

# Shorecare Medical Services Ltd

## Child Protection Policy

### Overview

The Vulnerable Children's Act 2014 (the VC) came into force on 1 July 2014. The VCA aims to protect and improve the wellbeing of vulnerable children and strengthen our child protection system. The VCA requires all state services and their funded providers of children's services to adopt a Child Protection Policy.

### Purpose:

To ensure that any services provided, or actions taken in respect of child abuse, neglect, or suspected or potential child abuse and neglect situations are guided by this Child Protection Policy.

Shorecare recognises the important role and responsibility staff have in accurate detection of suspected child abuse and/or neglect, and the early recognition of children at risk of abuse. This policy provides staff with a framework to identify and manage actual and/or suspected child abuse and neglect.

### Principles

All services provided by Shorecare Medical Services Ltd adhere to the principle of partnership, protection and participation; and the rights and responsibilities accorded by Te Tiriti o Waitangi.

### Definitions :

**Child Abuse** - Child abuse involves any act committed against a child involving physical violence, sexual offences (including grooming), serious emotional or psychological abuse, and serious neglect.

**Child Neglect** – Failure or omission to care for a child, this can be physical, emotional, medical, educational or lack of supervision.

Child abuse cases are applicable to children and juveniles up to inclusive of the age of 17. If the young person is 18 years and over and only if they are under special orders from the court or chief executive of Oranga Tamariki are they to be managed by Oranga Tamariki. Both the above age groups can be kept on the Oranga Tamariki database. Otherwise 18 years olds and over are managed by police and are on their database.

### **Appendix 1 - Full definitions of Child Abuse**

### **Appendix 2 – Signs or symptoms which may indicate abuse**

### **Appendix 3 – Advice when dealing with Child Protection/Safeguarding Disclosures**

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## Child Protection Team

The Child Protection Team (CPT) is made up of a Child Protection Officer (CPO), either one or two Child Protection Deputies (CPD) at each staff discipline, and a member of the Board of Directors.

### The CPT is responsible for:

- Providing support and training to all members of the Shorecare community in regards to Child Protection issues.
- Ensuring that the policy is easily and widely accessible.
- The upkeep and review of this policy.
- Provide an annual summary to the Board to include any changes to the policy or procedures, training undertaken by all staff and any other relevant issues.
- Meeting twice a year, to support one another, review policy, procedures and cases.

### Training and support:

- The CPT will undertake child protection training at least every three years to equip them to carry out their responsibilities for safeguarding children/young people effectively.
- Newly appointed members of the CPT will undertake Child Protection Training within the first year of taking up this role.
- All staff will be given a refresher of the child protection policy annually.
- Where there are concerns about child protection, support will be available from the CPT.
- Advice and guidance on best practise when working with children/young people can be found within Appendix 6.
- All staff are required to sign a Child Protection Policy Register, to document that they have read, understood and know where to find the policy.
- Child Protection Policy Registers are to be kept in both Smales Farm and North Cross clinics, staff to sign both policies if they work at both clinics.
- Child Protection Staff Training register to be kept and updated when applicable.

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > "Child Protection– Reception Staff"**

### The Senior Management Team is responsible for:

- Ensuring that the clinic follows safe recruitment processes, and giving final approval of amendment to the Child Protection Policy as recommended by the CPT.

### Member of Board of Director's, is responsible for:

- Acting upon the annual summary provided by the CPT if required.
- Acting upon allegations involving staff.

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## The HR Manager is responsible for:

- Safe recruitment.
- Directing all new admissions to the Child Protection Policy.
- Requesting information from previous places of employment regarding any specific child protection concerns.
- Existing staff sign a declaration of Police vetting every three years.
- Offers of employment are subject to two references and police vet.

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > “Child Protection – Worker safety checks”**

## Staff responsibilities and Aims

Child protection concerns can arise either by disclosure or recognition of signs and symptoms. This may be the child/young person being seen at Shorecare or another child living or visiting the household. If a Receptionist is concerned for a child in Reception, please alert a Nurse who can assess at Triage.

