

SCHEDULE 4

Current policies, procedures, committee terms of reference, work practices, protocols and templates in place at the RCHM relating to child sexual abuse

No	Title of document	Document type	Summary	Ringtail
1.	Vulnerable Children	Policy	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> • RCHM is committed to providing best practice care to children who are vulnerable to child abuse and neglect by: <ul style="list-style-type: none"> - making all patient decisions in accordance with the best interest of the child; - early evaluation of child's vulnerability and early consultation with VFPMS; - adherence to legislative requirements, in relation to information sharing with statutory interveners (Child Protection and Victoria Police); and - ensuring a coordinated response by all RCHM departments and clear and accessible procedures and guidelines to inform decision making and facilitate referral. 	RMH.1000.005.0305
2.	Vulnerable Children - RCH Procedure for Suspected Child Abuse	Procedure	<p>Seven page document which contains the following:</p> <ul style="list-style-type: none"> • Outlines in detail the steps to be taken in handling an allegation or complaint of child sex abuse, including: <ul style="list-style-type: none"> - consideration of the safety of the child or young person; - staff member to consult with manager; - referral to expert services: VFPMS and Gatehouse; - if Aboriginal or Torres Strait Islander child referral also to RCHM Aboriginal Liaison Officer; - full assessment including medical, psychosocial and risk assessment, specialist forensic assessment; - decide if child needs admission to RCHM on medical grounds to ensure safety; - if parents do not allow child to be admitted refer to Child Protection; - any adult who has a reasonable belief a sexual offence has been committed by an adult against a child under the age of 16 must report that information to police (except in certain circumstances which are detailed in the policy); - if child assessed as at risk, a multidisciplinary discussion with relevant professionals occurs and who report to Child Protection determined; and 	RMH.0004.001.0393 Tab 457

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			<ul style="list-style-type: none"> - if reported to Child Protection a SCAN meeting is held within 24 hours or next business day. • staff who receive complaints of sexual abuse must report the allegation to their manager, who must in turn report the allegation to the relevant Executive Director. Executive Directors report the allegation to the CEO who report to the Board on a monthly basis, or more urgently, as required • The following templates are relevant to SCAN meetings: <ul style="list-style-type: none"> - SCAN meeting agenda template - Blank template document to be used to for SCAN (suspected child abuse and neglect) meetings. - SCAN meeting minutes template - Blank template document to be used to for SCAN (suspected child abuse and neglect) meetings. 	<p>RMH.1000.002.0103</p> <p>RMH.1000.002.0105</p>
3.	Vulnerable Children - Management of Known Sex Offenders at RCHM	Procedure	<p>Three page document which contains the following:</p> <ul style="list-style-type: none"> • Describes the process for management of Sex Offenders and Persons of Concern at RCHM. • Police cannot disclose names of Registered Sex Offenders to RCHM. Information sharing provisions exist between Police and DHS. Therefore RCHM can contact Child Protection for clarification. Privacy considerations need to be balanced with child safety. • When a staff member has a reason to believe a Person of Concern or Sex Offender is present at or likely to arrive at RCHM, they must: <ul style="list-style-type: none"> - inform the Associate Unit Manager and Nurse Unit Manager immediately; - provide all available information to the Unit Social Worker; and - after hours, notify the Nursing Hospital Manager. • In cases of imminent risk to a patient or other children, a Code Grey will be called. 	RMH.0001.001.0386
Quality Improvement & Risk Management Policy				
4.	Critical Incident Review Process	Procedure	<p>Four page document which contains the following:</p> <ul style="list-style-type: none"> • At RCH the Victorian Health Incident Management System (VHIMS) is used to report and collect information about clinical incidents. All incidents must be reported within 24 hours. • A clinical incident is defined as any event or circumstance which could have resulted, or did result, in unintended or unnecessary harm to a person receiving care. 	<p>RMH.0004.001.0454</p> <p>Tab 459</p>

