

COVID-19 Response Toolkit for New Mexico's Public Schools

F O R S C H O O L Y E A R 2 0 2 2 / 2 0 2 3

The release of this updated toolkit replaces and supersedes the previously released Toolkit

REPORTING

Schools no longer need to report weekly data regarding positive cases for staff and students through the DOH reporting portal. In addition, employers are no longer required to report all cases of COVID-19 positive employees to the New Mexico Environment Department (NMENV). If a school or district conducts a Point of Care rapid antigen or rapid PCR test for staff or students who present with COVID-19 like symptoms, or for screening, COVID-19 test results are to be reported through Simple Report.

PREVENTION

- Get vaccinated
- Maintain physical distance
- Wear a face mask
- Wash your hands often with soap and water
- Clean regularly

TRANSMISSION

The virus spreads from person-to-person primarily:

- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- When droplets land in the mouths or noses, or are inhaled into the lungs, of people who are nearby.
- By symptomatic and asymptomatic individuals.

Please note that while Bureau of Indian Education schools may use NMPED's Rapid Response protocols, this Toolkit does not apply to them.

Table of Contents

Definitions 3

COVID-19 Preparation & Response for Schools 4

Communication 5

Rapid Response to a COVID-19 Case in a School Facility..... 6

What to Report..... 7

School Staff & Student Decision Tree 8

Acute vs. Chronic COVID Symptoms in Schools 9

Guidance on COVID-Safe Practices11

Air Filtration..... 12

Face Coverings & Other Personal Protective Equipment 12

Procedural Considerations 13

RESOURCES

Phone Numbers And Websites 15

Updates to this Toolkit from the October 20, 2022, version include:

- Removal of DOH portal and NMENV reporting requirements
- Update to decision tree on page 8

Definitions

Asymptomatic Confirmed Case: A person who has tested positive for COVID-19 by laboratory testing but did not experience any symptoms of illness within 10 days of the test.

Close Contact: Someone who over a 24-hour period, has a cumulative exposure of fifteen minutes or longer within six feet of a confirmed COVID-19 case with or without a face covering.

- **Exception:** In the pre-K – 12 setting (including transportation), the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a [clinically compatible illness](#)) where
 - » both students were engaged in consistent and [correct](#) use of [well-fitting](#) face [masks](#); and
 - » other [K-12 school prevention strategies](#) (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.

This exception does not apply to teachers, staff, or other adults in the pre-K-12 setting.

Confirmed Case: A person who has tested positive for COVID-19 on a Polymerase Chain Reaction (PCR) or antigen test from a respiratory or oral specimen.

Infectious Period: Time during which an infected person is contagious and most likely to spread disease to others..

- For a confirmed [symptomatic](#) COVID-19 case, the infectious period starts two days prior to the illness onset date and continues five days after illness onset AND until patient is fever-free for 24 hours without the use of fever-reducing medications AND [symptoms](#) have improved.
- For a confirmed asymptomatic COVID-19 case, the infectious period starts two days prior to the specimen collection date and continues for five days after.
- If a confirmed asymptomatic COVID-19 case has severe immunosuppression, the infectious period starts two days prior to the specimen collection date and continues 20 days after.

Isolation: The act of keeping someone who is sick or who tested positive for COVID-19 away from others by staying home from school, work, and other activities while infectious.

- Isolation should last at least 5 days after the onset of [symptoms](#), and until fever-free for 24 hours without the use of fever-reducing medications, and experiencing improvement of symptoms.
- For people who never had symptoms, the isolation period is 5 days after the date their first positive test was collected. Vigilant mask wearing for 5 days after

the isolation periods is also required (days 6–10).

- If someone has a severe illness or severe immunosuppression, the isolation period should be extended to 20 days.
- A negative test is not required to determine when to end the isolation period. Nor does a negative test end the isolation period. When in doubt, the New Mexico Department of Health should be consulted.

Quarantine: A process of separating and restricting the movement of individuals who were exposed to an infectious disease to determine if they become infected. Quarantine is no longer recommended for individuals who are exposed to COVID-19 except in certain high-risk settings. Schools in general are not high-risk settings except when there are High [Community Levels of COVID-19](#) infections in the local environment of the school. Exposed contacts who are not up to date with COVID-19 vaccinations are recommended to continue to attend school wearing a well-fitting mask for 10 days and be tested at day five following the exposure. The decision for when and whether quarantine will be required is the determination of a local school district or charter school and should be based on the local [COVID-19 Community Level](#).

