

OBJECTIVE

To ensure that safe and consistent practices are followed by all BOPDHB staff when adding, responding to and removing CPA's on patient health records.

STANDARD

1. Minimum Criteria for placing a Child Protection Alert (CPA)

1.1. A child or young person must be 0 – 16 years (up to 17th Birthday). This includes unborn children (The alert is placed on the mothers file until birth when the case will be reviewed by the CPA multidisciplinary team (MDT)).

AND

1.2 The child or young person (or, in the case of an unborn child, the mother) has been notified to Child, Youth and Family (CYF) by a health professional employed by Bay of Plenty District Health Board (BOPDHB); or

The child or young person (or, in the case of an unborn child, the mother) is already an open case

AND

1.3 A CPA MDT determines that the potential future risk to the unborn child, child or young person's health is sufficient that an alert is warranted.

2. Actioning Child Protection Alert

All children and young people referred to CYF, and all women referred to CYF during pregnancy because of risk to the unborn child, must be notified to the Family Violence Intervention Programme Co-ordinator (FVIPC) for consideration of a CPA.

2.1 Paediatric assessments requested by CYF and notified to the FVIPC can be considered by the MDT for placement of CPA.

2.2 Gateway assessments can be forwarded by the Gateway Co-ordinator to the FVIPC for consideration by the MDT for placement of CPA.

2.3 Siblings may also be at risk, particularly siblings under 5. Every such sibling of a child referred to CYF by BOBDHB for abuse should also be assessed for abuse. If a sibling is identified to be at risk, referral to CYF is mandatory and a CPA should be considered.

2.4 The key question is: is there a potential future risk to this child or young person's health, which placing a CPA may avert.

2.5 In some circumstances (for example, a stranger sexual assault where there is no ongoing risk of abuse, and an unnecessary risk to the victims privacy from placing a CPA) a CPA may not be indicated.

2.6 Each decision must be considered on a case-by-case basis, by a MDT with experience in child protection, in consultation with the primary clinical team.

2.7 For other alert types refer to policy 6.1.5 Alerts.

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3. Adding a CPA

Alerts will only be considered by a CPA MDT panel of clinical professionals and align with the national policy following a CYF notification being made (see Appendix 1 Process for lodging Child Protection Alert on the Medical Warning System)

STEP	ACTION	RATIONALE
1	Following CYF Report of Concern (ROC) <ul style="list-style-type: none"> Referrer provides a copy to the FVIPC 	<ul style="list-style-type: none"> to prepare case for MDT discussion
2	<ul style="list-style-type: none"> FVIPC acknowledges receipt of ROC and presents case to CPA MDT CPA MDT considers current and ongoing level of child protection risk based on information from the health record, CYF information and the current ROC If further information is required to inform the decision, the FVIPC will follow up with the ROC Author and re-present the case to the next MDT 	<ul style="list-style-type: none"> The CPA MDT will determine if alert is warranted or not
3	Alert Not Warranted <ul style="list-style-type: none"> CPA MDT will detail rationale on the summary sheet and file. FVIPC will ensure outcome is discussed with ROC Author. 	<ul style="list-style-type: none"> To meet BOPDHB documentation standards
4	Alert Approved and Added to Patient Health Record <ul style="list-style-type: none"> FVIPC will complete and sign the Child Protection Concern (CPC) MDT Discussion Summary form then forward, with associated documentation, to the CCYHS Admin Support who will add the alert to the patient's health record. <ul style="list-style-type: none"> <u>Local</u>: PDF of all documentation to be uploaded to electronic record <u>National</u>: alert to read "CHILD PROTECTION CONCERNS CONTACT BOPDHB" 	<ul style="list-style-type: none"> To ensure alert is added to patient's health record and to meet BOPDHB documentation standards
5	Alert Endorsed and Filed in Patient Health Record <ul style="list-style-type: none"> CCYHS Admin Support will forward the hard copy documentation to the Regional Manager, Clinical Support Services for endorsement who will ensure the hard copy is placed inside the front cover of the patient's health record 	<ul style="list-style-type: none"> To ensure availability of CPA documentation to healthcare professionals
6	Alerts during antenatal period <ul style="list-style-type: none"> CPA MDT reviews "Antenatal Alerts" after the baby has been born, and decides whether the alert should be transferred to the newborns file. This review will occur as soon as possible after delivery and before six weeks post-partum. 	

