

Preamble

Please note: This preamble must be read in conjunction with the [Fundamentals of the Framework](#) (including glossary and acronym list).

Children need distinct and tailored health services providing care and treatment that is safe, and suited to their age and stage of development. The *Universal Declaration of Human Rights* states “the child, by reason of his [sic] physical and mental immaturity, needs special safeguards and cares”.¹

The medical, therapeutic, developmental, social and psychosocial needs of children requiring health services differ from those of adults. There are unique vulnerabilities and patient safety risks. Consequently, it is critical to provide age-appropriate healthcare in a service designed, furnished and decorated to meet the needs and developmental age of children. In certain cases, flexible approaches may be adopted when including the views of the child about where they would prefer to receive care.

The children's services modules encompass multiple services provided to children in residential, ambulatory and/or acute settings. The age groups catered for will differ according to the level of service provided and support mechanisms. To reduce confusion, and for the purposes of the CSCF, the term 'children' has been used to collectively refer to individuals between ages 0 and 18 years. Two specific groups within 'children' are infants (0-1 year) and adolescents (16–18 years). These terms have been applied consistently, except where otherwise stated, such as within the [Cancer Services - Children's](#) module and Child and Youth Mental Health Services section of the [Mental Health Services](#) module. Hereafter, the terms *child* and *children* will be inclusive of infants, children and adolescents, unless otherwise specified. The following **definitions** are used to identify issues associated with prematurity, infant comorbidities and post-conceptual age:

- > a **premature infant** is less than 37 weeks gestation at birth²
- > a **premature infant with comorbidities** is an infant less than 37 weeks gestation at birth with an additional condition (e.g. less than 37 weeks gestation at birth with anaemia)
- > a **neonate** is an infant in the first 28 days of life
- > **post-conceptual age** is the gestational age plus postnatal age (in weeks).

Within the CSCF, there are seven modules as well as sections within the [Mental Health Services](#) module specific to children. These are:

- > [Anaesthetic Services - Children's](#)
- > [Cancer Services - Children's](#)
- > [Emergency Services - Children's](#)
- > [Intensive Care Services - Children's](#)
- > [Medical Services - Children's](#)
- > [Radiation Oncology Services Children's](#)
- > [Surgical Services - Children's](#)

Children's health services must be provided in a safe and appropriate physical environment. Physical environmental requirements include:

- > an isolation area for infectious children
- > play or recreational facilities in and out of the ambulatory and inpatient areas, which may include outdoor facilities
- > appropriate physical, safety and security measures to safeguard children
- > access to educational support for children requiring extended admissions—this may be either in a school environment or remotely
- > provision of facilities for:
 - breastfeeding and breast milk storage
 - parents (or carers) and siblings to stay near the child, if necessary (e.g. family room and/or family accommodation may be provided), as is therapeutically appropriate

Ambulatory services need to consider and, where possible, demonstrate flexible methods to ensure children's care, treatment and management are separated from adults' care. This includes outpatient and emergency services.

Children admitted to inpatient settings must be physically separated from adult patients. Adolescents should ideally be admitted to an adolescent area. Adolescent care may be provided in an adult environment; however, their care may be managed by paediatric services. Equally, this can occur in the reverse, particularly during the transition from adolescent to adult care.

Where it is not possible to provide a suitable children's health service environment separate from adult care, the health service must identify designated areas where children can be accommodated, ensuring compliance with local health service policies, guidelines and risk management strategies to ensure a safe and appropriate physical environment to protect the children.

Geographical distance between the health service and child's home should be considered when treating and managing a child's care. Appropriate and adequately resourced delivery of care close to the child and family's home must be considered to support equity of care.

Service Requirements

In addition to requirements outlined in the [Fundamentals of the Framework](#), specific service requirements include:

- > 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
- > decision to admit a child to a close observation or intensive care area and the child's ongoing management is the responsibility of the registered medical specialist in consultation with other relevant specialists
- > transition of care and management from neonatal services to children's services, children's services to adolescent services, or adolescent services to adult services is planned in a flexible, responsive, comprehensive and coordinated manner, and initiated and progressed in a timely manner
- > critically ill children who are being transferred are escorted by medical and nursing staff who have maintained competencies relevant to a paediatric retrieval service
- > medical and nursing staff escorting all non-critical, inter- and intra-hospital transfers of children are competent in providing paediatric life support
- > paediatric-specific resuscitation equipment available as per Australian Resuscitation Council requirements (refer to www.resus.org.au)
- > consideration given to the child's right to be involved in decision-making regarding their own health; in particular, cognitively mature adolescents whose mental state allows them to make rational treatment decisions have the right to make decisions relating to their own health, and to maintain their privacy and confidentiality
- > compliance with the *Children's Protection Act 1993*, which indicates that a health practitioner can examine or treat a child under certain circumstances without parental consent, but not without the child's consent where they are competent to give it
- > an adolescent under an involuntary treatment order is entitled to an allied person who can represent their interests
- > children requiring higher levels of care, but not intensive care, may be managed within specialty inpatient units that have close observation care beds. However, these children must have a higher nurse:patient ratio than other patients and increased medical supervision, but no invasive monitoring. Clinicians providing these higher levels of care maintain their skills by sufficient throughput of similarly complex cases (e.g. spinal surgery)
- > all healthcare staff caring for children in health facilities are competent in providing basic life support to children
- > all healthcare staff caring for neonates in health facilities are competent in providing basic neonatal life support.

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

Legislation, regulations and legislative standards	Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)
<p>In addition to what is outlined in the Fundamentals of the Framework, children's services must comply with the following:</p> <ul style="list-style-type: none"> > Gillick Principle. UK decision regarding the ability of adolescents to consent to medical procedures, which has been adopted into Australian law. www.eidohealthcare.com/ > South Australian Government. Reporting Child Abuse and Neglect. www.decd.sa.gov.au > South Australian Government. Guardianship and Administration Act 1993. www.legislation.sa.gov.au 	<p>In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to children's services:</p> <ul style="list-style-type: none"> > Association for the Wellbeing of Children in Healthcare. Health Care Policy Relating to Children and Their Families. AWCH; 1999. www.awch.org.au/child-and-adolescent-health-policies.php > Association for the Wellbeing of Children in Healthcare. Policy Related to Provision of Play for Children in Hospital. AWCH; 1986, revised 2002. www.awch.org.au/hospital-play-policy.php > Australian Commission on Safety and Quality in Health Care. Paediatric National Inpatient Medication Chart. ACSQHC; nd. www.safetyandquality.gov.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 > South Australian Government. Charter of Rights for Children and Young People in Care. www.gcyp.sa.gov.au > The Medical Journal of Australia. Consensus standards for the care of children and adolescents in Australian health services. Vol 194 Number 2 January 2011 https://www.mja.com.au/journal/2011/194/2/consensus-standards-care-children-and-adolescents-australian-health-services

Reference List

1. United Nations Committee on the Rights of the Child, United Nations Children's Fund, Bernard van Leer Foundation. Implementing child rights in early childhood. The Hague: Bernard van Leer Foundation; 2006. www.unicef.org/earlychildhood/files/Guide_to_GC7.pdf
2. Engle WA, American Academy of Pediatrics Committee on Fetus and Newborn. Policy statement: age terminology during the perinatal period. Pediatrics 2004 Nov; 114(5):13624.

For more information

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

Public I1-1A



Acknowledgement: Used and adapted with the permission of Queensland Health



**Government
of South Australia**