



Australasian College
for Emergency Medicine

Hospital Emergency Department Services for Children and Young People

V3 P11

Document Review

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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	Jan 1996	Approved by Council
V2	Nov 2019	Reviewed and approved
V3	Apr 2025	Reviewed and following changes made: <ul style="list-style-type: none">• Additional terminology and references• Linkages to policies, standards and clinical guidelines• Additional content based on updated standards and guidelines

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1. Purpose and scope

This document establishes minimum standards for the provision of services to children and young people attending emergency departments (EDs) in Australia and Aotearoa New Zealand.

Children and young people attending EDs have special requirements. It is the responsibility of hospitals to provide suitable facilities and staffing to ensure they receive a standard of care that is child-safe, child-friendly and child-aware.

ACEM supports the principle that distinct areas of the ED should be specifically designed, staffed and equipped to treat children and young people, and accommodate their family/carers.

2. Terminology

ACEM/the College

The Australasian College for Emergency Medicine.

Paediatric Emergency Medicine (PEM)

The sub-specialty of emergency medicine concerned with the short-term and emergency treatment of children.

PEM Specialist

A Fellow of the Australasian College for Emergency Medicine (ACEM) or the Royal Australasian College of Physicians (RACP) Paediatrics Division who has been awarded completion of, or granted equivalence to, Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion or Equivalent by the Committee for Joint College Training (CJCT) in Paediatric Emergency Medicine.

Child

The Convention on the Rights of the Child defines a child as any person under the age of eighteen (18) years.¹ When a health service organisation applies legislative or regulatory requirements, the definition used in the relevant act or regulation must be applied.²

Young Person / Youth

The United Nations defines 'youth' as between the ages of 15 and 24 years. Youth can be further divided into teenagers between 13-19 and young adults 20-24.³

Clinical Governance

A set of relationships and responsibilities established by a health service organisation between its department of health, governing body, executive, workforce, patients and consumers, and other stakeholders to deliver safe and high-quality care.²

3. Policy

The medical and psychosocial needs of children and young people are distinct from those of adults. This should be reflected in healthcare provision.

In providing high quality care to children and young people, EDs must have specifically trained staff, as well as equipment, supplies and medication that are appropriate to patients of all ages.

ACEM supports the overarching principles outlined in the Children's Healthcare Australasia Charter on the Rights of the Child.⁴ All children and young people have the right:

- to their best interests being held as the primary concern of all involved in their healthcare
- to express their views, be heard and be taken seriously

¹ Assembly UG. Convention on the Rights of the Child. United Nations, Treaty Series. 1989 Nov 20;1577(3):1-23.

² Australian Commission on Safety and Quality in Health Care. NSQHS Standards. User guide for acute and community health service organisations that provide care for children. 2018.

³ United Nations. World Program of Action for Youth. 1995. Division for Inclusive Social Development.

⁴ Children's Hospitals Australasia. Charter on The Rights of Children and Young People in Healthcare Services in Australia. 2010.

- to have family relationships supported by the service in which they are receiving healthcare
- to be involved in decision making about their own health.⁵

EDs must ensure children, young people and their whānau, family and carers are treated in a culturally appropriate and sensitive manner. Interpreters must be used where there is a language barrier. Support can be provided by First Nations Health Officers/Aboriginal Hospital Officers/Liaisons/Māori Health Kaimahi where possible. Refer to the following ACEM statements for further guidance:

- *Statement on Māori Health Equity (S913)*
- *Statement on the Health Equity for Aboriginal and Torres Strait Islander People (S52)*
- *Statement on Indigenous Health Liaison Officers and Interpreters (S785)*.

Hospitals can be confronting place for a child or young person and their family/carers. ED design should accord with the specific physical, emotional and social needs of children and young people, and enable both comfort and supervision at all times.

Open communication with children and young people and their family/carers around treatment options instils a sense of control and supports informed consent. ED staff must use clear language, double-check that they are being understood, and instruct family/carers clearly in delivering ongoing healthcare.⁶

This policy should be read alongside the ACEM Position Statement on Paediatric Clinical Leads in Emergency Departments.

