



London Ambulance Service **NHS**
NHS Trust

Safeguarding Adults at Risk Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure all LAS staff are aware of, can recognise, and report cases of suspected abuse of an adult at risk.

Sponsor Department: Clinical & Quality Directorate

Author/Reviewer: Head of Safeguarding Adults. To be reviewed by June 2016

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
26/06/13	3.1	IG Manager	Minor corrections/changes following SMT approval.
10/06/13	2.9	Named Professional for Safeguarding Adults	Additions to Implementation Plan.
03/06/13	2.8	IG Manager	Document Profile and Control and formatting changes plus new Implementation Plan. LA456 added.
28/05/13	2.7	Named Professional for Safeguarding Adults	Further changes made throughout document.
29/05/12	2.6	IG Manager	Formatting changes
15/05/12	2.5	Deputy Head of Patient Experiences	Major changes including title change.
30/08/10	2.4	Head of Patient Experiences	Major changes.
15/07/10	2.3	Head of Patient Experiences	Added scope, responsibilities and monitoring
17/09/10	2.2	EBS Emergency Bed Service Manager	Amended Appendix 1 form LA280
27/09/08	2.1	Head of Governance and Head of Patient Services	Addition of monitoring
15/10/07	1.1		

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
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SMG	15/09/2010	2.1

Chief Executive Officer	01/11/07	2.0
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The RIB	02/07/13	IG Manager	GCT

Equality Analysis completed on	By
29/05/13	Safeguarding Board
Staffside reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse; DH, 2000	
	Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.2011	
	Protecting adults at risk: London multi agency policy and procedures to safeguard adults from abuse; Scie, 01.11	
	Safeguarding Adults: The role of Health Service Practitioners; DH, 2011	
	Mental Capacity Act (2005)	
	Public Interest Disclosure Act 1998	
	Children Act 2004	
OP/31	Policy and Procedure for Consent to Examination or Treatment	
TP/009	Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information	
HR/07/22	Whistleblowing Policy	
HR/09/02	Disciplinary Procedure	
LA280	Vulnerable Adult in Need/at Risk Form	
LA279	Child at Risk/in Need Form	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

Given the nature of emergency care, ambulance staff are often the first on scene to provide treatment at any emergency situation. Optimum practice in recognising and protecting adults at risk from significant harm and abuse is most effective by using a multi-agency approach, and ambulance staff can play an immediate role in progressing matters by alerting the relevant authorities. The Trust's safeguarding structure is designed to support and embed practice in collaborating with professional colleagues and ensure staff are familiar with national guidance.

This policy offers a mechanism and practice guidance to enable ambulance staff to raise any concerns which are then reported to the appropriate agency, most usually the local authority Social Care department, for consideration of further action. It should be emphasised that the role of ambulance staff is not to investigate concerns but to ensure that they are passed to the relevant agency to action accordingly.

Department of Health guidance emphasises that safeguarding adults is a core responsibility of the NHS. This policy sets out the commitment of the Trust to safeguard adults and outline how we will deliver our responsibilities in adherence to DH guidance (March 2011), *Safeguarding Adults* (ADASS 2005), and *No Secrets*¹.

This policy should be read in conjunction with *Protecting Adults At Risk*: London multi-agency policy and procedures to safeguard adults from abuse; SCIE, 2011.

It should be recognised that many situations where it is beneficial to bring a patient's circumstances to the attention of the local authority social care department, may not constitute a safeguarding issue in terms of the definitions used in this policy. That should not detract from a referral being made, as this will enable social services to take a view on what action, if any, needs to be taken.

2. Scope

This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with or on behalf of the Trust, including those staff, observers and visitors who may not come into direct contact with patients.

3. Objectives

To ensure that all Trust employees, contractors and volunteers are aware of their responsibilities to uphold the rights of adults at risk, and to take action to prevent them from experiencing neglect, harm or abuse.

To ensure that all Trust employees, contractors and volunteers can recognise the signs of suspected abuse and treat patients with sensitivity irrespective of their

¹ No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse; DH, 2000

personal circumstances or protected characteristics² as defined in the Equality Act 2010.

