Procedure For Following Up Emergency Department Attendances & Hospital Discharges Concerning Children.

Standard Operating Procedure (SOP)	
Ref No: 2149 **Version 1**	
Prepared by: Named Nurse for Safeguarding Children	
Presented to: Care and Clinical Policies Group Chief Nurse Medical Director	**Date:** 19 April 2017 9 May 2017 9 May 2017
Ratified by: Care and Clinical Policies Group Chief Nurse Medical Director	**Date:** 19 April 2017 10 May 2017 16 May 2017
	Review date: 18 May 2020
Relating to policies: G1248 Child protection G2075 Child Protection Policy	

1. **Purpose of this document:**
   The purpose of this document is to assist health visitors and school nurses within Torbay and South Devon Health NHS Foundation Trust (TSDFT) to manage discharge of children and young people from hospital settings including emergency care settings such as emergency departments and minor injuries units to identify risk and prevent further harm.

2. **Scope of this SOP:**
   This SOP applies to Health Visitors and School Nurses
   The SOP will:
   - Promote effective communication pathways and systems which co-ordinate. children's care between hospital and community services.
   - Identify children and families who require increased support or services.
   - Safeguard children and young people and promote their welfare.

3. **Competencies required:**
   All staff employed by TSDFT will have:
   - Training to the appropriate level of child protection for their role.
   - Knowledge regarding accident prevention.
   - Knowledge to manage minor illness.

   In addition Trust staff will be aware of the following policies and guidance:
   South West Child Protection Procedures:
   http://www.proceduresonline.com/swcpp/ (checked 03.03.17)

Torbay and South Devon NHS Foundation Trust Child Protection Policy: https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2075.pdf (checked 03.03.17)

Trust staff will know how to access support and supervision from the Safeguarding Children Team:
https://icon.torbayandsouthdevon.nhs.uk/areas/safeguarding-children/Pages/default.aspx (checked 03.03.17)

4. Procedure for Attendance at Emergency Department (ED) and Minor Injury Units (MIU) :

On receipt of a notification of a child or young person attending ED or MIU the following process should be followed:

4.1 Health Visitor:

- Attendance of children at Torbay and South Devon emergency departments or minor injury units will be forwarded to the health visiting team twice weekly by the child health department electronically. These will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team (SCPHN) who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Where concerns have been raised by Torbay and South Devon NHS Foundation Trust staff in emergency department or minor injury unit these will be forwarded to the health visiting team by paediatric liaison as a notification via email. This notification will be discussed at the allocation meeting and assigned to a member of the Specialist Community Public Health Nursing team (SCPHN) who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
  NB: Paediatric Liaison is available for further details if required paedlaiaisonteam.sdhct@nhs.net 01803 655 840 Monday- Friday 09:00-17:00
- Where notifications are received from emergency departments outside of the Trust the notification will be discussed at the allocation meeting and assigned to a member of the Specialist Community Public Health nursing team (SCPHN) who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Attendance and actions will be recorded on PARIS in case notes and will advise *"For further details see WinDip".*

Points for consideration:
It is expected that health visitors will use their own professional judgment to follow up attendance at emergency department and minor injury units however the following vulnerability factors should be considered but is not an exhaustive list:

1. Child on CP (child protection) plan or CIN (child in need).
2. Looked After Children.
3. Feeding difficulties in infants.
4. Fractious irritable baby with no identifiable underlying cause.
5. Parental / family problems and stress.
6. Frequent attendance ie: 3 attendances in 12 months.

4.12 School Nurse:

- Where concerns have been raised by TSDFT staff in emergency department or minor injury unit these will be forwarded to the school nursing team by paediatric liaison as a notification via email. These notifications will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
  NB: Paediatric Liaison is available for further details if required paedlaiaisonteam.sdhct@nhs.net 01803 655 840 Monday- Friday 09:00-17:00
- Where notifications are received from emergency departments outside of the Trust the notification will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Attendance and actions will be recorded on PARIS in case notes and will advise *"For further details see WinDip"*

Points for consideration:
It is expected that school nurses will use their own professional judgment to follow up attendance at emergency department and minor injury units however the following vulnerability factors should be considered but is not an exhaustive list:

1. Child on CP (child protection) plan or CIN (child in need).
2. Children Looked After.
3. Children diagnosed with a life changing medical condition.
4. Mental health including self-harm not known to Child Adolescent Mental Health Services (CAMHS).

