

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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| EXECUTIVE SPONSOR | Midwifery Clinical Co-Director of Maternity Services Medical Clinical Co-Director of Maternity Services |
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| SUMMARY | Process and information of responsibilities and reporting of fetuses and neonates at risk of significant harm |
| KEY WORDS | Child Protection, mandatory reporter guide |

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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The protection and support of foetuses and neonates at risk of significant harm. The aim of this CBR is for staff to meet the legislative requirements of mandatory reporting for child protection.

2 RESPONSIBILITIES

- 2.1 Staff (all staff employed in NSW Health) – identify and report concerns for a fetus, neonate or child under 18years of age at risk of significant harm.**

3 PROCEDURE

3.1 Clinical Practice

- Assess woman to identify circumstances that may adversely impact on the safety, welfare and wellbeing of the fetus, neonate or child (See education notes)
- Complete the interactive online [Mandatory Reporter Guide \(MRG\)](#)
 - On completion, you will receive a decision report outlining next steps
 - Notify Social Work (SW)
 - Business hrs (Mon – Fri 0830-1700hrs)
 - On-call SW available (Sat/Sun 0800-1700 via switch)
 - If emergent, after 1700hrs, escalate to AHNM
 - Clinical judgement can override MRG decision report and possible outcomes (see education notes)
- Document MRG and decision in the woman's and neonates Electronic Medical Record (eMR)

3.2 Documentation

- Electronic Medical Record

- Completed Mandatory Reporter Guide reference number
- Mandatory Reporter Guide Decisions report
- Child Wellbeing Unit Notification Form if completed

3.3 Education Notes

- All staff working in health are mandatory reporters for children at risk of significant harm
- Staff who are responsible for making the report: (NOTE: this is not the responsibility of the Social Worker)
 - Clinician who received the disclosure from the woman (first-hand information)
 - Primary clinician following the birth of the neonate to a woman with a HRBA
 - Any staff who witness violence or abuse towards a pregnant/birthed woman or neonate
- Mandatory reporting is required for the following:
 - domestic violence in current relationship
 - sexual abuse
 - neglect
 - current substance use
 - history of previous involvement with child protection agencies
- Risk factors to be assessed include:
 - delayed or no antenatal care
 - homelessness
 - mental health disorder
 - intellectual disability
 - an accumulation of incidents of neglect or omission
- Possible outcomes include:
 - Continue to monitor and support
 - Contact Child wellbeing unit during business hours (0830-1630hrs) for further assistance
 - Immediate Risk- **Child Protection Helpline via eReport or 132 111**
 - *High Risk Birth Alerts* notifying hospitals of a woman whose fetus/neonate may be at risk, are routinely circulated to relevant clinical units and departments
- Refer to related Policies/procedures for helpful government links

3.4 CBR should include implementation, communication and education plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised

CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

3.5 Related Policies/procedures

- [Clinical guidelines for the Management of Substance use during Pregnancy, Birth and the Postnatal period](#)
- [NSW Interagency Guidelines for Practitioners. Collaborative Practice in Child Wellbeing and Protection](#)
- NSW Ministry of Health- Prevention and Response Violence, Abuse & Neglect
- NSW Health Child Protection Policies and Procedures
- NSW Health policy Domestic Violence- Identifying and Responding
- NSW Ministry of Health- Child related allegations, charges, and convictions against employees
- SESLHD- Apprehended Violence Orders (AVOs): Health Staff Responsibilities
- SESLHD- Domestic Violence- Identifying and Responding: Mental Health Service

3.6 References

1. Child Wellbeing and Child Protection Policies and Procedures for NSW Health. PD2013_007
2. Department of Communities and Justice. NSW legislation and the MRG. 2018
3. NSW Interagency Guidelines for Practitioners, Collaborative Practice in Child Wellbeing and Protection 2021

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044 [Interpreters Standard Procedures for Working with Health Care Interpreters](#).

6 REVISION AND APPROVAL HISTORY

| Date | Revision No. | Approval |
|---|--------------|-------------------------|
| Minor amendment – telephone no and link Oct 2016 Reviewed and endorsed Maternity Services LOPs group 26/4/16 Approved Quality & Patient Safety Committee 16/5/13 Updated to comply with legislation May 2013 Approved Quality & Patient Safety Committee 21/10/10 | | |
| 03/07/2024 | 5 | Maternity CBR committee |
| 29 July 2024 | 5 | RHW BRGC |