

# Children's services preamble

CSCF v3.2

## Preamble

Please note: This preamble must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list).

Children need distinct and tailored health services providing care and treatment that is safe, and suited to their age and stage of development. The Universal Declaration of Human Rights states “the child, by reason of his [sic] physical and mental immaturity, needs special safeguards and cares”.<sup>1</sup>

The medical, therapeutic, developmental, social and psychosocial needs of children requiring health services differ from those of adults. There are unique vulnerabilities and patient safety risks. Consequently, it is critical to provide age-appropriate healthcare in a service designed, furnished and decorated to meet the needs and developmental age of children. In certain cases, flexible approaches may be adopted when including the views of the child about where they would prefer to receive care.

The children's services modules encompass multiple services provided to children in residential, ambulatory and/or acute settings. The age groups catered for will differ according to the level of service provided and support mechanisms. To reduce confusion, and for the purposes of the CSCF, the term 'children' has been used to collectively refer to individuals between ages 0 and 18 years. Two specific groups within 'children' are infants (0-1 year) and adolescents (14-18 years). These terms have been applied consistently, except where otherwise stated, such as within the Cancer Services - Children's module and Child and Youth Mental Health Services section of the Mental Health Services module. Hereafter, the terms child and children will be inclusive of infants, children and adolescents, unless otherwise specified. The following **definitions** are used to identify issues associated with prematurity, infant comorbidities and post-conceptual age:

- a **premature infant** is less than 37 weeks gestation at birth<sup>2</sup>
- a **premature infant with comorbidities** is an infant less than 37 weeks gestation at birth with an additional condition (e.g. less than 37 weeks gestation at birth with anaemia)
- a **neonate** is an infant in the first 28 days of life
- **post-conceptual age** is the gestational age plus postnatal age (in weeks).

Within the CSCF, there are seven modules as well as sections within the Mental Health Services and Alcohol and Other Drug Services modules specific to children. These are:

- Anaesthetic Services - Children's

- Cancer Services - Children's
- Emergency Services - Children's
- Inpatient Child & Youth Alcohol and Other Drug Services
- Intensive Care Services - Children's
- Medical Services - Children's
- Radiation Oncology Services - Children's
- Surgical Services - Children's
- Child and Youth Mental Health and Forensic Mental Health Services
- Evolve Therapeutic Services
- Perinatal and Infant Mental Health Services.

Children's health services must be provided in a safe and appropriate physical environment. Physical environmental requirements include:

- an isolation area for infectious children
- play or recreational facilities in and out of the ambulatory and inpatient areas, which may include outdoor facilities
- appropriate physical, safety and security measures to safeguard children
- access to educational support for children requiring extended admissions—this may be either in a school environment or remotely<sup>3</sup>
- provision of facilities for:
  - breastfeeding and breast milk storage
  - parents (or carers) and siblings to stay near the child, if necessary (e.g. family room and/or family accommodation may be provided), as is therapeutically appropriate
  - nutrition, such as a kitchenette with fridge and microwave, and provision of amenities for parents, carers and guardians, such as a shower and toilet.

Ambulatory services need to consider and, where possible, demonstrate flexible methods to ensure children's care, treatment and management are separated from adults' care. This includes outpatient and emergency services.

Children admitted to inpatient settings must be physically separated from adult patients. Adolescents should ideally be admitted to an adolescent area. Adolescent care may be provided in an adult environment; however, their care may be managed by paediatric services. Equally, this can occur in the reverse, particularly during the transition from adolescent to adult care.

Where it is not possible to provide a suitable children's health service environment separate from adult care, the health service must identify designated areas where children can be accommodated, ensuring compliance with local health service policies, guidelines and risk management strategies to ensure a safe and appropriate physical environment to protect the children.

The Royal Australasian College of Physicians states the risks associated with collocating children's and adults' services include:

- the rights of children and young people not being respected

- physical, psychological or sexual harm from other patients, staff or visitors
- compromised quality of care if it is provided by staff without education and training in care and treatment of children / adolescents
- inadequate or inappropriate parent, carer or guardian support and involvement in care
- interruptions to normal development
- unnecessary trauma from witnessing distressing sights or sounds.<sup>3</sup>

Geographical distance between the health service and child's home should be considered when treating and managing a child's care. Appropriate and adequately resourced delivery of care close to the child and family's home must be considered to support equity of care.

## Service requirements

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

- liaison with Child Safety Services centres, as children's protection from both harm and risk of harm have significant implications for their health and development (refer to: <http://www.communities.qld.gov.au/childsafety/about-us/contact-us/child-safety-service-centres>)
- decision to admit a child to a close observation or intensive care area and the child's ongoing management is the responsibility of the registered medical specialist in consultation with other relevant specialists
- transition of care and management from neonatal services to children's services, children's services to adolescent services, or adolescent services to adult services is planned in a flexible, responsive, comprehensive and coordinated manner, and initiated and progressed in a timely manner
- critically ill children who are being transferred are escorted by medical and nursing staff who have maintained competencies relevant to a paediatric retrieval service
- medical and nursing staff escorting all non-critical, inter- and intra-hospital transfers of children are competent in providing paediatric life support
- paediatric-specific resuscitation equipment available as per Australian Resuscitation Council requirements (refer to [www.resus.org.au](http://www.resus.org.au))
- as regulated by the Commission for *Children and Young People and Child Guardian Act 2000*, certain health professionals to hold a valid blue card if they propose to work, whether in a paid or voluntary capacity, or carry on a business in a child-related area (including all volunteers within children's health services)
- consideration given to the child's right to be involved in decision-making regarding their own health; in particular, cognitively mature adolescents whose mental state allows them to make rational treatment decisions have the right to make decisions relating to their own health, and to maintain their privacy and confidentiality
- compliance with the *Family Law Reform Act 1969*, which states a person aged 16 years or older may give consent, and a child younger than 16 years of age may give consent in special circumstances (the Gillick Principle). However, the law prohibits the performance of defined cosmetic procedures, termination of pregnancy and gender reassignment on

