CED "Rules" for Safeguarding at RACH

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Publication date: August 2023. Version 4
Review date: August 2023

Within this guidelines the term "?CP" is used: this references possible child protection case, where there is significant safeguarding concern or where inflicted injury is part of the differential diagnosis.

All Children:

- *At triage*: CP-IS information to be checked & completed, Safeguarding "screening questions" (on the green CED notes page 1) will be asked to ALL attendees - answering yes prompts triage nurse to inform Nurse in Charge.
- **All** non-ambulant children with possible injuries should be discussed with the CED ST4+ or equivalent / Consultant (low threshold to see).
- **Clinicians safeguarding section (CSS) MUST be complete for all patients after assessment by HCP** – speak to children alone where appropriate.
- Please document any conversations carefully within the notes, they will be reviewed at a later date and good documentation and explanation avoids duplication of work.

- If a child is being discharged with safeguarding aspect this needs be thoroughly explored and social worker involved prior to discharge where appropriate. The GP discharge letter must be detailed and the notes left out for the safeguarding liaison nurse (see list).

Children referred directly for specialty review from another hospital / GP:

- Must be triaged as usual – nurse in charge to be informed.
- **If < 2yrs with an injury and a direct referral to a specialty**, triage nurse must inform CED Consultant / ST4+ or equivalent and case must be discussed with them before discharge.

?CP cases that need admission:

- Must be discussed with CED Consultant ST4+ or equivalent – please print relevant guidelines including **patient admission checklist** on the paediatric microguide
- Must be admitted to a ward bed and take priority for available Level 9 bed.
- Case should be referred to social services (in OR out of hours) - you do NOT need to be certain. This needs to be in shortest time frame possible via telephone call and PANDA referral form.
- Discussion with parents is essential for all ?CP admissions (by Consultant or ST4+ or equivalent).

- Discuss reason for concern / admission, investigations needed, involvement of social care. **Give CP PARENT LEAFLET 1** (See Trust leaflet site here Resources - University Hospitals Sussex NHS Foundation Trust (uhsussex.nhs.uk))
- Request tests from CED (discuss with COW if unsure).

Patient handover:

- ?CP cases needs direct handover from CED Consultant to COW directly until 5pm.
- After 5pm ST4+ or equivalent hand over
- From 5pm to 10pm - if you anticipate difficulties with cooperation / management, please also inform the overnight COW
- At all times ensure Nursing handover also includes information relating to safeguarding issues.

Photos:

- Use CED camera when clinical media centre (CMC) is closed.
  - Send email + photographs to uhsussex.clinical.photography@nhs.net. Include the Trust ID number, initials and D.O.B., and date taken and by whom. Remember to gain consent and delete images once images can be seen in your email "SENT" folder.
- Remind ward team that clinical media photos will need to be taken the following day.

Specialist review:

(i.e. ENT/Orthopaedics) of "unexplained" injuries or presentations MUST be a Consultant opinion. Guidance is available in the safeguarding guidelines.

Transfer to Tertiary centres:

- Children being transferred other centres, for example KCH, where ?CP is suspected please share any concerns with tertiary centre. The child should still be referred to social services as soon as the child is stable. Do not rely on tertiary centre to complete the referral. Please refer to 'the child with an unexplained collapse who is unlikely to survive' guideline in the Child Death guidance on paediatric microguide.

OOH cold-case CP medicals:

- Should be triaged in CED
- Inform Nurse in Charge and CED Consultant so they are aware
- COW (on-call) to assess child and do report / decide if needs admission