

SAFETY, SECURITY AND PATIENT ALLOCATION POLICY®

DOCUMENT SUMMARY/KEY POINTS

This policy is applicable to all staff of The Sydney Children's Hospital's Network (SCHN). In particular those in direct patient care positions must be familiar with all elements of this policy.

- Safe, high quality care is the responsibility of all staff.
- Parents are able to remain with their child throughout the admission; they are an integral part of the patient's care and are not to be considered 'visitors' within the SCHN.
- Access to ward areas shall be limited to family and friends as nominated by the parent as appropriate.
- Access to Wards overnight from 8.30pm to 6am should be limited to parents/carer. A parent/carer sleeping in the ward overnight must be logged.
- Bed allocation involves critical decision making to provide a safe environment.
- Staff also need to use their judgement in relation to individual situations and circumstances, and escalate to their manager when issues arise that do not seem to fit within this policy

This policy should be read in conjunction with the following policies:

- NSW Ministry of Health Policy Directive PD2010_033 [Safety and security of children and adolescents in NSW acute health facilities](#);
- NSW Ministry of Health Policy Directive PD 2013_007 Child Wellbeing and Child protection policies and procedures
- NSW Ministry of Health Policy Directive PD2015_018 [Same Gender Accommodation](#);
- [Disaster Response Plan - CHW](#);
- [Disaster Response Plan - SCH](#);
- [Controlled Hospital Access - CHW](#)

Note: for the purposes of this document, the terms parent / carer / guardian will be referred to hereafter as 'parent'.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January 2017	Review Period: 3 years
Team Leader:	NM Medical [CHW] & Social Worker CPU [SCH]	Area/Dept: Nursing & Midwifery

CHANGE SUMMARY

- This policy incorporates the following documents and is a network-wide document:
 - CHW Age & Gender Bed Allocation
 - SCH Co-Location of Adults with Children
 - SCH Visiting Hours

READ ACKNOWLEDGEMENT

- All staff in direct patient care are required to read and acknowledge they understand the contents of this document.
- Staff working in all other areas should be aware of the document.

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Introduction

The Sydney Children's Hospital's Network (SCHN) is committed to providing safe, high quality and family centred care for all children and families to whom we provide services. It is also important to recognise that children in hospital are particularly vulnerable and diligence is required by all staff to ensure their safety and wellbeing. Reasonable steps must be taken to ensure our patients are not harmed, or placed at risk of harm from other patients, staff and/or visitors. Such harm may be physical, psychological or sexual and may be intentional or caused unintentionally.

Parents play an integral role in a child's life and this continues whilst a child is in hospital. Parents are free to be with their child at all times, except:

- in some emergency situations; or
- by Court Order; or
- where it is deemed to be contrary to the best clinical interests of that patient, or other patients,

Contact details

If staff are concerned a patient may be at risk, please contact the most appropriate person/s:

- Discuss with Nursing Unit Manager/Nurse Manager, clinical team or After Hours Nurse Manager
- Child Protection Services: after hours contact Switch and ask to speak to the on call person. A Mandatory Reporter Guide is to be completed and a report to the Department of Community Services if required.
- Security: CHW ext 52000 or SCH ext 22847
- Social Work: CHW ext 52641/52642 or SCH ext 21021, or page on call via switch
- The Medico-Legal Manager in Clinical Governance.
- The Director of Clinical Governance

NSW Health mandates ([PD2010_033](#)) that all hospitals designate 'paediatric safe beds' to ensure the safety and wellbeing of infants and children in hospitals. CHW and SCH are tertiary paediatric healthcare facilities where all beds are considered to be 'paediatric safe beds'.

On admission, parents are required to indicate the next of kin and their relationship to the child. If staff are made aware of child custodial arrangements or Apprehended Violence Orders (AVO) it must be documented in the patient's notes. Copies of appropriate documents (e.g. court orders). should also be requested from the parent(s) and once supplied, these should be provided to HIU for immediate scanning into the patient's eMR

Note: for the purposes of this document, the terms parent / carer / guardian will be referred to hereafter as 'parent'.

Safety for children in hospital – governing principles

- To allow easy observation of patients curtains are pulled back unless clinically required.
- Photographing of patients is **only** permitted (i.e. by staff, sponsors/donors or other visitors) when appropriate prior consent is obtained. Refer to:
 - [SCHN Clinical Images/Photography \(non-forensic\) Policy](#)
 - [SCHN Photography, Film and Video Recording for Media, Promotional, Fundraising or Social Events](#)
- Patient confidentiality [refer to the [Privacy Manual](#) for more details]:
 - Only patient stickers that list name and MRN number should be used on documents in public view (e.g. medical notes).
 - Patient identification bands are to identify no more than the child's name, medical record number, date of birth and doctor. Red patient identification bands alert staff if the patient has an allergy.
- Social media: Refer to the [SCHN Social Media Policy](#) for details.

