The College of Emergency Medicine

Patron: HRH The Princess Royal

Churchill House
35 Red Lion Square
London WC1R 4SG

Tel +44 (0)207 404 1999
Fax +44 (0)207 067 1267
www.collemergencymed.ac.uk

CLINICAL EFFECTIVENESS COMMITTEE

Best practice for safeguarding children

Introduction

The purpose of this document is to outline the steps Emergency Departments should take to ensure adequate awareness and safe management of child protection issues on two levels:

1. Safety Net Systems
2. Individual cases

Some differences may exist in Wales, Scotland and N Ireland, but the main principles will be the same. We welcome the recommendations of Lord Laming[i]

- "The Department of Health and the Department for Children, Schools and Families must strengthen current guidance and put in place the systems and training so that staff in Emergency Departments are able to tell if a child has recently presented at any Emergency Department, and if a child is the subject of a Child Protection Plan"
- "If there is any cause for concern, staff must act accordingly, contacting other professionals, conducting further medical examinations of the child as appropriate and necessary, and ensuring no child is discharged whilst concerns for their safety or well-being remain".

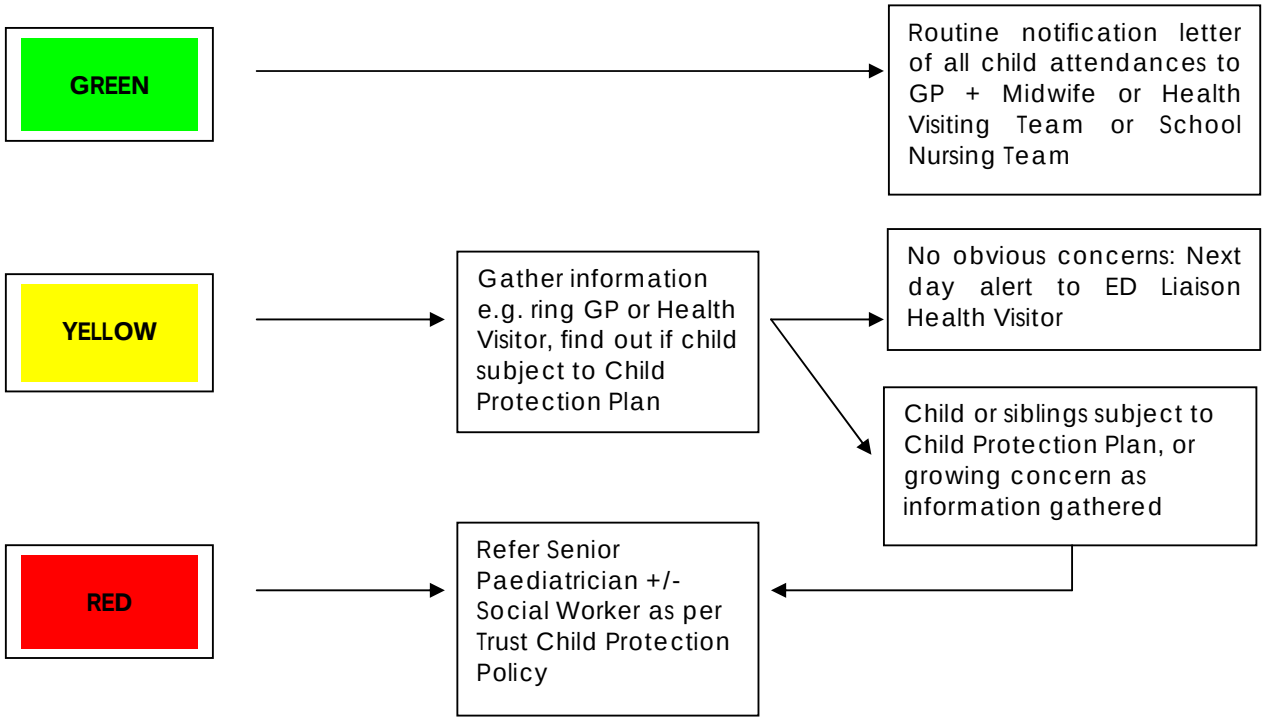
Safety Net Systems:

1. Criminal Records Bureau pre-employment checks for ED staff
2. Easy access to The Trust's Child Protection Policy
3. Notification letters of every child's ED attendance to:
   a. The General Practitioner
   b. The midwife if under 10 days of age (faxed urgently)
      Or the Health Visiting Team for 10 days to 5 years (preschool children)
      Or School Nurse for school children (up to 16 or 18 years)[ii] [iii]
4. In-house training for all doctors and nurses at induction. Level 1 training for all staff working permanently in the ED and level 2 training for those who will regularly care for children
5. Line managers in the ED should know how to access such training and keep records, which can be inspected by the Care Quality Commission or equivalent bodies
6. Real time access to whether a child is subject to a Child Protection Plan. This has replaced the Child Protection Register and the information is held by social services
7. Consider a check list[iv] inserted into the notes of all under 5s, as an aide memoire to prompt awareness of child protection issues
8. For larger departments seeing >16,000 new child attendances per annum, consider a regular, multidisciplinary meeting to review cases of concern. (This is also an opportunity for education of, and dialogue between, staff)
9. An IT system which displays automatically on the ED notes attendances in the previous 12 months, which will alert staff to frequent ED attenders[iii]
10. Appointment of a Liaison Health Visitor[iii].

Management of Individual Cases

After assessment of the child, establish level of concern:

GREEN = No Concern
YELLOW = Minor concern or not sure
RED = More than minor concern, need further advice



References:

[i] HM Government, The protection of children in England: A progress report. The Lord Laming, 2009
[ii] HM Government, Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children,2006
[iii] Services for Children in Emergency Departments, RCPCH, 2007
[iv] Benger JR, Pearce AV. Quality Improvement Report. Simple Intervention to Improve Detection of Child
Abuse in Emergency Departments. BMJ 2002; 324: 780-782

YEAR GUIDELINE PRODUCED: 2009

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