

Standard Operating Procedure	
Title: Procedure for following up children's A&E Department attendances & hospital discharges into the Torbay area	
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Presented to: Care and Clinical Policies Sub-Group	Date: 18.02.2015
Ratified by:	Date: 18.02.2015
	Review date: 01/01/2017
Links to policies: Child Protection Policy	

Purpose Of This Document:

The purpose of this document is to assist professionals within Torbay and Southern Devon Health & Care Trust to manage discharge of children and young people from emergency care settings such as emergency departments and minor injuries units and identify risk and prevent further harm .

Each year in the UK, non-fatal injuries result in more than 6 million visits to A&E departments and approximately 2 million of these are children.

Unintentional injuries are a leading cause of deaths among children aged 1 – 14 years and puts more children in hospital than any other cause. This is a major concern for all those seeking to improve health and to safeguard children.

Up to half of infants less than twelve months and a quarter of older children will attend an emergency care setting each year. Children under five years old carry a disproportionate burden of injuries from falls and fires. They suffer nearly 45% of all severe burns and scalds. About 50% of these happen in the kitchen and 50% of all injuries to the under-fives occur in the home. In any one year, one in eleven children will be referred to a hospital outpatient clinic and one in fifteen will be admitted to hospital. (*NICE 2014*)

In order to provide seamless care to children and young people, there needs to be effective pathways and information in emergency care settings and primary care services. *Royal Collage of Paediatrics and Child Health Standards for Children and Young People in Emergency Care Setting (2012)*.

Following the Laming Inquiry into the death of Victoria Climbié (*DH 2003*), recommendations were made that information relating to a child's attendance at Accident & Emergency Department, discharge from hospital and follow-up appointments should be shared with primary care and community services to ensure an effective handover or care and provision of services.

Scope of this SOP:

- 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.
- Safeguarding children and young people and promote their welfare.

Competencies Required:

All staff employed by Torbay & Southern Devon Health & Care Trust will have been trained to the appropriate level of child protection for their role.

Torbay & Southern Devon Health & Care Trust staff will be aware of the South West Child Protection Procedures www.swccp.org.uk and local child protection policies via <http://www.torbaycaretrust.nhs.uk>

Torbay & Southern Devon Health & Care Trust staff will know how to access support and supervision from the Safeguarding Children Team.

Patients Covered:

This SOP is applicable to all children, young people and families that live or go to school in the Torbay area.

Procedure:

1. Health Visitor Response to Emergency Care Attendance:

- a) All notifications of pre-school children who attend the A&E Department will be forwarded to the relevant HV by Paediatric Liaison Team. Child Health Department will forward minor injury attendances
- b) Ambulance attendances will be forwarded to the relevant HV by the Safeguarding Team.
- c) Accident & Emergency, ambulance and minor injury staff will inform the parent/carer of the child that information relating to their child's illness/injury will be shared with their GP and Health Visitor.

The Health visiting Team should make contact with the parents within 10 working days following receipt of notification.

The following may require a home visit following a professional assessment considering:

- Where Safeguarding concerns have been identified
- Looked After Children

- Child safety concerns particularly in relation to supervision, parenting capacity or environmental factors.
- Feeding difficulties in babies under 12 weeks
- Growth and developmental issues.
- Fractious, irritable baby with no identifiable underlying medical cause.
- Identified significant family or parental problems and stresses.
- Frequent attendance at A&E, Minor Injury Unit (MIU), 3 attendances within a 6 month period.

Recording:

All notifications and attendances at A&E, MIU or ambulance service should be documented in the child's record and outcome recorded where a contact/home visit is undertaken.

2. School Nurse Response to Emergency Care Attendance:

- a) Notifications of attendances at A&E department are screened by the Paediatric Liaison Team and forwarded to the relevant school nurse for follow up in the community.
- b) Child Health will inform school nurses of attendance at MIU.
- c) Safeguarding Team will inform school nurses of ambulance attendance.
- d) Parents/carers and the young person are informed by the emergency services that notification of their attendance will be shared with their GP and school nurse.

The following attendances require a contact within 10 working days: This can be a letter or telephone contact decided by the school nurse.

- Where child protection/safeguarding concerns have been identified including Looked After Children.
- Self-harm – where there is **no** involvement with Mental Health Services
- Alcohol/substances misuse – where there is **no** involvement from substance misuse treatment services.ie Checkpoint.
- Assault
- Emergency contraception – where sexual health outreach is **not** offering support.

