

Guideline: Unexplained/Non-Accidental Injury (NAI) Management - Kidz First

Purpose

This guideline will offer staff a safe and transparent process for managing the overall safety of children/young people admitted to Kidz First following a possible or suspected unexplained/NAI.



Note: This guideline must be read in conjunction with [Child Abuse and Neglect Policy](#) and [Child Abuse and Neglect Procedure](#)



All children aged 2 years or under, seen in the community with obvious inflicted injuries, should be brought to the Emergency Department (ED) to be assessed by a Paediatrician. In all cases a call to the Paediatric Emergency Department **MUST be made to allow them to complete some advance planning in the department.**

Calls may come from any of the following:

GP

If a child is seen in the community by a GP with non-acute injuries (bruising/assault) the GP should be able to assess the child and document the clinical findings alongside notifying Oranga Tamariki Ministry for Children and/or Police.

- GP may consult with the on-call ED Paediatrician for advice and support - Call **021-516-908** for the on-call Paediatrician.
- Child will be seen in ED if the injuries are concerning and need either medical or surgical review or if under 2 years of age.
- Police will take photography in these cases.

Public Health Nurse (PHN)

If a child is assessed by a PHN with injuries following an alleged assault, she will determine the timeframe. The child **MUST** be reviewed by a medical clinician.

- Either a GP or Community ED service (White Cross/Counties Care) can assess the child.
- If the child needs immediate attention, an ambulance will be called on 111.

Oranga Tamariki Social Worker

If Oranga Tamariki have removed children in the community and there are visible injuries noted on the children, they will consider the following options:

- Either a GP or Community ED service.
- CM Health ED if they have concerns of head trauma, fractures, burns, serious bruising.
- Consultation with Te Puaruruhau Service or CM Health Child Protection Service.

Document ID:	A14398	CMH Revision No:	11
Service :	Child Protection Service	Last Review Date :	09/11/2021
Document Owner:	Clinical Nurse Director –Kidz First	Next Review Date:	09/11/2024
Approved By:	Kidz First Documentation Review Group	Date First Issued:	28/07/2010
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Responsibility

This guideline applies to **ALL** staff in the Kidz First clinical areas (excluding the Neonatal Unit). This includes Medical, Nursing and Allied Health.

Guideline

This guideline will provide staff with a consistent process to ensure the overall safety of children/young people admitted to CM Health with a suspected/potential unexplained/ NAI, managed in a timely and effective manner.

Step	Action
1	<p>When a child presents to CM Health with a suspected or probable NAI the following should be initiated:</p> <ul style="list-style-type: none"> • An initial medical assessment by the appropriate medical personnel, this may be Paediatric Medicine, Orthopaedics or Burns and Plastics. • Complete the Child Protection Checklist for all children under 2 years of age (even when they have an obvious injury). • A psycho-social and risk assessment made from a CM Health Social Worker wherever practicable. • Complete an Oranga Tamariki report of concern (ROC) and email to national call centre (NCC) - any member of staff can do this referral in the absence of a CM Health S/W. • Contact the Police on 111. • Email a copy of the Oranga Tamariki ROC to the Kidz First Child Protection Service. • Follow the Child Protection Policy and Procedure. • Offer a copy of the parents' information brochure detailing the forthcoming investigations and processes the family can expect to experience throughout the child's hospital admission. • If the Child Protection Service is consulted on a case in ED that may not require admission but requires follow-up by the Child Protection Service, then a formal referral will be made to the service by the ED Paediatrician/Registrar. • Offer cultural support, where applicable.
2	<p>Under 2 Year olds MUST be admitted and consideration for the following:</p> <ul style="list-style-type: none"> • CT scan head. • Skeletal survey. • Ophthalmology assessment. • Blood work up. • ACC form completed.
3	<p>Older child should have the following:</p> <ul style="list-style-type: none"> • ACC form completed. • Admission if requiring on-going surgical/medical intervention. • MUST have a safe discharge plan before leaving the department.
4	<p>Use of Patient Observer:</p> <ul style="list-style-type: none"> • A CM Health Observer is initiated when the level of concern warrants Oranga Tamariki and Police to be notified. • A clear and transparent explanation identifying the concerns, and explaining the role of the observer MUST be completed by the medical team before the Observer is introduced. • The Observer should be initiated in the Emergency Department.

