

Document Title:	CHILDREN'S ASSESSMENT UNIT COP		
Document Reference/Register no:	10106	Version Number:	2.0
Document type: (Policy/ Guideline/ SOP)	Policy	To be followed by: (Target Staff)	All staff
Ratification Issue Date: (Date document is uploaded onto the intranet)	5 th October 2018	Review Date:	4 th October 2021
Developed in response to:	National Guidance/Recommendations (i.e. NICE; RCOG)		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) CQC Fundamental Standards of Quality and Safety:			12
Issuing Division/Directorate:	Women's and Children's		
Author/Contact: (Asset Administrator)	Mel Hodge, Senior Sister Phoenix Ward		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	<input checked="" type="checkbox"/> MEHT <input type="checkbox"/> BTUH <input type="checkbox"/> SUH		
Consultation:	(Refer to page 2)		
Approval Group / Committee(s):	n/a	Date:	n/a
Professionally Approved by: (Asset Owner)	Dr Datta, Clinical Director for Children & Young People Service	Date:	26 th September 2018
Ratification Group(s):	Document Ratification Group	Date:	3 rd October 2018
Executive and Clinical Directors (Communication of minutes from Document Ratification Group)	Date: October 2018	Distribution Method:	Trust Intranet/ Internet

Consulted With:	Post/ Approval Committee/ Group:	Date:
Alison Cuthbertson/ Miss Rao Dean Letharby Muthumeenal Srinivasagam Aloke Agrawal Muhammed Ottayil Sharmila Nambiar Sharon Lim Ahmed Hassan Mel Chambers Ms Conn Mary Stebbens	Clinical Director for Women's and Children's Division Paediatric Consultant Paediatric Consultant Paediatric Consultant Paediatric Consultant Paediatric Consultant Paediatric Consultant Paediatric Consultant Paediatric Consultant Matron for Children Lead Surgeon Clinical Facilitator Children's Acute Care	19 th September 2018

Related Trust Policies (to be read in conjunction with)	(Refer to the main body of the text) 08092 Mandatory Training 04064 Safeguarding Children Domestic Violence Infection Prevention Policies and Procedures 04055 Patient Access Policy 04088 Waste Management IT Security Children's Early Warning Tool 08086 Clinical Record Keeping Policy 05118 Chaperone Policy
--	---

Document Review History:			
Version No:	Authored/Reviewer:	Summary of amendments:	Issue Date:
1.1	Carol Newman	Working Draft	
2.0	Mel Hodge	Full Review	5 th October 2018

Index

- 1.0 Purpose of Document**
- 2.0 Aims of the Service**
- 3.0 Scope of the Service**
- 4.0 Patient Management during assessment episode**
- 5.0 Work Flows**
- 6.0 Key Relationships**
- 7.0 Staffing**
- 8.0 Equipment Requirements**
- 9.0 Infection Prevention**
- 10.0 Equality and Diversity**
- 11.0 Contingency**
- 12.0 Auditing this Policy**
- 13.0 Responsibilities**
- 14.0 References**
- 15.0 Appendices**

Appendices 1- 5 Work Flows

Appendix 6 Radiology Emergency and Elective Flows

Appendix 7 Equipment List

1.0 Purpose of Document

- 1.1 The purpose of this document is to define the specific requirements to ensure the safe and effective delivery of hospital assessment services to Children and Young People.

2.0 Aims of the Service

- 2.1 To provide an assessment facility for children and young people up to their 16th Birthday. These services are provided in a safe, family friendly, sensitive environment that meets the diverse needs of our users and addresses issues around privacy and dignity. This is undertaken by suitably qualified staff(NSF 2004) and achieved by working together with other departments/agencies to safeguard children using local SET procedures(2017) and national policy and guidelines Every Child Matters, Choice for Children 2004, Children's Act 1989,2004.

3.0 Scope of the Service

- 3.1.1 The Children's Assessment Unit provides 24 hour services for children and young people under 16 years with medical conditions and all children requiring General Surgery including Local and Regional Plastic surgery, Orthopaedic, Ophthalmology, Urology and Essex wide Head and Neck.
- 3.1.2 The assessment unit provides:
- Assessment and treatment for all local children and young people aged 10 days up to their 16th birthday referred by their GP or A&E, and regional referrals for plastic surgery, Essex wide head and neck and self-referrals for children and young people with direct access to the unit, including children with cancer.
 - Assessment care for children and young people who have complex medical needs or who require specialist treatment will be cared for in collaboration with a tertiary unit.
 - Assessment and /or admission of children who are referred for medical examination in relation to safeguarding children policies and procedures.
- 3.2 The service is led by a Band 7 Sister and supports all surgical specialty consultants and paediatricians. Care is provided by suitably qualified children's nurses supported by a team of nursery nurses, health care assistants and play specialists.
- 3.3 There is an onsite cleft nurse specialist, team of psychotherapists and specialist hand therapists, physiotherapists and occupational therapists.
- 3.4 The Children's Assessment Unit is supported by a Clinical Facilitator for Children's Acute Care
- 3.5 The Children's Assessment Unit is supported by the Children's Diabetes Team.

3.6 The Children's Assessment Unit team work in collaboration with the Community Children Nurses to provide appropriate home care for children with both acute and chronic nursing needs.

3.7 Exclusions from the service:

- Acute Burn Care for children requiring specialist burn care.

