NHS Wales National Guidance to Inform LHB's Standard Operating Procedure for Child Protection Medicals for Suspected Physical Abuse and Neglect

Best Practice Guidance

Authors	WLDS Group with thanks to the team from Betsi Cadwalader for sharing their local SOP
Responsible Dept / director:	Designated Doctor for Safeguarding, National Safeguarding Service
Approved by:	NHS Wales National Safeguarding Network
Date approved:	03/2025
Date activated (live):	04/2025
Documents to be read alongside this document:	All Wales Safeguarding Procedures RCPCH Child Protection Service Delivery Standards RCPCH Child Protection Companion
Date of next review:	02/2028
Date Last Completed:	N/A New Guideline

N.B. Employees/workers should be discouraged from printing this document.
This is to avoid the risk of out of date printed versions of the document.
The Intranet should be referred to for the current version of the document.

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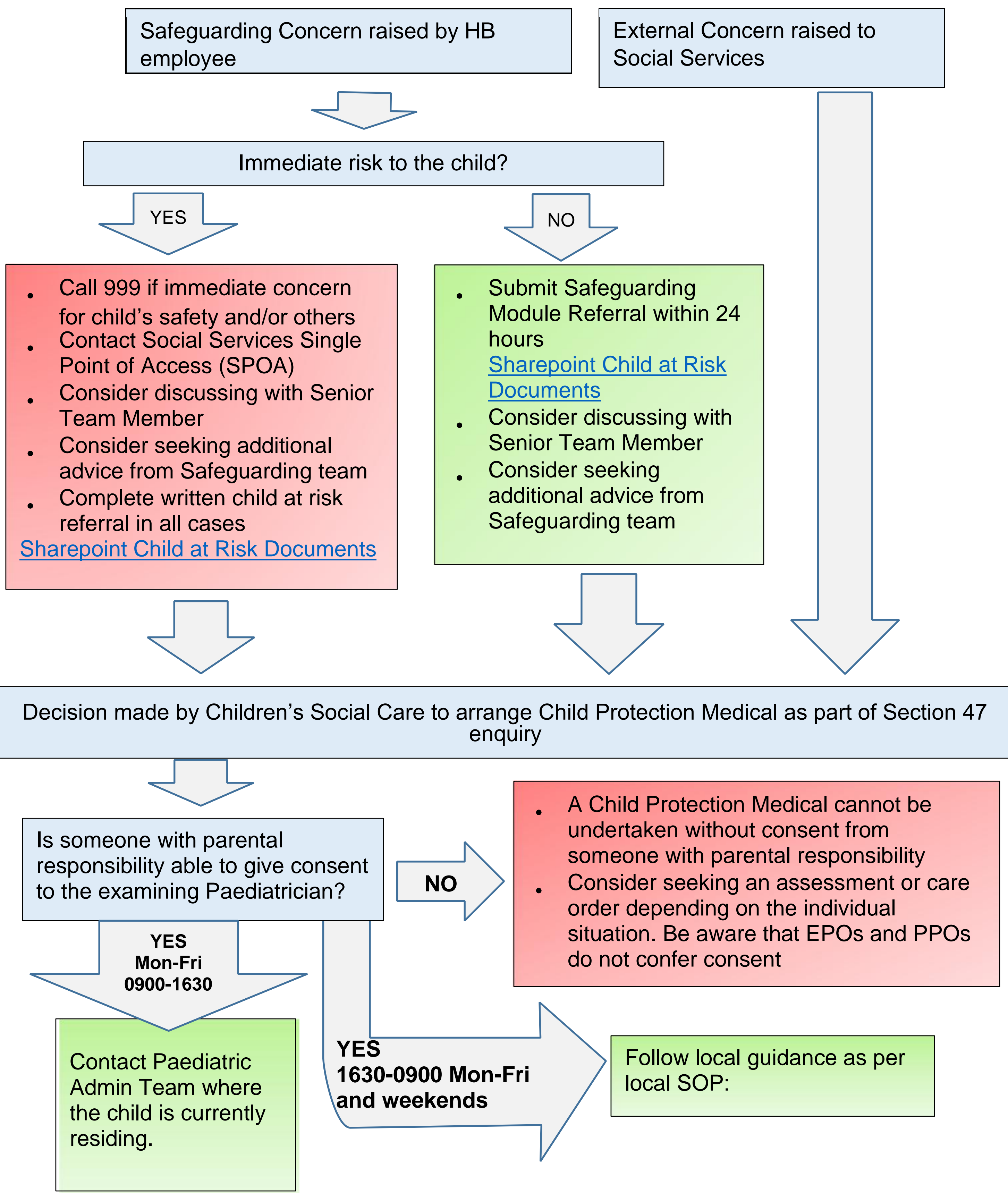
REFERRAL PROCESS FLOWCHART



1 INTRODUCTION/OVERVIEW

1.1 Child Protection Medical Assessments (CPMA) form a central part of the workload of Paediatric Medical Staff.

1.2 The purpose of the medical is to contribute to a multiagency assessment, often referred to as a Section 47 Enquiry, through sharing of information, determine likelihood of abuse on balance of probability, identify health needs, facilitate police investigation of possible crime and help to reduce physical and psychological sequelae of abuse.

1.3 Child Protection Medical Assessments are comprehensive assessments including the clinical history and examination, and detailed documentation with the use of documentation on body maps and photo documentation. Additionally, the assessment includes obtaining any relevant investigations, arranging any necessary aftercare and writing a report with an opinion.

2 POLICY STATEMENT

Local Health Board's policy's should support the All Wales Safeguarding Procedures and RCPCH standards and ensures all staff robustly follow these guidelines to undertake Child Protection Medicals consistently at the highest standard.

3 PURPOSE

- Clearly set out the procedures for arranging and completing a Child Protection Medical Assessment.
- To ensure that Health Practitioners understand their role and responsibilities in safeguarding children at risk.
- To ensure all Health Practitioners recognise that safeguarding and protecting children is everybody's responsibility.
- To ensure practice is in accordance with the legislative requirements and expectations of the Social Services and Well-being (Wales) Act 2014 and the accompanying safeguarding guidance.

4 OBJECTIVES

This Procedure will ensure that all CPMAs are undertaken promptly whilst ensuring they are child focused and of the highest standard.

5 SCOPE

5.1 This document is to be used by all Medical Staff undertaking Child Protection Medicals for children 0-17 years, Allied Health Professionals raising concerns and Social Workers who want to arrange a CPMA.

5.2 It is to be used alongside regional and national guidelines, including:

- Good practice service delivery standards for the management of children referred for child protection medical assessments (Royal College of Paediatrics and Child Health).
- All Wales Safeguarding Procedures.
- The Radiological Investigation of Suspected Physical Abuse in Children (The Royal College of Radiologists).
- RCPCH Child Protection Companion

5.3 The Procedure will apply to all Service Users within the Health Board, who are under the age of 18 years, who are identified as a child at risk and has suffered abuse or neglect.

5.4 Safeguarding & Public Protection is committed to ensuring the workforce are supported in in their duty to safeguard children. The Procedure provides Practitioners with information to help them understand their role and responsibilities in safeguarding children at risk.

5.5 It assists all Health Practitioners in being able to recognise that safeguarding and protecting children is everybody's responsibility.

5.6 It provides guidance to facilitate practice being in accordance with the legislative requirements and expectations of the Social Services and Well-being (Wales) Act 2014 and the accompanying safeguarding guidance.

6 ROLES AND RESPONSIBILITIES

6.1 Child Protection Medical Assessments can be completed by Paediatric doctors working at or above ST4 or equivalent level with relevant Level 3 Safeguarding competencies.

6.2 Paediatricians in lead safeguarding roles and the Safeguarding team are responsible for ensuring procedures are followed.

6.3 Accountability lies with the Executive Director of Nursing.

7 REFERRAL PROCESS

7.1 Reporting Concerns to Children's Social Care

Safeguarding children is everyone's responsibility.

Any person who has a suspicion that a child or young person under the age of 18 years has suffered, or is likely to suffer, significant harm has a duty to report their concern to Children's Social Care according to local procedures. If the person with the concern is a Health Professional working within the Health Board, the referral must still be made to Children's Social Care. It is the duty of the Healthcare Professional to discuss urgent cases with the Local Authority. Although the Safeguarding & Public Protection Team and Paediatricians are available for advice regarding safeguarding concerns, they must not be expected to sanction, co-ordinate or arrange a referral to Children's Social Care.

7.2 Decision to Request a Child Protection Medical Assessment

The Local Authority hold statutory responsibility for co-ordinating a response to the referral to Social Care, including requesting a Child Protection Medical Assessment if appropriate. The Local Authority will hold a Strategy Discussion where a decision should be made whether to request a child protection medical assessment. For cases where there is uncertainty about the value of a CPMA, the strategy discussion may conclude that further advice from a paediatrician is required regarding the suitability of a CPMA. If the Paediatrician has not attended the strategy discussion, then the social worker will fully brief the paediatrician.

Child Protection Medical Assessments (CPMA) should be performed within 24 hours of the referral from Social Care whenever possible. Most assessments should be performed within daytime hours (0900-1700 Monday to Friday). A strategy meeting must take place prior to the CPMA and strategy meeting minutes provided at the CPMA.