- To ensure all staff work in accordance with Child Protection Policy and procedures comply with legislative requirements, the principles of the Te Tiriti o Waitangi.
- To establish and maintain an environment where staff, patients and whanau feel safe and are encouraged to talk, and are listened to.
- To inform all adults in our community of best practice with regards to safeguarding children in recognition that child protection is a shared responsibility.
- To ensure that wherever possible every effort will be made to establish effective working relationships throughout our wider community including those from partner agencies.
- To ensure that children/young people know there are adults within Shorecare who they can approach if they are worried or in difficulty.
- To ensure all staff must be alert to the signs and symptoms of neglect or abuse and take the appropriate action to protect the wellbeing and safety of children and young people whether the child/ young person is directly or indirectly a patient of Shorecare.
- To ensure that the procedures for dealing with child protection are shared with all staff and that regular training occurs to support best practice.
- It is every employee/contractor’s obligation to present themselves fit for work in a condition, free from the undue influence of alcohol, or any prohibited, prescription or pharmaceutical drugs that in any way, may affect their ability to safely perform their duties.

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > “Drug and Alcohol Policy”**

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## Triage, consultation and medical treatment of children/young people

- Before providing medical treatment for someone under the age of 16, the practitioner must determine whether the child has the understanding and maturity to form a balanced judgement about the proposed treatment. If so, the child can be treated without obtaining parental consent; if not, parental consent must be secured before treatment is given.
- If a staff member feels uncomfortable with a patient at any time, please request for another member of staff to be present.
- Please assess the patient's emotional wellbeing at time of triage and treat appropriately.

<http://www.health.govt.nz/publication/consent-child-and-youth-health-information-practitioners>  
<http://www.occ.org.nz/childrens-rights-and-advice/health-rights/#Medicaltreatment>  
<http://legislation.govt.nz/act/public/2004/0090/latest/DLM317463.html>

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > "Child Protection Policy"**

- **If a staff member of Oranga Tamariki has accompanied a child in their care for treatment at Shorecare, please make this patient a priority and cared for as timely and as safely as possible. Oranga Tamariki are involved with the top 5% of child abuse cases, these children/young people are extremely vulnerable, please consider this in their care. Offer the choice of female/male doctor, if possible. As a staff member, if you feel uncomfortable at any time please refer to another member of staff or have another member of staff with you at all times. Always consider the child/young persons emotional and physical needs first.**

### Exception

- A girl under the age of 16 years, may be seen without being accompanied by a parent or guardian by a Nurse and/or Doctor, in the instance of pregnancy, triage accordingly.
- Please assess the patient's emotional wellbeing at time of triage and treat appropriately.
- Please inform the patient of the Doctors fee prior to the patient seeing the Doctor. If the patient cannot afford to see the Doctor please assist the patient in making an appointment at Family Planning, 09 4861014, 15 Anzac Street, Takapuna. Consultations are free for New Zealand Residents aged under 22years. There is a fee for non-residents, please refer to the website: <https://www.familyplanning.org.nz/clinics/takapuna-auckland>

**HOWEVER: At the initial stage of triage, ask the patient if there was CONSENT, in the case of non consent; eg: change of mind, rape or incest, please treat this as a child protection case. The age of the male must also be taken into consideration, if age gap is too wide, please treat this as a child protection case.**

**Any doubts or questions, consult with member of CPT or coordinator on the shift.**

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## Confidentiality of Clinical Notes

- Nurses are to enquire with the patient whether they would like their notes to be sent to their GP or not. Nurses are to inform and confirm with receptionists of patients wishes.
- Receptionist responsibilities are to ensure patient notes do not go to the patient's GP or to be released to the patient's parents if the patient wants the consult to remain confidential. Receptionist's must make an admin note and an alert on Medtech alerting to this with the date of consult and change the patient's GP to NO GP in the F3 screen. Then the administration team for the following morning must be informed via Medtech lightbulb that all notes for the consult are not to be sent to the GP.

## Photography, video and images

- Staff, patients, whanau are not to use mobile telephones or any other similar devices to take images of children.
- Do not take images 'in secret', or take images in situations that may be construed as being secretive.
- No images of children/young people to be displayed or distributed unless consent has been given from parents or caregivers.
- Clinic cameras are to be used to take photos of injuries, as stated in 'Identifying and reporting of abuse or neglect'. Clinic cameras are locked in drug rooms at both clinics. Images should be sent to Nurse Manager. Nurse Manager to store files in a confidential location.
- When taking photos of wound, etc, do not include face or feature that can identify patient.
- Refer to privacy policy for further guidance.

