

# Child Protection in Emergency Departments in the Republic of Ireland



Dr H Cummins, Dr K McHugh, Dr A Ibrahim, Dr K Cunningham

Approximately 25% of patients presenting to Emergency Departments in the Republic of Ireland are children. Many children who present may have child welfare issues and some children will present with injuries due to Child Abuse. Irish Emergency Departments have significant resource and infrastructural deficits. Lack of privacy, confidentiality, time pressure and lack of individual experience can make detecting cases of Child Abuse difficult. Because of this it is imperative that there are clear systems and guidelines in place to facilitate the identification of Child Abuse and children at risk. Child Protection in the Irish Republic is underpinned by the *Children First Guidelines*.



## Methods

A structured questionnaire was sent to Emergency Medicine Consultants or Hospital Managers in the 37 acute hospitals in the Republic of Ireland in mid 2007.

Information collected included:

- presence of a hospital child protection plan
- access of staff to an At Risk Register
- training of doctors and nurses in child protection
- use of screening tools to identify children at risk
- availability of social work support and follow-up



## Results

35 out of 37 Hospitals replied to the questionnaire. This included the three dedicated Paediatric Hospitals in the greater Dublin area.

Only 18 EDs indicated that they had a Hospital Child Protection Plan. All the Paediatric Hospitals had such a plan.

Despite the relatively small population there is no national Child Protection or At Risk Register. There are local registers and staff at 5 EDs indicated that they could access such a register. However in all cases access was limited to 9-5 weekdays via the Social Work department.

At the time of the survey 15 EDs routinely informed the GP of attendances by children and in 4 hospitals the Public Health Nurse was also notified.

## Screening Tools

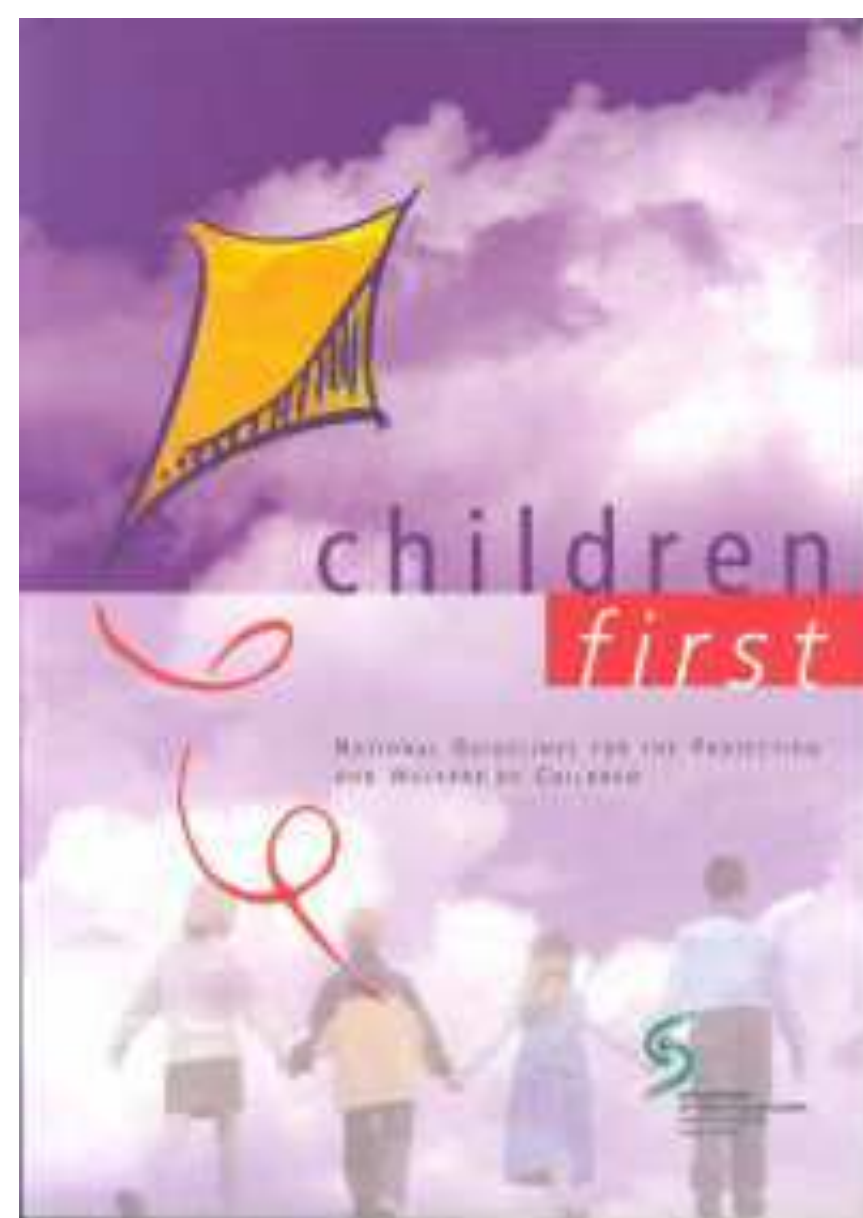
Because of the busy nature of Emergency Departments the use of a Screening Tool or Checklist has been recommended as an aide memoire to prompt awareness of Child Protection and Welfare issues.