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	<ul style="list-style-type: none"> Where practicable this decision is made following a discussion between the senior team involved in the child/young person's case management including; medical, nursing and social work.
5	<p>All injuries should have medical or police photography as a consideration.</p> <ul style="list-style-type: none"> Parental consent is NOT needed for medical photography with unexplained/NAI cases but is preferred.
6	<p>If a child is admitted under one of the sub-specialities (Burns, Plastics or Orthopaedics) the admitting team MUST consult with the ED Paediatrician/Registrar.</p> <ul style="list-style-type: none"> A Consultant or senior Registrar will directly consult with the ED Paediatrician/Registrar and be clear about their rationale for concern. The sub-speciality medical team will clearly document their concerns and the reason for considering the presentation unexplained/non-accidental in the child's clinical file.
7	<ul style="list-style-type: none"> Kidz First Emergency Department (KFED) staff will ring Middlemore Central (MMC) and organise the Observer. CM Health pays for the first 24 hours of supervision by the Observer and thereafter Oranga Tamariki will be liable for payment (an Oranga Tamariki ROC must have been sent within the first 24 hours).
8	<p>KFED staff will convey at the time of handover to the appropriate ward the following:</p> <ul style="list-style-type: none"> The decision on the need for an Observer. The designated caregiver for the child/young person. Any visiting restrictions of other family members. Identity of the Oranga Tamariki Social Worker and Police Officer (if this is known). All relevant clinical handover as per requirements.
9	<p>When the child is transferred to the ward, staff will ensure the following are implemented:</p> <ul style="list-style-type: none"> Nurse the child in a room central to the nurses' station where possible. Ensure curtains remain open at times when no nursing intervention is required. A single room can be utilised if available and the 'Observer' is in place. Communicate in an open, honest and transparent way with family members. Involve cultural support as appropriate.
10	ALL admissions with unexplained/inflicted injuries will be seen by the ward Paediatric Team.
11	<p>When a child is admitted for acute surgery under a sub-speciality (Burns, Plastics or Orthopaedics) team with unexplained/possible NAI, a senior medical clinician from the admitting team should consult with the ward Paediatrician/Registrar at the earliest convenience.</p> <ul style="list-style-type: none"> A formal referral form will be completed. The ward Paediatric team (Paediatrician/Registrar) will assess the child and complete the physical injury booklet prior to the 24 hours Intersectorial meeting with Oranga Tamariki/Police. The ward Paediatrician/Registrar will have a formal discussion with the admitting sub-specialty Consultant/Registrar prior to the 24 hours Intersectorial meeting.
12	The ward Paediatrician will have access to colleagues experienced in the field of child abuse and neglect for telephone consultation and support for those children that present to ED or the inpatient setting. Support will be offered in the following ways:


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	<ul style="list-style-type: none"> • Phone consult/discussion with a more experienced Paediatrician on a roster system. • Review patient in ED/Ward when available to do so. • Peer review at MDT within 1-2 weeks of admission.
13	Oranga Tamariki will determine if there are any restrictions on visiting for particular family members. This will involve statutory interventions to ensure the child/young person's safety. Oranga Tamariki will supply written notification on Oranga Tamariki letterhead detailing these restrictions and this will be kept in the child/young person's clinical record.
14	<p>Interpreting Services should be contacted when necessary to ensure effective communication is maintained with the family throughout the hospital admission.</p> <ul style="list-style-type: none"> • Nursing staff to ensure both family and interpreter are not known to each other from outside of the hospital and that both feel comfortable working with each other.
15	<p>Ensure the family have access to cultural support services as soon as is practicable.</p> <ul style="list-style-type: none"> • If family consent to cultural support, nursing staff to make the referral at the earliest opportunity. • This should be offered and recorded in the clinical record throughout the inpatient stay.
16	<p>If at any time the parents or caregiver requests to take the child/young person away from the ward they then should be advised of the following:</p> <ul style="list-style-type: none"> • Explain the reasons the child needs to remain on the ward area. • Use de-escalation techniques to prevent volatile situations. • Inform hospital security to assist and support nursing staff. • If parents or caregivers refuse and remove the child then call 111 and inform the Police. • Staff should inform the Charge Nurse Manager (CNM) or shift co-ordinator, medical staff, MMC and Oranga Tamariki Social Worker if the family leave the ward with the child/young person. • All actions should be documented in the clinical record at the time of occurrence.
17	<p>The observer will be briefed on their role by the Registered Nurse (RN) responsible for the child/young person. This includes:</p> <ul style="list-style-type: none"> • A copy of the roles and responsibilities of the Observer (see Appendix 1). • A full handover from the RN responsible for the child's care. • At any time the Observer should be encouraged to contact the RN for assistance. • Remaining in the room at all times. • Explain the need to monitor the interactions between the child/young person and caregiver. • Observe interactions between other family members and any other unusual family dynamics. • The Observer is not involved in any direct patient cares unless previously arranged. • The Observer will complete half hourly documentation on the designated watch observation form and feedback to the RN any concerns they may have immediately. • The Observer will document any concerns in the comments field of the watch documentation form specifically in regard to the following:

