

Emergency services – Children’s

CSCF v3.2

Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list), Children’s Services Preamble and Emergency Services module.

Emergency services are the front door of the hospital and for many people form their primary contact with the health care system, providing an important interface between the community and the hospital.¹ Emergency services are responsible for the reception, triage, initial assessment, stabilisation, management of children presenting with acute and urgent aspects of illness and injury, and referral to ongoing care.² Children’s emergency services commence at Level 4 and progress to Level 6. A Level 6 children’s emergency service is a dedicated children’s service only.

The role and level of function of a hospital-based emergency service depends on various factors, including the type of facility in which it is located, geographical location, location in the public or private sector, and the place of the facility within a health system network.³ The level of emergency service provided will also vary depending on availability of support services, staffing expertise, physical design, activity and acuity. Rapid access to surgical services and intensive care services is highly desirable to minimise transfer times of critically ill patients.⁴

The term emergency department is generally used to describe facilities ranging from high-level departments with emergency medicine specialists and trainees employed 24 hours a day through to rooms in small rural and remote hospitals staffed by rostered local general practitioners and generalist nursing staff.⁵

The use of the term emergency department to describe such a broad range of settings and services can lead to misunderstandings of service capabilities and delivery. A hospital-based emergency service must have amenities and functions greater than the minimum standard for Australasian College for Emergency Medicine (ACEM) Level 1 Emergency Department role delineation to be considered an emergency department.³

It is recognised there is no one model of emergency services staffing that will suit all needs, as there is wide variability in roles and work practices between services.⁶ Emergency service staffing numbers are dependent on throughput, casemix and capacity. The amount and type of space required for individual emergency units is dependent on a combination of activity, acuity and access to inpatient hospital beds and alternative services.⁴

This module does not include community nurse-run services in metropolitan and regional areas where emergency services are available within a short travelling distance.

Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- must have dedicated clinical and management system, which records both presentation details and recognised clinical details (refer to ACEM policy on standard terminology)
- documented processes exist for review of quality indicators, including clinical incidents and complaints, and it is recommended regular meetings are held to review these
- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- health care workers caring for children in health facilities are trained in paediatric life support.

Emergency Services - Children's

	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> provides 24-hour service including triage by qualified emergency staff and advanced care for all presentations. typically mixed-age service, with both adults and children presenting for care and treatment. may have dedicated area for children within emergency area and provide children's short-stay unit or equivalent functional area (typically in children's emergency department collocated with adult emergency department). length of stay for short-stay beds is typically no longer than 48 hours. children with complex social issues and pre-existing significant comorbidities should be referred and transferred to relevant children's inpatient service, not admitted to short-stay beds at this level. has ability to provide high-quality trauma care to medium and minor level trauma patients, and is capable of stabilising trauma patients until transfer. may be recognised as emergency department under ACEM standards (depending on medical staffing),⁶ 	<ul style="list-style-type: none"> provides comprehensive trauma care and stabilisation of all trauma patients until transfer. may provide specifically designed and separate short-stay unit for children. 	<ul style="list-style-type: none"> stand-alone service dedicated to children's services. capable of providing initial treatment and advanced care for all emergency presentations and full spectrum of trauma care for all seriously ill and injured infants, children and adolescents. highest level of service for children's emergency service patients with extensive 24-hour, on-site laboratory, medical imaging and clinical service facilities to support Level 6 referral role.

