

5th Edition of the Standards for Children and Young People in Emergency Care: What's changed?



This updated 5th edition of *Facing the Future: Standards for Children and Young People in Emergency Care* builds on the success of previous versions, which have shaped paediatric emergency care over the past 25 years. It reaffirms and reiterates those standards that have come to form a well-established baseline of organisational and clinical paediatric emergency care practice, whilst refreshing and updating others in line with new guidance to address emerging challenges since the 2018 4th edition. The delivery of high-quality emergency care to CYP is arguably as challenging today as it has ever been. These revised standards aim to support and inspire hard pressed emergency department teams to provide the best possible care—both for the wider population and for each individual CYP.

Notable changes across the document:

Changes to the document have been made to enhance clarity and ensure it reflects new guidance and contemporary challenges. The document introduces a brand-new chapter on health inequalities and improvement, which highlights health inequalities as avoidable, unfair and positions the ED as a key place to empower CYP and families through health promotion and reducing inequalities. The document additionally has a greater focus on the needs of adolescents/ those aged 16 – 18 within the ED. Further additions include new direct quotes reflecting the voices of CYP, updated and new examples of best practice, and a revised abbreviations and glossary section designed to clarify key terms and concepts throughout the document. Notable updates include clear definitions for terms such as *frequent attender*, *senior decision maker*, and *clinical decision maker*, which aim to support more consistent understanding and application of escalation pathways within the ED.

Chapter specific changes include, but are not limited to:

- **Chapter 1: An integrated urgent and emergency care system** addresses the perpetual challenges with urgent care pathways and the imbalance between demand and capacity. It now has two additional standards and covers new areas including ED crowding plus escalation and redirection policies.
- **Chapter 2: Environment in paediatric emergency care settings** provides greater detail on paediatric ED design and is intended to apply to both new build and refurbishment projects. It also now considers the environment of care within mixed departments that see both adults and CYP.
- **Chapter 3: Workforce and training** have been revised to incorporate the latest guidance on the paediatric workforce, acknowledging the growing capacity challenges that are placing increased

pressure on staff. The chapter adopts a holistic approach to all personnel working within the Paediatric Emergency Department (PED), and introduces updated standards relating to staffing levels, workforce organisation, and training for both medical and nursing staff. It also places a renewed emphasis on staff wellbeing.

- **Chapter 4: Management of the sick or injured child** brings new information and standards on effective triage assessment, PEWS in the ED and patient streaming.
- **Chapter 5: Safeguarding in emergency care settings** introduces updated guidance on safeguarding practices within emergency departments, expanding the scope to encompass broader safeguarding responsibilities (FGM, domestic abuse, radicalisation). It also includes a new standard that promotes best practice through access to multi-agency peer review sessions, aligned with the RCPCH Child Protection Peer Review guidance.
- **Chapter 6: Mental health** has several new standards, including the importance of a timely mental health professional review and safe onward admission for CYP with a mental health issue.
- **Chapter 7: Children and young people with complex needs** has been expanded and completely overhauled. This includes new standards on accessible information and communication tools, and a lead professional for CYP with complex medical needs, learning disability and or those who are neurodivergent.
- **Chapter 8: Health improvement and health inequalities** is new chapter, with a number of new standards. It seeks to demonstrate how health inequalities are the avoidable, unfair and systematic differences in health between different groups of people. It recognises the ED as an ideal setting to empower CYP and their families with relevant health promotion information.
- **Chapter 9: Major incidents involving children and young people** has been updated to reflect current best practice and now includes references to relevant national guidance. A key addition is the emphasis on the need for formal pandemic preparedness planning which considers the needs of CYP, informed by the lessons learned during the COVID-19 pandemic.
- **Chapter 10: Safe transfers** has been updated in line with important common principles in safe transfers, as well as relevant Paediatric Critical Care Transport Services guidance. It also has newly added standards that explicitly cover intra-hospital patient transfers and mandated simulation exercises to help teams prepare for a transfer.
- **Chapter 11: Death of a child or young person** has undergone extensive revision, highlighting applicable local guidelines and procedures for sudden and unexplained deaths in infancy and childhood (SUDIC) across the UK nations. A new standard has been added that explicitly outlines a list of all the information that bereaved parents/ carers should be provided with.
- **Chapter 12: Information system and quality care indicators** has been updated to support joined-up care for children and young people by implementing safe, effective digital systems. It places greater emphasis on real-time data, interoperability, and alignment with national priorities to enhance care quality.
- **Chapter 13: Research for paediatric emergency care** has also been updated in line with sector priorities, with a new standard around using research to inform best practice and quality improvement.