4.0 Patient Management During Assessment Episode

4.1 All patient assessed within the unit must have been accepted by a doctor, or be under the care of one of the Consultants for example a yellow card holder with direct access. A doctor accepting the referral must inform the senior nurse allocated to work in the assessment unit; if the senior nurse accepts a referral of a known patient she must inform the relevant medical staff.

4.2 The team accepting the referral are responsible for managing the child until there is a formal acceptance by another team to take over the management of the patient.

4.3 Any child or young person receiving chemotherapy or with compromised immunity must be isolated in a room on arrival, for oncology children the rooms of choice are 19, 25 or 26.

4.4 The doctor or nurse will ensure that the patient is entered on the appropriate IT system to inform all staff of the expected admission.

4.5 Children and Young people should be assessed by a senior children's nurse (a nurse with at least 18 months paediatric nursing experience and a current PILS or EPLS certification) on arrival the child should be briefly assessed, their vital signs recorded a CEWT (Children's Early Warning Tool) score calculated and a written assessment made of their condition within 15 minutes. They should then be asked to wait in the most appropriate place depending on the assessment made.

4.5 If the CEWT score triggers a response the appropriate CEWT escalation should be initiated and documented. The medical staff of the appropriate team must respond to any CEWT score triggers within the agreed timescale.

4.6 Any child requiring high dependency care should be transferred to the treatment room for stabilization or admitted to HDU for ongoing care, these children may need to be jointly managed by ward nursing staff and/or assessment staff during stabilization

4.7 The nurse making the assessment should take responsibility for the child until he / she formally hands over to another member of the team, admits or discharges the patient home.

4.8 At shift handover during safety huddle all patients must be formally handed over to the nurse who will be taking responsibility until discharge or admission.

4.9 The medical staff should be made aware that the child has arrived and they should be given all relevant information relating to the child.

- 4.10 The doctor assessing the child should read the notes and observations recorded by the nursing staff prior to seeing the child.
- 4.11 During the period of observation in the assessment unit the observations should be recorded depending on the initial assessment. The frequency of observations should be recorded on the chart being used to record the observations. The frequency of observations should be reviewed each time the child is reassessed and the CEWT score recorded.
- 4.12 Following the medical staff assessment the nurse and doctor should discuss the management plan and treatment before this is discussed with the child and family.
- 4.13 For discharge any child who has a CEWT score of 3 or above on arrival, or any child with a complex medical condition must be discussed with a consultant prior to discharge, they will contact the tertiary team caring for that child within 24 hours of the assessment.
- 4.14 All other children must be reviewed by a registrar and if there is a difference of opinion between the staff about the decision to discharge then a consultant should be contacted to agree the plan or the child should be admitted for 4 – 6 hours observation and reassessed by the team.
- 4.15 For children who are seen as an emergency either from the GP or Accident and Emergency and if laboratory tests are indicated to assess for infection the child should remain in the unit for observation until the essential results are available.
- 4.16 When children are discharged home the family must be given information about where they should go if their child deteriorates, contact numbers for the ward and any other relevant parent information. A final clinical assessment of the child should be carried out by the nurse including recording vital signs and CEWT score before the child leaves the ward. Health Visitors must be informed to advise of all emergency attendance of children under 5 years of age
- 4.17 All care, treatment and discussions with the child and family should be documented in line with the Clinical Record Keeping Policy (available on the Intranet).
- 4.18 All treatments or decisions to admit must be completed within 4 hours in line with the 4 hour Accident and emergency Department targets.
- 4.19 The senior nurse in assessment will carry a bleep. They may attend resus calls for Paediatric patients to support ED staff, they must risk assess that the ward is safe to leave.

5.0 Work Flows

- 5.1 Expected referrals from GP's or tertiary referrals to specialist teams will be seen by the appropriated medical/surgical team.
- 5.2 Parents/carers may contact unit direct if they have a yellow card or are an oncology patient or for 24 hours following discharge home as an in-patient for a medical admission (or more if agreed by Consultant) or for 7 days following a surgical admission

5.3 Emergency Flows (appendices 1, 2, 3, 4, 5)

6.0 Key Relationships

6.1 The assessment unit work works closely with the following services / staff:

- Accident and Emergency.
- Phoenix Children inpatient unit
- Neonatal Unit
- Matron – Children and Young People
- Divisional Nurses.
- Clinical Facilitators – Children’s Emergency Care
- Children’s Epilepsy CNS
- Paediatricians and their teams
- All surgical Consultants and their teams
- Theatres and Anaesthetics
- Cleft Team
- Pharmacy Department and Paediatric Pharmacist
- Radiology and the Paediatric Radiology link.
- MRI and CT scan departments
- Phlebotomy
- Pathology
- Physiotherapy and Occupational Therapy
- Dietetics
- Primary Treatment Centre for children with cancer
- Child Psychology and Psychotherapy Services
- Safeguarding Children Team
- Children’s Community Nursing Team
- Children’s Respite Team (EPIC)
- Child Death Review- Rapid Response Team
- Children’s Community Paediatricians
- Moulsham Grange Children’s Centre
- Children’s Diabetes Team
- ECG
- EEG
- Tertiary Centre visiting teams
- Training and Development
- Social Services
- General Practitioners and their support teams
- Supplies
- Porterage
- Estates and Facilities
- Patient Records Library
- Paediatric Satellite Library.
- Voluntary Services

