

Burton Hospitals  
NHS Foundation Trust



## **Guideline for the Safeguarding of Children Presenting to the Emergency Department (ED) / Minor Injuries Unit**

Approved by: **Trust Executive Committee**

On: **24 April 2018**

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Corporate / Directorate **Corporate**

Clinical / Non Clinical **Clinical**

Department Responsible  
for Review: **Emergency Medicine  
Department**

Distribution:

- Essential Reading for: **All Staff Providing Care to Children**
- **All Emergency Department staff**
- **Minor Injury unit staff**
- Information for: **All Departments**

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Signature:

**Chief Executive**

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Burton Hospitals NHS Foundation Trust

**POLICY INDEX SHEET**

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## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	Routine Review	April 2015	Routine review
3	Extension to review date	April 2018	Review date extended by 6 months. Policy still fit for purpose.

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**Burton Hospitals NHS Foundation Trust**  
**Directorate of Surgery**  
**Department of Paediatrics**

**Safeguarding Children Presenting to the Emergency Department  
(ED) /Minor Injury Units**

## **1.0 Introduction**

All health professionals in the NHS play an essential part in ensuring that children and families receive the care, support and services they need in order to promote children's health and development.

Emergency Departments (ED)/Minor Injury units may be the first point at which children, who have been subject to abuse or neglect, come into contact with professionals who are able to act for their protection by effective early detection, prevention and implementation of a safeguarding process to improve the outcomes for children. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect children and young people.

All staff are required to provide a child focused approach and be able to identify children and young people who are or may be at risk of abuse or neglect. Aside from the more common presentations suggesting abuse or neglect staff need to be aware of recently high profile concerns regarding child sexual exploitation, gang related human trafficking, forced marriages, female genital mutilation, asylum seeking children, children with disabilities, trafficked children and those who are looked after.

Staff need to be particularly aware of families with both multiple and complex problems. Parental factors such as the substance/alcohol misuse, domestic abuse and mental health problems (known as the "Toxic trio") can indicate that children living in such environments are at an increased risk of harm.

The Intercollegiate document "Standards for Children and Young People in Emergency Care Settings" (RCPCH 2012) sets out the standards expected in the Emergency care setting.

- 2.1 At registration to the ED/Minor Injury department, reception staff will complete the child demographics. Information already on the system will be checked and updated where appropriate with the carer accompanying the child. It is important that the GP and school details are recorded on the system and the person/s accompanying the child have their full name and relationship details recorded.
- 2.2 Previous History/Attendances Staff responsible for assessment of the child should also access information available to them through the electronic record system (manual systems at the Community hospitals) and consideration given to any potential indicators of vulnerability. Included will be the number of previous attendances, reasons for attendance, missed appointments, alerts on the system, not registered with a GP,

- 2.3 Involvement with Children's Social Care. Routine enquiry should be made of any involvement with the Local support Team or Safeguarding units.
- 2.4 Alerts—Children of concern including those subject of a Child Protection Plan, Children In Need, Looked after Children, are recorded in a Safeguarding Report and may also have an entry recorded on the Bulletin Board, in PCI within the HISS system. Currently the trust receives notification of children who are subject of child protection procedures in Staffordshire. These are available through Lorenzo at the community hospitals.

Staff need to be aware that these notifications **do not** always include children who reside in South Derbyshire or Leicestershire.

**The lack of an alert should not be perceived as a child not at risk of significant harm.**

## **2.0 Assessment—Indicators**

All assessments must be made with consideration of historical information available in addition to the presenting problem  
The assessment should be child focused.

Patient's parent / carer to be asked for child's Parent Held Record (Red Book). This will hold additional information regarding the child's health, developmental needs and also the multi agency team involved with the child's care to aid the sharing of relevant information pertaining to safeguarding issues.

Potential indicators that may alert staff of safeguarding / child protection concerns include:

- Previous or current involvement with Children's Social care
- Child attending with an unidentified carer
- The demeanour of the child
- Child not functioning at their developmental age (this can be younger or older)
- Mechanism of injury incompatible with history
- Injury inconsistent with the age and developmental level of the child
- Inconsistent/changing explanation for the injury
- Delay in seeking medical help with no clear explanation
- Any bruising/injury concerning a non mobile child
- Any fracture in pre school children
- Presentation at an unusual time of day/night
- Frequent attendances
- Previous child protection concerns about child or sibling (staff to remember that the care of one child is not necessarily indicative of the care of other siblings)
- Unusual behaviour of parents
- Poor interaction / attachment with the child
- Evidence of neglect—unkempt child, malnourished, dirty, smelly
- Any child taken from the department without receiving treatment/advice
- Children who miss appointments
- Children not registered with a GP

