Feedback Form: Consultation of BASHH Guideline on Management of Children and Young People (2019)

We appreciate you taking the time to provide us with feedback on this guideline.

Please provide your name and role in the space below. Please insert the page and line number and use a new row for each comment. For general comments, feel free to leave this bank. There is no need to comment on formatting, style or spelling, as the guideline will undergo a final editorial review and proof reading. Please email your comments to the BASHH CEG editor at: michaelrayment@nhs.net

Name: **Dr Sheila Paul**, co coordinating the comments from the **FFLM (Faculty of Forensic and Legal Medicine)**

Professional role and organisation: Clinical Director Thames Valley Sexual Assault Service; Child Lead; GP

Page number	Line Number	Comments Please insert each new comment in a new row	Response For CEG use only
4	28	Change " disclosures" to allegations, and throughout the document (SP)	
6, 21,22,29	15-19, 7-8,13, 17-19	Information sharing and partner notification needs consistency on all pages. don't share + police unless as stated in later pages re public interest etc. and before released include the Service/Trust Safeguarding lead in the discussions (LT)	
7	1	Why limit it to 13-15? When the risk pertains to children up to 18? (SP, LT)	
9	1	Fraser competency is for contraception ONLY and this is PrEP and PEP, so should be changed to Gillick competency or better still competence/capacity. (SP)	

10	24	Typo ,Change abuse to abused	
11	16	Change forensic practitioner to forensic clinician or physician (SP)	
11	25	Change disclosure to allegation	
11,59	29,22-23	Transhymenal swabs to be done in prepubertal girls in extreme cases, if absolutely necessary and by a senior experienced clinician (LT)	
11	11	Since this refers to under 18s can the 1st part of the sentence be removed as many will be sexually active already	
11	15-17, 16	Couldn't find the reference cited but presume its Guidelines on paediatric forensic examinations on children in relation to possible child CSA, FFLM and RCPCH I wonder if this could be a bit clearer on the reason for joint examinations and when they should be considered? A single doctor examination of a pre-pubertal child may be undertaken provided that they have the necessary skills and knowledge for that particular case. When necessary, joint examinations are conducted by two doctors with complementary skills, typically a paediatrician and forensic physician or paediatrician with GUM physician as the case demands.[1above]	
12	2	If samples are to be sent with chain of evidence, they would ideally be taken by the physician. However, if the young person prefers to self-swab they should be advised that in the case of a positive result this may be repeated by the physician in order that the validity of the result is not challenged.	
14	13	CEG, put explanation as this is the 1st time it is mentioned. Clinical	

		Effectiveness group (CEG)	
16	16	GUMCAD needs explaining the 1st time it is used, i.e. Genitourinary medicine clinical activity dataset(SP)	
17	25	How is this data collected from SARCs? I have had 6 diagnoses of chlamydia and GC in children in the last approx. year, me alone, most under 13, how do these get counted? (SP)	
21	34	Should state that “an appropriately trained chaperone must be offered” reference RCPCH chaperone guidance / national published SCR.(LT)	
21	20	Fraser and Gillick again, tho’ a typo and it says Gilleck. See my comment regarding page 9 (29)	
21	26	Alcohol and drug intoxication - I would replace with substance misuse including alcohol, then that applies to intoxication, dependency, withdrawal all of which effect capacity. (SP)	
22	21	UKMEC, used for the 1st time in this document therefore an explanation should be given, UK Medical Eligibility Criteria (SP)	