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			<ul style="list-style-type: none"> Emphasises importance of just culture and open disclosure. Sets out procedure for critical incident reviews including identification, review meetings, recommendations, implementation and reporting. 	
5.	Incident Reporting and Management	Procedure	<p>Three page document which contains the following:</p> <ul style="list-style-type: none"> Importance of RCH being able to collect details about clinical incidents, including responses to incidents in terms of ensuring patient safety and identifying actions taken. At RCH VHIMS has been implemented to collect data with the ultimate goal of improving patient safety. It is an RCH expectation that all incidents are reported within 24 hours of occurrence. Managers are to complete incident follow up details within 21 days of the incident, providing details of the investigation findings, how to prevent re-occurrence, specific details or controls or changes and internal review. Incident data is analysed at a department, division and organisational level and used to identify clinical risks and opportunities for improvement. 	RMH.0004.001.0450 Tab 458
6.	Supervision of Unaccompanied Child or Adolescent Procedure (Document updated 11 May 2015 – Now called Supervision and movement of inpatients across RCH and access to inpatient areas)	Procedure	<p>Six page policy providing the following:</p> <ul style="list-style-type: none"> All admitted children in hospital are particularly vulnerable, therefore diligence is required by all staff to ensure their safety and well-being. Reasonable steps must be taken to ensure our patients are not harmed, or placed at risk of harm from other patients, staff and/or visitors. RCH staff are responsible for the supervision of all unaccompanied children and adolescents under their care. Unidentified person/s on ward should be challenged by staff regarding their presence. If suspicious behaviour is observed, staff should contact Security immediately. Staff should refer to the 'Visiting Volunteers' timetable within their department to identify volunteer schedules. Also details procedures for patient movements around RCH and discharge requirements. 	RMH.1000.005.0283 [Hard copy document will be provided]
7.	Open Disclosure	Procedure	<p>Six page document which contains the following:</p> <ul style="list-style-type: none"> The process involves providing an open, consistent approach to communicating with patients/families/carers and their support persons following an incident. 	RMH.0004.001.0410 Tab 445

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8.	Quality Improvement and Risk Management	Procedure	Five page document which contains the following: <ul style="list-style-type: none"> • Outlines relevant supporting structures, processes and roles, and describes the culture required to deliver safe, high quality health care and good governance. • Describes strategies required to effectively implement the policy. 	RMH.1000.005.0098
9.	Consumer Focused Care	Policy	Three page document which contains the following: <ul style="list-style-type: none"> • RCHM values consumers as people with rights and the ability to participate in treatment and service planning, development and evaluation. • RCHM offers children, families and communities to participate actively in planning and developing services including the right to express feedback. 	RMH.1000.005.0016
10.	Australian Charter of Healthcare Rights	Procedure	Two page document which contains the following: <ul style="list-style-type: none"> • The Australian Charter of Healthcare Rights has been developed by the Australian Commission for Safety and Quality in Health Care and describes the rights of anyone seeking or receiving treatment within the health system. • RCHM has modified the Charter to make it appropriate to paediatrics. 	RMH.1000.005.0365
11.	Consumer Feedback - Management	Procedure	Three page document which contains the following: <ul style="list-style-type: none"> • All feedback is to be viewed as an opportunity for improvement. • A RCHM web-based electronic feedback report system is used, VHIMS. Feedback received from consumers is to be entered into the reporting system within 48 hours. • Where a complaint is not able to be resolved within the hospital, it can be referred to the appropriate external agency. Consumers can be referred to the Office of the Health Service Commissioner. • All feedback (positive and negative) is entered on VHIMS. Reports can be generated to track trends and use information to improve services. 	RMH.1000.005.0013
Human Resources Policy				
12.	Performance Management and Disciplinary	Procedure	Eight page document which contains the following: <ul style="list-style-type: none"> • Applicable to all RCHM staff. 	RMH.0004.001.0416 Tab 451

