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# Paediatric Injury Assessment and Surveillance Procedure

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## 1. Purpose

The impact of abuse on a child's life can be far-reaching. Young children are particularly vulnerable to experiencing devastating harm through abuse and neglect.

This procedure guides the identification and response to non-accidental injury (including, but not limited to, bruises and burns, ingestions, or immersions) among children who present to WA Country Health Service (WACHS) services to standardise the use of the [MR4A WACHS Paediatric Injury Risk Assessment](#) form and associated [Safety Net Meeting](#) process within WACHS<sup>1</sup>. It complements the WA Health [Guidelines for Protecting Children 2020](#) which outlines the obligations of all WA Health employees to appropriately address child abuse or neglect concerns that are recognised through the provision of health services.

The procedure provides direction for acute service staff in the identification and follow-up of children aged 0 to 17 years who have been subjected to non-accidental injury.

## 2. Procedure

### 2.1 Risk

Failure to effectively identify and respond to non-accidental injury and child abuse may result in ongoing abuse and long-lasting poor health, development and wellbeing outcomes for individuals.

### 2.2 Background

Clinicians in acute settings across WACHS have long been working to intervene and protect children by identifying non-accidental injury. It is recognised that integration of standardised assessments and screening tools into routine workflows in hospital Emergency Departments and inpatient settings improves the detection of injury related to abuse of infants and children<sup>1,2,3,4,5,6,7</sup>.

Various tools have been used to support this work, including those based on the Perth Children's Hospital Early Childhood Injury Proforma<sup>4</sup>. This WACHS procedure is to be used in conjunction with the standardised [MR4A WACHS Paediatric Injury Risk Assessment](#).

A standardised WACHS assessment tool will:

- prompt clinicians to consider the possibility that the presenting injury may be non-accidental.
- assist clinicians to follow a consistent and comprehensive approach to assessing and documenting injuries in children.
- ensure children who have experience non-accidental injury receive optimal follow up care and support.

## 2.3 Identifying non-accidental injury

Child abuse should be suspected under the following circumstances:

- an injury is unexplained, or the explanation changes or is inconsistent
- the severity of the injury is incompatible with the history, or the history keeps changing
- the injury is inconsistent with the developmental age of the child
- there has been a delay in seeking medical care following an injury, even if the injury is accidental
- any injury, burn, ingestion or immersion in **children under 2 years of age**.

When non-accidental injury is suspected, a [MR4A WACHS Paediatric Injury Risk Assessment](#) is to be completed by the attending doctor or nurse at the time of presentation.

## 2.4 Assessment and actions in cases of suspected non-accidental injury

For **all children under the age of two years** who present with an injury, burn, ingestion or immersion:

- A MR4A WACHS Paediatric Injury Risk Assessment is to be completed by the attending doctor or nurse at the time of presentation.

For **all children two years and older** who present with injury, burn, ingestion or immersion of concern, including those which lack reasonable explanation or there has been a delay in seeking medical advice:

- complete a MR4A WACHS Paediatric Injury Risk Assessment, to be undertaken by the attending doctor or nurse at the time of their presentation.

For **all children with suspected non-accidental injuries**:

- consider the circumstances of the family when undertaking the injury risk assessment
- provide cultural or other family support if required
- discuss concerns with the most senior WACHS doctor (on site/on call/Emergency Telehealth Service) or local WACHS paediatrics service
- notify site manager to brief them of the situation
- if required, complete a [Child Protection Concern referral](#) and/or [Mandatory Report of Suspected Child Sexual Abuse](#) to refer the case to Department of Communities
- if indicated, complete a [Child at Risk Alert Notification Form](#)
- the [MR4A WACHS Paediatric Injury Risk Assessment](#) is to be uploaded to the Digital Medical Record (DMR) and other health record system (as relevant) within 24 hours of discharge
- refer paediatric injury presentations requiring review and follow-up to the local Safety Net meeting, see [Appendix B](#) Guide for Safety Net Meetings.

See [Appendix A](#) for the WACHS Paediatric Injury Review Flowchart.

## 2.5 Safety Net Meetings

Safety Net meetings are essential to provide surveillance and follow-up for children who present with suspected non-accidental injury. Safety Net meetings facilitate interdisciplinary team review of medical records, including presentation history, to enable joint planning for referral and follow up<sup>3,4,6,7</sup>.

Safety Net meetings facilitate interdisciplinary team review of medical records, including presentation history, to enable joint planning for referral and follow up. They are to occur regularly to allow for timely action, investigations and follow up care, and to protect children from further child abuse. Meeting participants may include:

- Emergency Department Doctor, Paediatrician and/or Other Medical Staff
- Emergency Department Senior Social Worker and or Senior Social Worker- maternity
- Clinical Nurse Manager- Emergency Department
- Clinical Nurse Manager- Maternity Ward
- Clinical Nurse Manager- Paediatric Ward
- Clinical Nurse Specialist- Vulnerable Families
- Other staff as locally appropriate or relevant to the case.