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	<ul style="list-style-type: none"> • Child/Caregiver interactions: <ul style="list-style-type: none"> ○ General cares. ○ Feeding. ○ Soothing. ○ Positive interactions/behaviours. ○ Negative behaviours/interaction. • The RN will obtain from the Observer a summary of their findings at the end of each shift or at any time throughout the shift if concerns arise. • A summary will be recorded by the RN in the patient's clinical record. • The RN will facilitate the required breaks for the Observer and someone to replace them during these times.
18	<p>It is the responsibility of the RN to accompany the child to any investigations and remain with the child throughout this process. A designated Health Care Assistant (HCA) may, on occasions where it has been deemed appropriate, accompany the child. This will only be agreed after the following:</p> <ul style="list-style-type: none"> • Determine that the child is medically well. • Consult with the medical staff and CNM. <p>The investigations may include:</p> <ul style="list-style-type: none"> • X-rays - including skeletal survey. (Two members of staff must attend this procedure, with at least one being an RN). • MRI. • CT scan. • Ophthalmology.
19	<p>In preparation for the Ophthalmology review, the following needs to be considered by the Paediatric medical team or CNS Child Protection Service:</p> <ul style="list-style-type: none"> • Consult with the on-call Ophthalmologist at Greenlane eye clinic to determine an appropriate time for the procedure. • Ideally, the Ophthalmology review should be done within the first 24 hours of admission. • Determine when the baby's eye drops need to be given in consultation with the Paediatric team. • Ensure the eye drops are prescribed with the correct time noted. • If administered at CM Health, then the RN responsible for the child's care will complete this task. • Organise transport to Greenlane with either a transit nurse, RN or HCA as deemed appropriate. • The eye drops are often administered by registered nursing staff at Greenlane.
20	<p>Parents/caregivers and family will be informed of all investigations throughout the hospital stay and explanations will be given to ensure they understand the reasons for them.</p>
21	<p>An Intersectorial meeting will be arranged within 24 hours of admission (week days) or as soon as possible after admission, usually by the CM Health Social Worker and supported by the Child Protection Service. This will involve the following:</p> <ul style="list-style-type: none"> • Paediatrician. • Other medical specialties. • CM Health Social Worker. • Oranga Tamariki Social workers. • Police.

