### NAME OF DOCUMENT
Co-location of Children and Adults in SESLHD Facilities

### TYPE OF DOCUMENT
Procedure

### DOCUMENT NUMBER
SESLHDPR/286

### DATE OF PUBLICATION
August 2015

### RISK RATING
High

### LEVEL OF EVIDENCE
NSQHS 11.5 Implementing systems to ensure the organisation meets the needs of consumers/patients and carers with diverse needs and from diverse backgrounds and 12.1 Care planning and delivery based upon assessment of consumer/patient needs.

### REVIEW DATE
July 2017

### FORMER REFERENCE(S)
Former PD 168 ‘Co-location of Children and Adults in SESIAHS facilities’

### EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR
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### POSITION RESPONSIBLE FOR THE DOCUMENT
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### KEY TERMS
Children, Adults, Acute Care Settings

### SUMMARY
This Procedure aims to prevent the potential adverse social, mental and/or physical impact of accommodating adults and children together.
1. POLICY STATEMENT
This procedure is based on the principles outlined in the following relevant NSW Ministry of Health Policy Directives:
- NSW PD2010_034 Children and Adolescents - Guidelines for Care in Acute Care Settings
- NSW PD2011_016 Children and Adolescents with Mental Health Problems Requiring Inpatient care
- NSW PD2010_033 Children and Adolescents – Safety and Securing in NSW Acute Health Facilities

This procedure is also in line with the ‘Standards for the Care of Children and Adolescents in Health Services’ (2008) by the Royal Australian College of Physicians.

This procedure aims to prevent the potential adverse social, mental and/or physical impact of accommodating adults and children together and to draw attention to the impact of adults being admitted to wards designated for children and/or adolescents.

2. BACKGROUND
2.1 Children admitted to hospital within the South Eastern Sydney Local Health district (SESLHD) will receive care and management that:
- Is safe and appropriate.
- Addresses the specific physiological, psychological and developmental needs of children in all aspects of their care.
- Considers at all times the significance of the parent/carer’s participation in care and management and the optimal means of providing this within a safe environment.

2.2 DEFINITIONS
- **Children:** Those aged under 16 years of age
- **Adolescents:** Those of an age up to 18 if still at school and between 16 and 18 if not at school and determined by clinical judgement/previous paediatric contact to be suitable for accommodation in a paediatric unit

3. RESPONSIBILITIES
This Policy is applicable to all public hospital facilities in South Eastern Sydney Local Health District providing inpatient services to children and adolescents

- **Senior Medical Staff will:**
  Implement and comply with this procedure as stated in section 4

- **Nursing Unit Managers will:**
  Implement and comply with this procedure as stated in section 4

- **Clinical Stream Executive Sponsor will:**
  Monitor compliance to this procedure by clinical staff
4. **PROCEDURE**

4.1 **Co-location of child, adolescent and adult patients**

- Children are not accommodated within adult wards
- Adults are not accommodated within children's wards
- Where hospitalisation is considered essential for the care of a child, children will only be admitted to a designated children's ward
- Where hospitalisation is considered essential for the care of an adolescent, adolescents will only be admitted to either a children's ward or specifically nominated adolescent area, unless the patient is otherwise defined as an adult. Consideration must be given to the adolescent's own wishes/preferences.
- The admission of adolescents to children’s wards should also take into account their psychosocial situation, relevant medical history and suitability for admission to either a children’s or adult ward be assessed by the paediatric medical teams in consultation with the Nursing Unit manager (NUM) and/or Senior Nurse manager (SNM)
- Adolescents should be accommodated in either a single room or with adolescents of the same gender.
- Where specialist services are required for a child or adolescent, the child/adolescent will be accommodated in the children's designated area and not routinely to a specialist area.
- Extraordinary clinical circumstances may dictate that a child/adolescent may be kept in an adult area for short periods, where clinical alternatives are being considered as essential, e.g. ventilation prior to transfer to a specialist children's facility, recovery.

4.2 **Exceptional Circumstances**

- Specific circumstances may arise where the safety and care of patients or others is better served by admission to an adult facility. This decision is made at the discretion of the admitting medical officer in consultation with the child / adolescent, where appropriate and their parent/guardian and in line with the facility/service’s policy and guidelines
- In exceptional circumstances it may be necessary to collocate adults on a children’s ward. This can only occur with the authorisation of the Director of Operations or Executive Officer on call in consultation with the paediatrician(s).

4.3 **Accommodation for parents/carers staying with children**

- Children should not be separated from their parents/carers at the time of admission (particularly in an emergency situation)
- Parents/carers should be allowed access to their children at all times whilst in the ward and during procedures while the child is conscious
- Parents/carers should be provided facilities to stay at the bed side (e.g. lounge chair, sofa bed and amenities including toilet and shower facilities) or in designated parent accommodation in ward areas where available
- Parents/carers will be regarded as an integral part of the team
Each ward providing paediatric inpatient services will maintain a list of visitors in the ward overnight, including parents/carers accommodated either in parent rooms and/or by the bedside. This will also be documented in the child’s case notes.

Advice will be provided to parents/carers staying overnight regarding their responsibilities and the code of conduct expected of them.

Public access to the hospital / ward overnight is limited through the emergency department and security is monitored.

5. DOCUMENTATION

Not required.

6. AUDIT

As stated in section 3, the Clinical Executive Sponsor will monitor compliance and adherence to this procedure by clinical staff.

7. REFERENCES


- NSW PD2010_034 Children and Adolescents - Guidelines for Care in Acute Care Settings

- NSW PD2011_016 Children and Adolescents with Mental Health Problems Requiring Inpatient care

- NSW PD2010_033 Children and Adolescents – Safety and Securing in NSW Acute Health Facilities

- Standards for the Care of Children and Adolescents in Health Services, Paediatrics & Child Health Division, The Royal Australian College of Physicians, 2008

8. REVISION AND APPROVAL HISTORY

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<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>July 2013</td>
<td>2</td>
<td>Revised by Helen Giles, Paediatric Nurse Manager</td>
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<tr>
<td>Aug 2013</td>
<td>3</td>
<td>Converted to a District Procedure by Scarlette Acevedo, District Policy Officer as three NSW Ministry of Health Policy Directives state the values and principles for this procedure. Revised and re-formatted by Scarlette Acevedo, District Policy Officer</td>
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<tr>
<td>July 2015</td>
<td>4</td>
<td>Revised by Lorena Matthews. Endorsed by Executive Sponsor.</td>
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