4. Responsibilities

Trust Board

To scrutinise and ensure safeguarding obligations are met. The Trust Board also ensures that safeguarding remains integral to the Trust and is not compromised by operational or financial pressures.

Director of Health Promotion and Quality

To provide leadership across the organisation, set strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners. To make any referral to the Independent Safeguarding Authority or its successors.

Medical Director

To act as the Trust's Caldicott Guardian and provide expert clinical advice.

Director of Operations

To ensure operational implementation and adherence to this policy. Authorise the release of operational staff to contribute to external safeguarding investigations and monitor compliance of all contractors who come into contact with patients.

Director of Workforce

To ensure that the Trust is compliant with all safeguarding training requirements, and that all staff receive the appropriate level of training; that records are kept on the required training statistics and ensures that the Trusts recruitment process follows that of the Safer Recruitment guidelines.

Clinical and Quality Directorate

To provide expert guidance and clinical leadership, quality assurance of clinical practice and to lead improvements in this area.

Emergency Bed Service (EBS) Manager

To coordinate and quality assure the referral process, ensure routine quality assurance and effective communication with local authorities and other partners.

Named Professional for Safeguarding of Adults

Enable safeguarding activity across the Trust, support the safeguarding agenda and work with partner agencies.

Safeguarding Officer

A point of contact for all safeguarding enquiries. Respond in a timely manner to requests from partner agencies for information arising from referrals made by the

² Protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, Equality Act 2010.

Trust staff. Respond to concerns about the safeguarding process and responsible for the delivery and drafting of serious case review documentation, incident reports and unexpected child death documentation.

Local Complex Ambulance Operations Managers

To act as representatives of the Trust at Local Safeguarding Adults Board meetings and strategy meetings etc in relation to specific cases, having been briefed by the Safeguarding Officer as the point of central contact. To arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations.

Operational staff

Assess patient's needs and where appropriate to make referrals to the Local Authority Children's Services via EBS and/or the MPS via EOC about suspected neglect, harm or abuse; contribute to investigations as required and directed.

Workforce, Contractors and Volunteers

All staff, contractors, volunteers, observers and visitors have a duty to act and respond to concerns about safeguarding in a timely manner, and undertake safeguarding training to the required levels.

5. Definitions

Safeguarding Adults

Safeguarding adults is a process of measures taken to ensure that adults at risk (as defined below) are supported so as to protect them from neglect, harm and abuse. This is best delivered via a multi-agency approach; arrangements for how this is co-ordinated locally are overseen by the Safeguarding Adult Board for the area.

The term 'adult at risk' has been used as an exact replacement for 'vulnerable adult', as used throughout *No Secrets*. This is in recognition that the term 'vulnerable adult' may erroneously imply that any responsibility for the abuse lies with the adult who is the victim of the abuse.

From January 2013 an Adult at Risk may be defined as.....

An adult aged 18 years or over *'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'* (DH, 2000). This definition is taken from current Department of Health guidance to local partnerships. Other definitions exist in partner organisations. An adult at risk may therefore be a person who:

- is an older person and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment

- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

(This list is not exhaustive.)

An adult at risk's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors

Naturally, a patient's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult at risk experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

6. Key principles

The Department of Health³ has agreed safeguarding principles, set out below, to ensure consistent standards in delivering safeguarding. The principles are seen as the foundation for achieving good outcomes for patients and should be used by health Trusts to build robust safeguarding processes.

Principle 1 - Empowerment

Presumption of person led decisions and consent

Principle 2 – Protection

Support and representation for those in greatest need

Principle 3 – Prevention

Prevention of neglect, harm and abuse is a primary objective

Principle 4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

Principle 5 – Partnerships

Local solutions through service working with their communities

Principle 6 – Accountability

Accountability and transparency in delivering safeguarding

³ Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.2011

7. Related issues

Domestic abuse

Domestic abuse is defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality'. (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family; see ACPO, 2004.)⁴

Domestic abuse is by no means experienced only by adults at risk; children will be affected by the behaviour of violence and abuse by adults in their home either directly or indirectly. Domestic abuse occurs across geographical boundaries, age, wealth, social status, gender and ethnicity.

