

# SAFE-GUARDING CHILDREN IN THE ED

**MODULE: EMERGENCY MEDICINE**

**TARGET: ST4-6 EM & PEM TRAINEES**

## BACKGROUND:

Specialist trainees need to develop skills that will allow them to deal with child protection cases in the ED. Trainees will already have built on the skills and competencies that they acquired during ACCS training, and the aim of this scenario is to develop these skills and knowledge further so they can deal with such cases as a consultant. This scenario is designed to challenge SpRs and will take them out of their comfort zone. Physical abuse of a child is a relatively rare presentation to the ED but it is not one not to miss or deal with inappropriately. Trainees need to be aware of their role and responsibilities with regards to safeguarding children.

## RELEVANT AREAS OF THE CURRICULUM

- CC1 History Taking
- CC2 Clinical examination
- CC5 Decision-making & Clinical reasoning
- CC7 Prioritisation and patient safety in clinical practice
- CC8 Team working and patient safety
- CC12 Relationship with patient & Communication in consultation
- CC15 Communication with colleagues and co-operation
- CC19 Legal framework for practice
- CCC24 Personal behaviour
  
- HAP34 Wound management
  
- PAP6 Concerning presentations
- PAP17 Pain in children
- PMP4 Major trauma in children

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES

- Focused H&E identifying delayed/late Px and concerning elements of Hx
- Ensures safe-guarding checks completed
- Injury pattern recognition and potential association with NAI
- (Accurate children's pain assessment / suitability of analgesia provision)
- Early involvement of 'safe-guarding' team
- Regularly updates mum/responsible adult of progress
- Management of 'high risk burns & their dressing

### SCENE SETTING

Location: Side room, Paediatric Emergency Department  
 Expected duration of scenario: 10-15mins  
 Expected duration of debriefing: 30 mins

#### EQUIPMENT AND CONSUMABLES

Paeds Cascard with Safe-guarding checks  
 Quiet area / Sideroom

#### PERSONNEL-IN-SCENARIO

Mother (SP)  
 Paeds triage nurse / chaperone nurse

### PARTICIPANT BRIEFING

You are on duty in the paediatric ED as the senior doctor. It is approximately 11.15am.

Ella Richards is 18 months old and had come to the ED with mum (Jane) with a burn on her right hand. Her wound has been assessed, dressed and adequate pain relief given.

The triage nurse then approaches you to discuss Ella's case. She is concerned that:

1. Ella has presented late
2. The burn is on the dorsal (rather than palmar) aspect of her hand
3. The injury mechanism is inconsistent with accidentally burning herself on a hot radiator.
4. Mum (Jane) seems very anxious and defensive when asked to clarify how the injury happened.

In light of this, she has asked you rather than one of the F2s to see her.

## FACULTY BRIEFING

### PATIENT BRIEFING

N/A

### IN-SCENARIO PERSONNEL BRIEFING (MOTHER)

**MUM** – Jane Richards

**OCCUPATION:** Full-time mother

**Children** – Ella (18 months old)  
Jake (8years old)

**Ex-husband** - Steve  
**Mother** - Stephanie

#### Background Information

- You are competent, caring divorced single mother of two
- Divorced approximately 1 year ago
- You are the sole legal guardian of Ella but dad does have visitation rights once/week.
- Several years ago, when Jake was born, you were the victim of domestic abuse. Steve was charged but not convicted.
- At the time, concerns were raised about the potential for Steve to be violent to Jake as well (he assaulted you with Jake in your arms).
- A child protection plan was drawn up for Jake and which involved regular social service and health visitor visits for almost two years. Jake's case file was then 'closed'
- As a result, you are well aware/weary of what 'safe-guarding' children means and how the 'system' works.
- You have lived at your mother's house since the divorce (the cascard details should be checked – they are incorrect showing your old marital home as your address)

#### Events Leading to Attending the Paeds Emergency Department

- Stephanie, your mother, collected Ella from Steve's this morning after her usual weekly 'stay over'.
- She noticed that Ella's right hand was covered in a makeshift dressing and was uncharacteristically quiet.
- When she asked Steve what had happened, he reluctantly apologised and stated that:
  - He had forgotten to phone you last night
  - Ella had hurt herself on a hot radiator while playing
  - She had some Calpol last night and 'seemed comfortable' so he didn't bother getting it seen at the ED.
  - He didn't have any dressings to hand so used a wet pillow case (the first thing to hand)
- When your mother tells you what Steve said when she picked up Ella, you bring her straight to the ED
- Since arriving at the ED, Ella has been seen by a triage nurse who gave her some pain relief and redressed the burn. Since then she (the nurse) has been asking a lot of questions about how the burn happened and you are becoming more anxious/worried that she thinks you did it and that they will take Ella away from you this time.