The purpose of a child protection medical assessment includes:

- Determining the likelihood of physical abuse on the balance of probability.
- Identifying unrecognised injuries.
- Assessing for signs of neglect.
- Identifying unmet medical needs.
- Helping to reduce the physical and psychological consequences of abuse.
- Facilitating the police investigation of a possible crime by documentation of clinical findings, including documentation on body maps and photographs of injuries.
- Contributing to the multi-agency assessment through sharing of information.

The decision to undertake investigations such as blood tests and skeletal surveys will be made by the examining doctor based on their assessment, not as the outcome of the strategy meeting.

7.2.1 Monday to Friday 0900-1630

A member of Social Care staff should contact the given number. The paediatrician will contact the Social Worker to discuss further, if appropriate.

A date, time and venue for the medical will be provided to the Social Worker, either by the Paediatrician or by the Administrator.

If it is not possible for the medical to be conducted on the same day, an agreement should be reached as to whether an emergency out of hours assessment is required or whether an appointment will be made for the following day. This discussion must include details as to how the child will be safeguarded pending assessment.

If the agreement is that the medical is necessary out of hours, then the Paediatrician will contact the On Call Acute Paediatric Consultant to inform them of the details and the rationale for performing the medical out of hours. If the agreement is that the medical can be deferred to the following day, then it may still be appropriate for the Paediatrician to inform the Acute Paediatric Consultant of the discussions which have taken place, in case the Social Worker subsequently makes contact with them.

The ultimate decision on timing of the medical is for the Paediatrician to take.

All discussions must be documented in the patient notes, regardless of whether the child is ultimately seen for a medical assessment or not.

7.2.2 Out of Hours (Weekends, Bank Holidays and Monday to Friday after normal working hours)

The Social Worker should contact the on-call paediatrician via the hospital switchboard.

An agreement should be reached as to whether an emergency out-of-hours medical assessment is required or whether the medical can be done on the next working day.

Emergency out-of-hours assessments should not be arranged unless there has been discussion with the Consultant Paediatrician. After 5pm, the Social Worker should contact the middle grade Doctor, who will discuss with the Consultant, however a decision to defer the medical to the next working day should only be reached following a direct discussion between the Social Worker and the Consultant.

Where the Doctor involved in initial discussions is not the Doctor who will be performing the assessment, there must be a verbal handover.

Current recommendations state that child protection medical assessments should be performed within 24 hours of the referral from Social Care. It is recognised that referrals received on a Friday or on a Saturday will need to be processed differently from those received on other days. The threshold for performing an emergency out-of-hours assessment will need to be lower to ensure that this standard is reached.

Indications for emergency out-of-hours assessments include, but are not limited to:

- Any non-mobile baby with suspected physical abuse. These babies require a more urgent medical assessment and are very likely to require further investigations.

During discussions regarding emergency out-of-hours assessments, consideration must be given as to how the child will be safeguarded pending assessment. Facilitation of safeguarding arrangements alone is not an indication to perform an emergency out-of-hours assessment.

When after discussion it is felt that is in the best interest of the child for a medical assessment to be deferred to the following day, the On-Call Paediatric Registrar will liaise with the Paediatric team via emailing the admin team to inform them of the need for the medical and provide the referral details.

The Social Worker will then be contacted by a member of the team the following morning to make arrangements.

The ultimate decision on timing of the medical is for the Paediatrician to take.

All discussions must be documented in the patient notes, regardless of whether the child is ultimately seen for a medical or not.

7.3 Acute illness or injury

Child Protection Medical Assessments must not be used as a route to seek medical attention for acute illness or injury which should take priority. Where acute illness or injury is suspected (e.g. a fracture), established pathways for management of the injury should be followed (e.g. attending the Emergency Department). Any safeguarding concerns should be communicated to the treating team and arrangements for child protection medical assessment should be made after the acute problem has been addressed. Interim safeguarding arrangements should be discussed with Social Care.

8 THE ASSESSMENT PROCESS

8.1 Written information about the CPMA should be given to children and young people (CYP) and their families prior to attending the CPMA where possible (All Wales CPMA Patient Information Leaflet).

8.2 Assessments during routine working hours

A Senior Paediatrician is available to perform CPMA's each weekday. Children should attend the appointment accompanied by a responsible adult. A Social Worker should also attend the appointment. Other professionals (e.g. police) may attend. Children should be brought for their assessment at the time agreed with the Paediatrician. If necessary, this should be arranged following a discussion between the Social Worker and Paediatrician.

The venue at which child protection medical examinations is carried out will be agreed between the Medical Team and Social Services prior to the appointment being made. Only venues which are age and developmentally appropriate for the child or young person should be booked for such assessments. Venues should have facilities to support CYP and families with disabilities, and appropriate support should be made available where required or requested. Venues should also offer appropriate privacy for any discussions and examinations required.

8.3 Emergency out-of-hours assessments

The timing of the assessment should be agreed by the Paediatrician and Social Worker, however emergency clinical commitments will take priority. Children should attend the appointment accompanied by a responsible adult. A Social Worker should also attend the appointment wherever possible. If this is not feasible, information should be shared between the Paediatrician and Social Worker by telephone. Other professionals (e.g. police) may attend.

8.4 Assessment of siblings

Requests for assessment of siblings should be considered in the strategy meeting. The need for and timing of assessment of any siblings should be discussed with the examining doctor if not done at the same time as the index case. It may be the case that siblings will need to be assessed on a different day from the index child.

8.5 Consent

8.5.1 What is consent?

Informed consent requires the doctor to speak directly to the person with parental responsibility and explain:

- The purpose and process of the medical examination;
- Clearly specify all of the elements of the examination i.e. history, examination, forensic specimens, use of video/still photo documentation;
- Explain information will be shared for discussion with colleagues;
- Findings and reports will be shared with Social Services, Police, Crown Prosecution Service and Courts;
- That information gained by the examination may also be read out in Court.

8.5.2 Who can give consent?

Appropriate consent must be obtained for the medical by the Paediatrician undertaking it. Examination without consent may be held in law to be an assault. Where possible, written consent should be obtained for the CPMA from a person with parental responsibility for the child, using the consent form contained within the Child Protection Medical Proforma. It is the responsibility of the Social Worker to ensure that the person with parental responsibility is available. Even if consent is obtained from someone with parental responsibility, a child or young person may refuse to be examined.

At 16 years and over, the assumption should be that the young person can give their own consent. However, all those involved in supporting a young person are obliged to have regard to the Mental Capacity Act (2005), and the Mental Capacity Act (MCA) Code of Practice.

If a young person lacks the capacity to make a specific care/treatment decision, the healthcare staff providing treatment can carry out treatment/care with protection from liability whether or not a person with PR consents. If they have followed the Act's principles, considered all the factors in the checklist and ensured that the acts they carry out are in the young person's best interests. They must also take into account the views of everyone interested in the young person's welfare, including those with Parental Responsibility (PR). Children and young people under 16 years may provide consent if they are able to fully understand the medical and its implications, and deemed to be competent to consent.

8.5.3 Parental Responsibility

Parental responsibility was introduced by the Children Act 1989 & amended by the Adoption & Children Act 2002. It is required in order for legal consent to be given for the examination/treatment of a child under 16 years.

Who has it:

- **Mother;** Always
- **Married Father;** From the point of marriage (before or after the birth)
- **Unmarried Father;** Since December 2003—if he is named on the birth certificate, or, if not on birth certificate obtain through court
- **Relatives;** Only if they have a Residence/Child Arrangement Order for the child.
- **Local Authority;** If they have an Emergency Protection Order or a Care Order (in both cases they must be consulted).
- **Others;** Adoption – once an adoption order is granted the adoptive parents become the legal parent for the child and birth parents lose parental responsibility.

Court Orders

- Police Powers of Protection Last up to 72 hours. Allows child to be removed to place of safety.
- Emergency Protection Order Lasts up to 8 days. Local Authority has Parental Responsibility for duration of order but PR for CPMA has to be stipulated in the order.
- Care Order Lasts until the child's eighteenth birthday or until revoked by the court. Gives the Local Authority parental responsibility in addition to the parents.
- Residence Order/Special Guardianship States where a child is to live. Also give parental responsibility to the person to whom the order is made.

Fraser/Gillick Guidance for children/ young people under 16 years giving consent

- Does s/he, although under sixteen, understand the advice from the health professionals?
- The health professional has discussed parental involvement, but is unable to persuade the individual to inform their parents.
- His/her mental or physical health may suffer if treatment is not given.
- Advice or treatment is in his/ her best interest with or without parental involvement.
- For those over 16, the MCA principles should be referenced.

8.5.4 When the parent is unable to attend in person

This should be the exception, but may occur e.g. when all who hold parental responsibility have been arrested and are in custody. In such exceptional circumstances, verbal consent may be taken over the telephone. This should be witnessed by another professional (e.g. a Social Worker or Nurse) with the phone on loud speaker.

The witness's name and signature should be recorded in the CPMA proforma. If a child or young person refuses assent or consent to some or all of the medical assessment, this should be documented.

8.5.5 Children subject to court proceedings

Where the child is already the subject of proceedings in a court, the consent of the same Court is required. If the child is subject to a Care Order, the Head of Children's Services for the Local Authority can give consent.

