Management of Emergency Child Abuse/Neglect Presentations

Child Protection and Forensic Medical Service

Purpose

This procedure describes the processes for promoting the protection, safety, health and well-being of children and young people who are at risk of harm or have experienced harm from child abuse and neglect. This procedure outlines the processes involved in the coordination and management of significant harm to children and young people from inflicted injury or neglect. These are child protection cases that may require the involvement of statutory agencies, possible hospital admission and/or criminal prosecution.

- To facilitate the expeditious identification of significant physical harm to children and young people from inflicted injury including the appropriate collection of pertinent information and evidence relevant to the assessment of harm.
- To promote a coordinated multidisciplinary and multi-agency response to children who have experienced significant harm from physical abuse.
- To ensure that a relevant and comprehensive assessment of harm is completed.
- To ensure decision-making and case plans are informed and remain current.
- To ensure all children and parents/carers are treated with respect, dignity and privacy.
Scope

This procedure relates to all Children’s Health Queensland Hospital and Health Service (CHQ) staff and all clinicians with whom must respond and comply with the prescribed guidelines for the management of significant physical harm from inflicted injury and medico-legal requirements with mandatory reporting.

Procedure

• Refer and comply with the Guidelines for the Management of Emergency Child Abuse and Neglect Presentations (see Appendix 1).

• For situations requiring emergency management, engagement by the treating Consultant with the CPFMS Consultant on call is required. This is a 24/7 day a week service which will ensure appropriate consultation and activation of formal and available systems are in place for example instituting a Care and Treatment Order or providing advice and guidance in the management of emergency presentations is activated.

ALERTE

Medical Officers and Registered Nurses are mandated by law (Public Health Act 2005) to report a reasonable suspicion of physical and sexual abuse and may report neglect and emotional harm or neglect.

All other health professionals have a duty of care to report.

Supporting documents

Authorising policy and standard(s)

• CHQ Proc 44100: Documentation in Medical Records

Legislation

• Child Protection Act 1999
• Public Health Act 2005

Consultation

Key stakeholders who reviewed this version:

• Child Protection and Forensic Medical Service
• Department of Communities – Child Safety and Disability Services
• Qld Police Service
• Qld Health Child Safety Unit
**Definition of terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
</table>
| Emergency Child Abuse / Neglect | All children with injuries highly suggestive of inflicted injury or neglect will be assessed and managed in a timely, efficient and effective manner according to the guidelines for the Management of Emergency Child Abuse and Neglect Presentations. | • Child Safety Unit  
• Protecting Queensland’s Children: Procedure Statement and Guidelines on the Management of Abuse and Neglect in Children and Young People (0-18 Years) |

**References and suggested reading**

1. Child Safety Unit  
2. Protecting Queensland’s Children: Procedure Statement and Guidelines on the Management of Abuse and Neglect in Children and Young People (0-18 Years)

**Audit/evaluation strategy**

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>Director, Child Protection &amp; Forensic Medical Service will monitor intake reports</td>
</tr>
<tr>
<td>Audit/review tool(s) attached</td>
<td>N/A</td>
</tr>
<tr>
<td>Audit/Review date</td>
<td>As required</td>
</tr>
<tr>
<td>Review responsibility</td>
<td>Director, Child Protection &amp; Forensic Medical Service</td>
</tr>
<tr>
<td>Key elements / Indicators / Outcomes</td>
<td></td>
</tr>
</tbody>
</table>
• An acceptable and appropriate standard of assessment, documentation and response by team members  
• Compliance with established processes and procedures by clinicians with child protection intake responsibilities. |

**Procedure revision and approval history**

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Modified by</th>
<th>Amendments authorised by</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>CHS Patient Safety and Quality Unit</td>
<td>Patient Safety and Quality Committee</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>1.1</td>
<td>CHS Patient Safety and Quality Unit</td>
<td>Patient Safety and Quality Committee</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>1.2</td>
<td>Director, Child Protection and Forensic Medical Service</td>
<td>Divisional &amp; Medical Director, Medical Services</td>
<td>General Manager Operations</td>
</tr>
</tbody>
</table>

**Keywords**

Parent education, group, toolkit seminars

**Accreditation references**

EQuIP National Standards: 1.7, 11.2, 11.4, 11.6
Appendix 1: Guidelines for the Management of Emergency Child Abuse and Neglect Presentations

Child Protection Service Intake that requires the involvement of statutory agencies, possible hospital admission and/or criminal prosecution.

Injuries highly suggestive of physical or sexual abuse in children

The injuries / circumstances listed below are highly suggestive of inflicted injury. If child protection concerns are identified by the presence of any of the listed injuries or concerns below, please be directed by the flowchart on the following pages.

- Parent’s history of injury is inconsistent with child’s developmental stage and/or medical findings
- Physical signs of injury in a non-ambulant child
- Injury or suspected injury within the context of family violence
- Any disclosure of abuse or neglect by a child or parent
- Any observation of abuse or neglect witnessed by staff
- Concerns about factitious illness.

### Bruising
- Child aged less than 6 months
- Bite marks >3cm in length
- Instrumental outlines or slap marks
- Bruising behind or of the pinnae
- Grab marks on the child’s chest/shoulder

### Burns
- Burns with a ‘forced immersion’ pattern (linear edge, spared flexures)
- Instrumental outlines (e.g. cigarette, iron) especially on dorsum of hands, backs, buttocks

### Skeletal Injuries
- Any fracture in a child less than 12 months of age
- Rib fractures
- Metaphyseal/epiphyseal fractures
- Multiple or bilateral fractures
- Fractures of varying ages

### Head Injuries
- Head injury under the age of 6 months
- Depressed, basilar or bilateral skull fractures in a fall < 1.2m
- Intracranial haemorrhage with a history of minor injury
- Retinal haemorrhages except in setting of MVA

### Genital Injury
- Evidence of vaginal/hymenal trauma without accompanying external damage (e.g. Labial/perineal contusions
- Penile bruising or abrasion (unexplained)
- Sexually transmitted disease
Injuries or concerns suggestive of abuse and/or neglect

The injuries / circumstances below have been associated with inflicted injury or neglect. If there are any concerns that the following circumstances may be present, or the injuries listed may be caused by abuse or neglect, please be directed by the flowchart on the following pages.

- Parental care of child significantly compromised by parental substance abuse
- Parental care of child significantly compromised by parental mental illness
- Reluctance or inability to explain child’s injury
- Delay in presentation
- Inappropriate response of parent/s to severity of child’s injury
- Unexplained coma, seizures, neurological signs
- Accidental injury due to lack of appropriate supervision or secondary to carer’s actions.

### General

- Failure to thrive
- Hyper vigilance
- Child excessively fearful/withdrawn
- Ingestion in child > 3 years
- Recurrent ingestion where lack of parental supervision may be the concern

<table>
<thead>
<tr>
<th>Bruising</th>
<th>Abdominal Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial/head bruising (other than forehead)</td>
<td>Unexplained rupture of solid or hollow viscus</td>
</tr>
<tr>
<td>Bruising with multiple sites/ages/planes</td>
<td>Unexplained blunt or penetrating injuries of solid or hollow viscus</td>
</tr>
<tr>
<td>Bruises found in places other than bony prominences (or expected sites for child’s level of activity)</td>
<td></td>
</tr>
</tbody>
</table>