

DAME HANNAH ROGERS TRUST
Sick Child Policy

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Links to additional policies:	Medication Policy Training and Development Policy Staff Development Drug Policies and Procedures Concerns Form Communicating and Liaising with Parents

Purpose of the Document:

This document is the statement of policy for sick child and the delegation of some clinical nursing procedures to non-nursing staff within Dame Hannah Rogers Trust. This policy outlines best practice in complying with the Royal College of Nursing (RCN) and the Nursing and Midwifery Council (NMC) guidelines.

The purpose of this policy is to set out the Trust's principles and procedures which must be followed by all Trust employees when dealing with clinical nursing procedures and sick children and incorporates the governments' spotty book.

Definitions

An advisory list of appropriate clinical procedures that can be delegated to non-nursing staff has been produced by the RCN (1999) updated with input from the Council for Disabled Children (Dignity of Risk, 2004) and the document 'Including Me', 2005.

The Trust has used this advisory list to inform which clinical procedures can be delegated to non-nursing staff. These procedures are specified under the delegated clinical procedures section.

Responsibilities

The **Nurse** is responsible for ensuring the implementation of any action required to ensure best practise and safety of the young person.

It is the responsibility of **all nurses** to be accountable for their actions and inactions in accordance with the NMC Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015).

The advice in this policy applies to children and young people who attend the school for education and the children's home for short breaks or residential stays.

The policy aims to advise a proactive, preventative approach.

Communication

- All communication regarding a sick child must be given and received by the nurse on duty.
- If a child is not attending their short break or educational day the parent should speak to the nurse on duty in the first instance.
- Any changes to a child's medication or medical care must be communicated to the nurse on duty and a copy of any documentation is to be given to the nurse from the professional who has made the changes, in accordance with The Trusts Medication and Drug Policy.

Education

- Children unwell with infectious diseases should not in general attend school, although mild snuffles and colds need not necessarily prevent a child attending.
- If a child becomes ill during their time at DHR, parents or person with Parental Responsibility must be contacted by the nurse and the child taken home if necessary.
- The decision to send a child home must be made by the nurse on duty and contact with the parent will be made by the nurse.

Children's Home – Short Breaks

- Children unwell with infectious diseases should not in general attend, although mild snuffles and colds need not necessarily prevent a child attending.
- If a child becomes ill during their stay, parents or person with Parental Responsibility must be contacted and the child taken home if necessary.
- The decision to send a child home must be made by the nurse on duty and contact with the parent will be made by the nurse.

Children's Home - Residential Children or Short Breaks Children who are unable to return home.

- If a child becomes unwell, the nurse must make a clinical decision as to whether the child needs to be seen by a GP. If the child is not registered with Ivybridge Medical Practise then they will need to be temporarily registered in order to be seen by the GP.
- In day time hours a GP can be requested to do a home visit from Ivybridge Medical Practise on 01752 690777.
- Out of hours home visits need to be requested via Devon Docs on telephone number 111.
- If the child is deemed to be unwell and health has deteriorated to the point of requiring a hospital admission then it is the responsibility of the nurse on duty to call 999, unless delegated to another member of staff by the nurse.

- Parents must be kept informed of any visits, treatments or concerns and this must be documented in the nursing evaluation sheets and on the computer individual contact log .

Communication with Parents

(In conjunction with the Communication and Liaising with Parents Policy)

Priority is given, as soon as reasonably and practically possible, for contacting parents regarding any change to regular medication, concern of a deteriorating condition, reason to see a GP or any change from their child's usual nursing plan.

In the event of an urgent medical emergency, priority is for the child's safety and the emergency services will be called first and foremost, then parents or carers as soon as possible. If the duty nurse requires to stay with the child until the emergency services arrive, contact may be made by another staff member.

An ongoing two-way dialogue is developed so that parents or carers are always informed of any concerns, treatment and progress of their child. For example in liaison with parents, a decision will be made as to if or when a child should go home. This varies with individuals, depending how ill a child is and consideration of where a child lives must also be taken (the practicalities of transferring an "ill" child) and social circumstances.

Delegated Tasks for Non-Nursing Staff

If a child is unwell, the nurse must delegate the task of increasing clinical observations of the child to the non nursing staff.

This may include:

- Taking of temperature
- Chest Physiotherapy
- Monitoring and recording Oxygen Saturation Levels
- Increased o2 Therapy
- Any other clinical observations deemed necessary

The non-nursing staff member must be informed that if the observation of the child is not in their normal range they are to inform the nurse on duty immediately so appropriate treatment / action can be taken.

Non-nursing staff must have received and be deemed competent in any procedure they are performing and any increase in procedure must be fully documented in the child's care plan and nursing evaluation sheet.

Hospital Discharge – Childrens Homes – Residential Children or Short Breaks Children who are unable to return home.

Any full time residential child being discharged for hospital to the childrens home must be lead by the nurse with a ward nurse to DHR nurse handover. The decision re discharge must be finalised by the nurse or the childrens home registered manager. All discharge letters will be obtained and held in the childrens home surgery for any discharge from hospital.

Hospital Discharge – Childrens Home – Short Breaks

Parents must contact the lead nurse or childrens home manager for agreement for their child to return for education or short breaks following discharge from hospital if returning within one week of their discharge.

A copy of the discharge letter would be useful for information for the DHR Team.

Death of a Child

Procedures in the event of the Death of a child / young person in Childrens Services:

- If expected call the ambulance and the Doctor
- If unexpected call the ambulance and the Doctor. Police will also be sent to attend
- Contact parent/guardian and contact the emergency first call team who will activate the Emergency Plan
- Commence Emergency Management Plan – First call team will contact the emergency management team and the trust support team immediately if the death is unexpected. If the death is expected then the emergency management team and the trust support team will be contacted on the next day
- Staff will be informed at the earliest opportunity
- Families of children / young people who access the Children’s Services will be informed
- Information on the clearing of the room and equipment is available in the Drug Policy and Procedures
- These procedures are included in the Trust’s Emergency Management Plan with a flowchart in the event of the ‘Death of a Child’ included in this Policy as Appendix A.

Appendix A

