

Document Number: JHH_0132

Suspected Physical or Emotional Abuse or Neglect in presentations of children & young people to JHCH & JHH

Sites where guideline applies:	John Hunter Children's Hospital (JHCH), John Hunter Hospital (JHH) ED, PICU, OT, Medical Imaging
Target audience:	All clinical and non-clinical staff JHCH and JHH.
Description:	Provides instruction to healthcare workers to ensure that the risk of harm to the patient including child protection concerns are identified and managed

This local guideline applies to:

- | | |
|---------------------------------|-----|
| 1. Adults | No |
| 2. Children up to 16 years | Yes |
| 3. Neonates – less than 29 days | Yes |

Approval gained from the Children Young People and Families Network October 15 2018

Keywords: Abuse, Child protection, child story, children, emotional abuse, management procedure, neglect, paediatric, physical abuse, parents, young person

[Hyperlink to Guideline](#)

Replaces Existing Guideline / Procedure: Yes

Registration Number(s) and/or name and of Superseded Documents: Management of Suspected Physical or Emotional Abuse or Neglect 2.11, May 2013

Relevant or related Documents, Australian Standards, Guidelines etc:
See Reference Section "Useful Links" on page 15

Note: Over time some links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

Prerequisites:	Nil
Local guideline note :	This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s requires mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record.
Date initial authorisation:	8 November 2018
Authorised by:	JHH Clinical Quality and Patient Care Committee
This local guideline contains advice on therapeutics	No
Contact Person:	Jason Simpson - General Manager/Nursing Director, CYPF
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RISK STATEMENT

Children and young people are vulnerable members of society, and their safety and wellbeing should always be considered when they present to Health Services. Risk of Harm and/or Risk of Significant Harm need to be identified and acted upon to achieve optimal health outcomes.

Risks are minimised by:

1. Health staff completing thorough assessments of risk factors for suspected physical abuse and/or neglect.
2. Clear communication between the JHCH Child Protection Team and other Health staff and interagency services.
3. Clear management plans to achieve the best outcome for children and young people's safety, welfare and wellbeing.

Any unplanned event resulting in, or with the potential for, injury, damage or other loss to the patient as a result of this clinical procedure must be reported through the Incident Information Management System. This would include unintended patient injury or complication from treatment that results in disability, death or prolonged hospital stay and is caused by health care management.

Open Disclosure procedures must be commenced to ensure the concerns of the patient are identified and managed in accordance with Ministry of Health Policy Directives. The Policy Directives and Guidelines for managing complaints and concerns about clinicians should be used in conjunction with other relevant NSW Health Policy Directives that govern the behaviour and actions of all staff.

OUTCOMES

1	Identification of suspected physical or emotional abuse or neglect of children or young people
2	Management of suspected physical or emotional abuse or neglect of children or young people