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > "Privacy Policy"**

## Identifying and reporting of abuse or neglect.

- All staff members who identify child protection concerns should consult Ministry for Vulnerable Children, Oranga Tamariki (previously known as Child Youth and Family) by either the **attached** referral form or by contacting the call centre on 0508 FAMILY (0508 326 459). A body diagram should be completed and photos of all injuries sustained to be faxed with the referral form to 09 914 1211 with a follow up call to confirm receipt. The referral form is required to be scanned into the patients' notes.
- Staff must ensure that the Patient notes clearly state that Oranga Tamariki has been notified as these will be sent to the patient's GP. Clinical staff are required to document their clinical notes in Medtech:
  - Observations and assessments
  - Documentation of the consultation
  - Body diagram and photos
  - Report of concern to Oranga Tamariki
- Staff must complete an adverse incident form and provide to their Manager with a copy of the referral form.

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- Any communication with the child’s parents or caregivers, that a referral to the police or Oranga Tamariki has been made, should be managed with consideration to the safety of the child, staff and other family members. Staff should consult with an appropriate staff member; a member of the Child Protection Team or the Coordinator on duty.

**DO NOT** inform the parent’s or caregiver’s unless it is safe to do so. This process should be managed by Oranga Tamariki.

**If you believe a child/young person is in immediate danger – please call the Police on 111!**

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > “Child protection policy concern form”**

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > “Adverse Incident Form- 2 pages”**

**Appendix 4 – Confidential Shore Care Child Protection Report Form**

**Appendix 5 – Child Protection Procedural Chart**

**Confidentiality**

- All disclosures received or observations made by an adult must be kept confidential and passed directly to the CPT or coordinator on shift, at the earliest possible opportunity.
- Relevant individuals will be informed of any information in respect to specific cases regarding child protection on a need to know basis. All information shared in this way must be held confidentially.

**Records and monitoring**

- All records should be hand written, dated, signed and passed directly to a member of the CPT or coordinator of the shift. These will be recorded on/or attached to the Confidential Child Protection Report Form (Appendix 3). These forms will be kept in a confidential place, separate from other files and a locked cabinet or similar.
- A member of the CPT or coordinator of shift will complete the Oranga Tamariki Report of Concern form and fax to 09 9141211 with a follow up call to confirm receipt. The referral form is required to be scanned into the patients’ notes.
- Escalated cases will be formally monitored within the CPT in accordance with the Procedural Flowchart (Appendix 4).

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## Allegations against staff members

- Any allegation that a member of staff has behaved in an inappropriate or unsafe way must be taken seriously and handled in an appropriate manner that ensures the child/young persons safety.
- Report made to CPO or Senior member of staff.
- Reports to be kept confidential.
- Refer to complaints policy.

**Refer to: Shorecare Connect > Documents > Policy & Procedures > Operational Policy & Procedures 2019-2020 > “Complaints Patient written & verbal policy”**

## Further information:

Further information is available on the following links:

1. Legislation- Vulnerable Children Act 2014  
<http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>
2. Vulnerable Children Act 2014 FAQs:  
<http://www.childrensactionplan.govt.nz/legislation/>

## Appendix 1 – Child Abuse Definitions

### Physical Abuse

Physical abuse is a non-accidental act on a child that results in physical harm.

Ways in which children can be physically abused can include smacking, punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline, or violence within the family.

Physical abuse may be the result of a single episode, or of a series of episodes.

Although the injury may be non-accidental, the caregiver may not have intended to hurt the child – e.g. the injury may have resulted from over-discipline inappropriate to the child’s age or condition, or the result of unintentional anger or rage.

The injuries to the child may vary in severity and range from minor bruising, burns, welts, or bite marks, fractured or broken bones, to its most extreme form, the death of a child.

### Sexual Abuse

Sexual abuse is an act or acts that result in the sexual exploitation of a child or young person, whether consensual or not.

