

Module Overview

Please note: This module must be read in conjunction with the [Fundamentals of the Framework](#) (including glossary and acronym list), [Cancer Services - Preamble](#), [Anaesthetic Services - Children's](#) and [Perioperative Services](#) modules.

Children's surgical services encompass both elective and emergency surgery. This module focuses on elective surgical services for children, and is based on the principle of ensuring elective surgery is provided by facilities with the relevant capacity and capability (i.e. appropriate staff, equipment and resources). The capacity of children's surgical services to conduct surgery and discharge children in a timely and safe manner depends on the:

- > age of the child
- > child's health status
- > presence of comorbidities
- > type of surgery required
- > family resources.

A close interface exists between surgical services, operating theatres and other areas of the hospital such as inpatient wards, emergency department and diagnostic services. Services external to the hospital, including community rehabilitation, sub-acute and community support services, are important in enabling an appropriate flow of surgical patients from hospital to different types and levels of service, community services and home.

The CSCF recognises five service levels, from Level 2 to 6, for children's surgical services. For the purposes of this module, the assessment of risk is a process of identifying factors increasing the likelihood of averting an adverse outcome for the child. Factors such as age, pre-term birth and comorbidities (e.g. diabetes, obesity) heighten the surgical complexity and anaesthetic risk for the child. Children presenting with complex care needs require a multidisciplinary team approach including combined children's medical specialist team care prior to surgical / procedural intervention. Table 1 describes, in general terms, the characteristics of a certain level of surgical complexity (SC) and the requirements needed to undertake that complexity of surgery in children.

Table 1: Children's surgical complexity characteristics

Complexity	Complexity characteristics
Surgical complexity I (SCI)	This level of surgical complexity: <ul style="list-style-type: none"> > is an ambulatory / office surgery procedure > requires local anaesthetic, but does not require sedation > requires no operating theatre, but does require a procedure room, aseptic technique and sterile instruments > has access to resuscitation equipment > does not require recovery room; however, requires an area in which patients can sit > has no planned post-operative stay or treatment > requires no support services other than removal of sutures or post-operative check.

Complexity	Complexity characteristics
Surgical complexity II (SCII)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> > requires local anaesthesia or peripheral nerve block and may require some level of sedation > has at least one operating room or procedure room and requires a separate area for recovery > most procedures can be undertaken in an ambulatory, day-stay or emergency department setting.
Surgical complexity III (SCIII)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> > must have at least one operating room or procedure room > must have access to overnight beds, if required > usually requires general anaesthesia and/or regional anaesthesia > requires separate area for recovery > can be performed as a day stay > intensive care admission would be an unexpected event.
Surgical complexity IV (SCIV)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> > usually requires general anaesthesia > surgical procedures with potential for perioperative complications may be performed as an overnight case or an extended day case > has on-site close observation care area/s.
Surgical complexity V (SCV)	<p>This level of surgical complexity:</p> <ul style="list-style-type: none"> > provides the most complex surgical services > must have specialist clinical staff, equipment and infrastructure > extensive supporting services available > surgery and anaesthetic risk that has the highest potential for intra-and post-operative complications > must have on-site intensive care services relevant to the surgery being performed.

Providing safe surgical services for children requires effective integration with anaesthetic, intensive care and perioperative services. For more information please refer to the [Anaesthetic Services - Children's](#) and [Perioperative Services](#) modules.

Pre-anaesthetic consultation is mandatory for all children undergoing surgery. A medical assessment prior to anaesthesia ensures:

- > the child's state of health is optimised
- > anaesthetic management is planned (in light of the child's age and medical history)
- > there is discussion with the parent / guardian and/or child about the anaesthesia to be given.

A facility providing children's surgical services must provide or have access to age-appropriate intensive care services capable of managing, and prepared to admit the child, if necessary. This may include Level 6 neonatal services or children's subspecialty close observation care area. Table 2 below illustrates a matrix combining anaesthetic risk, surgical complexity and intensive care access requirements for children undergoing elective surgery. The matrix identifies minimum combinations and service requirements applicable to a level of service for predictable outcomes in most children. This tool assists in determining levels of service but does not negate clinical judgment. For further information regarding access to intensive care services, refer to the [Intensive Care Services - Children's](#) module.

