

ARRANGING A CHILD PROTECTION MEDICAL AT CHESTERFIELD ROYAL HOSPITAL

For all children in North Derbyshire with the exception of those living in Glossop.

A. PHYSICAL ABUSE

- The social worker should ring the hospital switchboard (01246 277271) and ask to speak to the middle grade paediatrician on call. A mutually convenient time to see the child should be arranged.
- If the middle grade doctor is likely to go off duty before the medical happens, he/she may feel able to give a time to the social worker on behalf of a colleague. Alternatively, arrangements should be made to ring the social worker back as a priority.
- The middle grade doctor should be told about any specific needs of the child e.g. medication, feeding time, likely behavioural difficulties or any other issues so that account may be taken of these when arranging the medical.

B. SEXUAL ABUSE

- **Between 9am and 5pm:** the social worker should ring the paediatric secretary (01246 513141/513720) and state roughly when they would like the medical to take place, leaving a telephone number on which they can be contacted within the next 20 minutes. The paediatric secretaries will then liaise with the relevant consultant who will be on call for that session.
- The consultant will ring the social worker back within 20 minutes to discuss the case and arrange the medical. During this phone call, the method of communication, should there be any variation in the arrangements, should be clarified between the consultant and the social worker.
- **Between 5pm and 9am, at weekends and over bank holidays:** the social worker should arrange the medical directly with the Consultant Paediatrician on call (via the hospital switchboard, 01246 277271).
- The social worker will take responsibility for liaising with the police surgeon and the police to ensure any forensic cleaning of the room by React By Autoclenze is carried out prior to the medical.

Additional information:

- Medical cover out of hours is for emergencies only and medicals which take place outside 9am to 5pm should only be requested where there is urgent concern regarding the health of the child, or where arrangements to safeguard the child cannot be made without medical advice or opinion.
- Every effort will be made on the part of medical staff to avoid delay, but there are circumstances when urgent clinical work has to take priority over a child protection medical and delay is unavoidable. This may occur at any time, but is particularly the case out of hours.

- It would be helpful that, once it becomes apparent that a medical is no longer needed or if it is not possible to attend within the time scale arranged, the relevant doctor is made aware as soon as possible.

C. NEGLECT

If there is concern about the children's immediate health e.g. suspected fractures, bleeding, loss of consciousness, then urgent medical care should be sought via A&E, calling an ambulance if necessary, or via the general practitioner.

Timing:

Most referrals will be non urgent – and optimum information should be obtained if the medical is planned in advance. For most children, it is preferable to see them whilst they are still living in the home environment in order to assess the impact of neglect on their health, therefore if there is a plan to remove the children from home at short notice, it may be necessary to arrange a medical at short notice.

All paediatric assessments / medicals for neglect should be undertaken during normal working hours.

Routine – by letter addressed to “consultant paediatrician”, clearly stating the request for a child protection paediatric medical assessment for neglect. The referral should include detailed current background information, including parental background and health, the nature of any specific concerns and any specific questions that need to be answered. The background information may include reports or minutes of meetings.

Appointments should be given within 4 weeks from receipt of the referral letter. Details of the appointment should be sent to the family with a copy to the social worker requesting the medical.

Urgent – by telephone - directly to the consultant on call (through the paediatric medical secretaries 01246 513141/ 513720/512094) if a medical is required more quickly than within the next 4 weeks. Reasons for the need for a medical at short notice should be given, including whether or not the medical forms part of a Section 47 investigation. Timing of such a medical will be by negotiation. All background information as above should be in writing, to arrive the day before the medical unless the medical is arranged within 7 working days of the telephone call.

If the child is removed from home at short notice, it would be helpful if, where possible, the health visitor or school nurse could be asked to note general appearance e.g. cleanliness and weight and length / height so that this data is available when the medical takes place and can be contrasted with the child's appearance in foster care.

Accompanying persons

The child should be accompanied by a person who has day to day involvement with the child (this may be the parents), together with a professional who is familiar with the background of the child and family. If this is not feasible, the referrer should discuss the fact with the consultant undertaking the medical in advance, to establish whether or not the medical should proceed. The child's parent held record (red book) should be brought to the appointment if at all possible.

Assessment

The assessment is likely to last at least 1 hour (excluding weighing), may be less for babies. A paediatric assessment should demonstrate a holistic approach to the child and identify concerns with development and emotional well-being. The assessment will seek to establish medical, nutritional, educational, physical, dental neglect and failure of supervision so that change can be documented.

Patricia Field
Designated Doctor for Child Protection Derbyshire County

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