Emergency Services - Children's

Module Overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list), Children's Services - Preamble and Emergency Services module.

Emergency services are the front door of the hospital and for many people form their primary contact with the health care system, providing an important interface between the community and the hospital.[1] Emergency services are responsible for the reception, triage, initial assessment, stabilisation, management of children presenting with acute and urgent aspects of illness and injury, and referral to ongoing care.[2] Children's emergency services commence at Level 4 and progress to Level 6. A Level 6 children's emergency service is a dedicated children's service only.

The role and level of function of a hospital-based emergency service depends on various factors, including the type of facility in which it is located, geographical location, location in the public or private sector, and the place of the facility within a health system network.[3] The level of emergency service provided will also vary depending on availability of support services, staffing expertise, physical design, activity and acuity. Rapid access to surgical services and intensive care services is highly desirable to minimise transfer times of critically ill patients.[4]

The term *emergency department* is generally used to describe facilities ranging from high-level departments with emergency medicine specialists and trainees employed 24 hours a day through to rooms in small rural and remote hospitals staffed by rostered local general practitioners and generalist nursing staff.[5]

The use of the term emergency department to describe such a broad range of settings and services can lead to misunderstandings of service capabilities and delivery. A hospital-based emergency service must have amenities and functions greater than the minimum standard for Australasian College for Emergency Medicine (ACEM) Level 1 Emergency Department role delineation to be considered an emergency department.[3]

It is recognised there is no one model of emergency services staffing that will suit all needs, as there is wide variability in roles and work practices between services.[6] Emergency service staffing numbers are dependent on throughput, casemix and capacity. The amount and type of space required for individual emergency units is dependent on a combination of activity, acuity and access to inpatient hospital beds and alternative services.[4]

This module does not include community nurse-run services in metropolitan and regional areas where emergency services are available within a short travelling distance.

The statewide retrieval service (SAAS MedSTAR) has limited resources and operates using a physician led triage system. It is feasible that a formal retrieval team may be unavailable within an acceptable timeframe. As such, all hospitals must be able and prepared to send appropriate staff on short distance road transfers using SAAS ambulances.

Service Requirements

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

> must have dedicated clinical and management system, which records both presentation details and recognised clinical details (refer to ACEM policy on standard terminology)

> documented processes exist for review of quality indicators, including clinical incidents and complaints, and it is recommended regular meetings are held to review these

> provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

> compliance with SA Health policy directives and guidelines that are referenced at:

> > SA Health Policy Directives

> > SA Health Policy Guidelines

> > SA Health Clinical Directives and Guidelines

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the *Health Care Act 2008*, Awards and relevant Enterprise Agreements including, but not limited to:

> SA Health Salaried Medical Officers Enterprise Agreement 2013

> SA Health Visiting Medical Specialists Enterprise Agreement 2012

> SA Health Clinical Academics Enterprise Agreement 2014

> Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013

> SA Ambulance Service Enterprise Agreement 2011

> SA Public Sector Wages Parity Enterprise Agreement Salaried 2014

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

> health care workers caring for children in health facilities are trained in paediatric life support.

> relevant screening as per SA Health Workforce requirements.

Emergency Services - Children's	Level 4	Level 5	Level 6
Service description	> provides 24-hour service including triage by qualified paediatric emergency staff and advanced care for all presentations. > typically mixed-age service, with both adults and children and infants presenting for care and treatment. > may have dedicated area for children within emergency area and provide children's short-stay unit or equivalent functional area (typically in children's emergency department collocated with adult emergency department). > children with complex social issues and pre-existing significant comorbidities should be referred and transferred to relevant children's inpatient service, not admitted to short-stay beds at this level. > has ability to provide trauma care, and is capable of stabilising trauma patients until transfer. Transfer will require early liaison with SAAS. For those patients with critical injuries, physician led retrieval may be required and SAAS MedSTAR should be contacted.	> provides comprehensive trauma care and stabilisation of all trauma patients if transfer required. > Should provide capacity for a Paediatric Emergency Extended Care Unit (EECU).	> stand-alone service dedicated to children's services. > capable of providing initial treatment and advanced care for all emergency presentations and full spectrum of trauma care for all seriously ill and injured infants, children and adolescents. > highest level of service for children's emergency service patients.
Service description	A Level 4 service requires: > separate waiting area for children. > short-term assisted ventilation capacity until transfer to intensive care services. > cardiac monitoring capacity. > when short-stay unit provided, children must be cared for in area separated from adult patients with paediatric workforce and equipment infrastructure in place. > access to Child and Youth Mental Health Services (CYMHS) for consultation and/or liaison > access to general mental health services for consultation and/or liaison after hours.	As per Level 4, plus: > provision of initial treatment and advanced care for all presentations except for selected subspecialties. > dedicated children's beds collocated within the emergency department. > children's EECU (if present) must be separate from adult service and specifically designed. > Access to Child and Youth Mental Health Service (CYMHS) with dedicated consultation-liaison service or team.	As per Level 5, plus: > provides 24-hour emergency department and triage by qualified children's emergency staff. > psychiatric emergency service with access to registered medical specialist with credentials in child and adolescent psychiatry accessible for consultation 24 hours. > access to wide range of children's medical and surgical subspecialties on-site during business hours and accessible after hours.

