

Minor Patient Populations

Mandated Reporting - CPS

- **Mandatory Reporting Under Section 2151.421 Ohio Revised Code**
- Every day nurses are entrusted with caring for the elderly, children, and other vulnerable members of society. Because of that unique position, with respect to children and disabled young adults, Ohio's legislature has enacted a mandatory reporting statute, Ohio Revised Code (ORC) 2151. 421, that requires that nurses (among a list of others in similar positions) to immediately report suspected child abuse and/or neglect. The statute requires nurses to report suspected abuse and take a "safe rather than sorry" approach.

Mandated Reporting - CPS

- **Protocol has specific situations on when to report to Child Protective Agencies**
- DO NOT become confused with this information
- When in doubt.....REPORT!
- No punitive action when an investigation is not deemed worthy to take action on

Mandated Reporting - CPS

- Phone call will be placed to CPS agency AT THE FACILITY
- Leave message or speak with agent to provide information
- WRITE DOWN name of person you spoke with, date and time of conversation for reporting
- SAME as law enforcement - make sure you leave a paper trail on reporting information

Minor Examinations

- Legal age to consent to sex in Ohio is 16
- Minor (>13 and <17) can consent or decline SANE exam
- If perp 4 years or more – LE CAN get warrant for exam – very unlikely scenario – consider legal implications for exam being done under conscious sedation
- Can be point of contention if parents are urging SANE exam
 - Ex: boyfriend is same age or older

Minor Examinations

- Expected way to navigate this situation:
- Talk to patient away from parent
- Explain to patient that he/she can consent to exam however decline ANY portion of the exam
- Provides the patient the opportunity to give details and explain it was a consensual act
- SANE may not know if PD will pursue charges during time of exam, best practice to complete exam and let LE handle the rest

Minor Examinations

- Minors can consent or decline exam:
- Rationale; if the parent is the possible perpetrator we are not asking their permission to complete the exam
- SAME as STD treatment in Ohio – minors do not need parental permission for treatment under these circumstances
- SANE can perform exam and does not have to provide details to parents/guardians

Minor Examinations

- ONE SINGLE SWAB WITH PAPERWORK IS A COMPLETED FORENSIC EXAMINATION
- The patient may decline any individual step within the examination
- This situation works best if the patient is feeling pressure to complete exam by the parents

Minor Examinations

- No such thing as “statutory rape” in Ohio
- Charges are usually contributing to delinquency of a minor
- Exception: assailant is in a position of authority
- Exception: assailant is 4 or more years older than the patient
- Additional charges can be filed for the above exceptions

Minor Examinations

- Special consideration should be applied to forensic examinations for minor patients
- May be the first encounter with a pelvic/speculum examination
- Potential for injuries are highly likely due to anatomical structures for pediatric patients

Minor Examinations

- Less estrogen in hymen, vaginal vault
- Vaginal vault has a smaller anatomical structure
- Less mature natural structures for lubrication (Bartholin/Skeen's glands)
- More likely for increased injuries
- Increased rate of cervical injuries due to less maturation of vaginal vault = lack of elongation of vault
- Less likely to have cervical tenting = cervix may not raise into the correct position

External Genitalia Comparison

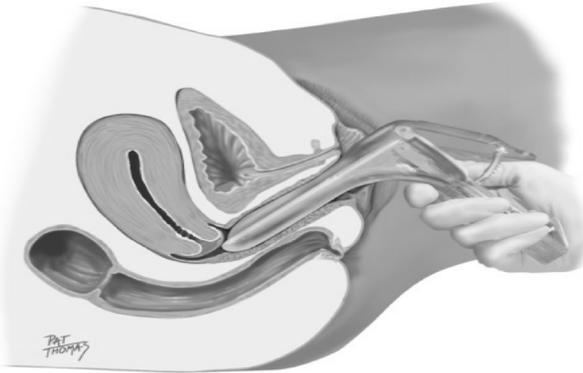


Estrogenized Hymen



Non-Estrogenized Hymen

Cervical Injury Patterns



Copyright © 2003, Elsevier Science (USA). All rights reserved.

Note the position of the cervix in it's natural state (in semi-posterior facing position)

Cervical tenting = when cervix raises into less posterior position and faces more anterior position

Speculum / Vaginoscopy

- **2 bladed, bi-valve**
- **Huffman**
 - long, thin speculum, no previous sexual activity
- **Pederson**
 - Thicker blades than Huffman but thinner than Graves
 - Good for sexually active teens or small framed women
 - Easier to raise body of cervix for viewing
- **Graves**
 - Widest bi-valve blades
 - Parous, obese, sexually active
 - Easier to raise body of cervix for viewing

Minor Examinations

- **Medical / Forensic Considerations**
- Minor may be more likely to have injuries (posterior fourchette, fossa navicularis, cervical)
- Higher likelihood of need for HIV/Hepatitis PEP due to rupture of mucous membranes

Minor Exams - Summary

- When in doubt REPORT to CPS
- Always report to ODH if the minor is a resident at any skilled nursing facility
- Minors **do not have the choice** of “non-reporting” or not engaging with law enforcement –
- Minors **do not have the choice** of a Jane Doe/Anon exam
- Higher likelihood of injuries (external and internal)
- Higher likelihood of broader PEP coverage

Questions?