

Children and Adolescents - Safety and Security in NSW Acute Health Facilities

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Functional Sub group Clinical/ Patient Services - Baby and child

Summary To provide statewide policy direction to assist the development of local policies/procedures by AHSs to address the safety and security of children and adolescents whilst in NSW acute health facilities and/or during inter-facility transfers. This policy is intended to protect children and adolescents from harm, including self-harm and harm from others whilst in a NSW Public Health acute facility, with particular consideration to some patient groups including those affected by drugs and alcohol and with a mental health issue.

Replaces Doc. No. Security of Children in Hospital - Guidelines for Protocol Development [PD2005_546]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience All staff

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, NSW Department of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Policy Manual Patient Matters

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

SAFETY AND SECURITY OF CHILDREN AND ADOLESCENTS IN NSW ACUTE HEALTH FACILITIES

PURPOSE

To provide statewide policy direction to assist the development of local guidelines/protocols by Health Services to address the safety and security of children and adolescents whilst in NSW acute health facilities and/or during inter-facility transfers. This policy is intended to protect children and adolescents from harm, including self-harm and harm from others whilst in a NSW Public Health acute facility, with particular consideration to some specific patient groups.

MANDATORY REQUIREMENTS

This policy applies to all facilities where paediatric patients are managed. It requires all Health Services to have local guidelines/protocols based on the attached clinical practice guideline in place in all hospitals and facilities likely to be required to assess or manage the care of children and adolescents.

However, as in any clinical situation there may be factors which cannot be covered by a single set of guidelines. This document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgement to each individual presentation.

This document should be read in conjunction with:

Guidelines for the Care of Children and Adolescents in Acute Care Settings, [PD2010_034](#) NSW Department of Health.

Management of Admission of Children and Adolescents to Services Designated Level 1-3 Paediatric Medicine & Paediatric Surgery, [PD2010_032](#) NSW Department of Health.

Inter-Facility Transfers of Children and Adolescents, [PD2010_031](#) NSW Department of Health

IMPLEMENTATION

Area Health Service Chief Executives or delegated officers are required to communicate the information contained within this Policy to relevant facilities and staff. Area Health Services are required to engage relevant clinicians and ensure that consistent local protocols or operating procedures are developed and distributed to relevant clinical and security areas.

REVISION HISTORY

Version	Approved by	Amendment notes
June 2010 (PD2010_033)	Deputy Director-General Strategic Development	Rescinds Policy Directive <i>PD2005_546 Security of Children in Hospital - Guidelines for Protocol Development</i>
September 1996 (PD2005_546)	Director-General	New policy

ATTACHMENTS

- Safety and Security of Children and Adolescents in NSW Acute Health Facilities-
Clinical Practice Guideline

Safety and Security of Children and Adolescents in NSW Acute Health Facilities

NSWHEALTH
Clinical Practice Guideline

Issue date: June 2010

PD2010_033

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Note: this policy has been informed by relevant documents developed by Area Health Services and NSW Child Health Networks.

1 BACKGROUND

Children and adolescents who present to NSW Acute Healthcare facilities need to receive care and management that addresses their specific physiological, psychosocial and development needs. Reasonable steps must be taken to ensure children and adolescents are not placed at risk of harm from other patients, staff, and visitors. Such harm could be physical, psychological or sexual in nature. NSW Health has a comprehensive range of policies and guidelines that address the safe clinical and/or medical requirements for children and adolescent's care. This policy aims to outline the necessary non-clinical aspects of safety and security of children that Area Health Services [AHSs] must address through local policies and procedures for children in acute health facilities and during inter-facility transfers.

2 PURPOSE

To provide statewide policy direction to assist the development of local policies/ procedures by AHSs to address the safety and security of children and adolescents whilst in NSW acute health facilities and/or during inter-facility transfers. This policy is intended to protect children and adolescents from harm, including self-harm and harm from others whilst in a NSW Public Health acute facility, with particular consideration to some patient groups including those affected by Drugs and Alcohol and with a Mental Health issue.

3 IMPLEMENTATION

Area Health Service Chief Executives or delegated officers are required to communicate the information contained within this Policy to relevant facilities and staff. Area Health Services are required to engage relevant clinicians and ensure that consistent local protocols or operating procedures are developed and distributed to relevant clinical and security areas.

4 ASSOCIATED DOCUMENTS

Children And Young Persons (Care And Protection) Act 1998, NSW Government Legislation

NSW Health Frontline Procedures for the Protection of Children and Young People, NSW Health Department 2000.

Same Gender Accommodation, [PD2010_005](#) NSW Health Department
Guidelines for the Care of Children and Adolescents in Acute Care Settings,
[PD2010_034](#) NSW Department of Health.

Management of Admission of Children and Adolescents to Services Designated Level 1-3 Paediatric Medicine & Paediatric Surgery, [PD2010_032](#) NSW Department of Health.