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	Procedure		<ul style="list-style-type: none"> • Procedure can be summarised as followed: <ul style="list-style-type: none"> - managers make a preliminary assessment where a complaint about an employee is brought to his or her attention (may relate to the conduct of an employee or to a set or circumstances). Not every complaint will require an investigation; - where a manager forms a view that a formal investigation is required, they must report the matter to their divisional Executive Director, who will liaise with the Legal Department; - performance management and misconduct is to be handled either by informal counselling, formal disciplinary action (involving a verbal warning, first written warning and second and final written warning); and - in cases of serious misconduct, the RCH may elect to summarily dismiss an employee by following the steps set out in the policy. • Prior to dismissing or suspending any medical practitioner, the RCH must conduct an investigation of the allegations made and provide the medical practitioner with an opportunity to be heard by the Board in relation to the allegations. 	
Privacy Policy				
13.	Police Requests for Information or Assistance	Procedure	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> • Staff must only provide information about a patient to the police or other government agencies in accordance with this procedure. • All information about a patient is confidential. Staff must not release information about a patient without approval from the Legal Department. • Information may be provided to the police where that information is necessary to lessen or prevent a serious and imminent threat to an individual's life, health, safety or welfare, or a serious threat to public health, safety or welfare. • If staff reasonably believe that of the above applies, they may provide information to police in order to lessen or prevent the threat and should notify the Legal Department immediately after the event. • Where police are present at a patient's bedside and they wish to interview that patient, clinical staff must not hinder the police in the execution of their duties, unless the patient's health is at risk. • Failing to provide police with information is not unlawful unless the information is legally required to be provided to police (eg under subpoena) or it is an intentional obstruction of 	RMH.0001.001.0401

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			police in the due execution of duty.	
Department specific (local) documents – Victorian Forensic Paediatric Medical Services (VFPMS)				
14.	VFPMS Guidelines for Forensic Evaluation of Suspected Child Abuse	Guideline	<p>Ten page document which contains the following:</p> <ul style="list-style-type: none"> • Clinical Practice Guidelines for "at-risk" children divided into four categories, one being sexual harm/child abuse. • Provides procedure and flow-chart for dealing with child sex abuse, including order of priorities. • Emphasises all admitted patients should be the subject of a SCAN meeting held within 24 hours of admission. 	RMH.0004.001.0398
15.	VFPMS - Record of Forensic Evaluation	Template	<p>Fourteen page blank template document, used to record the following:</p> <ul style="list-style-type: none"> • Medical history, family history, details from child, parent and other agencies, symptoms. • Record of details of forensic paediatric medical examination. • Includes medical guidelines for forensic examinations and collections of specimen and procedure for sexual assault examination procedure. • Also incorporates signed consent for examination. 	RMH.1000.005.0316
16.	Genital Examination technique and findings in sexually abused children - VFPMS Seminar	Seminar presentation	Detailed PowerPoint presentation delivered to assist in performing genital examinations.	RMH.1000.005.0059
17.	VFPMS Body Chart - Adolescent	Template	Six page blank template body chart to be used to record examination of an adolescent by VFPMS.	RMH.1000.005.0336
18.	VFPMS Body Chart - Child	Template	Six page blank template body chart to be used to record examination of a child by VFPMS.	RMH.1000.005.0330
19.	VFPMS Body Chart - Baby	Template	Six page blank template body chart to be used to record examination of a baby by VFPMS.	RMH.1000.005.0342

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20.	VFPMS Body Chart - Female Genitalia	Template	Two page blank template body chart to be used to record examination of female genitalia by VFPMS.	RMH.1000.005.0348
21.	VFPMS Body Chart - Male Genitalia	Template	Two page blank template body chart to be used to record examination of male genitalia by VFPMS.	RMH.1000.005.0350
22.	VFPMS - How to Refer	Referral Guide	<p>Four page document which contains the following:</p> <ul style="list-style-type: none"> • Information for professionals from Child Protection, Victoria Police and Health to assist understanding of how the VFPMS works. • Flowcharts to assist in determining whether to make an urgent or non-urgent referral. • All instances of sexual abuse to be referred to VFPMS in the first instance. After recent sexual assault rapid evaluation required. • Emphasis on ensuring child is as comfortable as possible and has appropriate emotional support. 	RMH.1000.005.0291
23.	Forensic Paediatric Medicine Trainees' Advice and Information	Training manual	Training manual.	RMH.1000.005.0027
24.	VFPMS - Clinical Practice Standards	Clinical practice standards	<p>Three page document which contains the following:</p> <ul style="list-style-type: none"> • All telephone messages are to be replied to within 24 hours and all inpatient assessment should be performed on the day of request. • On call doctors must response within 10 minutes of telephone enquiries and be able to attend hospital within two hours. • Examinations must not proceed in the absence of valid consent and assent. Consent must be documented. • Contemporaneous notes must be prepared and must remain on the patient file. • During examinations consider the appropriateness of a support person, always wear gloves and take all measure to minimise discomfort and pain. 	RMH.1000.005.0295
25.	VFPMS guidelines for Video-	Guideline	<p>One page guideline document which contains the following:</p> <ul style="list-style-type: none"> • Decision whether or not to video-record the genital examination lies with the examining doctor 	RMH.0003.001.1026

