National audit of emergency department child protection procedures

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Objective: To assess the compliance with national guidelines on child protection procedures and provision of paediatric services in major English emergency departments.

Background: Victims of child abuse may present to emergency departments, and successful detection and management depends on adequate child protection procedures being in place. Two official documents published in 1999 provide recommendations for child protection procedures and staffing arrangements in emergency departments, and these can be used as standards for audit.

Methods: Structured telephone questionnaire survey of English emergency departments receiving at least 18 000 child attenders per year.

Results: Many of the standards are being met. Areas for improvement include: better access to child protection registers with clearer indications for their use; improved communication with other professionals such as the school nurse; more formal training for medical and nursing staff in the identification of potential indicators of child abuse; and improved awareness of local named professionals with expertise in child protection. More consultants with training in paediatric emergency medicine and more registered children’s nurses are needed.

Conclusion: Many nationally agreed recommendations are being met, but there is a need for improved training, increased numbers of specialised staff, and improved communication between professionals. There is considerable variation in practice between departments.

Children make up 20%–30% of emergency department attendances. Lack of privacy and confidentiality, junior doctors’ lack of experience, and pressure of time contribute to the difficulty in detecting cases of child abuse, leading to the requirement for clear cut guidelines and lines of referral to senior clinicians with paediatric training.

In 1999 The Department of Health published an advisory document entitled Working together to safeguard children. It is addressed to all those working in health and education services, as well as other agencies such as the police and social services. It includes guidelines for hospitals and their emergency department staff on child protection arrangements. In the same year the Royal College of Paediatrics and Child Health (RCPCH) published Accident and emergency services for children, a document containing recommendations for the future organisation and staffing of major emergency departments that receive paediatric emergency cases. A major department is defined by the RCPCH document as receiving at least 18 000 paediatric attenders a year. These two documents provided the standards for our audit, which are listed in box 1. We aimed to assess the compliance with national guidelines on child protection procedures and the provision of paediatric services in major English emergency departments.

RESULTS

The RCPCH provided a list of 37 major emergency departments that receive paediatric emergency cases. All responded to the telephone survey.

Box 1 Standards for child protection procedures in emergency departments

1. Each NHS Trust will have a named doctor and a named nurse with expertise in child protection, available for advice.
2. Staff will know the names of the designated professionals.
3. Staff will know how to contact the designated professionals.
4. Staff working in emergency departments will be familiar with local procedures for making inquiries of the child protection register.
5. Specialist paediatric advice will be available at all times to emergency departments.
6. The health visitor, school nurse, and general practitioner will be notified where such professionals have a role in relation to the child.
7. Repeat attendances by a child or children from the same household should be identified and acted upon if there are staff concerns.
8. All staff should be trained to be alert to the potential indicators of child abuse or neglect.
9. Only emergency departments that are on the same site as inpatient paediatric facilities will accept children.
10. All emergency departments receiving children will have at least one registered children’s nurse on duty at all times.
11. All emergency departments receiving children will recruit a consultant who has a recognised training programme in paediatric emergency medicine.
Assessment and management of the child suspected to be at risk
Altogether 36 of 37 (97%) departments had set guidelines for child protection. It was the policy that children suspected to be at risk must be seen by a senior emergency department doctor in 24 of 37 (68%), by a consultant paediatrician in 17 of 37 (45%), a paediatric registrar in 17 of 37 (45%), and a paediatric senior house officer in 10 of 37 (27%) cases. Varying criteria were routinely used to select patients to be seen by a senior emergency department doctor or paediatrician, and included deliberate self harm, fractures in children less than 2 years old, domestic violence, and repeat attendances.

Structure and staffing
The trust’s named doctor with expertise in child protection was known to the respondent in 27 of 37 (73%) and the named nurse was known in 30 of 37 (81%); their contact details were known in 29 (78%) and 27 (73%) cases respectively. Specialist paediatric advice was available to the emergency department at all times in all cases; the most senior specialist available at all times was a paediatric emergency department doctor or paediatrician, and included deliberate self harm, fractures in children less than 2 years old, domestic violence, and repeat attendances.

Limitations of study
A telephone survey was conducted as this is more effective than a postal questionnaire in achieving complete participation. In addition it more reliably tests the interviewee’s knowledge of local procedures and personnel. There are however possible areas for the introduction of bias. Interview bias occurs when the views of the interviewer affect the way the questions are asked. This was minimised by the use of a structured, predominantly closed questionnaire with a scripted introduction and questions. All interviews were conducted by the same person, and the responders were allowed to complete their answers to open questions without interruption. The questionnaire was piloted on a sample from a relevant population (local emergency departments). Another potential source of bias is social desirability bias, where the responder chooses particular answers to a question to present a positive image.

We elected to interview the nurse in charge as they would be available in the department, and as a permanent member of staff would be most familiar with the procedures and staffing within that particular hospital. It is also the member of staff most likely to be making or suggesting decisions of administration, communication and referral to particular members of the medical team, and would probably be involved in overseeing the triage of children at risk. Asking a member of the nursing staff about the training of medical staff is however a potential weakness.

The relevance of the results may be limited. We surveyed large departments only, which may represent best practice and more optimal staffing. However, it is these departments to which the RCPCH guidelines in particular apply. It is possible that the RCPCH’s list of major departments is incomplete, and other sources, such as the BAEM directory, could have been consulted. The shortcomings in achieving recommended targets may nevertheless be pertinent, and the lessons applicable, to smaller emergency departments.

Child protection is an emotive area of health care where inadequacies in management may result in disastrous and upsetting consequences, but for which there is a limited evidence base to support diagnostic tests or therapeutic interventions. Clarification of protocols with staff training and regular audit can improve awareness of those children in whom there are features that might cause concern. It is therefore vital that formally agreed guidelines are adhered to, and that senior and appropriately trained medical and nursing staff are involved. The recommendations of the Department of Health and the RCPCH provide such guidelines, and departments should endeavour to achieve these standards where resources permit. This audit demonstrates the degree to which this has been achieved, and highlights areas where further improvements can be made.
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REFERENCES