Patient Allocation

- The Bed Manager or After Hours Nurse Manager (AHNM) is responsible for allocating patients to wards. The NUM/NM or Team Leader of the shift is responsible for bed allocation within the ward. Every attempt should be made to allocate beds in a manner sensitive to the patient and family's wellbeing, however, clinical care and patient safety must be the determinant.
- Factors to be considered when making the decision to allocate a patient to a bed:
 - **Clinical diagnosis** (overriding priority): Acuity; level of supervision and/or observation required.
 - **Availability of monitoring equipment**: for example telemetry patients can only be admitted to the appropriate beds in CT Ward (CHW), or C2S (SCH).
 - **Sensitivity to family and patient needs**: for example the dying patient; upsetting information just been given
 - **Infectious status**: need for isolation or cohorting of like infectious patients.
 - **Equipment needs of the patient**: for example, wheelchair access and hoists.
 - **Age and gender**: all attempts should be made to place children together of a similar age/emotional maturity and gender in the first instance, however this will also be influenced if parents are staying overnight in the room. Refer to NSW MoH Policy Directive [Same Gender Accommodation](#) [PD2015_018].
 - **Cultural needs**: all effort should be made to accommodate specific cultural needs.
 - **Noise and activity** of the patient.

Management of Outlier Patients

Patients with similar conditions are usually cohorted with most patients being admitted to a ward that specialises in the patient's diagnosis. There are occasions where admission to a speciality ward is not available, or appropriate.

When caring for 'outlier' patients, staff may need to consider their scope of practice and clinical competence and discuss any concerns with the Nursing Unit Manager/ Team Leader/ After Hours Nurse Manager.

Points to Consider:

- Staff skill mix and clinical competency.
- The administration of some medications requires nursing staff to be competency assessed (e.g. Cytotoxic)
- The administration of some medications are restricted to be administered only in certain wards (e.g. potassium, Midazolam infusions)
- Seclusion is only to be practiced in designated seclusion rooms.

Overnight Stay and the Parent/Carer Register

Parents are encouraged to stay overnight on a ward however, as space is limited, there is room for only one parent to stay with a child on the ward. Siblings are not permitted to stay except for breastfeeding infants. SCHN is unable to provide food, nappies, clothing or bottles for children who are not patients.

If a person other than a parent intends to stay overnight, written authorisation must first be received from the parent. This must be documented in the patient's notes and the identity of the person must be documented in the Parent Register.

The person staying overnight must be over the age of 16 years and preferably be a family member, or close family friend. 'Boyfriends' or 'girlfriends' of patients are not permitted to stay overnight,

Unaccompanied children: Where a patient's parent/carer is staying overnight and the other patient in the room is unaccompanied, alternative solutions should be considered for that parent. All parents/carers must be informed of ward accommodation arrangements.

SCHN reserves the right to withdraw permission of a parent/carer to stay overnight if any patient is at risk of harm.

The Register is used to record details of a patient's parent who is staying on the ward overnight..

The identification (ID) of a parent staying overnight must be verified in the first instance and noted in the register: Photo ID is preferred. If a child is admitted for longer than 48 hours, parents need only show their ID initially and again if they are not known to the nursing staff on subsequent shifts.

In the occurrence of a hospital incident which requires the ward to be evacuated, the register should be taken to ensure that all parents at the bedside are accounted for.

The Parent Register sheet must be retained for a minimum period of 7 years after the last date of entry or action, and then it should be scanned for electronic retention, before the hard copy is destroyed.

Risk of Harm

Occasions may arise during a hospital visit when a person [parent, staff or otherwise] may pose a risk to a patient or another child in the ward.

All staff should maintain a high level of vigilance and take appropriate action/intervention if a potential risk of harm has been identified.

Child **sexual, physical or psychological abuse** may continue whilst the patient is in hospital.

A child living with **domestic violence** may continue to be exposed to harm whilst in hospital.

All staff are '**mandatory reporters**' and need to clearly understand the legal obligations and responsibilities towards children, adolescents and the parents.

- If any staff member suspects a child may be at risk of harm, careful observations should be made and documented and appropriate referrals made, including reporting to the Department of Family and Community Services.
- Where there are reasonable grounds to suspect risk of harm staff should consult the [Mandatory Reporter Guide](#) and report to the Department of Family and Community Services if required.
- The Child Protection Services should be consulted as soon as practicable.
- For more information, refer to SCHN policies:
 - [Child Wellbeing and Child Protection](#)
 - [Domestic Violence: Identifying and Responding](#)
 - [Child Protection Unit \(CPU\) and Referrals - CHW](#)
 - [Child Related Allegations, Charges and Convictions against an Employee](#)

Parent Rights and Responsibilities

The "[Your Rights and Responsibilities \(adults\)](#)" brochure outlines the rights and responsibilities of parents and the expectation that parents are to respect the privacy of other families. Parents are to provide care for their child only and must not involve themselves with other patients or their families.