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	Documentation of Genital Examinations		<p>and is dependent on appropriate medical indications and informed consent from the child's guardian and assent from the child.</p> <ul style="list-style-type: none"> • A support person of the child's choice should be present during the examination unless the child requests that the examination occur in the absence of a support person. • A written log should be stored with the video-documentation and no copies should be made. 	
26.	VFPMS Vulnerable Child Assessment	Template	<p>Thirteen page blank template document which contains the following:</p> <ul style="list-style-type: none"> • Medical history, family history, details from child, parent and other agencies, symptoms. • Record of details of forensic paediatric medical examination. • Includes medical guidelines for forensic examinations and collections of specimen and procedure for sexual assault examination procedure. <p>Also incorporates signed consent for examination.</p>	RMH.1000.005.0352
27.	VFPMS Service Specifications	Service specifications	<p>Seven page document detailing the service provided by paediatric forensic medicine service in response to either Child Protection cases of physical or sexual abuse, or Police investigations of alleged criminal assault of a child.</p>	RMH.1000.005.0298
28.	Protocol between Office of Public Prosecutions and VFPMS	Protocol	<p>Three page document which contains the following:</p> <ul style="list-style-type: none"> • In matters prosecuted by the Office of Public Prosecutions (OPP) where colposcopy technology has been used, the VFPMS agree to: <ul style="list-style-type: none"> - clearly identify in examination reports matters in which the technology is used; - retain secure possession of the video evidence and ensure no copies are made; - facilitate the viewing of the video by a medical expert relied on by the defence; and - when requested by the OPP, the relevant medical practitioner involved in the case will attend court to give evidence about their role and explain the technology and findings. • In matters prosecuted by the OPP where colposcopic technology has been used, the OPP agree to: <ul style="list-style-type: none"> - access whether there is a need to rely on the video evidence; - assess any application made by a medical expert relied on by the defence to view the video; and - resist any attempts by defence legal practitioners or other parties to view or obtain copies of 	RMH.0001.001.0316

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			the footage.	
29.	VFPMS - Information for Parents and Carers	Brochure	Pamphlet providing basis information regarding VFPMS, including: <ul style="list-style-type: none"> • The role of VFPMS and basic information regarding medical examination and reporting. • Contact details, including for the 24 hour service. 	RMH.1000.005.0314
Department specific (local) documents – Gatehouse Centre				
30.	GACE Assessment Policy (Gatehouse Centre)	Work practice/protocol	Two page documents which contains the following: <ul style="list-style-type: none"> • Outlines the internal responsibilities of Gatehouse staff including providing information to families on assessment and treatment • Outlines the processes with external agencies including: <ul style="list-style-type: none"> - working collaboratively with Victoria Police and DHS Child Protection in accordance with mandatory reporting and guidelines; - notifying Child Protection if there may be impact upon the safety of children, young persons and families; and - make recommendations regarding risk posed for implementation by a statutory agency. 	RMH.0004.001.0408
31.	Client Records Policy (Gatehouse Centre)	Work practice/protocol	Four page document which contains the following: <ul style="list-style-type: none"> • Lists things that client records should contain including registration sheets, checklists, file notes, brief notes of contact, written reports, correspondence sent and received, case closure. • Outlines confidentiality issues. 	RMH.1000.005.0005
32.	Clinical Services Policy (Gatehouse Centre)	Work practice/protocol	Four page document which contains the following: <ul style="list-style-type: none"> • Gatehouse Centre provides clinical services to children and young people, their families and care givers when a child is suspected and/or where problem sexual behaviour is a concern. • Sets out the eligibility for clinical services - children and young people 0 - 17 years who are client of Women and Children's health service. • Responds to concerns about sexual abuse, physical abuse, suspected paediatric factitious disorder by proxy, neglect requiring a medical response, problem and sexually abusive behaviour. 	RMH.1000.005.0009