Table 2: Children's elective surgical service provision matrix

Surgical complexity	Anaesthetic type	Anaesthetic risk and physical status								
		LOW (ASA ¹ 1 – 2)			MEDIUM (ASA ¹ 3)			HIGH (ASA ¹ ≥4)		
		Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level
I	Local anaesthetic	e.g. sutures, dental, eye/ ENT exam.	Level 2	Access to Level 4		Level 2	Access to Level 4		Level 4	Access to Level 4
II	Local anaesthetic with sedation	e.g. fractures, dental, radiology, interventions.	Level 3	Access to Level 4		Level 4	Access to Level 4	>T44c and ex-premature infants (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.	Level 5	Level 5 on-site
II	Local anaesthetic with sedation	Neonate with credentialed anaesthetist working in their scope of practice.	Level 5	Level 5 on-site and access to L5 Neonatal Service	Neonate with credentialed anaesthetist working in their scope of practice.	Level 5	Level 5 on-site and access to L5 Neonatal Service			
III -V	General anaesthetic	Neonate with credentialed anaesthetist working in their scope of practice.	Level 6	Level 6 on-site and/or Level 6 Neonatal Service on-site	Neonate with credentialed anaesthetist working in their scope of practice.	Level 6	Level 6 on-site and/or Level 6 Neonatal Service on-site	Neonate with credentialed anaesthetist working in their scope of practice.	Level 6	Level 6 on-site and/or Level 6 Neonatal Service on-site

Surgical complexity	Anaesthetic type	Anaesthetic risk and physical status								
		LOW (ASA ¹ 1 – 2)			MEDIUM (ASA ¹ 3)			HIGH (ASA ¹ ≥4)		
		Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level
III	Local anaesthetic with sedation and general anaesthetic	<p>>1 year of age with credentialed anaesthetist working in their scope of practice.</p> <p>>2 years of age with credentialed anaesthetist working in their scope of practice or facility credentialed non-specialist anaesthetist.^a</p> <p>>4 years of age with non-specialist anaesthetist</p>	Level 3	Access to Level 4	<p>>1 year of age with credentialed anaesthetist working in their scope of practice.</p> <p>>6 months of age^d and no comorbidities with credentialed anaesthetist working in their scope of practice and allocated children's area for post-surgical nursing management.</p> <p>T44^e or well ex-premature and no comorbidities (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice and allocated children's area for post-surgical nursing management.</p>	Level 4	Access to Level 4	>T44^e and ex-premature infants (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.	Level 5	Level 5 on-site

Surgical complexity	Anaesthetic type	Anaesthetic risk and physical status								
		LOW (ASA ¹ 1 – 2)			MEDIUM (ASA ¹ 3)			HIGH (ASA ¹ ≥4)		
		Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level
IV	General anaesthetic and regional anaesthetic	<p>>1 year of age with credentialed anaesthetist working in their scope of practice.</p> <p>>6 months of age^d and no comorbidities with credentialed anaesthetist working in their scope of practice.</p> <p>T44^c or well ex-premature and no comorbidities (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.</p>	Level 4	Access to Level 4	<p>Medium risk children (ASA¹ 1-2) due to age or history of prematurity, including ex-premature infants ≥T44^c PCA, with credentialed anaesthetist working in their scope of practice, designated children's close observation care beds and children's ward.</p> <p>>T44c or ex-premature infants ≥52 weeks PCA (ASA¹ 3) with credentialed anaesthetist working in their scope of practice and designated children's close observation care beds and children's ward.</p>	Level 4	Access to Level 4	<p>>T44^c and ex-premature infants (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.</p>	Level 5	Level 5 on-site

Surgical complexity	Anaesthetic type	Anaesthetic risk and physical status								
		LOW (ASA ¹ 1 – 2)			MEDIUM (ASA ¹ 3)			HIGH (ASA ¹ ≥4)		
		Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level	Modifiers	Minimum surgical service level	Minimum children's intensive care service level
V	General anaesthetic	<p>>1 year of age with credentialed specialist anaesthetist working in their scope of practice.</p> <p>>6 months of age^d with credentialed anaesthetist working in their scope of practice.</p> <p>>T44^c and ex-premature infants (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.</p>	Level 5	Level 5 on-site	<p>>1 year of age with credentialed specialist anaesthetist working in their scope of practice.</p> <p>>6 months of age^d with credentialed anaesthetist working in their scope of practice.</p> <p>T44^c or well ex-premature and no comorbidities (≥52 weeks PCA) with credentialed anaesthetist working in their scope of practice.</p>	Level 5	Level 5 on-site			

