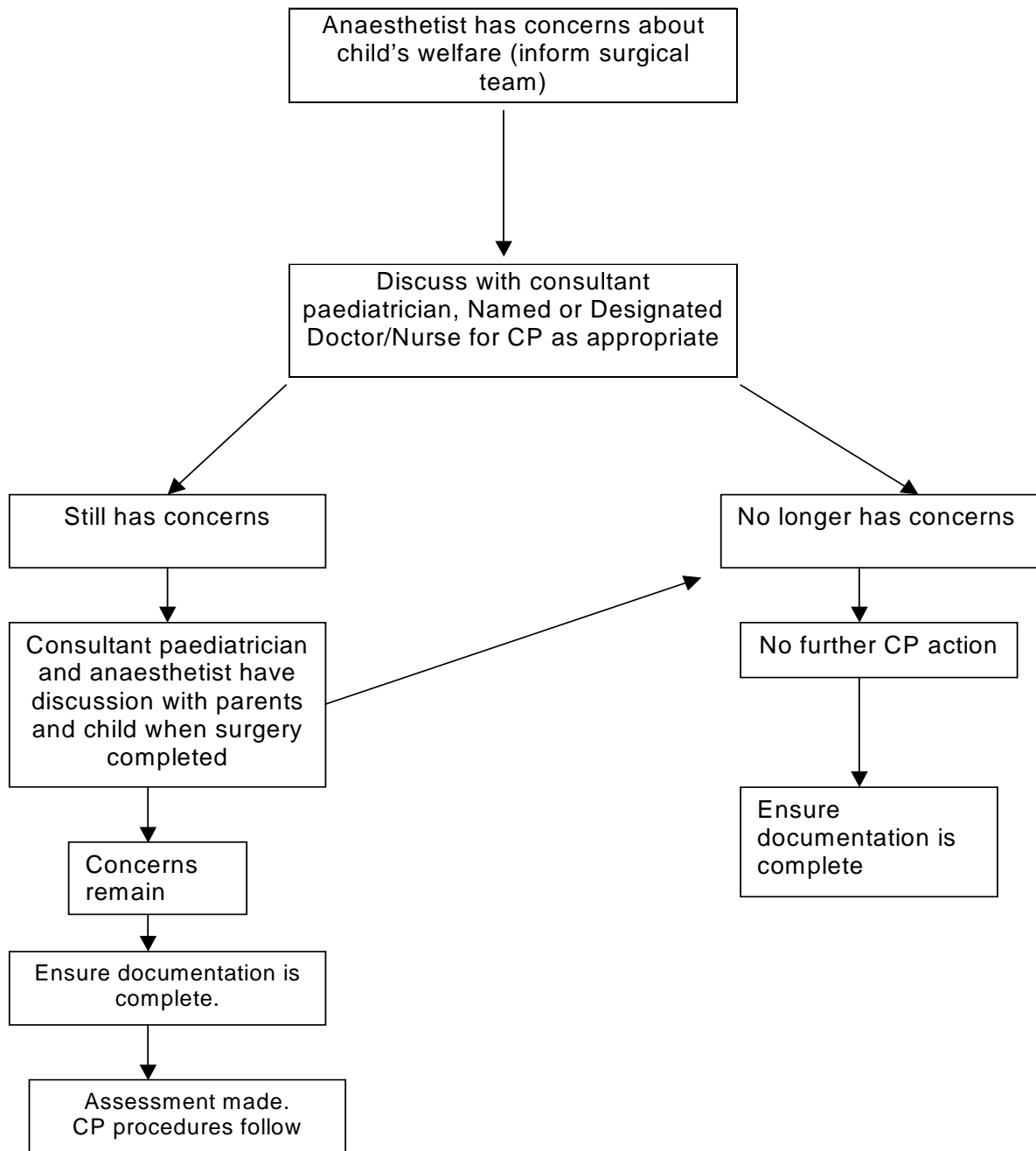


Child Protection and the Anaesthetist: Safeguarding Children in the Operating Theatre



LOCAL TELEPHONE CONTACTS

Named Doctor.....
Named Nurse....
Designated Nurse...
Designated Doctor...
Local Social Services.....



Child Protection and the Anaesthetist: Safeguarding Children in the Operating Theatre

Duties of the Anaesthetist

- To act in the best interests of the child.
- To be aware of the child's rights to be protected.
- To respect the rights of the child to confidentiality.
- To contact a paediatrician with experience of child protection for advice (On call paediatrician or Named or Designated Doctor/Nurse).
- To be aware of the local child protection mechanisms.
- To be aware of the rights of those with parental responsibility.

Suspicious signs which may be indicative of abuse

- Unusual or excessive bruising, particularly in the non ambulant baby/child.
- Cigarette burns.
- Bite marks.
- Unusual injuries in inaccessible places e.g. neck, ear, hands, feet & buttocks.
- Intra-oral trauma.
- Damage to intra-oral frena or unexplained frenum injury in a non-ambulant child.
- Genital/ anal trauma (where no clear history of direct trauma is offered or part of the clinical presentation).
- Trauma without adequate history e.g. Intra abdominal injury.

Principles

Informed Consent

Consent to all examinations and procedures under general anaesthesia should be obtained from an adult with parental responsibility for the child and also as appropriate from the child, in a manner consistent with their age and level of understanding. Although anaesthesia and surgery may proceed, with a Gillick competent child's consent, in England and Wales^{1,2} it is normal that consent is sought from a person with parental responsibility, if the child is under 16. In Scotland competent children/young persons may consent in their own right^{3,4}.

Whilst under anaesthesia, asking a second medical practitioner for advice does not require additional consent, and may be helpful in a case of suspected abuse. He or she may attend theatre to visually inspect e.g. skin markings. However intimate examination or taking specimens or photographs under anaesthetic should not occur without separate consent.

Parent/Carer and Children's rights

Both the child and carers are entitled to know what is going on and to be helped to understand the steps being taken. However, the child's welfare is always paramount. Promises that cannot be kept should not be made.

Footnotes

1) Gillick v West Norfolk and Wisbech AHA (1985) All ER 402-437.

2) BMA (2001). *Consent Tool Kit, 7, Children and Young People*. British Medical Association.

3) BMA (2000). *Consent, Rights and Choices in health care, for children and young people*. British Medical Association.

4) Age of Legal Capacity (Scotland) Act 1991.