ABBREVIATIONS & GLOSSARY

Abbreviation/Word	Definition
ACE's	Adverse Childhood Events
After Hours and On Call Social Worker	Social work services are available for after-hours advice and joint assessment with medical staff of child protection concerns. The social worker will hand-over all child protection concerns to the Child Protection Team Intake Worker the next business day.
Assessment	Assessment may include the review of information and/or clinical review of patient.
Child	Is aged under 16 years
Child Abuse Squad, NSW Police Force	Provide criminal investigation of child protection related matters, often in conjunction with CS and NSW Health.
CP	Child Protection
Child Protection Helpline	24 hour Community Services service that receives and assesses reports regarding significant harm and risk of significant harm to children and young people in N.S.W.
Child Story	ChildStory is an information technology system which places the child at the centre of their story and builds a network of family, carers, caseworkers and service providers around them. Users will have access to information on a child, so they can better support them. https://reporter.childstory.nsw.gov.au/s/
CPT	Child Protection Team, John Hunter Children's Hospital is a tertiary referral service servicing the Northern Child Health Network. The service is made up of highly skilled Paediatricians, Nursing and Allied Health staff who are able to assess and act on a range of presentations relating to child protection. It provides services to children and young persons under the age of 18 who have experienced neglect, physical abuse and emotional abuse, including exposure to domestic violence.
CPT Intake Worker	Is a member of the CPT who receives calls from Health workers and other agencies regarding child protection concerns. The Intake worker will determine the type of response required by the CPT and the need for involvement of other agency partners as required.
CWU	The Child Wellbeing Unit; assist Mandatory Reporters who are unsure after completing the Mandatory Reporter Guide (MRG) whether concerns meet the threshold of <i>risk of significant harm</i> or where the outcome of the MRG informs the clinician to report to the CWU. The CWU will record these concerns and when appropriate, and discuss strategies to support the family and possible referrals. The CWU can also provide information regarding previous child protection concerns.
FaCS/CS	The Department of Family and Community Services, Community Services. CS is the branch of FaCS responsible for statutory child protection including the assessment of reports of children and young people who have been significantly harmed or are at risk of significant harm.
JHCH	John Hunter Children's Hospital
JHH	John Hunter Hospital
JCPRP (was JIRT)	Joint Child Protection Response Programme; is a tri-agency partnership responsible for responding to and investigating serious cases of child abuse.

<p>JRU</p>	<p>JCPRP partners are the Child Abuse Squad, Community Services and NSW Health. The team links up the risk assessment and child protection intervention of Community Services with the criminal investigation of the NSW Police Force and the forensic, medical and support services of NSW Health.</p> <p>JCPRP Referral Unit; the JRU reviews, analyses and gathers information to inform the decision about whether a Child Protection Helpline referral will be accepted for a JCPRP response. The JRU will transfer accepted matters to the relevant JCPRP. Matters that are not accepted for JCPRP response will be referred to a Community Service Centre (CSC) or Local Area Command</p>
<p>MRG</p>	<p>Online Mandatory Reporter Guide; it is best practice for all NSW Health staff to use the MRG to assist in deciding the level of risk of a concern regarding the safety, welfare and wellbeing of children and young people. The MRG will advise staff to report concerns to the Child Protection Helpline if they meet the statutory threshold. The guide is available online at https://reporter.childstory.nsw.gov.au/s/</p>
<p>ROSH</p>	<p>Risk Of Significant Harm (the statutory threshold). A child/young person is at ROSH if the circumstances that are causing concern for the safety, welfare or well-being of the child/young person are present to a significant extent.</p>
<p>SAS/CSA Young Person</p>	<p>Sexual Assault Service / Child Sexual Assault Is aged 16 or 17 years</p>

John Hunter Hospital / Service Manager Responsibility

- Ensure that the principles and requirements of this procedure are applied, achieved and sustained
- Ensure effective response to, and investigation, of alleged breaches of this procedure.
- Ensure all staff have completed My Health Learning online module Introduction to Safety and Quality (course number 42189807)
- Notify staff of all new and revised local procedures and guidelines through the JHH Newsletter

Line management responsibility

- Notify staff of new and revised policies, procedures and guidelines relevant to the workplace / unit / clinical specialty.
- Post the CE News and the JHH newsletter (with policy, procedure and guideline updates) in staff rooms
- Identify high clinical risks relevant to patient population of unit/specialty and undertake audits of compliance with relevant policies, procedures or guidelines.

Employee responsibility

Staff must:

- Comply with policies, procedures and guidelines applying to their workplace / unit / specialty
- Report unsafe practices, equipment or environment to line manager
- Escalate any patient safety concerns to line manager, including if it is assessed that policies, procedures or guidelines do not reflect contemporary practice

GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

Staff Preparation

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene, **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

This Procedure/Guideline relates to children and young people who are patients of the JHCH and the JHH only.

