



Supervision and movement of inpatients across RCH and access to inpatient areas

Overview/procedure description

The Royal Children's Hospital (RCH) Melbourne aims to provide and maintain an environment that is safe for all patients, families, staff, visitors and volunteers. All admitted children in hospital are particularly vulnerable therefore diligence is required by all staff to ensure their safety and well-being. 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 and/or sexual and may be intentional or caused unintentionally. RCH staff are responsible for the supervision of all children and adolescents under their care.

Related Policy

- [Security - The Royal Children's Hospital](#)
- [Volunteers - Visiting Volunteer Program](#)
- [Vulnerable Children](#)
- [Vulnerable Children - Children on Interim Accommodation Orders placed in the care of the RCH](#)
- [Vulnerable Children - Management of Known Sex Offenders at RCH](#)
- [Vulnerable Children - RCH Procedure for Suspected Child Abuse](#)
- [Vulnerable Children - Responding to Intervention Orders at RCH](#)
- [Patient Identification](#)
- [Medical Emergency Procedure](#)
- [Nursing Handover](#)

Definition of Terms

Carer- someone other than the parent that has direct supervision of the patient, this would include a foster parent, a carer approved by the Department of Health and Human Services (DHHS) or a family member looking after the patient in the absence of a parent or guardian by agreement with the parent or guardian.

In some situations the parent is not the child's carer e.g. where an Intervention Order, Family Law Court Order or Children's Court Order prevents contact between the child and parent. In such cases 'Carer' refers to the custodial parent, not biological parent.

Unaccompanied- a child or adolescent leaving the ward without the supervision of an adult, whether they are a parent or carer as defined above.

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RCH escort – an RCH health care professional, allied health care assistant, RCH support services staff or RCH Volunteer accompanying patient.

Procedure details

ADMISSION REQUIREMENTS

- On admission, parents/carers are required to clearly indicate to the hospital all of the legal guardians or other persons who have guardianship status of the patient and staff must document this in the medical record.
- Parents/carers are not considered to be a 'visitor' and have 24 hour access to their child unless the child's management plan restricts parental access or there are documented restrictions (e.g. Intervention Orders) have been provided to the hospital (refer Vulnerable Children - Responding to Intervention Orders at RCH).
- Staff must discuss the supervision of admitted children with parents/carers on admission, highlighting the importance of notifying staff when they will be leaving their child unattended.
- On admission, staff must highlight to parents/carers that they are not to touch, pick up, settle or attend to children other than their own. Parents/carers are not to enter the room of other patients, unless invited by the child's parent/carer who remain present during any visit.

ACCESS TO INPATIENT UNITS

- Access to ward areas or treating departments shall be limited to family and patient visitors.\
 - Unidentified person/s will be challenged by staff regarding their presence. If suspicious behaviour is observed, do not approach the person(s) but contact Security immediately on x59489. Staff are to record the event in the Victorian HEALTH Incident Management System (VHIMS) and notify the NUM/HOD/AUM/Nursing Hospital Manager.
 - Visitors attending in a work/professional capacity must be in possession of a Visitors Identification badge, issued by Security. Any staff member who identifies these visitors without a badge should ask the visitor to leave the ward immediately and contact Security on x59489. Staff should then record the event in VHIM as well as notifying the NUM/HOD/AUM/Nursing Hospital Manager.
 - Staff should refer to the 'Visiting Volunteers' timetable within their department to identify volunteer schedules.
 - All official visitors must be accompanied by a RCH Corporate Communications representative or delegate throughout their visit.
 - No person is permitted to enter patient rooms without valid cause / purpose.

AFTER HOURS ACCESS TO INPATIENT UNITS

- Inpatient wards are locked overnight between 8.00 PM and 7.00 AM. Access to Wards overnight should be limited to parents/carers and staff. Immediately prior to the finish of visiting hours staff should facilitate all other visitors to exit the ward. Staff are to notify the Nursing Hospital Manager if any issues arise with visitors refusing to leave.
- Inpatients and their parents/carers are provided with visitor cards for after-hours access to areas such as parent accommodation and the laundry.
- Each ward is to document the issue and return of visitor cards, and notify the NUM/HOD/AUM/Nursing Hospital Manager of any discrepancies in reconciliation.

SUPERVISION OF PATIENTS ON INPATIENT UNITS

- RCH staff must remain vigilant to the potential behaviours of concern of all admitted patients, who may pose a risk to other patients. Age, gender, developmental stages and clinical history may all affect the bed allocation, supervision/staffing and management plans of particular patients. Staff who identify behaviours of concern in the patient population should document these behaviours, and notify their

NUM/HOD/AUM/Nursing Hospital Manager as well as recording the event in VHIMS.