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	<ul style="list-style-type: none"> • Cultural support as appropriate. • General Practitioner wherever practicable. • Midwife (where applicable). • RN responsible for child/young person's care. • A member of the Child Protection Team should facilitate the meeting and take minutes where available. • A formal report required by the Police will be completed by the attending Paediatrician/Sub-specialty Consultant. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>An email will be requested from the Oranga Tamariki site Manager giving confirmation that the 'Observer' or care partner is to remain in place.</p> </div>
22	Oranga Tamariki and Police personnel should be asked to produce identification on arrival and they will be expected to identify themselves to the CNM or the shift co-ordinator. Contact numbers for the Oranga Tamariki Social Worker and Police should be recorded in the child's clinical record.
23	Oranga Tamariki and the Police are NOT allowed to write in the CM Health clinical record. The RN responsible for the child will liaise with Oranga Tamariki and Police after any visit and document any information in the clinical record.
24	The CM Health Social Worker case manages all unexplained/possible NAI, working in collaboration and consultation with Oranga Tamariki Liaison Practice Leader, medical staff and the Child Protection Service.
25	The CM Health Social Worker will be the point of contact for the Police and Oranga Tamariki throughout these cases.
26	A discharge planning meeting will be initiated, where necessary, alongside the family by the CM Health Social Worker and involve all of the inter agencies, Oranga Tamariki, Police and community agencies prior to discharge of the child.
27	The clinical documentation will be the responsibility of all health professionals involved in the child's care. It will contain precise, objective and accurate information throughout the hospital admission.
28	<p>ALL in-patient cases of unexplained/ possible non-accidental injury will be peer reviewed on a weekly basis by the Child Protection Service. A formal child protection case review will occur monthly and will be arranged by the Child Protection Service:</p> <ul style="list-style-type: none"> • The second Wednesday of the month from 10-11am. • Formal invites will be given. • The clinical notes will be available. • Clinical Portal and clinical photographs may be viewed. • Discussion on case management and outcomes. • Opportunity for Paediatrician to have formal report reviewed prior to completion. • Colleagues from Te Puaruruhau (Regional Service) will participate bi-annually in joint case reviews to offer expert peer support.

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Repeat Skeletal Survey

Step	Action
1	Once confirmed that a repeat skeletal survey (RSS) is required; CP CNS will request the procedure on Regional Clinical Portal and liaise with radiology to obtain date and time. Where possible this will occur prior to discharge. CP/VIP team will record the appointment details in the clinical notes and inform admitting SMO. Appointment details should be included in the discharge summary (if available).
2	CP/VIP team to ensure caregiver is aware of the RSS procedure and process.
3	Where it is not possible to establish appointment detail prior to discharge, CP/VIP team will be responsible for obtaining the appointment letter from radiology and sharing this with the Oranga Tamariki Social Worker/Supervisor. The CP/VIP team will contact caregivers to advise of appointment details.
4	CP/VIP team to email Oranga Tamariki Social Worker/CNM/Ward CNS/Ward Social Worker/admitting SMO and SMO covering on the RSS admission day; the NHI, date and time of procedure. Additional relevant information such as if sedation may be required should be included.
5	CP/VIP team to enter the patient details in the Ward Clerk diary as an arranged admission. This could be on either Kidz First Surgical or Medical ward.
6	Clinical notes to be recalled by the Ward Clerk in preparation for admission.
7	Prior to the day of admission: <ul style="list-style-type: none"> CP CNS/RN to contact caregiver the day prior to their appointment to remind them of the details/time, give advice of any nil by mouth requirements and to complete any screening questions for COVID-19.
8	On the day of admission, a nursing assessment is carried out by ward staff prior to procedure. This will include but not limited to: <ul style="list-style-type: none"> Screening questions for COVID-19. Observations TPR. Name bracelet. Clinical records/drug charts. Assessing sedation prior to the procedure should this be warranted. Discussion with caregiver regarding child's coping strategies.
9	CP CNS/RN (if available) or Ward CNS to engage caregiver and ensure that all of the necessary processes and steps are in place for a smooth transition to the x-ray department.
10	Two CMH staff members to accompany and hold for the procedure (Caregiver supported to remain on the ward where possible). This may be an RN/HCA or RN/Student combination. If sedation is required, two RN's or a Doctor/RN will be required accompany child. On occasion and with negotiation, members of the CP/VIP team may be able to assist with this.
11	Ward CNS to facilitate discharge once the procedure is completed and, where applicable, the child has recovered fully from any sedation.
12	Discharge summary to be completed by ward CNS.
13	Original admitting SMO to include the outcome of the RSS in their medical report to Oranga Tamariki and Police.
14	Should there be any abnormal findings, SMO to inform caregiver otherwise CP CNS/RN to advise family of the formal report of procedure.

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15	CP/VIP team to email Oranga Tamariki and Police to advise procedure has been completed.
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References

1. Memorandum of Understanding between CYF, the New Zealand Police and the DHB (2011). *Schedule 1: Children Admitted to Hospital with Suspected or Confirmed Abuse or Neglect*. Wellington.

Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
CM Health	Counties Manukau Health
CNM	Charge Nurse Manager
CNS	Clinical Nurse Specialist
CP CNS	Child Protection Clinical Nurse Specialist
CT	Computed Tomography
HCA	Health Care Assistant
KFED	Kidz First Emergency Department
Oranga Tamariki	Oranga Tamariki Ministry for Children
MMC	Middlemore Central
MRI	Magnetic Resonance Imaging
NAI	Non-Accidental Injury
NCC	National Call Centre
RN	Registered Nurse
ROC	Report of Concern
RSS	Repeat Skeletal Survey
VIP	Violence Intervention Programme

Associated Documents

Other documents relevant to this guideline are listed below:

NZ Legislation	Health Practitioners Competency Assurance Act. Privacy Act. Health Information Privacy Code – Revised. Health and Disability Code of Consumers Rights. Accident Rehabilitation and Compensation Insurance Act. Humans Right Act. Official Information Act. Oranga Tamariki Act. Treaty of Waitangi. Family Violence Act.
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CMDHB Clinical Governance Policies	Use of Abbreviations in the Clinical Record. Informed Consent. Informed Consent (Children and Youth) Policy. Standing Orders for Delegated Medical Authority Policy. Policy; Medication – requirements, administration, certification and registration. Smoke free Policy. The Safe Management and Privacy of Health Information Policy. Tikanga Best Practice. Hand Hygiene Policy. Policy Clinical Observers. Policy: Identification of patients/clients. Policy: Refusing Treatment. Initiating a Hospital Watch procedure. Child Abuse and Neglect Policy. Child Abuse and Neglect Procedure.
NZ Standards	Nursing Council of New Zealand Competencies for Registered Nurses Nurses Scope of Practice Health and Disability Sector Standards.
Organisational Procedures or Policies	Nurse Credentialing Guideline. Documentation in the Clinical Record Procedure. Blood Body Fluid Exposure Procedure. Hand Hygiene Procedure. Standard Precautions Procedure.
Other related documents	M.O.U. (2009) Oranga Tamariki, CM Health and NZ Police. Child Protection Protocol (CPP) agreed between CYF and the New Zealand Police (April 2010) Office of the Children's Commissioner (2006). Safety of Children in Hospital. Wellington.

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Appendix 1

Kidz First Observer -Roles & Responsibilities

When requested to carry out the duty of an 'observer' on Kidz First clinical areas the child has been admitted with an unexplained or non-accidental injury. Oranga Tamariki and Police will be involved in the case management of these children.

You will be expected to do the following:

1. On arrival to the ward area receive a handover from the registered nurse (RN) responsible for the care of the child.
2. Remain with the child at all times including the playroom area.
3. Observe the interactions of any caregivers caring for the child and how they manage the child throughout the course of your shift. This includes:
 - a. When the child gets distressed how does the caregiver cope?
 - b. How do the adults behave with each other and the child?
 - c. If any aggression or abusive interactions occur who is involved?
 - d. How do the adults handle the child when managing day to day cares?
4. Inform nursing staff immediately (ring the emergency bell) if you are concerned about the child or behaviours of any adult member involved with the child's care.
5. Complete the 'observer' documentation form as per Counties Manukau Health (CMH) procedure alongside the RN responsible for the child throughout your shift.
6. If you overhear any concerning discussions/information you will share that immediately with the RN and document verbatim.
7. If you get any direct disclosure of concerning information from a caregiver in the course of your shift inform the RN immediately and document as soon as possible.

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PATIENT OBSERVATION FORM

Completed Form to be placed in child's Clinical Record

Time <i>(every 30 minutes from beginning of shift)</i>																			
RN hourly check <i>(sign)</i>																			
Observer meal relief <i>(sign)</i>																			
Interactions observed	<i>0 = appropriate 1 = inappropriate 2 = highly concerning</i>																		
Response to child's needs <i>(day to day cares)</i>																			
Response to distressed child																			
Interaction between adults/visitors																			

Comments	
Specific concerns raised and actions taken <i>(include names and times)</i>	

RN name and signature _____ Date and time _____

Observer name and signature _____ Date and time _____

Document ID:	A14398	CMH Revision No:	11
Service :	Child Protection Service	Last Review Date :	13/01/2022
Document Owner:	Coordinator - Child Protection - Kidz First	Next Review Date:	13/01/2025
Approved By:	Kidz First Documentation Review Group	Date First Issued:	28/07/2010

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