6.2 Key Operational Requirements

- 6.2.1 It is a key requirement that the department will meet the standards of the Children and Young People's NSF (2004) and Children and Young People assessment service standard 2011
- 6.2.2 Staffing will be suitable to meet the needs of the children and young people, the guidance from the RCN Staffing Children's Wards document will be used.
- 6.2.3 Staff will have the appropriate training as identified in the mandatory training policy and NSF for children.
- 6.2.4 Staff will have appropriate training to ensure that they are able to meet the requirement to safeguard children during their assessment episode and that all Safeguarding Children policies and procedures are adhered to.
- 6.2.5 Children and Young People from 10 days up to their 16th birthday will be seen in the unit, young people over 16 years may be seen if there are specific reasons for referral to the unit for example they have Diabetes/Oncology treatment/Special Educational Needs or developmental delay.
- 6.2.6 The service is fair, accessible and meets the needs of everybody; signposting and access are suitable to meet the needs of all our clients including wide doors for wheelchairs and double buggies and family friendly signage within the ward area.
- 6.2.7 All reception desks are low enough to allow children to see the faces of the staff sitting behind a desk.
- 6.2.8 Patient records to be available for planned admission, if notes are not available a temporary set are prepared.
- 6.2.9 The assessment unit has beds and cots that are child and family friendly.
- 6.2.10 Play facilities are incorporated into the unit.
- 6.2.11 A play specialist or nursery nurse will be available to support children and their families during their assessment episode and to assist with the preparation for painful or distressing procedures.
- 6.2.12 A chaperone is available to meet the requirements of the Chaperone Policy (2016).
- 6.2.13 Specialist equipment is stored appropriately to ensure that the environment remains safe for the children and young people.
- 6.2.14 A triage room and separate room are available for nursing staff to manage patient's treatment and undertake procedures.
- 6.2.15 Psychotherapy Staff are given appropriate space and to enable them to meet children in the department in a quiet space where they are free from interruptions

6.3 Key Relationship with other Departments

- 6.3.1 Children and Young People attending the Trust will have an experience that meets their specific needs and complies with the standard set by the NSF for Children and young people this specific need applies to all departments where the child/ young person visits.
- 6.3.2 There should be easy access to/from diagnostics/ pharmacy and support services and the journey to other department must be wheelchair /double pushchair friendly.
- 6.3.3 Good communication with other department treating children is essential.
- 6.3.4 Radiography is normally performed in the x ray department. Referrals are also made for ultrasound examination of in patients.
- 6.3.5 Paediatric pharmacists are available
- 6.3.6 Access to the EEG, Echo cardiology, CT and MRI departments at Broomfield to perform specialist tests and imaging.
- 6.3.7 Notes are available from the Broomfield library for patients who are re-referred from regional units and from the paediatric satellite library.
- 6.3.8 The unit works with the children's community nursing team to facilitate continuing care of children and young people requiring home care.
- 6.3.9 The tertiary centres for all children receiving care in another unit/ centre.

6.4 Key Requirements for Facilities Management (F.M.)

- 6.4.1 Hotel services work in partnership with the unit team to ensure that, who is responsible for cleaning the unit environment as outlined in the Service Level Agreement and there is a unit cleaning folder that outlines the responsibility of all staff to ensure that the environment is clean.
- 6.4.2 Specialised milk formulas and sterile water bottles are supplied from the kitchen.
- 6.4.3 Equipment maintenance is supplied by BME on site, except where a service contract is in place in which case engineers will visit the ward
- 6.4.4 Daily hard facilities support is provided by the Estate and Facilities department

6.5 Environmental Requirements

- 6.5.1 The unit environment is thematically controlled at 21⁰ C.
- 6.5.2 The lighting is both main and dimmable, in the two bays with emergency corridor lighting in case of fire.
- 6.5.3 These windows have curtains/blinds to allow privacy as required.

6.5.4 All surfaces are durable and washable. The roller blinds are also washable.

5.6 Way finding

6.6.1 The way to Phoenix Children's Unit is identified from the main corridor outside the unit and on all other way finding tools throughout the hospital.

6.6.3 The location of the Phoenix Children's Unit is known to the ambulance services and transport teams

6.7 Security Requirements

6.7.1 All patient data is stored on Lorenzo system.

6.7.2 The doors to the unit are secure and entry by phone. Staff within the unit can open the doors having identified the visitor on the camera, and all visiting social/health care professionals must show identification before they are admitted.

6.7.3 There is an emergency call button by each bed/cot.

6.7.4 A room with a secure key pad entry is available with lockers for staff to store personal belongings.

6.7.5 All staff wear a Mid Essex ID badge which are required to gain entry to the ward.

6.7.6 An environmental Risk assessment is performed annually to assess the risks to staff, patients and visitors an action plan is available for staff.

6.8 Manual Handling

6.8.1 The service will be delivered in accordance with and compliance to the Trust's Manual Handling Policies.

6.9 Fire Safety

6.9.1 The service will be compliant with the Trust's Fire Safety Policy, Fire Evacuation Policy and other local fire plans and procedures.(The detail of these items will then be developed as part of the separate Fire Safety Work Programme, as led by the Trust's Fire Officer.)

