

The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities

Summary To promote the safety and wellbeing of children and adolescents in all NSW Hospitals and Acute Health Services where paediatric and adolescent patients are cared for. It mandates standards to ensure children and adolescents receive safe and appropriate care in acute health facilities.

Document type Policy Directive

Document number PD2022_053

Publication date 08 November 2022

Author branch Health and Social Policy

Branch contact (02) 9424 5944

Replaces PD2010_032, PD2010_033, PD2010_034

Review date 08 November 2027

Policy manual Not applicable

File number 08/8594, 08/8694 and 10/1818

Status Active

Functional group Clinical/Patient Services - Baby and Child, Governance and Service Delivery, Medical Treatment, Nursing and Midwifery
Corporate Administration - Governance
Personnel/Workforce - Learning and Development, Workforce planning

Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations, Public Hospitals

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Private Hospitals and Day Procedure Centres

Audience All Staff in Health settings where Services are provided for Children and Adolescents

The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities

POLICY STATEMENT

NSW Health recognises that the physical, developmental, social and emotional needs of children and adolescents change over time, are unique and are different to the needs of adults. Children and adolescents are among the most vulnerable groups in healthcare settings.

NSW acute health facilities must provide care in line with children and adolescent's individual needs, capabilities, maturity and independence; consider the different risks of harm and have strategies in place to mitigate them.

SUMMARY OF POLICY REQUIREMENTS

The promotion of safe, reliable, and effective patient centred care for children and adolescents is underpinned by the following principles as described in the [Charter on the Rights of Child and Young People in Healthcare Services in Australia](#).

Children and adolescents being cared for in NSW Hospitals can expect:

- the highest attainable standard of healthcare
- equity of access and care for vulnerable population groups including Aboriginal peoples, people who live in rural and remote areas, culturally and linguistically diverse (CALD) communities, people with mental illness, children with intellectual or physical disability and those from socio-economically disadvantaged areas
- their best interests are the primary concern of all involved in their care
- care provided in line with their developmental stage and ability
- to be kept safe from all forms of harm
- care that supports their gender identity and expression
- trauma-informed care
- to be able to express their views, and to be heard and taken seriously
- respect for Aboriginal cultures, including recognition that health refers to social, emotional and cultural wellbeing
- respect for themselves as a whole person, as well as respect for their family and the family's individual characteristics, beliefs, culture and context
- to have their family relationships supported by the service providing care
- information to be provided in a form than is understandable to them

- to participate in decision-making and, as appropriate to their capabilities, to make decisions about their care
- to have their privacy respected
- to participate in education, play, creative activities and recreation
- continuity of healthcare, including well-planned care that takes them beyond the paediatric context.

Local Health Districts and Speciality Health Networks must communicate the information contained within this Policy to relevant facilities and staff; and ensure that consistent local policies are developed and distributed to relevant clinical areas.

Local Health District Chief Executives are responsible for assigning responsibility, personnel and resources to implement this Policy; establishing mechanisms to ensure the mandatory requirements are applied, achieved and sustained. Chief Executives are also responsible for ensuring that any local policy reflects the requirements of this policy and is written in consultation with the hospital executive, clinical governance unit and clinical staff.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2022_053 November 2022	Deputy Secretary, Health System Strategy and Planning	Policy directive rescinds three policy directives, PD2010_032, PD2010_033, PD2010_034 and a full review has been completed.
PD2010_034 June 2010	Deputy Director - General Strategic Development	Rescinds 1998 Guidelines for the Hospitalisation of Children
PD2010_033 June-2010	Deputy Director – General, Strategic Development	Rescinds Policy Directive PD2005_546 Security of Children in Hospital - Guidelines for Protocol Development
PD2010_032 June-2010	Director – General	New policy directive