Key:

- ^a **non-specialist anaesthetist** refers to a medical practitioner (GP) with credentials in anaesthesia. In accordance with the JCCA, endorsement for elective paediatric anaesthesia down to age 2 years may be granted on an individual practitioner basis after demonstration of assessment/accreditation and competency by regional representatives of the JCCA. Such endorsement is to be related to the individual's documented training in paediatric anaesthesia in this age group.
- ^b **T** refers to a term infant (that is greater than or equal to 37 weeks gestation at birth).^{2, 3,4}
- ^c **T44** refers to a term infant who is greater than or equal to 44 weeks PCA.
- ^d refers to children with medium to high post-anaesthetic care requirements due to age only, but no associated severe systemic disease, having particular procedures with low perioperative risks, such as nasal cautery, removal of foreign body from nose and ear, insertion of grommets, examination of ears or eyes under general anaesthetic, tear duct probing, circumcision and other similar procedures, performed by registered surgical specialists with appropriate subspecialty credentialing and defined scope of practice.

^e **PS** refers to specific procedures such as inguinal hernia and pyloromyotomy performed only by registered medical specialists with credentials in children's surgery.

^f **PCA** refers to post-conceptual age.

The following **definitions** are used in the Surgical Services - Children's module:

- > a **premature infant** is less than 37 weeks gestation at birth.^{2,3,4}
- > a **premature infant with comorbidities** is an infant less than 37 weeks gestation at birth with additional conditions (e.g. less than 37 weeks gestation at birth with anaemia).⁴
- > a **neonate** is an infant in the first 28 days of life.
- > **post-conceptual age** (PCA) is the gestational age plus postnatal age (in weeks).

credentialed specialist anaesthetist is a registered medical specialist with credentials in anaesthesia as credentialed by the facility. Credentialed specialist anaesthetists working in a children's surgical service are typically registered medical specialist with credentials in anaesthesia who spends the majority of their workload providing children's anaesthesia.

Service Networks

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

- > services provided in the context of an established service network across all service levels to facilitate referral and transfer of patients to or from higher level services, where necessary
- > documented processes between interrelated and interdependent services
- > may encompass both public and private services.

Service Requirements

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

- > documented processes with emergency services
- > involvement in the planning of anaesthetic services and development of emergency anaesthetic services, where relevant
- > 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

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- > SA Ambulance Service Enterprise Agreement 2011
 - > SA Public Sector Wages Parity Enterprise Agreement Salaried 2014

In addition to what is outlined in the *Fundamentals of the Framework*, specific workforce requirements include the following:

- > surgery can only be performed by suitably qualified and experienced health professionals authorised under legislation and credentialed by the health service Credentialing and Clinical Privileging Committee or equivalent
- > surgeon trainees must be supervised according to RACS' professional documents and guidelines⁵ or documents and guidelines of other relevant professional bodies
- > all medical practitioners (registrars) in training must be supervised by a registered medical specialist with credentials in surgery or surgical subspecialty as per RACS' guidelines
- > conscious sedation can only be performed by a person authorised under legislation, and in keeping with ANZCA Document PS09.
- > staff directly providing anaesthetic services must be assigned responsibilities commensurate with their level of training and education, competence, experience, required level of supervision, credentials and scope of practice in accordance with particular statutory legislation
- > medical practitioners (general practitioners) trained in surgery who have successfully completed RACS training for general practitioner surgical proceduralists, and have approval to practise by the Joint Consultative Committee on Surgery, and other suitably qualified and experienced health professionals approved by national registering bodies, may provide specific surgical services, consequent to credentialing and defining scope of clinical practice.

