The radiological investigation of suspected physical abuse in children:

Proposed revisions

1. Recommendation 4

Extant wording:
Where a child is suspected of being the victim of physical abuse, the following children under two years old should also undergo imaging regardless of the findings from any physical examinations:
- Any multiple birth sibling such as a twin, triple, or quad
- Siblings and children living in the same household or family.

Proposed wording:
When serious injury is identified in a child due to suspected physical abuse:
- Multiple birth sibling of an index case less than two years should have the same recommended imaging as the index case according to their age.
- Imaging should be considered in all siblings and children < 2 years old living in the same household or in the household of the alleged or suspected perpetrator on a case by case basis.

2. Recommendation 15

Extant wording:
Two radiographers with documented education and training in paediatric and forensic radiography techniques should perform the skeletal survey.

Proposed wording:
Two radiographers with documented education and training in paediatric skeletal survey and forensic radiography techniques should perform the examinations. They should also have level 3 knowledge, skills and competence as set out in Intercollegiate Safeguarding children and young people: roles and competences for health care staff 2014, RCPCH.

Explanatory text:
In accordance with the SCoR scope of practice 2013 ‘a member of the professional workforce can develop his or her own scope of practice as he or she determines, provided that he or she is adequately educated and trained and competent to practice’

Imaging in Suspected Physical Abuse and forensic radiography techniques do not form part of the threshold standards required for registration as a diagnostic radiographer.

The SCoR recognises these elements of diagnostic radiographer practice as requiring post registration and post graduate level training and development.
3. Recommendation 18

Extant wording:

In addition to the radiographers, a registered paediatric nurse or a registered health or care practitioner should be present during the examination. This should be a statutorily regulated healthcare professional who a) is able to act autonomously and b) has a scope of practice which includes an understanding of the legislation applying to children with suspected physical abuse. Examples of appropriate staff roles include registered paediatric nurse or registered nurse with paediatric training. The roles of healthcare assistant, assistant practitioner and associate professional do not currently meet the criteria of statutory regulation.

Proposed wording:

In addition to the radiographers, a registered children’s nurse or an appropriately educated health or care practitioner on a statutory register should be present during the examination. This should be a healthcare professional who:

a) is able to act autonomously and
b) has a scope of practice which includes an understanding of the legislation applying to children with suspected physical abuse.

Examples of appropriate staff roles include registered children’s nurse or registered social worker. The roles of healthcare assistant, assistant practitioner or associate professional do not currently meet the criteria of autonomous practice, underpinning knowledge or the requirement for statutory regulation.

Explanatory text (either as an appendix or underneath standard):

The individual accompanying the child (and potentially the parent/carer) should:

- have level 3 knowledge, skills and competence as set out in Intercollegiate Safeguarding children and young people: roles and competences for health care staff 2014, RCPCH.
- Provide support for continuity of evidence i.e. accompany the child from the Ward to the imaging Department, provide continuous observation during the procedure and accompany the child back to the ward
- Provide effective support for the traumatised child and the accompanying adults,
- Be able to observe parent-child interactions;
- Be able to provide support for immobilisation of the child during the procedure as required and directed by the radiographers
- be able to write high level reports detailing evidence;
- be able to give effective evidence in court if required

The accompanying healthcare professional should understand that a failure to ensure they have the right level of knowledge and skills could have a detrimental impact on
the success of any criminal court proceedings and thereby a failure in the duty of care
and protection of the child as outlined in professional codes of conduct

4. Recommendation 44

**Extant wording:**

Where abuse is historic, a child may present with:

- Unexplained neurological abnormalities
- Neurological developmental concerns in the context of suspected physical abuse
- An unexplained increasing head circumference.

In such cases, MRI of the head is the best first-line imaging investigation and should be
performed urgently in view of child protection concerns for the **individual child and for**
their siblings.

Standard MRI protocols should be obtained as suggested in Appendix K, but in these cases,
spinal imaging is not required routinely.

Any CT or MRI imaging should be acquired and reported, within 24 hours and certainly no
later than 72 hours from the request being made.

**Proposed wording:**

Where abuse is historic, a child may present with:

- Unexplained neurological abnormalities
- Neurological developmental concerns in the context of suspected physical abuse
- An unexplained increasing head circumference.

In such cases, MRI head of the index child is the best first-line imaging investigation
and should be performed urgently in view of child protection concerns for the
**individual child and the family.**

Standard MRI protocols should be obtained as suggested in Appendix K, but in these
cases, spinal imaging is not required routinely.

Any CT or MRI imaging should be acquired and reported, within 24 hours and
certainly no later than 72 hours from the request being made.