

SECTION 11

Accident and Emergency and Outpatient Services

The majority of hospitals have separate wards or areas for treating children, but separate outpatient and Accident and Emergency (A&E) facilities for paediatric patients are much less common (Audit Commission, 1993) and, for many children, these areas are their first contact with the hospital environment. Children admitted to A&E may be apprehensive about the experience, while also feeling pain or discomfort. 'In that environment there is exposure to the less pleasant side of an emergency department, the potential for drunks, violence, people dying, people being in a lot of pain, and distressed relatives. This is even more stressful for children who can't put it into context like adults can, particularly when they're ill themselves. Witnessing other patients bleeding and in extreme pain could have a very profound impact on a child and cause a lasting fear of hospitals' (Andrew, 2004).

Children should not be required to share facilities with adults. Separate waiting areas and treatment rooms for children are preferable (Audit Commission, 1993). It is also desirable that staff in this area be experienced in working with children, which highlights the need for separate outpatient and A&E facilities specifically designed to assess and treat the needs of children. Improved hospital conditions with better play facilities can help reduce the psychological trauma of the hospital experience for children (Sheldon, 1997).

Play facilities

Seating alone is insufficient to sustain a restless child. Waiting times for less urgent cases in A&E, as well as in hospital outpatient clinics, can be long and trying for children and parents. A few hours can seem like a very long time to a small child who has not yet developed an awareness of time. Any facility that caters for paediatric patients must provide children with physically identifiable, protected play areas where materials are displayed and can be actively used (Olds, 1988). Where space is limited, a small area may still be reserved for children-only play.

The admission of a child to hospital is an extremely stressful time for parents and their children (Small, 2002). Preventing stress and minimising the impact of hospitalisation are essential, and the hospital environment should

maximise the benefits and minimise the harm (Johnson, 1992). The circumstances surrounding an emergency admission may mean that parents are anxious and distressed. When children are less anxious, they have an enhanced response to treatment (Acharya, 1992). Less stressed children may reduce the anxiety of parents, thus preventing an escalation of anxiety.

The presence of a play specialist has been demonstrated as being particularly beneficial to both children and the adults accompanying them (Alcock et al., 1985; Ispa, Barret & Kim, 1988; Williams & Powell, 1980). Supervised play programs can be provided by trained volunteers or students, thus incurring minimal cost to the hospital, with great benefits to patients and staff. 'When children were expected to fit in with a system designed for adults their care was inevitably compromised. Children will always come off second best because our services are designed for adults, no matter how well-meaning people are.' (Andrew, 2004)

Survey results

An A&E unit is available in 87.8% of surveyed hospitals. When non-urgent paediatric patients are awaiting treatment in the A&E unit, 41.8% of hospitals have age-appropriate play materials available. A separate paediatric waiting area exists in 11% of hospitals, and 2.5% (five hospitals) have a supervised play program available. Of those with a supervised play program, 80% have qualified childcare staff (four out of five).

Outpatient clinics operate in 59% of hospitals, and 48.6% of these consider that they have appropriate play materials available for all age groups. A supervised play program is available in 7.8% of these clinics, with 87.5% (seven out of eight) having qualified childcare staff.

Section 11 Recommendations

- Segregated paediatric areas, along with other appropriate services that support children and their families attending both emergency and outpatient departments, should be standard
- Play programs conducted by either play specialists or volunteers should be available in both emergency and outpatient departments