CONTENTS

1. BACKGROUND	2
1.1. About this document	2
1.2. Key definitions	2
1.3. Legal and legislative framework	5
2. CLINICAL CARE	5
2.1. Alignment with role delineation and service capability	5
2.2. A Networked Approach.....	5
2.3. Triage and Assessment in Emergency Departments	6
2.4. Recognising and Responding to Deteriorating Patients	6
2.5. Plan of Care	6
2.6. Escalation of Care	7
2.7. Consultation with on-call Specialists	8
2.8. Workforce.....	8
2.9. Improving Access to Care	9
2.10. Outpatient Care	9
2.11. Continuity of Care	9
3. SAFETY PROCEDURES	9
3.1. Safety of children and adolescents whilst in care	9
3.2. Cultural safety.....	11
3.3. Co-location of Adults with Children or Adolescents	12
3.4. Child Protection	12
3.5. Children or Adolescents under Assumption of Care Orders.....	13
3.6. Children and Adolescents leaving the ward or being discharged from hospital.....	13
3.7. Management of Violence and Aggression	14
3.8. Children and adolescents with acute behavioural or mental health problems	14
3.9. Facilities for parents and carers	15
3.10. Gender Specific Accommodation	15
3.11. Safe and Appropriate Transfers	16
3.12. Transition of care	16

1. BACKGROUND

This document was written in consultation with a reference group of clinical experts. Extensive statewide consultation informed further changes to the document.

This document includes:

- principles underpinning the care, safety and wellbeing of children and adolescents
- standards for the provision of clinical care
- standards for safety.

These principles and standards are essential components that enable NSW hospitals to provide care in the right place, at the right time, as close to home as possible.

1.1. About this document

The purpose of this Policy is to promote the safety and wellbeing of children and adolescents in NSW hospitals and acute health services.

This Policy applies to all acute health facilities where paediatric and adolescent patients are cared for. It mandates standards to ensure children and adolescents receive safe and appropriate care whilst in acute facilities.

This Policy must be followed by all organisations delivering acute health services. It is the responsibility of Local Health Districts / Speciality Health Networks to:

- communicate the information contained within this Policy to relevant facilities and staff; and
- adhere to and implement this Policy.

1.2. Key definitions

Admitted patient	<p>An admitted patient is a person:</p> <ul style="list-style-type: none"> (i) whom a clinician with admitting rights to the facility has determined meets the admission criteria (ii) has undergone the admission process (iii) has not been separated by the facility. <p>A patient treated solely within the ED is not an admitted patient.</p>
Child and Adolescent under Assumption of Care Order	<p>A child or adolescent who has been removed from the care of their parents/carers and their care has been assumed by Department of Communities and Justice.</p>
Child and adolescent	<p>For the purpose of this Policy, a child and adolescent is defined as aged up to their 16th birthday. This Policy recognises that the needs of children and adolescents change with their age and developmental stage.</p>

**The safety and wellbeing of children and adolescents in
NSW acute health facilities**

Paediatrics	The branch of medicine centred on the health and medical care of children and adolescents until transition to adult health services.
Parents/carers	Parents and carers is a broad term including those who are closest to the patient in knowledge, care and affection, for example parents, siblings, grandparents, aunts, uncles, cousins, friends, kin and carers. It also includes guardianship arrangements and extended familial relationships and kinship relationships for Aboriginal communities.
NSW Hospitals and Acute Health Services	<p>This Policy covers health facilities and services where children and adolescents are treated and where the primary clinical purpose or treatment goal is to:</p> <ul style="list-style-type: none"> • cure illness or provide definitive treatment of injury • perform surgery (other than when the exceptions documented in the included guidelines apply) • relieve symptoms of illness or injury • reduce severity of an illness or injury • perform diagnostic or therapeutic procedures, and/or • protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function. <p>This policy includes Children’s wards or units in NSW Hospitals and other areas in NSW Hospitals and outpatient services that treat children and adolescents. It does not include community health services.</p>
Mature Minor	A minor who has a sufficient level of understanding and intelligence to enable them to understand fully what medical or healthcare treatment is proposed. Mature Minors may independently consent to or refuse medical or healthcare treatment (see the NSW Health Consent to Medical and Healthcare Treatment Manual). There is no set age at which a child or young person is capable of giving consent. It depends upon the treatment being proposed and the minor’s ability to fully understand the implications of that treatment. The term Mature Minor is interchangeable with the term Gillick Competent. A court may still override a Mature Minor’s consent to or refusal of treatment in the Mature Minor’s best interests.
Paediatric admission	A paediatric admission refers to children and adolescents under 16 years of age. Adolescents aged 16 years and older will usually be admitted to an adult ward or hospital. By exception, some 16 and 17 year olds may be admitted to a children’s ward/hospital following negotiation, including older adolescents