All parents shall be orientated to the ward/unit including their responsibilities whilst staying by the bedside overnight.

Visitors

Family and Friends

- Access to ward areas shall be limited to approved family and friends.
- Unidentified person/s should be challenged by staff regarding their presence. If suspicious behaviour is observed, do not approach the person(s) but contact Security immediately.

Media

- Members of the Media must be accompanied by a Public Relations Officer at all times while on Hospital premises and have approval to be on site.
- Any staff member who identifies unaccompanied members of the Media should contact Security to move them off site immediately.
- Refer to:
- [SCHN Media Activity And Public Relations Policy](#)
- [SCHN Social Media Policy](#)

Third Party visitors

- All visitors who are sponsors or donors of the Hospital must be accompanied by a Fundraising / Public Relations representative or delegate throughout their visit.
- Refer to [SCHN Third Party Access to SCHN Hospitals and Code of Conduct Policy](#).

Police

- Refer to [Police Enquiries and Access to SCHN Patients Policy](#).

Visiting Times and Security

- Visiting hours apply to all visitors and are from 10am to 8pm on most wards. This is to:
 - maintain the safety of the patients, their families and staff
 - ensure patients have adequate rest time which is important in the child's recovery
 - maintain awareness of who is in the wards, particularly after hours
- Public access to the hospital *after hours* is restricted via the Emergency Department (SCH) or Main Entrance (CHW).
- An adult should always accompany a child (under age of 14) visiting patients.
- All staff on wards are responsible for ensuring visiting hours and numbers of visitors are adhered to.
- The Emergency Department and Children's Intensive Care Unit at SCH and the Emergency Department, Grace Centre for Newborn Care and Paediatric Intensive Care Unit at CHW all have restricted access.

- All ward areas restrict access overnight from 10pm to 8am and they can restrict access for child protection issues 24 hours a day 7 days per week.
- Restricted access is not to be confused as “Lockdown” or “Lock up”.
- “Lockdown” is defined as “the procedures used when a facility continues to provide clinical care but significantly restricts access into the building(s) or part of a building for the duration of an ‘incident’.”
- “Lock up” is defined as the extension of lockdown when the hospital restricts entry and exit and continues to operate.

Wards

- Visitors at the bedside are to be kept to a minimum (i.e. parents plus 2 persons in a ward area).
- Immediately prior to the finish of visiting hours staff should facilitate all other visitors to exit the ward.
- A total of 2 visitors including parents in high acuity areas. Visitors above the number allowed may utilise nearby waiting areas.
- All other persons wishing to enter or exit the unit/ward outside of visiting hours must have prior permission to do so by staff.
- The clinical requirements of the patient may affect the number of visitors permitted.
- Only ‘well’ visitors should visit patients. To protect the patient, clinical staff should encourage visitors who are unwell to return to visit when they are better.
- Strict hand washing policy is applicable.
- Special consideration should be given for a child who is receiving end of life care.

Temporary Leave from the Ward – short periods of time

- If clinically stable, parents may take their child from the ward for walks within hospital grounds etc. following discussion with the nurse looking after the patient on that shift.

Temporary leave from the Ward – extended periods of time

Refer to [SCHN Admitted Patient Leave Policy](#)

Discharge from the Ward – Security Issues

Permission is required from the Admitting Medical Officer (or delegate) and with agreement of the multidisciplinary team and confirmed with parents when discharge is to occur.

Procedure

Note: If permission to discharge is not received and the parent wishes to withdraw from SCHN against medical advice, this must be documented in the patient's medical record. If there are concerns that discharge may cause risk of harm to the child, staff should liaise with Social Work/Child Protection Service, Admitting team and Ward Manager/After Hours Nurse Manager.

- If the person collecting the patient is someone other than the parent, staff must receive consent (written or verbal) from the parent and document in the patient's notes. Proof of identification (& age if appears to be an adolescent) must also be sighted and documented by ward staff before the patient can be discharged. Patients can only be discharge to the care of adults (> 18 years).
- If there is no appropriate adult to receive the discharged child, refer the matter to Social Work.

NSW Health requirements

- Frontline health workers should read "**Respecting Patient Privacy and Dignity in NSW Health: 8 ways to make a difference**" booklet:
<http://www.health.nsw.gov.au/Performance/Publications/ct-8ways-booklet.pdf>
- Ward NUMs are to periodically complete "**Respecting Patient Privacy and Dignity in NSW Health Survey**" to monitor compliance:
http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_005.pdf#page=14

References

1. NSW Health PD2010_033 "Children and Adolescents - Safety and Security in NSW Acute Health Facilities": http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_033.pdf (accessed June 2015)
2. NSW Health PD2010_032 "Children and Adolescents - Admission to Services Designated Level 1-3 Paediatric Medicine & Surgery": http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_032.pdf (accessed June 2015)
3. NSW Health PD2010_034 "Children and Adolescents - Guidelines for Care in Acute Care Settings": http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_034.pdf (accessed June 2015)