



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## Policy Child Protection and Welfare

### National Ambulance Service (NAS)

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<b>Revision number</b>	<i>1</i>	<b>Document approved by</b>	<i>Martin Dunne Director</i>
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## **1.0 POLICY STATEMENT**

- 1.1 The HSE, and An Garda Síochána, under the Child Care Act, 1991 are the two agencies in the State, that currently have statutory responsibility for child protection and welfare of children. The National Ambulance Service (NAS) has an important role in identifying children who are not receiving adequate care or protection. NAS will refer all concerns related to children's welfare to the receiving hospital, or in cases which could be described as an emergency, to the Gardaí.
- 1.2 As an emergency service that is called upon to deal with serious and untoward situations, NAS staff are likely to witness, come across or be informed of situations that give rise to child protection or welfare concerns. The National Ambulance Service has developed this policy to heighten awareness among its staff about child abuse, and to provide clear reporting procedures that they should follow for passing on their concerns.
- 1.3 While Children First Guidance is at present not on a statutory footing, the implementation of Children First is mandatory for all HSE staff. As HSE employees, all NAS staff have a responsibility to report all child protection concerns.

## **2.0 PURPOSE**

- 2.1 All children have the right to be safeguarded from harm and their safety and welfare is paramount. The overarching aim of the policy is:
  - A. To promote the safety and well-being of children
  - B. To assist Practitioners in the identification and reporting of child abuse and neglect, and to deal effectively with concerns
  - C. To identify situations where, although the child is not subjected to abuse, they are not receiving the care and support all children need.

## **3.0 KEY PRINCIPLES OF BEST PRACTICE**

- 3.1 The welfare of children is of paramount importance
- 3.2 A proper balance should be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is conflict the child's welfare must come first.
- 3.3 Children have a right to be heard, listened to and taken seriously.

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- 3.4 All Practitioners working directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care they offer.
- 3.5 It is essential that all Practitioners have access to advice and support from NAS. NAS staff may obtain support and advice from their relevant Ambulance Control Centre/NAS Line Managers as required.
- 3.6 All NAS staff involved in working with children should attend training in safeguarding and promoting the welfare of children, and should have regular updates as part of any postregistration educational programme.
- 3.7 The prevention, detection and treatment of child abuse or neglect requires a co-ordinated, multi-disciplinary approach, effective management, clarity of responsibility and training of personnel in child protection and welfare.
- 3.8 Although parents/carers should generally be kept informed of the actions required in the interests of child protection, this may not always be practicable for NAS staff. It is particularly important that parents should not be informed of the Practitioner's concerns, in circumstances when this may result in a refusal to attend hospital, or in any situation where a child may be placed at further risk.

#### **4.0 SCOPE**

- 4.1 Applies to all NAS staff

#### **5.0 LEGISLATION/OTHER RELATED POLICIES**

- A. Children's First National Guidelines 2011
- B. Child Care Act 1991
- C. Ferns Inquiry 2005
- D. Monageer Inquiry 2008
- E. Ryan Report 2009
- F. Murphy Report 2009
- G. Roscommon Child Care Case 2010
- H. Cloyne Report 2011
- I. PHECC - Clinical Practice Guidelines 2012
- J. HSE - Child Protection and Welfare Practice Handbook 2011
- K. Trust in Care 2005 (for HSE Funded Care)
- L. Protected Disclosure of Information in the Workplace Procedure 2009 (for HSE Funded Care)

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## 6.0 GLOSSARY OF TERMS AND DEFINITIONS