- School age children not in education
- Children new to area or attending from out of county
- Child attending under the influence of alcohol or substances
- Child attending for contraception
- Child who is pregnant
- Bullying
- Self harm
- Suicidal thoughts or attempts
- Following Assault

Note this list is not exhaustive

### **3.0 Adult Presentations**

- The presentation of an adult to the emergency/Minor Injury department may give rise to safeguarding concerns. Should the adult have parental responsibilities and the presentation of the adult give rise to concern regarding parenting capacity the safeguarding of such children must be considered and appropriate action taken. An example of this is where an adult is brought into hospital following an overdose leaving vulnerable children at home.
- A child attending with an unidentified carer.
- Due consideration should be taken of the adult's employment or responsibility where that person may be in a position of Trust.

### **4.0 Children who leave the department prior to being seen.**

There are a variety of reasons why a child is taken from the ED after registration. These may include long waiting times, care of other children or carer feeling that the child's condition has improved/resolved. Although these are credible and understandable reasons the trust has a duty of care to ensure that all children in their care have a safe discharge. This can only be assessed by a Health Professional.

At the point of registration the person/carer registering the child's attendance should be requested to inform the reception staff if they intend to leave the department prior to treatment. A medical decision with regards to the child's safety to be discharged can then be sought.

Where children are taken from or have left the department without staff being informed requires action to ensure the safety of the child.

Clinical staff must ensure that any information available within the Trust related to the child is read to inform decision making.

Decision making:-

- Contact with the parent/carer by telephone, discussion regarding the reasons for both presentation to the department and leaving without being seen.

- A clinical decision can be made with the parent/carer being advised to be seen by their GP within a reasonable time frame agreed, or whether the child is to return to the ED or taken to another ED.
- Should it be considered that the child needs to be seen and the parent/carer will not follow medical advice the carer should be informed that the Trust has a duty of care towards the child for safe discharge and that consideration will be given to contacting the police or childrens' social care.
- Police officers do not have the medical expertise to decide if the child is safe for discharge but information may be shared which may aid decision making.
- Staff should consider a safeguarding referral based on their assessment which could reflect possible neglect of a child's health needs.
- If there are any concerns the Emergency Department Consultant should be informed for advice and support
- The child's community health professionals i.e. GP, School nurse, Health Visitor should be informed of the attendance and any relevant concerns that arose
- Where advice or contact information is required Paediatric liaison should be contacted on 01889 571 405
- Further support/advice available through the Named Professionals for Safeguarding Children.

## **5.0 Paediatric Liaison Service**

A Safeguarding Children Liaison Nurse Specialist is linked to the trust by the Staffordshire and Stoke on Trent Partnership Trust (SSOTP) Safeguarding Children's team.

The role works with the Trust in partnership and supports staff to:-

Identify vulnerable children and assist staff with information sharing processes between acute trust and community health settings.

Provides help and advice to staff in conjunction with the Trust Safeguarding team

Contributes to the the trust Safeguarding Children training strategy.

Support is available Monday- Friday 0900-1700hrs mobile 07807 026 123/ Tel 01889 571 405

## **6.0 Preparation for making a referral to Social Care**

If there are child protection concerns these should be discussed with a senior member of staff in the department and staff should act without delay in making a referral to the appropriate Local Authority in the area where the child normally resides.

For other concerns practitioners should

- Discuss the concerns with a senior member of staff within the ED/Minor injury unit
- Consider the indicators previously identified within this document
- Review previous attendances/ information available within the trust and consider whether there is any relevance to your concerns
- Ensure the information concerning the child's demographics are complete

- Make an enquiry through the Local authority for the area where the child normally resides to determine if the child is subject to a child protection plan or is known to children's care services.
- Carry out lateral checks. Contact any community health professional linked to the child for additional information and information sharing. (Heath Visitor, GP School nurse)
- Lists of Heath Visitors, School nurse and GP's can be found in the reception area of the department. If you experience difficulty in contacting a community health professional contact the Paediatric Liaison specialist as in section 6.0
- Complete the assessment and considering the Thresholds for referral make referrals as appropriate. (Refer to Staffordshire SSCB procedures Section 1 E "Staffordshire Threshold Framework- accessing the right help at the right time"
- Seek advice from the safeguarding team if support is required in decision making.