**The safety and wellbeing of children and adolescents in
NSW acute health facilities**

	who have not completed transition to adult health services for chronic or complex care.
Paediatric safe bed or environment	A safe bed or space is an environment which meets the physical, developmental, social and emotional needs of children and adolescents.
Safety	<p>Avoidance of harm to patients from the care that is intended to help them, this includes consideration of harms in regard to:</p> <ul style="list-style-type: none"> • cultural safety • medication safety • mental health safety • emotional safety • sexual safety • online safety • physical safety • infection prevention and control.
Transition	The purposeful planned movement of adolescents and young adults with chronic physical and medical conditions from child-centred to adult oriented health care systems.
Trauma informed care	<p>Trauma-informed care recognises the impact that traumatic events have on a child or adolescent’s wellbeing. Trauma informed care involves:</p> <ul style="list-style-type: none"> • understanding the impact of trauma on children and the family • providing care in a place that is physically and emotionally safe • ensuring the workforce is culturally competent and can implement practices that are respectful of cultural backgrounds • helping children and adolescents who have been victims of trauma regain control of their day-to-day lives. • including communities in governance processes and decision-making about the design of services.
Zero tolerance	A zero-tolerance approach means that as far as reasonably practicable action will be taken to prevent violence. Appropriate action will be taken to protect staff, patients and visitors from the effects of violence, while ensuring clinical services continue to be provided in a way that maximises the safety of patients, staff and others. Action may include both clinical and / or non-clinical interventions as appropriate.

1.3. Legal and legislative framework

NSW Hospitals and Acute Health Services have statutory obligations regarding the care and protection of children and young people under the Children and Young Persons (Care and Protection) Act 1998.

For more information about other legal obligations with regards to the safety and wellbeing of children, please refer to relevant Policy Directives, or contact the [Legal Branch](#) at NSW Health for assistance.

2. CLINICAL CARE

Services must align with the eight standards outlined in the [National Safety and Quality Health Service Standards](#).

2.1. Alignment with role delineation and service capability

NSW Hospitals must provide a defined scope of services as described in the [NSW Health Guide to the Role Delineation of Clinical Services](#).

All NSW Hospitals must provide clinical services in line with the facility's scope of services for paediatric medicine and surgery for children and adolescents.

The [NSW Health Guide to the Role Delineation of Clinical Services](#) describes the minimum support services, workforce and other requirements for clinical services to be delivered safely. Service capability describes the planned activity and clinical complexity that a facility is capable of safely providing.

The NSW Health Guideline *NSW Paediatric Services Capability Framework* ([GL2017_010](#)) identifies the scope of planned activity for each paediatric service capability level and supports the provision of high quality, safe and timely care for infants, children and adolescents as close to home as possible.

Suggested links and reading

[Charter on the Rights of Children and Young People in Healthcare Services](#)

[Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service \(NSQHS\) Standards User guide for acute and community health services organisations that provide care for children](#)

[Integrated Prevention and Response to Violence, Abuse and Neglect Framework](#)

[The first 2000 Days Framework](#)

[NSW Youth Health Framework 2017-24](#)

2.2. A Networked Approach

NSW Health services must use appropriate networks to support the provision of high-quality healthcare across NSW as close to home as possible. There are a range of networks including the NSW Children's Healthcare Network, the Agency for Clinical Innovation Paediatric Network and other relevant peer networks.