Social Work to identify a Chair from the above attendees and organise regular and timely meetings.

A log of cases (which include children reviewed at Safety Net meetings, Not for Further Action and 'resolved') is to be maintained. See [Appendix C](#) 'Log of Cases' template.

See [Appendix B](#) for Guide for Safety Net Meetings.

### 3. Roles and Responsibilities

**Regional Executives** are responsible for:

- oversight regarding compliance with this procedure and health service responses to protect the health, safety and wellbeing of children
- ensuring Safety Net meetings are established and conducted regularly, with representation from all relevant departments.

**Emergency Department Doctors, Paediatricians and/or other Medical Staff** are responsible for:

- regular attendance and contribution to Safety Net Meetings as requested
- ensuring completion of required documentation in health record
- ensuring compliance with reporting of child abuse according to the [Child Safety and Wellbeing Policy](#)
- completion or reviewing and final sign off [MR4A WACHS Paediatric Injury Risk Assessment](#).

**Emergency Department or Senior Social Workers** are responsible for:

- organising Safety Net meetings
- regular attendance and contribution to Safety Net Meetings
- reviewing client's previous contact with WACHS Social Work and/or PCH
- ensuring compliance with reporting of child abuse according to the [Child Safety and Wellbeing Policy](#).

**Clinical Nurse Managers** - Emergency Department, Maternity Ward, Paediatric Ward

- regular attendance and contribution to Safety Net Meetings
- ensuring completion of required documentation in health record
- ensuring compliance with reporting of child abuse according to the [Child Safety and Wellbeing Policy](#).

**Clinical Nurse Specialist** - Community Health

- regular attendance and contribution to Safety Net Meetings
- investigation of current and past child health and child development service engagement
- completion of the required documentation in CHIS
- ensuring compliance with reporting of child abuse according to the [Child Safety and Wellbeing Policy](#).

**Clinician at the point of care** is responsible for:

- completion of the [MR4A WACHS Paediatric Injury Risk Assessment](#) and related documentation in collaboration with medical staff, as appropriate
- taking action to ensure the care and safety of the child
- ensuring compliance with reporting of child abuse according to the [Child Safety and Wellbeing Policy](#).

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

#### 4. Monitoring and Evaluation

Monitoring compliance of this procedure is to be carried out by WACHS Child Safety program and designated teams using the following tools:

- data relating to use of MR4A WACHS Paediatric Injury Risk Assessment
- data relating to safety net meetings, including timeliness of reviews and follow-up
- child deaths and clinical incidents relating to paediatric non-accidental injury
- concerns raised by staff tasked with implementing this procedure

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by The Child Safety Program lead in consultation with representatives from key staff groups.

#### 5. References

1. From Death We Learn 2021 (2022 Edition). Coronial Liaison Unit. Progress Report for Health-Related Coronial Recommendations - August 2022. Perth, Western Australia; 2022. From Death We Learn 2021 (2022 Edition) ([health.wa.gov.au](http://health.wa.gov.au))
2. Louwers EC, Korfage IJ, Affourtit MJ, Scheewe DJ, van de Merwe MH, Vooijs-Moulaert FA, et al. Detection of child abuse in emergency departments: a multi-centre study. Arch Dis Child. 2011;96(5):422-5.
3. Louwers EC, Korfage IJ, Affourtit MJ, Scheewe DJ, van de Merwe MH, Vooijs-Moulaert AF, et al. Effects of systematic screening and detection of child abuse in emergency departments. Pediatrics. 2012;130(3):457-64.
4. PCH Emergency Department (2023) Safety Net Meeting Process – Early Childhood Injury Proforma Procedure. Child an Adolescent Health Service. Perth, Western Australia

5. Sheets LK, Leach ME, Koszewski IJ, Lessmeier AM, Nugent M, Simpson P. Sentinel injuries in infants evaluated for child physical abuse. *Pediatrics*, 2013 Apr;131(4):701-7
6. Soh HT, Bhurawala H, Poulton A et al. Barriers to identification and reporting of child abuse and neglect experienced by medical officers and nursing staff in emergency departments of the Nepean Blue Mountains Local Health District. *Emerg. Med. Australas.* 2023; 35: 921–6. <https://doi.org/10.1111/1742-6723.14256>
7. van Bockxmeer, J., Enzor, L., Makate, M., & Robinson, S. (2025). How useful was a paediatric physical abuse screening project in a rural Australian emergency department? *Emergency medicine Australasia: EMA*, 37(1), e70000. <https://doi.org/10.1111/1742-6723.70000>