Surgical Services – Children’s	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service description</p> <ul style="list-style-type: none"> > provided in setting without anaesthetic or perioperative service. > operates on demand and manages low-risk patients who fall into the category of surgical complexity (SC) I. > minor diagnostic and therapeutic surgical procedures undertaken (such procedures usually on the body surface and only require local anaesthetic, including removal of small skin lesions, excision of small neuromas, minor sutures, drainage of abscesses, and excision of subcutaneous tumours). > procedures do not involve penetration of internal body cavities via the epithelium other than with a needle. > most procedures requiring local anaesthesia will be performed in ambulatory, day-stay or emergency-room settings. > <i>Anaesthetic Services - Children’s</i> are not accessible 24 hours a day and no elective surgical services are provided. > services may be provided by suitably qualified and experienced medical practitioners, dentists or health practitioners authorised under legislation (but service not available 24 hour/s). > where there is an emergency, it may be necessary for general practitioners to provide services akin to anaesthesia as part of resuscitation at this level. 	<ul style="list-style-type: none"> > provided predominantly in hospital setting with limited, but designated, anaesthetic, perioperative and sterilising services. > may be undertaken in a day hospital or inpatient facility. > inpatient service may be temporarily upgraded with provision of outreach services by formally approved higher level service. > may be staffed by medical practitioners (general practitioners) with credentials and defined scope of practice to provide surgical and anaesthetic services. > may be supported by visiting registered medical specialists with credentials in surgery and/or surgical subspecialties. > registered medical specialists with credentials in anaesthesia may provide anaesthesia for elective surgery lists. > manages (refer to Table 1): <ul style="list-style-type: none"> – surgical complexity II procedures with low anaesthetic risk – surgical complexity III procedures with low anaesthetic risk to a child <ul style="list-style-type: none"> • greater than 2 years of age where there is registered medical specialist with credentials in anaesthesia or facility-credentialed medical practitioner • greater than 4 years of age where there is medical practitioner (general practitioner) with credentials in anaesthesia – surgical complexity III with low anaesthetic risk (day surgery facilities – Specialist Paediatric Surgery) for child greater than 1 year of age where anaesthetic is delivered by registered medical specialist with credentials in anaesthesia and paediatrics. > must have access to Level 4 children’s intensive care service and be capable of providing immediate resuscitation and short-term cardiorespiratory support until patient transfer to an intensive care service (this access must include documented processes for transfer and acceptance of patients between public and private services and SA Ambulance Service). > selection of patients and surgical procedures should ensure intensive care admission would be unexpected and rare event. 	<ul style="list-style-type: none"> > provides routine elective surgery performed by surgical specialists. > services undertaken across broad range of facilities supported by differing levels of clinical perioperative expertise on-site. > dedicated children’s ward or recovery area exists. > may have dedicated children’s close observation care areas, but does not have on-site neonatal intensive care services. > complexity of surgery provided depends on standard of children’s-specific post-surgical facilities and accessibility of specialised children’s medical staff and includes (refer to Table 1): <ul style="list-style-type: none"> – surgical complexity I with high anaesthetic risk / – surgical complexity II with medium anaesthetic risk / – surgical complexity III with low and medium anaesthetic risk and surgical complexity IV with low anaesthetic risk for a child: <ul style="list-style-type: none"> • greater than 1 year of age with anaesthesia performed by registered medical specialist with credentials in anaesthesia – surgical complexity IV with medium anaesthetic risk due to age or history of prematurity with ASA 1–2: 	<ul style="list-style-type: none"> > provided in designated children’s hospital or general hospital for adults and children. > provides surgery for neonates and children whose condition does not require on-site Level 6 superspecialties. > must have on-site Level 5 children’s intensive care services. > manages (refer to Table 1): <p>Neonates:</p> <ul style="list-style-type: none"> – surgical complexity I and II with low to medium anaesthetic risk. <p>Children (over T44 and ex-premature infants greater than or equal to 52 weeks PCA):</p> <ul style="list-style-type: none"> – surgical complexity I to IV with high anaesthetic risk – surgical complexity V with low and medium anaesthetic risk. > manages increased levels of risk until transfer to highest level of service arranged. > children with oncological diseases can be cared for under direction of Level 6 children’s oncology medical service (e.g. central venous line management). 	<ul style="list-style-type: none"> > specialist, statewide and, where applicable, interstate service. > manages children with highest level of risk and surgical complexity in specified areas of expertise. > cares for children of all ages and provides surgical care for complex surgical patients requiring input of multiple children’s subspecialists and/or prolonged intensive care support not available in Level 5 service. > there is critical mass of staff expertise providing statewide leadership and education in clinical management to other levels of children’s services. > major provider of telehealth and statewide consultation-liaison services. > supported by wide range of medical and surgical subspecialties and support services within large health facility. > all elective surgery for children with oncological disease coordinated via Level 6 service including timely consultation with children’s oncology specialist occurring following presentation and, where possible, prior to any surgical intervention (documented processes and clear referral pathways must be evident between lower and higher levels). 	