STEP	ACTION	RATIONALE
7	<p>Informing the family</p> <ul style="list-style-type: none"> Standard practice is for BOPDHB staff to inform the family that a ROC has been made and the reasons for that referral. Exceptions apply where there are safety concerns for the child, Author or any other person. Consider whether or not to tell the family that a CPA exists. Generally, clinicians will reasonably conclude that telling the family about the Alert will probably not be in the best interests of the child (see Privacy Impact Assessment for further information) The decision regarding informing the parents / guardians of the alert is recorded on the Child Protection Concern (CPC) MDT Discussion Summary form. 	

4. What to do when you see a CPA (Appendix 2)

- 4.1 A CPA merely draws attention to health information recorded in the past that may or may not be relevant to current health.
- 4.2 Past information should always be interpreted in the context of the current presentation. The presence of a CPA does not necessarily mean that the child or young person is still at risk. If you are uncertain, always seek advice.
- 4.3 If, in the course of **assessment**, a current child protection concern is identified, staff should follow the Child Abuse Policy.
- 4.4 **If other factors for concern about child protection exist, the absence of a Child Protection Alert should not be regarded as evidence that the child or young person is not at risk.**
- 4.5 This page outlines the steps to be followed when a BOPDHB healthcare professional finds that a CPA exists

STEP	ACTION	RATIONALE
1	<ul style="list-style-type: none"> Healthcare professional notices a CPA Flag Click on flag to display CPA supporting documentation 	
2	<ul style="list-style-type: none"> If the Alert was lodged by BOP DHB then the health professional should access this information from the electronic record. 	
3	<ul style="list-style-type: none"> If the Alert was lodged by another DHB, the health professional needs to request alert information via the Unit Receptionist or by directly contacting the Health Records Department. The alert information should be requested from the respective DHB in accordance with their health records information records policy or from either Health Records or the Duty Manager. 	<ul style="list-style-type: none"> Any health care professional can request access to this information as it covers weekends holidays etc., when only front line staff are available.
4	<ul style="list-style-type: none"> If there is no documentation present please contact the Health Records Department or the Duty Manager. 	If the documentation cannot be found at the DHB where the alert was lodged an event form should be completed

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STEP	ACTION	RATIONALE
5	<ul style="list-style-type: none"> Assess the relevance of the historical information in context of the child's or young person's presenting concerns and living situation 	
6	<ul style="list-style-type: none"> Consult with a senior healthcare professional prior to discharge 	
7	<ul style="list-style-type: none"> Document assessment and intervention (including details of consultation) within the patient's health record in accordance with policy 1.2.1 Child Abuse & Neglect – Management and Reporting. 	<ul style="list-style-type: none"> To meet BOPDHB documentation standards

5. Removing a CPA

5.1 CPAs are automatically removed from patient health records within a month of the child / young person's 17th birthday.

5.2 CPAs on the file of a woman in pregnancy because of risk to the unborn ("Antenatal Alerts") are removed after the baby is born, and reviewed by the CPA MDT and transferred to the baby's file if there is ongoing risk. If an extreme risk is present the MDT panel can consider leaving the Alert on the woman's file, with a designated review date.

5.3 CPAs may also be removed at the specific request of the child or their representative (including from the National Medical Warning System [NMWS]), if the CPA MDT agrees that the risk has been eliminated.

5.4 Removal of the CPA does not remove the child protection information from the health record, that record remains unchanged. Management or requested amendment of health information in the health record is governed by the Health Records Management policy and protocols.