**6. Definitions**

Term	Definition
<b>Child/ Children/ Paediatric</b>	For the purpose of this procedure the terms refer to individuals up to the age of 18 years.
<b>Clinician</b>	A clinician is a healthcare provider trained as a health professional. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, and other clinicians who provide healthcare. Ref: <a href="#">Safety and Quality in Healthcare</a>

## 7. Document Summary

<b>Coverage</b>	WACH-wide
<b>Audience</b>	WACHS Regional Executive, clinical staff (including medical, nursing, midwifery, mental health, social work and Aboriginal Health), line managers, Patient Safety and Quality staff, administration staff
<b>Records Management</b>	Non Clinical: <a href="#">Corporate Recordkeeping Compliance Policy</a> Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Services Act 2016</a> (WA) <a href="#">Children and Community Services Act 2004</a> (WA)
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0166/21 <a href="#">Mandatory Reporting of Child Sexual Abuse Training Policy</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> <li>• <a href="#">Clinical Services Planning and Programs Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Child Protection Holding Order - Power to Detain a Child Under the Age of Six in Hospital Procedure</a></li> <li>• <a href="#">Child Safety and Wellbeing Policy</a></li> <li>• <a href="#">Family and Domestic Violence Policy</a></li> <li>• <a href="#">Responding to Sexual Assault Policy</a></li> <li>• <a href="#">Social Work Guidelines for high-risk families during pregnancy and the first year of life</a></li> <li>• <a href="#">WebPAS Child at Risk Alert Procedure</a></li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Guidelines for Protecting Children 2020</a></li> <li>• CAMHS <a href="#">Managing Clinical Risk After Disclosure of Child Sexual Abuse</a></li> <li>• <a href="#">Suspected Child Abuse and Neglect (SCAN) Meetings Process</a></li> <li>• <a href="#">TEN-4-FACESp</a></li> </ul>
<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">Child Protection Concern Referral form</a></li> <li>• <a href="#">Mandatory Reporting Information System</a></li> <li>• <a href="#">MR Child at Risk Alert 1 – WACHS Child at Risk Alert Notification Form</a></li> <li>• <a href="#">MR4A WACHS Paediatric Injury Risk Assessment</a></li> <li>• <a href="#">MR46 WACHS Suicide Risk Assessment and Safety Plan</a></li> </ul>
<b>Related Training Packages</b>	Available from <a href="#">MyLearning</a> : <ul style="list-style-type: none"> <li>• Mandatory Reporting of Child Sexual Abuse</li> <li>• WebPAS Child at Risk Alert</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 4304
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.16, 6.1, 6.4
<b><a href="#">Aged Care Quality Standards</a></b>	Nil

<b>Chief Psychiatrist's Standards for Clinical Care</b>	Nil
<b>Other Standards</b>	<u>National Child Safe Principles:</u> 1, 5, 7, 10.

**8. Document Control**

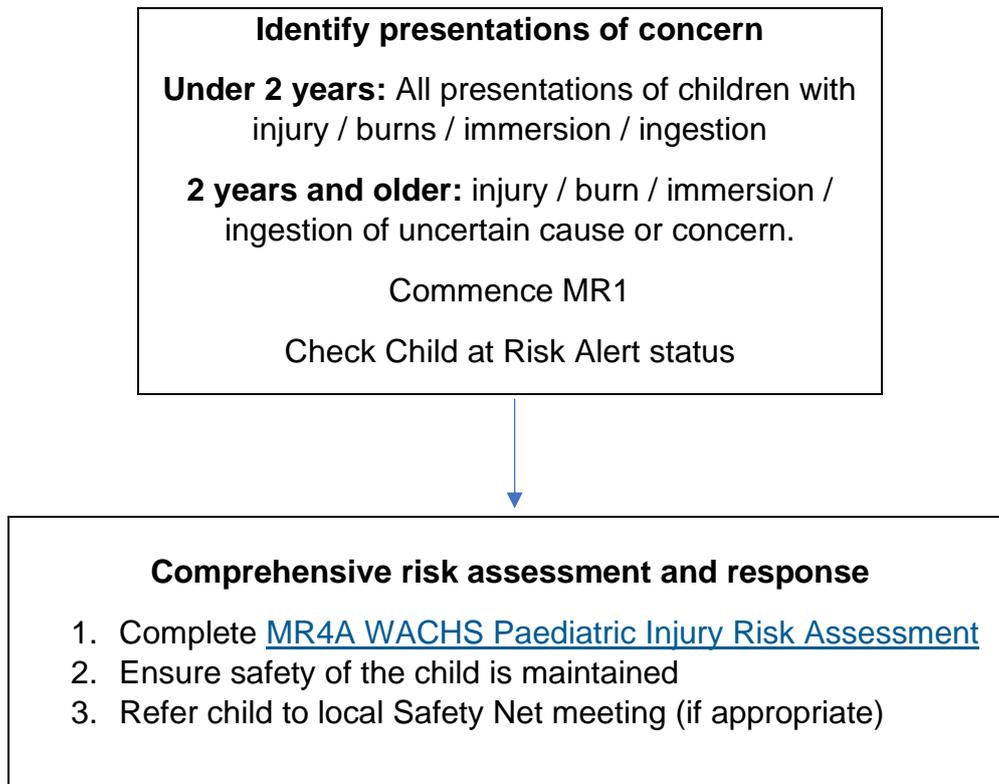
Version	Published date	Current from	Summary of changes
1.00	16 March 2026	16 March 2026	New procedure.

