CHILD PROTECTION PROCEDURES FOR DOCTORS IN PRIMARY CARE

Under the Children Act (1989 and 2004) all staff in the NHS have a statutory duty to safeguard and promote the welfare of children. These guidelines are taken from the ‘Milton Keynes Safeguarding Children Board Inter-Agency Child Protection and Safeguarding Procedures’ and the health ‘Safeguarding Children Policy’ and are not intended as a substitute for the full procedures – the most recent copies of which can be found on the NHS Milton Keynes internet (please do not rely on printed copies).

Involvement in child protection may be direct if the child is a patient or indirect where another member of the family is the patient. Where there is a conflict of interest or problems of confidentiality, it is the child’s welfare which should be considered paramount.

Action

1. If physical abuse or neglect is suspected or disclosed:
   - Examine the child fully. Note the site, nature, extent of any injuries and any explanation given for them.
   - Sketch any injuries (Body diagrams provided on the NHS Milton Keynes internet)
   - Comment on appearance and demeanour, and note growth parameters.
   - Make contemporaneous notes, which should be signed and dated.
   - Refer to Duty Social Worker of the Referral and Assessment Team.

2. If sexual abuse is suspected or disclosed:
   - Make contemporaneous notes, which should be signed and dated.
   - Refer to the Duty Social Worker of the Referral and Assessment Team. If relevant, a specialist examination will be arranged as part of the investigation and will be undertaken by a Forensic Medical practitioner, Consultant Paediatrician or both. If an urgent examination is needed for medical rather than evidential purposes contact the Duty Consultant Paediatrician by telephone. Care should be taken to avoid repeated examinations.

3. If you are uncertain, or wish to clarify your concerns, discuss with:
   - Other members of your team or the Primary Health Care Team (especially Health Visitor)
   - Child Protection lead in your practice
   - Duty Consultant Paediatrician
   - Designated Nurse for Child Protection
   - Designated Doctor for Child Protection
   - Duty Social Worker.

4. Inform family of your concerns and actions, unless doing so will place child at further risk.
   - Where possible involve the child throughout the process.

5. Referrals to Children’s Social Care – Referral and Assessment Team should be made using a multi agency referral form or telephoned and followed up with a form within 48 hours. Keep a copy of the referral form and send one to the Designated Nurse for Child Protection. If you have not heard from Social Worker within 3 working days contact again to clarify the outcome.

6. Attend the child protection conference/family support meetings where relevant, to share in the giving and receiving of information. Provide a written report covering details of your observations and actions when requested.

Telephone numbers

Social Care
Children’s Social Care - Referral Hub (9-5.30) Tel: 253169/253170
Children’s Social Care - Emergency Duty Team (after 5.30) Tel: 265545

Health
Duty Consultant Paediatrician Tel: 660033
Designated Nurse for Child Protection Tel: 278675 or 07920 500675
Named Doctor for Child Protection Tel: 278675 or 07920 500675

Police
Bucks Referral Centre Tel: 01296 396500 (7116500)

Working Together to Safeguard Children 2010. What to do if you’re worried a child is being abused. DOH 2006
MKSCB Interagency Safeguarding and Child Protection Procedures (www.mkscb.org)