

Appropriate Contact with Minors

Intro:

In the continued effort to safeguard athletes of all ages in organized sports, and minimize injuries associated with participation, the National Athletic Trainers' Association (NATA) recognizes that all athletes, regardless of age or level of participation should have equitable access to the health care services delivered by a highly qualified, licensed or otherwise regulated, academically qualified professional athletic trainer (AT).¹ Athletic trainers have a professional responsibility to engage in evidence-based practice and adhere to the Board of Certification (BOC) Standards of Professional Practice, applicable laws and regulations, and adherence to the principles set forth by the National Athletic Trainers Association (NATA) Code of Ethics, which guide members' conduct on issues such as equitable treatment, regulatory compliance, positive representation of the athletic training profession, ethical conduct including appropriate relationships, and patient safety and advocacy. The athletic trainer's primary responsibility is to the patient, in their practice of providing quality care.^{1,2,3,4,5}

Definition of a Minor and Legal Considerations:

Please follow specified institutional and/or state policies pertaining to a minor. For the purposes of this document, The NATA recognizes a minor within the confines of state and local laws and as described to have limitations on moral, ethical directives and consent regarding decisions of healthcare and medical treatment. Minors also fall into the category of not yet having the "legal capacity" for the development of acts of maturity and discernment to make appropriate decisions for her or himself.

A patient/participant is generally considered a minor if they meet one or more of the following criteria.^{6,7,8,9,10,11}

1. Under 18 years of age
2. Under the specified age of majority based on state laws
3. Is still under the protection of a parent or legal guardian

In working with underage participants, it is important for any organization to identify areas within their program where ATs may have contact with and/or be responsible for providing healthcare for minors.^{8,12} Athletic Trainers who care for adolescents should ensure that they are familiar with, and proceed according to, their particular state laws and institutional policies concerning minors' consent authority.¹³ Organizations should also investigate if they reside within a state having a "mature minor doctrine", which may be applicable to enrolled college students identified as minors, under the age of 18.¹⁴ The doctrine provides these students the ability to make legal decisions regarding their own medical care and privacy.¹⁴ Prior to developing any specific institutional document, we recommend you review your own institution's safety and protection for minors' policy, which normally covers all employees, contractors and volunteers for your respective institution. Any additional or new policy that is developed, should be a collaborative effort with your senior administration, campus legal and risk management teams. The following information is to serve as a guide in developing a protocol for providing a safe environment when interacting with minors.

Procedural Recommendation/Necessary Documentation:

When providing medical care for minors, there is a shared-decision making process when it comes to evaluation and treatment of medical conditions.⁹ A three-way decision between the patient, parent/guardian, and healthcare provider should guide the treatment decision process for minors. Prior to initiation of treatment, ATs should document in the patient medical record all discussions of consent or assent, including the identity of the person providing consent or permission for treatment, an assessment of the patient's maturity and understanding of treatment, and the efforts made to obtain consent from the patient's parent and/or legal guardian if unavailable.¹⁵ Additional documentation acknowledging the patient and parent/guardian's agreement to the prescribed plan of care should be signed and dated by the appropriate individuals, prior to follow-up care. Per the *NATA Best Practice Guidelines for Athletic Training Documentation*, certain setting-specific pieces of medical information should be included as a part of an individual's medical record. As a best practice, the AT must be acutely aware of

documentation needs specific to their setting and comply with all state regulations, established guidelines, and institutional requirements/expectations.¹⁶

Athletic Trainer Interactions with Minors:

The following table below may serve as a guideline for healthcare providers in the areas of physical contact, communication and documentation when interacting with minors.

Physical Contact	Communication	Documentation
<ol style="list-style-type: none"> 1. AT's must follow all state, county, and institutional guidelines and requirements¹⁷ 2. One-on-one interaction should be avoided, but if in your work environment this is unavoidable, take appropriate steps to protect the patient and yourself¹⁸ <ul style="list-style-type: none"> o Development of Chaperone Policy per American Medical Association: authorized member of the healthcare team that upholds professional standards of patient privacy and confidentiality¹⁹ o Ask the patient questions to determine severity of the injury or pathological condition, and if a referral is needed to a medical facility o If not an emergency, set up a time when a chaperone is available 3. Do not initiate physical touching that does not meet the medical standard of treatment¹⁸ 4. If the injury or pathological condition is within an area commonly deemed as private, or in an area that the minor or healthcare provider feels uncomfortable, refer patient to an appropriate medical facility 	<ol style="list-style-type: none"> 1. AT's should ensure that proper documentation is on file for the patient prior to assessment and treatment^{18,20} <ul style="list-style-type: none"> o Follow your state, county, and institutional guidelines, requirements/expectations for legal documentation¹⁶ o Explain to parents/guardians the assessment and treatment process (including treatment times) and plan, if possible 2. Prior to care, provide the minor patient with an explanation of the evaluation and treatment process <ul style="list-style-type: none"> o Inform the patient and/or parent/guardian of a minor patient of benefits and risks involved, and likely outcomes in the treatment plan⁴ o The patient has the right to deny care or ask for a referral to a medical facility if they feel uncomfortable (excluding emergencies) 3. Before the evaluation and treatment, allow the minor to ask questions and require a verbal understanding from the patient <ul style="list-style-type: none"> o The patient has the right to deny care or ask for a referral to a medical facility (excluding emergencies) 4. Communication with minor patient is directed only toward an injury and/or illness <ul style="list-style-type: none"> o Follow institutional email, cell phone, and social media guidelines²¹ o If your institution does not have a policy, obtain clarification from administration 	<ol style="list-style-type: none"> 1. Document interaction, with minor¹⁶ <ul style="list-style-type: none"> o Consent to treat: Patient was informed of process and agreed to treatment o Follow state laws regarding medical documentation o Provide a copy to parent/guardian upon request o Keep prior note in healthcare provider's files 2. Report abuse.^{3,22} <ul style="list-style-type: none"> o Mandated reporting through institution's policy and procedure guidelines

References:

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