# Skeletal Surveys Guidance for Consent
# V3.0
# November 2018

# 1. Aim/Purpose of this Guideline

1.1. This is a guideline for paediatricians, radiologists and radiographers where there is need for a skeletal survey for reasons of child protection. It is also of relevance to paediatric nursing staff who should be clear about their roles.

1.2. Decisions on whether a skeletal survey is indicated in a possible child protection case will normally be taken by a senior paediatrician, based on national guidance[1] and on careful assessment of the case in conjunction with a paediatric radiologist. In general, skeletal surveys should only be performed on children aged under 24 months where there is a concern about possible non-accidental injury. There should be a lower threshold for proceeding to skeletal survey in children aged under 12 months or who are not independently mobile. The presence of any fracture or of unexplained injuries such as bruises in such children should lead to a decision to carry out a full skeletal survey. Reasons for deciding otherwise must be recorded.

[1] RCPCH Child Protection Companion

1.3. The decision to proceed to a skeletal survey will, normally, also trigger other investigations including CT head scan, and a referral to children's social care.

1.4. A normal, ie. negative for fractures, skeletal survey does not rule out child abuse which should therefore still be considered and investigated in the normal way.

# 2. The Guidance

2.1. Guidance is in Line with that from South West Child Protection Procedures (SWCPP), the Royal College of Paediatrics and Child Health (RCPCH) Child Protection Companion, the Royal College of Radiologists (RCR) guidelines and guidance for radiographers (see appendix)

2.2. Skeletal surveys should be performed in all children under the age of 2 years if physical abuse is suspected. Reasons for NOT performing such imaging must be clearly documented in the notes. The purpose of the skeletal survey is to:

- Detect and date fractures
- To detect occult bony injury in infants <2 years
- Provide information on bone density and skeletal development

2.3. Parents or a carer who is holding parental responsibility should consent to the skeletal survey. Informed consent should be obtained by a senior paediatrician (Middle grade ie. registrar / staff grade / associate specialist, or consultant). This consent must be documented clearly in the patient's medical records.

## 24. Requesting a skeletal survey

2.4.1 The child should be in a stable condition prior to imaging.

2.4.2 Skeletal surveys should be performed in normal working hours except in exceptional circumstances. The timing of other X - rays and neuro-radiological imaging should be agreed on clinical need.

2.4.3 Complete a Maxims request [under radiology request OTHER – XR SKELETAL SURVEY NON ACCIDENTAL INJURY], ensuring that the responsible Consultant Paediatrician is clearly named.

2.4.4 In the 'additional information' box please specify the following:

- The Consultant Radiologist with whom this has been discussed
- That there is consent from a carer who has parental responsibility.

2.4.5 The appropriate imaging must be agreed between the Consultant Radiologist and the Consultant Paediatrician.

2.4.6 Obtain informed consent from those with parental responsibility. Use the appropriate consent form and also the patient information leaflet (CHA3663) to help explain the procedure and it's purpose. Explain that the skeletal survey is to search for other injuries and bone disease. This should be undertaken by the paediatric middle grade or consultant.

2.4.7 If consent is refused, in the first instance the consultant should discuss this with the parent / carer, however it may be necessary to obtain a specific court order through Children's Social Care if consent is still refused.

## 25. Indications for skeletal survey

- When there is a possibility that a fracture may be the result of non-accidental injury (see also 1.2 above)
- In all children under 2 years with unexplained injuries. For children over 2 years of age discuss with the consultant responsible and the paediatric radiologist.
- Sudden unexpected death in infancy.
- Consider the need for a skeletal survey in a twin or other young sibling of an abused child

NB. All children undergoing skeletal survey should also have neuro-imaging considered.

## 26. Initial radiographic procedure

2.6.1 Two appropriately trained members of the radiology team must be present throughout and the patient must be accompanied to and from the X-ray department, and during the examination, by a trained member of

paediatric staff. Carers are allowed to accompany the child, along with the trained staff. This should be discussed prior to arranging examination to ensure there are no security or legal concerns.

