

**CHILD PROTECTION GUIDELINES FOR NHS STAFF  
WORKING IN EMERGENCY DEPARTMENTS  
AND MINOR INJURY UNITS**

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## Introduction

Child Protection is a challenging area of practice, relying on good communication between different professional agencies, to ensure the best care and outcome for a particular child. This guideline has been prepared for health professionals working in Emergency Departments and minor injury units within NHS GGC. It is primarily for professionals who are not specialists in the field of Child Protection, is intended to provide guidance and is not prescriptive for all situations. These guidelines complement both the National and Local Interagency and Health Guidance developed by Scottish Government (Scottish Executive 2000) and Local Child Protection Committees. These guidelines also support the standards as detailed within *Protecting Children and Young People: Framework for standards* (Scottish Executive 2004).

All recent inquiry reports such as Caleb Ness (2003), Sheffield Report (2005), and Daniel Reid (2006) continue to highlight the need to review communication systems.

All staff, through the course of their work may come into contact with children and their carers. NHS GGC staff have a responsibility to act to ensure that all children are protected from harm. Where you have concerns about the welfare of a child, even if the child is not your patient, you must act on those concerns.

In December 2003 the Scottish Executive presented a "Plan for Action for NHS Child Protection Systems" and this issued us with guidance in relation to sharing information thus enabling us to demonstrate good practice.

The role of the health professional is to: **Observe, Assess, Record and Refer.**

- ❖ Participate fully in any investigation and follow on process.
- ❖ Continue to care for the child and family.
- ❖ Follow up telephone referral to investigative agencies with written referral using the Shared Referral Form (Appendix 1).
- ❖ Record accurately and contemporaneously any concerns, decisions and future plans.

## Attendance at Emergency Departments and Minor Injury Units

1. When a child attends an Emergency department or minor Injury Unit the child/Young person or accompanying adult where appropriate will be asked about previous attendances.
2. The electronic information systems will flag all children (those under the age of 16 years) with a previous attendance at an Emergency department or minor injury unit. Please pay specific attention if there have been 3 or more attendances within a year.
3. If a child has had 3 previous attendances within the last year and there are concerns, all notes pertaining to these visits will be obtained and passed to the triage nurse. Professional judgement should be exercised as there will clearly be

some circumstances where these attendances would be appropriate and not give rise to concern. However there will be occasions when one attendance might give rise to concern. Checks can be made via the clinical portal to ascertain whether the child has attended any other E.D. sites within NHSGGC

4. All children will be seen by a doctor or nurse with responsibility for undertaking the initial clinical / social assessment.
5. Child abuse can be present on the first presentation. A child may attend 3 times but child abuse has not occurred. The reasoning behind the flagging of the third attendance is to ensure vigilance in identifying possible abuse.
6. The Child Protection Injury Flow chart should be followed (Appendix 2)
7. If there are concerns then the next step of the process is to complete the NHSGGC Child Protection issue form. (Appendix 3) It is essential that all support agencies documented in the form are notified of the attendance. This should be completed by the end of the next working day.
8. If a child is referred to Social Services this referral must be confirmed in writing, by the referrer using the Shared Referral Form (Appendix 1). A copy of this form should be retained within the child's notes, a copy is to be sent to the social worker and a copy should be sent to Child Protection Unit at Yorkhill.
9. If there are concerns regarding the wellbeing of a child advice can be sought from a variety of professionals including: Consultant or senior doctor in charge, Nurse in charge, Child Protection Advisor/Paediatric Consultant on call for the CPU (The child protection unit is able to offer advice and support but will be unable to action your referral), Social Work Services if required. Local contact numbers can be found in appendix 4
10. A check should be made to ascertain whether the child is on the Child Protection Register using the dedicated health telephone line 0141 305 6706. Social care information should be available from the Care 1<sup>st</sup> system. Hospital SWD may be able to help with this information.
11. If there are concerns regarding the safety of a child they should not be discharged without the consent of the Doctor in charge? If a child thought to be in immediate danger then the Police can be contacted.
12. If there are suspicions that a child has: been abused/neglected, is at risk of being abused/neglected, the Doctor in Charge and the Nurse in Charge will be notified before discharge.
13. All communications and findings will be fully documented in the child's records.
14. Where a child is unregistered with a General Practitioner a flow chart to support registration can be found in appendix 5.
15. Where there is a suspicion that a child may have been sexually abused (CSA) and there is no paediatrician onsite guidance is contained within appendix 6.