any child younger than 18 years. Medical research and removal of tissue for transplant also have specific legislation regarding consent

- compliance with Section 97 of the *Child Protection Act 1999*, which states a health practitioner can examine or treat a child under certain circumstances without parental consent, but not without the child's consent where they are competent to give it
- an adolescent under an involuntary treatment order is entitled to an allied person who can represent their interests
- children requiring higher levels of care, but not intensive care, may be managed within specialty inpatient units that have close observation care beds. However, these children must have a higher nurse:patient ratio than other patients and increased medical supervision, but no invasive monitoring. Clinicians providing these higher levels of care maintain their skills by sufficient throughput of similarly complex cases (e.g. spinal surgery)
- all healthcare workers caring for children in health facilities are competent in providing basic life support to children
- all healthcare workers caring for neonates in health facilities are competent in providing basic neonatal life support
- compliance with Section 188 of the *Public Health Act 2005*, which states a designated medical officer who can enact a Care and Treatment Order for a Child (any person under 18 years of age) may be appointed for a health service facility. This enables the designated medical officer to order a child be held at a health service facility for an initial period—not exceeding 48 hours—if they reasonably suspect the child has been harmed or is at risk of harm, and the child is likely to be taken from the facility and suffer harm if immediate action is not taken.

## Legislation, regulations and legislative standards

In addition to what is outlined in the Fundamentals of the Framework, children's services must comply with the following:

- Gillick Principle. UK decision regarding the ability of adolescents to consent to medical procedures, which has been adopted into Australian law.  
[www.eidohealthcare.com/consent/module2/section3.html](http://www.eidohealthcare.com/consent/module2/section3.html)
- Queensland Government. Child health: Child abuse and neglect.  
<http://www.communities.qld.gov.au/childsafety/protecting-children>
- Queensland Government. *Guardianship and Administration Act 2000*.  
[www.legislation.qld.gov.au/legisltn/current/g/guardadmina00.pdf](http://www.legislation.qld.gov.au/legisltn/current/g/guardadmina00.pdf)

# 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, the following are relevant to children's services:

- Association for the Wellbeing of Children in Healthcare. Health Care Policy Relating to Children and Their Families. AWCH; 1999. [www.awch.org.au/child-and-adolescent-health-policies.php](http://www.awch.org.au/child-and-adolescent-health-policies.php)
- Association for the Wellbeing of Children in Healthcare. Policy Related to Provision of Play for Children in Hospital. AWCH; 1986, revised 2002. [www.awch.org.au/hospital-play-policy.php](http://www.awch.org.au/hospital-play-policy.php)
- Australian College of Critical Care Nurses. ACCCN Resuscitation Position Statement (2006): Adult and Paediatric Resuscitation by Nurses. ACCCN; 2006. [www.accn.com.au/images/stories/downloads/adult\\_paediatric\\_resusV2.pdf](http://www.accn.com.au/images/stories/downloads/adult_paediatric_resusV2.pdf)
- Australian Commission on Safety and Quality in Health Care. Paediatric National Inpatient Medication Chart. ACSQHC; nd. [www.health.gov.au/internet/safety/publishing.nsf/Content/NIMC\\_002\\_MedicationCharts](http://www.health.gov.au/internet/safety/publishing.nsf/Content/NIMC_002_MedicationCharts)
- Royal Australasian College of Physicians. Standards for the Care of Children and Adolescents in Health Services. Sydney: RACP; 2008. [www.awch.org.au/pdfs/Standards\\_Care\\_Of\\_Children\\_And\\_Adolescents.pdf](http://www.awch.org.au/pdfs/Standards_Care_Of_Children_And_Adolescents.pdf)

## Reference list

1. United Nations Committee on the Rights of the Child, United Nations Children's Fund, Bernard van Leer Foundation. Implementing child rights in early childhood. The Hague: Bernard van Leer Foundation; 2006. [www.unicef.org/earlychildhood/files/Guide\\_to\\_GC7.pdf](http://www.unicef.org/earlychildhood/files/Guide_to_GC7.pdf)
2. Engle WA, American Academy of Pediatrics Committee on Fetus and Newborn. Policy statement: age terminology during the perinatal period. Pediatrics 2004 Nov; 114(5):1362
3. Royal Australasian College of Physicians. National Standards for the Care of Children and Adolescents in Health Services. Sydney: RACP; 2008. [www.racp.edu.au/page/child-adol](http://www.racp.edu.au/page/child-adol)