Test to Stay: Test to Stay is a form of modified quarantine that has previously been implemented for students who were in close contact with an individual who is positive for COVID-19. Since quarantine is no longer recommended for people exposed to COVID-19 except in high-risk congregate settings, Test to Stay is no longer recommended. The decision for when and whether testing will be required is the determination of a local school district or charter school.

Severe Illness: Indicated by hospitalization in an intensive care unit with or without mechanical ventilation.

Severe Immunosuppression: Severe suppression of immune response of an individual includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days.

- Other factors such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

Vaccines: PED will follow the CDC recommendations and consider vaccines “up to date” when an individual has completed a COVID-19 vaccine primary series AND received the most recent booster dose recommended for them by CDC.

COVID-19 Preparation & Response for Schools

District Planning and Response Team

Assemble a COVID-19 District Planning & Response Team

1. Team Lead/Point Person
2. Leader & Deputies
3. Head Nurse
4. HR Director
5. Head of Operations & Facilities
6. Head of Security
7. Principals
8. An Educator (designated by the Union if educators are represented)
9. A Staff/Facilities Employee (designated by the Union if educators are represented)

At Each School. Prepare & Plan

Prepare a duty list and designate a backup for each team member.

Identify an isolation area for ill students or staff.

Plan for student pick up when one large area or the entire building needs to be evacuated at once:

1. Pick up of students
2. Sending staff home
3. Who stays last?
4. Will buses be used?

Plan for when a student cannot be picked up immediately.

Responsibilities of the School COVID-19 Point of Contact

Collect and maintain all information about who is in each building:

1. Staff rosters including cell phone numbers
2. On-site contractor rosters
3. Classroom and cohort rosters
4. Class schedules
5. After school program rosters
6. Real-time sign-in sheets/visitor rosters
7. Real-time student attendance data from school administrators
8. Bus route rosters
9. Each student's emergency contacts authorized to pick up, authorized medical care, and household member information, etc.
10. Up-to-date student addresses

Have key contact information on hand for state agencies who can answer questions:

- » NMENV/OSHA for recording staff cases: 505-476-8700
- » NMDOH COVID hotline for general questions: 1-855-600-3453



Communication for Schools

COVID-19 Point Person

Each school must identify a COVID-19 Point Person to liaise with the New Mexico Public Education Department (NMPED) Rapid Response Team. For many schools, the school nurse may be well-suited to serve in this role. Please provide the name and contact information of the designated Point Person to NM PED. A back-up Point Person should also be identified in the event that your Point Person is absent or ill.

In the event of a confirmed positive case in the school, the point person must be prepared to:

- Effectively communicate with NMPED and other state officials regarding the positive case.
- Provide up-to-date contact information for each student at the school;
- Identify close contacts of confirmed cases; and
- Ensure close contacts are masking for 10 days and getting tested on day 5
- Confirm isolation of the close contact if that individual becomes positive prior to his or her returning to school.

The name and contact information of the designated Point Person should be communicated to NMPED in this [online spreadsheet](#). You may appoint one point person for all of your schools. However, please assign a back-up Point Person in the event that your Point Person is absent or ill.

See the **Staff & Student Individual Decision Tree** for additional information.

Confidentiality Considerations

An individual's right to privacy should always be considered. In sharing information with students, families, and staff members, report the fact that an individual in the school has been determined to

have COVID-19, rather than specifically identifying the student or staff member who is infected.

However, in relation to the sharing of information with NMPED Rapid Response members or NMDOH School Health Advocates, the Federal Education Rights and Privacy Act (FERPA) permits non- consensual disclosures of Personally Identifiable Information (PII) from students' education records under the health or safety emergency exception to "appropriate parties" (such as public health officials) whose knowledge of the information is necessary to protect the health or safety of students or other individuals. Additional information regarding FERPA and COVID-19 may be found in the [U.S. Department of Education's FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions \(FAQs\)](#).