For children and young people in the community where there are child protection concerns, health clinicians should follow their local Child Protection procedures including completing the online Mandatory Reporter Guide (MRG) and following the decision outcome of the guide (link available on all HNE LHD computer desktops and via the Intranet).

This Procedure/Guideline relates to physical abuse, emotional abuse and neglect concerns however includes how to initiate the correct response for suspicion of child sexual assault presentations.

Child sexual assault presentations are covered by a separate guideline [Under Development].

Suspicion of Child Sexual Assault (CSA).

Disclosures or suspicion of child sexual assault where an acute response is thought to be required involve the on call child protection consultant who will work with the sexual assault counsellors.

Disclosures or suspicions of child sexual assault should be directed to the Sexual Assault Service (SAS) on phone 4924 6333 (Afterhours this contact diverts to switch and the SAS worker will be contacted) The Sexual Assault Intake Worker or Counsellor will then facilitate any required response, including a medical response if required. The SAS worker will communicate with the Child Protection consultant on call, to explore the medical response

BACKGROUND

Health workers are strategically placed to identify children and young people who are at risk of harm and to support effective child protection responses. This Guideline/Procedure is the CPT's commitment to deliver a coordinated system within the JHCH and JHH for protecting children and young people by ensuring children and young people receive specialist medical assessment and treatment where physical abuse, emotional abuse, and neglect concerns exist.

AIM

- To provide practical guidance for managing suspected abuse and neglect of children presenting to JHCH and JHH
- To promote collaborative and accountable assessment of child protection concerns.
- To ensure children and families are treated respectfully and in a timely manner when a level of suspicion of abuse and neglect arises during presentation.

ROLES AND RESPONSIBILITIES

NSW Health workers are mandatory reporters of risk of significant harm to children and young people and must report risk of significant harm under *Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007, Sydney, Australia, NSW Government.* http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_007.html

The Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007 outline the legislative requirements of NSW Health staff in protecting and supporting the safety, welfare and wellbeing of children and young people, as introduced by new legislation in the Children and Young Persons (Care and Protection) Act 1998 under Keep Them Safe.

Health workers are required to respond to the needs of children and young people after making a report to Community Services or to the NSW Health Child Wellbeing Unit.

Health workers have a responsibility to actively seek feedback from Community Services after making a child protection report and continue to support the child, young person or family consistent with the health workers' roles and responsibilities. Health workers will provide ongoing services to children and young people who are the subject of reports to Community Services.

The over-arching responsibility of all health care workers is to share information relating to the safety, welfare and wellbeing of children and to make appropriate referrals where suspicion of abuse and/or neglect form part of the health assessment (*Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007*).

The CPT is responsible for ensuring a suitable assessment occurs and is documented in consultation with the relevant teams and services in relation to the physical abuse, emotional abuse or neglect concerns. After an initial history and examination has been completed, the CPT can be contacted for advice and feedback regarding the suspicion of safety and risk for the child. The CPT may review the child or young person, or may offer advice about ongoing management. A written referral is required for inpatient consults.

All children will require a main Treating Team in addition to CPT consultation. The Treating Team is responsible for the day to day health care management for the child or young person's presenting health needs.

External agencies, such as CS and NSW Police, may have a role in the assessment of the child protection concerns.

PRINCIPLES OF CARE

Any member of a clinical team (medical, nursing or allied health) may develop a concern about the possible abuse or neglect of a child or young person. It is important that this concern is discussed with a senior member of the treating team such as registrar or consultant.

It is good practice to discuss concerns with the parent or caregiver and advise them of the legal obligations and policy directives to consult the CPT and/or refer to the CWU and/or report to the Child Protection Helpline. This decision should be guided by professional judgment and the principles of working in partnership with families and involving children and young people in decisions that affect them.