- 6.1 Paediatric patients are defined as patients less than the age of 16.
- 6.2 A Child is defined under the Child Care Act 1991 as anyone under the age of 18 years who is not married.
- 6.3 **Neglect:** an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision, safety, attachment to and affection from adults, medical care.
- 6.4 **Emotional Abuse:** is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs and symptoms.
- 6.5 **Physical Abuse:** is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust.
- 6.6 **Sexual Abuse:** when a child is used by another person for his or her gratification or sexual arousal or for that of others.
- 6.7 **Welfare:** a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's welfare or development, which warrants assessment or support.
- 6.8 **Child protection concern:** when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually, or emotionally abused or neglected.
- 6.9 **Harm:** can be defined as the ill-treatment or the impairment of the health or development of a child.
- 6.10 **NAS:** National Ambulance Service
- 6.11 **PHECC:** Pre-Hospital Emergency Care Council
- 6.12 **CPGs:** Clinical Practice Guidelines
- 6.13 **ACC :** Ambulance Control Centre

## **7.0 ROLES AND RESPONSIBILITIES**

- 7.1 The Director of the NAS has overall responsibility and accountability for the provision, dissemination and implementation of Child protection and welfare policies and procedures.
- 7.2 The Education and Competency Assurance Team is responsible for delivering the educational component of the policy.
- 7.3 Operations Performance Managers are responsible for ensuring that Operations Resource Managers and Paramedic Supervisors are familiar with their responsibilities in operating the NAS Child Welfare and Protection Policy.
- 7.4 Ambulance control centre Managers are responsible for ensuring that ACC Supervisors, Dispatchers and Call Takers are familiar with their responsibilities in operating the NAS Child Welfare and Protection Policy.
- 7.5 ACC Managers are also responsible for ensuring that incidents are recorded accurately and that a HSE designated Officer has informed the HSE Child Protection Team.
- 7.6 EMTs, Paramedics and Advanced Paramedics must adhere to the NAS Child Welfare and Protection Policy and, if required, seek advice immediately.

## **8.0 RESPONSIBILITY OF NAS STAFF IN SAFEGUARDING CHILDREN**

- 8.1 All NAS personnel working directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of care they offer to children.
- 8.2 All NAS personnel should ensure that they are conversant with the NAS duty of care towards children and know where to find a copy of the NAS Child Welfare and Protection policy documents.
- 8.3 All NAS personnel should be aware of what constitutes reasonable grounds for a child protection or welfare concern.
- 8.4 All NAS personnel should know what actions to take if there are reasonable grounds for a child welfare or protection concern to exist.
- 8.5 The NAS personnel are not there to investigate suspicions, but to be aware of safeguarding issues and to pass on their suspicions or concerns to the appropriate agency, e.g. the Emergency Department as soon as possible.

## **9.0 WHAT CONSTITUTES REASONABLE GROUNDS FOR A CHILD PROTECTION OR WELFARE CONCERNS**

- 9.1 An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concerns that It may be the case of abuse.
- 9.2 Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- 9.3 Admission or indication by someone of an alleged abuse.
- 9.4 A specific indication from a child that he or she was abused.
- 9.5 An account from a person who saw the child being abused.
- 9.6 Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.  
*(Child Protection and Welfare Practice Handbook, (2011), 2.2, p30)*

## **10.0 ACTION WHEN A CHILD PROTECTION OR WELFARE ISSUE IS SUSPECTED**

- 10.1 NAS staff should follow their normal history taking routine and note any inconsistencies in history, delay in calling for assistance and injury patterns. They should limit their history taking to those of routine history taking, asking only questions in relation to the injury, or for clarification of what is being said.
- 10.2 They should not question the child, but should listen and react appropriately to instil confidence. They should avoid unnecessary questioning when their suspicions are clarified. The crew should write down exactly what has been said.
- 10.3 NAS staff should accept the explanations given, and not make any suggestions to the child as to how the injury or incident may have happened.
- 10.4 Parents/carers should generally be kept informed of the actions required in the interest of child protection. This may not always be practicable and may not be appropriate in circumstances such as may result in a refusal to attend hospital or in any situation where a child may be placed at further risk.
- 10.5 If NAS staff attend/speak to a child and are concerned that the child may have been either physically, sexually, emotionally abused, or neglected, they should take the following actions:

- A. If the child is the patient, and the parents/carers agree that he/she is to be conveyed to hospital. The ACC should be notified and the child conveyed to hospital.
- B. On arrival at the Emergency Department they should speak to the most senior member of nursing staff on duty and ensure the Patient Care Report (PCR) is completed on handover. Practitioners must ensure that the full details of their concerns/suspicions are objectively documented in the 'Additional Information' section of the PCR and that the person receiving the handover is made aware of this information. PCR documentation should be factual, listing causes for concern but not opinions or diagnosis of child abuse.
- C. This should be done away from a public area and in private if possible.
- D. The crew must complete the NAS Child Protection and Welfare Form (Appendix II), and then call the relevant ACC and ask to speak to the ACC Manager/ ACC Supervisor.
- E. The information recorded on the NAS Child Protection and Welfare report form is then given to the ACC Manager/Supervisor who records the detail on their electronic version of the same form and then forwards it to the appropriate Social Work Department.
- F. The call should now be flagged/tagged on the CAD system.
- G. The crew, after they have given the information to the ACC, must then ensure that the original Child Protection and Welfare Form is attached to the hospital copy of the PCR as soon after handover as practically possible and before going "Clear".
- H. If the child is the patient and the parents/carers refuse to allow them to be conveyed to hospital, the crew should inform the relevant ACC whom must in turn, contact the Gardai and request that they attend the scene.
- I. In cases where the child is not the patient and where a Practitioner believes that the child is at immediate risk of harm, they should request Gardai attend the scene through the relevant ACC.
- J. If the crew are concerned about a child on-scene, but believe they are not at immediate risk, then they should inform the relevant ACC. The ACC Call Taker will complete the Child Protection and Welfare Form (Appendix II), tag/flag the call and notify the ACC Manager who in turn will forward the report to the relevant Social Work Department.



- 10.6 There may be occasions when incidents of actual or potential child abuse are identified by ACC Call Takers over the telephone.
- 10.7 In the event that the caller subsequently refuses NAS attendance, the Call Taker must ensure that accurate records of the call are kept.
- 10.8 The Call Taker must complete the Appropriate Child Protection and Welfare Form (Appendix II) and ensure their ACC Manager/Supervisor is notified and the call must also be flagged/tagged on the CAD.
- 10.9 The ACC Manager/Supervisor must contact the relevant Social Work Department and [speak with a Social Worker or the Gardai out of hours.](#)
- 10.10 [Ensure the completed Appendix II is sent to Social Work Contact also, by ACC Manager.](#)

## **11.0 GARDA ASSISTANCE**

- 11.1 The Gardaí have legal powers to remove a child to safety under Section 12 of the Child Care Act (1991). Where a child has been removed under Section 12, the child shall be delivered into the custody of the HSE.
- 11.2 In circumstances where a Practitioner(s) think(s) that a child is at risk of harm, the Practitioner(s) should request the attendance of the Gardaí. This request should be made in the absence of the caregiver/s and on a secured phone/digital network.
- 11.3 Child and Practitioner safety is paramount. The Practitioner(s) must not put themselves at risk, or escalate the situation to the extent that it might put either themselves or the child in danger. They should withdraw to a safe location and await Gardaí assistance.
- 11.4 There may be circumstances where there are concerns for the unborn child e.g. when a pregnant woman has been physically assaulted or is alcohol/substance dependent. This should be notified to the receiving Emergency Department.

## **12.0 RESPONDING TO A CHILD WHO DISCLOSES ABUSE - GUIDELINES**

- 12.1 Remember, a child may disclose abuse to you as a trusted adult at any time during your work with them. It is important that you are aware and prepared for this.
- 12.2 Be as calm and natural as possible.
- 12.3 Be aware that disclosures can be very difficult for the child. Remember, the child may initially be testing your reactions

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and may only fully open up over a period of time. Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to.