When this is included in the triage process it makes assessment of Child Protection and Welfare an explicit action at each attendance.

Modern Information Technology is crucial for flagging risk yet there were Clinical Information systems in only 14 of the 35 responding hospitals.

| Previous Attendances                                | Yes / No |
|---|----------|
| <b>CP Concerns:</b>                                 |          |
| Delay in Presentation                               | Yes / No |
| Injury in non ambulant Child                        | Yes / No |
| Inconsistent History/Injury                         | Yes / No |
| Inappropriate Interaction                           | Yes / No |
| Other Concerns                                      | Yes / No |
| YES ? - Discuss with Senior Nurse / Doctor on duty. |          |

Sample Checklist



## Child Protection Training

Training in Child Protection was variable with NCHDs in only 22 EDs receiving any training and nurses in only 21. The structure and content of this training was not assessed by the questionnaire.

## Discussion

Like the Victoria Climbié case in the UK and other cases elsewhere Ireland has had its own number of sentinel cases of Child Abuse where victims have attended their local hospitals and Child Abuse has not been identified.

This survey shows that Child Protection services for children attending Emergency Departments in the Republic of Ireland are poorly developed and inadequate to identify all children at risk.

There is no national child protection register and local registers are not available outside office hours.

Staff training is inadequate, the use of screening tools is rare and access to social work support for children is poor.

The recommendations from the *Services for Children in Emergency Departments* from the Royal College of Paediatrics and Child Health (April 2007) should be adopted immediately to provide an acceptable level of emergency care especially in the area of child protection in the Republic of Ireland.

<http://www.collemergencymed.ac.uk/temp/1147-CEC-Child-Protection.pdf>

North Western Health Board (1998) *The Report of the Inquiry into the West of Ireland Farmer Case* Manorhamilton: North Western Health Board.

Western Health Board (1996), Kelly - a Child is Dead. Interim Report of the Joint Committee on the Family, Dublin: Government Publications Office.

| Summary Results   | No. of Hospitals n=35 |
|---|-----------------------|
| Child Protection Plan agreed between Social work and Paediatrics        | 18                    |
| Screening tool to identify children with child welfare issues           | 3                     |
| Emergency department access to an At Risk Register                      | 5                     |
| Child Protection training included in NCHD training programme           | 22                    |
| Access to Social Work Support outside of Monday – Friday 09:00 to 17:00 | 5                     |