Children who reside in a household where domestic abuse occurs are affected either directly or indirectly. It is imperative that all staff make a safeguarding children referral, using form LA279, in all circumstances where a child(ren) is present when the abuse took place; or where the child(ren) may reside at the property but is/are absent at the time of the incident.

Domestic abuse where there are no children in the family are assessed on individual basis regarding safeguarding referral or police referral if the abuse suspected is a crime.

8. Mental Capacity and Consent

The Trust is committed to ensuring patients are at the centre of the decisions made about their care and steps are taken to protect and empower patients under the Mental Capacity Act (2005).

The presumption is that adults have the mental capacity to make informed decisions about how they live their lives. The presumption that an adult has made an unwise decision, which may put them at risk, does not mean that the person lacks capacity. In the context of safeguarding adults, it is essential to consider whether the patient has capacity to give informed consent.

There will be situations when the adult at risk has the mental capacity to make informed decisions about their safety and decides that they do not want any intervention to take place. This must be respected unless:

⁴ Protecting adults at risk: London multi agency policy and procedures to safeguard adults from abuse; Scie, 01.11

- There is a public interest, i.e. not acting will put other adults or children at risk, or
- There is a duty of care to intervene, e.g. a crime has been committed.

If an adult at risk does not have the capacity to make informed decisions about their safety and they do not want any action to be taken, staff have a responsibility to act in the patient's best interest as described in the Mental Capacity Act Code of Practice. If necessary immediate action should be taken to manage the risk and a referral should be made accordingly using the form LA280.

Further information can be sought from Policy and Procedure for Consent to Examination or Treatment OP/31

Mental Health

In the context of safeguarding adults, crews should be mindful that patients who have mental health needs including dementia or a personality disorder are considered to be vulnerable adults. Issues should be considered under safeguarding practice and a referral made where appropriate.

9. Child Protection

Operational staff should be mindful of this when attending calls of this nature; they may be the first agency to become aware of the risk to the patient and can initiate the work with other agencies to safeguard the adult at risk. Cases of domestic abuse perpetrated against an adult at risk may warrant immediate request for the police to attend.

Reference should be made to the Safeguarding Children Policy.

10. Information Sharing

The Data Protection Act 1998 and *No Secrets* enable information to be shared to safeguard adults at risk. Failing to do so may result in abuse going undetected or prolonging the suffering of patients.

Information sharing between statutory organisations is fundamental to safeguarding adults at risk. Confidentiality should not be confused with secrecy that is the need to protect the organisation over the need to protect the patient.

The Trust should endeavour to obtain the adult's written consent to share information and should explain what the information will be used for, wherever possible.

The following principles should be followed:

The information should be necessary for the purpose for which it is being shared

- Shared only with those who need it

- Be accurate and up to date
- Be timely
- Shared securely

Sharing information without consent: If the risk presented by the perpetrator is high, consideration can be given to sharing information without the consent of the adult at risk. This is supported by Data Protection Act 1998 (schedules 2 and 3), the Crime and Disorder Act 1998 and the Human Rights Act 1998. Further information can also be found in the Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information'. TP/009.

Any particular concerns about sharing information should be referred to the Trust's Caldicott Guardian, the Medical Director.

11. Whistle-blowing

Employees who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of safeguarding, should report this under the Whistle-blowing Policy HR003.

Employees are entitled to protection under the HR003 Whistle-blowing Policy and the Public Interest Disclosure Act 1998.

12. Commissioned Services

The Trust requires that all commissioned service providers produce their own guidelines that reflect the Trusts position on safeguarding adults, and the Pan London Safeguarding Adults Policy. The guidelines should set out staff responsibilities, reporting concerns and recruitment processes with regard to the requirements set out in the Vulnerable Groups Act 2006.

13. Allegations made against employees

The Trust will take all necessary measures to ensure that it recruits staff who uphold the principles of the Children Act 2004 and No Secrets 2000. However, it is acknowledged that some staff may conduct themselves in a manner that is at odds with the Trust and legislation, in this instance the Trust will treat all allegations against staff seriously.