Suggested links and reading

[The Children's Healthcare Network](#)

[The ACI Paediatric Network](#)

[The ACI Network Pages](#)

2.3. Triage and Assessment in Emergency Departments

Triage is an essential function in Emergency Departments (EDs) and ensures that patients are treated in the order of their clinical urgency with reference to their need for time-critical intervention.

EDs must comply with the NSW Health Policy Directive *Triage of Patients in NSW Emergency Departments* ([PD2013_047](#)) which outlines the role, key responsibilities and the processes that support efficient and safe triage.

Following triage, the NSW Health Policy Directive *Emergency Department Patients Awaiting Care* ([PD2018_010](#)) outlines the requirements for communication, the environment, recognition of deterioration and commencement of clinical care.

Suggested links and reading

[Guidelines on the implementation of the Australasian Triage Scale in Emergency Departments](#)

[The ACI: Paediatric Network Resources](#)

2.4. Recognising and Responding to Deteriorating Patients

NSW Health Policy Directive *Recognition and management of patients who are deteriorating* ([PD2020_018](#)) mandates that local systems, structures and processes must be in place to support the recognition, response to and management of the physiological and mental state deterioration of patients.

Clinicians who provide care for children and adolescents must understand the clinical differences between deteriorating children, adolescents, and adults. This includes training in the recognition of the sick and deteriorating child or adolescent.

All NSW Hospitals must ensure all staff are made aware of the local Deteriorating Patient Safety Net System, including how to activate their local Clinical Emergency Response System (CERS), and their roles and responsibilities under the system. This includes R.E.A.C.H. (Recognise, Engage, Act, Call, Help is on its way) for patients and parents/carers to escalate concerns about changes to a patient's condition.

All clinicians who provide direct patient care must complete the mandatory Between the Flags - Deteriorating Patient Learning Pathway training, including the Paediatric patient module.

2.5. Plan of Care

Paediatric patients in a hospital must have a clearly defined and documented treatment plan of care that includes:

- the name and contact details of the Attending Medical Officer (AMO)
- a diagnosis (provisional or definitive)
- a treatment plan consistent with clinical practice guidelines
- a plan for hydration, nutrition and fluid balance
- observation type and frequency, outline in the deteriorating patient policy
- expected frequency of clinical review and estimated date of discharge, and
- changes in patient condition aligned with the deteriorating patient policy.

A comprehensive and contemporaneous record of care must be documented in the patient's health record with changes in condition noted at the time they occurred including actions taken.

The process of care planning must reflect the preferences of the child, the adolescent, and their parents/carers and:

- be tailored to children and adolescents' individual needs
- consider the need for attachment, which allows a patient to connect with and gain reassurance from their parent/carer during times of need or distress
- involve the planning for continuity of care after admission.

All children and adolescents admitted to NSW Hospitals must have a risk screen completed to identify, escalate, and manage risks or concerns.

Clinicians must consistently use the risk screening and assessment approaches and processes as directed by state, district or network, and facility policies.

Districts, networks and facilities must facilitate access to validated screening tools and provide clinicians with clear pathways to follow when screening to identify need for further assessment and planning of risk mitigation strategies.

Suggested links and reading

[Paediatric Clinical Practice Guidelines](#)

NSW Health Information Bulletin *Paediatric Clinical Guidelines* ([IB2020_041](#))

[Australian Commission on Safety and Quality in Health Care, The National Safety and Quality Health Service \(NSQHS\) Standards](#)

[Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service \(NSQHS\) Standards User guide for acute and community health services organisations that provide care for children](#)

[CEC: Fall and entrapment prevention](#)

2.6. Escalation of Care

NSW Hospitals must have escalation plans in place to ensure the appropriate accommodation of a sick or injured child and/or adolescent, in accordance with NSW Health

Policy Directive *Critical Care Tertiary Referral Networks (Paediatrics)* ([PD2010_030](#)) and NSW Health Policy Directive *Emergency Paediatric Referrals* ([PD2005_157](#)).