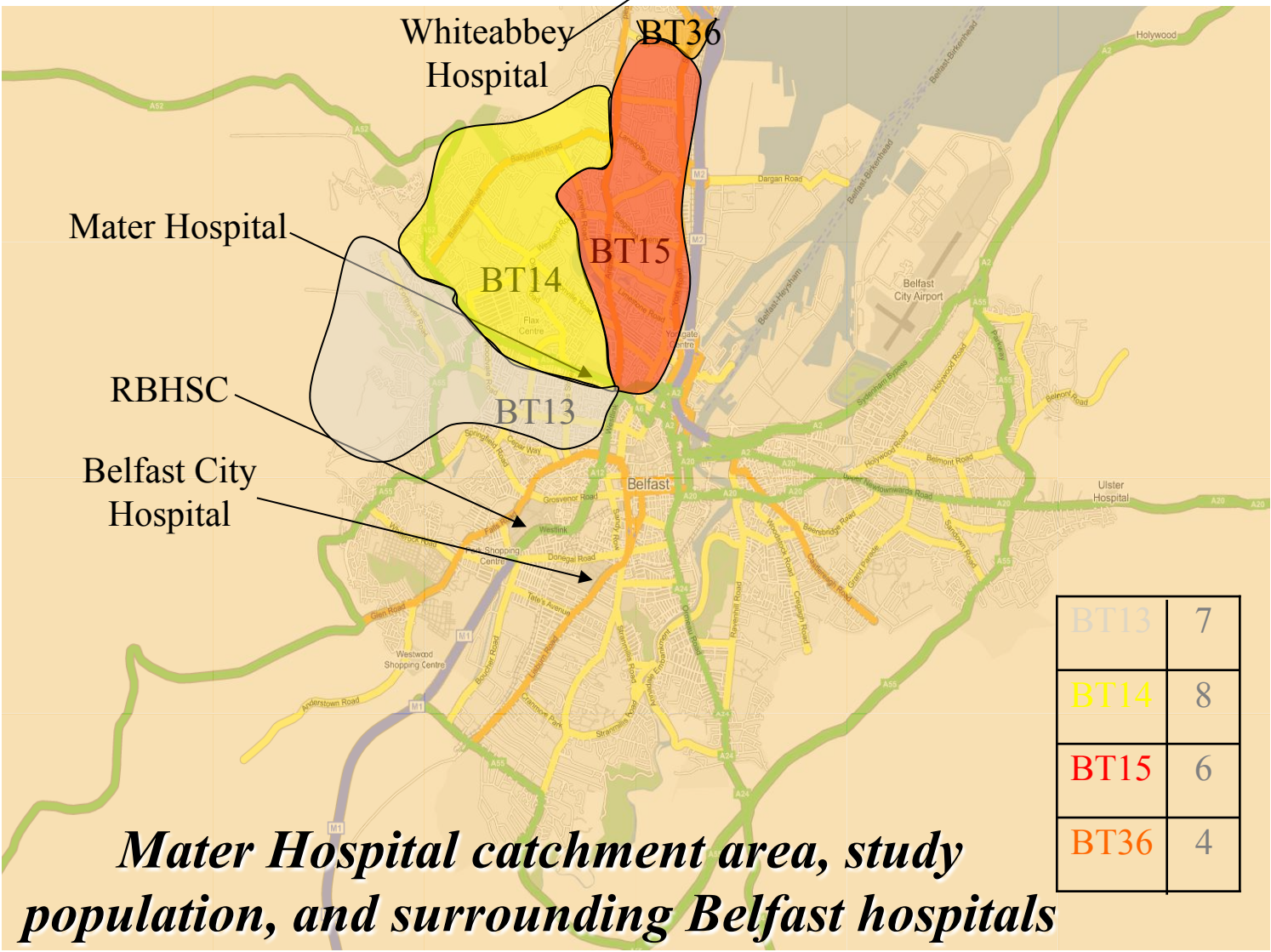


# Violence Related Injury in Children Attending an Inner City Emergency Department



Dr DR Green (Mater Infirmorum Hospital, Belfast), Dr K Cunningham (Sligo General Hospital, Sligo)

There is increasing interest in the use of Emergency Department injury data in planning community violence prevention initiatives<sup>1</sup>. The Mater Hospital Trust is situated in North Belfast and serves a largely urban catchment area with high levels of socio economic deprivation. The area has also suffered from significant community violence related to the conflict in Northern Ireland over the last thirty years. Victims of interpersonal violence are common in our Emergency Department and have included adolescents and young children. Relatively few studies have looked at violence related injuries in children<sup>2</sup>. All paediatric case notes at the Mater are reviewed on a daily basis by the duty Emergency Department consultant and because of the number of violence related injury attendances this study was initiated.