5. Substance misuse where there is no involvement from Checkpoint.
6. Assault.
7. Sexual health worries or concerns

4.2 Discharge from Hospital settings

On receipt of a notification that a child or young person has been discharged from a hospital setting, the following process should be followed:

4.22 Health Visitor

Notifications requiring attention by the health visitors regarding discharges from Torbay and South Devon hospital settings will be sent by Paediatric Liaison via email within 2 working days of attendance. For attendance at other hospital settings these may be sent by post or email.

- This notification will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Where notifications are received from hospital settings outside of the Trust the notification will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team (SCPHN) who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Attendance and actions will be recorded on PARIS in case notes and will advise *"For further details see Windip"*

Points for consideration:

It is expected that health visitors will use their own professional judgment to follow up paediatric liaison and discharges from hospital settings however the following vulnerability factors should be considered but is not an exhaustive list:

1. Identified child protection/safeguarding concerns.
2. Child on CP (child protection) plan or CIN (child in need)
3. Looked After Children
4. Child safety concerns particularly relating to parenting capacity / supervision or environmental factors.
5. Feeding difficulties
6. Growth / developmental problems
7. Convulsions or fits
8. Newly diagnosed medical conditions or disability.
9. Significant parent/family problems or stresses
10. Head injuries
11. Burns or scalds
12. Discharge against medical advice

4.23 School Nurse:

Notifications requiring attention by the school nurses regarding discharges from Torbay and South Devon hospital settings will be sent by Paediatric Liaison via email within 2 working days of attendance.

- The notification received will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required which may include a telephone call to the parent / carer.
- Where notifications are received from hospital settings outside of the Trust the notification will be discussed at the allocation meeting and assigned to a member of the specialist community public health nursing team who will triage these attendances within 10 working days of receipt of notification using WinDip to inform decision making as required.
- Attendance and actions will be recorded on PARIS in case notes and will advise for further details see “Windip”

Points for consideration:

It is expected that school nurses will use their own professional judgment to follow up paediatric liaison and discharges from hospital settings however the following vulnerability factors should be considered but is not an exhaustive list:

1. Identified child protection concerns
2. Child on CP (child protection) plan or CIN (child in need)
3. Looked After Children
4. Safety concerns – supervision, risky lifestyles, Child Sexual Exploitation (CSE), vulnerability such as substance abuse.
5. Mental health including self-harm not known to CAMHS
6. Assault where no support services are engaged with the young person.
7. Newly diagnosed conditions or disability.
8. Where child/young person discharged against medical advice.

NB: As the Trust has several information systems where health information is stored, practitioners should check these systems to inform decision making at all times e.g.WinDip; Care Plus and any other systems such as paper records when held.

When attending Child Protection Meetings hospital attendance should be considered when compiling reports.

NB: Paediatric Liaison is available for further details if required paedlaiaisonteam.sdhct@nhs.net 01803 655 840 Monday- Friday 09:00-17:00
Safeguarding Children Team are available for advice support as required:

https://icon.torbayandsouthdevon.nhs.uk/areas/safeguarding-children/Pages/default.aspx (checked 03.03.17)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	18 May 2017	New	Care and Clinical Policies Group Chief Nurse Medical Director
1		2 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☒	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process?	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☒	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Details *(please state):*			

NHS South Devon and Torbay Clinical Commissioning Group Torbay and South Devon NHS NHS Foundation Trust

Policy Title (and number)	**Procedure for following up Emergency Department Attendances & Hospital Discharges Concerning Children.**	**Version and Date**	*1 06.02.17*
Policy Author	Named Nurse Safeguarding Children		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Professional head of Service health Visiting and School Nursing; Paediatric Liaison; named Nurse Safeguarding Children; Team Leader School Nursing; Team leader health Visiting

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:

By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Named Nurse for Safeguarding Children	**Signature**	
Validated by (line manager)	Director of Nursing and Professional Practice	**Signature**	