Sexual abuse can be committed by a relative, a trusted friend, an associate, or someone unknown to the child. Most sexual abuse is perpetrated by someone the child knows and trusts, such as a caregiver, a family friend, or someone in a position of authority like a school teacher, sports coach, medical professional or church member.

Sexual abuse also includes situations where the adult seeks to have the child touch them for a sexual purpose, and where they involve the child in pornographic activities or prostitution.

### Neglect

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Neglect is any act or omission that results in impaired physical functioning, injury and/or development of a child or young person.

Neglect is one of the most prevalent forms of abuse to children and one of the most difficult to define. Neglect can also be a one-off event, as in abandonment.

Neglect is usually the result of a parent or caregiver omitting to do something, rather than a deliberate act to harm a child. Neglect can cause long term serious harm to a child's health or development.

### **Emotional Abuse**

Emotional abuse is any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person.

The effects of emotional abuse are not always immediate or visible. The long-lasting effects may only become evident as a child becomes older and begins to show challenging behaviours or symptoms.

Emotionally abusive behaviour on the part of the caregiver can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child.

Emotional abuse may result from exposure to family violence, or involvement in illegal or anti-social activities.

**Children who are sexually abused, physically abused or neglected are always victims of emotional harm as well.**

### **Family Violence**

Family violence is not only acts of physical violence, it also includes intimidating behaviour such as threatening to harm people, pets or property. Children are always affected either emotionally or physically where there is family violence, even if they are not physically present.

*Please refer to the domestic violence policy.*

## **Appendix 2 – Signs or symptoms which may indicate abuse**

### **Physical Abuse**

- Unexplained bruises, welts, cuts, abrasions.
- Suspicious locations.
- Shapes of suspicious injuries.
- Unexplained burns
- Unexplained fracture or dislocations.

### **Sexual Abuse**

- Unusual or excessive itching, or pain in the genital or anal area.
- Torn, stained, or bloody underclothing.
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area.
- Blood in urine or stools.
- Pain experienced in urination or elimination.
- Sexually transmitted disease.
- Pregnancy.

### **Neglect**

- Dressed inappropriately for season or weather, which can result in recurrent cold/flu symptoms, sunburn, frostbite, etc.
- Often extremely dirty or unbathed.
- Inadequately supervised.
- Left in the care of inappropriate caregiver, e.g. too young or too old.
- Does not receive adequate medical or dental care and has unattended health problems.

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- Malnourished – may be undersized, low weight, sallow complexion, lack of body tone.
- Lacks adequate shelter – lives in unsafe housing – inadequately heated, or is unsanitary.
- A child that suffers from non-organic failure to thrive.

### Emotional Abuse

- Bed-wetting, or bed soiling that has no medical cause.
- Frequent psychosomatic complaints.
- Child that suffers from non-organic failure to thrive.
- Appears pale, emaciated, has ‘sunken cheeks’.
- Body fat ratio is extremely low – e.g. wrinkled buttocks.
- Skin may feel like parchment or paper resulting from dehydration.
- Prolonged vomiting and/or diarrhoea.
- Has not attained developmental milestones within the child’s age range.
- Suffers from malnutrition.
- Dressed differently from other children in the family.
- Has deprived physical living conditions compared to other children in the family.

### Family Violence

The indications that children have been affected by family violence from partners and family members, women and children are the most common victims of family violence.

**On average, a child is killed in New Zealand approximately every 5 weeks.**

### Appendix 3- Advice when Dealing with Child Protection/Safeguarding Disclosures

Only a minority of children actively disclose abuse. Most child abuse is disclosed accidentally or through observation by an adult of a child’s behaviour, words and physical appearance.

When a child does disclose abuse, this needs to be taken very seriously. It is important that any disclosure is dealt with appropriately, both for the wellbeing of the child and also to ensure that your actions do not jeopardise any legal action against the abuser.