STEP	ACTION	RATIONALE
1	<ul style="list-style-type: none"> CCYHS Admin Support provides the FVIPC with a two (2) weekly report listing CPAs in persons 17 years or older and estimated delivery dates (EDD) of women who have had maternity CPA's placed on their unborn baby. 	<ul style="list-style-type: none"> To ensure the removal of a CPA is discussed by the MDT
2	<ul style="list-style-type: none"> The FVIPC completes an CPC MDT Discussion Summary form - Alert Removal for all those 17 years and over, who are not identified as an Antenatal Alert 	
3	<ul style="list-style-type: none"> Any request to remove or alter a CPA prior to the 17th birthday, must be made to the FVIPC, for approval by the CPA MDT and completion (if approved) of a CPA MDT Discussion Summary form – Alert Removal 	
4	<ul style="list-style-type: none"> The FVIPC completes the CPA MDT Discussion Summary form - Alert Removal and sends to the CCYHS Admin Support who removes the CPA on local and national electronic systems 	

STEP	ACTION	RATIONALE
5	<ul style="list-style-type: none"> CCYHS Admin Support sends the hard copy of the completed form to the Regional Manager, Clinical Support Services for endorsement and actioning of the hard copy by Health Records staff. This information will be moved from inside the front cover into the clinical notes section of the patient health record 	

6. Health Record Department response to requests for CPA information

- 6.1 Any CPA placed must be supported by enough health information to inform subsequent clinical decision-making by other health professionals. This information should be available in a timely manner.
- 6.2 In the event the alert is lodged by another DHB, as per entry “CHILD PROTECTION CONCERNS CONTACT XDHB” the health professional should request via either the Unit Receptionist or the Duty Manager or health records department the alert information from the respective DHB in accordance with the health records information policy
- 6.3 In accordance within the health records standards the respective DHB to whom the request has been made should be able to respond within the following timeframes:
- Within one (1) hour during normal business hours or
 - Within three (3) hours during weekends / public holidays / after hours.
- 6.4 The alert information that should be available and can be provided will include
- A CYF referral / ROC or Child Protection Report or Gateway Assessment documentation
 - A CPA MDT Discussion summary form
- 6.5 In the event that information is not available, a [reportable event](#) will be completed in accordance with policy 2.1.4 Incident Management

REFERENCES

- Health Information Privacy Code 1994
- Standards New Zealand, NZS 8153:2002 Health Records
- Privacy Act 1993 (and Health Information Privacy Code 1994)
- Health Act 1956 (and amendments 1993)
- Children Young Persons and their Families Act 1989 (and Amendments 1994)
- Child protection alert system within health, policy paper, Paediatric Society of New Zealand, February 2010.
- Final report on the investigation of James Whakaruru, Office of the Commissioner for Children, June 2000.
- National Child Protection Alerts policy (draft)