6.10 IT Requirements

6.10.1 The unit has IT access to:

- Lorenzo
- Results review
- Insignia system to review X-rays and scan results
- Intranet and internet
- Photocopying, printing and faxing
- Switchboard
- Pagers
- Computers

- Health Roster

6.10.2 Only encrypted mobile media that has been provided by the trust will be used by staff on the ward.

6.11 Documentation

6.11.1 All emergency patients are recorded on the hospital computer system for Type 2 emergency attenders.

6.11.2 Patient Records will be obtained if available

6.11.3 The movement of notes is recorded using the tracking procedure.

6.11.4 When a patient episode has ended the notes must be made available for coding as soon as possible and letter completed and forwarded to the GP and Health visitor if child <5yrs.

6.11.5 All staff must comply with professional bodies' standards of record keeping and MEHT clinical record keeping guidelines

7.0 Staffing

7.1 Nursing Establishment

7.1.1 The unit staffing is managed from an overall budget for Phoenix children's Unit

7.2 Training and Education

7.2.1 Staff will meet the mandatory training requirements set out by the Trust in the Mandatory Training Policy, this includes all staff.

7.2.2 All staff working in assessment should complete the Children's assessment Workbook within a timely manner.

7.3.3 Staff will be trained to use all specialist equipment and sign a competency statement following training.

7.3.4 Qualified nursing staff will be trained to provide effective mentorship to student nurses and be live on the Trust mentorship register.

7.3 Facilities

7.4.1 Staff have access to toilets. There is a fully equipped staff room with tea and coffee making facilities and a microwave oven which supports the needs of the staff.

8.0 Equipment Requirements

(Refer to Appendix 5)

9.0 Infection Prevention

- 9.1 The service will be delivered in accordance with and compliance to the Trust's Infection Prevention policies.
- 9.2 Patients who are assessed and who may be infectious will be isolated in a cubicle on the ward during their assessment.

10.0 Equality and Diversity

- 10.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

11.0 Contingency

- Escalation policy for bed and staffing shortages
- Use of Equipment library if equipment shortage
Emergency telephones, Walkie talkies and mobile phones if telephones go down
- Torches and emergency corridor lighting available
- Oxygen and air cylinders available on the unit if disruption to gas supply
- Backup generator
- All monitoring, pumps and infusion devices have battery back ups
- If Insignia is unavailable, hard copies of x-rays may be available
- Telephone the lab for results if links are down.

12.0 Auditing this Policy

- 11.1 The audit of this policy will be on a yearly basis and will be reviewed at the Divisional bilateral meeting.

13.0 Responsibilities

- 13.1 The Divisional Manager for Women, Children and Sexual Health Directorate is operationally and financially accountable for service delivery.
- 13.2 The Ward Team will remain professionally accountable for their actions. They will work in conjunction with the Divisional Manager and Matron to ensure that the service is delivered within the confines of the agreed budget and operational requirements (Appendix 1).
- 13.3 The ward manager and Lead Nurse for Children and Young People have the day to day responsibility for delivering the service.
- 13.4 The Ward Team will remain accountable for ensuring that they comply with all MEHT clinical and documentation guidelines.

14.0 References

NSF for Children and Young People DOH 2004

Children and Young People assessment service standard 2011

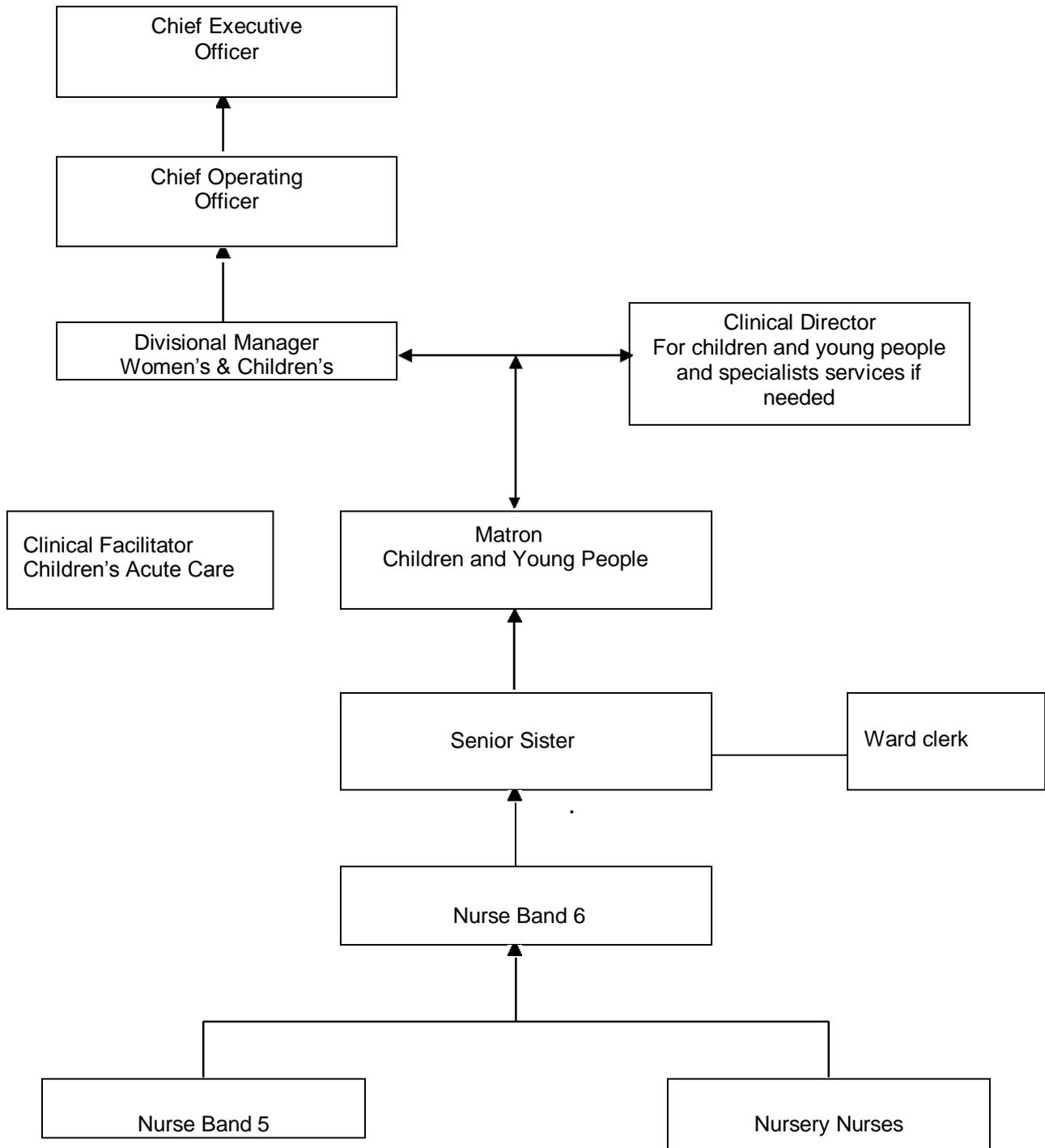
SET procedures (2017)

