

**Royal Hospital for Women (RHW)  
BUSINESS RULE  
COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

**Ref T24/41424**

<b>NAME OF DOCUMENT</b>	Assumption of Care of Neonate at Risk
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<b>EXECUTIVE SPONSOR</b>	Midwifery Clinical Co-director of Maternity Service
<b>AUTHOR</b>	S Herffenan (Social Work Head of Department)
<b>SUMMARY</b>	This procedure provides an outline of standards for clinical care and safety during assumption of care of a neonate in hospital

# Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

## Assumption of Care of Neonate at Risk

**RHW CLIN059**

*This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.*

*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

### 1. BACKGROUND

This CBR aims to provide standards for clinical care and safety during the assumption of care of the neonate. This CBR addresses the neonate considered to be at imminent risk of significant harm and who is the subject of a court order transferring care to Department of Communities and Justice (DCJ)

### 2. RESPONSIBILITIES

**2.1 Midwifery/Nursing/Medical staff** – support woman, assist Social Work, other staff and DCJ as required

**2.2 Social Workers** – support parent/s and carers, other staff and liaise with DCJ

**2.3 Security personnel** – support to all hospital staff during assumption of care

**2.4 Access and Demand Manager (ADM)/After Hours Nurse Manager (AHNM)** – coordinate and support social work, midwifery/nursing/medical staff and DCJ

### 3. PROCEDURE

#### 3.1 Clinical Practice

- Organise for assumption of care during business hours when supports are available for the woman and staff therefore maximising safety
  - Social work to liaise with DCJ
  - Confirm date and time at which care of the neonate will be assumed by caseworkers from DCJ
  - In the circumstances (rare) that assumption occurs after hours and/or no social worker available on call, AHNM to delegate appropriate staff to liaise with DCJ
  - Social Work or AHNM to inform all appropriate staff (e.g. security, executive on-call)
- Ensure assumption of care follows the below process:
  - Arrange secure, private meeting space for caseworkers, staff and family
  - Ensure security is present
  - Support the parent/s to participate in discussion and future care planning
  - Provide clinical handover after the assumption of care to appropriate clinicians
  - Transfer neonate to Newborn Care Centre (NCC) or facilitate discharge of the neonate as arranged by DCJ
  - Copy the Order for Assumption of Parental Responsibility to the medical record of the neonate
  - Ask admission to update address of baby in inpatient Manager (iPM) to reflect Assumption of Care, for appropriate postal address/contact details for neonate, speak with DCJ Case worker

#### 3.2 Documentation

- medical record
- Court order: granted under Section 48 of the Children and Young Person's (Care and Protection) Act

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1998 to be uploaded in eMR

### 3.3 Educational Notes

- If there are reasons to suspect that the neonate is at immediate risk of serious harm, and an Apprehended Violence Order will not be sufficient to protect the neonate, DCJ may apply to the Children's Court for a temporary care order. This order transfers care to the Director General of DCJ and removes the neonate from the care of the parents.
- Health workers have no legal authority to detain a neonate. DCJ does have the statutory authority to assume care, responsibility and protection of a neonate in hospital under an order issue pursuant to section 44 of the Children and Young Persons (Care and Protection) Act 1998.
- DCJ may assume the care responsibility of a neonate by serving an order on the person in charge of the premises, whether or not a parent of the child
- DCJ will then arrange placement with an authorised family or foster carer for the neonate when appropriate, the outcome for the neonate is eventually decided by the Children's Court.

### 3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

### 3.5 Related Policies/procedures

- [Child and Young Persons \(Care and Protection\) Act 1998](#)
- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#) PD2013\_007
- [Child Wellbeing and Child Protection - NSW Interagency Guidelines](#)
- [Security Management within SESLHD Facilities](#) SESLHDPR/639

### 3.6 References

1. Mills G et al 2000 Child Protection and domestic violence: training, practice and policy issues Children and Youth Services Review 22:5 315-32
2. Pennell J et al 2000 Family Group Decision-making: protecting children and women Child Welfare 79:2 131-59
3. NSW Health PD2013\_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health

## 4. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

## 5. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

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- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017\\_044-Interpreters Standard Procedures for Working with Health Care Interpreters](#).

### 6. REVISION AND APPROVAL HISTORY

Revision Date	Revision	Author and Approval
	Reviewed and endorsed Gynaecology Services 10/07/18 Updated Clinical Practice Division June 2018 Approved Quality & Patient Safety Committee 16/5/13 Updated to comply with new legislation May 2013 Approved Quality & Patient Safety Committee 21/10/10 Reviewed and endorsed Obstetric Clinical Guidelines Group August 2010 Title changed from <i>Removal of Babies/Children from Hospital by Dept of Community Services</i> Approved Quality Council 14/4/03 Endorsed Maternity Services Clinical Committee & Neonatal Clinical Committee 8/4/03	
28/05/2024 17/06/2024	4	Maternity CBR Committee Endorsed BRGC