16. Where a child is being discharged from the A&E department a copy of the discharge letter should be sent to the GP, Health Visitor and/or School Nurse (may need to be sent to both health visitor and school nurse if there are concerns about siblings. Currently the inclusion of the school nursing service is work in progress). Where a child is not registered with a GP ensure robust contact details for the carer are recorded and information on GP registration is given to the adult carer. To ensure that there is follow up care the CPU (Child Protection Unit) should be contacted to arrange a geographical visit.

**1a. REFERRAL DETAILS**

<u>NAME OF REFERRER</u>	<u>AGENCY</u>	<u>DESIGNATION</u>	<u>POSTAL ADDRESS</u> (INCLUDE POSTCODE)	<u>EMAIL</u>	<u>PHONE</u>	<u>FAX</u>

**1B. DESIGNATED CONTACT PERSON (IF DIFFERENT FROM 1A)**

<u>NAME OF REFERRER</u>	<u>AGENCY</u>	<u>DESIGNATION</u>	<u>POSTAL ADDRESS</u> (INCLUDE POSTCODE)	<u>EMAIL</u>	<u>PHONE</u>	<u>FAX</u>

**2. REFERRAL TO**

<u>DATE OF REFERRAL</u>	<u>TIME OF REFERRAL</u> (AM OR PM)	<u>NAME OF WORKER SPOKEN TO</u>	<u>DESIGNATION</u>	<u>IS THE PARENT/CARER AWARE OF THIS REFERRAL?</u> YES/NO?	<u>IS THE YOUNG PERSON AWARE OF THIS REFERRAL?</u> YES/NO?
<u>AREA/HOSPITAL SOCIAL WORK TEAM</u>		<u>RESPONSIBLE LOCAL AUTHORITY</u>	<u>PHONE</u>	<u>IS THIS A RE-REFERRAL FROM YOUR SERVICE?</u> YES/NO	<u>IF YES, PLEASE ENTER DATE(S) OF PREVIOUS REFERRAL(S)</u>

### 3. SUBJECT OF REFERRAL

CHILD'S NAME	OTHER NAME KNOWN BY	DOB DD MM YY	AGE	GENDER (M/F)	HOME ADDRESS (INCLUDE POSTCODE)	ETHNICITY	RELIGION
1	—						
2	—						
3	—						

### Child Affected by Disability

PREFERRED LANGUAGE	INTERPRETER REQUIRED (SPECIFY)	DESCRIPTION	COMMUNICATION ASSISTANCE REQUIRED (SPECIFY)
1			
2			
3			

### 4. FAMILY DETAILS

MOTHER'S NAME	DOB (IF KNOWN)	OTHER NAME KNOWN BY	CURRENT ADDRESS (IF DIFFERENT FROM CHILD)

FATHER'S NAME	DOB (IF KNOWN)	OTHER NAME KNOWN BY	CURRENT ADDRESS (IF DIFFERENT FROM CHILD)

#### 4.FAMILY DETAILS (cont'd)

<u>FAMILY ADDRESS</u> (INCLUDE POSTCODE)	<u>PHONE</u> (IF KNOWN)	IS CHILD CURRENTLY RESIDENT AT THIS ADDRESS? YES/ NO	<u>IF NO, STATE</u> <u>ADDRESS</u> (INCLUDE POSTCODE)
_____	_____	_____	_____

#### Principal Carer's Details (if different from Mother/Father)

<u>NAME</u>	<u>DOB</u> (IF KNOWN)	<u>RELATIONS</u> <u>HIP TO</u> <u>CHILD</u>	<u>ADDRESS</u> (INCLUDING G POSTCOD E)	<u>TYPE OF</u> <u>RESIDENCE</u> (IF NOT AT HOME)
_____	_____	_____	_____	_____