National policy and guidelines Every Child Matters, Choice for Children 2004

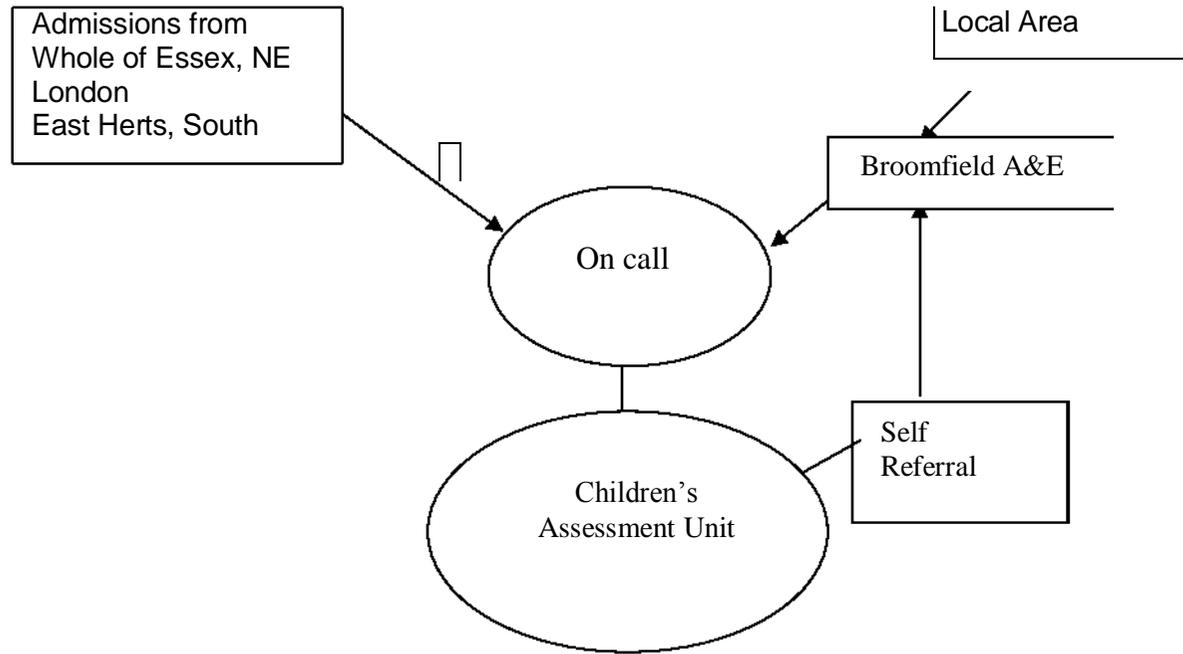
Children's Act 1989,2004.

