



## FNIHB-AB Nursing Procedure


Section: **Regional Nursing**

Policy Number: In Progress

Subject: **Mandatory Reporting of Child Welfare**

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Approved by: 	Effective Date:  <b>25 Aug 2017.</b>
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### 1. PROCEDURE:

Based on Alberta's *Child, Youth and Family Enhancement Act*, when a FNIHB-AB regulated health care staff has reasonable and probable grounds to believe that the survival, security or development of a child is endangered and is in need of intervention, follow the below procedure. See Appendix A-1 for further details on 'endangered survival, security or development'. See Appendix A-2 for process map:

- 1.1. Immediately secure the child's safety.
- 1.2. Assess child, refer to the *FNIHB Pediatric Clinical Practice Guidelines for Nurses in Primary Care* on child maltreatment.
- 1.3. If **abuse (physical, emotional or neglect)** is suspected, promptly report the suspicion to caseworker, as per the Mandatory Reporting of Child Welfare Guideline and clearly document all relevant information in the client's health record including all objective findings. Record client's statement in quotations. Use SOAP charting and follow *CARNA documentation standards*. If the suspected abuse is by a non-family member, it should be reported to the police. (See Appendix A-2 (1) for process map).
- 1.4. If **sexual abuse** is suspected, promptly report the suspicion to caseworker, as per the Mandatory Reporting of Child Welfare Guideline and contact the Child and Adolescent Protection Center (CAPC team). Clearly document all relevant information in the client's health record including all objective findings. Record client's statement in quotations. Use SOAP charting and follow *CARNA documentation standards*. If the suspected sexual abuse is by a non-family member, it should be reported to the police. (See Appendix A-2 (2) for process map).

Note: The duty to report cannot be delegated to another colleague.

- 1.5. Notify the Nurse-in-Charge (NIC).



- 1.6. Nurse-in-Charge to Notify the Zone Nurse Manager (ZNM).
- 1.7. Consult with the Nurse Practitioner or On-call physician.
- 1.8. Refer the child as appropriate, i.e., Physician-on-Call or CAPC team.
- 1.9. Advise the appropriate health care team members that a report has been made. Follow-up should be conducted by the Nurse-in-Charge.
- 1.10. For any staff who may be uncertain as to the legal requirements and their obligations to report any suspicions, staff may consult the Nurse in Charge, the First Nations Child and Family Services office or local Child and Family Services Authority office.

## **2. RELATED ACTS:**

*Child, Youth and Family Enhancement Act*

## **3. REFERENCES:**

Canadian Nurses Association (2008) Code of Ethics for Registered Nurses. Ottawa, ON.

*Child, Youth and Family Enhancement Act*

Government of Alberta (2005). Responding to Child Abuse: A Handbook, Queens Printer, Edmonton.