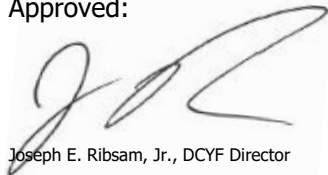
 <p>NH Department of Health &amp; Human Services Division for Children, Youth &amp; Families</p>	<b>DCYF Standard Operating Procedure</b>	
	<b>1172.6 MEDICAL SERVICES</b>	
	Policy Directive: <b>22-52</b>	Approved: 
	Effective Date: <b>August 2022</b>	Joseph E. Ribsam, Jr., DCYF Director
	Implements Policy: <b><u>1172</u></b>	

This SOP defines how CPSWs utilize medical services in investigating allegations of child abuse or neglect.

**Procedure**

*The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.*

- I. The Child Advocacy and Protection Program (CAPP) is available to CPSWs for consultation in assessing for child abuse and neglect from a medical perspective.
- II. CAPP is utilized as part of a multi-disciplinary team (MDT) or independent of a MDT to:
  - A. Provide consultation to determine if there is a need for immediate medical examination or care;
    1. CAPP provides "on-call" services to ensure 24/7/365 access to DCYF;
  - B. Provide direction as to the timing and sequencing of interviews and medical examinations;
    1. It is preferable to complete forensic interviews prior to a medical examination in most circumstances of sexual abuse, but the CPSW should consult with CAPP to determine the best course of action on an individual basis;
  - C. Conduct medical examinations and provide photo documentation as appropriate;
  - D. Review medical records and provide a medical opinion;
    1. CPSWs will need to complete a CAPP referral form and provide necessary releases and documentation to be reviewed;
  - E. Make clinical referrals for the child or family, as needed;
  - F. Coordinate medical-based and county-based MDT meetings, when appropriate; and
  - G. Provide expert testimony in court as necessary.

- III. CPSWs seek immediate medical attention when the child has recently (within the previous 72 hours) experienced severe physical/sexual abuse or neglect, or if there is an unattended medical problem.
  - A. The child should be seen by CAPP (if possible) or at the Emergency Room as soon as possible.
  - B. This includes situations where:
    - 1. The child is not medically stable;
    - 2. There are injuries (without reasonable explanation) to document;
    - 3. There is a chance to recover physical evidence (e.g. seminal fluids or saliva) from the child's body;
    - 4. The child may be pregnant; or
    - 5. The child or family require urgent crisis counseling or mental health services.
  - C. The help and cooperation of the parents/guardians must be requested.
  - D. When it is not possible to obtain permission from the parents, the CPSW immediately consults with their Supervisor and the DCYF staff attorney to determine if court action is appropriate to obtain needed medical care.
    - 1. Assistance can be requested from law enforcement, but this action is only to be taken in instances when immediate medical care is required.
- IV. There should be consideration of having other children in the home examined based on the concerns and vulnerability of the other child (e.g. under age 3, non-verbal, or developmentally delayed).
- V. If medical care or examination is necessary, CPSWs engage parents in the process as much as possible.
  - A. If the parents/guardians refuse to have the child seen, the CPSW consults with their Supervisor and the DCYF staff attorney to determine if [court action](#) is appropriate to obtain needed medical care.
- VI. CPSWs provide CAPP with as much of the following information as possible when making a referral:
  - A. The presence of visible injuries (such as bruising or burns);
  - B. Observed or reported limited mobility (arms/leg movement, ability to sit, stand, or bend);

- C. When the abuse/neglect is believed to have occurred (date and time of the abuse, to the extent possible);
  - D. If there are concerns the child was given drugs or alcohol;
  - E. Any concerns for human trafficking;
  - F. When the child last had contact with the alleged perpetrator (abuse/sexual abuse);
  - G. The alleged perpetrator’s relationship and access to the child;
  - H. If the child has been seen by CAPP previously;
  - I. The names and ages of other children in the home;
  - J. The name of the child’s primary care provider (PCP);
  - K. The name of the child’s therapist (as applicable);
  - L. The name of any law enforcement agency involved and the name of the specific officer assigned to the investigation;
  - M. Information on any completed or pending forensic interview, including name of the interviewer and their agency; and
  - N. Any physical, mental health, or developmental concerns that could impact the examination.
- VII. All efforts to ensure the medical needs of the child, including consultation with CAPP or other medical providers, is documented in the DCYF electronic information system.
- A. Documentation should include the medical professional’s area of medical expertise and any findings or recommendations made.

**Glossary and Document Specific Definitions**

[A - B](#)   [C - D](#)   [E - F](#)   [G - I](#)   [J - L](#)   [M - N](#)   [O - Q](#)   [R - S](#)   [T - V](#)   [W - Z](#)

**Document Change Log**

<b>PD</b>	<b>Modification Made</b>	<b>Approved</b>	<b>Date</b>