Divisional Responsibilities

Appendix 1

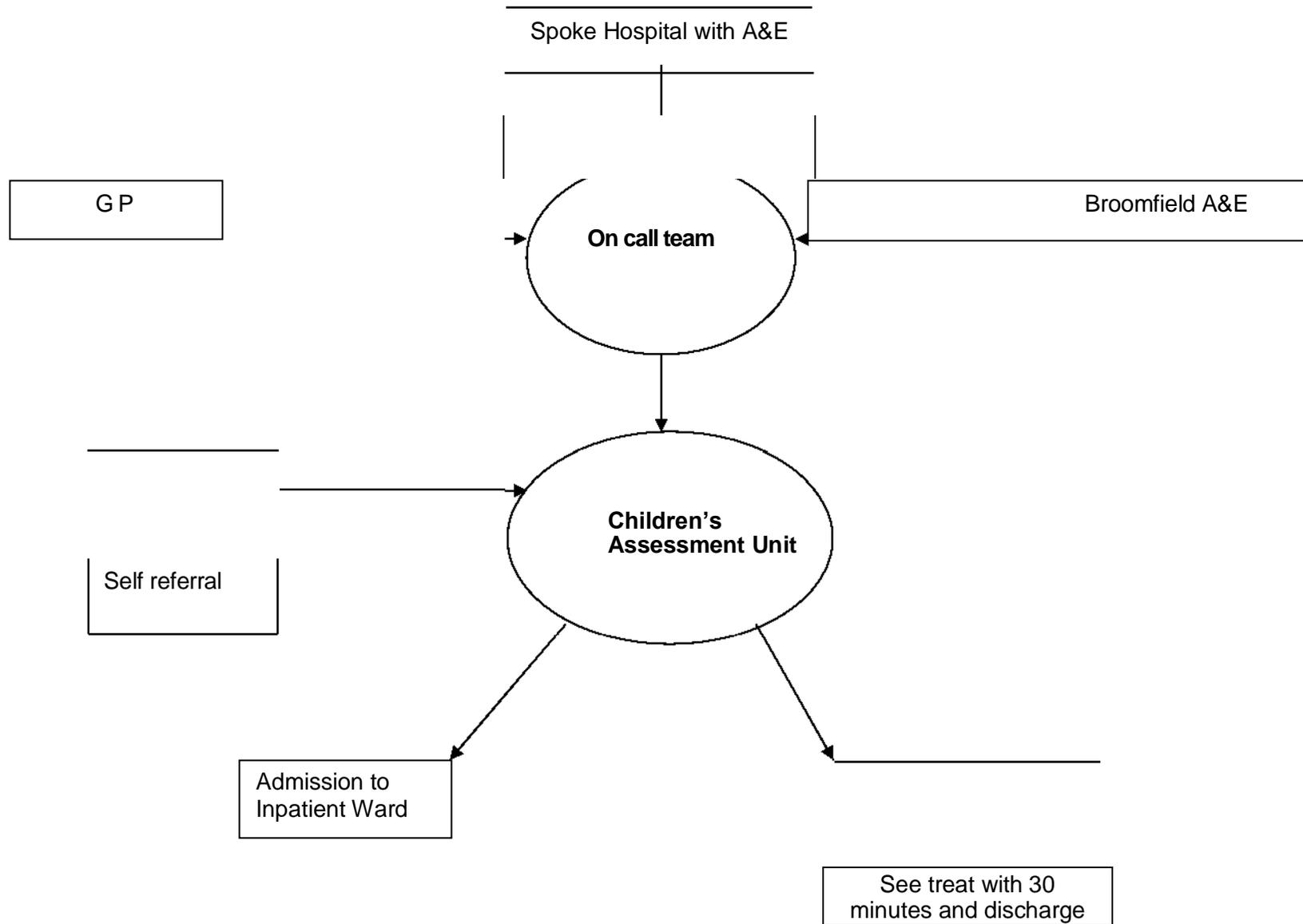


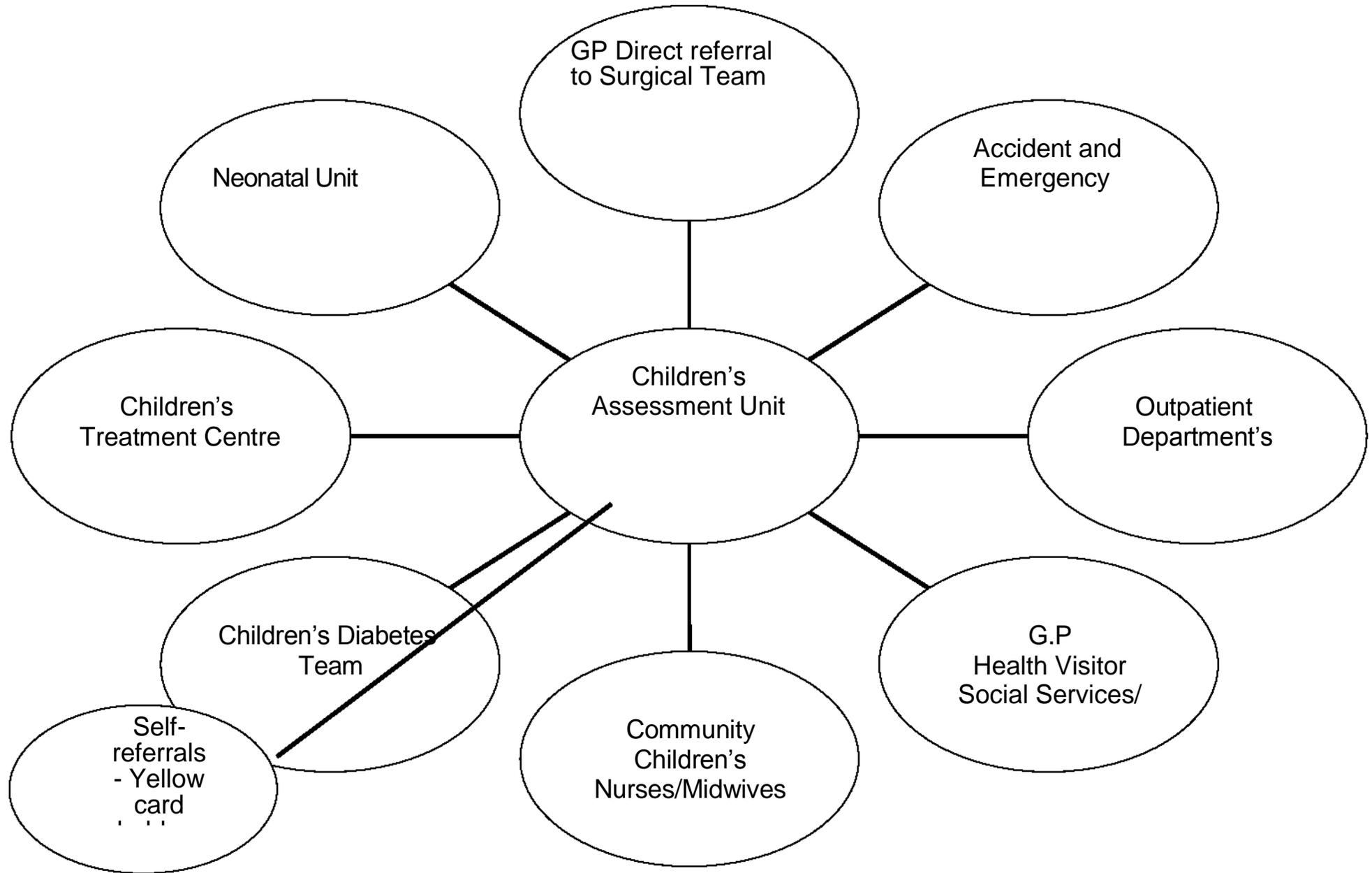
Regional Plastic Surgical Admissions Work Flow



