NHS SCOTLAND
EAST REGION

Joint approach to Assessment and Joint Report (Soul and Conscience)

Joint Paediatric Forensic Examination

EXAMINATION

1. Both P and FP record history from attending police officer on their own paperwork
2. Both P (leading) and FP take clinical history and consent for examination, collection of specimens, photography and DVD of genital findings (as appropriate) from child/YP/Parent with responsibility
3. Joint examination- P will take lead
4. General medical assessment by P (at same time as 5 and 7 if appropriate)
5. Specific examination including measurement of any physical injuries
6. Joint documentation on body map agreeing numbering from top to toe, sizing, colour- one Dr to do main part of examination and one to write and record findings, using a consistent approach to orientation of any injuries (i.e. width x height)
7. FP to carry out any non-intimate forensic swabs/sampling. e.g. fingernails, skin swabs
8. CSA examination (if appropriate) carried out by P using colposcope unless specific reason for FP to lead on this. FP assists as agreed by clinicians and child/YP

For full detail see Appendix 1

9. Completion of any further sampling as required such as blood tests. (FP or P)
10. Agreement of findings between FP and P with review of any CSA DVD (family outside)
11. Feedback of findings to child/YP/family including short handwritten simple summary for CSA cases.
12. Family leave
13. FP and P agree final wording summary of opinion
14. FP/P complete 'Summary of Medical Opinion Following Child Protection Medical' sheet (photocopied x 6) Copies for Police, SW, GP, (HV if relevant) and FP/P notes
15. Photocopy body chart from proforma for FP or agree P will scan and email charts to the FP as soon as possible
16. Complete any bagging, signing and tagging of specimens

REPORT (Fife and Borders Version)

17. Ideally within 2-3 working days (maximum 5 days), P dictates the JPFE (Soul and Conscience) report using the agreed template **(see Appendix 2)** for all sections although may leave the section on documentation of injuries for FP to complete.
18. P corrects typed document and sends back to secretary
19. Paediatric secretary emails draft copy with DRAFT watermark as Microsoft Word document to Forensic Service administrator loth.OrchardAdminGroup@nhslothian.scot.nhs.uk who adds the appropriate header
20. Forensic Service administrator provides FP with draft

21. FP adds and amends document and has email exchange with P as necessary until a final version is agreed. The Forensic Service administrator will add the FP electronic signature, remove the DRAFT watermark and will send to P and Paediatric secretary as a Microsoft Word document

Lothian: CCH.Edinburgh@nhslothian.scot.nhs.uk

Fife: Fife-UHB.InitialReferralDiscussion@nhs.net

Borders: bgh.childhealthcpactionteam@borders.scot.nhs.uk

20. P electronically signs document and sends to secretary
21. Paediatric secretary creates a final PDF version and sends to Forensic Service administrator, Police and Social Work
22. Paediatric secretary creates a redacted PDF version for GP, HV, (School Nurse) and for Hospital System (e.g. TRAK / Portal) which includes the following sections:
    - Introduction
    - Summary
    - Analysis
    - Opinion
    - Follow-up

24. The final report should be completed within 4 weeks of the examination.

This is in keeping with the agreed Standards of Service Provision and Quality Indicators for the Medical Component of Child Protection Services in Scotland (standard 12)

25. For Specialist Medical Examinations the report template should be amended as appropriate.

Appendix 1

Paediatric female genital swabs for CSA

The sequence of the examination given below may vary depending on the circumstances but it is important to note that perianal DNA swabs should always be taken before H_2O used for hymen examination. Decide order and prepare all swabs and specimen kits in advance.

QUICK TIPS INFORMATION

- If complainer is still wearing clothing associated with the incident, undress on sheet of paper (paper sheet module) & collect clothing / underwear as indicated or practical
- Double glove & remove top gloves for changed areas
- Lie water vial on piece of clean paper
- Do not touch end of swabs with water vial
- 4-5 drops of water onto swabs only
- New water container for each area
- Swab – use firm pressure with rolling technique
- Consider in all swabs – microscopic particulate matter in skin creases eg umbilicus
- All evidential bag numbers must be recorded, police will usually assist and note this & time that sample was taken

Left lateral position **RECORD**

A) External inspection & gentle buttock separation 30secs for anal dilatation & stool presence as per RCPCH Physical Signs of CSA (purple book), note injuries

B) Perianal skin swabs wet & dry – note time – evidential bag. Water lot number & exp date. Perianal skin swabs are now recommended for all SA's by forensic scientists (DNA / semen pick up from genital semen drainage following sexual intercourse)

If indicated by disclosure or incident information, continue with internal anal forensic swabs C) Anal canal 1&2 – note time – evidential bag

D) Rectal swab 1&2 – note time – evidential bag For 'C & D' note size proctoscope & whether lubrication used

Supine position

A) Skin upper inner thighs right & left, wet & dry ** – note time – evidential bag

B) Skin groins right & left, wet & dry ** – note time – evidential bag

**note – take where indicated by disclosure (ie touch DNA / ejaculation). Can use 2 or 4 swabs for each of these. Water lot number & exp date to be noted

C) Pubic hair cut, or if shaved can use tapings one on right side & one left side of mons pubis.