New standards in the 5th edition

This fifth edition of the Emergency Care Standards for Children and Young People builds on the foundations of previous versions. The standards listed below are newly introduced, however it does not represent an exhaustive list of all the changes since the 4th edition. Many standards in the new document, not listed below, are adapted from the fourth edition. However, they have been reorganised to enhance logical flow, and reworded, revised, or expanded to improve clarity and relevance. These updates reflect current challenges, evolving national guidance, and alignment with other recognised standards and guidance. The term “metrics” used in the 2018 edition has been replaced with “indicators,” which continue to outline specific requirements for meeting the standards. An accompanying audit toolkit will be published in 2026.

No.	Newly introduced standard (2025)	Details
Chapter 1: An integrated urgent and emergency care system		
4	All UEC services review the attendances of CYP separately from adults to allow the informed planning of future service and workforce provision to accurately meet demand	While this was implicit within the 2018 standards, the 5th edition of the standards explicitly states this as a standard to ensure that children's needs are considered.
5	ED and hospital escalation policies should be in place to respond to surges in patient activity and ED crowding ^{1,2}	This new standard addresses the perpetual challenges with urgent care pathways and the imbalance between demand and capacity.
Chapter 2: Environment in paediatric emergency care settings		
8	In EDs seeing adult and paediatric patients, it is essential that the design and layout of the department are such that the needs of both groups of patients are equitably served ³	While the 2018 version of the standards outlines the key considerations needed within an ED treating CYP, (which have been built on within the 5th edition), this newly added standard gives further consideration to the environment of care within mixed departments
Chapter 3: Workforce and training		
12	All EDs treating CYP should have dedicated education, training and governance sessions focused on the care of CYP for all ED staff. In mixed departments, this could form part of an integrated education programme ⁴	This new standard highlights the importance of the professional development of all staff in the ED. It recognises that recruiting staff with appropriate skills is increasingly challenging. Developing a flexible workforce with both paediatric and adult UEC skills, for example with appropriate rotational training, is key, especially in smaller units.
14	All EDs treating CYP must have the medical and nursing staff on each shift that is adequate to cope with 80% of predicted maximum demand	The new revision of this standard includes reference to clinical workforce demand-capacity mapping complying with good practice through tools like The Emergency Care Improvement Support Team (ECIST).
15	Working practices for PEM consultants need to reflect the high intensity nature of their clinical work, and should adopt the recommended mitigations for job planning and rota design ^{5,6}	This standard has been added to ensure job planning and rota design is in accordance with good practice recommendations (RCEM).

16	All EDs treating CYP should have a lead for staff wellbeing, with appropriate time allocated for this role ^{7, 8}	The 5th edition of the standards recognises the increasing pressure on staff within the ED. This standard intends to foster an environment that actively promotes, supports and enables their wellbeing with a positive, constructive culture.
Chapter 4: Management of the sick or injured child		
19	Sufficient staff resource and space should be allocated for triage areas to cope with fluctuations in, rather than average, demand (both in terms of patient numbers and time taken to complete triage). A rapid system of prioritisation must be implemented when the wait time to triage exceeds 15 minutes ⁹	This standard is new to reflect the greater focus on variations in demand. However, it is somewhat adapted from the 2018 version, as it is accompanied with indicator, which was a former standard: 18. <i>A system of prioritisation for full assessment is in place if the triage waiting time exceeds 15 minutes</i>
26	All EDs treating CYP should have agreed policies in place for specific patient categories who require review by a senior decision maker prior to discharge	This new standard is intended to ensure safe discharge from emergency care settings. The glossary has clearly defined what constitutes as a 'senior decision maker'.
Chapter 5: Safeguarding in emergency care settings		
36	All UEC settings seeing CYP where safeguarding issues have been identified should have access to child protection peer review sessions run in accordance with the RCPCH Child Protection Peer review guidance ¹⁰	This has been added in line with RCPCH guidance. It will ensure high standards of clinical practice, promote professional development, and support paediatricians working in child protection within EDs.
Chapter 6: Mental health		
42	All CYP presenting to the ED following self-harm or in mental health crisis, must have a face-to-face developmentally appropriate biopsychosocial assessment of their immediate emotional and mental health needs within one hour of referral, undertaken by a mental health professional from a paediatric liaison psychiatry/mental health crisis team experienced in carrying out such an assessment ¹¹	This standard has been added to ensure that EDs should take a proactive approach to screening CYP. It follows the NHS (2022) guidance for mental health clinically-led review of standards models of care and measurement: consultation response.
Chapter 7: Children and young people with complex needs		
50	EDs should have accessible information and communication tools available for CYP with complex needs and/or communication differences including, but not limited to, pain assessment tools, access to an interpreter (including for sign language) and visual aids such as social stories and easy-read information leaflets ^{12, 13, 14, 15}	While the 2018 version of the standards does have a section on 'communication' within the complex medical needs chapter, it is not explicitly stated as a standard, so has subsequently been added.