(Jake is safely at school and not at home on his own)

#### Reactions & Responses

- Initially, you should appear anxious but defensive, worried that the nurses and doctors think that you, rather than Steve, has hurt Ella.
- The doctor should spend some time introducing him/herself, and ask you in a non-judgemental manner how the burn happened.
- If you are made to feel that you have been judged or that you are being held responsible, you should gradually be less and less helpful, and, if accused outright, threaten to complain and leave the department with Ella.

- In extreme cases, walk out of the room.
- If appropriately handled, you should appear more relaxed / less anxious and offer the following information:

**Information Given Freely**

Extremely little – you are really worried that if you say the wrong thing, social services will take Ella away from you.

- The explanation that Steve gave your mother this morning when she picked up Ella.
- Generally fit and healthy
- Good eater
- Allergic to strawberries

However.....

**Information Given if Specifically Asked**

- Medical history: none
- Maternity: uncomplicated normal delivery. No complications
- Social services:
  - Ella is not known to them ....
  - Jake had a care protection plan in place for a couple of years. Apparently, his case file has now been closed.

*At some stage during the scenario, the doctor should (hopefully) check that all of Ella's details are correct on her notes. When you check them, the address is your old marital address (you now live with your mum) and the next-of-kin should be you and not Steve, your ex-husband. If the doctor doesn't mention this, you should not raise the issue.*

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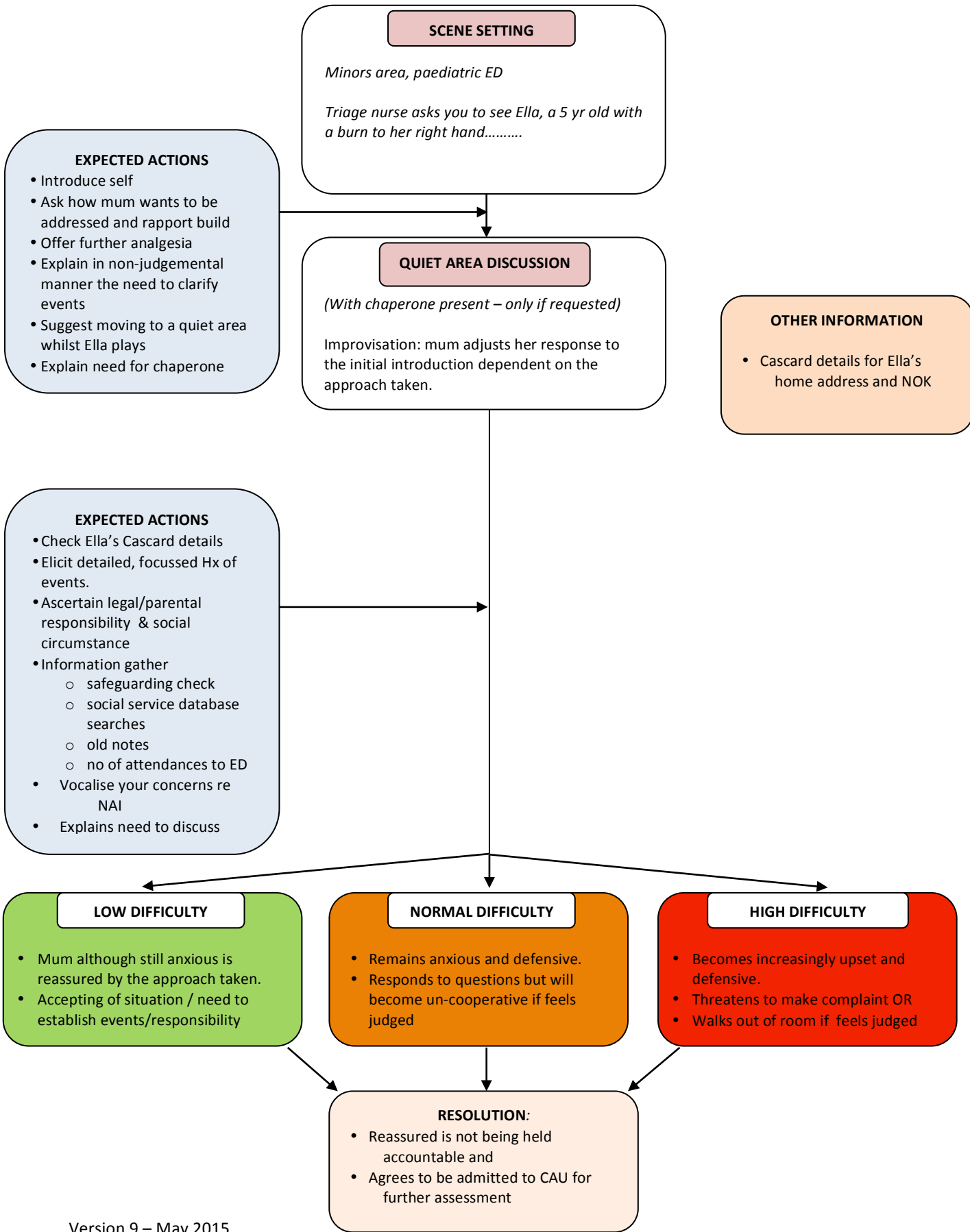
**IN-SCENARIO PERSONNEL BRIEFING (NURSE – MEMBER OF FACULTY)**

