of abuse.

In cupping, a cup is heated and placed on the skin, usually of the abdomen or forehead. As it cools, it contracts, drawing the skin and excess “energy or air” into the cup. A circular bruise is left on the skin.

Pinching uses the same principle as cupping. Pressure is applied by pinching the skin between the thumb and index finger, to the point of producing a bruise or contusion. Usually this is done at the base of the nose, chest or back.

Rubbing is usually in the same areas as pinching, and involves firmly rubbing lubricated skin with a spoon or coin, in order to bring toxic “air” to the body surface.

Hot and Cold Theory

In the hot-cold theory, illness is thought to be caused by an alteration in the natural balance between hot and cold elements in the universe. To restore balance and harmony, intake of drugs, herbs and food is adjusted. Western medicines are usually considered “hot” and herbal remedies have cooling properties. The hot-cold theory of disease ranks among the most popular systems of contemporary folk medicine in the U.S.

In health, the human body displays a balanced blending of hot and cold qualities. Sickness will ensue if an excess of hot or cold foodstuff is ingested. The hot-cold scheme is applied to foods, diseases and remedies. The terms hot and cold do not necessarily refer to the temperature of foods or remedies. These qualities are assigned on the basis of origin, color, nutritional value, physiological effects of the food or remedy and therapeutic action. One example would be a “hot” disease, such as intestinal cramps, might be treated with a “cold” remedy such as bananas, coconut, and sugar cane. The specifics vary among cultures.

COLLABORATION WITH ALL SCHOOL EMPLOYEES

Clinic personnel have the main responsibility, delegated from the principal, for monitoring and maintaining a healthy school environment, in which students can learn.

In order to accomplish this goal, collaboration with other school employees and the cluster/school nurse is a key ingredient of success.

The principal is the leader of the school team. The principal should be made aware of any obstacles or problems that occur in the school clinic.

- If a child is seriously ill or injured
- If emergency services need to be called
- If there is a concern with communication with a parent/family
- If there is a pattern of illness, infection, injury or infestation
- If there is a concern about the “health” of the school environment or safety
- Anytime there is a situation the clinic personnel need assistance with

The school secretary can provide information on the students and families, class scheduling, building concerns, problems that may be occurring in other schools, and county resources.

Teachers can be your best allies and observers, once students go back to the classroom. They will most likely be the first one to notice physical symptoms, patterns of illness or health complaints, and psychological changes.

The social worker, SST team leader, other allied health workers (speech therapist, etc.) can be your best allies in gathering information about children and families and available resources.

The cafeteria staff can be helpful with snacks you may need for children, ice, and observation of a child’s eating patterns.

The custodial staff can help you with infection control issues, clean up of spills, building safety issues.

The library staff can help you with researching a health issue and finding resources for health education.

Many times you may be asked to help with a staff member’s health concern as well. You may be able to provide first aid, assist with referrals, assist with health education curriculum and ideas for bulletin boards, etc.

School nurses, school nurse consultants, and clinic personnel at other schools can be resources for you, when you have specific or general concerns and questions as well.

Children’s Healthcare of Atlanta also has a nurse advice line that can be called any time there is a question about health care, a specific illness or injury, or referral information. The number is **404.250.kids**.

Recognizing Child Abuse

Code of Georgia

The official code of Georgia 19-7-5 mandates the reporting of child abuse when anyone has reasonable cause to believe or cause to suspect that a child has been abused.

The law provides immunity from liability for reporting abuse and/or neglect when the report is made in good faith. The knowing willful (intentional) failure to make a report is a crime.

Types of Abuse

Physical Abuse is a non-accidental injury sustained by a child due to the acts of a parent or caretaker. Examples include bruises, bites, burns, and skeletal and head injuries.

Neglect occurs when a parent or caretaker inadvertently or deliberately fails to provide the proper care or attention for the essentials of a child's developmental needs. Examples include omission of essential medical care or services, non-organic failure to thrive, lack of appropriate supervision and safety, inappropriate clothing, inappropriate nutrition and/or being unclean or unkempt.

Emotional Abuse is a type of neglect. It may include but is not limited to verbal abuse or excessive, aggressive behaviors that place unreasonable demands on a child to perform above his capabilities. Examples include failure to give a child love and attention necessary for him to grow, constant belittling and verbal abuse, and aggressive and unreasonable demands.

Sexual Abuse is defined as a person's employing, using, persuading, inducing, enticing or coercing any minor who is not the person's spouse to engage in any sexual act. This includes, but is not limited to, physical contact in an act of apparent sexual gratification with any person's clothed or unclothed genitals, pubic area, or buttocks (to include genital-genital, non-genital-genital, anal-genital or oral-genital whether persons be the same or opposite sex). Bestiality, masturbation, lewd exhibition of genital areas in public, defecation or urination for the purpose of sexual stimulation, penetration of the rectum or vagina with any object except when done as a recognized medical procedure are also considered sexual abuse.