2.7. Consultation with on-call Specialists

General Practitioners who admit children or adolescents under their care must contact the local or regional paediatrician within 12 hours of admission to develop a collaborative plan for ongoing management. Consultation is required daily thereafter, or when there is handover to a new admitting doctor.

Consultation is required at any time when there is deterioration, inadequate response to treatment, diagnostic uncertainty or activation of the Clinical Emergency Response System (CERS) by staff, the patient or family/carer. Clinicians must refer to the local facility's CERS which outlines the requirement for response to a deteriorating patient within its care. The local CERS must include the escalation process for transferring patients that require higher-level care to a facility that can provide it.

Decisions regarding inpatient care for children and adolescents with mental health problems must be determined in line with the NSW Health Policy Directive *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* ([PD2011_016](#)).

2.8. Workforce

Children and adolescents must be cared for by staff with appropriate skills, experience and qualifications to meet their physical, psychological, developmental, communication and cultural needs.

Staff caring for children and adolescents must have completed statewide and Chief Executive directed mandatory training requirements for clinical staff who provide care for children and adolescents. The mandatory training [Matrix and Targeting Guide](#) provides an overview of mandatory training requirements.

Completion of Health Education and Training Institute (HETI) core training modules in paediatric resuscitation, recognition of the deteriorating patient, child protection training, and, for staff administering medication, paediatric medication safety training, are recommended. Staff caring for children and adolescents must keep up to date with any changes to the mandatory training requirements.

All wards/units/departments must have access to clinical education.

There must be a nurse/midwife with appropriate experience in the In Charge of Shift role where a Nurse Unit Manager is absent. To ensure safe systems of work and patient safety, staffing should be determined by consideration of:

- requirements for paediatric drug checking and various other patient-related procedures
- the number and acuity of the patients within each ward, unit and department within a clinical service
- the skill level of nurses required to provide care.

Suggested link

[Public Health System \(Nurses' and Midwives'\) State Award](#)

2.9. Improving Access to Care

To ensure children and adolescents receive the right care, at the right time, closer to home, NSW Hospitals must:

- provide a range of modalities of care to support the provision of child and adolescent care (this may include but is not limited to Hospital in the Home (HITH), outpatient and ambulatory care clinics, and virtual care, also known as telehealth)
- provide access to appropriate specialist staff and facilities in line with and networking arrangements and service capability.

Suggested reading

NSW Health Guideline *Adult and Paediatric Hospital in the Home Guideline* ([GL2018_020](#))

2.10. Outpatient Care

Outpatient services for children and adolescents must be provided in line with the NSW Health Guideline *Outpatient Services Framework* ([GL2019_011](#)) and ensure the provision of youth friendly services for adolescents as outlined in the NSW Health Policy Directive *NSW Youth Health Framework 2017-24* ([PD2017_019](#)).

2.11. Continuity of Care

Systems must be in place to ensure continuity of healthcare, including:

- coordination between and within the various services working with children, adolescents and their parents/carers
- continuity across different geographically locations
- post discharge care
- appropriate planning for transition to adult services for those with chronic/long term health issues.

Suggested links and reading

NSW Health Policy Directive *Departure of Emergency Department Patients* ([PD2014_025](#))

[CEC: Safety Huddles](#)

3. SAFETY PROCEDURES

3.1. Safety of children and adolescents whilst in care

NSW Hospitals must ensure the safety of children and adolescents in terms of the following:

- cultural safety

- medication safety
- mental health safety
- emotional safety
- sexual safety
- online safety
- physical safety
- infection prevention and control.

All children and adolescents must be located in a paediatric safe bed regardless of the availability of a paediatric ward or unit.

A paediatric safe bed is a bed, located anywhere within a facility (including ED, imaging or a general ward or unit), that meets the criteria for ensuring the safety of the child and adolescent in line with the following principles.