8.5.6 If consent is refused

If parents consistently refuse consent, an application for a Child Assessment Order can be made for the purpose of establishing basic facts about the child's condition. The Order enables the Court to direct the parents to co-operate with an assessment, the details of which will be specific, but does not allow for the removal of the child from home. The child may still refuse to be examined.

8.6 Interpreters

Interpreters should be arranged where necessary, and sourced from approved partner agencies. The name and registration number of the interpreter must be documented, as well as the language spoken.

The interpreter must not be known to the family. Family members and minors must not be used as interpreters.

8.7 Personnel

8.7.1 Medical staff

CPMAs must be carried out by Paediatric Doctors working at or above ST4 level or equivalent, with relevant Level 3 child protection competencies.

Children seen for a CPMA should have a documented, named Clinician responsible for the child protection opinion. Their name and role should be clearly recorded on the child protection medical proforma and final report.

CPMAs carried out by Doctors in training must be closely supervised by a named Senior Paediatrician with relevant Level 3 child protection competencies. As a minimum, this should include reviewing any visible injuries or findings and co-signing the report.

CPMAs carried out by SAS clinicians should be supervised by a senior named clinician if necessary. This decision will be based on the SAS doctor's level of training and experience.

The child protection assessment proforma and final typed report must clearly identify the examining Clinician, as well as the Senior Supervising Clinician if applicable.

CPMAs should be carried out or supervised by Clinicians who actively engage in relevant continuing professional development, have regular supervision, and regularly attend peer review meetings to enable them to keep up-to-date and maintain their skills. If recurrent or significant concerns arise regarding a Clinician's ability to produce clear, balanced and reasonable opinions and actions within the context of CPMs then appropriate supervision or regulatory measures will be put in place in line with GMC guidance.

8.7.2 **Chaperone**

Best practice is that a named chaperone should be present for all CPMAs. The chaperone should act as a witness and should support the child during the assessment. The name and designation of the chaperone should be recorded in the medical notes and on the medical report. Chaperone use should be guided by local and national policy.

The chaperone role is to:

a) Be sensitive and respect the patient's dignity and confidentiality.
b) Reassure the patient if they show signs of distress or discomfort.
c) Be familiar with the procedures involved in a child protection medical assessment.
d) Stay for the whole medical and examination and be able to see what the doctor is doing, if practical.
e) Be a witness to the consent process
f) Be prepared to raise concerns, if they are concerned about the doctor's behaviour or actions.

Medical or Nursing Students are not able to act as chaperones on their own. In rare circumstances, it may be appropriate for a Social Worker to act as chaperone during the history taking, however the chaperone during any examination must be a Health Professional who has received appropriate training in the role of chaperone.

Gold standard is for a registered healthcare professional to act as a chaperone however there is recognition that resources do not currently allow for this in many Health Boards, therefore a healthcare professional who is trained as a chaperone and understands the criteria for valid consent, will suffice. These may include:

1. Qualified nurses.
2. Health care assistants.
3. Physician's assistants.

Children and young people's preferences regarding who their chaperone is should be accommodated wherever possible.

The name, role and, where applicable, professional identification number of the chaperone should be clearly documented in both the child protection medical assessment proforma and the final typed report.

8.7.3 Accompanying adults

Children should be accompanied by a supporting adult for the CPMA. The supporting adult may be the child's parent. The child should be free to express any concerns about the presence of an adult during their assessment.

Particular consideration needs to be given to the presence of accompanying family members who may know the alleged perpetrator. Wherever possible, all children should be given the opportunity to speak to the examining Clinician and chaperone without the accompanying adult present.

The child or young person should be given a choice as to who accompanies them during a CPMA. This includes the choice to not have a relative or Social Worker present.

9 DOCUMENTATION AND FEEDBACK

9.1 Verbal feedback

There should be immediate verbal feedback to the Social Worker regarding the outcome of the medical, except in situations where a middle grade Doctor needs to discuss with the Consultant first. In this case, verbal feedback should be given to the Social Worker as soon as practical after that discussion.

Verbal feedback should be given to the parents, and if appropriate to the young person, at the same time or immediately after feedback to the social worker.

9.2 Written Documentation

The medical examination should be documented using the Child Protection Medical Assessment proforma. This should include a minimum of 3 patient identifiers and the examining clinician's signature per page. The completed assessment proforma should be filed within the patient notes.

An initial written opinion should be provided within 24 hours of the medical. A comprehensive, typed written report with a full professional opinion should be provided securely to social care and Police (unless otherwise agreed) within 10 working days. This report should be shared securely with relevant Health Professionals such as the GP, Health Visitor and School Nurse. A copy should be filed in the child's health record.

Any decisions made at strategy meeting of which the Paediatrician is made aware, whether before or after the CPMA, must be clearly recorded in Child Health Record.

9.3 Photography

Clinical photographs should be taken of injuries at the time of the CPMA or the next working day for those with clinical photography departments. If photography is not completed, the reason for this should be documented.

Where medical photographs have been taken, this must be documented in the final report, including number and area photographed. Photographs should not be attached to the report.

9.4 Information sharing

Patient confidentiality and information governance must be assured whenever sharing confidential information, both within the Health Board, and with partner agencies.

Appropriate methods for sharing child protection medical reports and documents include:

1. E-mail sent to secure nhs.uk or gov.uk e-mails where the content is password protected (this is the preferred method of delivery).
2. Hand delivery by courier with signature to confirm receipt and the identity of the recipient.
3. Registered mail.

Health Board and local guidance on Information Governance must be consulted and adhered to.

9.5 Professional Opinion

A written provisional medical opinion should be provided to Social Services and, if applicable, the Police following the medical assessment. This will provide the interim medical opinion to aid Social Services and Police in making decisions regarding immediate safety planning.

The preliminary paediatric opinion proforma should be completed by the examining Clinician, verbally discussed with Social Services, and a paper or emailed copy provided. A copy should be retained and filed in the Child Health Record.

The results of the assessment, including of any investigations should be shared with the child / young person and their carer(s) if appropriate.

10 INVESTIGATIONS, FURTHER OPINIONS AND REFERRALS

It is the responsibility of the examining Paediatrician (and their where applicable) to decide what investigations are appropriate based on their assessment.

Wherever possible, medical investigations should be undertaken at the time of the CPMA. The results should be included within the formal written report.

Clinical acumen with regards to potential medical diagnoses, together with National and Local Safeguarding Guidelines, should be used to guide the investigation process.

Any investigations for which results are not immediately available must be clearly identified in the documentation. These should be followed-up, acted upon and appropriately recorded in the Child Health Record by a named professional. An addendum to the Child Protection Medical Report may be required when results are available, and should be shared with appropriate professionals following the guidance in paragraphs 6.1 and 6.3.

10.1 Imaging

Imaging investigations should be performed in accordance with local guidelines and the Royal College of Radiologists guideline - The Radiological Investigation of Suspected Physical Abuse in Children.

Written consent is required for skeletal surveys and CT heads that are performed as part of the assessment of suspected physical abuse.

10.2 Bloods

The Child Protection Companion recommends following the guidance in "Haematological evaluation of bruising and bleeding in children undergoing child protection investigation for possible physical maltreatment: A British Society for Haematology Good Practice Paper", which states that no laboratory investigations are required in the majority of cases who present with bruising, particularly older children, however they should be considered when:

- There is bruising in a pre-mobile child.
- There is unusual bruising pattern and/or bleeding that is out of proportion to the purported mechanism.
- There is bleeding at a critical site (e.g., ICH, retinal haemorrhage, gastrointestinal haemorrhage, intraspinal haemorrhage, haemarthrosis) with no correlating history of trauma or other explanation that adequately accounts for the bleeding.
- There is suspicion of coagulopathy from the personal history, family history and/or examination.

Suggested first-line investigations are a full blood count, blood film and basic coagulation screen (PT/APTT/fibrinogen).

First- and second-line testing is advised if there is bruising and a bleeding disorder suspected from the history, and/or there is unexplained bleeding at a critical site. This would include assays of factors II, V, VII, 1-stage and chromogenic VIII, IX, X, XI and XIII, von Willebrand disease testing and tests to assess platelet function.

Platelet aggregometry to assess platelet function in children who are aged <12 months should be avoided. It is suggested that second-line testing involves discussion between the responsible paediatrician and a haematologist.

When a fracture is suspected to be secondary to abuse, relevant biochemical blood tests are to be taken, in line with RCPCH guidance.

10.3 Ophthalmology

Ophthalmological examination by an experienced Ophthalmologist should be requested where appropriate in accordance with National and Local Guidance, including all suspected physical abuse in children under one year of age. The examining Doctor should contact the On Call Ophthalmology Registrar or Consultant to arrange a suitable time for this examination.

10.4 Referral to specialist services

Should an Orthopaedic review be required, the first referral should be to the local Orthopaedic Team. Specialist Paediatric Orthopaedic Services, metabolic bone clinic, haematology, dermatology and neurosurgery may also be considered. A child should be safeguarded until the required opinion has been obtained.

10.5 Dental assessment

It is recommended that all children assessed for potential medical neglect are also reviewed by a dentist if this has not occurred routinely within the last six months. Where concerns about potential dental disease are identified during the child protection medical assessment, CYP, their families and social workers should be signposted to a community dental review.