Recording:

All notifications of attendances and A&E Department, MIU and ambulance services should be recorded in the child's record and subsequent action and outcome **if** a contact has been undertaken.

3. Health Visitor Response to Notification of Discharge from Hospital of Pre-School Children.

Notification of discharge from hospital for pre-school children will be forwarded to the Health Visitor by Paediatric Liaison Service.

A telephone contact with the family should be made within 10 working days following discharge for the following discharges:

- a. Identified child protection/safeguarding concerns including Looked After Children
- b. Child safety concerns particularly relating to parenting capacity/supervision or environmental factors.
- c. Feeding difficulties
- d. Growth developmental problems
- e. Convulsions or fits
- f. Newly diagnosed conditions or disability.
- g. Significant parent/family problems or stresses
- h. Head injuries
- i. Burns or scalds
- j. Discharge against medical advice

NB: All these issues may require follow up with a home visit

Recording:

This information should be recorded in the child's record and any subsequent action relating to the contact to be documented.

4. Notification of discharge for school age children

Notification of hospital discharge for all school age children will be forwarded to the relevant school nurse by the Paediatric Liaison Team.

Contact should be made within 10 working days with the parent/carer or young person for the following discharges: This can be a letter or telephone contact decided by the school nurse.

- a. Identified child protection concerns – including Looked After Children
- b. Safety concerns – supervision, risky lifestyles, CSE, vulnerability.
- c. Overdose/attempted suicide where no mental health services are in support.
- d. Assault where no support services are engaged with the young person.
- e. Newly diagnosed conditions or disability.
- f. Where child/young person discharged against medical advice.

Monitoring tool

A yearly audit will take place tracking one week of notifications to all health visitors and school nurses to assess speed of notification, classification of injury and follow up / outcome.

Standards:

Item	%	Exceptions

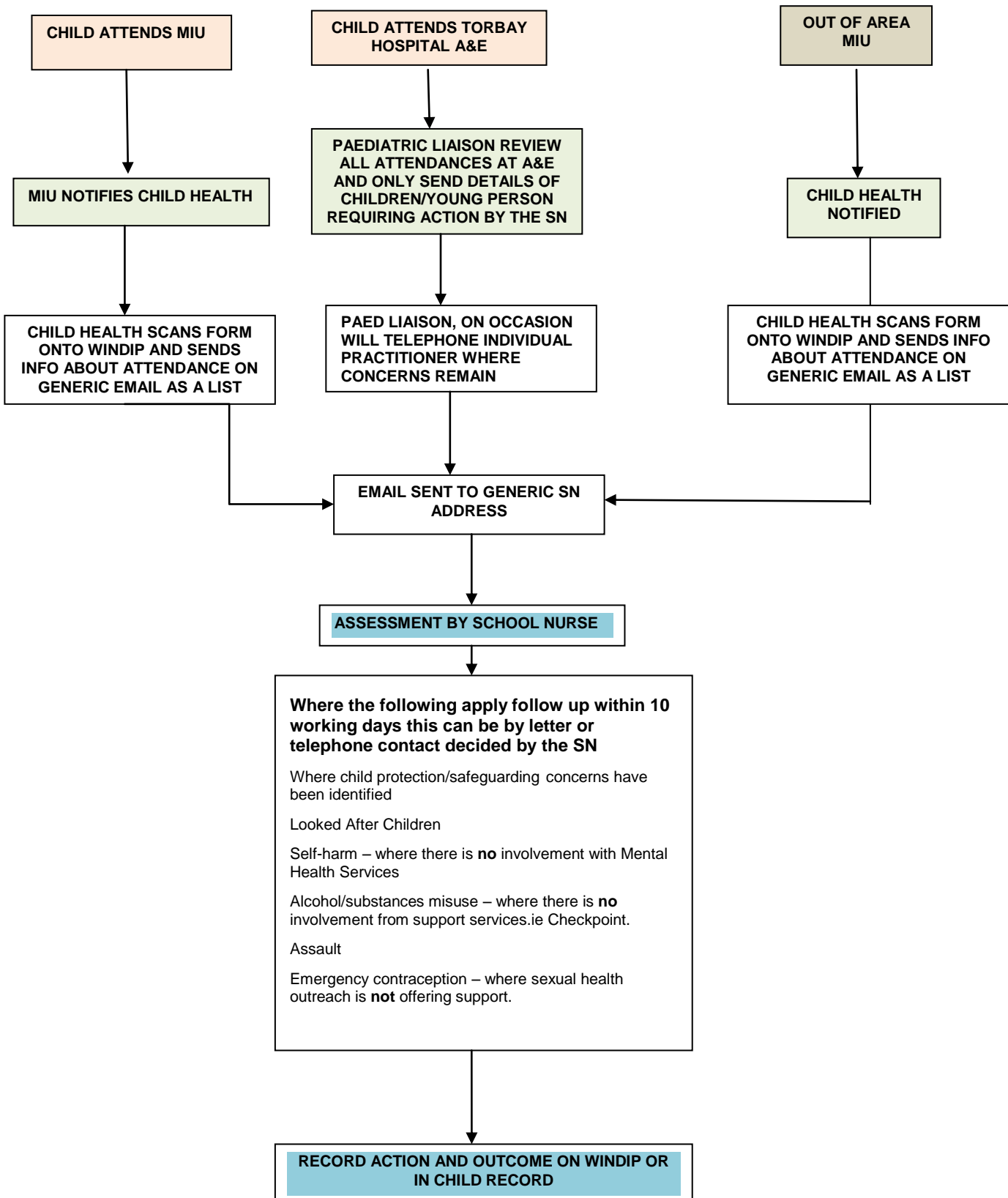
References:

DFES. Working Together to Safeguard Children 2013
DOH National Service Framework for Children and Young People and Maternity, DOH 2004.
HMSO The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming. The Stationary Office 2003 London. www.victoria-climbié-inquiry.org.uk
NICE – National Institute of Clinical Excellence in Health & Social Care (NICE) Detecting Child Maltreatment Guidance 2014

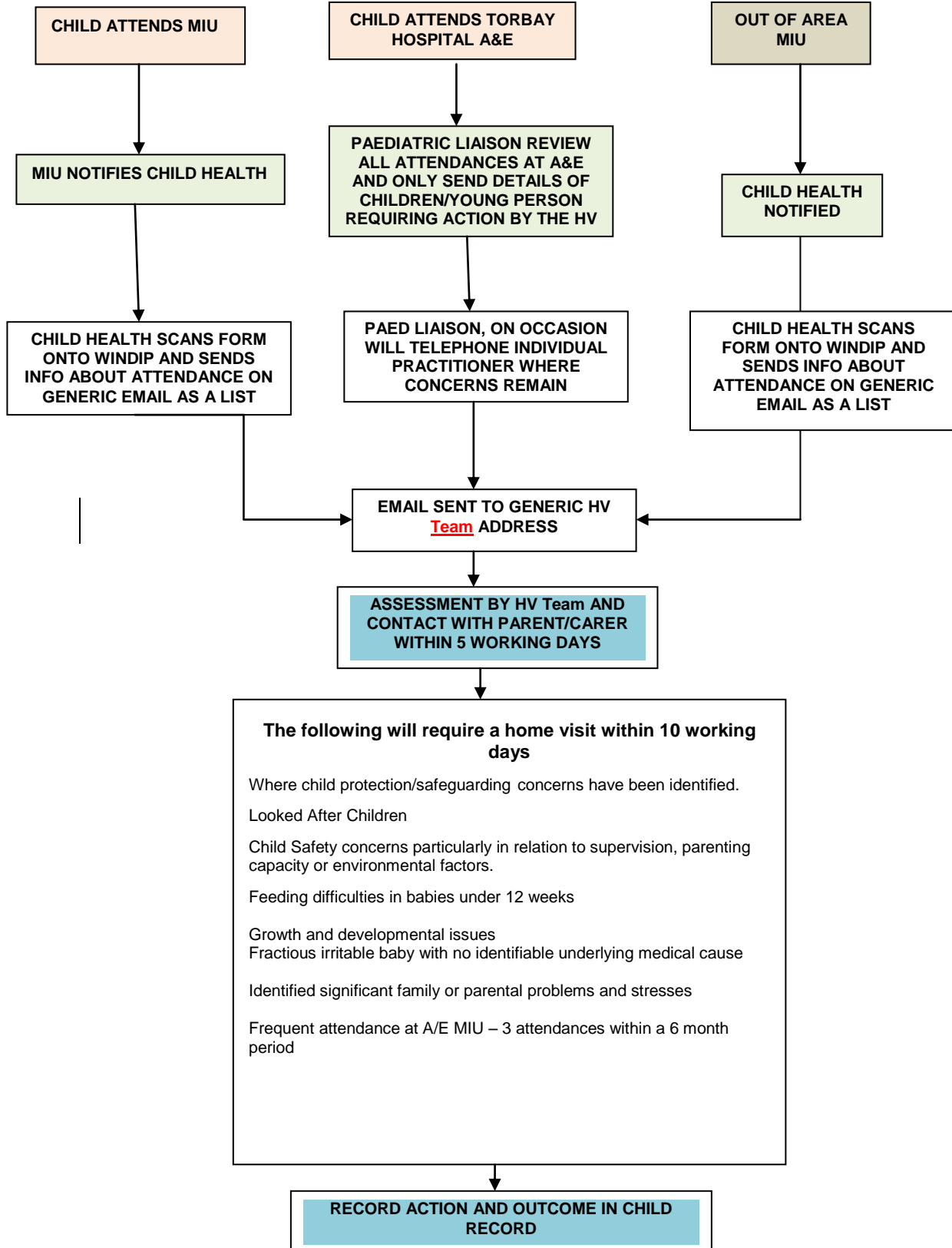
Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New SOP	03.02.15	Creation of SOP	Jane Wilkinson