22	29	MSM should be offered Hepatitis B (SP) (LT)	
23	26	Health and social care information centre (HSCIC) should be the way it is written as this is the 1st time this acronym is mentioned (SP)	
30	18	Start of CSE section is a little confusing. Should it be titled CSE as a form of CSA? (LT)	
30	24	ONS (Office for national statistics) –another acronym without an explanation.	
32	14	Include viral STIs (JS)	
34	18	RCN acronym used for the first time-explain (SP)	
37	22	Typo-Health should have a capital H. (SP)	
42	17	EMA (European medicines agency) needs the explanation as the 1st time this acronym comes in this document (SP)	
42	26	When will boys have the vaccination? (SP)	
44	7	Again Fraser competency mentioned in relation to PrEP, when it only pertains to contraception.	
44	18	What about blood products? (SP)	
44	21	Typo, a STI should be an STI (SP)	
45	8	ART 9 antiretroviral therapy) needs explaining as it's the 1st use of this acronym in this document (SP)	
45	11	Typo-pREP should be PrEP (SP)	
45	23	Here here! (SP)	

48	3-8	This book is from the FFLM, RCPCH, AAP and all parties should be mentioned. The AAP attended all meetings by video link and those of us on the list of authors from the FFLM were equally as involved as the RCPCH. (SP) This is really important as the BASHH document talks about CSA and CSE a lot, and it seems strange that the FFLM and the work of the Sexual Assault Referral Centres and Services is barely mentioned. Our work overlaps hugely with Sexual Health Clinics, and extends beyond, as we are screening for STIs in all ages cradle to 18 and sometimes over; assessing for HIV PEP, giving Emergency Contraception and referring to the sexual health clinic if appropriate for screening after an acute assault of older children and adults. . Referrals from Sexual Health clinics often come to our service	
56	reference	RCPCH, FFLM, AAP **please change this!** this wasn't written just by the RCPCH. Look at the book cover to see.(SP)	
48=and section 7 -		There are large chunks that have been taken from the 2nd edition of this book, and we are very soon going to revise it. The 1st edition was 2008; 2nd edition 2015; the large chunks may need revising before the 5 years until the next BASHH revision is due. (SP)	
58	17	Forensic practitioner, consider using Forensic Physician or clinician (SP)	
58	19	Ideally the 1ry carer or someone chosen by the child (SP)	
59	16	This should be considered and samples from all sites taken.(SP)	
58	top	Page 58 top of page and p 62 6.5.1 and the flow charts on pages 73-75, it would be really helpful to say when is the optimal time to do a blood test(s) if the child is needle phobic and you are unlikely to repeat on the 3-4 occasions as suggested in the guideline. My experience, especially with the younger children is you may only get	

		consent once. (JS)	
60	11	“clinically” suggested	
61	11	Add emergency contraception, assessment for HIV and Hep B PEP; mental health and psychological well-being assessment and referral on to the appropriate agencies for treatment; documentation of any injuries, fresh healing or healed including a detailed assessment of the external genitalia of all ages.	
62	7,8	COE should be in place for all ages if the results are used in medico legal proceedings	
63	1	TV culture is suggested – it is not widely available. What about the TV OSOM if NAAts not available. What is the purpose of culture for aerobes / anaerobes?	
63	14	What about urine, rectal and pharyngeal? (SP)	
64	16	HPV typing, this is too vague, what specific cases may it be considered for? (SP)	
66	1	RCPCH AND FFLM AND AAP-please change from just RCPCH (SP)	
67	23	PHE no longer recommend immunoglobulin in sexual assault and it is therefore impossible to get (SP)	
68	Reference	Not only RCPCH, also FFLM and AAP (SP)	
71	top	Fraser-I thought it was only contraception (SP)	
71	MCA 1.	Mental capacity Act principle 1-change person to adult. (SP)	

72	top	Forensic clinicians-this should be streamlined and the same throughout this document, I have mentioned it above several times. we are Forensic Physicians and this is the correct term. so perhaps use that one and not clinician. (SP)	
P 73 and 74		Why is Wet prep for TV not mention and same comments as page 63 (JS)	
Dr Deborah Hodes comments have arrived to me on the actual document	There are several very pertinent comments and suggestions	I have left them on the document for clarity, you will find it much easier to understand them that way. I am sending her comments on the draft guidelines along with this. Regards Sheila Paul	
		another appendix you could add and reference the FGM mandatory reporting pathway https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525405/FGM_mandatory_reporting_map_A.pdf	