There are a number of basic ‘rules’ that should be followed to ensure the safe handling of any disclosures of abuse from a child:

- **Don’t panic.**
- Remember that the safety and well-being of the child come before the interests of any other person.
- **Listen to the child** and accept what the child says.
- **Look at the child** directly, but do not appear shocked.
- Don’t seek help while the child is talking to you.
- Reassure them that they **did the right thing** by telling someone.
- Assure them that it is **not their fault** and you will do your best to help.
- Let them know that you **need to tell someone else**.
- Let them know **what you are going to do next** and that you will let them know what happens.
- Be aware that the child may have been threatened.
- **Write down what the child says in their own words** – record what you have seen and heard also.
- Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure.

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- **Tell your CPT member, coordinator,** or supervisor as soon as possible.
- After making the referral to Oranga Tamariki or the Police, **look after yourself.** Discuss the matter with your manager, supervisor or relevant person.

**Important Notes:**

- **Historical Abuse;** The same action should be taken if the allegation is about abuse that has taken place in the past, as it will be important to find out if the person is still working with or has access to the children.
- Dealing with an allegation that a professional, staff member, foster carer or volunteer has abused a child is difficult but must be taken seriously and dealt with carefully and fairly.

**Things TO SAY when a child discloses:**

- Repeat the last few words in a questioning manner.
- ‘I believe you’
- I am going to try to help you’
- I will help you’
- I am glad that you told me’
- You are not to blame’

**Things NOT TO SAY when a child discloses:**

- ‘You should have told someone before’
- ‘I can’t believe it! I am shocked!’
- ‘Oh that explains a lot’
- ‘No not... he’s a friend of mine’
- ‘I won’t tell anyone else’
- ‘Why?’
- ‘How?’
- ‘When?’
- ‘Where?’
- ‘Who?’

**Things TO DO:**

- Reassure the child that it was right to tell you.
- Let them know what you are going to do next.
- Immediately seek help, in the first place from the designated person for child protection.
- Write down accurately what the child has told you. Sign and date your notes. Keep all notes in a secure place for an indefinite period.
- Seek help for yourself if you feel you need support.

**Things NOT TO DO:**

- Do not attempt to deal with the situation yourself.
- **Do not formally interview the child.**
- Never ask leading questions.

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- Never push for information or make assumptions.
- Only necessary relevant facts should be obtained, when clarification is needed.
- Do not make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents.
- Do not keep the information to yourself.
- Do not promise confidentiality.
- Do not take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.
- Do not permit personal doubt to prevent you from reporting the allegation to the designated child protection officer.
- Do not rush.

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**Appendix 4 : Confidential Shore Care Child Protection Report Form**

This form is used to record any child protection concerns. It should be completed by hand and passed directly to a member of the Child Protection Team or shift coordinator once complete. While nagging doubts may be attached to it, or recorded on it by a Child Protection Champion on behalf of any reporting party, formal concern should be recorded directly by the person passing the record forward.

Name of person completing report:	
Position in relation to the child:	

Name of child/young person involved:		Sibling or siblings:	
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GP (if known):	
School (if known):	

<p>Details of your concern:                  If a child/young person is reporting abuse, record as precisely as possible, using the child’s/young person’s own words.  <b>If observed by member of public or staff: please record only what you observe.</b></p>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To be given to and signed by shift Coordinator, for the use of a member of the Child Protection Team.

Signed by Shift Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Refer to: Shorecare Connect > Documents > Child Protection > “Confidential Shore Care Child Protection Report Form”**