4. Standards and Guidelines

4.1 Quality Standards

Clinical governance systems must ensure that those caring for children and young people are accountable to the community for the delivery of health services that are safe, effective, high quality and continuously improving. ACEM endorses the National Safety and Quality Health Service (NSQHS) User Guide for Acute and Community Health Service Organisations that Provide Care for Children.⁷ In Aotearoa New Zealand, Te Tāhū Hauora Health Quality & Safety Commission provide a broad range of information and resources to improve quality and safety.

The ACEM Quality Standard 1.8 (*Special Consideration for Particular Groups of Patients*) defines care that marginalised, vulnerable and high-risk patients should receive with respect to environment, equipment and ED team skills.⁸

4.2 Clinical Guidelines

The ED workforce must have access to guidelines on the assessment and treatment of specific paediatric conditions.

ACEM advocates for the development of national paediatric clinical guidelines and decision support tools that ensure best practice care is available and standardised at the point of care, wherever emergency treatment is provided to children and young people.

- Staff in EDs should have access to decision support tools such as age-specific observation charts that assist in correct medication dosing, equipment sizing, and providing clinical pathways for paediatric illness and injury.
- While paediatric drug doses should be included in guidelines, access to a paediatric pharmacopeia must be provided.
- Patients should have convenient access to information on major paediatric conditions. Health information should be in plain language, use diagrams as appropriate, and be translated into languages relevant for the ED patient population.
- All EDs that treat children and young people, but do not have in-house paediatric and neonatal

⁵ Royal Australian College of Physicians. Standards for the Care of Children and Adolescents in Health Services. 2008. Sydney: RACP

⁶ International Federation for Emergency Medicine. Paediatric Emergency Special Interest Group: Standards of Care for Children in Emergency Departments. 2019. Melbourne: International Federation for Emergency Medicine

⁷ Australian Commission on Safety and Quality in Health Care. NSQHS Standards. User guide for acute and community health service organisations that provide care for children. 2018. Sydney: Australian Commission on Safety and Quality in Health Care

⁸ Australasian College for Emergency Medicine. Quality Standards for Emergency Departments and Hospital-based Emergency Care Services. 2018.

intensive care facilities, must be able to consult with and must have timely access to appropriate retrieval services for transfer of patients to specialist paediatric centres. EDs must have clear, written guidelines for transfer criteria and agreed mechanisms for timely and expert transfer.

- EDs must provide a mechanism for children and young people and their families/carers to provide feedback to improve the quality of healthcare services.

4.3 Legal Considerations

ED staff must be aware of legal principles around working with children and comply with any mandatory requirements, notifications and disclosures.⁹

ED staff should be aware of relevant mental health legislation and how this applies to children and young people with/without capacity.

The ACEM policy *Child at Risk (P37)* outlines issues of awareness, detection and management in the ED of children at risk of abuse and neglect. It is vital that ED clinicians understand requirements on mandatory reporting of suspected child abuse and/or neglect in their jurisdiction.¹⁰

5. Design and Environment

Good design should be fundamental to all EDs in Australia and Aotearoa New Zealand regardless of location or size. The ED must be an environment in which children and young people are safe and receive care that meets their physical, mental and psychosocial needs. In the design of EDs, hospitals must consider the needs of children as distinct from those of adults. The following principles should be considered:

- The separation of children from adult patients is optimal. Ideally children should be kept separate (physically, acoustically and visually) from adult patients in the ED, by the creation of dedicated paediatric waiting and treatment areas.
- The areas dedicated for use by children should be clearly designated and furnished in a manner that is comfortable and reassuring for patients and their family/carers, with suitable play facilities.
- The paediatric areas must be easily observable at all times by clinical staff.
- The design of consulting and treatment areas must enable families/carers to remain with the child or young person. Family/carer presence is encouraged throughout all aspects of ED care.
- Treatment rooms should be easily accessible from the waiting areas and protect children from disturbing sounds or sights in the ED.
- The resuscitation room must be fully equipped to manage all types of paediatric emergencies. Mobile paediatric resuscitation trolleys should be easily accessible.
- Adequate space should be available for children/families in crisis, including a private room enabling supervision by emergency staff.
- Dedicated space for the assessment of paediatric patients with mental health conditions is desirable.
- Spaces for children and their families/carers must be culturally safe and appropriate.