Intra-oral injuries should be referred to the local Maxillo-facial team via switchboard.

It is the responsibility of the Police to source a forensic Odontologist when further assessment of a bite mark is required.

11 SUPPORT FOR STAFF

11.1 The Staff Wellbeing Service can provide information on support available to staff within their health board.

12 RESOURCES, TRAINING and IMPLEMENTATION

12.1 Regular Level 3 Safeguarding training is available through the health board. Please contact the Corporate Safeguarding Team for more information.

12.2 Medical Staff will maintain competencies via Level 3 training, Peer review and observing and undertaking CPMAs. This is monitored via supervision and appraisal. Regular attendance at Peer review is also monitored (RCPCH recommends all paediatricians with a general or community

caseload should attend a minimum of four Peer Review meetings per year. It is essential that doctors are encouraged and job planned time to attend.)

12.3 Professionals acting as chaperone should be appropriately trained.

13 FURTHER INFORMATION - CLINICAL DOCUMENTS

Br J Haematol - 2022 - Biss - Haemato

Child Protection Companion (CPC) - RCPCH Child Protection Portal Peer Review in child protection - RCPCH Child Protection Portal

14 AUDIT

14.1 Regular monitoring and audit of aspects of the CPMA service should be undertaken.

14.2 Regular monitoring should include feedback from service users, including children and young people, their families and partner agencies such as Social Care and Police.

15 REVIEW

To be reviewed every 3 years, next review is the 2028

16 APPENDICES

16.1 APPENDIX ONE: CPMA CONTACT FORMS

Child Protection Advice and Referral Contacts

Conwy and Denbighshire

Local Authority referrals for a Child Protection Medical Examination

- To make or discuss a Child Protection Medical Examination Referral between **0900-1630 Monday to Friday** there is a Paediatrician On-Call for Safeguarding (Medicals will only be undertaken in the community when the child/young person arrives before 1600.)
  Please contact: **07785454343**

- To make or discuss a Child Protection Medical Examination Referral between **1630-0900 Monday to Friday or during weekends and Bank Holidays** the Paediatric Registrar On-Call will be available:
  Please contact Ysbyty Glan Clwyd switchboard on **03000 843843** and ask to speak with the On-Call Paediatric Consultant or Registrar.

In all cases the Paediatrian On-Call with decide the time and location that is in the best interest of the child and make the appropriate arrangements.

Local Authority queries regarding Child Protection Medical Examination that have already been undertaken

- In the first instance the secretary of the examining doctor or their supervisor should be contacted:
  Community Paediatric Service: **03000 856 199**
  Hospital Paediatric Service: **0300846330** (Ysbyty Glan Clwyd)

- If queries are urgent and the examining doctor is not available, please contact one of the Safeguarding Doctors for the County or Hospital. Please phone Paediatric Secretaries for availability.

  Assistant Named Doctor Safeguarding Children (Central IHC)
  Dr Hamilton Grantham
  hamilton.grantham@wales.nhs.uk
  Tel. **03000 855484**

  Lead Doctor Safeguarding Children, Conwy
  Dr Laura Morris
  laura.morris3@wales.nhs.uk
  Tel. **03000 855482**

  Lead Doctor Safeguarding Children, Denbighshire
  Dr Beca Parry
  beca.parry2@wales.nhs.uk
  Tel. **03000 853186**

Lead Doctor Safeguarding Children, Ysbyty Glan Clwyd
Dr Katie McArthur
katie.mcarthur2@wales.nhs.uk
Tel. **03000846335**

Safeguarding advice for all professionals

For Inpatients and patients within the Emergency Department 24/7

- The On-Call Paediatric Registrar is available 24/7 via Bleep

For patients in the community

- **09:00-17:00 Monday to Friday** there are Safeguarding Doctors covering BCUHB who are available to discuss matters not directly related to Child Protection Medical Examination requests
- In the first instance please contact the County Lead or Hospital Lead Doctor (see above)
- If the County Lead is unavailable, please contact the Assistant Named Doctor (see above) or the Named Doctor for BCUHB: David.Harkness2@wales.nhs.uk Tel. **03000 847178**
- **1630-0900 Monday to Friday or during weekends and Bank Holidays**, please contact Ysbyty Glan Clwyd switchboard on **03000 843843** and ask to speak with the On-Call Paediatric Consultant or Registrar.
- In addition, the Safeguarding and Public Protection Team Specialists are available 09:00-17:00 Monday to Friday: Tel. **03000 855500.**

Child Protection Advice and Referral Contacts

Gwynedd and Ynys Môn

Local Authority referrals for a Child Protection Medical Examination

- To make or discuss a Child Protection Medical Examination Referral between **0900-1630 Monday to Friday** there is a Paediatrician On-Call for Safeguarding (Medicals will only be undertaken in the community when the child/young person arrives before 1600.)
  Please contact: **07785454343**

- To make or discuss a Child Protection Medical Examination Referral between **1630-0900 Monday to Friday or during weekends and Bank Holidays** the Paediatric Registrar On-Call will be available:
  Please contact Ysbyty Gwynedd switchboard on **03000 840840** and ask to speak with the On-Call Paediatric Consultant or Registrar.

In all cases the Paediatrian On-Call with decide the time and location that is in the best interest of the child and make the appropriate arrangements.

Local Authority queries regarding Child Protection Medical Examination that have already been undertaken

- In the first instance the secretary of the examining doctor or their supervisor should be contacted:
  Community Paediatric Service: **07785 454343**
  Hospital Paediatric Service: **03000 840840** (Ysbyty Gwynedd)

- If queries are urgent and the examining doctor is not available, please contact one of the Safeguarding Doctors for the County or Hospital. Please phone Paediatric Secretaries for availability.

  Assistant Named Doctor Safeguarding Children (West IHC)
  Dr Sian Owen
  sian.h.owen@wales.nhs.uk
  Tel. **03000 850010**

  Lead Doctor Safeguarding Children, Gwynedd
  Dr Shona Perry
  shona.perry@wales.nhs.uk
  Tel. **03000 851615**

Lead Doctor Safeguarding Children, Ynys Môn
Dr Farah Ali
farah.ali@wales.nhs.uk
Tel. **03000 853186**

Lead Doctor Safeguarding Children, Ysbyty Gwynedd
Dr Mair Parry
mair2.parry@wales.nhs.uk
Tel. **03000 841296**

Safeguarding advice for all professionals

For Inpatients and patients within the Emergency Department 24/7

- The On-Call Paediatric Registrar is available 24/7 via Bleep

For patients in the community

- From **09:00-17:00 Monday to Friday** there are Safeguarding Doctors covering BCUHB who are available to discuss matters not directly related to Child Protection Medical Examination requests
- In the first instance please contact the County Lead or Hospital Lead Doctor (see above)
- If the County Lead is unavailable, please contact the Assistant Named Doctor (see above) or the Named Doctor for BCUHB: Dr David Harkness David.Harkness2@wales.nhs.uk Tel. **03000 847178**
- **1630-0900 Monday to Friday or during weekends and Bank Holidays**, Please contact Ysbyty Gwynedd switchboard on **03000 840840** and ask to speak with the On-Call Paediatric Consultant or Registrar
- In addition, the Safeguarding and Public Protection Team Specialists are available 09:00-17:00 Monday to Friday: Tel. **03000 851180**

Child Protection Advice and Referral Contacts

Wrexham and Flintshire

Local Authority referrals for a Child Protection Medical Examination

- To make or discuss a Child Protection Medical Examination Referral between **0900-1630 Monday to Friday** there is a Paediatrician On-Call for Safeguarding (Medicals will only be undertaken in the community when the child/young person arrives before 1600.)
  Please contact: **03000 84825 or 03000 848249**

- To make or discuss a Child Protection Medical Examination Referral between **1630-0900 Monday to Friday or during weekends and Bank Holidays** the Paediatric Registrar On-Call will be available:
  Please contact Ysbyty Wrexham Maelor switchboard on **03000 847847** and ask to speak with the On-Call Paediatric Consultant or Registrar

In all cases the Paediatrian On-Call with decide the time and location that is in the best interest of the child and make the appropriate arrangements.

Local Authority queries regarding Child Protection Medical Examination that have already been undertaken

- In the first instance the secretary of the examining doctor or their supervisor should be contacted:
  Community Paediatric Service: **03000 84825 or 03000 848249**
  Hospital Paediatric Service: **03000 847176** (Ysbyty Wrexham Maelor)

- If queries are urgent and the examining doctor is not available, please contact one of the Safeguarding Doctors for the County or Hospital. Please phone Paediatric Secretaries for availability.

