

Safety and Security of Children and Young People in Queensland Health Facilities

1. Purpose

Children and young people who present to Queensland Health facilities require care and management that addresses their specific psychological, psychosocial and developmental needs. Reasonable steps should be taken to ensure children and young people are not placed at risk of harm from other patients, staff or visitors.

Should this Guideline not address the local context of the Hospital and Health Service (HHS), a specific Guideline should be developed by the HHS.

2. Scope

To assist HHSs to develop local Guidelines which addresses the safety and security of children/young people, including harm and self-harm and harm from others, while in their facilities

3. Related documents

Standards, procedures and guidelines

- *Child Protection Act 1999*
- Guideline for Reporting a Reasonable/Reportable Suspicion of Child Abuse and Neglect
- Royal Australasian College of Physicians: National Standards for the Care of Children and Adolescents, November 2008
- National Safety and Quality Health Service Standard 2: Partnering with Consumers: www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf
- Patient-centered care: improving quality and safety through partnerships with patients and consumers: www.safetyandquality.gov.au/wp-content/uploads/2012/03/PCC_Paper_August.pdf
- National Standards for the Care of Children and Adolescents: www.awch.org.au/pdfs/Standards_Care_Of_Children_And_Adolescents.pdf

4. Guideline for Safety and Security of Children and Young People in Queensland Health Facilities

4.1 Protection from unwanted exposure

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

- children/young people should have separate bathrooms, that is, they do not have to share bathroom facilities with adults
- children/young people should not have to pass through areas caring for adults to reach their own facilities and vice versa

- security measures should be installed where appropriate to segregate children/young people and adults.

It is acknowledged that the borderline between childhood and adulthood is not distinct. Where possible, adolescent patient preferences should be sought, recorded and respected.

4.2 Designated beds for children

All children/young people should be accommodated in paediatric beds that 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
- the need for attention to a range of aspects of physical safety.

4.3 Co-location of adults and children/young people

It is acknowledged that not all facilities have designated paediatric units; however, it is desirable that children/young people be accommodated in designated paediatric beds which meet the criteria as outlined above.

In circumstances where separate accommodation for children/young people and adults is not possible, HHSs should identify designated areas to accommodate children/young people during this time.

In exceptional circumstances where it may be necessary to co-locate children/young people with adults due to appropriate paediatric accommodation being unavailable, comprehensive consultation with the child/young person's parent/carer, a relevant paediatric healthcare professional and the person in-charge of the service should occur.

Where possible, the young person's patient preferences should be sought, recorded and respected. In addition, discretion should be applied in consideration of co-location of a child and a young person where it is believed the co-location may constitute a risk in some cases.

A patient risk mitigation approach should be applied during the time of co-location and all efforts should be made to relocate the child/adolescent to a designated paediatric bed when available, and where possible enable the parent / caregiver bedside accommodation for the duration of the child's stay in hospital.

4.4 Gender specific accommodation

Respecting the privacy and dignity of children and young people at all times during their health care experience is integral to ensuring good patient experience. For many children and young people, clinical need, age and stage of development will usually take precedence over single gender ward allocation. Many children and young people take comfort from sharing with others of their own age and this may outweigh any concerns about mixed gender accommodation.

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 is in a single room with an ensuite bathroom.

4.5 Child protection issues

All employees are required to be aware of their roles and responsibilities with regard to child protection legislation – information can be obtained via <http://qheps.health.qld.gov.au/csu/>.

- Where a child presents with injuries considered non-accidental, staff should use their professional judgement to determine whether the threshold for **reasonable suspicion** regarding harm to the child has been met.
- In forming a reasonable suspicion, staff members should consult with a senior staff member, child protection liaison officer or child protection advisor.
- If the staff member forms a reasonable suspicion they must immediately report their concerns in writing directly to Child Safety Services. Further information on the reporting process can be obtained via <https://www.health.qld.gov.au/ghpolicy/docs/gdl/qh-gdl-948.pdf>.

When a child/young person is a patient, it is recognised that there will be occasions when staff find themselves alone with these patients; effort must be made to avoid being alone in situations that involve intimate procedures.

4.6 Security

The security of children/young people in hospital is the responsibility of each HHS. HHSs are required to develop and implement local procedures to cover the security of all hospitalised children.

4.6.1 Removal and/or discharge of children from a ward or hospital

HHSs must have in place and adhere to locally developed procedures which correctly identify the custodial parent/legal guardian of the child/adolescent for the purposes of:

- consent
- removal from the ward or hospital
- discharge from the ward or hospital.

Authorisation for the removal of children/young people from the ward and/or discharge including retention of consent forms as part of the clinical record is the responsibility of the HHSs.

4.6.2 Documentation

Guidelines for documentation in the patient record are available in all Queensland Health facilities and should be adhered to.

5. Definitions

Word	Meaning	Source
Reasonable suspicion	To reach a reasonable suspicion means forming a concern or well-founded suspicion that is based on the presence of signs, disclosures, injuries, symptoms and behaviours that heighten concerns about the safety, health and wellbeing of a child or young person.	<i>Child Protection Act 1999</i>

6. Document approval details

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7. Version Control

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1.0	August 2016	Document prepared.