continued

Surgical Services – Children’s	Level 2	Level 3	Level 4	Level 5	Level 6
Service description			<ul style="list-style-type: none"> • only in facilities with designated children’s close observation care beds and children’s ward, and only when performed by registered medical specialist with credentials in children’s surgery, and registered medical specialist with credentials in anaesthesia with competency and defined scope of practice in children’s anaesthesia • must be registered medical specialist with credentials in paediatrics accessible 24 hours for on-site consultation, and registered nurse trained in advanced paediatric life support for term infants and for well, ex-premature infants with no other comorbidities greater than or equal to 44 weeks PCA. <p>– surgical complexity IV with ASA 3:</p> <ul style="list-style-type: none"> • only in facilities with designated children’s close observation care beds and children’s ward and only when performed by registered surgical and anaesthetic specialists with recognised training and credentialing in children’s sub-specialisation • must be registered medical specialist with credentials in paediatrics accessible 24 hours for on-site consultation and registered nurse trained in advanced paediatric life support for infants greater than or equal to 52 weeks PCA. <ul style="list-style-type: none"> > must have access to Level 4 children’s intensive care service and be capable of providing immediate resuscitation and short-term cardiorespiratory support until patient transfer to intensive care service. > must have documented processes with higher level services ensuring access to information related to latest evidence-based care and treatment. > medical practitioners must have credentials and defined scope of practice enabling them to provide surgery to children. > service is supported by specialist anaesthetists and fully functioning perioperative services. 		

Surgical Services – Children’s	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> > medical, nursing or oral health practitioner services provided on-site or in close enough proximity for rapid response. > at least one procedure room. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> > access to monitored bed for emergencies with children’s surgical close observation care area/s. > where day surgery is offered, all relevant children’s-specific staff must be available while patients are on-site. > planned services generally provided during the day for regularly scheduled lists. > services after hours or at weekends provided by prearrangement. > services in day surgery facilities provided during hours of operation. > may provide emergency services at any time, as required. > access to rostered on-call staff. > may provide specialist services / functions on a visiting basis. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> > availability of surgical and/or subspecialty (children’s) area. > facilities providing surgical complexity IV procedures for medium-risk patients must have designated paediatric surgical close observation care beds available to relevant specialty, with associated workforce either accessible in intensive care unit or in designated area of surgical / subspecialty ward. > must have full facilities for providing extended apnoea monitoring. > where facilities provide surgical services for term infants and well, ex-premature infants (>52 weeks PCA), registered medical specialists providing anaesthesia or surgery must have recognised training, currency of practice and credentials in children’s subspecialisation noted on their privileging document. > any child under age of 3 months admitted overnight for surgical procedure that is not general paediatric surgery must have medical consultation by registered medical specialist with credentials in paediatrics. > 24 hour clinical services. > medical services provided on-site or in close enough proximity for rapid response at all times. > access – 24 hours – to dedicated operating theatre staff. > may provide outreach services. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> > clinical services provided on-site 24 hours with combinations of medical, nursing, allied health, and other staff on-site 24 hours. > medical services accessible on-site in public services, or in close enough proximity for rapid response at all times in private services. > capacity to provide close observation nursing care on-site. > registered medical specialists with credentials in relevant children’s subspecialty. > dedicated on-site operating theatre staff where emergency surgery provided. > specialist ambulatory services in public sector. > guidelines in place for coordination and prioritisation of all surgical patients. > provision of intensive care services for children and adolescents requiring postoperative ventilation is planned. > may have dedicated endoscopy operating / procedure room/s, and day surgery facilities. > may have provision for case management for patients requiring complex care. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > accessible on-site specialist nursing, medical and surgical services with many staff with subspecialty qualifications and experience. > collaboration and coordination with maternal–foetal health diagnostics, interventions and case management planning on local and statewide basis. > medical and surgical contact on daily basis. > procedures performed on patients with high-risk potential for intra- and post-operative complications (e.g. advanced chronic disease which may not be well controlled). > access—24 hours—to teleconferencing and videoconferencing facilities on-site. > children’s-specific staff lead and manage children’s day surgery. > on-site specialist endoscopy services. > on-site access to areas of close observation care and children’s specialist ward areas. > formal involvement with emergency services for coordination of services across the state. > statewide provider of outreach services. > provider of education for many subspecialty areas. > provides appropriate on-site service where neonatal intensive care patient is too unstable to transfer to children’s surgical service.

