The 2019 intercollegiate safeguarding documents about our roles and competencies as healthcare staff are available via the links below:

**Adult safeguarding:** https://www.rcn.org.uk/professional-development/publications/pub-007069

**Child and Young People safeguarding:** https://www.rcn.org.uk/professional-development/publications/007-366

A quick reminder re child safeguarding CPD requirements:

**Refresher training**
- Over a three-year period, professionals should be able to demonstrate refresher education, training and learning**” equivalent to:
  - a minimum of eight hours for those requiring Level 3 core knowledge, skills and competencies**”
  - a minimum of 12-16 hours**” for those requiring role specific additional knowledge, skills and competencies.

Read the TACT document above on the use of care language, reflect on it, and that could well be your 1 hour’s child safeguarding CPD for this month.

**CYP in care** do not always appreciate the terminology around their condition that professionals use (see April/May newsletter). Here are some more of their suggestions, taken from a document by TACT (The Adolescent and Children’s Trust), the UK’s largest fostering and adoption charity and voluntary agency https://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019_online.pdf:

**LAC/Foster child**
- We prefer: Call children by their names; LA should say ‘our children’ or [insert name of LA’s children]; Young People or Children
- “Every child is ‘looked after’; there is no need to point them out. Some would consider themselves looked after before coming into care.” Cheshire East Young People
- “I do not mind the saying, but just don’t say it a lot.” York Young Person
- “The acronym LAC can be understood as a suggestion that the child or young person is ‘lacking’ something.” Professional
- “Take away LAC acronym completely.” Herefordshire Young People

**Leaving care**
- We prefer: Moving on or Moving up
- Social worker: We prefer: One to one worker; Someone who understands your family background and knows what you have been through
- Special needs: We prefer: Additionaly supported; The needs name, i.e. disabled, global developmental delay, learning need, etc.
- “Everyone is special, and everyone has different levels of need.” Warwickshire Young People

**What does "the urine dipstick is positive for blood" actually mean?**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Dipstick</th>
<th>Microscopy</th>
<th>Think</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Haematuria</strong></td>
<td>Blood ++</td>
<td>RBCs ++</td>
<td>Infection, oncology, trauma, kidney</td>
</tr>
<tr>
<td><strong>Haemoglobinuria</strong></td>
<td>Blood ++</td>
<td>RBCs – or a few</td>
<td>Haemolytic anaemia</td>
</tr>
<tr>
<td><strong>Myoglobinuria</strong></td>
<td>Blood ++</td>
<td>RBCs – or a few</td>
<td>Rhabdomyolysis</td>
</tr>
<tr>
<td><strong>Pseudohaematuria</strong></td>
<td>Blood ++</td>
<td>RBCs -</td>
<td>Beetroot, rifampicin, porphyria</td>
</tr>
</tbody>
</table>

The reagent on the test strip lyses any RBCs and detects the presence of pigment such as haemoglobin or myoglobin, not just blood. If there is free haemoglobin anyway in the urine because of acute intravascular haemolysis, the dipstick will show up as positive for “blood”.

“Haemoglobinuria misidentified as Hematuria” at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4223305/

**CYP in care**

**Yeast**
- *Candida* (oral or genital conditions)
- *Candida* (systemic conditions)
- *Aspergillus* (fungus)

**Prescription drugs**
- *Analgesics* (pain relief)
- *Anti-infective agents* (antibiotics, antifungal agents)
- *Antihypertensives* (blood pressure control)
- *Anti-arrhythmics* (heart rhythm control)
- *Anti-convulsants* (seizure control)
- *Anticoagulants* (blood clot prevention)
- *Anti-psychotics* (mental health treatment)
- *Antidepressants* (mood disorders)
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- *Antihypothyroid agents* (thyroid function)

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