Emergency Services - Children's	Level 4	Level 5	Level 6
Workforce requirements	A Level 4 service requires: > medical and/or nursing staff member appointed to act as local children's clinical leader in facilities with attached inpatient children's services. **Medical** > lead clinician with responsibility for clinical governance of service must be either a Fellow of the Australasian College for Emergency Medicine (FACEM) or registered medical specialist / senior medical practitioner with credentials in emergency medicine. > one medical practitioner with experience in emergency medicine exclusively rostered to department 24 hours. > access—24 hours—to second medical practitioner. > emergency departments with children's short-stay unit must have access to registered medical specialist with credentials in paediatrics 24 hours. > at least one medical practitioner trained in advanced paediatric life support on-site or accessible for emergency call-in 24 hours. > access—24 hours—to core subspecialties (e.g. orthopaedics, general paediatrics, general surgery). **Nursing** > staffing levels in accordance with the relevant industrial instruments. **Allied health** > access to allied health professionals as required.	As per Level 4, plus: **Medical** > lead clinician with responsibility for clinical governance of service who is FACEM. > at least one registered medical specialist with credentials in emergency medicine on-site or accessible. > in addition to registered medical specialist with credentials in emergency medicine, at least one Medical Practitioner Group Employee in Accredited Training. **Nursing** > staffing levels in accordance with the relevant industrial instruments. **Allied health** > access to social worker with experience in case management and counselling	As per Level 5, plus: **Medical** > lead clinician with responsibility for clinical governance of service who is a FACEM > at least two registered medical specialists with credentials in children's emergency medicine on-site 7 days a week **Nursing** > staffing levels in accordance with the relevant industrial instruments. **Allied health** > Extended access to a range of allied health disciplines, including but not limited to physiotherapy, occupational therapy and social work
Emergency Services - Children's	Level 4	Level 5	Level 6
Specific risk considerations	> Nil	> Nil	> Nil

Support services requirements for children's emergency services	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Children's anaesthetic	4		4		6	
Children's intensive care		4		4	6	
Children's medical		4		4	6	
Children's surgical		4		4	6	
Medical imaging	4		5		6	
Mental Health (child & youth)		4		4	6	
Nuclear medicine				4	6	
Pathology		3	4		6	
Perioperative (relevant section/s)	4		5		6	
Pharmacy	4		5		6	

Legislation, regulations and legislative standards	Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)
Refer to the Fundamentals of the Framework for details.	In addition to what is outlined in the Fundamentals of the Framework and Children's Services - Preamble, the following are relevant to children's emergency services: > Association for the Wellbeing of Children in Healthcare. Standards for the Care of Children and Adolescents in Health Services (2008). http://www.awch.org.au/pdfs/Standards_Care_Of_Children_And_Adolescents.pdf > Australasian College for Emergency Medicine, College of Emergency Nursing Australasia relevant emergency policy documents. www.acem.org.au / www.cena.org.au > G01 Guidelines for Adult and Mixed Emergency Departments Seeking Training Accreditation: Minimum Requirements > G23 Guidelines for Constructing an Emergency Medicine Medical Workforce > G24 Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments > S12 Statement on Emergency Department Role Delineation > Australian Council on Healthcare Standards. Emergency Medicine Indicators. www.achs.org.au > Australian and New Zealand College of Anaesthetists. Professional Standard PS9: Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures. ANZCA; 2008. > Australian College of Critical Care Nurses. ACCCN Resuscitation Position Statement (2006): Adult and Paediatric Resuscitation by Nurses. ACCN; 2006. www.acccn.com.au/ > Children's Hospitals Australasia. Charter on the Rights of Children and Young People in Healthcare Services in Australia. www.awch.org.au > Country Health SA Local Health Network (2014). Medication Supply from Rural and Remote Facilities to Ambulatory Patients Procedure. http://wiki.health.sa.gov.au/Country/1-Clinicians/Drug_and_Therapeutics/Medication_Supply_Procedure > International Federation for Emergency Medicine (IFEM). International Standards of Care for Children in Emergency Department (2012) http://www.ifem.cc/site/DefaultSite/filesystem/documents/ > South Australian Government. Charter of Rights for Children and Young People in Care. www.gcyp.sa.gov.au > National Blood Authority Australia. Standard 7 and the Patient Blood Management Guidelines. www.blood.gov.au > Royal Australasian College of Surgeons. Trauma Verification: Model Resource Criteria for Level I, II, III & IV Trauma Services in Australasia. RACS; 2009. www.surgeons.org/media/309212/2009-08-04_MRC_for_website.pdf

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1. Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines: Version 2. AHIA; 2007. www.healthfacilityguidelines.com.au/

2. Australasian College for Emergency Medicine. P02 Policy on Standard Terminology. March; 2009. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

3. Australasian College for Emergency Medicine. S12 Statement on the Delineation of Emergency Departments. November; 2012. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

4. Australasian College for Emergency Medicine. G15 Emergency Department Design Guidelines. October; 2014. www.acem.org.au/Standards-Publications/Policies-Guidelines.aspx

5. NSW Department of Health. Emergency Department Services Plan. NSW Health; 2001. www.health.nsw.gov.au/pubs/2001/pdf/edplan.pdf

6. Australasian College for Emergency Medicine. Guidelines on constructing an emergency medicine medical workforce. ACEM; 2008. www.acem.org.au/media/policies_and_guidelines/G23_Constr_Workforce.pdf

7. Australasian College for Emergency Medicine, Australian and New Zealand College of Anaesthetists and College of Intensive Care Medicine of Australia and New Zealand. Guidelines for Transport of Critically Ill Patients (2015). http://www.cicm.org.au/CICM_Media/CICMSite/CICM-Website/Resources/Professional%20Documents/IC-10-Guidelines-for-Transport-of-Critically-Ill-Patients.pdf

8. College of Emergency Nursing Australia. Position Statement – Definition of an Emergency Service (2008) http://www.cena.org.au/

9. College of Emergency Nursing Australia. Position Statement – Triage Nurse (2007) http://www.cena.org.au/

For more information

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