

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	CHILD / YOUNG PERSON ADMISSION TO PAEDIATRIC WARD FOR MENTAL HEALTH SUPPORT	Policy 6.1.2 Protocol 11
MEDICAL RESPONSIBILITY PROTOCOL		

PURPOSE

Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty is committed to an authentic Tiriti partnership with whānau, hapū, iwi and kaupapa Māori partners and accelerating equity for Māori. This and kaupapa Māori partners and accelerating equity for Māori. This includes providing mental health support that is equitable and partners with our iwi and kaupapa Māori partners. Ensuring the safety of service users, staff and the public at all times. This policy provides guidance to staff for the safe management of children and young people, up to the age of their 15th birthday requiring an admission to a Paediatric inpatient unit for mental health support where care cannot be provided in a community setting and / or be safely transferred to the Starship Hospital Child and Family Unit. Patients aged between 15-17 that are deemed too young for the adult mental health inpatient unit are only to be admitted once risk assessed and deemed appropriate for a paediatric environment. Admission of this age group is to be agreed between Paediatrician, Child & Adolescent Mental Health Services (CAMHS), Clinical Nurse Manager (CNM) (within hours) and Duty Nurse Managers (DNM) (after hours).

OBJECTIVES

- To ensure all patients, whānau and staff are safe from any harm.
- To provide a safe environment for these patients and their whānau until patient can be safely discharged into community or transferred to another in-patient service.
- To provide a clear clinical guideline for staff within Te Whatu Ora Hauora a Toi Bay of Plenty to follow.
- To ensure patients, their whānau and staff are provided with the appropriate support to provide the best evidence-based care.
- To ensure equitable mental health outcomes for Māori patients and their whānau

STANDARDS TO BE MET

A Paediatric inpatient unit should only be used until the patient is suitable for discharge or a more appropriate alternative bed becomes available at the Starship Hospital Child Family Unit or at another more appropriate service.

1. Pre Admission Process

- 1.1. If young person is coming via the Emergency Department, allow 2 hours for safety watch and appropriate side room to be organised.
- 1.2. Where admission is required, every attempt is made to provide care in the least restrictive manner e.g. voluntary admission.
- 1.3. Māori clients will be introduced to Te Pare ō Toi, Tauwhiro (Kaupapa Māori Social Workers) and Te Pou Kokiri (Cultural Worker) supports within the hospital as early as possible in the admission and assessment process. After hours, immediate referral of the admission to oncall Toitiaki should be expedited for both Whakatane and Tauranga hospitals.

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Protocol Steward: Paediatric Nurse Educators	Authorised by: Chief Medical Officer	

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1.4. Maternal Infant Child and Adolescent Mental Health Services (MICAMHS), Consult Liaison (14+ year olds & unknown to MICAMHS) or the Mental Health Acute Care Team (Crisis):

- a) The Psychiatrist (Consultant) or the Acute Care team (CRISIS) Consultant seeking admission will speak to the Paediatric Consultant on call for the Paediatric inpatient unit about the need for admission and agree on the timeline for this to occur.
- b) They will chart all the patient's current medication plus any PRN medication that may be required.
- c) Risk assessment of patient needs to be clearly documented in clinical notes
- d) They will complete the admission form (MICAMHS Admission to Paediatric Unit), with the information that they have available to them at that time.
- e) They will advise the patient's family / whānau of the admission. If the Mental Health Act has been used, then this team will advise the patient and their family / whānau of their rights under this process.
- f) They will advise the Paediatric Inpatient Unit what level of "watch" is required, i.e. within arm's reach or within eyesight at all times.
- g) CAMHS will review every 24 hours during admission until discharge.
- h) Daily review of plan of care to be documented in ward notes. If there is no change this is to be documented.
- i) Paediatrician is not responsible for making the plan of care regarding the patient's mental health.

1.5. Paediatric Inpatient Unit

- a) Will liaise with DNM to arrange a "watch" based on the advice of the admitting team i.e. with arms reach or within eyesight at all times.
- b) If possible, have staff who are trained in emotional de-escalation on duty.
- c) DNM or Shift Co-ordinator if outside of Paediatric Unit CNM's hours.
- d) If it is not thought possible to have the young person on the ward safely then a discussion with the responsible Psychiatrist, on-call Consultant Toitiaki from Te Pare ō Toi and either CNM within hours or DNM out of hours occurs to agree the safest option.

2. Admission Process

2.1. A standard paediatric ward admission process is followed

- a) A Registered Nurse (RN), or the MICAMHS team or the Acute Care Team will escort the patient to the Paediatric ward. For Māori patients Pou Kokiri or Tauwhiro will also support this transfer.
- b) Prepare a bed space that meets the patient's presenting needs - see Environment section below.
- c) A RN and Pou Kokiri or Tauwhiro will be identified and responsible for receiving and welcoming the patient and their family / whānau on arrival to the unit, and to complete or co-ordinate the admission procedure.
- d) Family / whānau members or significant others, as identified by the patient are encouraged to stay with the patient throughout the admission process, and one person will be encouraged to stay overnight if deemed appropriate.
- e) Each patient and their whānau are orientated to their surroundings and informed of the intent of the admission.

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- f) Written and verbal information is given to the patient and their family / whānau in respect to their rights while receiving inpatient services.
- g) Access to interpreters is facilitated for patients whose preferred language is not English.
- h) Admission to the inpatient unit is documented in the patient's health record and on the relevant assessment and admission forms.
- i) It is the RN's responsibility to ensure all clinical documentation is completed appropriately and correctly at the end of each shift.
- j) A member of the MICAMHS team is required to review the patient daily and document this in the clinical notes on the ward. Over the weekend this will be the responsibility of the on call Psychiatric Registrar (on call Consultant if in Whakatane).
- k) The patients being admitted will be reviewed by the Paediatric team prior to admission to ward.
- l) The patient will receive daily review from their medical team until medically stable / discharged. Whānau will be updated daily by the medical team.
- m) All Te Whatu Ora Hauora a Toi Bay of Plenty employees involved in the care of these patients are required to document in the clinical notes on the ward.

3. Risk and level of observation

All children or young people requiring mental health care and support will be deemed as high risk and will be classified into either level 1 or 2.

The level of observation is determined by MICAMHS and approved by the Paediatric admitting Registrar, Fellow or Consultant.

3.1. Level 1 - Within arm's reach

- a) The child / young person is at high risk of harming themselves or others and requires to be nursed within close proximity. This level of observation requires the staff member to be within arm's reach of the person at all times for safety purposes.

3.2. Level 2 - Within eyesight

- a) Required when the child / young person could, at any time make an attempt to harm themselves or others. This is for the patient with high risk of suicide, expressing active suicidal intent but where there is less concern about impulsive self-destructive behaviour.
- b) The allocated RN is responsible for providing an adequate handover to the safety watch on each shift which is to be signed off by the Health Care Assistant (HCA) on the [Safe Care Companion Documentation of Shift form \(8103\)](#).

4. Management of emotional dysregulation, suicide / self-harm or harm of others

- 4.1. If patient is found to be actively self-harming or attempting suicide utilise your clinical judgement and call either the staff assist bell, emergency bell or 777.
- 4.2. Try to de-escalate the presenting situation by using the advice outlined in the admission form or other recognised de-escalation techniques. This includes, but is not restricted to calm conversations, sensory supports, medication.

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- 4.3. If the child / young person has an object that they are using to harm themselves or others call 111 and 777 (request Security & Acute Care Team / Crisis Team).
- 4.4. Following the request for help ensure safety of environment and remove any other patients within the room or staff that don't need to be present.
- 4.5. If the risk of harm to staff remains high remove everyone from the room and stay outside the bedroom door ensuring the patient does not exit the room until risk of harm is minimised.
- 4.6. Following these steps liaise with MICAMHS or the Acute Care Team to determine the next steps with an aim to maximise patient and staff safety.
- 4.7. Refer to contact numbers at the end of this document.

5. Environment

- 5.1. A single room can be provided for the child / young person if necessary, otherwise they can be placed in double rooms as appropriate. Careful consideration to be given by Paediatric Unit Co-ordinator.
- 5.2. All items of potential self-harm will be removed from the room e.g. call bell cords, suction tubing and electrical cords etc. These items are to be kept within close proximity to the room in case of an emergency.
- 5.3. The child / young person is not under any circumstances to be placed in a room with another person requiring a safety watch for mental health reasons unless deemed appropriate by MICAMHS and the on-call Paediatrician.
- 5.4. Family / whānau should be informed that to limit the chance of self-harm the following items should not be brought onto the ward for personal use:
 - a) Lighters
 - b) Shoelaces
 - c) Charging cords
 - d) Razors
 - e) Pocket knives
 - f) Scissors
 - g) Sharpeners
 - h) Blades

6. Patient Wanting to Leave

- 6.1. If a patient is wanting to leave the ward prior to official discharge, and is not under the Mental Health Act, regardless of their medical status:
 - a) Encourage patient to stay without escalating situation. Use de-escalation techniques to enable a calm conversation.
 - b) Notify MICAMHS / Acute Care Team immediately for review.
 - c) Contact Senior House Officer (SHO) immediately for review.
 - d) Notify DNM (out of hours) or CNM (0800 -1600 hours).
 - e) Take note of what clothing patient is wearing and request Security to follow patient if patient leaves ward.
 - f) If patient at imminent risk the patient can be detained under section 111 of the Mental Health Act.

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- g) For Māori patients, notify Pou Kokiri or Tauwhiro immediately for support. After hours notify Toitiaki for both Whakatane and Tauranga hospitals.
- h) Immediately notify family / whānau.

6.2. If patient is under the Mental Health Act:

- a) Advise patient that they are required to remain on the ward. Use de-escalation techniques to enable a calm conversation.
- b) Advise that Security and / or the Police will be phoned if they attempt to leave.
- c) Phone Security and / or Police to assist with keeping patient on ward and / or returning patient to ward.
- d) Notify MICAMHS / Acute Care Team and the SHO.
- e) For Māori patients notify Pou Kokiri or Tauwhiro immediately for support
- f) Immediately notify whānau

6.3. CAMHS are responsible for contacting the local DAMHS for any medico-legal concerns regarding these patients.

7. Evaluation

7.1. All patients to be part of the weekly MDT process. MDT can be organised earlier if required and this can be requested by any member of the MDT team.

8. Discharge

- 8.1. If the patient has been medically unstable this needs to be cleared by a Paediatric Consultant.
- 8.2. If patient admission has no medical needs related to it, then this is the MICAMHS Consultant decision.
- 8.3. Plan for follow up for post discharge is established and documented in the clinical notes on ward.
- 8.4. Family and whānau are made aware of any recommendations and plans for discharge.
- 8.5. Return any property / medications prior to discharge.

9. Contact Numbers

9.1. Urgent Matters for emergency support for ward staff while awaiting CAMHS / Acute Care Team (CRISIS) arrival.

- a) Consider 777
- b) **Consult Liaison** - 8853 - on site (0800-1600 hours Monday - Friday)
- c) **Acute Care Team (Crisis)** - 0800 800 508 - (after hours)
- d) **Crisis Whakatane** - 0800 774 545
- e) **Security** - Press duress button under reception desk for immediate attendance of Security and DNM. In Whakatane duress button is located next to the printer in Nurses Station.
- f) **Police** - 111

9.2. Non-Urgent Matters

- a) **MICAMHS** - 579 8380 (0800 – 1630 Monday - Friday)
- b) **Security** - 021 471 1095 or 021 794 956 or ext 8150

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c) **Voyagers (Whakatane)** - 6900 (0800-1630 Monday - Friday)

ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.2 Health Records Management](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 4.1.0 Infection Prevention and Control Management](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Safe Care Companion Documentation of Shift form \(8103\)](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form FM.M25.1 MICAMHS Admission to Paediatric Ward](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.5.1 protocol 1 Interpreters – Guidelines for Use](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form FM.I9.1 Interpreter Service Record](#)

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