Refer to the Australasian Health Facility Guidelines (*HPU 300 Emergency Unit*) for further information regarding design of ED and for the schedule of accommodation with respect to dedicated paediatric zones (AX.01 Schedule of Accommodation).¹¹

6. Equipment

Every ED must have 24-hour access to equipment, supplies and medications for the assessment and treatment of acutely ill or injured children of all ages. Equipment must comply with relevant national and international safety standards and be designed to meet children's needs, including size and developmental

⁹ International Federation for Emergency Medicine. High Quality Emergency Care for Children Optimal Global Care of Children in Acute Care Settings White Paper from the Paediatric Emergency Medicine Special Interest Group of IFEM. 2023. Melbourne: International Federation for Emergency Medicine

¹⁰ Australasian College for Emergency Medicine. P37 Child at risk. 2024. Melbourne: ACEM.

¹¹ Australasian Health Infrastructure Alliance. Australasian Health Facility Guidelines. HPU 300 Emergency Unit. 2019.

age.

7. Staffing

For an ED to be child-safe, child-friendly and child-aware, the workforce needs specific knowledge, skills and expertise in child health and wellbeing, growth and development, and must work in partnership with children and their families/carers.

All ED staff (including non-clinical) must be trained and empowered to alert colleagues to the arrival of a seriously ill child.

All ED clinical staff should be competent in recognising deterioration in a child's condition and in providing basic paediatric life support and resuscitation.

Clinical staff should receive training on child and family-centred clinical care and communication styles that suit age and stage of development.¹² Early career medical staff and trainees must be involved in an ongoing teaching program in paediatric emergency medicine.

7.1 Nursing Staff

See *S12 Statement on the Role Delineation of Emergency Departments and Other Hospital-based Emergency Care Services* (ACEM).

7.2 Triage

In Australia and Aotearoa New Zealand, triage is carried out by staff members, usually nurses, who are specifically trained in that skill. All staff members in a triage role must be trained and competent in triaging children and young people.

The Emergency Triage Education Kit (ETEK) a binationally recognised educational resource to prepare healthcare workers for the triage role and to promote the consistent application of the Australasian Triage Scale (ATS).¹³ The ETEK provides specific guidance on applying the ATS to the treatment of children and young people.

Refer to the ACEM *Policy on Australasian Triage Scale (P06)* and *Guidelines for Implementation of the Australasian Triage Scale (G24)* for more information.

8. Ancillary Services

S12 Statement on the Role Delineation of Emergency Departments and Other Hospital-based Emergency Care Services (ACEM) provides a comprehensive description of the paediatric capabilities expected across EDs and smaller hospital-based emergency care centres.

9. Related Documents

Australasian College for Emergency Medicine. *Child at risk (P37)*. 2024. Melbourne: ACEM.

Australasian College for Emergency Medicine. *Guidelines for implementation of the Australasian Triage Scale (G24)*. 2023. Melbourne: ACEM.

Australasian College for Emergency Medicine. *Policy on Australasian Triage Scale (P06)*. 2023. Melbourne: ACEM.

Australasian College for Emergency Medicine. *Quality Standards for Emergency Departments and Hospital-based Emergency Care Services*. 2023. Melbourne: ACEM.

Australasian College for Emergency Medicine. *Statement on the Health Equity for Aboriginal and Torres Strait Islander People (S52)*. 2024. Melbourne: ACEM.

¹² International Federation for Emergency Medicine. *High Quality Emergency Care for Children Optimal Global Care of Children in Acute Care Settings White Paper from the Paediatric Emergency Medicine Special Interest Group of IFEM*. 2023. Melbourne: International Federation for Emergency Medicine

¹³ Australian Commission on Safety and Quality in Health Care. *Emergency Triage Education Kit (ETEK)*. 2024. Canberra: Australian Commission on Safety and Quality in Health Care.

Australasian College for Emergency Medicine. Statement on Indigenous Health Liaison Officers and Interpreters (S785). 2020. Melbourne: ACEM.

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Australasian College for Emergency Medicine. Position Statement on Paediatric Clinical Lead in Emergency Departments (S935). 2025. Melbourne: ACEM.

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