Rapid Response to a COVID-19 Case in an School Facility

ACTION STEP	RESPONSIBLE	TIMELINE
1. Ensure the positive individual has been isolated and sent home. Inform the positive individual and his/her parents/guardians (if a student), that the positive individual will need to self-isolate for 5 days from the specimen collection leading to the positive test result (or symptom start date) AND until fever-free for 24 hours without fever reducing medication AND until symptoms are improved.	School Administrator or District/School COVID-19 Point Person	Within 4 hours of notification
2. Determine the close contacts of the positive case and notify the close contacts or parents of close contacts so that the close contacts may begin to wear well-fitting masks. It is encouraged for close contacts to test on day 5 following exposure.		
3. Shut down impacted facilities/classrooms for a minimum of 2 hours (24 hours recommended) and perform enhanced cleaning, sanitizing, and disinfecting of facilities in accordance with CDC guidance.	School Administrator or District/School COVID-19 Point Person	Within 6 hours of notification
4. Call your regional School Health Advocate for any guidance needed regarding testing, cleaning, closure, etc.	School Administrator or District/School COVID-19 Point Person	No time requirement

RESOURCES:

- [New Mexico Testing Sites](#)
- [COVID-19 Test Results](#) website indicates which NMDOH results tested negative
- [CDC Cleaning and Disinfecting Guidance](#)
- [COVID-19 Vaccination Registration System](#)

What to Report for Schools

If a school or district chooses to conduct a Point of Care rapid antigen or rapid PCR test for staff or students who present with COVID-19 like symptoms or for screening, COVID-19 test results are to be reported through SimpleReport.

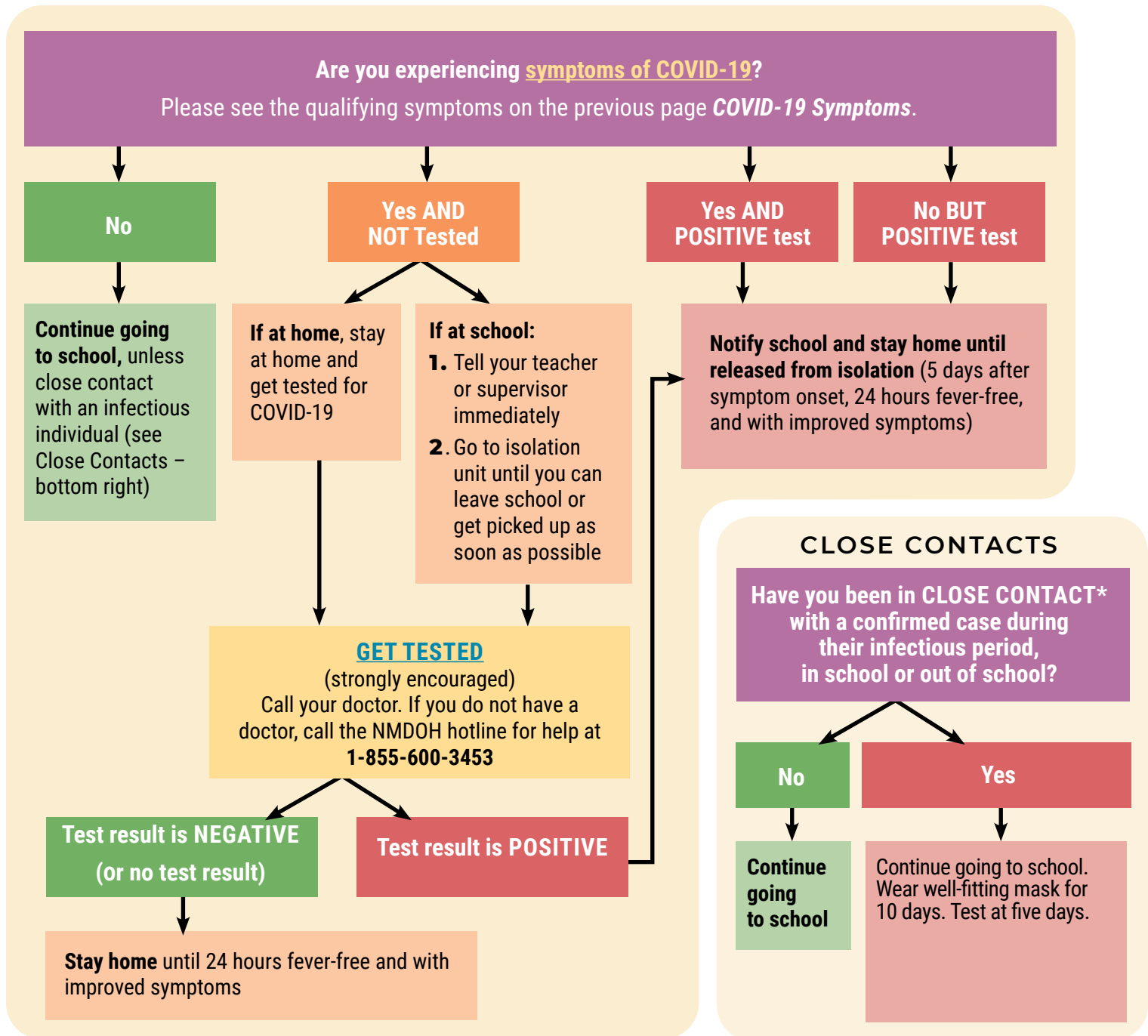
Though state reporting requirements have recently been lifted, each district or school's COVID-19 Point Person should maintain local records of any student, staff, or contractor, who have tested positive during the school year. This record-keeping will support the local response to positive cases, eligibility date for return to school, and identification and monitoring of close contacts.

