LRI Emergency Department

Standard Operating Procedure for:

ED assessment of safeguarding issues in children aged under 2 years attending with burns

Staff relevant to:	ED medical and nursing staff
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Background

Most burns are accidental. A recent UK study estimated that only 10% of children admitted to burns units had sustained their injuries as a result of abuse. Within this group, burns due to neglect outnumber intentional burns by a ratio of 9:1.

Accidental scalds usually occur as “spill injuries”, this typically leads to a scald affecting the upper trunk, face and / or arms. The scald usually has an irregular edge, is variable in depth and deepest at the initial point of contact.

It takes **ONE** second for a child to sustain a scald when exposed to liquid at 60℃ (NB: the average setting for hot water in British homes is 55℃).

Intentional immersion scalds from hot water usually affect the lower limbs with or without the buttocks or perineum. Characteristically there is a clear upper border to the scalded skin area and the burn is of uniform depth. Often the skin behind the knee, in the crook of the elbow or the central part of the buttocks is spared: the limbs may have been bent at the time of immersion and the buttocks may have pressed against the surface of the bath.

Toddlers sustain accidental contact burns when they reach out and grab hot objects. These burns are typically on the palm of the hand, and are often a single burn.
Intentional contact burns are frequently multiple. They have clearly demarcated edges and involve unusual areas of the body such as the back, shoulders or buttocks (For more information see Core-Info burns review).

Guidance

• All burns in this age group need to be discussed with an ED senior (ST4+) Medicine

• The checklist (on next page) will help you and the ED senior to consider any relevant issues and to make a safe management plan for the child.

• You can print a crib sheet (page 4) before you see the child and use this later as the basis for your discussion with the ED senior.

• If, after considering the points on the checklist, the ED senior is happy that the injury is accidental the infant may be discharged from the ED.

• **If the child is discharged from the ED a Children`s Safeguarding Referral form ’ must always be completed on ICE** . If there are no concerns about the burn after using the checklist this should be clearly recorded on the form. The safeguarding team will use the information to notify the child’s health visitor about the attendance (NB: the Safeguarding Team will **NOT** inform social care if there are no concerns.) Completing the Children`s Safeguarding Referral is the joint responsibility of both nurses *and* doctors.

Checklist of issues for consideration		
Issues to consider	**Comments / examples**	**Suggested actions**
Has the child had any previous ED attendances?	This should raise level of concern as it correlates highly with neglect / abuse / failure of family to cope	On NerveCentre check CPIS for any safeguarding records. You will find CPIS on ED Clinician or ED Nurse notes. You can also check alerts on the left hand side on the main NerveCentre screen.
On the APT form, does it say that the child has an allocated social worker? On NerveCentre does it provide information in the Child Protection Information box highlighting that the child is, or has been in the last 12 months either Looked After or Subject to a Child Protection Plan?	Find out details of why Children's Social Care have been involved. Most families are open about this.	Be very wary of discharging child without discussing with their own or the duty social worker
Is the child under 6 months of age?	Innocent burns very uncommon, NAI highly likely	Very low threshold for referral to Paediatric middle grade doctor
What is the exact mechanism of injury?	Details needed. If history not fluent, alarm bells should ring. Check history consistent with assessment nurse history and ambulance patient report form.	
Is mechanism of injury compatible with child's developmental stage?	Natural variation – best witnessed (eg check yourself if the infant can roll over)	If not sure ask a colleague or the Paediatric middle grade doctor
Was it witnessed?	If no witness, beware taking facts for granted	Consider calling witness by phone (e.g. nursery, relative)
Where did the injury happen?	Would a reasonable person consider this to be a safe arrangement (supervision, environment etc)?	If unsure – ask a senior colleague for their opinion
Has medical attention been sought appropriately?	Most parents come straight to ED. If they didn't, were their thought patterns reasonable?	If unsure – ask a senior nurse or another senior doctor for their opinion
Are you communicating well enough with the family?	If poor English be very wary about "making do". Avoid using family members to translate if you have any concerns – people may be colluding. If high degree of "stress" or anger, you may be missing something or they may be hiding something.	Use staff members or use Language Line Interpreting service

Does the history match the injury?	Look at burn pattern	May need 2nd opinion from Plastic Surgery duty doctor or consultant.
Non-mobile babies	Did they really crawl? High risk age group; consider other factors but have low threshold for assessment by a paediatrician.	Refer to Paediatric middle grade doctor if element of doubt. In office hours, useful to ring health visitor or GP for background picture or contact the Safeguarding Children Team (x5770) who can access the health visitor notes and most GP records
Do you have enough information to make a safe judgement?		If not refer to Paediatric middle grade doctor
Does your “gut instinct” tell you that child is OK?		If not refer to Paediatric middle grade doctor

Crib sheet to be used by HCP as aide memoire

- Previous ED attendances? If so, for what reasons?
- Allocated social worker?
- Aged < 6 months?
- Exact mechanism of injury?
- Mechanism of injury compatible with developmental stage?
- Witnessed accident?
- Where did it happen?
- Was medical help sought appropriately?
- Communication with family OK?
- Does history match the burn / scald seen?
- Is this a non-mobile baby?
- Do you think you now have enough information for you and your senior to make a safe judgement?
- Does your “gut instinct” tell you that child is OK?