Policy Risk Rating (15)

"Children may be able to give consent to medical procedures where they are either over a statutory age (fourteen to sixteen depending on the jurisdiction), or, of sufficient maturity that they are able to comprehend the procedure and give informed consent.
Children below the age of ten are unable to be charged with a criminal offense and children between the ages of ten to fourteen have a refutable presumption that they are incapable of forming the necessary criminal intent for an offense" Children's Rights Australian.
Our organisation is strive to be a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.

At Specialist Surgicentre, our Board of Management has a commitment to child safety and is demonstrated by:

- All persons, cultural requirements and desires, ethnicity, religion, gender or preference will be treated equally and respectfully.
- All staff who are in contact with a child will have a current working with children's card and kept on file.
- Zero tolerance of racism.
- Zero tolerance for child abuse
- Actively works to listen to and empower children
- Has systems to protect children from abuse, and will take all allegations and concerns very seriously and responds t them consistently in line with our policies and procedures
- Is committed to promoting cultural safety for all children be they, Aboriginal, culturally or linguistically diverse, and provide a safe environment for children with disability.

This is assigned to:

- BOM
- All staff

There are 11 Child Safe Standards

- Standard 1: Culturally safe environment
- Standard 2: Leadership, governance and culture
- Standard 3: Child and student empowerment
- Standard 4: Family Engagement
- Standard 5: Diversity and Equity
- Standard 6: Suitable staff and volunteers
- Standard 7: Child focused complaints processes
- Standard 8: Child Safety knowledge, skills and awareness
- Standard 9 Physical and online environments
- Standard 10: Review of child safety practices
- Standard 11: Implementation of child safety practices

These are all accessed via https://www.vic.gov.au/schools-child-student-empowerment-guidance

Procedure

Paediatric surgery is a subspecialty of surgery involving the surgery of infants, children, adolescents and young adults. It may be elective or non-elective due to injury or illness.

All children are identified at time of booking for surgery.

At time of booking the child, the registration form is completed, and there is a question designed to anticipate whether there will need to be further investigation prior to accepting the booking. If there are parenting/court orders in place, we ask that we have

a copy to ensure the correct person is the guardian for the child on the day of surgery. We ask the parent's/guardians if they will be anticipating a non custodial person to be in attendance on the day, to assist with planning.

Privacy

All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, parents or children, unless there is a risk to someone's safety. We have safeguards and practices in place to ensure any personal information is protected. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it.

Preadmission:

Fast from food for 6 hours. This includes milk. (Or if surgeon has specific request)

Water up to sip til send. No more water than 3ml per kg per hr. (e.g. 18kg is 54 mls per hour)

Discuss the option for premedication (local creams/paracetamol/sedation)

Wear comfortable clothes/pyjamas. Bring a favourite toy or book or ipad.

Check the registration form for any alerts. Follow the preadmission admission form. (F-13-01)

Admission:

Introduce yourself to child and parent/carer

Follow the preadmission admission form (F-13-01)

Explain the equipment prior to use.

Discuss expected process and outcomes

Check allergies, medical alerts any relevant medical history.

Administration of premedication (local creams/paracetamol/sedation**)**

Full ID check and apply arm band to arm. (If neonate, arm bank on leg and matching on parent/carer)

Prepare the documentation for correct age. VICTOR chart.

Patient prepared for OR, and together with parent/carer transferred to OR.

Post-Operative Care:

STAGE ONE

VICTOR (Victorian Child Observation and Response Chart) Age specific

- One child = One Nurse
- Ensure airway is patent and maintained
- RPAO as per the PACU guidelines – 10 minutely unless indicated.
- Observations on Age appropriate VICTOR chart
- Assess wounds, patency of IV devices
- Assess patient's level of comfort and reinforce pain relief

- Check wounds and document in appropriate column.

- Check IV site for signs of infiltration and document in appropriate column
- Score patient for transfer from Stage 1.