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			<ul style="list-style-type: none"> • Outlines the possible clinical response including intake, assessments including short term and specialist assessment, treatment, provision of reports, giving evidence, secondary consultation, advocacy, professional training and community education and research. 	
33.	GACE Cultural Competency Policy (Gatehouse Centre)	Work practice/protocol	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> • Lists responsibilities for external processes include: <ul style="list-style-type: none"> - Gatehouse works collaboratively with Victoria Police and DHS Child Protection in accordance with mandatory reporting and guidelines; and - Gatehouse staff will liaise with and collaborate with the WASJA clinic, VACCA and other relevant cultural service, community elder or interpretation service. 	RMH.1000.005.0048
34.	Critical Incident & Cumulative Stress Debriefing Policy (Gatehouse Centre)	Work practice/protocol	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> • Gatehouse staff are responsible for discussing their debriefing needs with supervisor, informing their supervisor of critical incidents and completing an evaluation form after any debriefing. • Gatehouse Centre team leaders are responsible for informing the Director of any debriefings that have been arranged, organising critical incident or cumulative stress debriefings and providing an evaluation form. 	RMH.1000.005.0023
35.	Gatehouse Centre Documents and Correspondence (Gatehouse Centre)	Work practice/protocol	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> • Provides that appropriate senior staff and/or Gatehouse senior executive approval is required for the release of written reports, documents and correspondence. • No reports, documents or correspondence will be released without the permission of the author of the document in question. • Gatehouse Centre senior executive must approve all documents in relation to management and policies, prior to their distribution. 	RMH.0001.001.0516
36.	GACE Duty and Intake Worker Referral Policy (Gatehouse Centre)	Work practice/protocol	<p>One page document which contains the following:</p> <ul style="list-style-type: none"> • Gatehouse is a CASA which provides assessment, treatment and advocacy services for children and young people living in the Western Metropolitan Region of Melbourne, City of Hume, City of Moorland, aged between 0 -17 where sexual abuse is known to have happened or is suspected, where problems sexual or sexually abusive behaviours are a concern and who have been severely traumatised by physical [abuse]. • Procedures are listed including that a duty worker is allocated each day from 9am - 5pm to 	RMH.0001.001.0527

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			receive referrals, after hours services to urgent referrals, calls are responded to as soon as possible or at least within 24 hours, referrals can be made by the young person, family member, carer, advocates or professionals, referrals are discussed with duty worker, referrals are then discussed at the weekly allocation meeting and the duty worker can provide information regarding the referral to other agencies and professionals.	
37.	GACE Client Grievance Policy (Gatehouse Centre)	Work practice/protocol	One page document outlining that staff are responsible for ensuring clients receive and understand a written copy of the GACE complaints procedure found in the information pack and noting that the manager will be responsible for ensuring that all feedback is collated, regularly reviewed and responded to.	RMH.1000.005.0047
38.	GACE After Hours Service Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • Gatehouse provides a 24 hour emergency care response immediately following the sexual assault or the disclosure of sexual abuse. An emergency crisis care response is a multi-disciplinary response and can involve the Gatehouse Centre, VFPMS, Police Sexual Offences and Child Abuse Unit and Child Protection. • Crisis care response to a child following sexual abuse can include a medical examination, forensic evidence collection, crisis psychosocial assessment, psychological first aid and support, a risk assessment and safety plan and taking of a statement for criminal investigation. • List the responsibilities for Gatehouse Centre clinical team member: <ul style="list-style-type: none"> - Assessment of child's immediately psychological wellbeing and reductions of initial post trauma stress; - Assessing capacity to support the child's wellbeing; - Assessing and ensuring safety and protection of the child when leaving Gatehouse including notification to DHS where indicated; - Making appropriate referrals; - Handover of information regarding the intervention to Gatehouse duty/intake staff; - Follow up with the family; and - Equipping the family to support the child in the face or emerging trauma related symptoms. • The criteria is listed as any child or young person presenting to emergency department alleging sexual assault will assessed by a Gatehouse clinician. The Gatehouse clinician will consult with the VSPMS on call paediatric forensic doctor who will decide whether an after house forensic medical examination is indicated. Any child or young person who is attending 	RMH.0001.001.0519