Circumstances where it might be inappropriate for a clinician to disclose child protection concerns include potential safety issues for workers or if it would place the child/young person at further risk of harm. **These circumstances must be discussed with the CPT at the point of referral.**

The possibility of abuse or neglect should be considered when children first present to the Health Service to ensure timely referral to the CPT is made when required. This allows CPT assessment and any further investigations and management to occur concurrently with the Treating Team's health management. Referrals made at the time of discharge are rarely appropriate unless additional concerns arise.

WHAT TO LOOK FOR IN HOSPITAL PRESENTATIONS OF CHILDREN

Child abuse and neglect should never be completely left out of the differential diagnosis when a child presents with an injury. The younger the child is, the more important it is that the possibility is at least considered.

<p>The quality of the history you take in every child is critical to recognising the possibility of abuse</p>
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For children who present with an injury, the following factors should raise particular concern:

- Delay in presentation, with no reasonable explanation
- No history of injury, or a history which is uncorroborated, vague, changes over time or differs between caregivers.
- The injury is inconsistent with the developmental age of the child. For example, any infant who has any bruise or fracture and is not yet cruising, climbing or walking.
- Discrepancy between the history and the type of injury, e.g. a spiral fracture of the humerus from a fall. **Any** injury may be abusive. (Note: undisplaced hairline spiral fractures of the **lower** limbs are common accidental injuries in toddlers).
- A history or findings of repeated trauma.
- A young child presents with a skull fracture or head injury (up to 80% of deaths from head injury in children < 2 years may be due to abuse). **Note that an apparently trivial bruise to the head of a young infant with no signs of concussion may be a marker of serious risk.**
- Injuries which (in the absence of complex and/or serious accidental mechanisms) have a particular association with abuse:
 - Head injuries associated with complex skull fractures, subdural bleeding, hypoxic-ischaemic brain injury or retinal haemorrhage
 - Bite marks (although bite marks are difficult to assess and may be inflicted by toddlers)
 - Lots of bruises, patterned bruises or bruises in clusters
 - Bruises in unusual places (cheeks, ears, neck, hands, trunk, genitalia, buttocks) or places usually shielded from accidental injury (axilla, inner aspect upper arms / thighs)
 - Burns if sharply demarcated or in unusual areas. Accidental scalds tend to involve the head and face, neck, shoulders and anterior trunk. They are typically asymmetric and irregular in outline. Intentional scalds are often symmetric and bilateral, involve the lower limbs and may involve the posterior body, buttocks and perineum. They often have clearly defined margins and a uniform scald depth. Contact burns may be located on the back of the hands (uncommon for accidental scalds) or patterned to reflect the object which caused the burn. Other forms of inflicted burn may occur (flame, caustic).
 - Contusion, laceration or rupture of internal organs without major accidental trauma
 - Fractures of the ribs or metaphyses ("corner" or "bucket-handle" fractures)
 - Fractures in unusual places (end of clavicle, hands, feet, sternum, scapula, spine)
 - Ligature marks
 - Oral injuries
 - Trauma to the genital or perianal areas, without a straddle injury

For more detailed descriptions of what to look for in recognising child abuse and neglect, please refer to *Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007*. http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_007.html

FACTORS TO CONSIDER WHEN ASSESSING FOR RISK OF SIGNIFICANT HARM

- The age, development, functioning and vulnerability of the child or young person
- The behaviour of the child or young person which suggests they may have been or are being harmed
- The behaviour of another person that has and/or is having, a demonstrated negative impact on the healthy development, safety, welfare or wellbeing of the child or young person, for example drug and alcohol abuse or domestic violence
- Contextual risk factors such as recent abuse or neglect of a sibling or a parent recently experiencing significant problems in managing the child or young person's behaviour
- Indications that the child or young person's emotional, physical or psychological wellbeing are significantly affected as a results of abuse or neglect
- Contextual factors such as the presence of chronic or complex health issues in the family such as serious or terminal disease, obesity, diabetes, dialysis, problematic drug and alcohol use or mental health issues.
- The life circumstances of the child or young person such as:
 - History of previous harm to the child or young person
 - Social or geographical isolation of the child, young person or family, including lack of access to extended family or supports
 - Abuse or neglect of a sibling
 - Family history of violence including injury to children and young people
 - Domestic or dating violence
 - History of Adverse Childhood Events including physical, emotional, child sexual abuse, physical and emotional neglect, parental incarceration and mental health issues, parental separation, domestic and family violence, housing instability, out of home care, child protection services involvement and exposure to traumatic events.
- The evidence of harm may arise from:
 - One event
 - A series of events over time
 - An accumulation of circumstances or behaviour causing concern (cumulative harm)