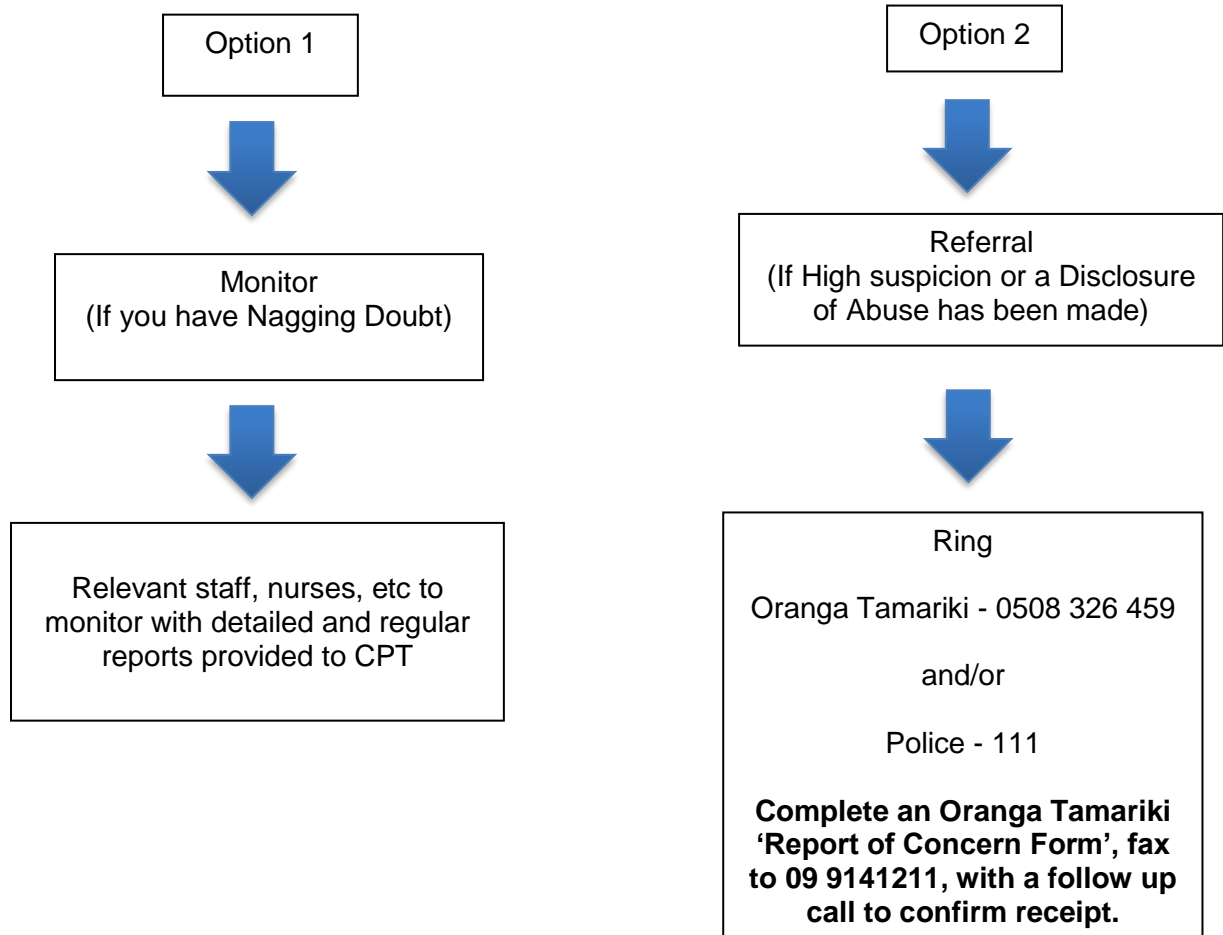
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## Appendix 5: Child Protection Procedural Chart

An adult who receives disclosure of abuse, an allegation or suspects that abuse may have occurred. The Shore Care Child Protection Report Form is to be completed as soon as practically possible after disclosure and is passed to a member of the Child Protection Team, In their absence the matter should be brought to the most senior member of staff working that shift.

Course of action is decided.

Concerns and details are recorded and kept in Medtech or a locked cabinet.



**DO NOT** inform the parent's or caregiver's unless it is safe to do so. This process should be managed by Oranga Tamariki.

**If you believe a child is in immediate danger - please ring the Police - 111.**

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**Follow up:**

By clinical staff: Observations and assessments, with body diagram and photos of injuries (when applicable) to be completed in Medtech. Patients notes to clearly state that a referral to Oranga Tamariki has been made.



Notes sent to GP. Verbal follow up with GP by member of CPT, as soon as possible after referral to Oranga Tamariki and/or Police has been made.



Verbal follow up with child's/young person's school by member of CPT, as soon as possible after referral to Oranga Tamariki and/or Police has been made.



Alert set up of 'suspected abuse' under on child's/young person's name or NHI number.



Staff must complete an incident form and provide to their Manager with a copy of all necessary documentation, e.g.: Oranga Tamariki Report of Concern Form.

**Refer to: Shorecare Connect > Documents > Child Protection > "Child Protection Procedural Chart"**

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