  Assistant Named Doctor Safeguarding Children (East IHC)
  Dr Naila Raza
  naila.raza@wales.nhs.uk
  Tel. **03000 848250**

  Lead Doctor Safeguarding Children, Wrexham
  Dr Mohammed Sakheer Kunnath
  mohammed.kunnath@wales.nhs.uk
  Tel. **03000 848250**

Lead Doctor Safeguarding Children Flintshire
Dr Brahan Sathyamoorthy
brahan.sathyamoorthy@wales.nhs.uk
Tel. **03000 850046**

Lead Doctor Safeguarding Children, Ysbyty Wrexham Maelor
Dr Liz Richards
Liz.richards3@wales.nhs.uk
Tel. **03000 847176**

Safeguarding advice for all professionals

For Inpatients and patients within the Emergency Department 24/7

- The On-Call Paediatric Registrar is available 24/7 via Bleep

For patients in the community

- **09:00-17:00 Monday to Friday** there are Safeguarding Doctors covering BCUHB who are available to discuss matters not directly related to Child Protection Medical Examination requests.
- In the first instance please contact the County Lead or Hospital Lead Doctor (see above).
- If the County Lead is unavailable, please contact the Assistant Named Doctor (see above) or the Named Doctor for BCUHB: Dr David Harkness David.Harkness2@wales.nhs.uk Tel. **03000 847178**
- **1630-0900 Monday to Friday or during weekends and Bank Holidays**, please contact Ysbyty Wrexham Maelor switchboard on **03000 847847** and ask to speak with the On-Call Paediatric Consultant or Registrar
- In addition, the Safeguarding and Public Protection Team Specialists are available 09:00-17:00 Monday to Friday: Tel. **03000 848724**

16.2 ALL WALES CPMA PATIENT INFORMATION LEAFLET

Child Protection Medical

Information for Parents and Carers

Why does your child need a Child Protection Medical?
Your child is being seen by the doctor today because someone is worried about them. This could be because of an injury, event or something they have said. It is a way to look for injuries or medical problems that might need more investigation.

What happens at the Child Protection Medical?
You will need to give consent before your child is seen. The Doctor will explain what is going to happen. You should ask them any questions you have.

A children's doctor will ask about your child's life, health and any injuries. They may need to talk to other people who look after your child. Often children will talk to the doctor on their own.

Your child will be checked over thoroughly for any medical problems or injuries. Any marks will be measured, and photos may be taken with your permission. These photos will to be for the doctor's notes.
If tests are needed these will be explained to you. These could include blood tests, x-rays of the bones and scans of the head. A doctor may also look in their eyes. Some children will need more x-rays in 11-14 days. If this is the case any support at home will stay in place for this time. The least possible number of x-rays will be done. You can ask your doctor for more details.

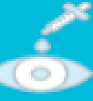
The medical review will take a few hours. Tests may not be done on the same day and the results may take time. If you need to stay in hospital this can take a few days. Tests are not normally done at the weekend.

What happens next?
There will be a meeting to plan what happens next. Police and Social Services will attend this meeting. Your Social Worker will let you know the result of this meeting.

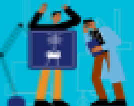
The Doctor will write a report for the other teams involved (Social Services and Police). We will let you know the outcome of any tests. We know the Child Protection process may cause stress. Please talk to the team if you need help or have any more questions.

Tests your child may need

General examination
Your child will have a top to toe examination. Any marks will be measured. Photos may be taken with your permission



Blood tests
Your child may need to have blood tests to look for signs of medical problems.



Eye test
A doctor may look into your child's eyes. They may use drops to make the pupil bigger. This will wear off in a few hours

Skeletal survey
This is a set of x-rays of the body. It takes about half an hour. A second set of x-rays will be needed in 11-14 days and any support will stay in place until then

CT head
This is a detailed scan of your child's head. It is quick and not painful

Gwasanaeth Diogelu Cenedlaethol
Diogelu GIG ar gyfer Cymru Ddiogelach
National Safeguarding Service
NHS Safeguarding for a Safer Wales

June 2025 review June 2027

16.3 ALL WALES CHILD PROTECTION MEDICAL PROFORMA

Confidential **MEDICAL EXAMINATION for SAFEGUARDING [Physical Abuse/Neglect]**	

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

Please tick 1 box: Parental home ☐ Relatives' home ☐

Residential home ☐ Foster Care ☐

Other ☐ (specify)______________________________

Patient known as:

Current/Temporary Address (if different)	

Please tick 1 box: Parental home ☐ Relatives' home ☐

Residential home ☐ Foster Care ☐

Other ☐ (specify) ____________________________

ALL CASES OF SUSPECTED/ALLEGED PHYSICAL INJURY/NEGLECT SHOULD BE OFFERED A MEDICAL EXAMINATION SUPERVISED BY A SENIOR PAEDIATRICIAN

SUMMARY OF GUIDELINES FOR USE:

- **ALL SECTIONS SHOULD BE ADDRESSED. NONE SHOULD BE LEFT BLANK.**
- Enter any extra care provided to show that needs, not covered by the guidelines, have been addressed.
- If it is appropriate to vary care; state in what way the patient's care will vary; explain the reason for the variance; describe what action is taken as a result.
- To meet legal requirements documentation should be accurate, contemporaneous and comprehensive.

National Safeguarding Service	**Date Approved: /2025**
Approved By: All Wales Safeguarding Network	**Review Date: 2028**

ALL CASES OF SUSPECTED/ALLEGED PHYSICAL INJURY/NEGLECT SHOULD BE OFFERED A MEDICAL EXAMINATION SUPERVISED BY A CONSULTANT

Page No

Referral Stage

- Agree time & venue of Assessment 3
- Notify Consultant Paediatrician 3

Assessment Stage

- Consent
  - Written informed consent from adult with Parental Responsibility 6
    (See guidelines on PR) 7
  - Written informed consent from child/young person if appropriate 6

    N.B. YOU CANNOT PROCEED WITHOUT CONSENT

- Assessment by paediatrician of at least Registrar grade
  - Genogram 9
  - History 10-12
  - Physical Examination 13 - 19
  - Investigations 20-22
  - Discussion with Consultant Paediatrician 22
  - Final Conclusion 23

Discharge Stage

- Immediately notify Children's Services of outcome of assessment 24
- Write to GP 24
- Complete Care pathway 24
- Complete Child Protection Notification to Named Nurse via Link Nurse for Child Protection 24

Post Assessment Stage

- Follow-up arrangements if necessary 25
- Referral for further investigations if necessary 25
- Ensure child/young person and adults with PR have fully understood process 25

Peer Review 26

Preliminary Paediatric Opinion 27

Appendix: Ophthalmology Examination 28

ALL CASES OF SUSPECTED/ALLEGED PHYSICAL INJURY/NEGLECT SHOULD BE OFFERED A MEDICAL EXAMINATION SUPERVISED BY A CONSULTANT

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

CONTACT/NOTIFICATION

- The person that receives the notification of alleged abuse, should contact the Registrar on duty.
- The Doctor examining the child/young person **must notify Consultant Paediatrician**.

To be completed by the Registrar on duty. NAME:	
Date of Telephone call:	
Time of Telephone call:	: (please use 24 hour clock)
Name of person calling:	
The Service/Role of the person calling:	
Are Social Services involved at this point?:	Yes ☐ No ☐
If NO, immediately inform Social Services Duty Desk	
Name of Social Worker informed:	
Name of Consultant notified:	
Date notified:	
Time notified:	: (please use 24 hour clock)
Discussion regarding siblings/ other vulnerable children	Action: NA
Brief details of alleged abuse incident:	

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

ON ARRIVAL

- Has the procedure been explained to child/young person, parent(s)/carer(s)? YES ☐
- Has the All Wales CPMA patient information leaflet been given to the family? YES ☐

Who has parental responsibility: - (see guidance notes opposite)	
Relationship:	
Address:	
Telephone no:	

Is the child on the Child Protection Register: YES ☐ NO ☐

Social worker name and Tel No: If YES, state category: …………………………….

Are there any court orders in respect of the child/young person: YES ☐ NO ☐

If YES please state:

OTHER DETAILS

- **If child is not registered with GP—Notify Children Services Immediately**

G.P. Name	
G.P. Address	
First language:	
Health Visitor	

Interpreter required: YES ☐ NO ☐

Name of School Attended:	

Nursing comments:

GUIDANCE NOTES

Parental Responsibility

Parental responsibility was introduced by the Children Act 1989 & amended by the Adoption & Children Act 2002. It is required in order for legal consent to be given for the examination/treatment of a child under 16 years.

Who has it:

Mother	Always
Married Father	From the point of marriage (before or after the birth)
Unmarried Father	Since December 2003—if he is named on the birth certificate, or, if not on birth certificate obtain through court
Relatives	Only if they have a Residence / Child Arrangement Order for the child.
Local Authority	If they have an Emergency Protection Order or a Care Order (In both cases they must be consulted)
Others	At adoption (this is the only time parents lose Parental Responsibility)

Court Orders

Police Powers of Protection	Last up to 72 hours. Allows child to be removed to place of safety
Emergency Protection Order	Lasts up to 8 days. Local Authority has Parental Responsibility for duration of order but PR for CPMA has to be stipulated in the order.
Care Order	Lasts until the child's eighteenth birthday or until revoked by the court. Gives the Local Authority parental responsibility in addition to the parents.
Residence Order/ Special guardianship	States where a child is to live. Also give parental responsibility to the person to whom the order is made.

Fraser/Gillick Guidance for children/ young people under 16 years giving consent

- Does s/he, although under sixteen, understand the advice from the health professionals?
- The health professional has discussed parental involvement, but is unable to persuade the individual to inform their parents.
- His/ her mental or physical health may suffer if treatment is not given.
- Advice or treatment is in his/ her best interest with or without parental involvement.
- For those over 16, the MCA principles should be referenced.

