POLICY ON CHILD AT RISK

1. PURPOSE AND SCOPE

This document outlines the policy position of the Australasian College for Emergency Medicine (the College) on the issues of awareness, detection and management of children at risk of abuse or neglect in the emergency department.

‘Children at risk of abuse’ refers to children and young people who have suffered or are likely to suffer, as a result of an act of violence or neglect, or a failure of protection by an adult responsible for their care.

(Note: the legal definition of each varies between jurisdictions across Australia and New Zealand but ‘child’ is considered under the age of 14-16, and ‘young person’ is considered under the ages of 17-18).

The policy is applicable to emergency departments in general.

2. POLICY

Emergency departments play an important role in identifying, reporting and managing children at risk of abuse.

Emergency departments are frequently the first place where children who have been exposed to physical abuse, emotional abuse, sexual abuse or neglect come into contact with health services.

a) Failure to consider the possibility of abuse when appropriate will result in the child being returned to an abusive environment without any protection.

b) Emergency department clinicians should always consider child abuse as a possible differential diagnosis when evaluating paediatric patients who present with injury, failure to thrive or behavioural problems. They should also be aware that children at risk may present with a wide range of complaints.

c) Emergency department clinicians managing victims of family violence should be aware that children in the care of such a victim may be at risk and that all family violence interventions must have a child protection perspective.

Emergency department clinicians should possess the skills necessary to identify, report, and manage potential cases appropriately.

3. PROCEDURES AND ACTIONS

Emergency departments will:

a) Provide frequent in-house collaborative training for all clinicians to increase the capacity to identify, report and manage children at risk of abuse or neglect.

b) Provide appropriate care for victims of abuse or neglect based on legislation, local protocols and referral patterns, and provide appropriate educational resources.
c) Implement systems that facilitate appropriate documentation and reporting of all suspected cases of child abuse or neglect.

d) Increase vigilance by encouraging all clinicians to actively look for and be open to the possibility that a paediatric patient or the child of an adult patient may be at the risk of abuse or neglect, and by actively educating staff to be aware of the variable presentations that indicate a child of abuse or neglect.

e) Encourage and actively seek frequent interdisciplinary communication with local child protection authorities, other Emergency Departments and interested groups, to create a multilevel information exchange around process, feedback, outcomes and advice.

Hospitals will advocate for and participate in interdisciplinary approaches to child abuse that include protocols for identification, assessment, reporting and intervention.

Hospitals will ensure that staff are educated in the detection and evaluation of children at risk of abuse or neglect, and that staff are aware of the legal requirements of mandatory reporting in their jurisdiction.

The College will include education and evaluation around child abuse and neglect in clinicians' examinable curriculum.

4. DATES AND NOTES

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