If a school or district chooses to conduct a Point of Care rapid antigen or rapid PCR test for staff or students who present with COVID-19 like symptoms or for screening, COVID-19 test results are to be reported through SimpleReport.



School Staff & Student Decision Tree

The following decision tree was created for families, students, and staff to better understand the steps that should be taken if an individual develops symptoms. Close contacts who are up to date with vaccination (including boosters for those eligible) are not required to quarantine and are encouraged (not required) to test 5 days after exposure or at onset of symptoms. Exposed contacts who are not up to date with COVID-19 vaccinations are recommended to continue to attend school wearing a well-fitting mask for 10 days and be tested at day five following the exposure



Symptoms in a Recovered Individual: If a person is positive for COVID-19, completes their self-isolation, recovers, and then develops new COVID-like symptoms within 90 days of their first infection, they should stay home until fever-free for at least 24 hours without fever-reducing medication and with improvement in symptoms. They may consider consulting their healthcare provider for additional guidance. If a person who was positive for COVID-19 more than 90 days ago develops new COVID-like symptoms, they should follow the same guidance as for someone who was never previously a case.

*See definition of Close Contact on page 3.

Acute vs. Chronic COVID Symptoms in Schools

Acute Symptoms

Both vaccinated and unvaccinated students and staff with no known exposure to COVID-19 but with new onset COVID-19 symptoms, such as headache or runny nose, should be sent home to self-isolate and are encouraged to test. Students or staff members must be fever-free without fever reducing medication for 24 hours and have improving symptoms before returning to school.

Symptomatic staff and students who have not provided evidence of COVID-19 vaccination are encouraged to get tested for COVID-19 with a PCR test (or two rapid antigen tests taken 24–48 hours apart) and should remain in isolation until the results are available. A negative test result will discontinue the isolation and the student or staff member may be allowed to return to school provided that the symptoms do not interfere with the ability to work or learn at school.

Chronic Symptoms

Students who exhibit chronic, mild non-specific COVID-19 symptoms should have their symptoms assessed either by a school nurse or primary care provider. If there are no changes in symptoms from the baseline state, students would not need to be tested and may participate in school. If students have a change in symptoms from their baseline as assessed either by a school nurse or a primary care provider, then the students should be tested for COVID-19 and be placed in isolation until the results are available. A negative result will discontinue the isolation. If a student has a change in their baseline state and the student does not get tested, the student must self-isolate for 5 days and be fever-free without fever reducing medication for 24 hours and have improving symptoms before returning to school.

Staff with allergies, asthma, or other non-infectious chronic disease which may present with mild non-specific COVID-19 symptoms should contact their primary care provider. The primary care provider may furnish the staff member with medical documentation stating that present, non-specific

mild symptoms do not differ from the patient's baseline, indicating the individual may return to school without being tested for COVID-19.

Students or staff who have not provided evidence of COVID-19 vaccination, who have tested negative for COVID-19 in the past two weeks and who have no known exposure to COVID-19, should not be tested again in the presence of chronic symptoms that have not changed in a meaningful way during that interval. If those symptoms were to change from their baseline, then the student or staff should begin home isolation.