DOCUMENTATION

Accurate documentation is vital in possible child protection cases. Documentation of the history and examination should be timely and detailed, with diagrams as needed. Please include information that has led to your suspicion of risk of harm

Treating teams should document the plan to seek advice or refer for a Child Protection consult. Please record who you contact

Please see Page 11 Accessing JHCH Child Protection Team

Business hrs. CP SW on 36607 or CP Registrar on 36084

After hrs. Rostered SW on 55236 or CP consultant via switch

All consultations with health teams/staff should be documented in the patient notes.

Once contacted The Child Protection Team will document details of the consult / advice given and any interagency communications.

RISK ASSESSMENT TOOL IN THE EMERGENCY DEPARTMENT

The age appropriate **PAEDIATRIC EMERGENCY DEPARTMENT OBSERVATION CHART – Injury/Neglect Risk Assessment Assessment/Screen tool** (Appendix 1) may advise the clinician to activate local Child Protection Procedures. At JHCH and JHH please contact the designated staff member for Child Protection as below

RISK ASSESSMENT TOOL FOR INPATIENT ADMISSIONS

The Child Protection Checklist included as part of the **PAEDIATRIC RISK ASSESSMENT CHART** (Appendix 2) should be completed for all admitted patients. This assessment is based on your observation and not questioning the child, young person or family, and may advise you to activate local Child Protection Procedures. At JHCH/JHH/RNC please contact the designated staff member for Child Protection as below.

ACCESSING JHCH CHILD PROTECTION TEAM

When a clinician has a concern regarding the possible physical abuse or neglect of a child, the following steps must be followed (**See flowchart - Appendix 3**).

1. **Ensure a thorough history and physical assessments have been completed.** Ensure the treating team Registrar/senior doctor responsible for the child or young person's care are notified as soon as concerns are evident.

If child protection issues are suspected, follow below steps.

2. **Complete the Mandatory Reporters Guide (MRG) AND communicate suspicions of risk of harm to the treating team consultant.**

The MRG must be completed and documentation retained (the MRG decision outcome can be converted to a pdf document and printed) in the case notes and the MRG recommendation must be followed (e.g. Child Wellbeing Unit / Community Services Helpline / Police). This can occur in consultation with nursing, social work and medical staff. Reporting can be completed by **any of the health professionals** who have the most relevant knowledge for the child protection concern. (Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007.)

3. **Seek advice from the Child Protection Team**

a) Business Hours: Child Protection Social Worker DECT 36607 or Pager 3294

b) After Hours and Weekends: Rostered Social Worker - DECT 55236 or Pager 5006

NOTE: For urgent matters the Child Protection Consultant On-Call can be contacted by the **senior treating doctor directly.**

The Child Protection Team will provide feedback and advice to the treating team. This may be that there are no concerns warranting a Child Protection response, and the treating team can continue to treat and monitor. Alternatively, a comprehensive CPT review may be required.

4. If the Child Protection Team **accepts referral** please complete the **REFERRAL/CONSULTATION MEDICAL RECORD COPY** form (Appendix 4). A joint assessment will be completed by medical and social work staff.

