

In Hours (Monday – Friday 09:00 -19:00)

Police/Children's Social Care contact 24 hour Single Point of Access (SPA) 0800 183 0023

Crisis Support Worker (CSW) will contact Doctor on the rota to arrange strategy discussion regarding date and time for examination
NB depending on the forensic window strategy meeting/discussion may be after the examination

Clinician will ask referrer to arrange a multiagency strategy meeting to include EMCYPSAS if this has not been done . EMCYPSAS clinician to **always** be invited to strategy meeting

In Acute cases: Police to collect early evidence samples

Out of Hours (Monday – Friday 19:00 – 09:00, Weekends and Bank Holidays)

Police/Children's Social Care contact 24 hour Single Point of Access (SPA) 0800 183 0023

Doctor contacted to attend strategy meeting/discussion with police/CSC regarding timing of examination
NB depending on the forensic window strategy meeting/discussion may be after the examination

Clinician will ask referrer to arrange a multiagency strategy meeting to include EMCYPSAS if this has not been done. Clinician to **always** be invited to attend strategy meeting and **is available 24 hours**.

In Acute cases: Police to collect early evidence samples.

At strategy meeting the EMCYPSAS clinician can advice on correct CSA pathway for all sexual violence (including non contact), support frontline practitioners working with CYP and ensure the correct medical advice is shared regarding what an examination involves, the significance of physical findings, managing the expectations of professionals and CYPs (Clinicians are happy to discuss the examination with CYP and families prior to attending) and ensures confirmation of who holds parental responsibility for consent.

The clinician can also ensure the examination complies with safeguarding legislation, is offered clinically as well as evidentially and that the CYP are only examined when they have the capacity to be able to consent e.g. delaying an examination if tired (falling asleep or intoxicated due to alcohol or drug use). Prevents further trauma to CYP by clarifying chronology and events of the abuse at Strategy meeting rather than asking the CYP more questions. The strategy meeting gives background to case and informs examiner of home or contextual concerns/circumstances to inform examination and presentation of CYP Holistic care and robust follow up is offered to all CYP being mindful that some are very vulnerable and a Safe discharge plan is initiated, especially if child from out of area.

CYP attends with carers and Police at a pre arranged time. Written consent obtained by Doctor from adult with parental responsibility and young person

Clinician takes history of offence from professionals attending examination, medical history etc from CYP and family

Examination explained to CYP and family. CYP given choice of who they wish to support them during the examination

Full general and genital examination with the use of video colposcope to document examination findings if CYP/parents consent, if no consent for the use of colposcope, injuries documented in records

Historic cases (>3 weeks) :

Urine pregnancy testing and STI screening (swab and blood test) for CYP

Acute cases:

Forensic samples taken by Doctor and handed to police officer attending. Base line bloods taken if PEPSE prescribed

CYP showers and changes clothes

Doctor prescribes and dispenses emergency contraception/PEPSE/Hep B immunisation if required

CYP and carers meet with Clinician to feedback re examination findings and follow up arrangements including psychosocial therapy, CHISVA contact, follow-up and discharge details regarding next steps and the next contact from EMCYPSAS.

Handwritten summary given to Police/CSC regarding examination

Doctor dictates the paediatric SARC report to be typed up by Admin team within 72 hours

Full safeguarding report goes to Social care, police, patients GP and named paediatrician of the locality where the child lives