Children and adolescents must be:

- cared for in a safe and appropriate environment that meets their physical, developmental, cultural and psychosocial needs
- easily observed and supervised at all times
- protected as much as possible from the sights and sounds associated with adult care in areas outside of designated paediatric wards, including EDs, Radiology, Operating Theatres and Recovery
- safe from harm from other patients, parents/carers and staff
- cared for by appropriately trained and skilled staff with access to ongoing professional development, current clinical guidelines and timely clinical guidance and advice
- communicated with and listened to in a manner that enables understanding and respect.

NSW Hospitals that provide care to children and adolescents must:

- allocate the necessary workforce capacity to meet the needs of patients
- facilitate access to an Aboriginal Health Worker for cultural consideration for Aboriginal children and adolescents
- implement screening, supervision and training to staff to ensure children and adolescents are free from harm
- ensure the individual characteristics, beliefs and cultural contexts of the child, adolescent and their parents/carers are respected
- ensure that Healthcare interpreter services are available and offered to all children, adolescents and their families who do not speak English, or speak English as a second language
- facilitate support for children and adolescents from parents/carers, including the ability for a parent/carer to be accommodated with the child or adolescent

**The safety and wellbeing of children and adolescents in
NSW acute health facilities**

- enable patients to be partners in their own care, to the extent that they choose
- ensure that children, adolescents and their parents/carers are provided with information about their health care that takes into account their level of health literacy
- provide appropriately sized medical equipment, furniture and amenities
- ensure that painful procedures do not occur within a child or adolescent's bed space unless it is an emergency, there are infection concerns or moving the patient will cause more distress
- provide care and support to children, young people, parents/carers to minimise pain, anxiety and distress associated with treatment and procedures
- ensure compliance with NSW law on obtaining consent to medical treatment from patients or their substitute consent providers in line with the [NSW Health Consent to Medical and Healthcare Treatment Manual](#). This includes enabling consent to treatment by mature minors (see definitions) who have the capacity to understand fully what medical or healthcare treatment is proposed.
- Where there are separate paediatric areas within EDs, they must remain available for children or adolescents.

Suggested links and reading

NSW Health Policy Directive *Responding to Sexual Assault (adult and child) Policy and Procedures* ([PD2020_006](#))

NSW Health Policy Directive *Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services* ([PD2013_038](#))

NSW Health Policy Directive *Infection Prevention and Control Policy* ([PD2017_013](#))

[CEC: Medication Safety](#)

[Standard 4: Medication Safety, Safety and Quality Improvement Guide](#)

[Office of the Children's Guardian: Child Safe Standards](#)

[CEC: Paediatric Cot and Bed Allocation Guide \(CaBAG\)](#)

[ACI: Transition Care Network](#)

[Sydney Children's Hospitals Network: TRAPEZE](#)

3.2. Cultural safety

NSW Hospitals must have strategies in place to ensure access to safe and holistic healthcare that supports Aboriginal peoples and people of culturally and linguistically diverse (CALD) backgrounds as partners in their own care.

NSW Health staff must have an understanding of health equity. Staff must provide healthcare that is responsive to the needs of Aboriginal and CALD children, adolescents and their families. All children, adolescents and their families who do not speak English, or speak English as a second language must be offered a NSW Healthcare Interpreter.

Section 2, Part F of the NSW Health guide to the role delineation of clinical services, outlines the levels of complexity for Aboriginal health services provided within any service level.

Suggested links and reading

NSW Health Guideline *Communicating positively: A guide to appropriate Aboriginal terminology* ([GL2019_008](#))

[The Aboriginal Cultural Engagement Self-Assessment Tool](#)

[National Standards user Guide for Aboriginal and Torres Strait Islander Health](#)

[NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023](#)

[Refugee health policy](#)

[NSW Health guide to the role delineation of clinical services](#)

3.3. Co-location of Adults with Children or Adolescents

The safety of the child or adolescent must be the primary consideration in decisions about co-location of adults and children/adolescents.

In a paediatric ward there must be only child and adolescent admissions.

Where there is an exceptional need for the child/adolescent to be cared for outside a paediatric ward for example in an intensive care unit, maternity unit (for the purposes of delivering), or a mental health unit, they must be in a paediatric safe bed (see Section 3.1).

