

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Co-location of Children and Adults in SESLHD Facilities
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Daniel Challis Women's and Children's Health Clinical Stream Director
AUTHOR	Lorena Matthews Nursing and Midwifery Manager, Women's and Children's Health
POSITION RESPONSIBLE FOR THE DOCUMENT	Lorena Matthews Nursing and Midwifery Manager, Women's and Children's Health
KEY TERMS	Children, Adults, Acute Care Settings
SUMMARY	The Procedure aims to prevent the potential adverse social, mental and/or physical impact of accommodating adults and children together.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Co-location of Children and Adults in SESLHD Facilities

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1. POLICY STATEMENT

The 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](#)

The 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.

The 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/carers 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 judgment/previous paediatric contact to be suitable for accommodation in a paediatric unit.

3. RESPONSIBILITIES

The procedure 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.

Co-location of Children and Adults in SESLHD Facilities**SESLHDPR/286****4. PROCEDURE****4.1 Guideline for Admission and Allocation of Treating Team**

Children and adolescents should be admitted under the primary treating team for their presenting problem.

Adolescents 16 years and above should be admitted under the medical, surgical or specialist treating team, unless their reason for admission is a chronic medical condition which is still actively under the care of a paediatrician.

Children and adolescents who are admitted under an adult medical/surgical team (for example orthopaedics, ear nose throat, infectious diseases, respiratory) should be cared for on the Child and Adolescent Unit, whilst still at school, unless their medical care needs cannot be met on the Child and Adolescent Unit.

Examples of a child or adolescent who may be deemed inappropriate for admission to the Child and Adolescent Unit include (but are not limited to):

- Patients requiring a high dependency bed
- Patients requiring cardiac telemetry
- Patients admitted for mental health reasons who are assessed to be at significant risk of harm to self or others

If there is uncertainty about the admission to the Child and Adolescent Unit a discussion should be had at a consultant level to facilitate decision making on a case by case basis.

4.2 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.
- All attempts should be made to accommodate adolescents in a single room. Adolescent girls and boys should not be accommodated in a mixed gender room together. Adolescent boys should share a room with other adolescent boys only.
- 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. Exceptions Psychiatric Care Centre (PECC) and ED Short Stay Unit (EDSSU) for adolescents.

- 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.

4.3 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. Exceptions to specialist services such as EDSSU and PECC.
- In exceptional circumstances it may be necessary to co-locate adults on a children's ward. Should an adult need to be admitted into the children's ward, they should not be placed in the same room as a child or adolescent. This can only occur with the authorisation of the General Manager and/or Executive Officer on call in consultation with the Director of Paediatrics or delegate.

4.4 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 parent/carers in the ward overnight.
- Parents/carers should be accommodated either in a designated parent rooms and/or by the bedside.
- The after-hours Nurse Manager should be made aware of parents/carers staying overnight and these details should be documented on the patient journey board. This information 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.

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7. REFERENCES

- 1997-2000 Declaration of the rights of the Child, G.A. res.1386 (XIV), of 20 November 1959. Office of the United Nations High Commissioner for Human Rights Geneva, Switzerland.
- [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

Date	Revision No.	Author and Approval
July 2013	2	Revised by Helen Giles, Paediatric Nurse Manager
Aug 2013	3	Converted to a District Procedure by Scarlett 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 Scarlett Acevedo, District Policy Officer
July 2015	4	Revised by Lorena Matthews, Nurse & Midwife Manager, Women's & Children's health. Endorsed by Executive Sponsor.
July 2018	5	Revised by Lorena Matthews, Nurse & Midwife Manager, Women's & Children's Health.
March 2019	5	Minor review – modification to sentences. Processed by Executive Services prior to publishing.
July 2020	6	Minor Review included addition of section 4.1 Guidelines for Admission and Allocation of Treating Team – endorsed by Executive Sponsor. Published by Executive Services.