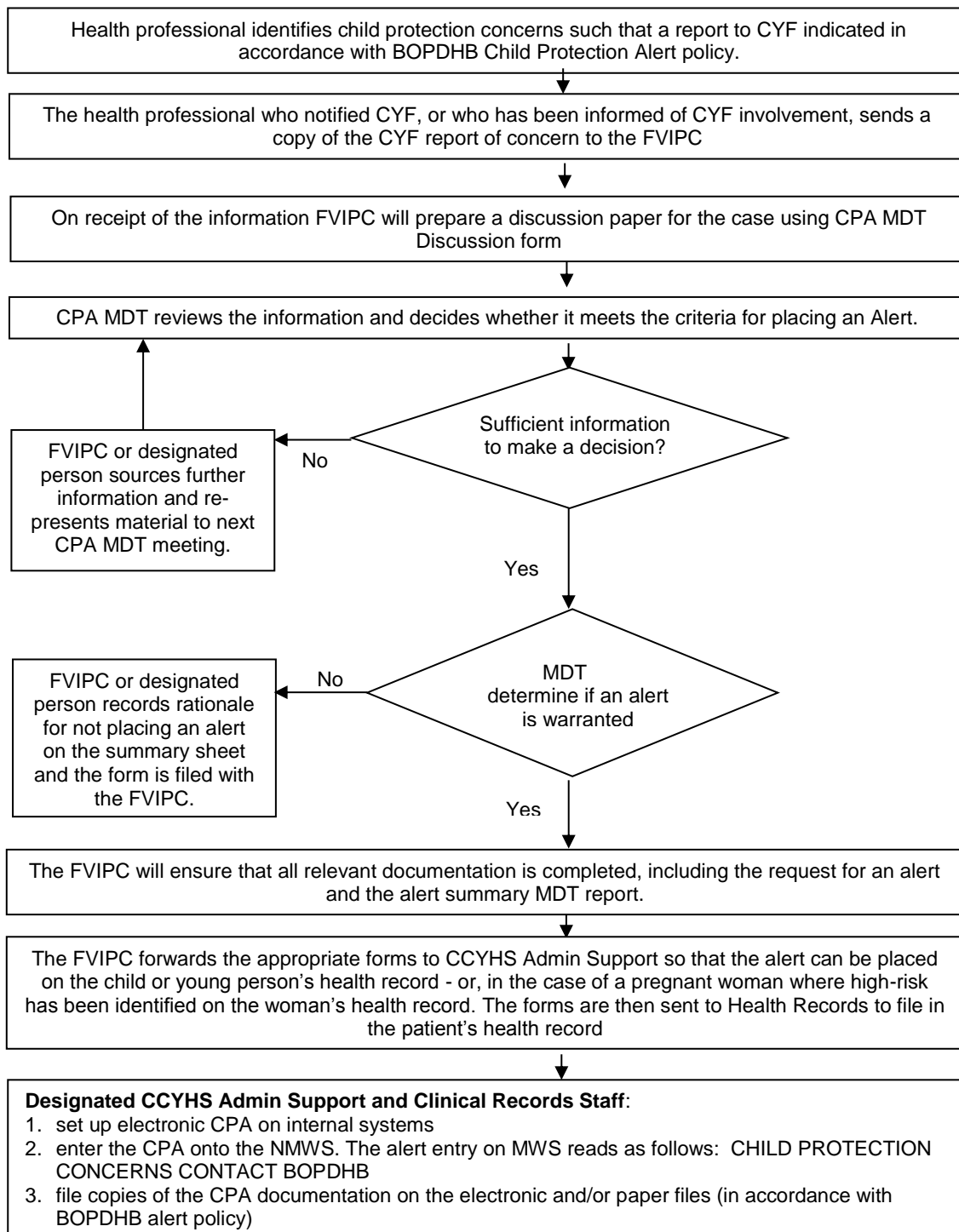
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ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.2.7 Child Protection Alerts](#)
- [Bay of Plenty District Health Board policy 1.2.1 Child Abuse and Neglect – Management and Reporting](#)
- [Bay of Plenty District Health Board Form FM.R6.1 Child, Youth and Family – Report of Concern](#)
- [Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy](#)
- [Bay of Plenty District Health Board policy 6.1.5 Alerts](#)
- [Bay of Plenty District Health Board policy 1.1.1 Informed Consent](#)
- [Bay of Plenty District Health Board policy 2.1.4 Incident Management](#)
- [Bay of Plenty District Health Board policy 2.5.2 Health Records Management](#)
- Bay of Plenty District Health Board Child Protection Alerts (CPA) Multidisciplinary Team (MDT) Terms of Reference