In all exceptional circumstances a decision about where to admit the patient must be made by the paediatrician or senior clinician, be documented in the clinical notes, and reviewed for safety factors within 24 hours.

To protect children and adolescents from unwanted exposure, including casual overlooking and overhearing:

- children/adolescents must have separate bathrooms (no shared bathroom facilities with adults)
- adult patients must not pass through areas caring for children to reach their own facilities
- children/adolescents must not be required to pass through an adult ward or unit to access facilities
- appropriate security measures must be installed where appropriate, for example secure doors with swipe card access.

3.4. Child Protection

NSW Hospitals must undertake mandatory child related screening of employees and ensure all staff who care for children and adolescents receive education and training about the protection of children and adolescents.

The safety and wellbeing of children and adolescents in NSW acute health facilities

NSW Hospitals must ensure that all staff are aware of and comply with their responsibility to protect the health, safety and wellbeing of children and adolescents as outlined in the Child Wellbeing and Child Protection Policies and Procedures for NSW Health.

NSW Health staff must follow the Child Wellbeing and Child Protection Policies and Procedures for NSW Health. This includes:

- use of the decision tree in the Mandatory Reporters Guide (MRG) to decide when to report and what to report in relation to child protection concerns
- consultation with the NSW Health Child Wellbeing Unit
- mandatory reporting
- documentation and information exchange as per the Child Wellbeing and Child Protection Policies and Procedures for NSW Health.

Suggested links and reading

NSW Health Policy Directive *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* ([PD2013_007](#))

NSW Health Policy Directive *Domestic Violence: Identifying and responding* ([PD2006_084](#))

[Mandatory Reporter Guide](#)

[Mandatory Reporters: what to report and when](#)

[About Child Protection and Wellbeing](#)

[Children's Guardian Act 2019: Part 4 - Reportable Conduct Scheme](#)

[Chapter 16A of the Children and Young Persons \(Care and Protection\) Act](#)

3.5. Children or Adolescents under Assumption of Care Orders

Where the Department of Communities and Justice (DCJ) have assumed care responsibility of a child or adolescent in accordance with the Children and Young Persons (Care and Protection) Act 1988 and they are in a NSW Hospital, the Hospital must comply with the child wellbeing and child protection procedures for NSW Health. Section 9.9 *Assumption of Care Responsibility of a Child or Young Person by Community Services on Health Premises*.

Suggested reading

NSW Health Policy Directive *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* ([PD2013_007](#))

3.6. Children and Adolescents leaving the ward or being discharged from hospital

NSW Hospitals must have systems in place to ensure that when children and adolescents leave a ward or unit that they are accompanied by an appropriate parent/carer, and that their whereabouts (including time of departure and return) is known and documented.

Systems must also be in place to ensure that when children and adolescents are discharged from hospital that they are accompanied by an appropriate parent/carer.

3.7. Management of Violence and Aggression

NSW Health facilities must maintain a zero-tolerance approach to violence and establish work systems and environments that enable, facilitate and support the zero-tolerance approach.

This includes a zero-tolerance approach to violence perpetrated by patients and others against staff, patients or visitors. Hospital managers must exercise their responsibilities in relation to preventing and managing violence, in line with NSW Health Policy Directive *Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach* ([PD2015_001](#)).

As part of the ongoing management of work health and safety risks, all NSW Hospitals must have in place a violence prevention program that focuses on the elimination of violence related risks.

3.8. Children and adolescents with acute behavioural or mental health problems

NSW Hospitals admitting children and adolescents for acute mental health care must comply with the NSW Health Policy Directive *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* ([PD2011_016](#)) and the Mental Health Act 2007.

NSW Hospitals must:

- apply the principle of least restrictive care
- maximise the child or adolescent's choices, rights and freedom as much as possible whilst balancing safety (people accessing services, staff and others) and health care needs
- ensure consultation with an appropriate clinician if assessment and management is required
- ensure staff providing care have the appropriate knowledge, skills and capabilities to work with children and adolescents with acute behavioural or mental health issues. This includes completion of all mandatory training required to work with people experiencing mental health problems.