## Methods

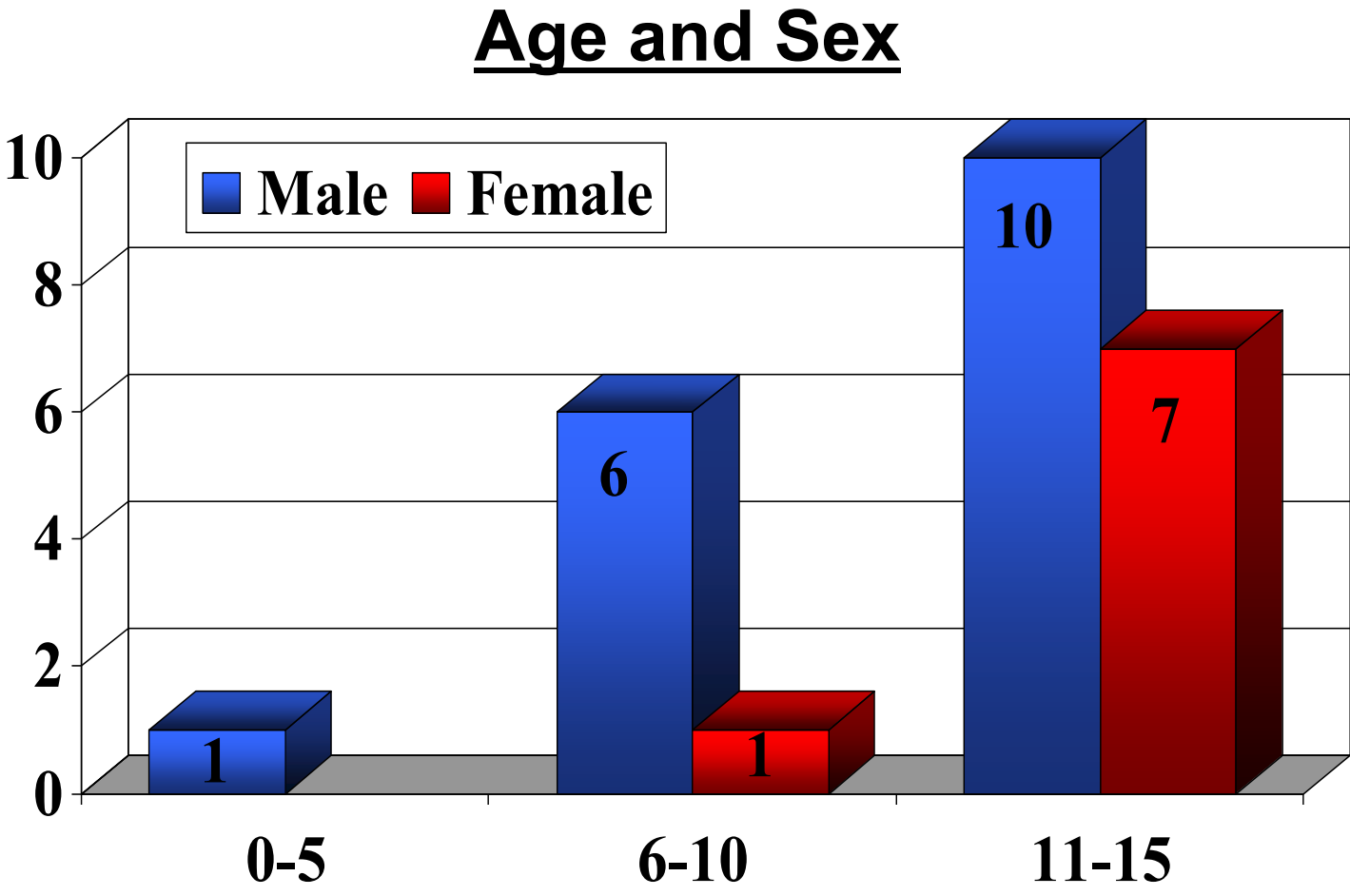
- Injury Record Review of all children under 16 attending over a two month summer period.
- Violence related injuries were defined as those resulting from a situation of conflict involving two or more persons with the intent to harm.
- Self inflicted injuries and injuries caused by child abuse where excluded.



Shankill Area, BT13

## Results

During the two-month study period 25 patients under the age of sixteen with violence related injuries presented to the Emergency Department (age range 5-15 years). This comprised 17 males and 8 females. There was one fatality during the study period. Six cases involved children under the age of 10.