- Parents/carers are regarded as an integral part of the team and a primary carer. However, it should be acknowledged that some parents/carers/visitors of a child in hospital may pose a risk to their own child or other children in the ward. Sexual, physical or psychological abuse may continue in hospital if it occurs elsewhere. Staff must be vigilant to the potential for these risks and report all concerns to their NUM/HOD/AUM/Nursing Hospital Manager. Staff must adhere to legislative requirements under the Children Youth and Families Act 2005 and The Crimes Act 1958 (as amended by The Crimes Amendment (Protection of Children) Act 2014) regarding mandatory reporting (refer Vulnerable Children - RCH Procedure for Suspected Child Abuse).
- Nursing staff must remain aware of their patient's whereabouts at all times.
- As part of hourly rounding, nursing staff should document the sighting of patients.
- Prior to any movement from a ward or department, the staff member removing the child from the ward must ensure that every patient is wearing an identification band.

PATIENT MOVEMENTS BETWEEN DEPARTMENTS WITHIN RCH

- All patients being transported to other wards/departments must be clinically assessed prior to leaving the ward area to ensure:
 - They are in a stable condition;
 - Are not at risk of suffering an adverse event either during transport or whilst in another department.
- If a patient is considered medically unstable, the health professional must liaise with a medical officer regarding the appropriateness of the child leaving the ward area and an appropriate RCH escort arranged.
- All patients must be escorted by a staff member, parent or carer between departments.
- A verbal and written handover between health professionals must occur at the destination department when the patient has an RCH escort. The receiving health professional remains responsible for the unaccompanied patient's supervision until returned to their treating department, where a handover occurs again.
- When a patient leaves an inpatient unit for therapies or procedures, staff must document the patient's whereabouts in the medical record and on the whiteboard in the patient's room.
- If patients insist on moving between departments unaccompanied:
 - Risks and safety concerns should be discussed to discourage them from leaving
 - An RCH escort will be offered
 - Advise NUM or Nursing Hospital Manager and the event must be documented in the medical record

PATIENT MOVEMENTS AROUND RCH

- All patients leaving wards or departments must be clinically assessed prior to leaving the area to ensure:
 - They are in a stable condition
 - Are not at risk of suffering an adverse event.
- Only parents/carers may take children from the treating department, unless parents/carers have given permission for an alternate person. This should be clearly documented in the Medical Record and In the 'Family and Carers' section of the Patient Care Plan each shift.
- Parents/carers taking their child from a treating department must demonstrate an understanding of areas which include an RCH medical response. All inpatients should stay within 50 Flemington Road (RCH).
- If patients insist on leaving the treating department unaccompanied:
- Risks and safety concerns should be discussed to discourage them from leaving;

- An RCH escort will be offered.
- Patients under the age of 16 years who leave the treating department unaccompanied after advice not to do so, will have their parent/carers notified and the incident documented in the medical record. The NUM or Nursing Hospital Manager is to be advised and staff are to record the incident in VHIMS.
- Patients over the age of 16 years who leave the treating department unaccompanied after advice not to do so will have; advise the NUM or Nursing Hospital Manager, the event documented in the medical record and a social work referral for ongoing management.

DISCHARGE REQUIREMENTS

- All patients, regardless of age, require appropriate risk assessment and appropriate measures should be put in place in relation to their discharge and journey home.
- When a child is discharged from the facility, it must be into the care of the custodial parents or carer unless written permission is received of an alternate person prior to the event. Formal permission and identification must be sighted before the child leaves the facility. Documentation of discharge details, including date, time and the person to whom the patient was discharged, must be documented in the medical record.
- Patients over 16 years of age may be discharged unaccompanied, appropriate measures must be put in place for the patient's discharge and which require the parent/carer being consulted.

Additional Note: Where adolescents over the age of 16 years request that their parents/carers are not informed of their hospitalisation. Social work must be notified and involved with the request documented in the Medical Record. It is imperative that vigilance is taken to ensure the patient is discharged with the appropriate education, support and equipment.

References

1. Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services (2006) Department of Human Services, Victorian Government, Australia.
2. EQiP National: Standard 1. Governance for safety and quality in health service organisations
3. Admitted Patient Leave policy (July 2011), Children's Hospital, Westmead, NSW.
4. Unaccompanied Hospitalized Children: A Review of the Literature and Incidence Study, Journal of Pediatric Nursing Volume 25, Issue 6, December 2010, Pages 470–476.
5. **Children, Youth and Families Act 2005. Government of Victoria**
6. **The Crimes Amendment (Protection of Children) 2014. Government of Victoria.**
7. Vulnerable Children – RCH Procedures for Suspected Child Abuse.

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