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			for a forensic medical examination can also be provided with psycho/social assessment and care by Gatehouse clinician. The Gatehouse crisis care clinician is available by phone after normal business hours for professionals and members of the public seeking consultation in relation to child sexual abuse.	
39.	Intake/Duty Meeting Policy (Gatehouse Centre)	Work practice/protocol	2 page document which contains the following: <ul style="list-style-type: none"> All new referrals to the Gatehouse Centre are presented by the duty/intake worker at a weekly intake/allocation meeting. Intake/allocation meetings are attended by duty workers and GACE managers. The meeting is chaired by the GACE manager. Who also takes the minutes which are typed and distributed. Availability to the allocated cases should be discussed initially in supervision and then relayed to the GACE manager. Allocations will then occur at the intake and allocations meeting. 	RMH.1000.005.0050
40.	GACE Interpreter Services (Gatehouse Centre)	Work practice/protocol	2 page document which contains the following: <ul style="list-style-type: none"> RCHM interpreter provides all services to clients and their families. Non RCHM interpreters are not authorised to practice in RCHM. RCHM interpreters can be used to interpret for all police and DHS investigations whilst the family are within RCHM. 	RMH.1000.005.0052
41.	Notification to DHS - Child Protection Policy (Gatehouse Centre)	Work practice/protocol	2 page document which contains the following: <ul style="list-style-type: none"> Gatehouse supports professionals with the belief that a child or young person is or maybe in need of protection from sexual abuse or physical injury to consider notification. The decision to make a notification to Child Protection is part of a collaborative, multidisciplinary process which may involve the Gatehouse duty worker, VFPMS medical staff, the general hospital medical and nursing staff, social work department ward workers and Gatehouse clinicians. 	RMH.1000.005.0085
42.	On-call Roster for the Counselling Team (Gatehouse Centre)	Work practice/protocol	2 page document which contains the information regarding the counselling on-call service's staff roster system.	RMH.1000.005.0087
43.	Crisis Care On-call	Work	2 page document, which sets out 24 hour emergency response. Similar to GACE After Hours	RMH.1000.005.0021

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	Response - Sexual Assault (Gatehouse Centre)	practice/protocol	Service Policy (Gatehouse Centre) procedure.	
44.	Correspondence & information received from parents/ carers	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • The principles of the RCHM policy on privacy should be explained to all parents/care givers when they first attend to receive a service from the Gatehouse Centre. Limits of confidentiality and the possibility of information being subpoenaed should be explained. • All correspondence/information directly relating to the child/young person must be included in the client's file. Correspondence that relates to the parent or carer should be stored in the parent/carer file. • Where parents/carers provide information that is not directly related to the child/young person, they should be reminded of the possible consequences of storing this information on their file. If the parent decides to place the information on the file a note pertaining to the discussion should be included in the file note. 	RMH.1000.005.0019
45.	Staff Support Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • Gatehouse Centre staff are responsible for discussing their support needs with their supervisor and informing their supervisor of any critical incident. • Gatehouse Centre team leaders are responsible for informing the manager of any unmet support needs, critical incidents, discussing and planning follow up contact and organising individual debriefings for staff members. 	RMH.1000.005.0106
46.	Suicide Risk Assessment Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • Where significant self-harm/suicide is considered a risk for any client, consultation and/or referral with the mental health service, or after hours the on-call psychiatric registrar should occur as soon as possible. • The suicide risk factors are noted in a checklist. • The responsibility of the Gatehouse Centre clinician to do the initial screening assessment of risk and developing a risk management plan as well as referral to the appropriate mental health service. All assessments, consultations and referrals must be clearly documented. • If a client is assessed as being at risk, a red flag meeting must be called immediately after making this assessment to consult regarding the risk management plan. 	RMH.1000.005.0281