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

Consent Form 3
Patient/Parental agreement to investigation or treatment
(Procedures where consciousness not impaired)

Name: (PRINT) ………………………………………………………….. Job Title: …………………………………………..…………

CONSENT TO MEDICAL EXAMINATION

1………………………………………………………………………………………….………

of…………………………………………………………………………………………….…..

Doctor to delete what does NOT apply

Examination

1. Consent to a full medical examination ☐

2. Consent to written confidential report being sent to the General Practitioner, Social Services/ Police/CPS ☐

3. Consent to the collection of specimens for laboratory/forensic tests ☐

Regarding photographs

4. Consent to photographs being taken for medical case notes ☐

5. Consent to photographs being taken and seen by other doctors to help interpretation of clinical findings and quality of service ☐

6. Consent to photographs being used for teaching of medical nursing and healthcare staff and students ☐

7. Consent to photographs being presented as part of medical evidence in Court. ☐

The procedure has fully explained to me and I have had the opportunity to have any questions I might have answered. I understand that I have the right to withdraw my consent at any stage during the examination. The patient has the right to withdraw consent (regarding photographs) at a later date.

This explanation has been given to me by: Doctor ………………………………………………………………………

Signed……………………………………………………………………………………..
Child where appropriate

Signed…………………………………………………………………………………….. Date………………………………..
Parent, Person with parental responsibility

Doctor's signature………………………………………………………………………….. Date………………………………….

Witness……………………………………………………………………………………….. Date……………………………………..

Radiology/Investigations

8. I have read the radiology information sheet, including the associated radiation risks ☐

9. I consent to skeletal survey being performed ☐

10. I consent to CT scan being performed (if this is required) ☐

11. I agree to attend for follow-up skeletal survey imaging in 11-14 days ☐

I understand that I have the right to withdraw my consent at any stage during the examination. The patient has the right to withdraw consent (regarding photographs) at a later date.

Signed…………………………………………………………………………………….
Child where appropriate

Signed……………………………………………………………………………………. Date………………………………….
Parent, Person with parental responsibility

Doctor's signature…………………………………………………………………….. Date……………………………………

Witness………………………………………………………………………………………….. Date………………………………………..

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

ASSESSMENT

THIS SECTION TO BE COMPLETED BY THE DOCTOR UNDERTAKING THE MEDICAL EXAMINATION			
Time assessment commenced:	**: 24 hr**	**Date of examination:**	
Name of the supervising Doctor: (Please print name clearly)			
Name of Doctor carrying out assessment: (Please print name clearly)			
Give details of anyone present for part or all of the assessment			

Name	Title	Role/Relationship

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

FAMILY STRUCTURE

Draw Genogram – 2 generations including DOB if possible (Please give cause of death for deceased siblings)

Family Social History:

	Carer 1	Carer 2
Name		
Age		
Occupation		
Housing		
Pets		
Drug Use		
Alcohol Use		
Smoking		
Health		
Domestic Violence		
Known to Social Services		
Known to Police		

KEY

Male **Female** **Gender Unknown**

Death ……….. **Transitory Relationship** **Separation** **Divorce**

History of incident

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

History from Social Worker/Police:
History from Carer:

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No	
Name	
DOB	
Main Address	

History of incident

History from CYP:

History from Other:

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

HISTORY

	History obtained from: -
1.	**Family History e.g., bleeding disorders, brittle bones, SIDS, learning difficulties, smoking, mental health problems, drug and alcohol problems, domestic abuse:**
2.	**Birth History:**
3.	**Past medical history, visits to A&E, current medication and treatment, check electronic records:**
4.	**Immunisations:**
5.	**Developmental milestones:**
6.	**Behavioural history:**
7.	**Systems history:**

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

MEDICAL EXAMINATION

Height (Centile) ______________________ **Head Circumference (Centile)** _______________

Weight (Centile) ______________________ **BMI (Centile)**______________________

General appearance (nails/hair/cleanliness/clothing):

See next page for list of skin findings/injuries

Child/young person's attitude and behaviour during examination:

General demeanour of child/young person, parent-child/young person interactions etc:

ENT and Oral Cavity (dentition/frenulum)

CVS

RS

Abdo

CNS (Fundi if indicated)

External genitalia (where applicable)

Signature of Doctor		Date:	

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

List of skin findings

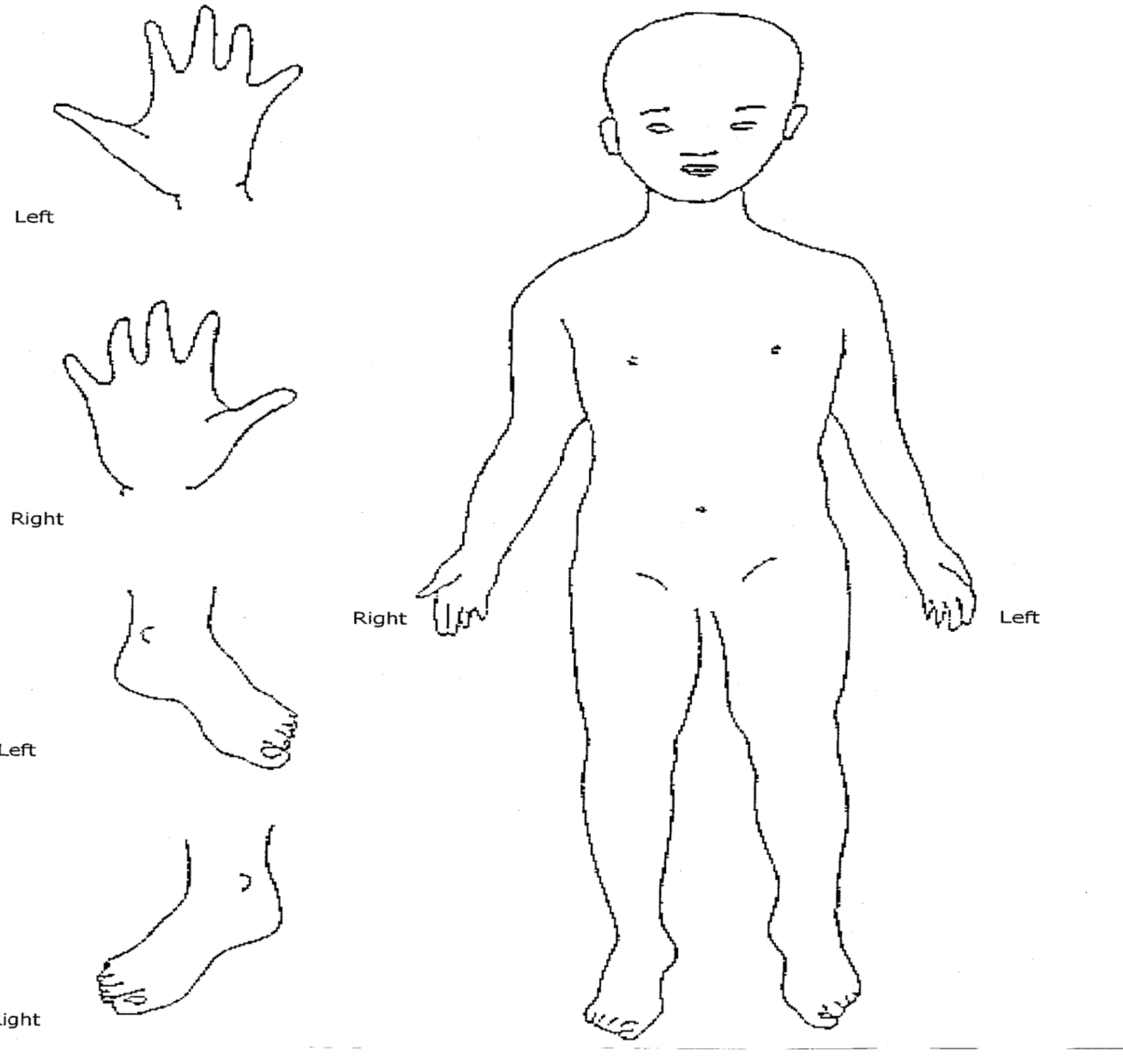
Details: List any external findings, then number and mark on body chart. Please include any injuries seen and findings such as birth marks, skin conditions etc.

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

BODY CHART 1.