Inter-Facility Transfers of Children and Adolescents, [PD2010_031](#) NSW Department of Health

Competencies for the Specialist Paediatric and Child Health Nurses [available at:
<http://www.accypn.org.au/downloads/competencies.pdf>]

5 SAFETY AND WELFARE ISSUES

5.1 Designated safe beds for children

All children must be accommodated in *paediatric safe beds*. A *paediatric safe bed* must satisfy a range of criteria, including the capacity to be easily observed and supervised at all times, the requirement for nursing staff to have appropriate paediatric competencies and the need for attention to a range of aspects of physical safety. Minimum requirements for a paediatric safe bed can be found in section 7. Paediatric wards in Level 3 and above role delineation facilities must also satisfy minimum requirements for a safe paediatric area. Minimum requirements can be found in section 7. If a paediatric safe bed is not available a child should not be cared for in the facility.

Facilities may consider the use of 'swing beds' [beds that can alternate between different types of care] in service considerations and capital redevelopments, particularly to allow for the seasonal variability of paediatric admissions. Swing beds allow the temporary closure of beds during non-peak periods without a reduction in optimum staff/patient ratios. The bed/s are located within the 'ward or unit' and are satisfactorily shielded from the general ward area to ensure privacy from other patients. The beds are readily accessible to staff from either the general or paediatric ward area.

5.2 Collocation of adults and children in NSW Health facilities

To avoid potential risk, children admitted to NSW Health acute facilities are not to be accommodated with adult patients. It is acknowledged that not all facilities will have designated paediatric units, however, all children must be accommodated in designated paediatric safe beds as outlined above.

Children need to be protected from unwanted exposure, including casual overlooking and overhearing. To facilitate this:

- Children must have separate bathrooms, that is they do not have to share bathroom facilities with adults;
- Adult patients must not have to pass through areas caring for children to reach their own facilities; and
- Children must not be required to pass through an adult ward to access facilities.
- Appropriate security measures should be installed where appropriate, for example secure doors with swipe card access.

It is acknowledged that the borderline between childhood and adulthood is not distinct. Where possible adolescent patient preferences should be sought, recorded and respected. In addition, discretion may need to be applied in consideration of co-location of a young child with and adolescent aged 14-15, which may constitute a risk in some cases. If staff have queries or concerns related to transitional issues they can contact the Transition Coordinators attached to the Greater Metropolitan Clinical Taskforce [or through their local Child Health Network].

5.3 Gender specific accommodation

Respecting the privacy and dignity of children and adolescents at all times during their health care experience involves the assumption that they do not have to sleep in the same room or ward bay as adult patients, or share bathroom or recreational facilities. Further, adult patients should not have to pass through children and adolescent units to reach their own facilities. Similarly, children and adolescents should not be asked to pass through an adult ward to access facilities. This is intended to protect children and adolescents from unwanted exposure, including casual overlooking or overhearing.

For many children and adolescents, clinical need, age and stage of development will usually take precedence over single gender ward allocation. Many children and adolescents take comfort from sharing with others of their own age and this may outweigh any concerns about mixed gender accommodation.

Where possible adolescent patient preference should be sought, recorded and where possible respected.

Bathroom facilities do not need to be designated as gender specific as long as they accommodate only one patient at a time, and can be locked by the patient (with an external override for emergency use only). Parents accompanying children must use adult visitor bathroom facilities, except where their child is in a single room with an ensuite bathroom.

5.4 Child protection issues

Every facility providing care to children is responsible for mandatory child related screening of employees and for ensuring all staff receive education and training regarding the protection of children and young people. Staff must be aware of their roles and responsibilities with regard to child protection legislation.

It is recognised that there will be occasions when staff find themselves alone with paediatric patients and effort should be made to avoid being alone in situations that involve intimate procedures. Staff are expected to make an assessment of the patient and the relative risks and should avoid being alone with any patient where the assessment predicts a likelihood of either a perceived assault or an allegation of assault. No staff should be alone with a child in situations that involve intimate examination.

A child presenting with injuries considered to be non-accidental should be discussed with a general paediatrician or child protection paediatrician either locally or at a higher-level facility and a notification needs to be made to the Department of Community Services [DoCS]. In addition a child with a suspected intracranial injury resulting from an inflicted head injury must be referred to a child protection paediatrician (consistent with PD2005_391, Infants and Children with Head Injury, Acute Management).

In circumstances where a child is admitted to a Paediatric Unit for non-medical reasons [for example because safe, appropriate emergency care or temporary alternatives such as foster care cannot be arranged] it is important that:

- A social work consultation is arranged as soon as is practical to review alternate care options and further assess risk of harm concerns;
- All risk of harm issues are reported to DoCS;
- Care Plans are developed in consultation with all relevant stakeholders, including DoCS; and
- The length of stay is as short as possible given that paediatric units are not able to provide the most appropriate environment for children for whom medical care is not required.

