

POLICIES AND PROCEDURES

Pre-existing Injuries on Arrival Policy

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Purpose of this document

To outline the procedures to be followed if a child/young person (CYP) has an injury when collected from home or on arrival to Aspired Futures (AF).

Details of Policy

During the induction process the Head of Service and/or the Children and Young People Manager (CYP Manager) informs parent/carers that if they have any concerns or witness any injuries to a CYP whilst in their care they will report it to the referrer or relevant agencies required.

Injury noticed when collecting a CYP from home

- If an AF member of staff notices an injury when collecting a CYP from home for transporting to the group, the member of staff must speak with the parent/carer at that time to seek the reason for the injury. (Unless there is information, or a history of Domestic Abuse/aggression known to AF therefore potentially putting the member of staff at risk when addressing these issues face to face)
- The reason given for the injury would then be recorded on an Pre-existing Injuries on Arrival Form (Appendix 1) held on the individuals electronic file and a paper copy in the Accident, Incident and Injuries on Arrival folder the main office at AF; the form would be signed by the parent/carer when transporting the CYP home later.
- If it was not safe to seek a response from the parent/carer at the door the team member must report the injury to the CYP Manager or Service and Volunteer Manager (SV Manager) immediately who will contact the relevant parent/carer to seek their response. This would then be recorded on the Pre-existing Injuries on Arrival form and signed when the CYP has been transported home and placed on the individual's electronic file.
- Depending on the nature of the injury the CYP Manager or SV Manager would inform the parent/carer that we would have to share this information with the original referrer or relevant agency (Social Worker, Family Support worker, Health Visitor, School) unless to inform the parent/carer would put the CYP at greater risk of harm or/and put an AF worker at risk.

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Injury noticed after arrival to an AF session

- If during any of the groups a team member notices an injury the team member would ask the CYP how they sustained the injury, depending on the response the CYP Manager or SV Manager would either contact the parent/carer immediately.
- The injury would be recorded on the Pre-existing Injuries on Arrival form with the CYP and their parent/carers responses and signed by the parent/carer. This form must also be signed by the relevant member of staff who initially noticed the injury.
- In the case of a different reasons given for the injury the CYP Manager or SV Manager would make a decision on any further action required. This may require contacting the referrer immediately to discuss the conflicting information and contacting Childrens social care services for advice. The CYP Manager and SV Manager may decide they are then happy with the response therefore no further action required but will inform the referrer in any case.

Record Keeping

- After the completion of a Pre-existing Injuries on Arrival form information should also be recorded on a Cause for Concern form stored on the individual CYP's electronic file. Any action to be carried out must be done so immediately e.g. contact Childrens Social care services and follow their advice immediately.
- A record of all Causes for Concern and Child Protection records are securely stored on the AF Index and maintained by the Head of Services CYP Manager and the SMR and People Manager.
- Any records of Cause for Concerns and Child Protection records are immediately shared with the Head of Services

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Appendix 1

Safeguarding children pre-existing injury record

It is important that your child is kept safe. This is why we need to keep a record of any pre-existing injuries. This information will be kept in your child's confidential file (separate to any learning records) and may be shared with other agencies in line with Local Safeguarding Children Board guidelines. If you want to know more. Please see our Safeguarding / Child Protection policy or speak to the Head of Services / Safeguarding Manager.

Childs Full Name			
Date of Birth		Male	Female
Family Name			
Child/Young Person Home Address: Including post code		Telephone number	
Person (s) with parental responsibility		Name of key worker	
Name of social worker		Name of school nurse And other professionals involved.	

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<p>Child / young person's explanation of how the injury occurred (if applicable)</p>	<p>Please continue on reverse if necessary</p>
<p>Parent / carer explanation of how the injury occurred (definition of a carer is anyone other than a parent)</p>	<p>Please continue on reverse if necessary</p>
<p>Parent / carer no consulted (record reasons) carers (Please circle)</p>	<p>Please continue on reverse if necessary</p>
<p>Parent informed if the injury occurred when the child was with a carer eg school, childminder, nursery</p>	<p>Parent comments</p>

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Description of injury (also record details on body map)			
Record any action taken by parent / carer			
Was the child / young person taken to A&E? (✓)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give details of any treatment / medication:
Was the child / young person taken to GP (✓)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please give details of any treatment / medication:

Setting Action

Discussed with Manager ()	Initial action, if none, state none and the reason	
Child Protection Coordinator () (please (✓))		
Other (state role)		

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Parent / Carer name (print)		Parent / Carer signature	
Date		Time	
Relationship to child			
Staff name (print)		Staff signature	
Role (print)			
Date		Time	

Action for **Designated Safeguarding Lead / Manager**

Review child's file, cross reference to previous concerns or pre-existing injuries, record any actions, who will be responsible, the timescale, review date, or record the reasons why no further action will be taken.

Update Chronology, date and sign all records

Last pre-existing injury completed	Date	State none if no record	Follow up action, if none state none and the reason
Have any other concerns been recorded?	No (✓)	Yes (✓)	Follow up action, if none state none and the reason
		Date	

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Chronology updated	Follow up actions, if none state none and the reason	Designated Safeguarding Lead signature	
		Date	
		Manager signature	
		Date	
		Other (state role)	



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Record of Pre-existing Injury Body Map

Please indicate clearly on the body map where the injury has occurred

Child's name:

Date:



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