CHILD PROTECTION MEDICAL GUIDANCE FOR SOCIAL CARE, POLICE AND MEDICAL PROFESSIONALS

1 Police and Social Care

1. When a decision has been agreed between Social Care and Police that a Child Protection medical is required, the following guidance needs to be followed.

2. Dependant upon the child’s address, Social Worker or Assistant Team Manager should contact one of the relevant health centre contact numbers during office hours. (listed at appendix 1)

3. For out of hours/bank holidays/weekends the emergency duty team and police officer should contact the nearest A&E department to the child’s home address.

4. In the first instance the social worker will be invited to discuss the child with a receptionist.

5. The social worker should provide details of child including name, address, details of injury and who will accompany the child to the medical and if time allows to send (via fax or secure email) information on the child and family.

6. A mutually agreed time for the medical examination should be negotiated.

7. If there are concerns in respect of the timing of the medical the social worker or Assistant Team Manger should request to speak to the Named Doctor for Safeguarding. Should there be no appropriately trained Paediatrician available to undertake the examination in a time frame deemed appropriate to the Police and social worker a discussion needs to take place between the Named Doctor for Safeguarding and Assistant Team Manager and action agreed to secure a medical as soon as possible given the needs of the child and the investigation.

8. If the named doctor is not available then the Designated Doctor for Safeguarding should be contacted.

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9. If the Community Paediatrician is unable to undertake the medical examination and the only alternative is to take the child to an A&E department, it is the responsibility of the Community Paediatrician to arrange for the examination to take place with a hospital based Paediatrician and to tell the social worker who will be undertaking the medical.

10. If Social Worker or Police Officer subsequently decide a medical is no longer needed they must make the examining Paediatrician aware at the earliest opportunity.

11. Should the estimated time of arrival of the child and professionals at the agreed medical centre/hospital change, the Social Worker and Police Officer must inform the Paediatrician at the earliest opportunity.

12. The social worker should provide as much information about the need to undertake an examination and the circumstances that have lead to the decision to seek medical examination to the examining Paediatrician prior to the medical examination.

13. Wherever possible two Paediatricians will be available for the examination. When this is not possible and only one is available the Paediatrician should consult with another Paediatrician (via phone) before offering a professional medical opinion in respect of any injury or need. Should the examining Paediatrician be unable to consult with another then the SW and Police officer should be informed.

14. No hospital registrar should offer an opinion on the nature of an injury until they have discussed the situation with a consultant paediatrician.

15. The examining paediatrician will provide verbal feedback together with a completed summary report on the day of the examination. A full typed report will then be provided within 3 working days of the medical examination.

16. The examining paediatrician will be responsible for the distribution of the report to other appropriate agencies e.g GP.

17. Where there is a need for ongoing medical opinions eg, X-rays sent to another hospital, the examining Paediatrician has the responsibility for keeping the Social worker and Police Officer updated with any new information.

18. Should there be strategy meetings these should be convened in liaison with the paediatric team so that mutually convenient dates, time and venue could be identified to maximise attendance.

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2 Who can give consent for the medical

19. Wherever possible any person with parental responsibility should be asked for their permission for the Paediatrician to undertake a CP medical. However there are occasions when other options need to be considered. These are listed below and in accordance with Surrey Safeguarding Children Board procedures:

20. If the young person is 16 and over and has given their permission.

21. If a child is under 16 but a paediatrician considers s/he has sufficient understanding to give informed consent and they have given their consent.

22. The Local Authority when the child is the subject of a Care Order (although the parent / carer should be informed)

23. The Local Authority when the child is accommodated and the parent / carers have abandoned the child or are physically or mentally unable to give such authority.

24. The High Court when the child is a Ward of Court.

25. A Court as part of a direction attached to an Emergency Protection Order (EPO), an Interim Care Order (ICO) or a Child Assessment Order.

3 Paediatricians and medical staff

1. Initial contact by social care or the police will be made with the receptionist at the appropriate health centre depending on the child’s address. They must ensure that all health information (HV / School Nurse / Other) is collated and available in time for the scheduled medical examination. When a referral is received, clear documentation of referral information should be completed with action taken.

2. All health providers should have a contact point and telephone number for social care and Police Teams to contact.

3. ‘Gold Standard’ for safeguarding medical examinations are:

   - Suspected non accidental injury – within 24 hours
   - Historic sexual abuse – within 3 working days.
   - Chronic neglect – within 7 days of referral.
   - Recent sexual assault – within 24 hours.

4. However, it is recommended that all Safeguarding medicals should be undertaken within 24 hours if at all possible, depending on clinical need.
5. If it is not feasible for a medical examination to be arranged within ‘Gold Standard’ time scales, Assistant Team Manager of referring agency is directed to contact Named Doctor for Safeguarding for the Locality to discuss the case. If the named doctor is not available then the Designated Doctor for Safeguarding should be contacted.

6. If there is difficulty in arranging a medical examination within ‘gold standard’ timescales, the Named Doctor should be responsible for liaising with their hospital/community counterpart for the medical to be carried out within prescribed timescales and according to guidelines. It should not be left to the referring agency to rearrange the medical.

7. Examining clinician/s should check that all relevant information is available before conducting the examination:
   a. Social Worker / Police information in relation to the circumstances of the injury or need for examination.
   b. Outcome of any strategy discussions
   c. HV / School Nurse / CAMHS information.

8. The child should be seen within 30 minutes of arrival for the medical. It is not appropriate to keep the child waiting.

9. Wherever possible two Paediatricians will be available for the examination. When this is not possible and only one is available the Paediatrician should consult with another Paediatrician (via phone) before offering a professional medical opinion in respect of any injury or need. Should the examining Paediatrician be unable to consult with another then the SW and Police officer should be informed.

10. Examining clinicians should ensure that information obtained from the examination is shared with the supervising clinician before feedback is given to the Social Worker.

11. The examining paediatrician will provide verbal feedback together with a completed summary report on the day of the examination.

12. Surrey Safeguarding Children’s Board Safeguarding Medical and Examination Record form must be used to record history / examination findings / opinion and recommendation. This report should be typed and distributed within 3 working days.

13. If the medical examination is performed by a paediatrician in training, the findings of the examination must be discussed with the Consultant Paediatrician responsible before opinion and recommendation is given to Social Care / Police Safeguarding Teams.

14. Supervising clinician countersigning the medical report should quality assure the report.
15. If there is a delay in obtaining results of investigations carried out as part of the medical examination, the paediatrician should give regular updates to the investigating Team.

16. If there are further strategy meetings convened by the investigating team, involved paediatrician/s should prioritise these and attend meetings to share information if required.

Appendix One

Health Contacts:

To arrange a medical please call one of the following telephone numbers. Should you have difficulty in identifying the appropriate area number for the child please call and speak to Brenda Rowlands based with the community paediatricians at Goldsworth Park Health Centre for advice.

- North West area: Goldsworth Park Health Centre on 01483 728201
- South West area: The Jarvis Centre on 01483 783114
- South East area: Maple House on 01737 768511 ext 6862
- North East area: Epsom General Hospital on 01372 735361, Named Doctor Dr. Janet Nicholls (Secretary: Alison Chadd)