Supine Frog leg position RECORD D) External inspection, note injuries

E) External labial swabs wet & dry – note time – evidential bag. Water lot number & exp date

F) Internal visual with labial separation & traction, note injuries

G) Low vaginal 1&2 – note time – evidential bag. ***NOT PREPUBERTAL***

H) High vaginal 1&2 – note time – evidential bag. ***NOT PREPUBERTAL***

I) Endocervical 1&2 OR swab speculum 1&2 – note time – evidential bag

For 'H & I' note speculum size & whether lubrication used. ***NOT PREPUBERTAL***

J) For anatomical delineation of genitals with H_2O/teasing/catheter

PREPUBERTAL ONLY - prone/ bottom up position **RECORD** K)
For posterior hymeneal rim examination **if indicated**

Other non-genital swabs may be indicated depending on disclosure or incident information given

L) Intra-oral swabs 1&2 – note time – evidential bag

M) Peri-oral skin swabs wet & dry – note time – evidential bag. Water lot number & exp date

N) Saliva washings with water – note time – evidential bag. Water lot number & exp date

O) Urine – note time – evidential bag

P) Genital wipe from the above – note time – evidential bag

Q) Fingernail swabs (small pointed cotton buds) – right hand wet & dry**: left hand wet & dry ** – note time – evidential bag. Can use same water vial for both hands unless there is a forensic indication not to

R) Hand / palm skin swabs – right hand wet & dry**; left hand wet & dry** – note time – evidential bag. Can use same water vial for both hands unless there is a forensic indication not to

S) Blood samples for toxicology – see forensic science lab guidance for 'time since incidence or ingestion'

T) Hair sample for toxicology in suspected DFSA / other drug related incidents – advise that they should not cut / dye their hair. Take hair sample 4-6 weeks following incident or date of last contact with the alleged perpetrator or be guided by the forensic science lab, Howdenhall (0131 666 1212). Modules are labelled 'hair sample for toxicology'

Appendix 2

REPORT WRITING TEMPLATE
For

JPFE (Soul and Conscience) and Specialist Medical Reports

1. Introduction for JPFE Report
HEADER to be added by FP service

We, *Name of Forensic Physician* (GMC No. X), Forensic Physician with NHS Lothian and *Name of Paediatrician* (GMC No. X), Consultant Paediatrician with NHS X hereby certify on Soul and Conscience as follows: Acting on the instructions of *Name of Police Officer (collar number)* we attended the *place* on *date*. There, in connection with *brief nature of concern*, we examined:

Name of Child / YP
DOB:
CHI:
Address: c/o Police Scotland

Other professionals in attendance were: X
Family members in attendance were: X

1. Introduction for Specialist Medical Examination
Patient's name: CHI:
Chronological age:
Prepared by:
Post:
Qualifications:
Nature of concern/Allegation:
Date of examination:
Place of examination:
Type of examination: Specialist Medical Examination Source of request:
Professionals in attendance:
Family members in attendance:

2. Consent
Either: (delete and alter as necessary)
1 CSA…….gave fully informed, written consent for the medical examination, DVD colposcopy recording of clinical findings, forensic samples to be taken and for use of the DVD in support of clinical evidence in court. He/she also consented for information from the medical examination to be shared with social services, police, GP and (HV if appropriate) and for the anonymised DVD to be used for medical teaching. or
2 Physical…..gave fully informed, written consent for the medical examination, photography of clinical findings, forensic samples to be taken and for use of the any photographs to be used in support of clinical evidence in court. He / she also consented for information from the medical examination to be shared with social services, police, GP and (HV if appropriate) and for anonymised photography to be used for medical teaching.

3. **History of presenting concern:**

4. **Systemic enquiry**

5. **Past medical history**

6. **Developmental History**

7. **Family/Social history:**

8. **General examination:**

9. **Specific examination:**

10. **Genital/anal examination:**

11. **Investigations:**

12. **Summary:**

13: Analysis / Interpretation
(include relevant references from Child Protection Companion etc.)

14. Opinion:

15. Follow-up

Electronic signature

Name of Paediatrician

Electronic signature

Name of Forensic Physician

Date Signed:

c.c.

Police Scotland

Social Work Department

Hospital/ CCH Notes / Electronic system

A Redacted Summary (sections: Introduction/Summary/Analysis/ Opinion/Follow-up) should be sent to:

- GP
- HV/ School Nurse (if appropriate)
- Hospital Electronic System