You are the nurse that initially brought your concerns to the doctor. One of your colleagues has relieved you at triage so that you can act as the doctor's chaperone (if he/she requests). During the course of the conversation, you should not need to interject (except if asked).

**ADDITIONAL INFORMATION**

See Appendices

**CONDUCT OF SCENARIO**



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION

SP feedback

Importance of approach (sets tone for rest of scenario)

- Respectful
- Non-judgemental
- Verbal/non-verbal techniques
- Active listening

De-escalation of defensive/angry parent

- Importance of professional demeanor/not rising
- Uninterrupted listening
- Empathy/feeling validation
- Identifying needs/wants of parent
- Option offering – remain positive/ what you can do rather than what you cannot
- Thanking
- Follow-up/summarisation of plan

Avoidance of escalating behaviours

Responsibilities of safe-guarding

### DEBRIEFING RESOURCES

## EMERGENCY MEDICINE > HUMAN FACTORS > SCENARIO 5

### INFORMATION FOR PARTICIPANTS

#### KEY POINTS

Importance of approach (sets tone for rest of scenario)

- Respectful
- Non-judgemental
- Verbal/non-verbal techniques
- Active listening

De-escalation of defensive/angry parent

- Importance of professional demeanor/not rising
- Uninterrupted listening
- Empathy/feeling validation
- Identifying needs/wants of parent
- Option offering – remain positive/ what you can do rather than what you cannot
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Avoidance of escalating behaviours

Responsibilities of safe-guarding

#### RELEVANCE TO THE CURRICULUM

CC1	History Taking
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PAP6	Concerning presentations
PAP17	Pain in children
PMP4	Major trauma in children

PAP 6: Concerning paediatric presentations – Physical abuse

Knowledge:

- Understand the signs of physical abuse.
- To have a basic understanding of the roles of other systems in protecting children e.g. social services, the Child Protection Plan, Police child protection and domestic violence units, SureStart, Health visitors, school nurses, area safeguarding committee, community paediatricians.
- Know national guidance on how much documentation is required.

Skills:

- Be able to recognise patterns of illness which might be suggestive of NAI
- Be able to initiate safeguarding children procedures as per local policy
- Refer to an experienced colleague for help

PMP4: Major trauma in children

Knowledge:

- Recognise burns as presentation of possible non-accidental injury (NAI)

Skills:

- Be able to recognise possible patterns of NAI in burns injury and make appropriate referral

*ST4 one of the 5 required acute paediatric presentations (formative mini-CEX or CBD)*

*ST5 one of the 5 required acute paediatric presentations (formative mini-CEX or CBD)*

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FURTHER RESOURCES

1. Safeguarding Children Website

<http://www.safeguardingchildren.co.uk/>

2. Child Protection in the UK, NSCPCC.

[http://www.nspcc.org.uk/inform/research/questions/child\\_protection\\_legislation\\_in\\_the\\_uk\\_pdf\\_wdf48953.pdf](http://www.nspcc.org.uk/inform/research/questions/child_protection_legislation_in_the_uk_pdf_wdf48953.pdf)

3. <http://www.core-info.cardiff.ac.uk/>

4. Thermal burns on children, NSPCC.

[http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/thermalinjuriesonchildren\\_wdf54671.pdf](http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/thermalinjuriesonchildren_wdf54671.pdf)

5. Royal College of Paediatrics and Child Health

<http://www.rcpch.ac.uk/child-health/standards-care/child-protection/child-protection>

6. <http://www.collemergencymed.ac.uk/ShopFloor/Professional%20Standards/Safeguarding%20Children/default.asp>



## PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

**PARTICIPANT FEEDBACK**

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify): .....	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.



**FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?