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			<ul style="list-style-type: none"> • The client's name should be placed on the Gatehouse high risk register. • Notification or referral to relevant persons and agencies is mandatory where the risk is considered to be high. Communication of risk information to relevant persons and agencies is essential. 	
47.	Gatehouse Supervision Policy (Gatehouse Centre)	Work practice/protocol	<p>3 page document which contains the following:</p> <ul style="list-style-type: none"> • All staff will be provided with opportunities for supervision. The quality of supervision is essential to the development and maintenance of high standards of professional practice. The primary purpose of professional supervision is to facilitate competent and independent practice. Supervision will occur in a confidential setting. 	RMH.1000.005.0056
48.	GACE Treatment Plan Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • Gatehouse Centre staff will provide information to families which clearly outlines the assessment and treatment and timeline associated with these. • Treatment plan/progress should be evaluated at 3, 6 and 12 month intervals with the client/family to determine progress, relevance and to guide decisions as to treatment. • The processes with external agencies are listed and include the fact Gatehouse works collaboratively with Victoria Police and DHS Child Protection in accordance to manager reporting guidelines. 	RMH.1000.005.0054
49.	Waiting List Management Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page which contains the following:</p> <ul style="list-style-type: none"> • Cases are allocated chronologically however a provision is made for urgent intervention based on certain criteria. • The waiting list is provided into two sections, the assessment wait list and the treatment wait list. • Urgent response is indicated when the safety and wellbeing of a child/young person is at imminent risk due to factors such as protective issues, suicide, physical and mental health issues, if the child is of Aboriginal and Torres Strait Island background and the child is on a therapeutic treatment order (TTO). • Generally, allocation will be in order of presentation. It is the responsibility of the duty worker who presented the case at the clinical meeting to retain case management until such time as the case is allocated when cases are awaiting allocation. 	RMH.1000.005.0307
50.	Worker Safety in	Work	3 page document which contains the following:	RMH.1000.002.0309

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	Regards to Potentially Violent Situations Policy (Gatehouse Centre)	practice/protocol	<ul style="list-style-type: none"> • Referrers to Gatehouse are responsible for the provision of all known information to Gatehouse Centre regarding the potential threat of family members towards Gatehouse Centre Staff and/or client. • Gatehouse Centre staff are responsible for informing a member of executive, either the supervisor or another member as soon as they are aware that there is a threat to Gatehouse Centre staff and/or client safety. The policy lists a number of steps that the Gatehouse Centre staff should take for ensuring Gatehouse Centre staff or client safety. • Gatehouse Centre executives are responsible for ensuring that a strategic safety plan is developed once a potential threat is known. This strategic safety plan should be made known to all staff verbally and in writing. A number of elements that could be included in this strategic safety plan are listed. 	
51.	Clinical Services SABTS working with TTO Policy (Gatehouse Centre)	Work practice/protocol	<p>2 page document which contains the following:</p> <ul style="list-style-type: none"> • The REFOCUS Program provides an assessment and treatment service for children and adolescents up to 15 years who have exhibited problematic or sexually abusive behaviour. • Children can be referred to Gatehouse REFOCUS Program on the basis of a therapeutic treatment order (TTO) which is overseen by Child Protection for its duration. Children and adolescents can also attend voluntarily. • If a family attending voluntarily ceases engagement with Gatehouse prior to the completion of the assessment or treatment phase or do not meaningfully engage in the process, a notification to Child Protection will be made. • Children, young people and families are advised on commencing with Gatehouse at under the conditions of a TTO, Child Protection will request regular updates of the family's progress and treatment. This will be discussed with the family prior to any information being provided to Child Protection. 	RMH.0001.001.0534
52.	Procedure for referral between VFPMS and Gatehouse (DRAFT)	Work practice/protocol	Four page document (in draft form) developed over 2015, which is currently in active trial. It records the procedure for referral between the VFPMS (medical response) and Gatehouse (counselling response).	RMH.0005.001.0002 Tab 463
53.	Guidelines for working with CSV (Service Agreement)	Work practice/protocol	Three page guide providing dot point list of clinical management issues arising in child sexual abuse cases.	RMH.0001.001.0135