Students and staff with mild, chronic conditions, such as asthma or allergies, who have not provided evidence of COVID-19 vaccination and who receive a negative rapid antigen COVID test result, are not required to self-isolate and may participate in school and extra-curricular activities until such time as the individual has a positive COVID-19 test or has a change in symptoms. A note from a primary care provider is not required for reentry in such cases.

Special Considerations

School personnel should be aware of students who repeatedly present to the health office with symptoms requiring isolation. If a student has recently tested negative, has no known exposure, and continues to present with undiagnosed illness, the school health team may wish to meet with the parents/guardians and other school personnel involved in the child's education to discuss potential strategies to ensure in-person learning. When making decisions regarding the student's ability to remain in school, please refer to the two-

column COVID-19 symptom table. When schools require that students isolate, students must be provided academic support and instruction during their days at home when they would have been at school. For example, schools may require students to do online/remote instruction from home, or they may provide the student with instructional packets. In an effort to maximize in-person learning, unvaccinated close contacts are strongly encouraged to participate in the test to stay program.

If I develop symptoms after vaccination, should I isolate myself and get tested for COVID-19?

Individuals who develop symptoms after vaccination may be unsure if their symptoms are related to the vaccination or if they are infected with the SARS-CoV-2 virus. The following approach should be utilized to determine next steps when post-vaccination symptoms occur and get better within three days of vaccination.

PRESENCE OF ANY SYMPTOMS AFTER VACCINATION	SUGGESTED APPROACH
Injection site pain, swelling, and/or redness	These symptoms are consistent with the COVID-19 vaccination. Self-isolation is not recommended.
Cough, shortness of breath, runny nose, sore throat, and/or loss of taste or smell	These symptoms are unlikely to be from the COVID-19 vaccination. Self-isolate immediately and get tested for COVID-19.
Fever (100.0°F or higher), fatigue, headache, chills, myalgia, and/or arthralgia	These symptoms are consistent with post-vaccination, SARS-CoV-2 infection, or another infectious pathogen. Self-isolate until all of the following conditions have been met: • Feel well enough to perform normal activities, AND • Fever has resolved, AND • No additional symptoms are experienced (i.e. do not have other signs of COVID-19, including cough, shortness of breath, sore throat, and/or change in smell or taste) Self-isolate and get tested for COVID-19* if symptoms are not improving or persist for more than three days.

Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these test.

Guidance on COVID-Safe Practices

Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending school. Schools regularly maintain documentation of people's immunization records.

Schools should use the same standard protocols for COVID-19 vaccination information that are used to collect and secure other immunization or health status information from students.

The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

There is currently no NMPED requirement for vaccinated individuals to disclose their vaccination status.

Evidence of up to date vaccine status includes:

- Original or copy (including photo) of a vaccination card indicating the individual completed a course of COVID-19 vaccination at least 14 days prior to the current date; or
- Print out or screen shot from NMVaxView indicating the individual completed a course of COVID-19 vaccination at least 14 days prior to the current date.

Replacement vaccination cards are available at regional public health offices. Family health providers can provide a print out from NMVaxView.

In circumstances in which a family attests to a student being up-to-date with COVID vaccination but the family is unwilling or unable to provide documentation, a school may check vaccination status through the Healthcare Effectiveness Data and Information Set (HEDIS).

Vaccination Events

For those eligible for the COVID-19 vaccine, vaccination is the most important COVID-safe practice to protect the individual and community. Schools may consider hosting vaccination events as part of the back to school process. Schools (along with other organizations) may request on-site vaccination events through this [Department of Health webform](#). Schools should have at least 25 people to be vaccinated, which can include family and community members. Parents who have signed students' vaccine consent forms do not need to be present for vaccination. For questions about vaccination, please reach out to Maxine Otero at Maxine.otero@state.nm.us.

Air Filtration in Schools

High-quality air filtration is one aspect of a multi-pronged strategy for ensuring healthy school environments. To address issues and concerns surrounding air quality, NMPED will work with each district and school to ensure installation of high-quality air filters. In addition, each district shall have an established and written protocol on inspecting, repairing and providing maintenance on ventilation systems within all school facilities.

Ventilation system upgrades and improvements will increase the delivery of clean air and dilute potential contaminants within each classroom and school facility. The NMPED will be deploying the [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\) recommendation](#), which states the target level for filtration in schools is minimum efficiency reporting value (MERV) 13 or higher. On average, this will remove 75 percent of particle size of 0.3 to 1.0 μm .