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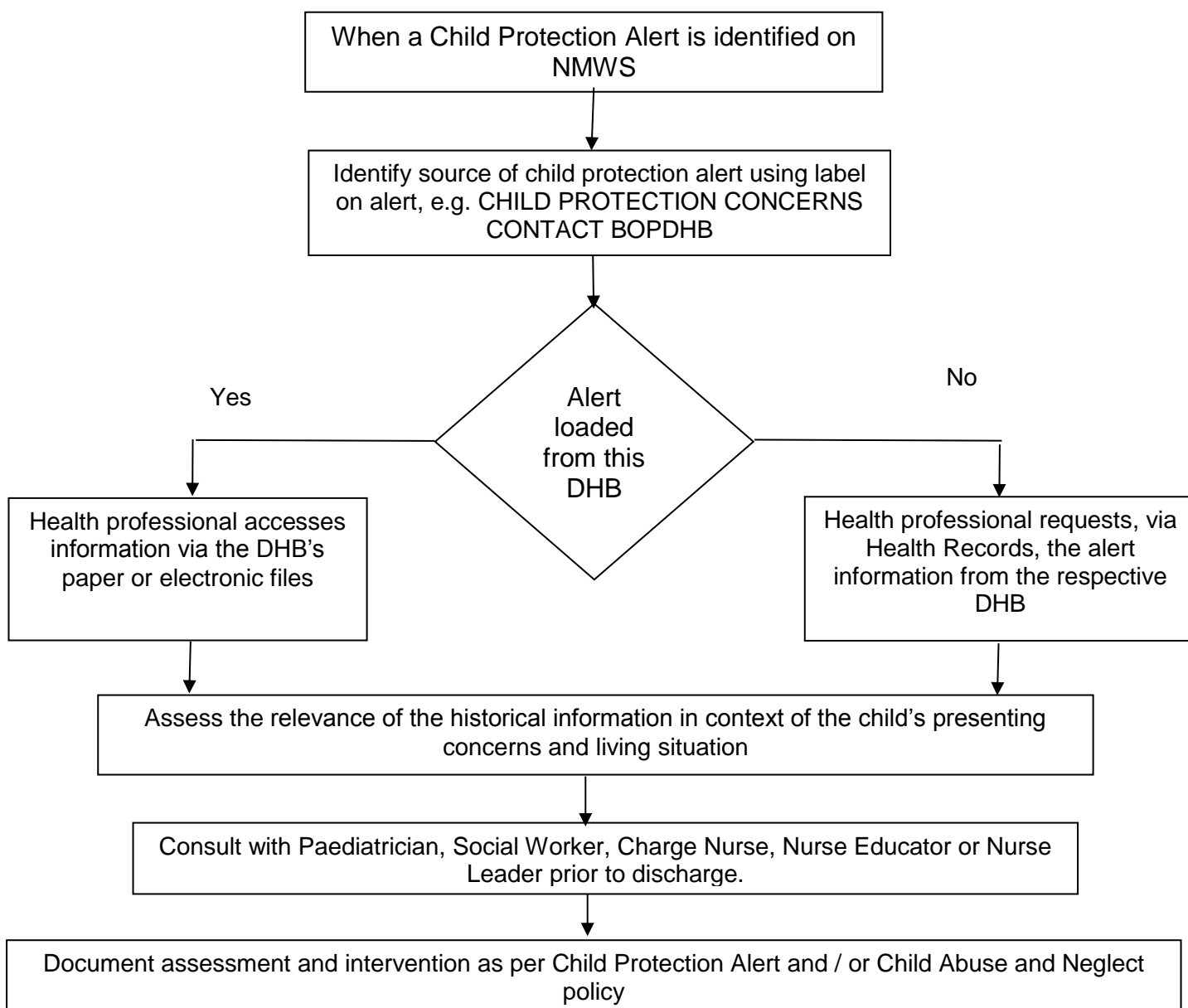
Appendix 1: Process for lodging Child Protection Alert on the Medical Warning System



Appendix 2: Responding to a Child Protection Alert

An alert indicates there have been child protection concerns about an unborn baby, child or young person (0-17 years).

It is vital that a thorough assessment is undertaken at each presentation.



Child protection is wider than a Child Protection Alert. Actions taken with regard to child protection should be in accordance with BOPDHB's policy 1.2.1 child abuse and neglect. Document assessment and intervention as per child protection and / or child protection alert policy.