- a) Business Hours: Child Protection Registrar/Consultant and Child Protection Social Worker
- b) After Hours and Weekends: On-Call Child Protection Registrar/Consultant and Rostered Social Worker

Any assessment performed by a registrar must be discussed with the child protection consultant. The standard template for medical staff to record a forensically oriented medical assessment is the Suspected Child Abuse and Neglect (SCAN) Protocol (GL2014_012).

5. The Child Protection Team will manage or consult as appropriate for both inpatient and outpatient clients. Following a Child Protection assessment the patient may be either
- a) Jointly admitted under the treating team (AMO1) with Child Protection (AMO2)
 - b) Discharged with an outpatient management plan developed in consultation with the treating and Child Protection teams.
- See Steps 6-8 for further details.

MANAGEMENT BY CHILD PROTECTION TEAM

6. Following the child protection assessment the CPT registrar must:
- a) Liaise with the child protection consultant for update on findings
 - b) Document the outcome of the assessment in the health care record.
 - c) If the child protection concerns are no longer present advise the treating team with appropriate feedback to continue the child's health care management.
 - d) When the child protection concerns remain present go to Step 8.
7. A care management plan must be developed and documented in the health care record:
- a) If the child is to be admitted to the hospital, this is to be a joint admission between the treating team and the Child Protection Team.
 - i. It is the responsibility of the treating team registrar to inform the Child Protection Consultant or Child Protection Registrar of the results of any investigations relevant/that may be relevant to the child protection concerns.
 - ii. If treating teams receive medical results that are linked to the child protection concerns this information is to be discussed with the Child Protection team before meeting with the family.
 - iii. The Child Protection Team will identify an appropriate team member as a case manager to liaise with the treating hospital staff and with external agencies as required (*Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007*).
 - iv. All staff should continue to document accurate observations of the parent/child interaction and any subsequent information parents may give regarding the child's care.
 - b) **Discharge is not to occur without prior discussion with the Child Protection consultant.** If the child is able to be discharged from the hospital after discussion with the Child Protection consultant, ongoing medical care and follow-up is to be decided with the treating team relevant to the joint admission.
 - c) When children/young people are not admitted to hospital (e.g. Emergency or Outpatient presentations), **discharge is not to occur without prior discussion with the Child**

Protection consultant. Ongoing medical care and follow-up is to be decided with the treating team (e.g., this may include joint review during an outpatient appointment).

IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT

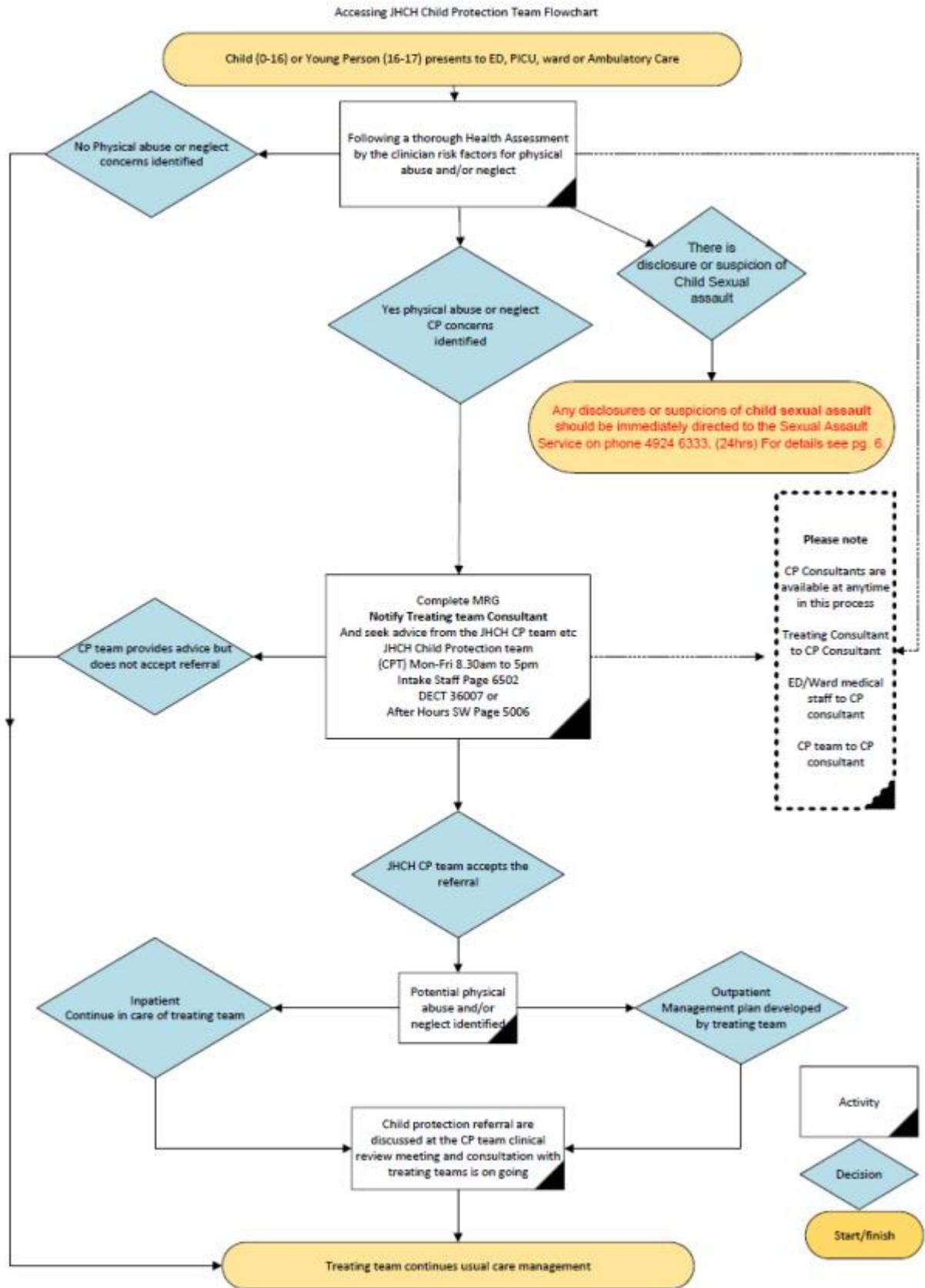
This policy will be available on the Policy, Procedure and Guideline directory available to all HNEH staff. It will also be communicated to JHCH staff at in-service and grand rounds.

The CPT will also review any child protection related IIMS.

