



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil  
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Deputy Joe Carey, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 10164/23**

**To ask the Minister for Health what would be required for the LIU protocols to be changed for paediatric patients under five years to be permitted treatment for minor injuries such as burns, breaks, sprains and so on, to limbs and extremities (arms, legs, hands and feet), while continuing to refer head and torso injuries to the emergency department, with the understanding that the former are very common in small children while the latter can require specialist paediatric diagnostics; and if he will make a statement on the matter.**

Dear Deputy Carey,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the Emergency Medicine Programme (EMP), National Clinical Programme for Paediatrics and Neonatology (NCP PN) and the National Clinical Advisor and Group Lead for Children and Young People (NCAGL C&YP) on your question and have been informed that the following outlines the position.

Injury units (IUs) are not equipped to treat head and torso injuries, regardless of age.

The National Clinical Programme for Paediatrics and Neonatology (NCP PN) and the Emergency Medicine Programme (EMP) both advocate the development of appropriately located, configured and rationalised services for acutely unwell or injured children. This vision emphasises the delivery of safe and appropriate care as close to home as possible.

However, EMP and NCP PN consider that 0-5 year olds represent a vulnerable group in terms of difficulty of diagnosis and propensity to decompensate rapidly. The specialty of Paediatric Emergency Medicine does not currently exist in Injury Units and would need to be supported by a multidisciplinary team attuned to this age group (including, by way of example, radiographers familiar with children's x-ray, play therapists, social workers, physiotherapists etc.).

Children in the 0-5yoa patient group are either non-verbal or have limited verbal communication. Injury patterns or presentations which may be suggestive of child protection concerns require support from Medical Social Workers and/or General Paediatrics which are not available as dedicated services in IUs.

To ensure that the IU environment is a safe treatment unit for children under five, it would require significant changes to staffing, competencies and training as well as service design and governance.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



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**Anne Horgan**  
**General Manager**