When an allegation is made about a member of staff the Trust will investigate it under the Disciplinary Procedure HR/09/02 in conjunction with the Safeguarding Adults Policy and Pan London Safeguarding Adults Policy and Procedures.

The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay, giving consideration to the following:

- Notify a member of the safeguarding team, who will refer the concern to the Local Authority Safeguarding Adult Manager, contacting the emergency duty team (EDT), if out of hours.
- Where appropriate a member of the safeguarding team will refer the case to the police if the suspected abuse is a crime. In cases of emergency, MPS must be alerted using the usual channels.
- In line with the Trusts disciplinary procedures, suspend staff suspected of abusing an adult or adults at risk.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, whistleblowers.
- Inform the member of staff as they have a right to know in broad terms what allegations or concerns have been made about them
- Consider raising the allegation as a Serious Incident.
- Maintain a high level of confidentiality

Support for staff involved in the safeguarding adults process

The Trust recognises that an allegation of this nature can have a profound effect on the member of staff. As such, the Trust will provide support to staff whom allegations have been made against, in accordance with advice from the relevant social services department and the Metropolitan Police Service so as not to jeopardise the investigation.

The member of staff will be treated with respect, honesty in all matters and confidentiality will be maintained on a need to know basis.

14. Training and Supervision

Current guidance means the LAS specify Safeguarding Children and Adults at Risk training as mandatory. The Trust will ensure that all staff receive training that is appropriate to their level of responsibility.

The Trust will ensure that clinical staff receive appropriate support which allows them to reflect on a challenging or traumatic call as well as reflect on their practice.

If as a result of an internal management review or serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. Missed Referral, staff will be provided with a Staff Safeguarding Action Plan (See appendix 3) to address the issues. The plan will outline the reasons for the action plan and what learning or development needs to take place. On completion of the action plan staff

and local management need to complete and sign the plan and return to the safeguarding.las@nhs.net email address.

15. Monitoring and Governance

The LAS is regulated by the Care Quality Commission (CQC) who have devised 'Essential Standards for Quality and Safety', of which safeguarding is one aspect. Strong governance is fundamental to enable the Trust to comply with requirements set out by the Department of Health and CQC so as to challenge existing arrangements and ensure robust safeguarding procedures, which should reflect current best practice and encompass learning from any incidents the trust may have been involved in. The CQC has the authority to take enforcement action against Trusts that do not comply with the Essential Standards.

As such safeguarding adults activity will be reported to the Safeguarding Committee bi-monthly and scrutinised by the Clinical Care Quality, Clinical Safety & Effectiveness Committee. This provides a mechanism to improve practice ensuring appropriate outcomes for patients and carers are achieved. An annual report will also be published setting out Trust activity pan-London.

In addition to periodic reporting and providing assurance to CQC that the Trust has robust safeguarding arrangements, the Trust will be subject to inspection and will continually provide assurance to commissioners.

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	The Pulse and LAS website			
Communications	LAS News and The RIB			
Training	Staff will receive training as documented at section 14.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Training, safeguarding activity regarding the number and type of referrals made and any emerging trends.	Monthly Safeguarding report will be produced detailing activity. Also an annual report will be produced. These will be shared with local leads and Safeguarding Adult Boards. An annual audit of Safeguarding will also be undertaken.	The Head of safeguarding Adults is responsible for monitoring all Safeguarding Adult activity and reports to the Safeguarding Committee, chaired by the Director of Health Promotion and Quality.	Reports to be monitored via the Clinical Safety and Effectiveness Committee.	Recommendations from SCR's will be reviewed and Staff will receive feedback via the LA456 action plan. Regular section in clinical news letter on Safeguarding. Local information disseminated via complex leads as well as bulletins.