#### Other Adults in Household

#### Any Other Significant Adult(s) (if known, please include contact details)

<u>NAME</u>	<u>DOB</u> (IF KNOWN)	<u>RELATIONSHIP TO</u> <u>CHILD</u>	<u>NAME</u>	<u>DOB</u> (IF KNOWN)	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP TO</u> <u>CHILD</u>

#### Siblings not subject to referral

<u>CHILD'S NAME</u>	<u>OTHER NAME KNOWN BY</u>	<u>DOB</u> DD MM YY	<u>AGE</u>	<u>GENDER</u>	<u>IF IN RELATION TO UNBORN BABY OR</u> <u>MOTHER IS PREGNANT - ESTIMATED</u> <u>DATE OF BIRTH</u>



## 5. SUMMARY OF CONCERNS

FOR ALL OTHER REFERRALS PLEASE COMPLETE THE FOLLOWING

Suspicion/risk of (factors relating to the child)	
Absconding	
Child Safety	
Education	
Emotional Care/Development	
Health – Illness/Disability	
Outwith Parental Control	
Physical Care/Neglect	
Self harm	
Sexual Exploitation	
Offender Behaviour	
Substance Misuse	
Other (please specify below)	

Suspicion/risk of (factors relating to parents/ carers)	
Alcohol Abuse	
Asylum Seekers/Refugees	
Domestic Abuse	
Drug Abuse	
Housing/Accommodation	
Learning Disability	
Mental Illness	
Parenting	
Physical Illness	
Poverty/Financial	
Other (please specify below)	

IF APPLICABLE PLEASE COMPLETE

Suspicion/risk of	
Physical Injury	
Emotional Abuse	
Physical Neglect	
Non-Organic Failure to Thrive	
Sexual Abuse	

**6. REASON FOR REFERRAL/REQUEST FOR SERVICES:** (please record reason for concern and how this impacts on child. If applicable, please indicate alleged abuser. Indicate what action, if any, you have taken prior to the referral).

**7. AGREED ACTIONS** (Actions agreed during phone referral)

## 8. AGENCY INVOLVEMENT

<u>HEALTH</u>	<u>GP'S NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>
<u>HEALTH VISITOR/SCHOOL</u>	<u>NAME OF HEALTH VISITOR/SCHOOL NURSE</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>
Education (Nursery / School)	<u>NAME OF SCHOOL AND CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>
Any Other Agencies (if known)	<u>NAME OF AGENCY AND CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>

Signature of Referrer

Please  
print name

Date

Signature of Line Manager  
(if applicable)

Please  
print name

## CHILD PROTECTION GUIDANCE FOR STAFF WORKING IN EMERGENCY DEPARTMENTS

**NOTE:** Clinician examining the child in A&E is responsible for following this pathway.

### Trigger Questions

Has the child had three or more attendances within the last twelve months?  
 Has there been a delay in presentation?  
 Is the history consistent with the injury?  
 Does the child have any unexplained injuries?  
 Is the child's behaviour and interaction appropriate?

Child protection concern raised by **any** member of staff

Ensure Child's Safety  
 Check IT Systems for previous attendances –check clinical portal

Obvious Child Protection Issue

Inform Senior Doctor

Contact Consultant  
 Paediatrician on call for  
 Child Protection

Complete written  
 referral within 24 hrs.  
 Copies to  
 SWD/A&E/Child  
 Protection Unit

Refer to Social Work

Always notify Child Protection Advisor  
 immediately or As soon as possible if  
 out of hours

Admit under care of paediatrics if  
 appropriate

Possible Child Protection Issue

Discuss with Senior Colleague & Consultant On-  
 Call

Contact Health Visitor and GP (as soon as  
 possible if out of hours)  
 Contact Social Work for information. Is child on  
 CP register?  
**Ensure details of discussions recorded in  
 notes**

If ongoing concern refer case to Social Work

If no ongoing concern, record, liaise and  
 discharge

Contact consultant  
 paediatrician on call for  
 child protection for  
 further advice if  
 necessary

**NHSGGC Child Protection Issue**

(If there are child protection concerns and this child requires follow up then this checklist must be completed)

**1. Patient identification label/ Demographic Details**

**2. Date of attendance** ..... / ..... / .....

**3. Medical staff involved** .....

**4. Nature of concern (should be documented in ED card)**

.....  
 .....  
 .....  
 .....

