**SCAN MEETING AGENDA**

Date: …………………….

**Client Name: …………………………………………….RCH UR:………………….**

**Attendees** (circulate list for attendees - separate page below) / **Apologies**

**Information and opinions from each of the key agencies**

• RCH Medical Teams information and current opinion

o General Medical Unit

o Other involved medical /surgical units

o VFPMS

* Police information and current opinion
* Protective Services information and current opinion

**Further action planned by each of the three key agencies**

• RCH Medical Teams

o General Medical Unit

o Other involved medical /surgical units

o VFPMS

* Police
* Protective Services information and current opinion

**Discussion**

**Further Actions**

This might include planning further investigations; the child’s discharge time; with whom the child is to be discharged; to whom a medical report is to be sent; further meetings.

**SCAN MEETING ATTENDEES**

Client Name: ……………………………………….. RCH UR: ……..…..... Date: ………..

|  |  |  |
| --- | --- | --- |
| **Role** (amend as appropriate) | **Title & Name** | **\*** |
| Consultant, General Medical Unit. |  |  |
| Registrar, General Medical Unit. |  |  |
| Resident, General Medical Unit. |  |  |
| Consultant, Other Medical Unit 1. Details: |  |  |
| Registrar, Other Medical Unit 1. Details: |  |  |
| Consultant, Other Medical Unit 2. Details: |  |  |
| Registrar, Other Medical Unit 2. Details: |  |  |
| Consultant, VFPMS |  |  |
| Registrar, VFPMS |  |  |
| Nurse Manager, VFPMS |  |  |
| Ward Nurse 1 |  |  |
| Ward Nurse 2 |  |  |
| RCH Social Worker |  |  |
| Child Protection Worker 1 Region: |  |  |
| Child Protection Worker 2 Region: |  |  |
| Police Officer 1  (Sexual Offences & Child Abuse Unit)  Region: |  |  |
| Police Officer 2  (Sexual Offences & Child Abuse Unit)  Region: |  |  |
| Other |  |  |
| Other |  |  |

**\* Tick if attended. Mark "A" if an apology**