51	EDs should have a lead professional for CYP with complex needs and access to advice and support from a Learning Disability Liaison Nurse	This standard has been added to ensure that the staff within ED can appropriately care for CYP with complex medical needs. The standard highlights the added value of access to the Learning Disability Liaison Nurse. It aims to further supporting the ED team to deliver training, as well as to help facilitate all possible clinical situations.
Chapter 8: Health improvement and health inequalities		
54	All EDs treating CYP should have resources and signposting for common public health issues, such as maintaining a healthy weight, oral health, vaccines and immunisation information (including targeting vaccine hesitancy) with any health promotion advice documented in the patient's notes ¹⁶	<p>Standards on Health improvement and health inequalities have been added since the previous revision. It seeks to demonstrate how health inequalities are the avoidable, unfair and systematic differences in health between different groups of people. It recognises the ED as an ideal setting to empower CYP and their families with relevant health promotion information.</p> <p>While this brand- new chapter has newly developed standards, Standard 61 within the 5th Edition on <i>'All EDs treating CYP should have access to written and electronic safety netting advice for common paediatric presentations in accessible formats and in a variety of languages. Safety netting advice given should be documented in the patient's notes'</i> was in the 2018 version in the Chapter on Environment in emergency care settings, so has not been identified here as a new standard.</p>
55	All EDs should provide relevant information on benefits and support for families who may be struggling financially	
56	All young people of secondary school age should undertake a biopsychosocial assessment in the ED (e.g. HEEADSSS or Not Just a Thought) with signposting to relevant resources including smoking, drugs, alcohol and sexual and mental health advice ^{17, 18}	
57	All EDs treating CYP should be able to refer relevant patients to a violence reduction service ¹⁹	
58	All EDs treating CYP should identify a lead professional for health promotion and public health, with dedicated time in their job plan, and health promotion and public health issues should be included in a department's teaching programme ^{20, 21}	
59	All EDs should have 24/7 access to interpreter services, including a BSL interpreter ^{22, 23}	
60	All EDs should have a guideline and pathway for CYPSAR (whether accompanied or unaccompanied) ²⁴	
Chapter 9: Major incidents involving children and young people		
64	EDs should have representation on pandemic planning groups	COVID-19 highlighted the need for formal pandemic planning. It is crucial there is representation from EDs on pandemic planning groups to inform on the impact and potential challenges at the front door and to ensure that the safety and interests of all patients, including CYP and clinically vulnerable groups, are considered.

Chapter 10: Safe transfers		
70	EDs should have appropriate guidelines and checklists in place to safely manage intra-hospital patient transfers	While the 2018 version of the standards does focus on intra- hospital transfers, it does not state it as a standard. This standard has been added to explicitly ensure that there are guidelines in place to ensure safe transfer.
71	EDs should test their transfer systems annually, using simulated patient transfer exercises, involving all appropriate members of the MDT, led either by ED, Critical Care, Anaesthesia, Paediatrics or the local Resuscitation Department, with regional PCCTS support	This standard has been added to showcase the value that simulation training exercises can have in assisting clinical teams to prepare for transfers.
Chapter 11: Death of a child or young person		
75	Before leaving the ED, bereaved parents/carers should be provided with an information pack including: <ul style="list-style-type: none"> • The legal requirement for registering the death. • Any involvement of the designated paediatrician, the coroner or the police and the child death review process. • Details of the hospital bereavement support service with arrangements for an appointment within the next 24-48 hours. 	The 2018 version of the standards does reference how to support families within the chapter text. However, this standard has been developed that explicitly outlines a list of all the information that bereaved parents/ carers should be provided with.
Chapter 12: Information system and quality care indicators		
While this chapter has no additional standards, the chapter text has been significantly updated to support joined-up care for children and young people by implementing safe, effective digital systems. It places greater emphasis on real-time data, interoperability, and alignment with national priorities to enhance care quality.		
Chapter 13: Research for paediatric emergency care		
82	All ED's treating CYP should review published research and consider how it can inform quality improvement or be implemented in practice	This standard has been added to ensure best practices within the ED that improve the safety, timeliness, and effectiveness of care.

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