2.6.2 It is the responsibility of the radiographer to reaffirm consent with the carer on contact.

2.6.3 A skeletal survey is a long procedure for a child. If there is known injury, analgesia must be considered and given at an appropriate time prior to the imaging.

## 27. Reporting

2.7.1 Reporting of skeletal survey requires careful attention to a number of images. The report will usually be available within 24hrs.

2.7.2 An initial report, ideally locally double-reported, will be sent from the local radiologists. The films will also be made available by PACS and if necessary by disc to the tertiary paediatric radiologists and/or neuro-radiologists at Bristol Children's Hospital for further opinions if requested by the local radiologist. A synopsis of the clinical findings should be available to the radiologists in Bristol and if necessary through further telephone discussion.

## 28. Follow-up imaging

2.8.1 Skeletal surveys will need to be repeated in between 11 and 14 days. The radiology department will book this repeat survey and will confirm the time and date within the formal report of the initial survey. This date and time should be entered in the nurses' diary for that ward (see 2.23).

2.8.2 The PA for Clinical Imaging will also e-mail the appointment date and time to the ward matron and ward managers as a safety – net. No appointment letter will be sent; it is the responsibility of the referrer to make the child's carers aware. There is a specific appointment slip that has to be given to the child's carer(s) on discharge.

2.8.3 Just as for the initial imaging procedure (section 2.15), two appropriately trained members of the radiology team must be present throughout. The patient must be accompanied to and from the X-ray department and during the examination by a trained member of the paediatric nursing staff, who will be nominated by the nurse in Charge for that day. The appointment date and time will have already been noted in the nurses' diary for that ward.

2.8.4 Failure to attend a follow-up appointment will be highlighted to the safeguarding admin team within 24 hours.

2.8.5 Any additional X-rays should be the subject of further consultant level discussion to include the tertiary radiologists

# 3. Monitoring compliance and effectiveness

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|---|---|
| Element to be monitored | Audit on consent |
| Lead | Named Doctor for Child Protection |
| Tool | Checking clinical notes / Maxims that consent is specified |
| Frequency | Annual |
| Reporting arrangements | Report through Safeguarding Children's Operational Group (SCOG). Minutes are located on the SCOG shared drive. |
| Acting on recommendations and Lead(s) | It will be the responsibility of the Named Doctor for Child Protection to ensure all recommendations and outcomes are integrated into practice within 2 months. |
| Change in practice and lessons to be shared | Any urgent changes in practice will be implemented by the Named Doctor for Child Protection with immediate effect, all others within 2 months. |

# 4. Equality and Diversity

4.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

## *4.2 Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2

# Appendix 1. Governance Information

| | | | |
|---|---|---|---|
| **Document Title** | Skeletal Surveys Guidance for Consent V3.0 | | |
| **Date Issued/Approved:** | July 2018 | | |
| **Date Valid From:** | 07 November 2018 | | |
| **Date Valid To:** | 07 November 2021 | | |
| **Directorate / Department responsible (author/owner):** | Dr Simon Bedwani<br>Named Doctor for Safeguarding RCHT<br>Children's Lead | | |
| **Contact details:** | 01872 252949 | | |
| **Brief summary of contents** | Guidance for clinicians who wish to undertake skeletal survey for safeguarding concerns. Guidance around specific roles in consent. | | |
| **Suggested Keywords:** | Skeletal survey, Consent, Safeguarding Children, Child protection | | |
| **Target Audience** | RCHT | CFT | KCCG |
| | ✓ | | |
| **Executive Director responsible for Policy:** | Medical Director | | |
| **Date revised:** | July 2018 | | |
| **This document replaces (exact title of previous version):** | Skeletal Surveys – guidance for consent V2.6 | | |
| **Approval route (names of committees)/consultation:** | *Safeguarding Children's Operational Group (SCOG)*<br>*Paediatric Guidelines Group*<br>*Paediatric Business and Governance Divisional Board* | | |
| **Divisional Manager confirming approval processes** | Tunde Adewopo | | |
| **Name and Post Title of additional signatories** | Not Required | | |
| **Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings** | {Original Copy Signed} | | |
| | Name: Caroline Amukusana | | |