Vulnerable Adult in Need/ at Risk Form Report Form

Patient's name..... Age / DOB	Address.....	
GP (inc address/ tel N ^o)	Patient's Telephone Number/other contact N ^o s	
Details of significant family members, members of staff, friends or other people who are with the patient: 		
Date: Time:..... CAD / ref no:	Crew 1. Crew 2. Call sign	
Concerns (please tick): Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Financial abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Discriminatory abuse <input type="checkbox"/>	In your opinion, why is the person vulnerable? (please tick): Older person <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health problem <input type="checkbox"/> Other <input type="checkbox"/>	Reason for concern (please tick): Physical signs <input type="checkbox"/> Inconsistent story <input type="checkbox"/> Behavioural signs <input type="checkbox"/> Environment <input type="checkbox"/> Disclosure by victim/other person <input type="checkbox"/>

Is the patient a resident of a nursing / residential care home / hostel?
(please tick): Yes No

If Yes, please state name and address of the home / hostel

.....

.....

Do you have concerns about the standard of care received by the patient at the home / hostel?

Yes No

Do you have concerns about the welfare of other residents?

Yes No

If Yes, please include in 'Details of the Environment' below.

Does the patient use a Day Care Service? *(please tick):*

Yes No

If Yes, please state address where the service is based (if known):

.....

.....

Do you have concerns about the standard of care received by the patient at the Day Care Service?

Yes No

Do you have concerns about the welfare of other service users?

Yes No

If Yes, please include in 'Details of the Environment' below.

Does the patient receive a service in their home from a domiciliary care agency?

Yes No

If Yes, please state name and address of the agency (if known):

.....

.....

Local Authority area:

.....

Do you have any concerns about the standard of service provided by that agency?

Yes No

If Yes, please include in 'Details of the Environment' below.

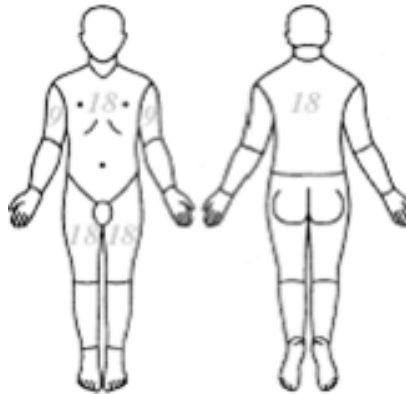
Details of the Environment (including concerns about nursing / residential care homes / hostels / Day Care Services / Domiciliary Care Agencies):

Please give a written description of your concerns, including the general appearance, condition and behaviour of the patient - give an example if possible: (include circumstances of call if relevant)

Version of events given by the victim (and what they want to be done about the situation):

CAD N°

Please give a description of your findings. If the patient has a physical injury, please mark it below using the front and back figure :



Obs (as appropriate)

- BP –
- Pulse
- BM
- Temp

Is the patient adequately hydrated?

Yes / No

If no – give evidence:

Injury = X ?Fracture = # Burns = [dots] Pain = ●

Patient conveyed to hospital

Not conveyed to hospital

Accompanied by

Hospital.....

Hospital staff
signature.....

Hospital Staff
Name.....

LAS signature.....

Date / Time

Reported to:

- EOC
- Social Services Police
- In person By telephone

Form sent to.....

- By e-mail Fax Post

CONSENT (where applicable to be completed by patient)

The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.

Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.

Name:Signature:

CAD N°

When completed this form must be faxed to the Emergency Bed Service on 020 7357 6380 who will forward it to the appropriate authority

For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager.

During office hours advice may also be sought from Patient Experiences – 020 3069 0240, or for routine enquiries regarding referrals, EBS can be contacted 24hrs by phone on 020 7407 7181.

The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.

**Child at Risk / In Need
Notification of Contact Report**

Child's name(s) Age/ DOB	Address:
Next of kin (give name & relationship)	School / Nursery
GP(inc. address/ tel no)	Child's/ parents Tel number:
Details of significant family members, members of staff, friends or other people who are with the child, e.g. childminder: 	
Home circumstances - is the child: Fostered Yes <input type="checkbox"/> No <input type="checkbox"/> With a childminder Yes <input type="checkbox"/> No <input type="checkbox"/> Living with parents Yes <input type="checkbox"/> No <input type="checkbox"/> Living with other relatives Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:..... Time:..... CAD no.	Crew 1..... Crew 2..... Call sign.....