**5. Proposed course of action** .....

.....  
 .....

**Details handed over to day staff**  
**Consultant Informed**

☐
☐

**Name**.....

**6. Action taken by Dr** .....

If Yes, insert name below

Health visitor/ School Nurse informed  
 GP informed  
 Child Protection nurse/Unit contacted  
 Hospital /Duty Social Work informed

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

.....

.....

.....

.....

If Social Work referral made then ensure Social work referral form completed in triplicate.

**7. Outcome**

.....  
 .....  
 .....  
 .....  
 .....

**8. Place copy of completed form in Emergency Department Record.**

## Appendix 4

### Useful Contact Numbers

Social Work Stand By: 0800 811 505  
Dedicated Health line: 0141 305 6706

Social Work Stand By Service for South Lanarkshire  
Day time register check: 01698 453904  
Out of hours register check: 0800 678 3282

Social Work Stand By Service for North Lanarkshire  
Day time register check: 01698 332186  
Out of hours register check: 0800 1214114

Child protection Unit: Office Hours- 0141 201 9225/9306

Out of Hours- 0141 201 0000

#### Other Local Authority/ Area Teams Numbers:

Paisley	0141 842 5151
Greenock	01475 714 100
Inverclyde	01475 714 100
Port Glasgow	01475 714 900
Johnstone	01505 342 300
Renfrew	0141 886 5784
Alexandria	01389 060 8080
Barrhead	0141 577 8300
Clydebank	0141 562 8800
Rutherglen/Cambuslang	0141 647 9977
Drumchapel	0141 276 4300
Maryhill	0141 276 6200
Royston	0141 276 7010
Parkhead	0141 565 0140
Easterhouse	0141 276 3410
Castlemilk	0141 276 5010
Gorbals/Govanhill	0141 420 0060
Pollok	0141 276 2940
Govan	0141 276 8840
Kirkintilloch	0141 775 1311
Clarkston	0141 577 4000

#### Hospital SW Teams

Southern General Hospital  
1345 Govan Rd G51 4TF  
Tel: 0141 201 1446 Fax: 0141 201 1148

Victoria Infirmary  
Grange Rd  
Langside G42 9CY  
Tel: 0141 201 6133 Fax: 0141 201 6130

Glasgow Royal Infirmary  
Cuthbertson Building  
Fifth Floor  
91 Wishart St  
Glasgow G31 3HT  
Tel: 0141 211 4788 Fax: 0141 552 6189

Stobhill Hospital  
Treasury Building  
133 Balornock Rd  
Glasgow G21 3UW  
Tel: 0141 201 3743 - Fax: 0141 558 7074

Western Infirmary  
G Block 4<sup>th</sup> Floor  
Dumbarton Road  
Glasgow G11 6NT  
Tel: 0141 211 2630 - Fax: 0141 211 2820

Gartnavel General Hospital  
32 Shelly Court  
1053 Great Western Road  
Glasgow G12 OYN  
Tel: 0141 211 3102 - Fax: 0141 211 3486

Brownlee Unit (HIV/AIDS Team)  
Gartnavel General Hospital  
32 Shelly Court  
1053 Great Western Road  
Glasgow G12 OYN  
Tel: 0141 211 1090 - Fax: 0141 211 1079

Royal Hospital for Sick Children  
Dalnair St  
Glasgow G3 8SJ  
Tel: 0141 201 0057/0577 - Fax: 0141 357 4307

Princess Royal Maternity Unit  
Level 2  
16 Alexandra Parade  
Glasgow G31 2ER  
Tel: 0141 211 5238 - Fax: 0141 211 5300

Southern General Maternity Hospital  
1345 Govan Road  
Glasgow G51 4TF  
Tel: 0141 201 1446 - Fax 0141 201 1148

Queen Mothers Maternity Hospital  
Dalnair St  
Glasgow G3 8SJ  
Tel: 0141 201 0579 - Fax: 0141 339 6371