- Please record all injuries and findings including colour, measurements, appearance, imprint marks etc. where relevant and SIGN

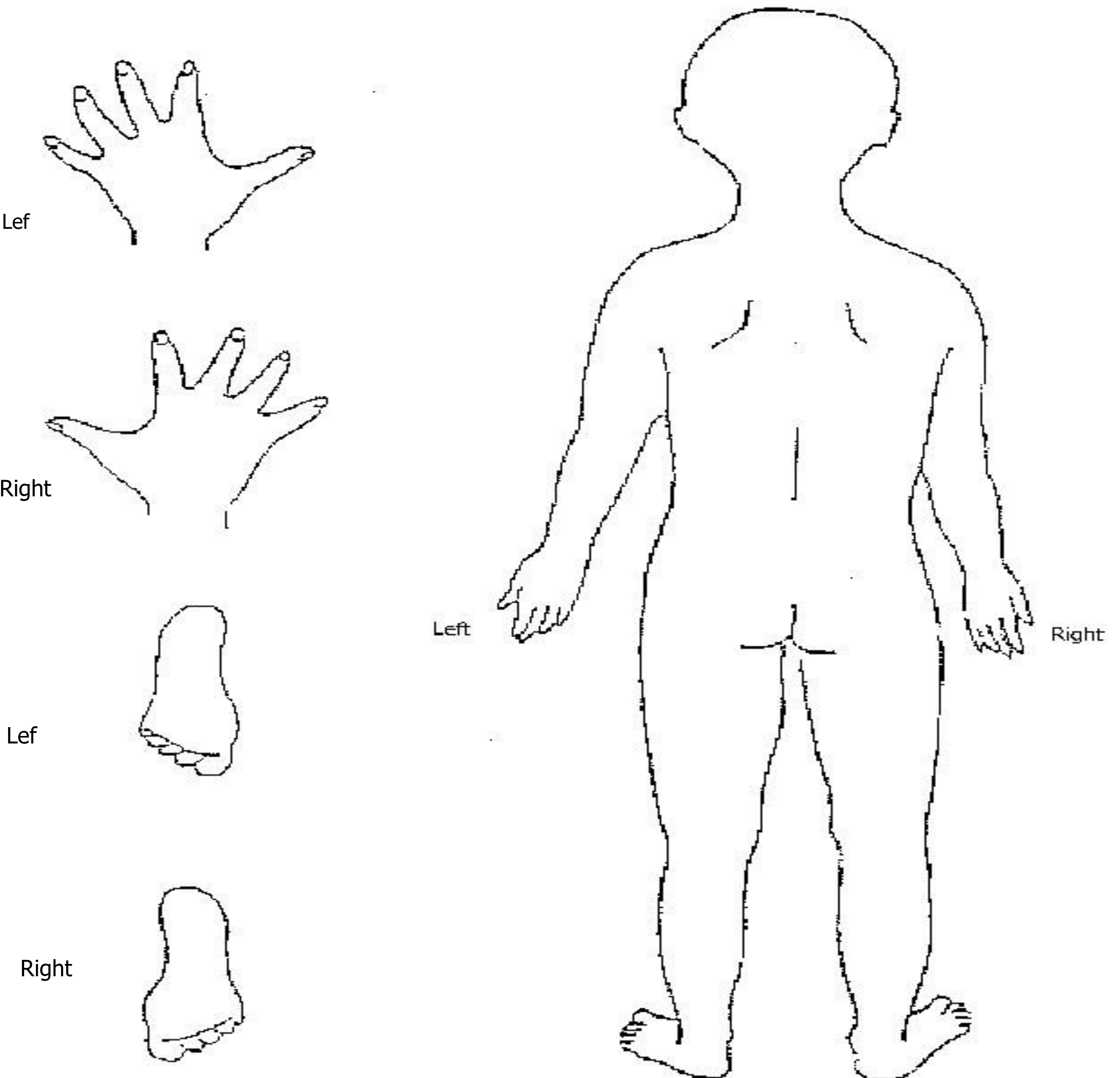


Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

BODY CHART 2.

- Please record all injuries and findings including colour, measurements, appearance, imprint marks etc. where relevant and SIGN

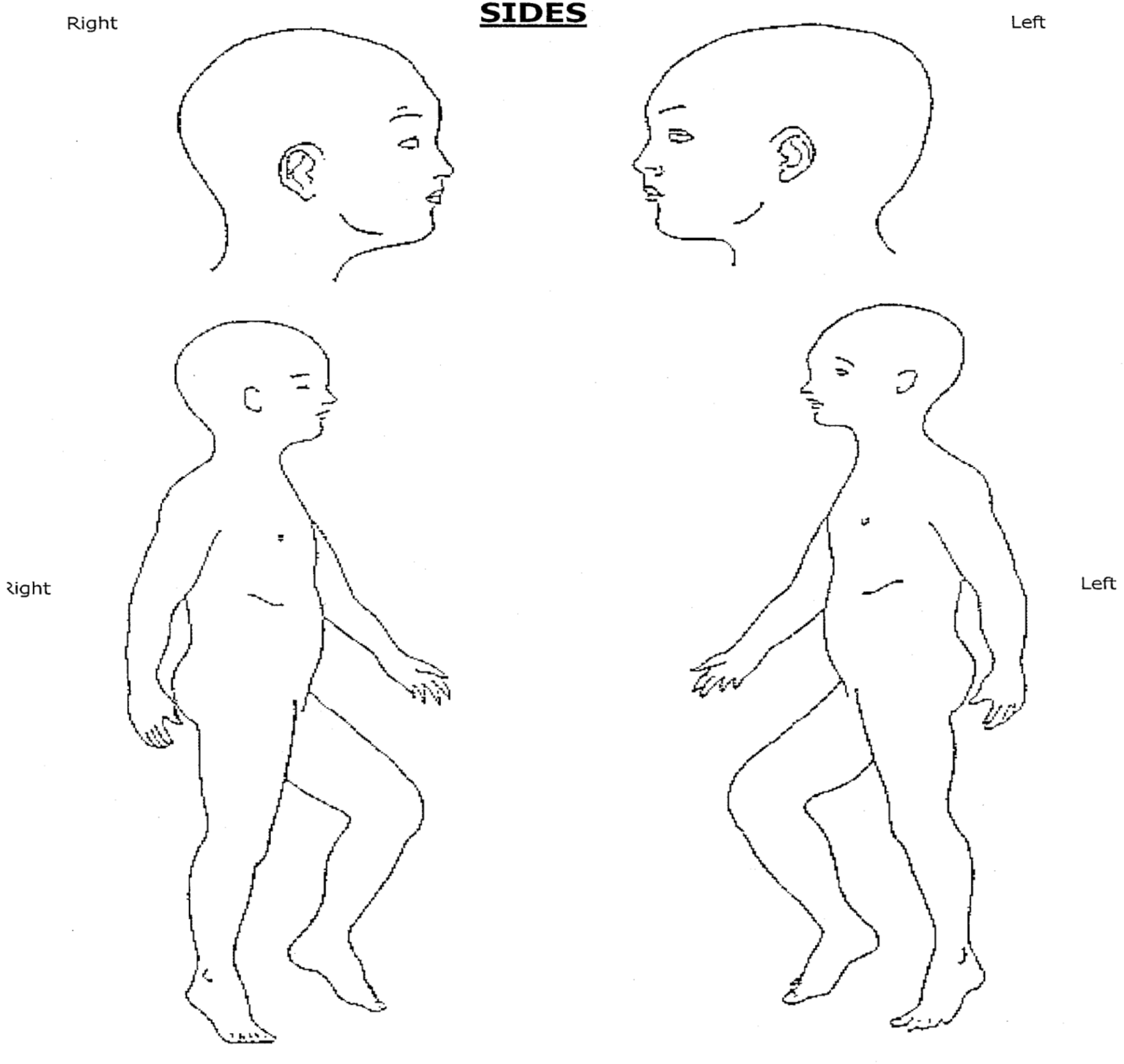


Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

BODY CHART 3.

- Please record all injuries and findings including colour, measurements, appearance, imprint marks etc. where relevant and SIGN