Concerns (<i>please tick</i>):	Reason for concern (<i>please tick</i>):
Physical abuse <input type="checkbox"/>	Physical signs <input type="checkbox"/>
Sexual abuse <input type="checkbox"/>	Inconsistent story <input type="checkbox"/>
Emotional abuse <input type="checkbox"/>	Behavioural / developmental signs <input type="checkbox"/>
Neglect <input type="checkbox"/>	Environment <input type="checkbox"/>
Parental incapacity <input type="checkbox"/>	Disclosure by victim/other person <input type="checkbox"/>
Death of a child <input type="checkbox"/>	Domestic violence <input type="checkbox"/>

Please give a written description of your concerns, including the general appearance, state of health, demeanour and behaviour of the child:

CAD N°

Is the child a resident of a residential care home / hostel? Yes No

If Yes, please state name and address of the home / hostel

.....
.....

Do you have concerns about the standard of care received by the child at home or in a residential home/hostel? Yes No

Do you have concerns about the welfare of other people there? Yes No

If Yes, please include in 'Details of the Environment' below.

List your concerns about the environment or home (including residential care homes / hostels):

General level of care Safety

Other (please give details)

.....
.....

Has an adult on scene been aggressive towards the child (or the crew)?

Yes No

Is there evidence of family / domestic violence? Yes No

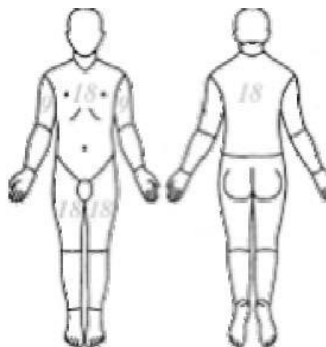
Do you think the child has suffered / is likely to suffer significant harm if he/ she remains in this environment? Yes No

Are the parents aware of your concerns? Yes No

Please give description of your findings. If child has physical injury, please mark it below using the front and back of figure:

Obs (as appropriate)

BP
Pulse
BM



Injury = X ?Fracture = #
Burns = Pain = O

CAD N°

Child conveyed to hospital <input type="checkbox"/>	Parent / carer conveyed to hospital
Not conveyed to hospital <input type="checkbox"/>	Accompanied by other person
Hospital	Reported to:
Hospital staff signature	EOC <input type="checkbox"/>
Hospital Staff Name.....	Social Services <input type="checkbox"/> Police <input type="checkbox"/>
LAS signature	In person <input type="checkbox"/> By telephone <input type="checkbox"/>
Date / Time /	Form sent to
	By e-mail
	Fax.....
<p>CONSENT (where applicable to be completed by <u>parent/guardian or child</u>)</p> <p>The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm.</p> <p>Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my ongoing welfare.</p> <p>Name: Signature:</p>	

When completed this form must be faxed to the Emergency Bed Service on 020 7357 6380 who will forward it to the appropriate authority

For advice/support ring EOC on 020 7921 5197 and/or speak to the Ambulance Operations Manager/Operational Control Manager.

During office hours advice may also be sought from Patient Experiences – 020 3069 0240, or for routine enquiries regarding referrals, EBS can be contacted 24hrs by phone on 020 7407 7181.

The London Ambulance Service will act in accordance with the Data Protection Act (1998) and the obligations contained therein, within its role as Data Controller.

SAFEGUARDING ACTION PLAN FOR STAFF

LA456

Reason for action:
 Missed Referral Identified Other Insufficient Information Learning Need

Further information: Case No: _____ Issues identified: _____

CAD & Date: _____

Safeguarding Name: _____ Date Sent: _____

Points to be covered with staff:

See Form B

How points have been addressed: (Need to provide evidence for each point. To be completed by local manager)

Date completed: _____

Staff comments:

Staff follow up/ review to confirm all actions have been completed: (to be completed by local manager)

Officer/ Team Leader (printed) _____ (signed)

Staff Name (printed) _____ (signed)