

Appendix 1: Giving Permission for Urgent Medical Treatment of Looked After Children Out of Hours

If medical treatment is needed in an emergency, in most cases doctors and other medical professionals can take immediate action without needing to ask for further permission (see CA 1989 s3(5)). Where medical personal, foster carers or care homes call asking for advice, about urgent medical treatment, it is important to establish

- Why this is a situation where treatment needs to be given before the next working day (usually this would involve a discussion with medical personal wanting to treat the child).

And if you are satisfied that it would be in the child's best interests to start treatment, you need to establish who could provide permission.

- For older children (nearing 14-16yrs) they may have competence or capacity to make the decision themselves. This would need to be established by the medical personal treating them;
- Over 16yr olds should be presumed to have capacity, unless it can be established that in regards to the decision needed it is lacking;
- Placement plans (which can be found under 'documents' on ICS) should specify which decisions the child can make, which decisions foster carers or other might make, and which decisions can only be made by those with PR/The local authority;
- Anyone with PR may be able to give permission (but consider whether or not contacting a parent for a child in care is appropriate);
- The Local Authority, as represented by the EDT social worker, and the duty senior childcare manager on call, can also make this decision if the child is on a care order.

Straight forward decisions can be taken by the EDT social worker themselves. For more complex decisions, the duty childcare manager should be consulted.

The priority should remain the needs of the child, and decisions not delayed simply to gain approval unless the decision can wait, or the balance of benefits and risks is finally balanced.