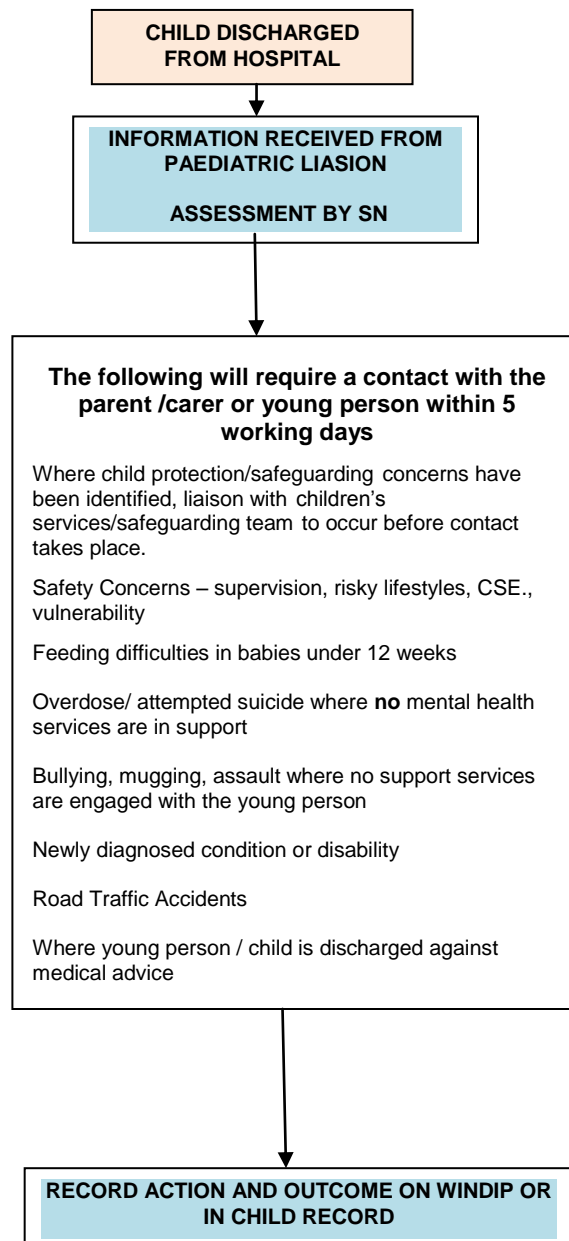
SCHOOL NURSES' PATHWAY FOR MANAGEMENT OF A&E ATTENDANCES



HEALTH VISITORS PATHWAY FOR MANAGEMENT OF A&E ATTENDANCES



SCHOOL NURSES' PATHWAY FOR MANAGEMENT OF HOSPITAL DISCHARGE



HEALTH VISITOR PATHWAY FOR MANAGEMENT OF HOSPITAL DISCHARGE