Staff should refer to local policies or protocols related to overnight stays of parents on wards.

6 SECURITY ISSUES

The security of children and adolescents in hospital is the responsibility of each AHS. AHSs are required to develop and implement guidelines to cover the security of all hospitalised children and particularly in relation to:

- The need for identification of custodial parents/legal guardians or designated proxy.
- The temporary removal and/or discharge of children from a ward or hospital; and
- The care of Children under Orders in a ward or hospital.

6.1 Temporary removal and/or discharge of children from a ward or hospital

AHSs must ensure guidelines are in place that address issues pertaining to:

- The need for identification of custodial parents/legal guardians of children.
- Authorisation for removal of children from the Ward and/or discharge and retention of consent forms as part of the clinical record.
- Minimum staffing levels.
- Notification of security incidents to Management and where appropriate to Child Protection Authorities.

6.2 Care of Children under Orders in a ward or hospital

AHSs must ensure guidelines are in place that address issues pertaining to:

- Admission procedures for Children Under Orders, including an outline of the responsibilities of the facility's designated responsible staff member for such admissions.
- Communication of relevant information to health service staff involved in treatment and security of the child.

- The need for any special procedures related to the degree of risk in individual cases.
- Security and surveillance requirements, for example identification of custodial parents/legal guardians, authorisation of people with legal right to remove the child, the degree of risk of other persons removing or harming the child and the retention in clinical records of documentation such as Family Court Orders, Children's Court Orders or Bail conditions.
- Minimum staffing levels.
- Notification of security incidents to Management and to the responsible DoCS Officer.

7 DEFINITIONS

Child	Age up to 16th birthday
Parent/Primary carer	Parent/s or person living with the child and assuming legal responsibility for, and providing direct care. This includes birth parent, step-parent, foster parent, legal guardian, custodial parent or safe and appropriate primary care giver.
Adolescent	Person aged 16-18 years of age. Discretion should be applied in considering when an adolescent is suitable for accommodation in a paediatric unit.
Adult	Person over the age of 18.
Paediatric Safe bed	<p>Not all facilities will have a paediatric unit, however, all children must be located in a paediatric safe bed. A <i>paediatric safe bed</i> is a bed that can be located anywhere within a facility [including ED, Imaging or a general ward] that meets the criteria for ensuring the safety of the child. A paediatric safe bed must meet the following minimum conditions:</p> <ul style="list-style-type: none">• Must be able to be observed.• The bed area must be immediately accessible to paediatric specific emergency equipment.• Must have sufficient nurses allocated per shift to ensure adequate supervision and care relevant to admitted patient acuity.• Nursing staff caring for the child must be familiar with local NSW Health paediatric guideline protocols and be competent in using recognition of the sick child skills and tools.• Nurses caring for children during prolonged observation should have skills equivalent to that of the 'competent paediatric nurse' as defined in the document <i>Competencies for the Specialist Paediatric and Child Health Nurses</i> [available at: http://www.accypn.org.au/downloads/competencies.pdf]• Must be physically safe for children with any potentially dangerous equipment, medications, chemicals or fluids out of reach or in locked cupboards.

- Has appropriate furniture that is child safe and meets appropriate Australian Standards for children, e.g. appropriate cots for children 2 years of age or less.
- Parents/visitors must not take hot drinks to children's bedsides.
- The facility should comply with the requirements of the NSW Breastfeeding Policy for the care of paediatric patients and support continued breastfeeding among infants and children by providing facilities and breastfeeding advice to mothers as well as breast milk collection and breast milk storage facilities. Provision must be made for the safe preparation of infant formula if necessary.
- It should be possible for parents or primary carers to stay with their children during admission.
- Parent's current contact details must be ascertained at presentation.
- Other patients in the hospital must not pose a significant psychological, physical or sexual risk to the child.
- Basic equipment should be present to allow age appropriate play, for example a TV and video/DVD/games console with age appropriate media, books or board games.

Paediatric Safe
ward/area

In addition to the criteria outlined above for paediatric safe beds, a *paediatric ward/area* must also meet the following minimum conditions:

- Must be functionally separated from any adult patients preferably with a secured door that cannot be opened by young children.
- Must be covered by a 24-hour medical roster with doctors credentialed in the care of paediatric patients.
- Must have a NUM, preferably with post basic clinical qualifications, or access to a CNC.
- Parents or primary carers should have access to bedside sleeping facilities and ideally a kitchenette with fridge and microwave to allow them to provide for their own and children's nutritional needs when appropriate.
- Physical safety requirements must include regulated hot water temperature and secure electrical outlets
- Must have facilities available to allow age appropriate play including a designated and appropriately equipped play area.

8 ACKNOWLEDGEMENTS

The NSW Department of Health extends its appreciation to the members of the Paediatric Inpatient Advisory Working Group for their input, advice and assistance in production of this document.