This higher standard of filtration is more effective at removing viral particles from the air. The ASHRAE document linked above provides additional guidance on determining compatibility of various types of HVAC systems with a MERV 13 filter. NMPED will work with those districts and schools to identify the highest quality compatible filters. Schools may also consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as a nurse's office or areas frequently inhabited by persons with increased risk of getting COVID-19).

Additionally, districts and schools unable to immediately install MERV 13 or its equivalent must work with their operations staff to take the following actions in accordance with the [guidelines from the CDC](#):

1. Run the central air fan continuously;
2. Open dampers to increase air flow;
3. Open windows and doors (be mindful of possible safety considerations); and

4. Deploy box fans or other portable fans and air purifiers with high air circulation capacity in addition to prioritizing the use of these items in classrooms with higher ventilation needs.

Face Coverings & Other Personal Protective Equipment for Schools

The state-wide requirement for mask wearing in schools has been lifted. The decision for when and whether masking will be required is the determination of a local school district or charter school.



With the goal of keeping our students safe, each school should balance the pros and the cons of requiring mask wearing in the schools. Factors to take into account would include the school vaccination rates, access to vaccination and testing, access to high quality masks, rate of community transmission in the surrounding area, and data from the [MMWR](#) that has demonstrated the effectiveness of mask wearing to prevent COVID transmission. It is highly recommended that masks be worn in the school nurse's office and related areas.

Visitors to a school, including visiting sports teams, will abide by the masking requirements of the school.

It is also highly recommended that those who are participating in test to stay be required to wear a mask during the five days of test to stay, and it is required that those who are returning to school from a COVID infection after five days of self isolation wear masks at school and at all school activities, from day six through day 10 to reduce the risk of COVID transmission. The day of symptom onset is day zero. If an individual is asymptomatic, the day of specimen collection for the positive COVID test is day zero.

Procedural Considerations

Enhanced COVID Safety Measures

Greater flexibilities regarding COVID-19 mitigation procedures and processes are now available and to be determined by local decision-making. Many previously required safety measures have been lifted, and schools are expected to analyze their local needs for implementation of COVID-safe practices. Districts and charter schools should be monitoring school and community levels of infection and be willing to consider enhanced procedures as needed to best meet the health and safety needs of their staff, students, and families.

Attendance

The COVID-19 pandemic exacerbated student engagement issues, and during reentry may lead to poor attendance for some students. Prior to dropping a student for 10 consecutive absences, schools must provide interventions as required by the Attendance for Success Act including intensive specialized supports and referral to the probation services office.

Intensive specialized supports may include **referral to Engage NM** for students who meet Tier 3 and Tier 4 criteria for Attendance for Success Act. When LEAs refer students to ENGAGE New Mexico, a dedicated outreach team will reach out to the student/family through multiple modalities (phone, email, text message, social media, and US mail) to engage the family and offer them the on-going support of an academic coach throughout the school year.

Academic coaches work with students/families to support engagement and attendance, address academic performance issues, navigate academic resources in all learning modalities, and connect families with state and community resources. LEAs receive a weekly report identifying student's response to the intervention. Should an attendance referral become necessary in the future, documentation related to this intervention is provided directly to CYFD by ENGAGE New Mexico. For additional information, contact EngageNM@graduationalliance.com.

If after receiving intensive specialized supports, such as referral to Engage NM, a student continues to have unexcused absences a referral to the probation services office of the judicial district in which the student resides shall be made. Once a referral is received, the probation services office will contact the family and set up a meeting with the student and parents, school officials, and other individuals whom the family requests participate. These meetings may occur at the school, or during the pandemic, may be conducted over Zoom.

Cleaning

In addition to the deep cleaning of spaces occupied by COVID-19 infectious individuals, schools are to maintain a daily cleaning schedule, particularly for high-touch surfaces. Schools must ensure safe and correct application of disinfectants and keep out of reach of children. See [CDC guidelines for cleaning facilities](#).

Drinking Fountains

Drinking fountains may be used in schools and should be considered high touch surfaces for frequent cleaning.

School-related Events

School-related events, including assemblies, dances, award ceremonies, academic competitions and extra-curricular events are permissible. Spectators are allowed at school-related events. School-specific COVID-safe practices should be communicated and observed by participants and spectators.