| | | | | |
|---|---|---|---|---|
| **Signature of Executive Director giving approval** | {Original Copy Signed} | | | |
| **Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet & Intranet | ✓ | Intranet Only | |
| **Document Library Folder/Sub Folder** | Clinical / Safeguarding Children | | | |
| **Links to key external standards** | South West Child Protection Procedures (SWCPP)<br>RCPCH guidance | | | |
| **Related Documents:** | SWCPP | | | |
| **Training Need Identified?** | *No* | | | |

**Version Control Table**

| Date | Version No | Summary of Changes | Changes Made by *(Name and Job Title)* |
|---|---|---|---|
| *10 Jun 10* | *V1.0* | *Initial Issue* | *Andrew Rogers Corporate Records Manager* |
| *1 Feb 11* | *V2.0* | *Addition of Monitoring Compliance table.* | *Andrew Rogers Corporate Records Manager* |
| *15 Jan 12* | *V2.1* | *Governance information moved to an appendix. EIA updated. Governance information amended to align with format of* | *Andrew Rogers Corporate Records Manager* |
| *5 Aug 13* | *V2.2* | *Updated governance information table to include KCCG.* | *Andrew Rogers Corporate Records Manager* |
| *22 Feb 17* | *V2.3* | *Updated Equality Impact Assessment added* | *Elise James Deputy Service Manager* |
| *04 Apr 17* | *V2.4* | *EIA prompt sheet added to front of document* | *Elise James Deputy Service Manager* |
| *03 May 17* | *V2.5* | *Updated Equality Impact Assessment added* | *Elise James Deputy Service Manager* |
| *27 Feb 18* | *V2.6* | *Removal of PCH from Governance Sheet* | *Elise James Deputy Service Manager* |

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|---|---|---|---|
| July 18 | *V3* | Full review – changes as follows:<br>2.5.6- Referencing of new patient information leaflet CHA3663 to aid consent process<br>2.7 – Change of wording to the heading to *Initial radiographic procedure*<br>2.8.2 -Removal of Frenchay Hospital from reporting section<br>2.9 – follow up imaging - 2.9.1 Change in timing of repeat imaging, now called 'repeat skeletal survey'. Change in appointments process for this imaging, reference to the specific ward appointment slip; 2.9.2 Change in supervision process for repeat imaging, patient has to be accompanied by a pre-determined member of ward nursing staff; 2.9.3 Change in administrative management if child Was not Brought to repeat imaging appointment.<br><br>Bullet points changed to sub-numbering to meet Policy Review Group requirements | Dr Simon Bedwani<br>Named Doctor for Safeguarding RCHT Children's Lead |

# Appendix 2. Initial Equality Impact Assessment Form

***This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.***

<table>
<tr><td colspan="6">Name of  Name of the strategy / policy /proposal / service function to be assessed<br>Skeletal Surveys Guidance for Consent V3.0</td></tr>
<tr><td colspan="3">Directorate and service area:<br>Child Health</td><td colspan="3">Is this a new or existing Policy?<br>Existing</td></tr>
<tr><td colspan="3">Name of individual completing assessment:<br>Simon Bedwani</td><td colspan="3">Telephone:<br>01872 252949</td></tr>
<tr><td>1. Policy Aim*<br><br>Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">For clear pathways for consent for skeletal survey</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">That all professionals understand roles</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">Clear  pathway with audit trail</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">Annual audit</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Children and their families<br>RCHT compliance with standards and governance</td></tr>
<tr><td rowspan="3">6a Who did you consult with<br><br>b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>X</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups<br>Paediatric Guidelines Group<br>Divisional Board<br>Safeguarding Children’s Operational Group</td></tr>
</table>

| | |
|---|---|
| What was the outcome of the consultation? | Guideline agreed |

**7. The Impact**

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:

| Equality Strands: | Yes | No | Unsure | Rationale for Assessment / Existing Evidence |
|---|---|---|---|---|
| **Age** | | **X** | | No areas indicated |
| **Sex** (male, female, trans-gender / gender reassignment) | | **X** | | No areas indicated |
| **Race / Ethnic communities /groups** | | **X** | | No areas indicated |
| **Disability -** Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions. | | **X** | | No areas indicated |
| **Religion / other beliefs** | | **X** | | No areas indicated |
| **Marriage and Civil partnership** | | **X** | | No areas indicated |
| **Pregnancy and maternity** | | **X** | | No areas indicated |
| **Sexual Orientation,** Bisexual, Gay, heterosexual, Lesbian | | **X** | | No areas indicated |

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

| | | | | |
|---|---|---|---|---|
| 8. Please indicate if a full equality analysis is recommended. | **Yes** | | **No X** | |
| 9. If you are **not** recommending a Full Impact assessment please explain why. | | | | |
| No areas indicated | | | | |
| Signature of policy developer / lead manager / director<br>Simon Bedwani | | Date of completion and submission<br><br>July 2018 | | |
| Names and signatures of members carrying out the Screening Assessment | 1. Simon Bedwani<br>2. Human Rights, Equality & Inclusion Lead | | | |

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead**
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

**This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.**

A summary of the results will be published on the Trust's web site.

Signed Chris Warren

Date _____July 2018_____

# Appendix 3. Specific guidance for paediatricians, radiologists and radiographers

## 1. Standards for radiological investigations of suspected non accidental injury – September 2017 (Royal College of Radiologists and Royal College of Paediatrics and Child Health)

1.1. Good communication is vital if the child is to be managed properly and safely investigated. Effective team working will afford optimum management of the child

1.2. Good working relationships within and between the departments of paediatrics and clinical radiology are critical to good communication.

1.3. Communications between the Paediatrician and the carer must include a careful and accurate presentation of the clinical concerns, a description of the imaging procedures that are being planned, an explanation of the reasons for the diagnostic pathway and an explanation of the risk/benefit of the procedures involved

1.4. It is inappropriate that a skeletal survey is performed without the knowledge of the referring Paediatrician and carers

1.5. The Paediatrician will provide clinical information for the radiographer and radiologist in sufficient detail to allow the process of justification of the examination, according to the Ionising Radiation (Medical Exposure) regulations 2000 IR(ME)R. This will usually involve verbal as well as written communication and the level of concern should be recorded.

## 2. Skeletal Survey for Suspected NAI, SIDS and SUDI: Guidance for Radiographer's Consent

2.1. Parents/guardians of the child must fully understand the extent and nature of the skeletal survey prior to examination and informed consent must be obtained. Informed consent must be obtained by the referring paediatrician, and documented in the child's medical record. However it is recognised that in some circumstances a court order may be required.

2.2. If consent is declined the skeletal survey request will be referred back to the patient's medical consultant, who may apply to the court or local authority for consent. Parental/guardian consent must be verbally reaffirmed by the examining radiographer(s). Where there are language difficulties, translation services must be used prior to, and during, the examination.

## 3. The Child and the Law. The Roles and Responsibilities of the Radiographer 2005 Society and College of Radiographers

3.1. In the event of a suspected NAI, a skeletal survey may be requested by a paediatrician. The parent/carer or competent child would need to know the reasons behind the request. A paediatrician or a paediatric radiologist should be the person explaining the request and seeking consent. Thus, it is not the role of the radiographer

to seek initial consent for the examination, but the radiographer should always reaffirm consent on contact with the child and parent/carer.

32. In the event of a parent/carer or competent child subsequently refusing consent to the examination once in the clinical imaging department, the radiographer will need to liaise with the requesting physician. If further discussion with the persons holding parental responsibility does not lead to consent then it is likely that the local authority would ultimately make an application for a court order under the Children Act 1989 for the procedure to be carried out in the best interests of the child.