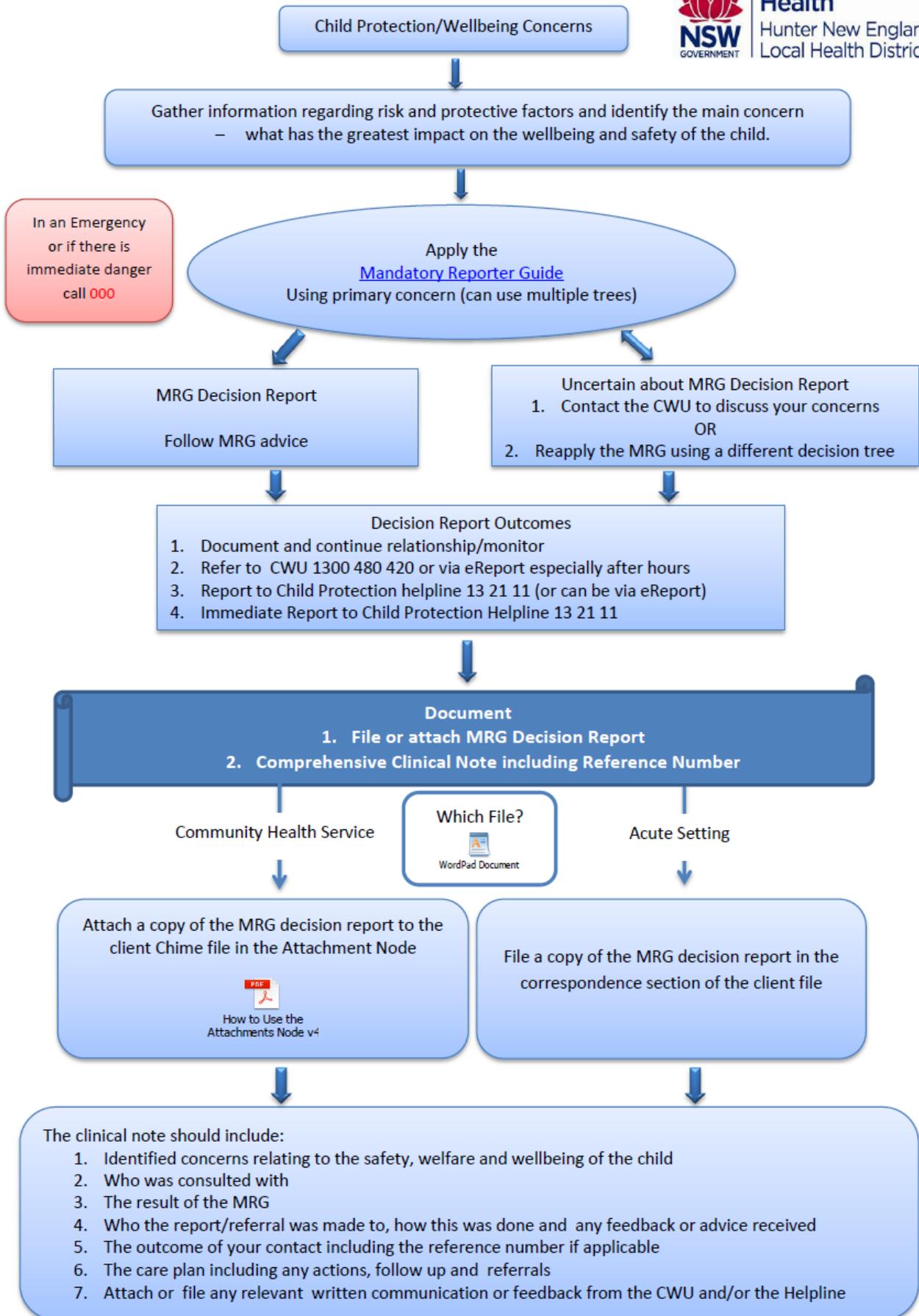
APPENDICES

- 1 Frontline Clinician's Assessment of Physical Abuse and Neglect Flowchart
- 2 Referral/Consultation Medical Record Copy form
- 3 Child Protection Concerns Flowchart

APPENDIX 1



APPENDIX 3



REFERENCES

Kozłowska, K.; Foley, S.; Savage, B. (2012) Fabricated Illness: Working within the Family System to find a Pathway to Health. *Family Process*

Starship Children's Health Clinical Guideline for Assessment of Physical Abuse and Neglect, May 2010.

NSW Health (2012). Paediatric Emergency Department Standard Paediatric Observation Chart - Injury Risk Assessment Assessment/Screen.

NSW Health (2013). Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007

Useful Links

RELATED LEGISLATION:

Children and Young Persons (Care and Protection) Act 1998 (NSW) (Australia.)

<http://www.legislation.nsw.gov.au/fullhtml/inforce/act+157+1998+FIRST+0+N>

NSW HEALTH POLICIES:

NSW Health (2013). Child Wellbeing and Child Protection Policies and Procedures for NSW Health, PD2013_007 Sydney, Australia: NSW Government.

http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_007.html

NSW Health (2005). *NSW Health Privacy Manual*. Sydney, Australia: NSW Government.

http://www0.health.nsw.gov.au/policies/pd/2005/PD2005_593.html

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

REVIEWED and APPROVED BY:

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