

Child Protection Medical Assessment Referral Guideline (Eastern)

1. **Urgent care:** Any child who is unwell, medically unstable, or has suffered a significant injury should be referred for urgent hospital care to the Emergency Department / Paediatrics team via 999 as appropriate. If there are concerns about child maltreatment the child should also be referred urgently (by phone) to Multi-Agency Safeguarding Hub (MASH) or Emergency Duty Team out-of-hours.
2. **Pre-mobile infants with a bruise, skin mark, injury or fracture:** See '*Bruising and Injuries in Pre-Mobile Infants Guideline*'. Same day referrals to Paediatrics for a child protection (CP) medical assessment are accepted directly from healthcare professionals with appropriate expertise (e.g. GP, Emergency Department, Midwife, Health Visitor, Nurse) and from MASH.
3. **Older children:** Referrals to Paediatrics for a CP medical assessment are accepted from MASH/Social Care for children and young people undergoing Section 47 enquiry following a strategy meeting/discussion, where there are concerns about physical or emotional abuse, or neglect.
4. **Sexual abuse:** Referrals for assessment of possible sexual abuse should be referred directly to the Devon and Cornwall SARC 0300 3034626
<https://sarchelp.co.uk/childrens-service>
5. **Referral process:** MASH/Social Workers can a) Request Paediatrician input to a multi-agency discussion (strategy meeting) or discuss proposed referrals for CP medical assessment by calling 01392 411611 (RD&E hospital switchboard) and asking to speak to the on-call Paediatrics Registrar or Consultant, **and/or** b) Request a member of the Safeguarding Team to attend by phoning 01392 406430.
6. **Patient information:** Children and families should be given verbal and written (or on-line) information about the CP medical assessment process at the point of referral. This may include information from DCFP - <https://www.devonscp.org.uk> - or Royal Devon patient information resources on the Trust intranet.
7. **Timeframe:** Our standard of care is to provide CP medical assessment for suspected physical abuse within 24 hours of referral. The CP medical assessment may be arranged for the same day or deferred to the following working day depending on clinical need and acute Paediatrics activity. For less urgent cases, such as chronic neglect or emotional abuse, we aim to provide CP medical assessment within 10 days of referral.
8. **Location of CP medical assessment:** There is no appointment system for CP medical assessments at RD&E at present. Children are usually seen by the acute Paediatrics team in a cubicle on Bramble Ward and are triaged according to medical need alongside other children presenting to the department. CP medical assessments should not be seen on the Paediatric Assessment Unit. The timing and location of the assessment will be discussed once the referral is accepted.

9. **Attendance with child:** The Social Worker and/or Police Officer who knows about the case are expected to accompany the child to the appointment. The attending professional must be sufficiently knowledgeable to provide full details about the case. The parent/carer should be present wherever possible to provide the child's medical and developmental history .
10. **Interpreter services:** It is the responsibility of the referrer to arrange for an interpreter where this is required. It may not be possible to assess the child if an interpreter is required but not present.
11. **Photographs** should be obtained for significant clinical findings. To be of sufficient quality these should be taken by the Police photographer or hospital Medical Photography department. This should be discussed at the initial strategy discussion.
12. **Bite marks:** The hospital doesn't have access to expert assessment of bite marks. In relevant cases it is recommended that the Police refer to Forensic Odontology for this assessment as an action following the strategy meeting.
13. **Consent:** The Social Worker must ensure that adult bringing child has Parental Responsibility (PR) to enable them to give informed consent for the medical. If, in exceptional circumstances, the adult with PR is not able to attend, the Paediatrician will discuss the medical on the telephone with the adult who has PR and get verbal consent. Children who are assessed to be Gillick competent can provide their own consent if necessary. During the CP medical assessment the child should be offered a choice as to who accompanies them, including not having a relative or Social Worker present.
14. **Reports:** Following the CP medical assessment the Paediatrician will provide written initial opinion to the social worker on the same day. A full written report and opinion should be sent to the social worker (and police if involved) to their secure email account, within 5 working days. Clinical photographs will not routinely be sent with the report.