Youth Practices and Sports

All students are expected to follow the same guidelines as outlined in the toolkit. No special considerations are necessary for those participating in youth sports or other programs.

Enhanced COVID-Safe Practices Required Due to Infectious Cases on Campus (Rapid Response)

All districts and charter schools were required to create and implement a plan for enhanced COVID-safe practices to protect the health of students, staff and the community for the 2021-2022 school year.

All districts and charter schools should review and revise those plans for the 2022-2023 school year, as needed. Schools are not required to resubmit their plans if modifications are not determined to be necessary.

Districts and charters are to post these plans on the district, school or charter website.

Note that the NM Department of Health has both the authority and responsibility to temporarily close any public facility, including public schools, if infectious case counts become dangerously high or if your district or charter plans for enhanced COVID-safe practices are insufficient to properly address public health concerns.



Resources and Phone Numbers

Coronavirus

- **Coronavirus Health Hotline**—call for any health-related questions about the Coronavirus: 1-855-600-3453. (Available 24/7 in English and Spanish)
- **Coronavirus Information Hotline**—call if you have any questions about school closures, job issues, eviction notices, etc.: 1-833-551-0518.
- **All Together New Mexico** – [COVID-19 Safe Practices Guidance](#)
- **State of New Mexico**

[COVID-19 website](#)

[Frequently Asked Questions](#)

[Children and COVID-19](#)

[New Mexico Department of Health](#)

[COVID-19 Emergency Supply Collaborative](#)

- **Centers for Disease Control and Prevention**

[COVID-19 website](#)

[Isolation and Quarantine Guidance](#)

[CDC Print Resources in multiple languages](#)

- **Occupational Safety and Health Administration (OSHA)**

[Guidance on Preparing Workplaces for COVID-19](#)

[CDC Guidelines for Cleaning and Disinfection Community Facilities](#)

- [Frequently Asked Questions: Summer Youth Programs](#)

Food

- **Assistance obtaining food for school-age children:** 1-505-827-6683
- **SNAP Benefits:** 1-800-283-4465
- **Special Supplemental Nutrition Program for Women, Infants, and Children**—questions on food or formula availability: 1-505-469-0929
- **Special Supplemental Nutrition Program for Women, Infants, and Children**—general questions: 1-866-867-3124

Mental Health

- **New Mexico Crisis and Access Line**—24/7 community and state resources for individuals, families, and agencies concerned with mental health: 1-855-662-7474 or 1-855-227-5485 (TTY)
- **National Suicide Prevention Hotline** 988

- **National Hopeline Network:** 1-800-SUICIDE
- **Spanish-Language Suicide Hotline:** 1-866-331-9474
- **Suicide 24/7 Emergency Line:** 575-758-1125
- **Suicide Text Line:** 741741
- **University of New Mexico Mental Health:** 505-272-2800

Additional Resources

- **Alcoholics Anonymous:** 505-266-1900
- **Child Abuse Hotline:** 505-841-6100 or dial #SAFE from a mobile phone (note: #SAFE cannot receive text messages)
- **Domestic Violence Hotline:** 1-800-773-3645
- **Gambling Addiction:** 1-800-522-4700
- **National Child Abuse Hotline:** 1-800-24-ACHILD
- **National Child Abuse Prevention Line:** 1-800-CHILDREN
- **National Human Trafficking Hotline:** Call 1-888-373-7888 (TTY: 711) *Text 233733
- **National Domestic Violence Hotline:** 1-800-799-SAFE (7233)
- **National Domestic Violence Hotline (Español):** 1-800-942-6908
- **National Domestic Violence Hotline**—TTY, text telephone for deaf, hard of hearing, or speech-impaired): 1-800-787-3224
- **National Runaway Switchboard:** 1-800-637-0701 Ext. 118
- **National Sexual Assault Hotline:** 1-800-656-HOPE
- **National Teen Dating Abuse Help:** 1-866-331-9474
- **Native American Professional Parent Resources:** 505-345-6289
- **New Mexico Healthcare Worker and First Responder Support Line:** 855-507-5509
- **New Mexico Legal Aid:** 505-633-6694
- **New Mexico Rape Crisis Center:** 505-266-7711
- **New Mexico Substance Abuse Helpline:** 1-855-505-4505
- **Poison Control:** 1-800-222-1222
- **Pull Together:** 1-800-691-9067