

UPDATED GUIDANCE FOR CHILD PROTECTION MEDICALS AND COVID 19

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Safeguarding Children Partnership

This is to provide advice to social workers, police and paediatricians for undertaking child protection medicals during the current pandemic, whilst social distancing measures are in place. The aim is to ensure the safety of children, whilst minimising face to face contact.

This guidance may be updated as circumstances related to COVID 19 change. Please ensure that you are reading the latest version.

If a child protection medical is needed then the section 47 strategy meeting should take account of the current COVID 19 restrictions and, at the time of booking the medical, a planning discussion should take place between social care and / or the police and a consultant paediatrician to discuss the method by which the medical will be undertaken and include historical and contextual information to enable decisions to be made in relation to medical examinations which are based on known and quantifiable risks.

Currently, the presumption is that a medical will be booked and the child seen face to face, in line with usual procedures, with appropriate infection control precautions in place:

- Attempts should be made to reduce the number of people who attend the medical and the length of time that the child, parent and social worker are in the building
- In certain circumstances, it may be appropriate for the history from the social worker - and possibly from the parent and / or child to be undertaken virtually – by phone or video call. This may reduce the time spent in the hospital
- A social worker should accompany a parent or carer and the child. If this is deemed inappropriate for any reason, that reason should be stated, and the social worker should be available nearby

The child should only be accompanied by one parent or carer and one social worker, (unless physical safety reasons would make more than one carer or social worker appropriate). No other children should be brought to the appointment without prior discussion with the doctor

Consideration should be given to social distancing (of 2 metres) where feasible when the child and any accompanying adults are seen by the paediatrician

The following information will be helpful in enabling appropriate infection control precautions to be taken:

- Are there any concerns that the child / young person may have sustained an injury to the inside of the mouth? Unless this is the case, the inside of the mouth and throat will not be examined

- Are there any previously recognised underlying health concerns in the child young person or carer that might increase risk to their health from COVID 19? Has the child been advised to shield?
- Has the child / young person or carer been advised to self-isolate in the past 14 days?
- Has the child / young person or carer had contact with anyone suspected of having COVID19 in the last 14 days? (Including anyone who is identified through the NHS Test and Trace system who is not a household member)
- In the last 14 days have the child or family had
 - a new persistent dry cough,
 - a high temperature (37.8 degrees or above)
 - a loss of taste or smell
 - any new symptoms of breathlessness
- Do they feel unwell – if so – how?

(It is likely that the health organisation will make similar enquiry of the parent / carer prior being seen)

It is anticipated that services will work together to minimise face to face contact as far as possible whilst ensuring that the child is appropriately safeguarded. The social worker should be handed an appropriately completed Immediate Conclusion form (on the agreed proforma) at the conclusion of the medical.

In the event of any difference of opinion that cannot be resolved, the escalation policy should be followed.

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