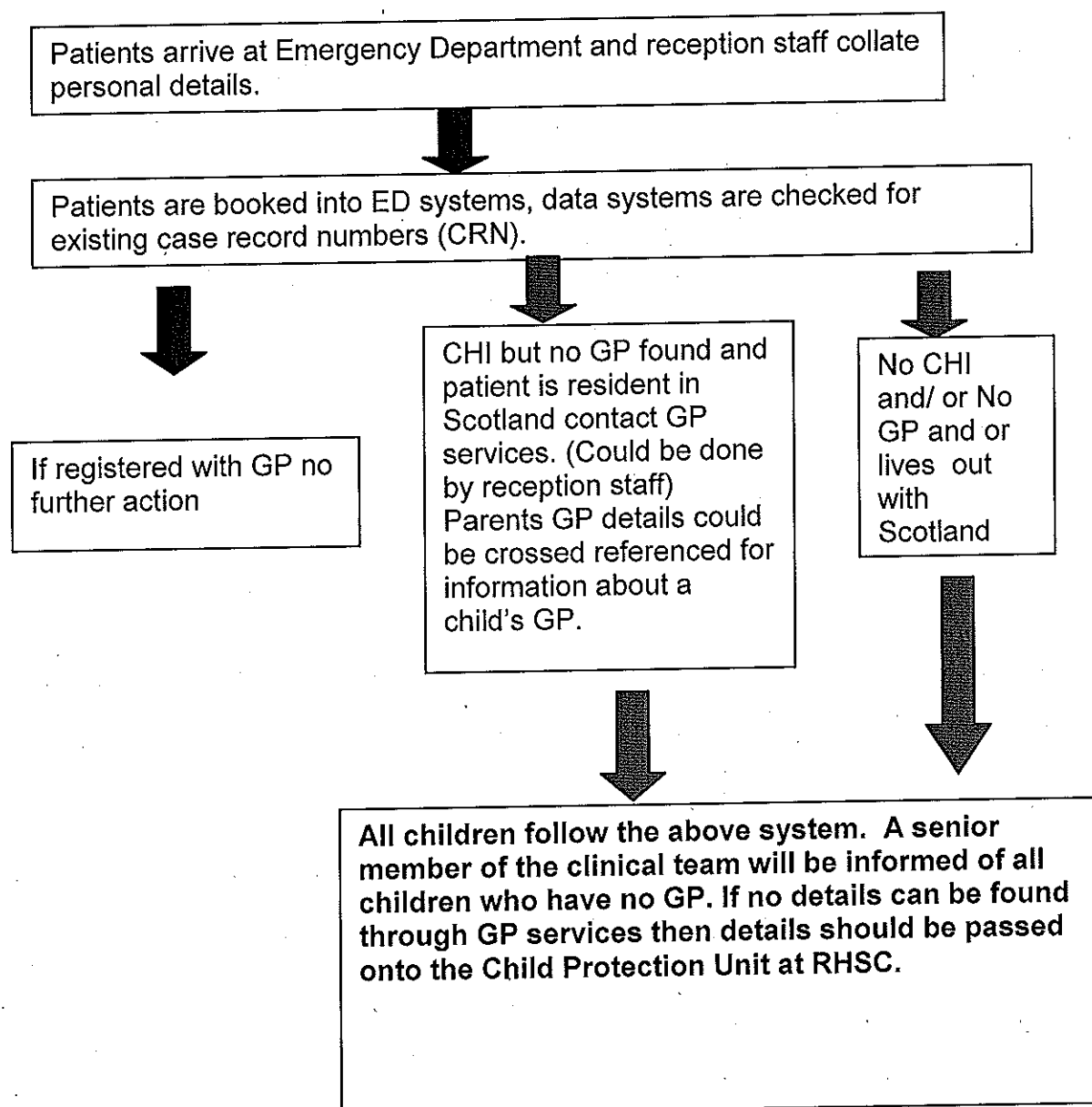
Inverclyde Royal/ Vale of Leven  
195 Dalrymple Street  
Greenock PA15 1UN  
Tel: 01475 714 100 - Fax: 01475 714153.