NSW EDs must have a Safe Assessment Room – a clinical area designed to accommodate the needs of patients with, or at risk of developing Acute Severe Behavioural Disturbance (ASBD), who require assessment in a therapeutically supportive environment.

Seclusion and restraint must only be considered as a last resort after less restrictive alternatives have been trialled or considered and the safety of staff must be maintained at all times in accordance with NSW Health Policy Directive *Seclusion and Restraint in NSW Health Settings* ([PD2020_004](#)).

Suggested links and reading

NSW Health Guideline *Management of patients with Acute Severe Behavioural Disturbance in Emergency Department* ([GL2015_007](#))

[Provision of Trauma Informed Care](#)

3.9. Facilities for parents and carers

Facilities for parents/carers to stay nearby to their child or adolescent must be provided, for example a lounge chair or folding bed in the ward or unit or a chair in ED. Allowing parents/carers to stay with their child or adolescent in hospital has a positive impact on the child and parent/carer stress and increases the child or adolescent's coping ability.

NSW Hospitals must:

- make it possible for a parent/carer to always remain with their child or adolescent. The only circumstance in which this does not apply is for exceptional cases where the adolescent states they do not want their parent/carer to remain with them. In such cases a decision must be documented in the clinical notes and regularly reviewed with the adolescent.
- Provide amenities to facilitate the comfortable stay of parents/carers at the child or adolescent's bedside.
- Facilitate culturally appropriate arrangements to support Aboriginal children and adolescents.
- Orientate parents/carers to the relevant areas within the facility and relevant practices to enable them to safely assist with the basic care needs of their child/adolescent.
- Notify parents/carers of any pending transfer arrangements for their child/adolescent.
- Ensure that parents/carers of children and adolescents requiring surgery are able to accompany their child/adolescent to the operating theatre and have access to the recovery room.
- Ensure parents/carers are able to be present at the induction of anaesthesia for children and adolescents, and allowed into recovery as soon as possible.

Additional facilities for the parents/carers that must be provided are:

- facilities for nutrition, such as a kitchenette with fridge and microwave
- facilities for breastfeeding and for breast milk storage
- access to amenities such as a shower, toilet and washing facilities.

Suggested links and reading

NSW Health Guideline *Safe Assessment Rooms* ([GL2020_001](#))

[Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service \(NSQHS\) Standards User guide for acute and community health services organisations that provide care for children](#)

3.10. Gender Specific Accommodation

The needs and preferences of adolescent patients must be sought, recorded and respected, regardless of their sexuality, gender identity or intersex variations.

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/carers accompanying children must use adult visitor bathroom facilities, except where their child or adolescent is in a single room with an en-suite bathroom.

Suggested reading

[NSW LGBTIQ+ Health Strategy 2022-2027, Implementation Plan 2022-2027 and Summary of Evidence](#)

3.11. Safe and Appropriate Transfers

NSW Hospitals must ensure the safe and timely transfer of children and adolescents whose medical condition requires care at a different level from that of the presenting hospital in line with NSW Health Policy Directive *Children and Adolescents – Inter-Facility Transfers* ([PD2010_031](#)).

When transporting children and adolescents around the hospital they must not be left unattended at any time. If the child or adolescent is acutely unwell or post-operative an appropriate clinical escort must be provided.

3.12. Transition of care

Health services must have a formal transition process in place to transition adolescents to adult services, in line with the principles outlined within [Key Principles for Transition of Young People from Paediatric to Adult Health Care](#).

Facilities that manage children and adolescents with chronic conditions must identify a person within the patient's clinical team to act as a transition coordinator/facilitator. This person may be any member of the multidisciplinary team.

Their role is to identify children and adolescents, ensure that they receive education packages and are referred to appropriate services such as Trapeze and ACI Transitional Care Coordinators.