**9. Approval**

<b>Policy Owner</b>	Executive Director Clinical Excellence
<b>Co-approver</b>	Executive Director Medical Services Executive Director Nursing and Midwifery
<b>Contact</b>	Senior Program Officer, Child Safety
<b>Business Unit</b>	Population Health
<b>EDRMS #</b>	ED-CO-25-240063
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**This document can be made available in alternative formats on request.**

## Appendix A: WACHS Paediatric Injury Review Flowchart



## Appendix B: Guide for Safety Net Meetings

**Aim:** Follow-up to provide response and support to children who have presented with injuries of concern.

### Membership

Safety Net meetings to consist of varied staff representation which could include the following positions:

- Emergency Department Doctor, Paediatrician and/or Other Medical Staff
- Emergency Department or Senior Social Worker
- Clinical Nurse Manager- Emergency Department
- Clinical Nurse Manager- Maternity Ward
- Clinical Nurse Manager- Paediatric Ward
- Clinical Nurse Specialist- Vulnerable Families
- other staff as locally appropriate or relevant to the case.

### Frequency

Safety Net meetings are to be held regularly, e.g. fortnightly, weekly or more frequently, to provide timely protection of children at high risk of child abuse.

### Preparation for Safety Net Meetings

Social Work to organise regular and timely meetings.

The following preparation is required for Safety Net Meetings:

- review completed [MR4A WACHS Paediatric Injury Risk Assessment](#) marked as having no features of concern and signed off by Senior Medical Practitioner are deemed 'Not for Further Action'
- compile medical records for patients who are to be discussed at the meeting:
  - [MR4A WACHS Paediatric Injury Risk Assessment](#) marked as a 'presentation of concern' or
  - [MR4A WACHS Paediatric Injury Risk Assessment](#) marked as having 'no features of concern' but noted as having other child protection concerns.

### Safety Net Meetings

During Safety Net meetings:

- medical records are to be reviewed to ascertain if further information/investigation is required
- social worker to report on any previous contacts with social work or PCH CPU
- review each case to plan required follow up actions
- as appropriate, make child protection concern referrals, and/or mandatory reports of suspected child sexual abuse, if not already completed
- if relevant, a Child at Risk Alert to be activated/updated with all known risk concerns
- case details, including the outcome of the Safety Net review, are recorded in the DMR (and other relevant health record system)
- Social Worker (or delegated staff member) to complete meeting record on the Log of Cases during the meeting.

## Following Safety Net Meetings

After Safety Net meetings the following is required:

- the delegated chair is to oversee the content of the Log of Cases and sign off as a true and accurate record of the meeting
- Log of Cases to be stored in a Regional Content Manager folder with restricted access
- Log of Cases to be emailed to [areaofficepopulationhealth.wachs@health.wa.gov.au](mailto:areaofficepopulationhealth.wachs@health.wa.gov.au) after each meeting
- all subsequent referrals and communications, including with family, to be entered into the DMR (and other relevant health record system) by the delegated representative
- outcome from further assessment to be shared at the following meeting.



**Appendix C: Template 'Log of Cases'**

UMRN	Date of presentation	Presentation of Concern (Y/N)	Date Discussed at Safety Net Meeting	Child Protection Concern Referral (Y/N)	Mandatory Report of Child Sexual Abuse (Y/N)	CAR Alert Activated/ Updated (Y/N)	Previous presentations of concern or with injury (number)	Referrals, Follow up and comments

**Note: to be completed during the meeting as a meeting record. Following the meeting a copy of the Log of Cases is to be emailed to [areaofficepopulationhealth.wachs@health.wa.gov.au](mailto:areaofficepopulationhealth.wachs@health.wa.gov.au)**