## Type of Injury

Over half of the violence related injuries resulted in lacerations. Three sustained fractures;

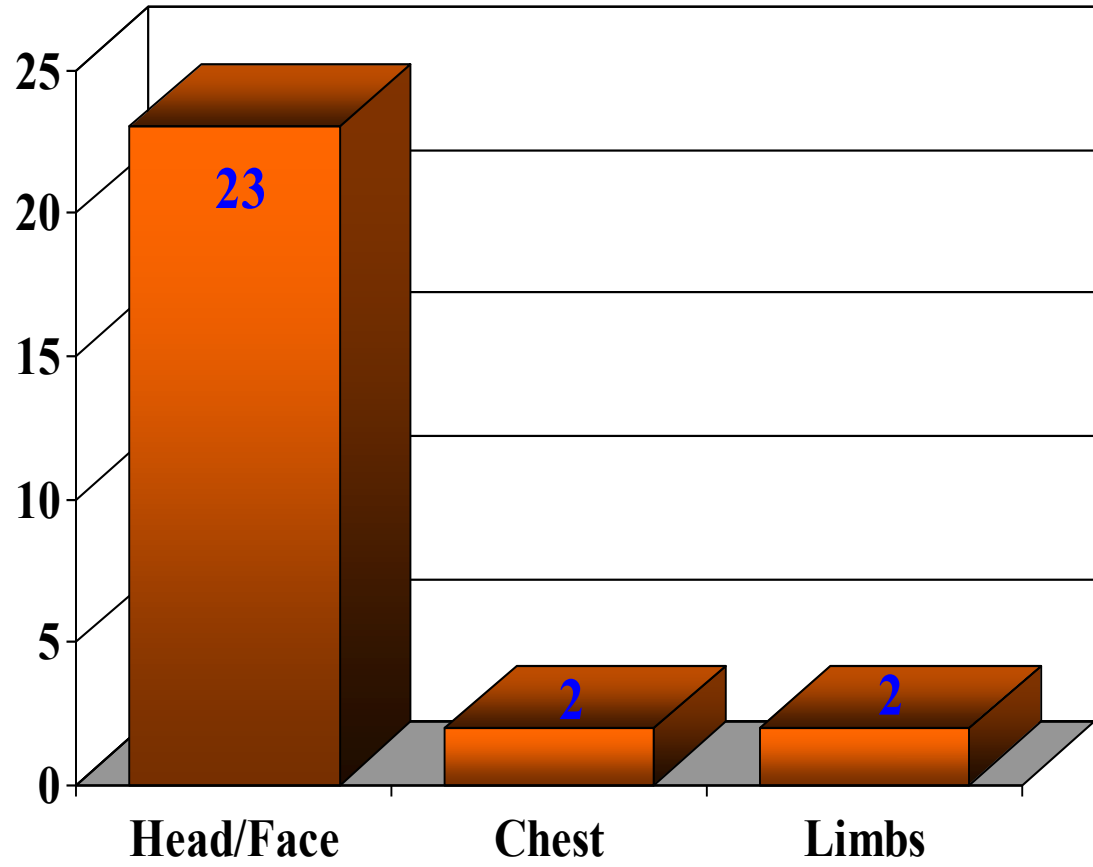
- # maxilla – punch
- # nose – punch
- # radius – arm pulled while patient resisting arrest (14yr, F).

One 15 year old received stab wounds to the chest and subsequently died.

Violence related injuries in children under 10

| Age | Mechanism          | Location | Injury            |
|-----|--------------------|----------|-------------------|
| 5   | Golf club          | -        | Facial swelling   |
| 6   | Missile – Beer can | Street   | Facial laceration |
| 7   | Golf club          | Street   | Scalp laceration  |
| 8   | Golf club          | Street   | Facial swelling   |
| 9   | Golf club          | Park     | Scalp haematoma   |
| 9   | - (Did not wait)   | -        | Scalp laceration  |

## Site of Injury



## Mechanism of Injury

Missiles included beer cans, bricks, slate, an aerosol can and stones. A knuckle duster was used in one of the assaults. Surprisingly golf clubs were used in 32% of assaults.