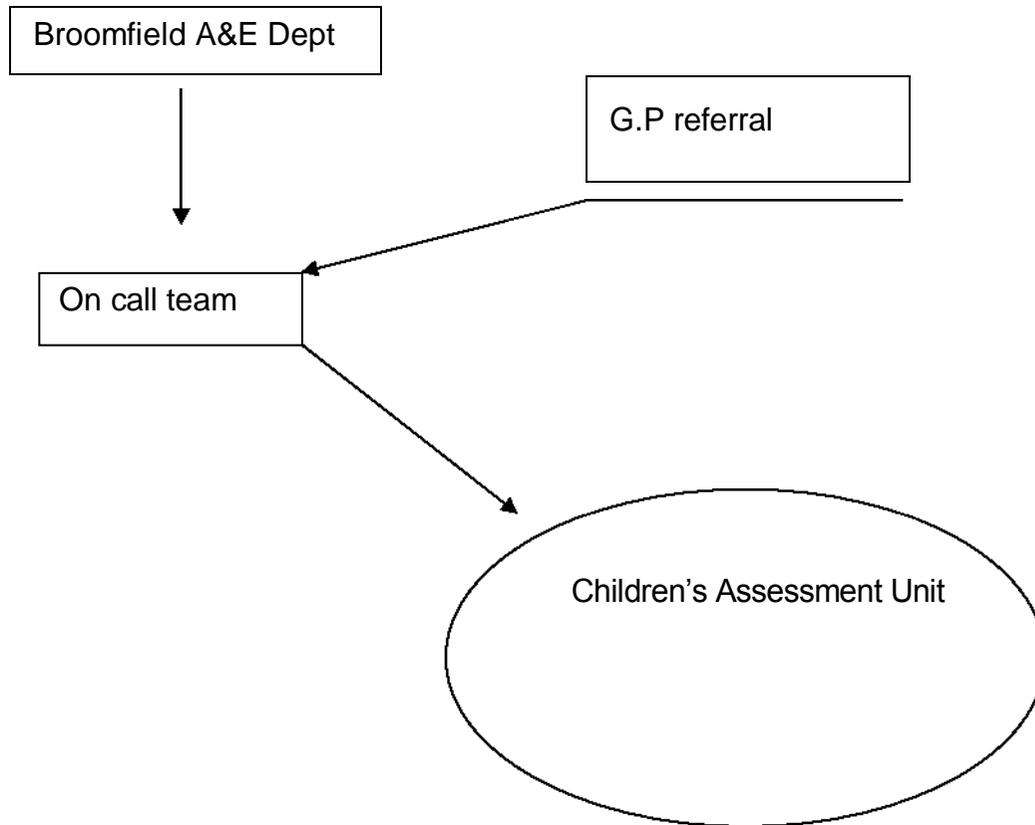
Essex wide Head and Neck Work Flow

Appendix 3

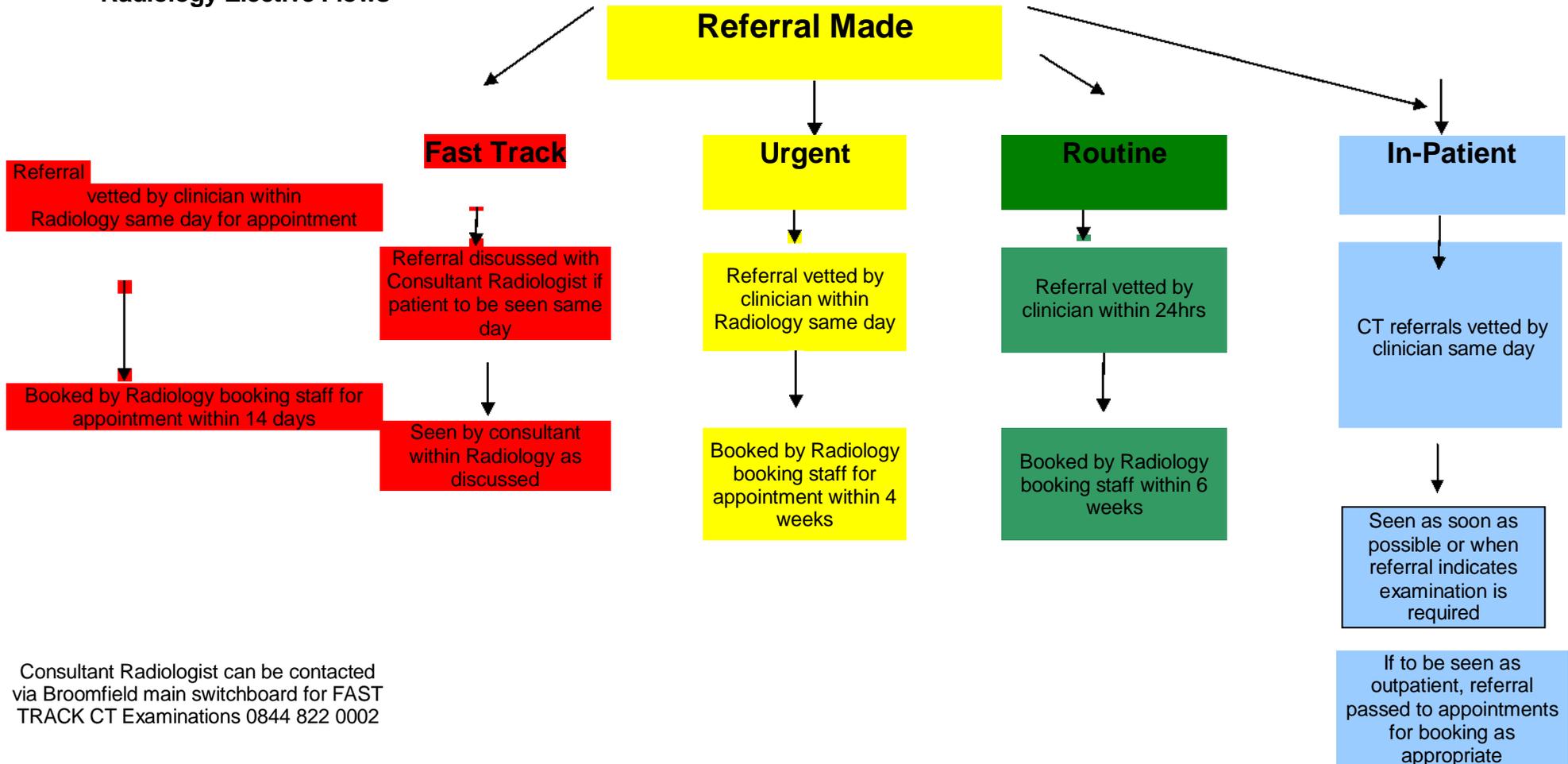




1 Orthopaedic Admission Work Flow



Radiology Elective Flows



Consultant Radiologist can be contacted via Broomfield main switchboard for FAST TRACK CT Examinations 0844 822 0002

Elective patients will be seen during the core hours of 9am – 5pm Mon-Fri, using predominantly the 128 slice CT scanner. The 2 CT scanners are co-located on the Emergency Floor, but it is envisaged that the elective and emergency pathways will be kept as separate as possible. However, this will depend on the workload from each pathway to ensure best use of scanner capacity, and also the clinical requirements in relation to differing technical attributes of the 2 scanners.

Additional evening and weekend clinics for elective work will be arranged as required to maintain waiting list targets.

4.2 RADIOLOGY EMERGENCY FLOW

Emergency referrals will be scanned predominantly on the 16 slice CT. However, this will depend on the workload from each pathway to ensure best use of scanner capacity, and also the clinical requirements in relation to differing technical attributes of the 2 scanners. The core hours of operation are 8.30-5pm Mon –Fri, but a 24/7 service is provided through emergency shift staffing.

Inpatient referrals will also be scanned on the 16 slice scanner.

Referrals will be fast tracked through based on clinical priority.

A consultant radiologist should be available on the Emergency Floor during the core operating hours, and available on call outside of these hours.



Equipment List

Each bed space requires access to the following:-

Fukuda monitors DS7100/DS5100
Braun Infusion/Syringe pump
V.A.C Therapy system
Various ENT equipment
Microscope
Head lamp
Portable suction machine
Portable oxygen
Dinamap
Blood Glucose machine
Tympanic/Axillary Thermometer
Ophthalmoscope / Auroscope portable trolley
Hand held ophthalmoscope
Cleft trolley
Resuscitation trolley
PAT slide
Clinitex testing machine
Hoist
Philips defib
Nellcor SP02 monitor
Hand held SP02 monitors
Dopler
Scales x 2
Steam sterilisers
Bottle warmer
Breast pump
Electric beds
Digital camera
Photocopier