STAGE TWO (If child requires, a parent can attend the PACU)

- Reassure child, ensuring that they are comfortable.
- RPAO ½ hourly. and note any changes. Check wounds, PONV Change in conscious state, pain.
- Venous access is secured and patent.
- Pain controlled
- Wounds not bleeding.
- Child is scored at 9 or above, can be transferred home from Facility

Discharge

- Post-operative appointment made.
- Awake and alert. Able to ambulate as per pre-operate state
- IV Cannula removed. IV Site checked for signs of inflammation.
- Post-operative education to parent/carer. Discuss pain relief and last time analgesia was administered.
- Check and care of wounds. Contact details of Surgeon if there are any issues
- Post operative

Risk management

In Victoria, organisations are required to protect children when a risk is identified (see information about failure to protect above). In addition to general occupational health and safety risks, we proactively manage risks of abuse to our children.

We have risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no staff or volunteer is to have contact with a child in organisations on social media).

Allegations, concerns and complaints

Our organisation takes all allegations seriously and has practices in place to investigate thoroughly and quickly. Our staff and volunteers are trained to deal appropriately with allegations.

We work to ensure all children, families, staff and volunteers know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

Legislative responsibilities

Our organisation takes our legal responsibilities seriously, including:

- **Failure to disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the police.
- **Failure to protect:** People of authority in our organisation will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.
- Any personnel who are **mandatory reporters** must comply with their duties.

Mandatory Reporting

We all have a responsibility to report an allegation of abuse if we have a reasonable belief that an incident took p

lace (see information about failure to disclose above).

Regular review

This policy will be reviewed every two years and following significant incidents if they occur. We will ensure that families and children have the opportunity to contribute. Where possible we do our best to work with local Aboriginal communities, culturally and/or linguistically diverse communities and people with a disability.

Consumer satisfaction survey strategy

1. All patients will be handed a patient survey on the post op visit, or on admission and asked to complete the survey. The survey can be handed to staff on discharge or sent via mail. The survey is also available on our website
2. www.specialistsurgicentre.com.au
3. The DON will review the surveys before spread sheeting the results any problems or complaints are reported to the BOM: The DON will generate a IIIR if required and follow up any issues immediately in concert with the CEO.
4. Results are collated by the DON for presentation Board of Management Committee

Monitoring and compliance

Child safe policy and procedure is regularly monitored and audited in order to maintain, compliance with relevant regulatory authorities and best practice standards.

Risk assessment of managing statistics policy and procedure was undertaken initially to establish facility standards. Compliance with the policy standard is monitored through the internal audit schedule and any issues raised are addressed in accordance with IIIR procedure.

Documents and records needed for this procedure, and how are they stored.

Document Title/Form Number	Paper or Electronic	Where are they kept	How long form (years)	Access restrictions	Comments
Quality Manual	P/E	Dropbox	Life of Doc	all	
Staff Files	P/E	Dropbox/Files	Life of Docs	DON/NUM	
Patient Satisfaction Form	P/E	Dropbox\Forms	7 years	DON Reception staff	
Consumer Feedback	P/E	Dropbox\Forms	7 years	All staff	

References

Child safe policy resource two:
https://www.vic.gov.au/schools-culturally-safe-environments-guidance
Victorian child safe standards
Clinical Guidelines (Nursing) RCH Melbourne www.rch.org
Great Ormond Street Hospital for Children Clinical Guidelines www.gosh.nhs.uk
www.wongvakerfaces.org
https://en.wikipedia.org/wiki/Paediatric surgery
National Safety and Quality Health Service Standards V2
Health Services (Private Hospitals and Day Procedure Centres) Regulations 2024
Protecting children – reporing and other legal obligations. https://www2.education.vic.gov.au/pal/protecting-children/policy
Reportable and Notifiable Conduct https://www2.education.vic.gov.au/pal/reportable-notifiable-conduct
Child Well being and Safety Act 2005 (Vic) https://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005