Munchausen by Proxy Syndrome (or Factitious Disorder by Proxy) is a form of child abuse in which a parent or caretaker presents a child for medical attention with symptoms that may have been fabricated or directly created by the parent or caretaker, and which subjects the child to unnecessary or potentially harmful medical procedures.

Assumptions

- Anyone can abuse children: neighbors, relatives, friends, sitters, etc.
- Abusers may be good caring, people as well as people with many problems.
- Abusers often love and care about the person they abuse.

- Abuse crosses all socioeconomic and cultural backgrounds.

Elements

These are usually present for maltreatment to occur: a susceptible adult caregiver, a vulnerable child and a significant perceived or actual stress.

Factors

These may increase the probability of maltreatment:

financial or emotional stress	isolation from friends and family
absence or loss of significant other	caretaker uses corporal punishment
caretaker has no relief from children	expectations are inconsistent for age
caretaker is emotionally immature	caretaker was abused as a child
domestic violence in the home	drug or alcohol abuse in home

Behaviors

These are possible indicators of *physical abuse*:

child feels deserving of the punishment	child is wary of adult contact
child is apprehensive when others cry	child is frightened of parents
child is afraid to go home	child has poor self concept
child has behavioral extremes (aggressiveness to withdrawal)	

These are possible indicators of *neglect*:

child is begging/stealing food	child has extended stays at school
child has rare attendance at school	child has constant fatigue
child inappropriately seeks attention	child assumes adult responsibilities
child uses drugs or alcohol	child is delinquent

These are possible indicators of *emotional abuse*:

- child has habit disorders (sucking, biting, rocking)
- child has conduct disorders
- child has neurotic traits (sleep disorders, inhibition to play, usual fearfulness)
- child has behavioral extremes
- child has made suicide attempts
- child has developmental lags

These are possible indicators of *sexual abuse*:

- child is unwilling to change for gym class
- child is withdrawn, has fantasy or infantile behavior
- child has bizarre, sophisticated or unusual sexual behavior or knowledge
- child has poor peer relationships
- child is delinquent or runs away
- child has changes in school performance
- child has sleeping disorders/nightmares
- child has eating disorders
- child aggressively acts out

child is self abusive such as drug addiction, self mutilation
child is sexually acting out on a younger child

Profile of Abusive or Neglectful Parents

- Isolated from support such as family, friends, neighbors and community groups
- Consistently fail to keep appointments, discourage social contact, rarely participate in school activities
- Seem to trust no one
- Reluctant to give information about their child (especially in regard to an injury or condition)
- Respond inappropriately to child's condition by overreacting or under reacting
- Refuse to consent to diagnostic tests on child
- Delay or fail to take the child for medical care
- Over critical of child, seldom discuss the child in positive terms
- Have unrealistic expectations of the child
- Seldom look at or touch child and believe in harsh punishment
- Are impatient with child and ignore cries for help
- Lack understanding of child's needs, lack of self control, irrational behavior

Profile of Abused or Neglected Children

- Their parents describe them differently than they appear
- May bear welts or bruises, sores or skin injuries
- Are given inappropriate food, drink or medication
- Are left alone with inadequate supervision
- Are chronically unclean
- Exhibit extremes in behavior, sudden changes in behavior and fear physical contact
- Have learning problems, truant from school, late for school
- Are often tired, sleeps in class
- Dressed inappropriately for the weather

Communication Skills with Children

1. Get down on the child's level.
2. Use short simple sentences.
3. Use repetition.
4. Watch for feelings in the child and reflect them back to the child. (i.e. "You look kind of scared.")
5. Know when to use a request versus when to use a command. A request is a statement that gives a person a choice of responses. Use requests when you want to give a child a choice. Use when/then/either/or requests to help direct a child to an appropriate response. A command is a statement that tells someone to do something. Commands should be used when you want a child to obey. Commands should be short and direct.
6. Refrain from showing anger, this usually results in a power struggle and intensifies the problem.
7. Ask for the child's input in finding solutions to problems.
8. Be respectful.
9. Do not make any comments about the child's character or personality. Use "I" messages to identify your feelings about the situation and make a clear statement of how you are feeling.
10. Use positive reinforcement to improve behavior. Negative behaviors are obvious. Look for the times the child is cooperating and give sincere appreciation and recognition of it. The child will learn that he can get more attention from positive behavior than from misbehavior.