	Level 4	Level 5	Level 6
Service requirements	<p>A Level 4 service requires:</p> <ul style="list-style-type: none"> • short-term assisted ventilation capacity until transfer to intensive care services. • invasive monitoring capacity. • when short-stay unit provided, children must be cared for in area separated from adult patients with paediatric workforce and equipment infrastructure in place. • access to Child and Youth Mental Health Services (CYMHS) for consultation and/or liaison during business hours. • access to general mental health services for consultation and/or liaison after hours. • where inpatient children's services exist: • current emergency standards and guidelines • access to education programs to support local children's emergency service. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> • separate waiting area for children. • provision of initial treatment and advanced care for all presentations except for selected subspecialties. • dedicated children's beds collocated within the emergency department. • children's short-stay unit (if present) must be separate from adult service and specifically designed. • access—during business hours—to child and youth mental health service (CYMHS) with dedicated consultation-liaison service or team, including registered medical specialist with credentials in child and adolescent psychiatry. • access to dedicated child and youth mental health service inpatient beds. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> • provides 24-hour emergency department and triage by qualified children's emergency staff. • psychiatric emergency service with access to registered medical specialist with credentials in child and adolescent psychiatry accessible for consultation 24 hours. • access to wide range of children's medical and surgical subspecialties on-site during business hours and accessible after hours.
Workforce requirements	<p>A Level 4 service requires:</p> <ul style="list-style-type: none"> • medical and/or nursing staff member appointed to act as local children's clinical leader in facilities with attached inpatient children's services. <p>Medical</p>	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • lead clinician with responsibility for clinical governance of service, who is FACEM or registered medical specialist with credentials in emergency medicine. 	<p>As per Level 5, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> • one full-time lead clinician responsible for clinical governance of service who is registered medical specialist with credentials in children's emergency medicine.

Level 4	Level 5	Level 6
<ul style="list-style-type: none"> • lead clinician with responsibility for clinical governance of service must be either a Fellow of the Australasian College for Emergency Medicine (FACEM) or registered medical specialist / senior medical officer with credentials in emergency medicine. • one registered medical practitioner with experience in emergency medicine exclusively rostered to department 24 hours. • access—24 hours—to second registered medical practitioner. • at least one registered medical specialist with credentials in emergency medicine / senior medical officer on-site 8 hours a day. • emergency departments with children's short-stay unit must have access to registered medical specialist with credentials in paediatrics 24 hours. • at least one registered medical practitioner trained in advanced paediatric life support on-site or accessible for emergency call-in 24 hours. • access—24 hours—to core subspecialties (e.g. orthopaedics, general paediatrics, general surgery). <p>Nursing</p>	<ul style="list-style-type: none"> • at least one registered medical specialist with credentials in emergency medicine on-site 16 hours a day, 7 days a week.8 • at least one registered medical specialist with credentials in emergency medicine accessible for remaining 8 hours a day, 7 days a week. • in addition to registered medical specialist with credentials in emergency medicine, at least one medical practitioner who has, or is working towards, formal qualifications in paediatrics within facility 24 hours. <p>Nursing</p> <ul style="list-style-type: none"> • registered nurse trained in paediatric life support on-site 24 hours. • at least three experienced registered nurses rostered in department at all times with access to additional acute care registered nurses, as required. • must be designated short-stay unit nursing staff in addition to emergency service nursing staff where relevant. • may have dedicated children's nurse practitioner. <p>Allied health</p> <ul style="list-style-type: none"> • access to allied health professionals as required. 	<ul style="list-style-type: none"> • at least two registered medical specialists with credentials in children's emergency medicine on-site during the day and at least one on-site during the evening, to provide 16 hours cover a day, 7 days a week commensurate with workload.6 • registered medical specialist with credentials in children's emergency medicine accessible for remaining 8 hours a day, 7 days a week. • one additional advanced training registrar on-site weekdays, during the day and evening, to provide at least 16 hours of cover. • in addition to children's emergency specialists, at least one registrar training in paediatrics or emergency on-site 24 hours. • sufficient registered medical specialists with credentials in children's emergency medicine to provide two shifts (day and evening) per weekend on a 1:4 weekend rotation. <p>Nursing</p> <ul style="list-style-type: none"> • at least five registered nurses rostered in unit at all times. • ideally all nursing staff with or working towards emergency qualifications.

Level 4	Level 5	Level 6
<ul style="list-style-type: none"> • suitably qualified and experienced nurse manager (however titled) in charge of unit. • suitably qualified and experienced registered nurse in charge of each shift. • registered nurse in charge of each shift trained in paediatric advanced life support. • at least one registered nurse with emergency and/or children's qualifications rostered on each shift in facilities with dedicated bay of children's beds or inpatient children's services.⁷ • access to registered nurse with children's emergency experience for those services without dedicated bay of children's beds or inpatient children's services. • no fewer than two registered nurses present in the unit at all times with access to additional nursing staff, as required. • access—24 hours—to registered nurses trained in paediatric life support and hospital approved triage competency. <p>Allied health</p> <ul style="list-style-type: none"> • social worker or health practitioner with competencies in case management and counselling accessible upon request with access points identified for other allied health professionals as indicated. 		<p>Allied health</p> <ul style="list-style-type: none"> • access—24 hours—to social worker. • social worker with competency in case management and counselling on-site weekdays, 16 hours a day.