- 12.4 Do not pressurise the child. Allow him or her to disclose at their own pace and in their own language.
- 12.5 Conceal any signs of disgust, anger or disbelief, accept what the child has to say - false disclosures are very rare.
- 12.6 It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child.
- 12.7 When asking questions:
  - A. Questions should be supportive and for the purpose of clarification only.
  - B. Avoid leading questions, such as asking whether a specific person carried out the abuse.
  - C. Avoid asking about intimate details or suggesting that something else may have happened, other than what you have been told. Such questions and suggestions could complicate the official investigation.
- 12.8 Confidentiality - Do not promise to keep secrets
- 12.9 At the earliest opportunity, tell the child that:
  - A. You acknowledge that they have come to you because they trust you.
  - B. You will be sharing this information only with people who understand this area and who can help. There are secrets, which are not helpful and should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further ongoing hurt.
  - C. By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. It is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

### **13.0 IMPLEMENTATION PLAN**

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- 13.1 Each member of NAS staff will undertake a module of training related to this policy
- 13.2 This Policy will be circulated electronically to all Managers, all Supervisors and Staff
- 13.3 This Policy will be available electronically in each Ambulance Station and the ACC for ease of retrieval and reference
- 13.4 All ACC managers will ensure that the Child Protection and Welfare Form (Appendix II) is available in both electronic and hard copy within the ACC
- 13.5 Each Operation Resource Manager will ensure that an adequate amount of Child Protection and Welfare Forms (Appendix II) are available in every NAS Vehicle and Station
- 13.6 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

#### **14.0 REVISION AND AUDIT**

- 14.1 The Medical Director has the responsibility for ensuring the maintenance, regular review and updating of this policy.
- 14.2 The policy and procedure will be reviewed informally on an on-going basis and formally when necessary following changes in procedures and/or legislation.
- 14.3 Any variations must be agreed at a national level by the Director and the National Leadership Team.

#### **15.0 REFERENCES**

- ∩ Child Protection and Welfare Practice Handbook - HSE
- ∩ Children First National Guidance (2011)
- ∩ London Ambulance Service, Child Protection Policy
- ∩ East Midlands Ambulance Service, Child Protection Policy

#### **16.0 APPENDICES**

**Appendix I** - Policy Acknowledgement Form

**Appendix II** - NAS Child Protection and Welfare Report Form

**Appendix III** - NAS Child Protection and Welfare Staff Summary

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**APPENDIX II**

**NATIONAL AMBULANCE SERVICE  
CHILD PROTECTION AND WELFARE REPORT FORM**

<b>Child's name(s)</b> .....	<b>Address</b>														
<b>Age / DOB</b>															
<b>Next of kin</b> .....	<b>Incident number</b> .....														
<b>Date</b>	<b>Crew</b> 1. ....PIN:.....														
<b>Time</b>	2. ....PIN:.....														
	<b>Call sign</b>														
<b>Concerns (please tick):</b> <b>Physical abuse</b> <b>Sexual abuse</b> <b>Neglect</b> <b>Emotional abuse</b> <b>Parental incapacity</b>	<b>Reason for concern (please tick):</b> <b>Physical signs</b> <b>Inconsistent story</b> <b>Behavioural / developmental signs</b> <b>Environment</b> <b>Disclosure by victim/other person</b>														
<b>Please give a brief description of your concerns, including the general appearance, state of health, demeanour and behaviour of the child:</b>															
<p><b>Version of events given by the child (do not interrogate the child):</b></p> <p>Child too young to speak <span style="float:right">Child does not speak English</span>          Not possible to speak to child alone</p> <p><b>If child able to speak, what he / she says happened:</b> .....</p> <p>.....</p> <p>.....</p>															
<b>Details of significant family members, members of staff, friends or other people who are with the child, e.g. childminder:</b>															
<p><b>Home circumstances - is the child:</b></p> <table border="0"> <tr> <td>Fostered</td> <td>Yes</td> <td>No</td> <td>With a childminder</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Living with parents</td> <td>Yes</td> <td>No</td> <td>Living with other relatives</td> <td>Yes</td> <td>No</td> </tr> </table> <p>Unknown</p>				Fostered	Yes	No	With a childminder	Yes	No	Living with parents	Yes	No	Living with other relatives	Yes	No
Fostered	Yes	No	With a childminder	Yes	No										
Living with parents	Yes	No	Living with other relatives	Yes	No										