Surgical Services – Children’s	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Workforce requirements</p>	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > medical practitioners (general practitioners) with demonstrated competency in dosage and application of local anaesthesia for children. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. 	<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > access to registered medical specialist with credentials in children’s surgical specialties to provide advice on children’s surgical patients. > medical practitioner with credentials to perform required procedures. > medical staff with credentials and demonstrated currency in provision of children’s surgery and defined scope of practice noted on their privileging document. > medical practitioner to remain on-site until patient recovered from anaesthesia and meets post-anaesthetic care service discharge criteria, as per facility guidelines and ANZCA PS46. > medical practitioner available during hours of operation for day hospitals. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > suitably qualified and experienced nurse manager (however titled) in charge of surgical services. > suitably qualified and experienced registered nurse in charge of each shift. > suitably qualified and experienced registered and enrolled nurses. > access to staff trained in paediatric life support <p>Allied health</p> <ul style="list-style-type: none"> > access to allied health professionals, as required. > may have access to appropriately trained support staff with relevant qualifications and experience in provision of healthcare services within surgical services. <p>Other</p> <ul style="list-style-type: none"> > access to trained technical assistants. 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > access to registered medical specialist with credentials in paediatrics. > access to range of registered medical specialists. > access to registered medical specialists with defined scope of practice for range of procedures being performed. > access to medical practitioner with credentials in anaesthetics while patients are recovering. <p>Allied health</p> <ul style="list-style-type: none"> > access to allied health professionals (including social workers, occupational therapists, clinical psychologists and physiotherapists) and appropriately trained support staff within surgical services of inpatient hospital facilities, as required. > may have access to paediatric-specific allied health professionals. <p>Other</p> <ul style="list-style-type: none"> > staff trained to assist with transfer of patients and positioning of equipment. 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > access to paediatric surgical consultant. > registered medical specialists with credentials in anaesthesia and surgery of multiple specialties. > access – 24 hours – to registered medical specialist with credentials in surgery. > access – 24 hours – to medical practitioner. > access to registered medical specialists with subspecialty training (e.g. orthopaedics). > registered medical specialist with access to credentials in anaesthetics with subspecialties including paediatrics. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > suitably qualified and experienced registered and enrolled nurses with defined children’s surgical post-operative experience. > desirable to have lead clinicians responsible for surgical nursing clinical governance. <p>Other</p> <ul style="list-style-type: none"> > elective surgery coordinators and bookings staff (however titled). 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > demonstrated knowledge, competency and experience in surgical subspecialties (e.g. advanced neurosurgery, cardiac surgery and superspecialty procedures). > may have provision for medical practitioners and nursing staff to voluntarily relieve in Level 4, 5 and 6 services and rotations between regional and remote areas as needed. <p>Medical</p> <ul style="list-style-type: none"> > access—24 hours—to one or more medical practitioners to support patients in post-operative stage. > access—24 hours—to registered medical specialist with credentials in surgery / anaesthetics, with subspecialty in paediatrics. > registered medical specialists from range of children’s subspecialties with responsibility for training and upskilling of medical, nursing and technician staff. > registered medical specialist with credentials in surgery and subspecialty in paediatrics as lead clinician responsible for clinical governance of children’s surgical services. <p>Nursing</p> <ul style="list-style-type: none"> > staffing levels in accordance with the relevant industrial instruments. > may have lead clinician responsible for surgical nursing clinical governance with portfolio inclusive of perioperative, post-anaesthetic care and/or day surgery. > may have provision for nurse practitioner’s role within subspecialties. <p>Allied health</p> <ul style="list-style-type: none"> > recognised children’s allied health professionals (including pharmacists, clinical psychologists, occupational therapists, physiotherapists, social workers and other disciplines) with experience in surgical healthcare services. <p>Other</p> <ul style="list-style-type: none"> > extensive range of specialist services / functions provided on visiting basis.