|            |   |
|------------|---|
| Missile    | 8 |
| Golf club  | 7 |
| Kick       | 2 |
| Punch      | 2 |
| Arm pulled | 1 |
| Baton      | 1 |
| Stabbing   | 1 |
| Other      | 3 |

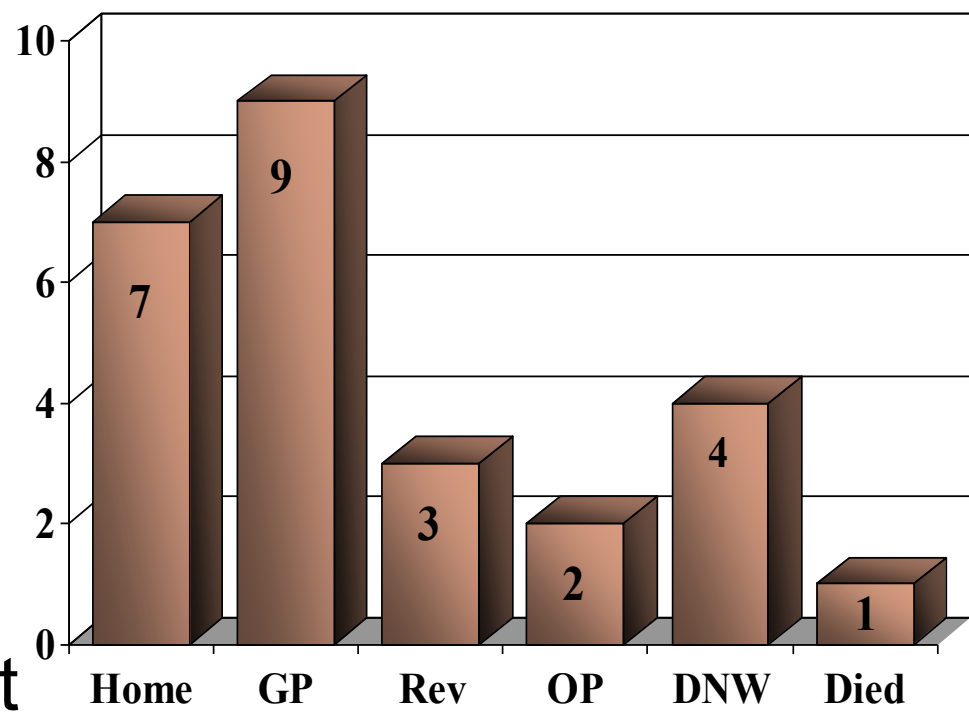
## Discussion

Even if we exclude the single fatality in the study period, this level of violence related injury in children is disturbing. While the Mater Hospital catchment area is North Belfast, the city has a dedicated Paediatric Emergency Department (RBHSC) approximately 3 miles from our Hospital. It is likely that other children from our area with violence related injuries are also treated there.

It is known that many violent incidents are not reported to the police, police involvement was recorded in only 3 of our cases. This confirms the value of Emergency Department violence related injury surveillance. We know that the U.K. Government has indicated that it plans to use injury data from Emergency Departments to inform Community Violence Prevention<sup>3</sup>, and it is important that Emergency Department violence related injury data includes specific information about incidents involving children. On-going collection of violence related injury data can allow National and International comparisons to be made as well as advising local violence related injury prevention initiatives.

## Injury Outcomes

Three patients required review in the emergency department while two required further specialist review. The nine G.P. reviews were for wound care and removal of stitches. Only seven patients did not require follow-up arrangements on discharge.



## Recommendations

- Violence Related injury data should be collected by all Emergency Departments
- Violence related injury data should include specific information on incidents involving children
- Prospective data collection in the Greater Belfast area should commence immediately
- Use of Golf clubs as assault weapons requires further study

**References:**

- 1) Shepherd JP, Sivarajasingam V, Rivara FP. Using injury data for violence prevention *BMJ*, 2000;321:1481-1482
- 2) Sege RD *et al.* Pediatric Violence-Related Injuries in Boston. *Arch Pediatr Adolesc Med*, 2002;156:73-76
- 3) Simmons J. Review of crime statistics: a discussion document. *London: Home Office*, 2000