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<b>Is the child a resident of a residential care home / hostel?</b>		Yes	No	Unknown			
<i>If Yes, please state name and address of the home / hostel</i>							
<b>Do have concerns about the environment or home</b>		Yes	No				
<b>If Yes, please give details:</b>							
<b>Has an adult on scene been aggressive towards the child (or the crew)?</b>		Yes	No				
<b>Is there evidence of family / domestic violence?</b>		Yes	No				
<b>Do you think the child is at risk/ if he/she remains in this environment?</b>		Yes	No				
<b>Are the parents aware of your concerns?</b>		Yes	No				
Child conveyed to hospital	Yes	No	Parent / carer conveyed to hospital	Yes	No		
Not conveyed to hospital	Yes	No	Accompanied by other person .....				
<b>Reported to:</b>			<b>Reported to:</b>				
Hospital			Emergency Operations Centre				
Hospital staff reported to.....			Yes			No	
ACC staff reported to.....			Gardaí			Yes	No
Practitioner 1 signature.....							
Practitioner 2 signature.....							
Date / Time .....							

**For advice/support ring the Ambulance Control Centre on the contact numbers related to this policy and speak to the Senior ACC Manager on duty.**

Until further notice the following telephone numbers are to be used.

Townsend Street 021 464 0842

Ballyshannon 071 985 1888

Castlebar 094 906 3000 094 906 3093

Limerick 061 228 799 061 482 215 061 482 297

Tullamore 057 935 8165

Wexford 053 916 5118

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### **APPENDIX III**

#### **NATIONAL AMBULANCE SERVICE CHILD PROTECTION AND WELFARE STAFF SUMMARY**

If NAS staff attend/speak to a child and are concerned that the child may have been either physically, sexually, emotionally abused or neglected, they should take the following actions:

- A. If the child is the patient, and the parents/carers agree that he/she is to be conveyed to hospital, ACC should be notified and the child conveyed to hospital.
- B. On arrival at the Emergency Department they should speak to the most senior member of nursing staff on duty and the Patient Care Report (PCR) is completed on handover. Practitioners must ensure that the full details of their concerns/suspicions are objectively documented in the 'Additional Information' section of the PCR.
- C. This should be done away from a public area and in private if possible.
- D. The crew must complete the NAS Child Protection and Welfare Form (Appendix II), and then call ACC and ask to speak to the ACC Manager/ ACC Supervisor.
- E. The information recorded on the NAS Child Protection and Welfare report form is then given to the ACC Manager/Supervisor who records the detail on their electronic version of the same form and then forwards it to the appropriate Social Work Department.
- F. The call should now be flagged/tagged on the CAD system.
- G. The crew, after they have given the information to ACC, must then ensure that the original Child Protection and Welfare form is attached to the hospital copy of the PCR as soon after handover as practically possible and before going "Clear".
- H. If the child is the patient and the parents/carers refuse to allow them to be conveyed to hospital, inform ACC. ACC must contact the Gardai and request that they attend the scene.
- I. In cases where the child is not the patient and where a Practitioner believes that the child is at immediate risk of harm, they should request Gardai attend the scene through ACC.
- J. If the crew are concerned about a child on-scene, but believe they are not at immediate risk, then they should inform ACC. A Call Taker or Dispatcher will complete the Child Protection and Welfare Form (Appendix II), tag/flag the call on the CAD System and notify the ACC Manager/Supervisor who in turn will contact the relevant Social Work Department.

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K. Until further notice the following telephone numbers are to be used.

Townsend Street 021 464 0842

Ballyshannon 071 985 1888

Castlebar 094 906 3000 094 906 3093

Limerick 061 228 799 061 482 215 061 482 297

Tullamore 057 935 8165

Wexford 053 916 5118