



## CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

# Discharge Against Medical Advice

This document should be read in conjunction with the [Disclaimer](#)

In a situation where the mother or father wish to take an infant home and medical concerns exist which may result in harm to the infant, take the following steps:

- Consult with the Neonatologist. They will make an assessment regarding what observation and treatment the infant needs and will discuss their findings with the parents and social work.
- Consult with the social worker. They will make an assessment and consult with Department for Communities, Child Protection and Family Support, CPFS (office hours) or Crisis Care (after hours/weekends) as necessary.
- Avoid physical confrontation - Call security if appropriate, you are not expected to physically restrain or prevent them from leaving. Only Crisis Care or a CPFS officer/police officer has the authority to remove the infant from the parents and return to the hospital.
- Explain to the parent/s of the possible consequences for their infant if they leave e.g. Risk of deterioration, seizures, withdrawal, hypothermia.
- Remind parent/s that their action is contrary to the welfare of their infant and that CPFS will be notified and the infant may be brought back to the hospital. CPFS hold statutory powers and have the authority under the Children and Community Services Act 2004 to protect the wellbeing, care and protection of children.
- Where there remains a threat to remove an infant against medical advice and the infant requires medical care and CPFS are involved (and already have a documented plan of action), call SW or Crisis Care. CPFS have the authority to act under The Children and Community Services Act 2004.
- If CPFS are involved and the parents wish to act contrary to the plan and leave and the infant does not need to be in Hospital for medical reasons call CPFS (office hours) or Crisis Care (after hours/weekends). They will make a decision on how to proceed.
- Also refer to [flow chart](#) below.

### Section 40 (Only as Measure of Last Resort)

- **When CPFS are not already involved with the family**, the 'officer in charge' of the hospital (Executive Director) has the power to invoke Section 40 (Children and Community Services Act 2004) to safeguard the infant.
- Section 40 allows for the infant to be held in hospital for 2 working days for observation, assessment and/or treatment whether or not the parent consents to that action. If a parent removes the infant CPFS should be advised and a plan of how to proceed made.

- Section 40 does not alter any guardianship rights, the parents are still the legal guardians and it does not deny parents' access to their infant, it only determines that the infant needs to remain in hospital.
- There is a penalty of \$12,000 and imprisonment for one year if they subsequently remove their infant from the hospital without consent and are charged.
- In the Neonatal Unit the Neonatal Consultant has been delegated the authority to invoke Section 40. The Executive Director is then informed by the Neonatologist.
- Parents must be told verbally and then given notification in writing as soon as practical. [Letter to Parents \(Section 40\)](#)
- DCP/Crisis care must be notified verbally and then in writing as soon as practicable. [Letter to Dept for Communities, Child Protection and Family Support \(Section 40\)](#)

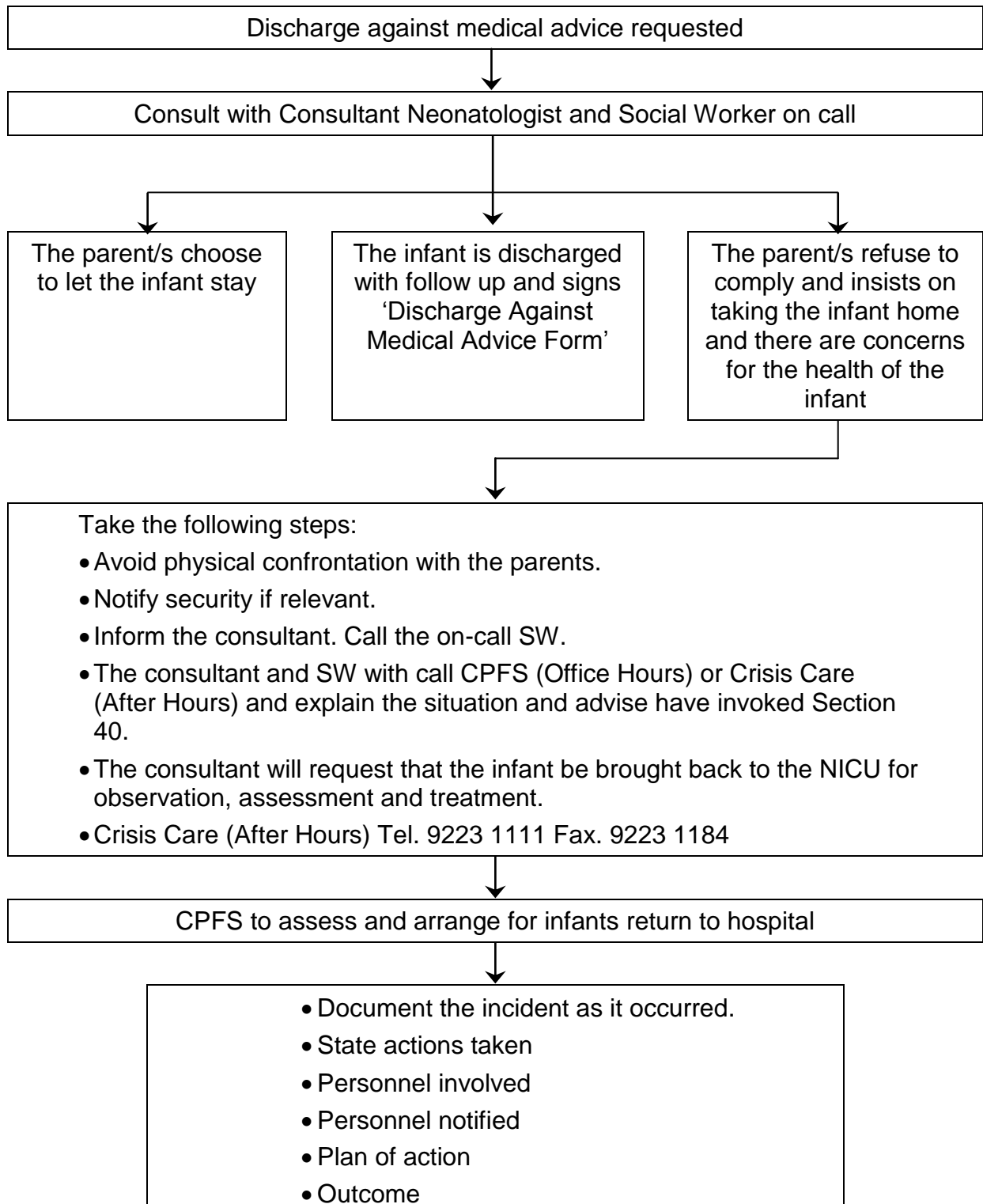
**Also see the following Hospital Corporate policies:**

[Mandatory Reporting of Child Sexual Abuse and Child Protection](#)

[Family Conflict: Management Strategy](#)

[Aggression and Violence \(Prevention and Management of\)](#)

**Flowchart to be Used in Conjunction with Written Guideline**



## Related policies




[PCH Discharge Against Medical Advice](#)

## Related WNHS policies, procedures and guidelines

[Mandatory Reporting of Child Sexual Abuse and Child Protection](#)

[Family Conflict: Management Strategy](#)

[Aggression and Violence \(Prevention and Management of\)](#)

Document owner:	Neonatal Directorate Management Committee		
Author / Reviewer:	Neonatal Directorate Management Committee		
Date first issued:	August 2006		
Last reviewed:	9 <sup>th</sup> July 2018	Next review date:	9th July 2021
Endorsed by:	Neonatal Directorate Management Committee	Date endorsed:	24 <sup>th</sup> July 2018
Standards Applicable:	NSQHS Standards: 1  Governance, 2  Consumers, 6  Communicating,		

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