No	Title of document	Document type	Summary	Ringtail
	sexually abused children and adolescents - Child Protection Unit			
Department specific (local) documents – Banksia Ward (mental health ward)				
54.	Sexual activity between clients – reported or observed	Protocol	<p>Five page document which contains the following:</p> <ul style="list-style-type: none"> • Ensures clear roles and functions for Banksia Ward staff in the event of suspected sexual activity between clients. • Reports of sexual activity made by clients should be taken seriously. • Determination of competence is required to inform initial conclusions about consent. • Decision making is complex and it is essential that the NUM and Consultant Psychiatrist are made aware of the report and a VHIMS incident report is made. • Sets out the procedure staff are required to take. 	RMH.1000.005.0089
Other documents				
55.	Child Abuse Guidelines	Clinical Practice Guideline	<p>Four page document which contains the following:</p> <ul style="list-style-type: none"> • Sets out priorities in dealing with child abuse. • All instances of suspected child sexual abuse should be referred in the first instance to VFMPs. After a recent sexual assault (< 72 hours) rapid examination is required. • Should ensure that child is comfortable and has appropriate emotional support. Do not offer food or drink and avoid toilet visits until VFMPs are able to collect forensic samples. 	RMH.1000.005.0001
56.	RCHM Vulnerable Children's Committee - Terms of Reference	Committee terms of reference	<p>One page document which contains the following:</p> <ul style="list-style-type: none"> • Purpose of the Vulnerable Children's Committee is to provide a forum across RCH to discuss issues relating to the identification and care of vulnerable children and young people by RCH staff. • This may include reviewing and overseeing implementation of policies and guidelines, monitoring memorandum of understanding with Child Protection, co-ordinate training and education of RCH staff, quality assurance, monitoring and review of clinical presentations and sharing information between departments. 	RMH.0004.001.0448

No	Title of document	Document type	Summary	Ringtail
			<ul style="list-style-type: none"> VFPMS convene the meetings and prepare the agenda and minutes. Membership of the group is open to any department who has an interest and/or role in the management of vulnerable children and young people. Meeting to be held monthly in the first instance and then quarterly. 	
57.	Terms of Reference - North West Child Abuse Liaison Meetings (CALM)	Committee terms of reference	<p>One page document which contains the following:</p> <ul style="list-style-type: none"> Purpose is to have framework that requires the health service to have interagency collaboration and regular ongoing liaison with local Child Protection services and community based child and family services to facilitate communication and improve coordination of care. Health service representatives to include all member of the RCHM Vulnerable Children's Committee. Adolescent Medicine, Emergency Department, Gatehouse, General Medicine, Mental Health, Social Work, VFPMS, Child Protection, Child First, Victoria Police, Indigenous co-operatives / groups. 	RMH.0004.001.0449
58.	Terms of Reference - Patient Safety Committee - Royal Children's Hospital	Committee terms of Reference	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> The Patient Safety Committee is appointed by RCHM to review the recommendations and action plans developed following investigation of reported safety events. Details membership and meeting requirements, including requirement to hold monthly meetings. 	RMH.0004.001.0424
59.	Terms of Reference - Policy and Procedure Committee	Committee terms of Reference	<p>Two page document which contains the following:</p> <ul style="list-style-type: none"> Purpose of Policy and Procedure Committee is to ensure development and implementation of a comprehensive policy and procedure framework at RCHM. Approves RCHM policy framework. Establishes a continuing review of policies and procedures that responds to legislation, changes in clinical practice and changing organisational requirements. Reviews existing policies and procedures on a three-yearly basis. 	RMH.1000.005.0289
60.	Memorandum of Understanding between DHS and	Memorandum of Understanding	<p>Details understanding between Child Protection and RCHM in relation to their joint work with children at risk.</p> <p>Provides details as to responsibilities of each entity, mandatory reporting, sharing information and</p>	RMH.0004.001.0428 Tab 450

No	Title of document	Document type	Summary	Ringtail
	RCHM		consent for medical procedures involving children.	
61.	RCH Handbook Child Abuse and Neglect	Handbook	Six page handbook which contains the following: <ul style="list-style-type: none"> • Details mandatory reporting requirements to Child Protection. • Provides procedure for examinations of children to identify signs of physical and sexual abuse. 	RMH.0001.001.0162
62.	Genital Examinations in Girls and Young Women: A Clinical Practice Guideline	Third party clinical practice guideline	Clinical practice guide for genital examinations issued by The Royal Australasian College of Physicians.	RMH.0001.001.0271
63.	Standards of Practice - Victorian Centre Against Sexual Assault	Third party practice standard	Standards prepared by the Centres Against Sexual Assault (CASA) Forum. Provides detailed procedures and policies in relation to the services provided by CASAs and compliance requirements (including provisions relating to the requirements to obtain Working With Children and National Criminal History Checks).	RMH.1000.002.0108