## 7.0 Making a referral to Children's Social care

Safeguarding referral forms and contacts are accessible via the intranet →Departments →Safeguarding →Safeguarding Children Referrals. See also guidance on the site "What do do when you have concerns about suspected or actual child abuse"

- Telephone referral—in the first instance telephone referral should be made to the Local authority for the area of the child's normal area of residence.

### **First Response (Children Resident in Staffordshire only):**

Mon-Thurs 0830-1700hrs

Friday 0830-1630hrs

Tel 0800 1313 126 Fax: 01785 854 223

Out of hours 08456 042886

Email: [frist@staffordshire.gov.uk](mailto:frist@staffordshire.gov.uk)

### **Call Derbyshire:**

Mon- Friday 0800-2000hrs

Tel. 01629 533190 (option 1) OR 0845 6058058

Out of hours: 01629 532600

No fax or email and the switchboard will connect to the Duty social worker

### **Leicestershire:**

Mon-Thurs 0830-1700hrs

Friday 0830-1630hrs

Tel 0116 3050005 Fax no : (working hours):0116 3054446

Out of Hours: 0116 3050005

- Complete the multiagency form relevant to the area to which you have made the referral with all information known and forward within 24hours of the referral. It is useful to complete the form if appropriate prior to making the referral.

- A copy of the form should be kept with the patient notes with a further copy being sent to the Safeguarding Children Matron.

#### E-Mail contact with Staffordshire First Response

Should there be difficulty getting through to Staffordshire First Response by telephone (mon-Friday) staff are advised they are able to e-mail [www.firstr@staffordshire.gov.uk](mailto:www.firstr@staffordshire.gov.uk) and request a response. The e-mail is not secure therefore staff must **not include any patient identifiers** in the message. Minimal information should be included in the message and include

- Status of the referral—i.e. urgent/non urgent
- Nature of contact—To make a Child Protection referral
- Concern- outline e.g. Non-accidental injury (Do not be more specific)
- Your name and contact details

There are no email contacts for Leicestershire or Derbyshire.

### **8.0 Bruises and Injuries in children who are non-mobile or under 6 Months of Age**

Any children who are non-mobile or under six months of age presenting with a bruise or injury should be discussed with either an Emergency Department Consultant or a Paediatric Middle Grade/ Paediatric Consultant. Children who have no viable story for the injury or there are other concerns are referred to the Paediatric team for a Consultant Paediatric Review.

Particular interest should be played to the history and to ensure that the child is at the required developmental age to enable them to complete the action told in the history. For example a six week old baby is not going to roll off the bed. Try and get them to stand and cruise in the department if possible. While only children under the age of 6 months needs discussion based on age – if the child is non-mobile they also need to be discussed with either the ED consultant or the Paediatric middle grade. It is important to record the child's developmental stage in the notes.

#### **If they can't cruise – they can't bruise**

Following assessment the child will be grouped into one of the following categories:

- 1) Child who is deemed to have a “serious” injury in the opinion of the paediatrician/Emergency Department Consultant.. This child will initially need to be detained for possible observation/treatment/investigations and whilst still on the ward, should be referred to Children's Social Care for a multi-agency child protection investigation.
- 2) Child in whom there are concerns or inconsistencies about how the injury is reported to have occurred **or** who has multiple bruises/injuries **or** where there is a history of repeated bruises occurring over a period of time. This child should not be discharged home but be referred to Children's Social Care for a Multi-agency Child Protection (MCP) investigation.
- 3) Child with a “minor” injury and in no immediate danger, if in the opinion of the Emergency department Consultant/Paediatrician and in whom the

explanation given appears to be plausible and there are positive lateral checks received from the Local Authority of the area of the child's normal residence and where possible the GP/ Health Visitor. The child may be discharged home. Parents must be informed that further inquiries may be made and the Health Visitor may contact the parent/carer at home., which is now routine in children who are all non mobile or under 1 year of age.

The Paediatric Liaison Specialist nurse or equivalent (if presenting to acute or minor injuries units) will as soon as is practicable, contact the child's Health Visitor (HV)/ other community care professionals to ensure timely information is shared. This is in addition to the routine notifications which are sent To community health professionals with summary of attendance to the ED department.

