CAAP:
Who we are and when to call

WRHN Emergency Medicine Rounds
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Who we are

- Child Advocacy & Assessment Program
- We provide compassionate, evidence-based care and assessments for children and families where there is a concern for child maltreatment
- Primary function is medical assessment

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Who we are NOT

- Family & Children’s Services
- Police
- Lawyers/Courts
- Primary counselling services

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Our Services

Child Maltreatment Medical Assessments	Social Pediatrics & Resiliency Clinic (SPARC)	Case Consultations
• Medical assessment for any type of possible abuse	• Outpatient general pediatrics clinic for children assoc with the child welfare system	• Multidisciplinary case conferences to assist medical or child protection teams with case formulation

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Child Maltreatment Medical Assessments

Acute significant injury

- E.g. bleeding, head injury, fracture, ingestions, medical instability
- Stabilize in ED. If tertiary care inpatient assessment required transfer to MCH ED.
- Call CAAP for advice prior to discharge/transfer

Urgent concerns

- E.g. child is generally well but there are concerns about current inflicted injury or other concerns that you feel warrant more urgent assessment
- Call CAAP on call

Non-urgent concerns

- E.g. previous suspected physical abuse with no current injuries, concern for neglect with non-urgent medical manifestations
- Send outpatient referral
- Don’t forget to contact FACS if concern for risk of harm to child or youth

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Sexual Abuse

- Remember your WRHN SADV team!
- They are trained to assess patients of all ages
- They have requested that they be contacted first (can be reached through Petal MD). If it is outside their scope, they will contact us.
- In prepubertal children window for evidence collection is <72 hours.
- You can always contact us if questions

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How to reach us

- Child maltreatment pediatrician on call 24/7
- Call us through HHS locating – ask for CAAP physician on call
- When in doubt, we’d rather hear from you than not hear from you

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When should you be worried

- Pre-mobile child with any injuries
- Unusual bruising
- Certain fracture types
- Unexplained neurological symptoms

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TEN-4-FACESp

Bruising Clinical Decision Rule for Children < 4 Years of Age

When is bruising concerning for abuse in children < 4 years of age?
If bruising in any of the three components (Regions, Infants, Patterns) is present without a reasonable explanation, strongly consider evaluating for child abuse and/or consulting with an expert in child abuse.

REGIONS

TEN

Torso | **E**ars | **N**eck

FACES

Frenulum
Angle of Jaw
Cheeks *(fleshy part)*
Eyelids
Subconjunctivae

INFANTS

4 months and younger

Any bruise, anywhere

PATTERNS

Patterned bruising

Bruises in specific patterns like slap, grab or loop marks

See the signs

Unexplained bruises in these areas most often result from physical assault.
TEN-4-FACESp is not to diagnose abuse but to function as a screening tool to improve the recognition of potentially abused children with bruising who require further evaluation.

TEN-4-FACESp was developed and validated by Dr. Mary Clyde Pierce and colleagues. It is published and available for FREE download at **luriechildrens.org/ten-4-facesp**.

Ann & Robert H. Lurie Children's Hospital of Chicago

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Fracture red fla

- Fractures in non-mobile children
- No history of trauma
- Incompatible mechanism
- Location - higher specificity fractures include:
  - Ribs
  - Long-bone metaphyses (CMLs)
  - Scapula
  - Sternum
  - Vertebral spinous processes
  - Humerus in <18 mo
  - Femur in non-mobile
- Multiple fractures
- Fractures in different stages of healing

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Traumatic head injury due to child maltreatment (THI-CM)

No single injury is proof of child maltreatment, but certain findings in an infant are more associated with THI-CM

Red flags for THI-CM

History

Evidence of symptomatic traumatic head injury with:

- No history of a traumatic event
- Reported mechanism of injury incompatible with injury
- Injury event incompatible with child's development
- Unexplained/unreasonable delay in seeking treatment
- Repeated unexplained symptoms suggestive of head injury

Clinical presentation

- Head injury with apnea
- Intracranial injury and seizures
- Intracranial injury and retinal hemorrhages

Radiographic findings

- Subdural hemorrhages (intracranial, spinal)
- Cerebral ischemia, often multifocal
- Cerebral edema
- Rib fractures
- Classic metaphyseal fractures (corner or 'bucket-handle' infant fractures)
- Absent or incompatible history of trauma and:
  - Skull fracture with intracranial injury
  - Long bone fracture(s) with intracranial injury

Canadian Paediatric Society

Consider a work-up for maltreatment injuries and medical conditions if you spot these red flags. Also consider reporting to child welfare services

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A few notes

CAAP is not FACS. Referring to CAAP does not fulfill your mandatory reporting duties. If you have concern for possible maltreatment call FACS

CAAP provides medical assessments. We do not “investigate” nor do we conduct forensic interviews. Those are coordinated by FACS and police.

Counselling is provided by community agencies. If you have questions about how to access appropriate counselling in your area our CAAP social worker may be able to help.

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Lots of info, and referral form, on our website

https://www.hamiltonhealthsciences.ca/mcmaster-childrens-hospital/areas-of-care/services/child-advocacy-assessment-program/

When in doubt, CAAP is happy to help

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