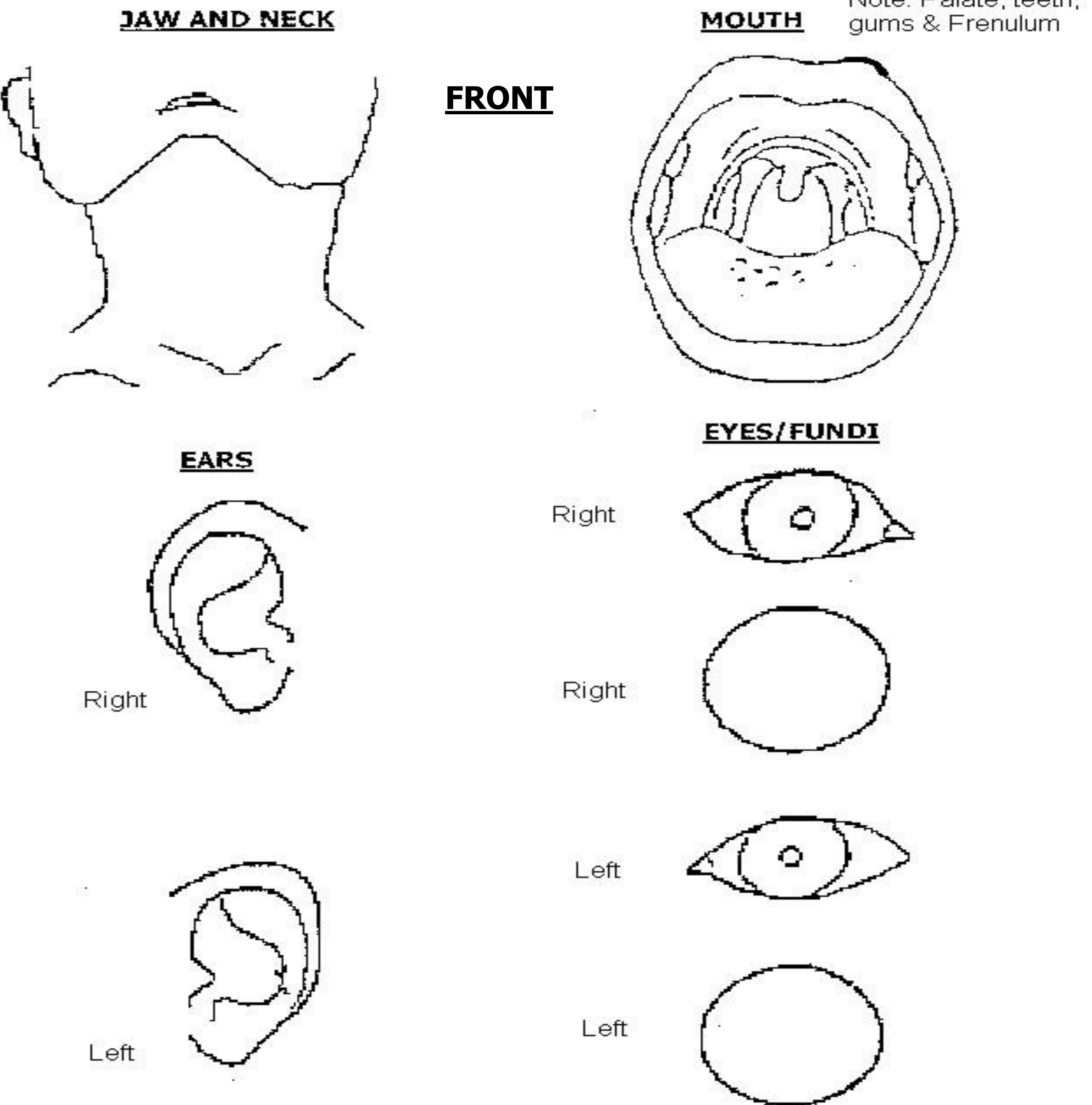


Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

BODY CHART 4.

- Please record all injuries and findings including colour, measurements, appearance, imprint marks etc. where relevant and SIGN



Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

RCPCH Guidance

Haematology

INDICATIONS
Investigations are generally not indicated when the only bruising is clearly the result of a slap or
blow with an instrument

Any child with unusual bruising or bleeding out of proportion to the injury sustained including in pre-mobile children

FIRST LINE INVESTIGATIONS PT, APPT, Fibrinogen, Full blood count and film.

SECOND LINE INVESTIGATIONS
If abnormalities, discuss with Haematology and perform 2nd line investigations.

If any indications in the history or examination of a bleeding disorder or bleeding at a critical site then perform second line tests at the same time if possible.

Further guidance at British Society of Haematology Good Practice Paper 2022 https://onlinelibrary.wiley.com/doi/full/10.1111/bjh.18361

Biochemistry

INDICATIONS
Presence of a fracture where physical abuse is suspected.

Bone biochemistry to be requested in all children having a skeletal survey for suspected physical abuse

FIRST LINE INVESTIGATIONS Calcium, phosphate and alkaline phosphatase, Vitamin D levels and para-thyroid hormone.

Skeletal Survey (to be repeated at day 11-14)

INDICATIONS
All children less than two years of age where physical abuse is suspected

SHOULD ALSO BE CONSIDERED;
Severe inflicted injury in a child older than two years;
A child with localised pain, limp or reluctance to use limb where abuse is suspected
A child with previous history of skeletal trauma and suspected of abuse
A child with unexplained neurological presentation or suspected
Abusive Head Trauma
A twin of an infant (or sibling less than 2 years) with signs of physical abuse.
Older children with a disability and suspected physical abuse.

Ophthalmology Examination

INDICATIONS
Suspected physical abuse in children under 2 years of age.

Investigations where there is a high clinical suspicion of Abusive Head Trauma

See RCPCH Child Protection Companion for Guidance.

CT Abdomen with contrast

INDCATIONS
Children with suspected abusive abdominal injury

Children with abusive visceral injuries frequently have multiple viscera involved

CT Head

INDICATIONS
Any infant under one year of age where there is evidence (signs or suspicion) of physical abuse, and should be considered in children up to the age of two years.

Any concerns regarding Acute Head Injury in Infants and Young Children which may include; unexplained sudden collapse neurological symptoms or signs enlarging head circumference persistent uniform CSF bloodstaining haemorrhagic retinopathy.

When there are positive signs on CT a follow up MRI should be performed.

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

CLINICAL OPINION and PLAN OF INVESTIGATIONS

THIS SECTION **MUST** BE COMPLETED

Name of Doctor:		**Grade: ....**	
Normal exam		**Abnormal Findings**	

CLINICAL OPINION
PLANNED INVESTIGATIONS
Please note: Medical Photography is recommended if there are any visible external bruising / injuries

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

INITIAL DISCUSSION WITH CONSULTANT

RECORD OF DISCUSSION WITH SUPERVISING PAEDIATRICIAN

Consultant name:			
Normal exam		**Abnormal Findings**	

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

INVESTIGATIONS RESULTS

TEST	DATE	RESULT
FBC		
COAGULATION		
Factor VIII		
VWF		
Bone Profile		
Vit D		
PTH		
Skeletal Survey		
Bone Scan		
CT Head		
Ophthalmology		See Appendix
Others		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

FINAL CONCLUSION

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

Discharge / Outcome of Medical

- The Paediatrician with responsibility for the Child Protection medical must agree the discharge of the child.
- The examining Paediatrician is responsible for ensuring the immediate notification of Social Services (if they are not already aware)
- Immediate Protection Issues—If necessary, contact police to exercise Police Powers of Protection
- the examining Paediatrician will write to the GP informing him/her of the circumstances and conclusions of the Medical Examination.
- Social Services will notify the police, if necessary, of the circumstances and conclusions of the Medical Examination.
- Ask the child/young person (if they are old enough to understand) and the parent/carer if there is anything they did not understand about the Health Assessment and if they are clear as to what is to follow in the future regarding their health needs.

Date Discharged:		**Time discharged**: : (please use 24 hour clock)
Has Paediatrician with responsibility for CPMA Agreed Discharge	**Yes** □	

If a representative from Social Services did **NOT** attend the medical examination, the outcome **MUST** be discussed with a Social Worker. (Including the child/young person's immediate and long-term health needs)			
Have Social Services agreed to the child being discharged?		YES □	
Name of Social Worker contacted:			
Date:		Time: : (please use 24 hour clock)	
Were Emergency Powers used?	Police Powers of Protection	YES □	NO □
	Emergency Protection Order	YES □	NO □

GP letter sent:	Date:	Report sent to Social Services:	Date:
Child/Young Person discharged to:			
Contact name for where child/young person is living on discharge.			
Relationship of contact name to child/young person.			
Address if different from above:			
Telephone Number:			

DISCHARGE - NURSING

Inform Paediatric Liaison Health Visitor	YES □
Nursing Child Protection Form Completed	YES □
Sent to Senior Nurse Advisor, Directorate Management Offices	YES □

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

FOLLOW UP PLANS

FOLLOW UP	
Is follow up with Paediatrician required?:	YES ☐ NO ☐
If **YES**, please specify:	
Further Medical Investigations: YES ☐ NO ☐	
If **YES** , is it one of the following?:	
Radiology	YES ☐ NO ☐
Orthopaedic	YES ☐ NO ☐
Others (please specify):-	

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No Name DOB Main Address	

PEER REVIEW DISCUSSION

DATE OF DISCUSSION
Consensus Agreement/Disagreement (delete as appropriate)
OUTCOME AND ACTIONS

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

PRELIMINARY PAEDIATRIC OPINION

Photocopy to be provided to Social Worker and police

Findings

Opinion (Subject to change if further information/evidence is presented at a later date. All cases are peer reviewed)

Level of Concern (circle one as appropriate)

Mark(s) _____________ has/ve clearly been caused by an inflicted/non-accidental injury and therefore I would recommend safeguarding the child and siblings (delete as appropriate) and continuing with Section 47 proceedings.

Mark(s) ______________ is highly concerning of an inflicted/non-accidental injury and therefore I would recommend safeguarding the child and siblings (delete as appropriate) and continuing with Section 47 proceedings.

On the balance of probabilities, it is more likely that Mark(s) ____________ have been caused by non-accidental injury and therefore I would recommend safeguarding the child and siblings (delete as appropriate) and continuing with Section 47 proceedings.

Mark(s)______ is non-specific and with no clear explanation I am unable to comment on how it has been caused.

On the balance of probabilities, it is more likely that Mark(s) ____________ have been caused accidentally.

Mark(s)_____ is highly likely to have been/has been (delete as appropriate) caused accidentally

Patient Details / STICKER:	
Hosp. No.	
Name	
DOB	
Main Address	

APPENDIX: OPHTHALMOLOGY PROTOCOL

(Children under 2 years)

Referral to be made directly to Ophthalmology middle grade or Consultant Needed? Yes / No

Consultation Requested By:	
Reason for Consultation Request:	
Date and time of examination:	
Vision: Pupil:	

Fundoscopy examination:

Pupils dilated with Phenylephrine 2.5% and Tropicamide 1% YES/NO If NO why ....

Examined with the indirect Ophthalmoscope and 28 dioptre lens YES/NO If NO why ....

Right Eye	Left Eye

Fundus

Details

Number of Retinal Haemorrhages

(1 to 10 or too numerous to count)

Levels of retinal haemorrhages

Distribution of RH

Name of Doctor completing the assessment (please print clearly)		Enter date in box below
Signature of Doctor		