

[Draft] Optical Confederation Guidance on Safeguarding

Safeguarding Children and Vulnerable Adults

Safeguarding children and vulnerable adults is a paramount professional duty for registered optical practitioners and practices as registered healthcare professionals, in the same way as for all other health and social care providers and practitioners.

This guidance briefly outlines the responsibilities of optical practitioners, optical practice staff and managers and optical contractors according to the relevant legislation, regulations, and guidance.

Legislation, Regulations and Professional Guidance

- Children Act 2004
- Safeguarding Vulnerable Groups Act, 2006
- Children and Young Person's Act, 2008
- Intercollegiate Guidance: Safeguarding Children and Young People: roles and competences for health care staff, April 2006
- Intercollegiate Guidance: Safeguarding Children and Young People: roles and competences for health care staff, September 2010
- College of Optometrists guidance: Safeguarding Children: C1.10 – C1.13, 2010

Legislation relates to the protection of all children and all adults receiving health care (defined as vulnerable adults).

Legislation and guidance covers two areas:

- Detection of and referral for suspected abuse, perpetrated by anyone outside the practice (family member, care home staff, etc.)
- Prevention of, detection of and referral for suspected abuse, perpetrated by an optical practitioner or a member of the practice staff.

Optical professionals have duties to safeguard children and vulnerable adult's interests. Optical providers also have a contractual duty as GOS contractors to have regard to and comply with any relevant guidance issued by the NHS on the subject.

Local protection procedures

All local authorities in England and Wales have a duty to make arrangements to promote co-operation between and co-ordination with relevant agencies regarding local protection procedures (this includes PCTs and LHBs). This is often operated via Local Safeguarding Children Boards (LSCBs).

All PCTs or LHBs should issue health care providers with:

- Local guidance
- Local protection team contacts for advice or referral
- Information on local training opportunities

PCTs and Health Boards should keep this information up-to-date. The contacts for relevant local protection teams/officials should be:

- able to receive confidential information 24 hours a day and
- prepared to give confidential advice to front-line optical practices and staff in respect of protecting children and vulnerable adults.

The local contacts are unlikely to be the same for both groups. Optical practices should ensure that PCTs and Health Boards have provided the relevant local contacts.

Although guidance will differ somewhat (and vary considerably in length and content) by each locality, it should always reflect the legislation, regulations and associated guidance listed above.

Any practitioner or practice detecting possible signs of neglect or abuse in a child or adult (including inappropriate staff behaviour and possible domestic or elder abuse) should note their suspicions and take immediate confidential action as recommended below.

The over-riding concern of the practitioner or practice should be the protection of the child or vulnerable adult.

Protection Protocol at Practice Level

Each contractor should put a protection procedure in place at practice level and ensure that all members of staff and practitioners are aware of and understand it. This should include

- the appointment of the practice manager or another designated senior professional as the responsible person within the practice to whom all members of staff should refer concerns in the first instance
- the procedures staff should follow, where the designated responsible person is unavailable (or inappropriate).

Key points to include in a practice protocol: Be Aware, Observe, Note, Consult, Act, Record

Be Aware

See Annex 1: what to look out for – common signs and symptoms of abuse; what to look out for – inappropriate staff behaviour.

Observe

Only observe factual signs and symptoms of abuse, without alerting the patient or suspected abuser.

Note

Record observations confidentially and as soon as possible.

Store record securely and separately from the patient's optical records.

Consult

Alert and seek advice from the practice manager or designated senior professional.

If appropriate, seek advice from the local authority protection team.

Record advice given and next steps agreed.

Act

If appropriate, inform local protection team and supply them with a copy of your recorded observations (see model referral form – Annex 2).

Record

Ensure that all observations, advice sought and received and actions taken are recorded and stored separately from the patient's optical record card (see Note above).

When recording or reporting information, reports should be restricted to

- the nature of the injury or concern
- facts to support the possibility that the injuries or concerns are suspicious.

A copy of the model referral form should always be retained and, if not acknowledged, within a reasonable timescale, followed-up by telephone and, again, a note kept to this effect recoding who was informed, by whom and when.

Safeguarding Children and Vulnerable Adults Guidance

What to look out for – common signs and symptoms of abuse

Children

Physical abuse

Eye injuries, unexplained retinal haemorrhage, fractures, hypothermia, lacerations, subdural haemorrhage, teeth marks, scalds, scars, petechiae, abrasions, bites, bruises, burns, cold injuries, cuts, bites, wearing inappropriate clothes e.g. long sleeves even in hot weather; fear of physical contact – shrinking back if touched – bald patches, aggression.

Neglect

Bites, dirty clothing, dirty child, head lice, persistent infestations, scabies, sunburn, tooth decay,

Emotional/behavioural abuse

Age-inappropriate behaviour, aggression, body-rocking, changes in emotional or behavioural state, fearfulness, runaway behaviour, continual self-deprecation (I'm stupid, ugly, worthless, etc), overreaction to mistakes, extreme fear in new situations, neurotic behaviour (rocking, hair-twisting) extremes of passivity or aggression.

Sexual abuse

Sexualised behaviour, age-inappropriate behaviour, dysuria, regressive behaviour, being overly affectionate, being isolated and withdrawn, inability to concentrate, lack of trust or fear of someone they know well.

Adults

Physical abuse

Unexplained falls or major injuries, injuries/bruises at different stages of healing, bruising in unusual sites e.g. inner arms, abrasions, teeth indentations, injuries to head or face, very passive.

Elder abuse

As above, plus hand-slap marks, pinches or grip marks, physical pain, burns, blisters, unexplained or sudden weight loss, recoiling from physical contact, stress or anxiety in presence of certain individuals, perpetrator describing person as uncooperative/ungrateful/unwilling to care for self, restraint, unreasonable confinement e.g. locking in or tying up.

Psychological abuse

Withdrawal, depression, cowering and fearfulness, agitation, confusion, changes in behaviour, obsequious willingness to please, no self esteem, fear, anger.

Domestic abuse

Bruises, black eyes, painful limbs, make-up covering bruises, damaged clothes or accessories, patient “walking on eggshells” if partner around, partner belittling or putting down patient, partner acting excessively jealously or possessively, patient having limited access to money, phone, car etc.

Staff Warning Signs

Staff paying particular attention to a patient or groups of patient (e.g. young children, girls, boys), overfriendly with particular patients or groups, go out of their way to see the same patient without obvious reason, appear overly familiar with patient, always seeking out a particular patient or changing patient’s appointments to fit in with times when they are present without clinical reason, patient request or established professional relationship.

CONFIDENTIAL

REFERRAL OF POTENTIAL CHILD OR ADULT ABUSE

This form notifies the appropriate person at of PCT and/or name at of Child Protection Team/Local Authority Child Protection Team/Local Authority of suspected abuse.

SUSPECTED VICTIM

Name:

Address:

Age if under 18:

Other identifiers:

SUSPECTED PERPETRATOR (if known)

Name:

Address:

Age if under 18:

Other:

FORM OF SUSPECTED ABUSE

Declaration:

I wish to make this notification anonymously unless

- the release of my details is ordered by a UK court; or
- I have been approached and have specifically given my permission in writing in advance

Means of transmission:

Fax

Secure email

Signature.....

Printname.....

Position.....

Date.....