## **9.0 Children who present with Self Harm or Suicidal Issues**

- **All children (aged 0-16) attending as above should be referred to the care of the Paediatricians**
- All children who attend the emergency department who have displayed suicidal behaviour ideation or self harm should be cared for in accordance with the **Trust guidance "Deliberate Self Harm in children 16 years and under"**

### **9.1 Support resources for children who have emotional Health or substance misuse issues**

- All children who attend with emotional or substance misuse issues should be referred to CAMHS if aged 0-18 years old regardless of their location. Patients on AAC can also be referred to the CAMHS team if they are under the age of 18.
- Referral to T3 service which provides confidential information and support to children aged 10-19yrs regarding drugs and alcohol should be offered to the child.
- All children who attend should be given any appropriate and available resources within the department on discharge for their information and support contact details, ( leaflets etc.)

## **10.0 Safeguarding Children and the Data Protection Act 1998**

The law permits the disclosure of confidential information necessary to safeguard a child or children in the public interest

Personal information about children and families which is held by health professionals is subject to legal duty of confidence and therefore only information that is relevant, pertinent and justified in the interest of the child may be disclosed without consent.

## **10.1 Record Keeping**

- Good record keeping is an essential part of safeguarding practice with the expectation that the records will be comprehensive demonstrating how decisions were made, helping to identify risks and provide documentary evidence. All record keeping should be in accordance with professional standards.

## **11.0 Training**

All ED staff must undergo training in accordance with Burton Hospital NHS Foundation Trust training strategy for Safeguarding Children.

All ED staff employed in the emergency department must have attended induction training; this will enable staff to identify the relevant working processes for obtaining the appropriate resources and personnel to guide and advice on safeguarding children issues in adherence with the above statutory standards for children and young people receiving emergency medicine.

ED staff who regularly come into contact with children and families during the course of their work should attend training in safeguarding and promoting the welfare of children in line with the Trust Safeguarding Children – Training Strategy.

## **12.0 References**

Children Act 1989. HMSO (1989) Department for Education and Skills and the Home Office. London: The Stationary Office

Standards for Children and Young People in Emergency Care Settings (2012) RCPCH

Information Sharing: Practitioners Guide (2008) DCSF

Safeguarding Children – Trust Training Strategy (2014)

Safeguarding Children Policy (2014)

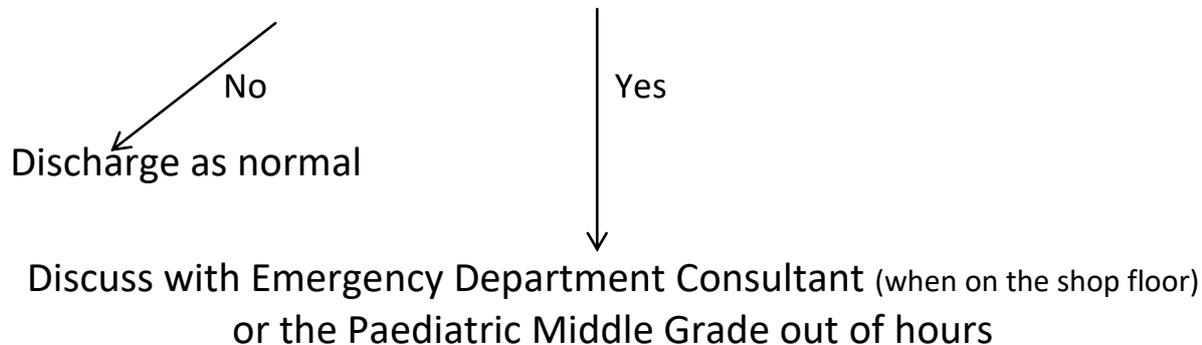
Working Together to Safeguard Children- a Guide to Multiagency Working (2013) Department for Education

## Appendix 1

### Child Protection Concerns

Do you have Child protection concerns?

Delay in presentation, Story not matching the injury, multiple attendances?



Review the MEDITEC records

Is there a note on the system regarding a Child Protection Plan?  
Do they have multiple attendances?

Refer to First Response

Need to ring and complete the paper form.

Staffordshire	In Hours	0800 1313 126	Fax 01785 854 223
	Out of Hours	08456 042886	
Derbyshire	In Hours	08456 058058	Fax 01629 533295
	Out of Hours	01629 532600	
Leicestershire	In Hours	0116 3050005	Fax 0116 3054446
	Out of Hours	0116 255 1606	

Forms must be left In Tray in Reception

Copy to Safeguarding Children Matron

Further Advice available from :

**Narriman Crofts, Paediatric Liaison Health Visitor,**  
01889 571405/07807 026123 (Monday- Friday 9-5)

**Stephanie Lowe, Safeguarding children Matron, Ext 4350 / Pager 655**