Royal Alexandra Hospital  
Corsebar Road  
Paisley PA2 9PN  
Tel: 0141 314 6817 - Fax: 0141 314 6666



## Appendix 5

### Emergency Department Check for GP Registration Details



## Appendix 6

### GUIDELINE FOR EMERGENCY DEPARTMENTS WITH NO ON-SITE PAEDIATRICIAN – CHILDREN PRESENTING WITH SUSPICION OF CHILD SEXUAL ABUSE (UP TO 13<sup>TH</sup> BIRTHDAY)

If a child presents to an Emergency Department (ED) where:

- a) an allegation is made regarding suspected child sexual abuse
- b) concerns are raised by parents or carers regarding suspected child sexual abuse
- c) symptoms and/or physical features and/or other information raise suspicion of possible child sexual abuse

it is important that:

- a) Social Work Department are contacted to determine any potential risk to that child prior to discharge from the ED
- b) Social Work will liaise with Police in these circumstances and in discussion with a specialist Child Protection Paediatrician, an agreement will be reached re two doctor paediatric forensic examination, if required. This can then occur in appropriate facilities and at the appropriate time
- c) If there are physical symptoms such as bleeding, a general clinical assessment is performed to ensure that the child is clinically safe prior to discharge and/or possible paediatric causes for the physical symptoms are further investigated

#### **EDs with No On-Site Paediatrician**

We recognise that EDs with no local Paediatricians are in a difficult situation in dealing with such patients and appropriate accommodation on these sites is often unavailable, particularly at busy periods. There can also be long waiting times for response from Social Work to check any potential risk prior to discharge.

It is therefore proposed that in any of the three circumstances referred to in paragraph one, children should be triaged to ensure that they are clinically stable and that no immediate treatment is needed.

That being the case, contact should be made with the receiving medical registrar at the Royal Hospital for Sick Children (RHSC) Yorkhill, and the child transferred either by ambulance or by taxi (in the presence of a nurse) to the Medical Assessment Unit in the ED at Yorkhill for further evaluation. The senior medical registrar will carry out an initial clinical assessment and contact

Social Work to seek any additional information held on the "Care First" system, prior to contacting the Child Protection Consultant on call for RHSC Yorkhill to discuss the case (See attached flowcharts).

It is envisaged that in most of these cases, after the checks mentioned above, the child will be discharged home or to an alternative safe place, unless clinically unwell. If the child does require further general paediatric assessment or admission, the Child Protection Consultant will liaise directly with the receiving Consultant General Paediatrician on call who will take charge of any aspects of general paediatric care of the patient.

Initial phases of Social Work/Police investigation will commence and the two-doctor medical exam will be arranged thereafter if required at an appropriate time and in an appropriate colposcopy suite. Appropriate child protection follow-up on an inter-agency basis will also be activated.

**Child under age of 13<sup>th</sup> birthday presenting to ED with any allegation of sexual abuse and no onsite paediatrician available**

Triage nurse to immediately inform most senior doctor in ED to assess child

ABC assessment as per APLS guidelines to ensure there are no issues that require immediate medical intervention.

Y

Move to resuscitation area and stabilise patient

N

Assess and treat any associated physical injuries, i.e. head or limb injury etc.

1. After any necessary immediate medical treatment completed
2. Patient judged medically fit for transfer

Contact receiving medical registrar at RHSC Yorkhill via Switchboard on 0141-201- 0000 to refer patient.  
Organise appropriate transport across - use clinical discretion to decide whether this will be by ambulance or taxi.  
If transport is by taxi, then a nurse must accompany the patient to ensure arrival at RHSC (Social Work having been bypassed to expedite the referral)

**Child Arrives at  
ED Medical Assessment Unit RHSC**



Senior medical registrar takes history and performs initial clinical examination, prior to calling Social Work to seek any additional information held on the "Care First" system.



Contact Child Protection Consultant on-call for RHSC Yorkhill to discuss necessary actions



Further clinical assessment/investigations dependent on circumstances, e.g.:

1. Allegation of CSA?
2. CSA investigation already commenced?
3. Any symptomatology e.g. vaginal or vulval bleeding?
4. Any concerning issues in the history, e.g. symptoms suggestive of potential UTI?
5. Two-doctor Paediatric/Forensic examination due to be performed urgently?



Child Protection Consultant on call decision on further clinical assessment/investigations, in liaison with Consultant General Paediatrician on call if necessary (e.g. if admission required or general paediatric issues identified requiring further investigation).

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