Specific risk considerations	> Nil	> Nil	> Nil	> Nil	> Nil
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Support services requirements for children's surgical medical services	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Children's anaesthetic			3		4		5		5	
Children's intensive care		4		4		4	5		6	
Children's medical						4	4		5	
Medical imaging		2		3		3	5		5	
Neonatal								5	6	
Nuclear medicine							4		5	
Palliative care				3		4		4		5
Pathology		2		3		4	5		5	
Pharmacy		2	3		4		5		5	
Perioperative (relevant section/s)			3		3		5		6	

Legislation, regulations and legislative standards

Refer to the [Fundamentals of the Framework](#) and [Children's Services - Preamble](#) for details.

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)

In addition to what is outlined in the [Fundamentals of the Framework](#) and [Children's Services - Preamble](#), the following are relevant to [Surgical Services - Children's](#):

- > Australian and New Zealand College of Anaesthetists, The Royal Australian College of General Practitioners, and Australian College of Rural and Remote Medicine (Joint Consultative Committee on Anaesthesia). Advanced Rural Skills: Curriculum Statement in Anaesthesia. ANZCA, RACGP, ACRRM; 2003. www.racgp.org.au/
- > Australian and New Zealand College of Anaesthetists. Professional Standard PS1: Recommendations on Essential Training for Rural General Practitioners in Australia Proposing to Administer Anaesthesia. ANZCA; 2002. www.anzca.edu.au/resources/professional-documents/
- > Australian and New Zealand College of Anaesthetists. Professional Standard PS26: Guidelines on Consent for Anaesthesia or Sedation. ANZCA; 2005. www.anzca.edu.au/resources/professional-documents/
- > Australian and New Zealand College of Anaesthetists. Professional Standard PS4: Recommendations for the Post-Anaesthesia Recovery Room. ANZCA; 2006. www.anzca.edu.au/resources/professional-documents/
- > Australian and New Zealand College of Anaesthetists. Professional Standard PS29: Statement on Anaesthesia Care of Children in Healthcare Facilities without Dedicated Paediatric Facilities. ANZCA; 2008. www.anzca.edu.au/resources/professional-documents/
- > Australian and New Zealand College of Anaesthetists. Professional, Technical, Training and Educational Standards, Guidelines and Professional Documents. www.anzca.edu.au/resources/professional-documents/
- > Australian Confederation of Paediatric & Child Health Nurses. Competencies for Specialist Paediatric and Child Health Nurses. www.chnwa.org.au
- > Australian College of Operating Room Nurses. Standards, nursing roles, guidelines and position statements. ACORN; 2008. Available to order at: www.acorn.org.au/
- > Australian College of Operating Room Nurses. ACORN Standards for Perioperative Nurses: Position Statement PS6 Ensuring Correct Patient, Correct Site, Correct Procedure. ACORN; 2008. www.acorn.org.au/
- > Australian Society of Anaesthetic and Paramedical Officers. Standards and guidelines. www.asapo.org.au/
- > Children's Hospitals Australasia. Charter on the Rights of Children and Young People in Healthcare Services in Australia. www.awch.org.au
- > 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
- > Royal Australasian College of Surgeons. Implementation Guidelines for Ensuring Correct Patient, Correct Side and Correct Site Surgery. RACS; 2006. www.surgeons.org/
- > Royal Australasian College of Surgeons. RACS professional documents and guidelines: Trainee supervision. www.surgeons.org/
- > South Australian Government. Charter of Rights for Children and Young People in Care. www.gcyp.sa.gov.au

Reference List:

1. American Society of Anesthesiologists. Standards, Guidelines and Statements. Park Ridge, IL: ASA; 2008.
2. Australian and New Zealand College of Anaesthetists (ANZCA). PS1 Recommendations on essential training for rural general practitioners in Australia proposing to administer anaesthesia 2002.
3. Walther-Larsen S, Rasmussen LS. The former preterm infant and risk of post-operative apnoea: recommendations for management. Acta Anaesthesiol Scand. 2006 50(7):888–93.
4. Engle WA, American Academy of Pediatrics Committee on Fetus and Newborn. Policy statement: age terminology during the perinatal period. Pediatrics 2004 Nov; 114(5):1362–4.
5. Royal Australasian College of Surgeons Guidelines. www.surgeons.org/

For more information

SA Health
Telephone: 08 8226 6891
www.sahealth.sa.gov.au

Public I1-1A

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