	Level 4	Level 5	Level 6
Specific risk considerations	Nil	Nil	Nil

Support services requirements for children's emergency services

	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Children's anaesthetic	4		4		6	
Children's intensive care		4		4	6	
Children's medical		4		4	5	
Children's surgical		4		4	6	
Medical imaging	4		5		5	
Medication	4		5		5	
Mental Health (Child and youth)		4		4	5	

	Level 4		Level 5		Level 6	
Nuclear medicine				4	5	
Pathology		3	4		5	
Perioperative (relevant section/s)	4		5		6	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework and Children's Services Preamble for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the Fundamentals of the Framework and Children's Services Preamble, the following are relevant to children's emergency services:

- Australasian College for Emergency Medicine
 - G01 Guidelines for Adult and Mixed Emergency Departments Seeking Training Accreditation: Minimum Requirements
 - G23 Guidelines for Constructing an Emergency Medicine Medical Workforce
 - G24 Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments
 - S12 Statement on Emergency Department Role Delineation
- Australasian College for Emergency Medicine, College of Emergency Nursing Australasia relevant emergency policy documents. www.acem.org.au/ and www.cena.org.au/
- Australian College of Critical Care Nurses. ACCCN Resuscitation Position Statement (2006): Adult and Paediatric Resuscitation by Nurses. ACCN; 2006. www.acccn.com.au/images/stories/downloads/adult_paediatric_resusV2.pdf
- Australian Council on Healthcare Standards. Emergency Medicine Indicators. www.achs.org.au
- Australian and New Zealand College of Anaesthetists, Joint Faculty of Intensive Care Medicine, Australasian College for Emergency Medicine. Minimum Standards for Intrahospital Transport of Critically Ill Patients. ANZCA, JFICM, ACEM; 2003. www.acem.org.au/media/policies_and_guidelines/min_stand_intrahosp_crit_ill.pdf
- Australian and New Zealand College of Anaesthetists. Professional Standard PS9: Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures. ANZCA; 2008.
- Queensland Government. Emergency Donor Panel: Maintenance and Activation. Queensland Health; 2009. www.health.qld.gov.au/qhcss/qbmp
- Queensland Government. Queensland Blood Management Program. Queensland Health; 2009. www.health.qld.gov.au/qhcss/qbmp
- Royal Australasian College of Surgeons. Trauma Verification: Model Resource Criteria for Level I, II, III & IV Trauma Services in Australasia. RACS; 2009. www.surgeons.org/media/309212/2009-08-04_MRC_for_website.pdf

- Rural & Remote Emergency Services Standardisation Guidelines, Queensland Health. <https://www.health.qld.gov.au/rrcsu/html/rress.asp>

Reference list

1. Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines: Version 2. AHIA; 2007. www.healthfacilityguidelines.com.au/
2. Australasian College for Emergency Medicine. P02 Policy on Standard Terminology. March; 2009. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx
3. Australasian College for Emergency Medicine. S12 Statement on the Delineation of Emergency Departments. November; 2012. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx
4. Australasian College for Emergency Medicine. G15 Emergency Department Design Guidelines. October; 2014. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx
5. NSW Department of Health. Emergency Department Services Plan. NSW Health; 2001. www.health.nsw.gov.au/pubs/2001/pdf/edplan.pdf
6. Australasian College for Emergency Medicine. Guidelines on constructing an emergency medicine medical workforce. ACEM; 2008. www.acem.org.au/media/policies_and_guidelines/G23_Constr_Workforce.pdf
7. Australasian College for Emergency Medicine. S11 Statement on hospital emergency department services for children. July, 2012. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx
8. Australasian College for Emergency Medicine. Minimum requirements: Accreditation of adult and mixed emergency departments. July, 2015. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx