

## Policies to support clinical practice in caring for neonates, children and young people





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This publication is due for review in July 2016. To provide feedback on its content or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

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## Introduction

The Royal College of Nursing (RCN) actively campaigns for national standards to meet the needs of children and young people. It promotes the commissioning of services which are specifically designed for children and young people, and it advocates for the provision of appropriate environments and nursing services for children and young people across all health care settings (RCN, 2011, updated edition forthcoming). The RCN also endorses the needs of children and young people before the needs of individual professional groups or organisations to ensure that services are developed with children in mind (RCN, 2003, under revision).

All RCN statements about the care of this client group are based upon the principles above and the need for organisations to work together to meet the needs of children.

**Note: Except where stipulated, the term 'children' is used to refer to all infants, children and young people.**

### This document

This document provides all organisations with a policy index. It includes all policies that should be in place for any organisation providing health-related services for children and their families.

The list was originally developed from enquiries raised by RCN members about guidance underpinning nursing practice and when investigating issues of concern in relation to the health care of children and young people. However, it also provides a useful resource for those setting up health services for children and young people and for organisations reviewing, regulating or commissioning children's services.

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## Definitions

**For the purposes of this document the definition of a child/young person will include everyone under 19 years of age.**

The UK Government adopted the United Nations Convention on the Rights of the Child in 1991 (UN, 1989). This states that 'children' applies to all children and young people up to 18 years of age (BACCH, 1995). The National Service Framework for Children, Young People and Maternity Services included all children and young people below 19 years of age. More recently, the Chief Medical Officer to the Department of Health included the United Nations definition of young people, which extends to the age of 25 years. This is due to evidence relating to the emotional development of young people and the lack of services in some areas for young people with 'childhood conditions' (DH, 2013).

Therefore, for the purpose of this publication a child or young person will include all those up to the age of 19, with special consideration given to the services required by young people with long-term conditions.

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## Policy

### management

It is important that all policies are evidence based and reflect current guidance. Therefore, a policy management system or process is essential to maintain guidance for staff which supports practice and local procedures. This system should be iterative and developmental and might include flagging review dates and identifying a responsible postholder to lead a policy review.

The RCN sets out these policies as those that should be in place when caring for children and young people, whilst acknowledging that they should be directed by local service provision. Therefore, individual organisations must determine which policies are required to underpin their services and may combine a number of policies within one document. For example, a staff leave policy might include parental leave, adoption, maternity and paternity leave, sick leave, annual leave and other types of leave.

It is important that all policies are:

- ◆ agreed locally, with sign off from responsible staff and stakeholders
- ◆ evidence/research based
- ◆ regularly updated at frequencies determined locally and identified on the document
- ◆ monitored and audited to assess compliance with the policy
- ◆ monitored to ensure the policy remains current
- ◆ accompanied by an equality impact assessment.

Further information can be obtained from the NHS Litigation Authority website: [www.nhsla.com](http://www.nhsla.com)

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## Policy index

### Human resource policies and their purpose

#### Absenteeism

This policy is to guide staff in the management of staff sickness and other absences, including identifying and acting on the cause of absence and maintaining staffing levels to reduce risks to patients.

#### Abuse by patients

This policy outlines the organisation's position on actual, or potential, abuse by staff of patients. It will provide information regarding the degree of tolerance and action to be taken when staff are potentially at risk or are abused.

#### Adoption leave

This policy supports employees through the adoption process using statutory guidance.

#### Aggression and violence management

This policy outlines the organisation's position regarding zero tolerance to aggressive and violent behaviour, and the action to be taken to maintain the safety and wellbeing of staff and patients at all times.

#### Alcohol and drug policy

This policy provides a standard of behaviour expected in the work place which protects staff and patients from harm or potential harm as a result of the effects of alcohol and or drugs. It will also outline the support available and action to be taken where staff might have a problem with alcohol or drugs.

#### Annual leave

This policy outlines the employee's leave entitlement and the mechanism for booking leave and taking leave at short notice, to ensure equity for all staff.

#### Appeals procedure

This policy outlines an employee's right to challenge and/or appeal against a decision made about them, such as disciplinary actions or grievances.

#### Attendance for duty

This policy outlines an employer's requirements and standards expected of an employee when attending for duty in line with contractual obligations. It will include the action employees should take if they are unable to attend and the process to be followed if an employee fails to attend or inform their manager.

#### Booking travel arrangements

This policy informs the employee how to make travel arrangements to ensure the most effective use of the organisation's resources.

#### Breastfeeding staff support

This policy provides information for staff who are breastfeeding, regarding the organisation's commitments to, and provision for, breastfeeding mothers when they return to work.

#### Career breaks

This policy supports staff wishing to undertake a break in employment for personal or domestic reasons with the protection of the right to return to work.

#### Clinical supervision

This policy sets out the importance of, and professional requirements relating to, providing clinical supervision. It also provides guidance on the provision and receipt of supervision including the role of the supervisor, supervisee and the organisation's commitments.

#### Collective disputes

This policy outlines the principles of fairness and equitable treatment for staff who raise concerns about their employment conditions or work environment.

#### Communications

This policy outlines the organisation's strategy and aims for providing effective communication between all relevant staff, patients, the public and the board.

#### Compassionate leave

This policy outlines the organisation's position on an employee's entitlement to take leave for urgent and/or distressing personal circumstances. It will also provide guidance for employees on the process to request compassionate leave.

## Complaints

This policy outlines the process to be followed when a complaint, either verbal or written, is received. This will include procedures to deal effectively with concerns raised by patients and the public before they become complaints; the role of the Patient Advice and Liaison Service (PALS service); the importance of dealing with complaints openly and apologising appropriately; the information to be provided to patients and the public regarding complaints including contact details of commissioners, the independent advisory service and the Parliamentary and Health Services Ombudsman; and the rights of patients or the public raising complaints. Information regarding the links between and processes for complaints, investigations and litigation are included.

The policy will also outline the training required by all staff and will inform staff how learning from complaints will be used to improve practice.

More information is available at:

[www.gov.uk/search-for-nhs-hospitals-complaints](http://www.gov.uk/search-for-nhs-hospitals-complaints)

[www.ombudsman.org.uk/reports-and-consultations/reports/health/complaint-handling-in-nhs-hospitals](http://www.ombudsman.org.uk/reports-and-consultations/reports/health/complaint-handling-in-nhs-hospitals)

[www.spsso.org.uk](http://www.spsso.org.uk)

[www.nidirect.gov.uk/make-a-complaint-against-the-health-service](http://www.nidirect.gov.uk/make-a-complaint-against-the-health-service)

## Confidentiality

This policy aims to protect patient's personal and medical information and will outline processes required to ensure that staff do not commit professional misconduct.

More information is available at: [www.nmc-uk.org](http://www.nmc-uk.org)

## Conflict of interest

This policy outlines the organisational requirements relating to preferential terms, treatment or payment in kind in order to protect staff from misunderstandings. It will outline the requirements for reporting where a conflict of interest may arise.

## Criminal record checks

This policy supports recruitment decisions when selecting people to work with children and young people. All potential recruits will be asked to disclose any criminal record, which may impact on decisions regarding employment. All potential recruits to posts working with children are required to have their personal details checked for criminal records and against lists of individuals barred from working with children or vulnerable people. The policy will outline how the organisation will consider information received from checks, including how information will be managed to protect and minimise distress to potential employees.

More information is available at:

[www.gov.uk/government/organisations/disclosure-and-barring-service/about](http://www.gov.uk/government/organisations/disclosure-and-barring-service/about)

[www.nidirect.gov.uk/accessni](http://www.nidirect.gov.uk/accessni)

[www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)

## Dignity at work

This policy outlines an organisation's commitment that all staff can expect to be treated with dignity and respect in the workplace, both by employers and colleagues. The process for raising concerns regarding dignity and respect will be outlined.

## Disciplinary policy

This policy outlines a range of procedures to be used when staff performance or actions do not meet the organisation's expectations. The procedures used in each individual case will depend on the nature of concern regarding performance or action and will include an appeals process and the support available to staff undergoing disciplinary action.

## Dress code

This policy outlines the organisational requirements in relation to the dress to be worn by individuals during their work and in the prevention and control of infection.

## Employee capability management

This policy outlines organisational structures for managing employee performance, in particular where there are concerns that an individual is not performing as expected against agreed objectives or where there are specific issues impacting on individual capability.

**Employee conduct**

This policy provides a formal framework which outlines the conduct expected of all employees by employers. It includes an incremental plan for managing misconduct.

**End of employment, exit interviews**

This policy outlines the procedure to be used when an employee tenders their resignation. Procedures usually include an interview with the manager to discuss reasons for leaving. This information is used to monitor staff satisfaction with the organisation as an employer, in order that the organisation can identify potential problem areas and learn about itself, making improvements as required.

**Equal opportunities**

This policy outlines the right of all employees to be treated equally in terms of employment, employment opportunities and considerations.

**Equality and diversity**

This policy addresses the rights of all employees regardless of age, disability, gender, sexual orientation, marital status, pregnancy, ethnic, cultural or religious beliefs to be treated equally at work as determined by the Equalities Act 2010 (Parliament, 2010).

**Flexible working**

This policy outlines the organisation's position regarding employment opportunities to enable employees to meet personal and domestic commitments, enabling them to optimise work/life balance. This will include options such as annualised hours or term time working.

**Grievances**

This policy outlines a process that allows an employee to raise a concern or complaint for investigation and resolution.

**Harassment and bullying at work**

This policy outlines the organisational expectations in relation to employers and employees treating all staff with dignity and respect at work. It will include how to raise concerns, the use of mediation and processes for investigation of concerns.

**Induction of new staff**

This policy outlines the organisational expectations of new staff to familiarise themselves with relevant policies and procedures relating to their workplace to ensure the safety and wellbeing of themselves and their colleagues.

**Industrial injury benefit**

The policy sets out the organisational procedures to be followed in the event that staff have grounds for an industrial injury claim.

**IPR (individual performance review)**

This policy outlines organisational arrangements for regular review of employee performance in order to provide opportunities for development and career progression. It outlines manager responsibilities regarding completion of the IPR and processes where employees are not meeting the expectations of their role.

**Job share**

This policy outlines the organisational arrangements for enabling one individual to share a role with another in order to optimise work/life balance.

**Knowledge and Skills Framework (KSF)**

This policy outlines the organisation's eligibility criteria for employees to access KSF qualifications.

**Learning and development**

This policy sets out an organisation's commitment and structures enabling employees to access learning and professional development.

**Long service and retirement awards**

This policy outlines the structure and awards for employees who retire or have given long service, to ensure that all employees are treated equally in terms of employment opportunities and considerations.

**Managing poor performance**

See *Employee capability management policy* on page 4.

**Maternity leave/policy**

This policy outlines an organisation's procedure for managing paid leave for a female employee who takes a break in service to have a baby, in line with employment legislation.

### **Mobile telephones, guidance on use while driving**

This policy outlines the requirement to use a hands free phone when driving, to prevent employees breaking the law.

See: [www.gov.uk/using-mobile-phones-when-driving-the-law](http://www.gov.uk/using-mobile-phones-when-driving-the-law)

### **New starter's hours and protection**

This policy outlines the contractual hours for new staff and their rights regarding protection and pay.

### **Nurse bank operation**

This policy outlines the structures in place for the management of temporary staff and the systems in place to ensure that safe staffing levels are maintained at all times.

### **Occupational Health services**

This policy provides all staff with guidance regarding access to occupational health services, including contact information and hours of availability.

### **On-call**

This policy outlines the on-call periods and expectations of different roles undertaking on-call shifts including the remuneration for the required periods.

### **Organisational change**

This policy outlines the organisation's approach to large scale change how to manage the consequences and how it might affect individual employees.

### **Parental leave**

This policy sets out the organisational procedures for employees requesting leave for parental reasons.

### **Paternity leave**

This policy outlines the organisation's requirements of male staff who wish to apply for paternity leave soon after the birth of their child. It will also include guidance for taking additional leave following the mother's return to work, their entitlements to paternity pay if the mother has not taken all her maternity pay and their right to return to the same role and conditions.

### **Performance and development review (PDR)**

This policy outlines an organisation's structure and processes for managing the performance and professional development of staff. (See also *IPR policy* on page 5.)

### **Professional indemnity**

During 2014 nurses will be legally required to have professional indemnity arrangements in order to register with the NMC. Employers must monitor progress with legislation and provide guidance to staff about local indemnity arrangements and any requirement for additional indemnity.

### **Professional registration checks for qualified staff**

This policy outlines the systems and processes in place to check the validity of professional registration of staff, such as doctors and nurses to ensure they are registered with their professional body and are fit to practice.

### **Raising concerns/whistle blowing**

This policy describes the organisation's commitment to staff who raise concerns about safeguarding, or other issues impacting on patient safety and service quality. It outlines how staff can raise concerns openly and without fear regarding their employment and what support they can expect from managers whilst concerns are investigated.

More information is available at:

[www.rcn.org.uk/raisingconcerns](http://www.rcn.org.uk/raisingconcerns)

[www.nhsemployers.org/RaisingConcerns](http://www.nhsemployers.org/RaisingConcerns)

[www.scotland.gov.uk/Resource/Doc/364407/0123806.pdf](http://www.scotland.gov.uk/Resource/Doc/364407/0123806.pdf)

[www.medicalprotection.org/uk/england-factsheets/raising-concerns-and-whistleblowing](http://www.medicalprotection.org/uk/england-factsheets/raising-concerns-and-whistleblowing)

[www.dhsspsni.gov.uk/whblpolmar\\_07.pdf](http://www.dhsspsni.gov.uk/whblpolmar_07.pdf)



### **Recruitment and selection of people with a disability**

This policy outlines the organisational commitments to recruiting and selecting employees with a disability, in line with the *Disability Discrimination Act 2005* (DDA).

More information is available at:

[www.legislation.gov.uk/nisi/2006/312/contents/made](http://www.legislation.gov.uk/nisi/2006/312/contents/made)

### **Recruitment and selection**

This policy outlines the organisational framework for selecting and recruiting staff in a safe and fair manner.

### **Recruitment of ex-offenders**

This policy sets out the criteria to be applied in the recruitment of an employee who has previously offended. (See also *Criminal record checks* on page 4).

### **Recruitment of staff with substantial access to children**

The policy outlines the criteria to be applied for recruitment to posts with substantial access to children, which will include criminal record checks (See also *Criminal record checks* on page 4).

### **Redeployment**

The policy outlines the terms of redeployment in relation to substantial organisational change and the requirement to find staff suitable alternative appointment.

### **School pupil work experience**

This policy outlines the procedures to be followed when young people undertake work experience in health care settings including criminal record checks and the rules applied to work experience.

### **Secondment**

This policy outlines organisational procedures to be applied when an employee is seconded or requests secondment to another role for their personal development. This includes the employee's right to return to their contracted post and the notice period required if they do not wish to return to their post.

### **Special/carer leave**

This policy outlines the organisational rules applied to employees who need to take unscheduled leave for unexpected serious domestic emergencies such as burglary or illness of a child.

### **Sickness absence reporting**

The policy outlines the organisation's requirements in relation to employees reporting sick, including whom to report to and the timeframe for reporting.

### **Smoking**

This policy provides guidance to ensure that staff are aware that smoking is not permitted within health care premises, identifies designated smoking areas and outlines the support available for those staff wishing to stop smoking.

### **Staff appraisal and development**

This policy outlines the organisation's arrangements for appraisal of staff in the performance of their role and the agreement of an action plan to support ongoing development.

### **Staff capability**

See *Employee capability management* on page 4.

### **Staff education and training**

This policy outlines the organisational requirements relating to staff training, including statutory and mandatory training, specialist education and training, how to access study leave and funding for training and the organisation's expectations in relation to feedback following study leave.

### **Storage and retention of disclosure information**

This policy outlines an organisation's criteria regarding the timescales and confidential storage of patient records which have been subject to an inquiry or investigation.

**Stress at work**

This policy outlines the organisation's strategies for preventing or reducing work-related stress and the management of staff who are suffering from work-related stress.

**Student placements**

This policy outlines organisational processes for ensuring clinical environments are conducive to learning for nursing and medical students. This includes the number of students in one clinical area and the process for auditing the educational experience and provision.

**Training, study and professional leave**

The policy outlines the processes in place for allocation of study leave including the selection criteria and the arrangements for financial support.

**Term-time working**

This policy outlines the organisations criteria for considering applications for term-time only contracts due to parental responsibilities.

**Theatre attire**

This policy outlines the organisation's standards for dress in theatre and outside the theatre suite to ensure good practice in infection prevention and control.

**Uniform policy**

See *Dress code* on page 4.

**Workforce/staffing**

The policy outlines the organisation's standards on staffing children's wards or services, including baseline establishments, assessment of workload and patient dependency (RCN, 2013). The process for recruiting temporary staff and procedures for flagging concerns about staffing levels are included.

**Work/life balance**

This policy outlines the organisation's commitment to employment of its staff in such a way that they can create a balance between their work and personal life.

More information from:

[www.nhsemployers.org/Aboutus/Publications/Documents/Work-life%20balance.pdf](http://www.nhsemployers.org/Aboutus/Publications/Documents/Work-life%20balance.pdf)

Further information about many of the areas above can be found on the NHS Employers website:

[www.nhsemployers.org](http://www.nhsemployers.org)

[www.nhsemployers.org/SiteCollectionDocuments/Guidelines-prevention-management-sickness-absence-Nov-13.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/Guidelines-prevention-management-sickness-absence-Nov-13.pdf)

[www.nhsemployers.org/recruitmentandretention](http://www.nhsemployers.org/recruitmentandretention)

[www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity/Pages/Home.aspx](http://www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity/Pages/Home.aspx)

[www.nhsemployers.org/PlanningYourWorkforce/childrensandfamiliesworkforce/Pages/ChildrensAndFamiliesWorkforce.aspx](http://www.nhsemployers.org/PlanningYourWorkforce/childrensandfamiliesworkforce/Pages/ChildrensAndFamiliesWorkforce.aspx)

**Management/  
administration policies****Access to health records**

This policy outlines the law and rules that govern who may access confidential patient records.

**Bomb threats**

This policy outlines the action to be taken in the event of a warning, threat of explosion or a claim that explosive material is on health care premises.

**Car parking**

This policy outlines the organisation's strategy for the use of car parking facilities including designated areas for patients and staff.

**Close circuit television (CCTV)**

This policy outlines how and on what basis an organisation installs and uses CCTV. It will outline the restrictions on use of covert video surveillance and the need to explain to staff, children and families when CCTV is used.

More information is available at:

[www.ico.org.uk](http://www.ico.org.uk)

**Clinical health care records**

This policy outlines the organisational arrangements for completion, management, storage and security of patient records to ensure compliance with the Data Protection Act 1998 (Parliament, 1998).

More information is available at:

[www.ico.org.uk/for\\_organisations/data\\_protection/the\\_guide](http://www.ico.org.uk/for_organisations/data_protection/the_guide)

**Company representative visits**

This policy outlines organisational rules for visits to clinical areas from pharmaceutical or product manufacturers' representatives for sales purposes. The policy will include processes for the procurement of equipment or consumables through these representatives.

**Disabled children in hospital**

This policy outlines the specific facilities and resources available to disabled children within all areas of the hospital or health care premises as outlined in the National Service Framework for children, young people and maternity services (DH, 2004).

**Escort of children/young people**

This policy outlines the organisational requirements for children who require escort either by a member of staff or a parent/carer to ensure the child's safety.

**Evacuation of clinical areas**

This policy outlines the reasons for and the organisations procedures for evacuation of a clinical area following the order from a senior fire officer or duty manager.

**Falls management**

This policy may be part of the Health and Safety Policy. It outlines the strategies used by an organisation to prevent falls and action to be taken in the event that a child falls in hospital or other health care premises. Procedures for reporting and monitoring falls will also be explained.

**Funerals, chaplains/faith representatives and funeral services**

This policy outlines the arrangements for organising Christian and other funerals in the hospital setting.

**Guidelines, standards, policies, procedures and protocols management**

This policy defines these terms and how the documents are managed and used within the organisation. This will include review periods and allocating responsible individuals to review and revise guidance.

**Human tissue donation and retention of organs**

This policy states the requirements for removal, storage and use tissue for research, medical treatment, post-mortem examination, teaching and display in public. It also outlines the processes for discussion with families, gaining consent for removal of tissue and disposal of remaining tissue.

More information is available at:

[www.hta.gov.uk](http://www.hta.gov.uk)

**Interpreters and translation services**

This policy outlines the organisational requirements for the use of interpreters in health care settings. It includes the use of family as interpreters and the need to avoid conflict, how to access agreed interpreting services and the role of the interpreter in assisting the process of communication with children and families.

**Major incident plan**

This policy outlines the structures and procedures for dealing with major incidents both within and outside the organisation.

**Media management**

This policy outlines the organisation's arrangements for liaising with, and managing, the media. It outlines to whom all media enquiries should be referred, especially in the case of high profile cases in order to protect the subject, other patients and staff.

**Minority ethnic groups**

This policy outlines the resources available for children and families from different cultures and countries of origin. This will include arrangements for translation, quiet space/faith rooms and provision of written information in a range of languages.

**Missing child (abduction and absconding)**

This policy provides organisational strategies to reduce the risk of children going missing and a protocol for the immediate action to be taken in the event of a child going missing from a clinical area, whether by abduction or absconding. It will include who to report the incident to and the role of the individual authorities who will take action to locate the child in line with Home Office and local safeguarding children board guidance (Home Office, 2011).

**Outpatient clinic and cancellation of appointments**

This policy outlines the arrangements for running outpatient clinics and managing those children who fail to attend for appointments. Those children who do not attend should be followed up by their GP or health visitor to ensure that the child's clinical needs are not jeopardised and to determine whether there are any safeguarding concerns requiring referral and assessment by social services.

**Patient/carer information**

This policy outlines the organisational standards for provision of information to children and their families or carers. It will include the provision of information in different formats to address the needs of children at varied ages and developmental stages, as well as those with special communication needs and who do not speak English.

**Pre-admission visits**

This policy outlines the provision for pre-admission visits for children and young people being admitted to help reduce any anxieties or fears they may have.

**Prisoner visits**

This policy outlines the treatment and management of prisoners who attend hospital for medical reasons, in order to protect the prisoner, other patients, staff and the public.

**Security of clinical areas**

This policy outlines the organisational strategies and requirements for maintaining security of clinical areas with vulnerable patients such as neonatal units and children's wards. It will include the use of swipe card, key fob and digital code access and using door entry systems to restrict access to visitors.

**Social media and use of the internet**

This policy provides guidance for employees on the use of the internet and social media at work. It will include guidance on using photographs or video clips of patients in order to maintain confidentiality and will provide guidance on acceptable use of the internet at work. In addition, it will outline situations where text messaging is used by the organisation and when staff may use this service for non-work purposes.

More information is available at:

[www.nmc-uk.org/social-networking-sites](http://www.nmc-uk.org/social-networking-sites)

**Taxi services**

The policy outlines criteria for providing taxis for patients or staff.

**Use of surveillance and covert monitoring**

See *Close circuit television (CCTV)* on page 9.

**User involvement monitoring**

This policy sets out the organisations strategy for gathering and monitoring outcomes from patient feedback, in order to understand children and families' experience of services and what changes are required to meet patient needs or improve experience.

**Withholding and withdrawing treatment**

This policy outlines the management of the difficult and complex legal and ethical dilemmas involved in withdrawing or withholding treatment from a child. It is based on professional and government guidance in order to protect the child and support and guide the health care team as they make decisions in consultation with the child and family.

More information is available at:

[www.rcpch.ac.uk/system/files/protected/page/Withholding%20....pdf](http://www.rcpch.ac.uk/system/files/protected/page/Withholding%20....pdf)

**Clinical policies****Acute asthma management**

This policy outlines the action to be taken to treat an acute asthma attack in children and young people. It will be based on professional evidence based guidance from the British Thoracic Society and Scottish Intercollegiate Guideline Network (BTS/SIGN, 2011; SIGN, 2011).

More information is available at:

See: [www.nice.org.uk](http://www.nice.org.uk)

**Admission of patients**

This policy outlines the procedure to be completed, including documentation, when a child is admitted to hospital.

**Advance directives**

*(Also known as advance decision, advance statement, advance refusal or living will)*

This policy outlines the actions required by health care staff where a patient has expressed either verbally or in writing their wishes regarding treatment should they, at some time in the future, lack the capacity to express their wishes regarding treatment. It should include the legal framework for advanced directives and the conditions that must be satisfied before the directive can be deemed valid. This will also include guidance on action to be taken should a patient or carer refuse blood products or transfusion alternatives.

**Allergy status (documentation of)**

This policy outlines the action to be taken to clearly record a patient's allergy status in order to make all relevant professionals aware and maintain patient safety.

**Anaphylaxis policy**

This policy outlines the precautions to be taken for groups of patients who may be prone to an anaphylactic reaction such as children receiving vaccination/immunisations. It will provide guidance on the action to be taken if an anaphylactic reaction occurs.

**Anti-embolism stockings**

This policy outlines the correct use of anti-embolism stockings both during and after surgery.

**Assessment of the child on admission**

This policy outlines the process to be completed when admitting a child to a specific service including the model of assessment.

**Blood loss (management of)**

This policy outlines the action to be taken if a child bleeds following trauma or surgery and the formula for calculating blood loss and required replacement in order to sustain life.

**Blood sampling prior to transfusion**

This policy outlines the procedure to be undertaken to ensure that the sample is correctly labelled and delivered to the laboratory for analysis.

**Blood and blood product transfusion**

This policy outlines the procedures for administering blood or blood products to children and for managing and reporting adverse reactions.

**Breakdown in confidence in care**

This policy outlines the procedure for managing an irretrievable breakdown in the relationship and confidence between a child and family and the clinical team.

**Breaking bad news**

This policy outlines the considerations and procedures for breaking bad news to children and their families. It will include direction regarding the environment, privacy, the provision of support and responding to questions to ensure a compassionate and professional approach, whilst recognising the individual needs of the family. See the RCN's publication *Breaking bad news: supporting parents when they are told of their child's diagnosis*.

**Breastfeeding mothers**

This policy outlines the organisational arrangements and facilities to accommodate the needs of breastfeeding mothers, which will include provision of fluids and nutrition, privacy and safe storage facilities for breast milk.

**Care of young people**

This policy outlines the considerations and arrangements to meet the special needs of young people, in health care settings, including privacy, information and transition to adult services.

**Child overdose**

The policy outlines the immediate and ongoing treatment of a child who has presented with an intentional or accidental overdose of a toxic substance. This will include liaison with other agencies such as poisons unit, child and adolescent mental health services (CAMHS) team and social services as required.

**Children with special and complex needs**

This policy outlines the resources available for managing children with special and complex needs and the information required about each child to ensure that their needs can be met by the clinical team and support services.

**Collection of blood from umbilical cords for stem cell harvest**

This policy outlines the procedures for collecting cord blood in those organisations who are licensed to undertake this procedure.

More information: [www.hta.gov.uk/licensingandinspections/sectorspecificinformation/stemcellsandcordingblood.cfm](http://www.hta.gov.uk/licensingandinspections/sectorspecificinformation/stemcellsandcordingblood.cfm)

**Complementary therapies**

This policy outlines the organisations' position on the ethical practice of complementary therapies and those therapies deemed appropriate for use in children and young people.

**Confirmation of expected death**

This policy outlines the action to be taken by nursing and medical staff where the death of a child is expected, to ensure arrangements agreed with the family run smoothly and the family are treated compassionately and sensitively.

**Consent to examination and treatment**

The policy will outline the process for assessment of 'Gillick competence' in young people and application of the Fraser guidelines, in order to assess whether a child or young person is able to consent or withhold consent to treatment. It will outline the importance of gaining consent from young people who are able to understand the treatment provided.

More information is available at:

[www.nspcc.org.uk/inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

[www.dhsspsni.gov.uk/consent-guidepart1.pdf](http://www.dhsspsni.gov.uk/consent-guidepart1.pdf)

**Cardiopulmonary resuscitation (CPR)**

This policy will provide staff with guidance on the action to be taken in different clinical scenarios to resuscitate children. The policy will use the latest guidance from the UK Resuscitation Council.

More information is available at:

[www.resus.org.uk](http://www.resus.org.uk)

**Diabetic children**

This policy outlines the clinical pathway to be followed in managing children and young people with diabetes, including management of hypoglycaemia and hyperglycaemia.

More information is available at:

[guidance.nice.org.uk/CG15](http://guidance.nice.org.uk/CG15)

[www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0008/267389/003318.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0008/267389/003318.pdf)

**Discharge from health care**

This policy outlines the discharge process from the time of admission to health care services until the child is discharged from the care of the organisation. It will include follow-up and referral protocols to ensure that the child receives all services required.

### **Diagnosis of congenital disorder or abnormality**

This policy outlines the procedure to be followed when informing parents of a diagnosis of congenital abnormality or disorder. It should provide guidance on providing the information in a sensitive way in order to support parents to ask questions and respond appropriately to their reactions.

### **Domestic abuse in the ante-natal period**

This policy provides staff with guidance on the action to be taken by health professionals when they are concerned that a mother and unborn child are subject to domestic abuse.

### **Emergency equipment checks**

This policy outlines the organisation rules for checking resuscitation and other emergency equipment and includes the requirements for recording checks.

### **Examination of children/young people**

This policy outlines children's rights to consent to or decline consent to examination and the responsibilities of clinicians to gain rapport with the child to gain co-operation.

### **Extravasation injury management**

This policy set out the procedures to be undertaken in order to reduce the risk of and treat extravasation injuries. It will include action to be taken depending on the substance and volume infused and the risk of damage to tissue or limb. The process for reporting and monitoring injuries is included.

### **Feeding via a nasogastric, naso-jejunal or gastrostomy tube**

The policy outlines the procedures for inserting nasogastric, naso-jejunal and gastrostomy tubes when children cannot eat normally. It outlines procedures to reduce risks associated with tube feeding, such as tube misplacement and aspiration of feeds.

### **Flushing a portacath**

The policy outlines the procedure for flushing a portacath using an aseptic technique in order to reduce the risk of introducing infection.

More information is available at:

[www.gain-ni.org/images/Uploads/Guidelines/Gain-CVAD-2012.pdf](http://www.gain-ni.org/images/Uploads/Guidelines/Gain-CVAD-2012.pdf)

### **Haemodialysis**

This policy outlines the management of children requiring haemodialysis, including procedures for commencing dialysis and maintaining the safety of the child whilst on dialysis.

### **Holding children**

This policy provides guidance on holding children using a sensitive approach and respecting their rights to refuse being held against their wishes. It will offer alternative measures for gaining children's co-operation and/or consent.

### **Infant formula feeds**

This policy provides staff with guidance on the correct preparation of infant formula feed to ensure that the correct balance of nutrients and fluid are provided. It will include the risks of incorrect constitution of feeds and provide guidance on safe storage of formula feeds.

### **Intravenous cannulation**

This policy outlines the procedure and expected standards for inserting cannulae into veins. This will include requirements for competence assessment and reducing the risk of distress, injury and infection to the child.

### **Intravenous fluid management**

This policy outlines the management of intravenous fluids in children, including calculations, prescribing, monitoring and measurement of fluids across the age range.

More information is available at:

[www.nrls.npsa.nhs.uk/resources/?EntryId45=59809](http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59809)

### **Jacuzzi use**

This policy outlines the care of patients using a Jacuzzi as therapy in hospital and the maintenance of the Jacuzzi to ensure safety and reduce the risk of infection.

### **Last offices**

The policy outlines the procedures to be followed when cleaning and preparing the body after death, before removal to the mortuary. It will include detail on labelling the body correctly, preparing it for viewing by the family in the chapel of rest and practice based on religious and cultural differences.

**Nutritional care for children**

This policy outlines the importance of good nutrition to the growth, recovery and wellbeing of children and how the organisation provides this. It will include the role of the dietician and management of children where it is difficult to provide sufficient nutrition through provision of a normal diet.

More information is available at:

[www.stampscreeningtool.org](http://www.stampscreeningtool.org)

**Point of care testing**

This policy outlines procedures to ensure the safety of children and protection of specimens when samples such as blood and urine are obtained at the point where the child receives their care (eg clinic or ward).

**Pre-operative hair removal**

This policy outlines the guidance for staff on hair removal prior to theatre and the methods used to achieve hair removal, in order to reduce infection risks and promote wound healing.

**Preparing children for surgery**

The policy provides staff with guidance on procedures to be followed to prepare children for surgery, maintaining comfort and safety until safely transferred to the anaesthetic room.

**Preparation of a diabetic child for surgery**

This policy outlines the special pre-operative preparation required by children with diabetes in order to maintain their blood sugar levels and clinical safety intra and post-operatively.

**Recognition of the deteriorating child**

This policy provides guidance relating to the use of a children's early warning tool and reporting pathways when a deteriorating child is identified. It outlines the training and competence assessment required in relation to use of the tool.

**Resident parents**

This policy outlines the organisation's facilities for enabling parents to be resident with their child in hospital either beside the bed or a short walk away. It will provide staff with guidance on managing privacy for parents sleeping beside beds and for allocating accommodation where there is insufficient space to meet demand.

**Stoma management**

This policy outlines the care and management of children who have recently had a stoma fashioned and the ongoing care and education of the child and family.

**Telephone advice**

The policy outlines the procedure for recording telephone advice given to children and their families. The advice should be recorded in the patient record at the time given, including the date, time and signature of the person giving the advice and the name of the person the advice was given to.

More information is available at:

[www.nmc-uk.org](http://www.nmc-uk.org)

**Tissue viability and wound management**

This outlines the organisational requirements for the ongoing assessment of risk of tissue damage and action to be taken if a child develops signs of tissue damage. It will also include management of an existing wound where healing is compromised.

**Tracheostomy care**

This policy outlines the management of tracheostomy tubes to ensure its patency. The policy will include tube replacement, use of humidification devices, maintaining safety and comfort of the child and education of the parents/carers.

**Transfer of the critically ill neonate or child between hospitals**

This policy outlines the organisation's processes for managing and transferring the critically ill child to a children's intensive care unit. It includes details of the local network, how to access a bed including telephone contact details and procedures required for monitoring and stabilising the child prior to transfer.

**Transfer to and from theatre**

This policy outlines the standards required when transferring children to and from theatre or other departments. It includes assessment and equipment required and the documentation including ward and theatre checklists.

More information is available at:

[www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/395760/004127.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0003/395760/004127.pdf)



**Vacuum assisted closure (VAC) therapy**

This policy provides guidance for staff using vacuum apparatus in order to promote wound debridement and healing.

**Venepuncture**

The policy outlines the procedure to be used for venepuncture to ensure the safety and comfort of the patient and reduce risks to staff undertaking the procedure. It will provide guidance on competency assessment.

**Medicines management policies****Administration, supply and prescribing**

See *Medicines management for neonates, children and young people* below.

**Chemotherapy**

This policy clearly sets out the systematic procedures for the reconstitution, checking and administration of cytotoxic drugs. The policy will include staff education and competence assessment, reducing risks to the patients, and patient monitoring to prevent potentially fatal side effects of chemotherapy.

**Drug incidents**

The process for managing and reporting drug incidents will form part of the medicines management policy. This will outline action to be taken to ensure patient safety, investigate the error and ensure that action is taken to prevent similar incidents in the future.

**Emergency transfer of medicines**

This policy outlines the procedures that must be followed in the exceptional circumstances that medicines are required to be transferred from one clinical area to another. It will specify who should authorise such a transfer and how transfers are recorded to ensure stock control.

**Medicines management for neonates, children and young people**

This policy includes all aspects of ordering, storage, administration and recording of medicine used in children's services, in order to ensure patient safety. This will include the use of infusion devices to control rates of administration.

**Rapid tranquilisation**

This policy outlines the circumstances when rapid tranquilisation might be used and the importance of specific training relating to children and young people. It will include the risks of using this treatment in children and outline the processes to be completed including recording and supporting the child/young person. The policy should be developed in conjunction with the CAMHS team.

NICE guidance is available at:

[www.nice.org.uk/nicemedia/live/14021/62392/62392.pdf](http://www.nice.org.uk/nicemedia/live/14021/62392/62392.pdf)

**Rectal paraldehyde administration**

This policy outlines the procedure and precautions to be taken when administering paraldehyde rectally for the treatment of seizures.

Further information is available at:

[www.bnf.org/bnf/org\\_450055.htm](http://www.bnf.org/bnf/org_450055.htm)

**Syringe driver usage**

This policy will outline the training and competence assessment required by staff to ensure safe administration of medicines via a syringe driver. Training will include associated drug calculations and methods for cleaning equipment after use.

**Vaccine storage**

This policy outlines the procedures required to maintain the 'cold chain' when transporting and storing vaccines in all health care settings. This will include resources to be used to maintain vaccine temperature between +2°C to +8°C and protect from light.

Further information from: [www.hpa.org.uk](http://www.hpa.org.uk)

**Warfarin use in children**

This policy outlines the procedure for administering warfarin to children including the precautions and monitoring of clotting times to adjust doses.

## Safeguarding children and young people policies

### Domestic abuse

This policy outlines the organisation's expectations for managing domestic abuse to ensure the safety and welfare of staff and patients. See *Domestic abuse in the ante-natal period* on page 13.

### Fabricated illness

This policy outlines the action to be taken in situations where it is suspected that illness has been induced by the child or a parent/carer.

### Safeguarding children and young people

This policy includes all aspects of safeguarding children and young people and reflects local safeguarding children's board multi-agency policies and procedures and national guidance (HM Government, 2013).

More information is available at:

[www.safeguardingni.org](http://www.safeguardingni.org)

[www.nspcc.org.uk/Inform/policyandpublicaffairs/ppa\\_wda48585.html](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/ppa_wda48585.html)

## Play services and hospital school policies

### Health and safety of play services

The policy outlines strategies to ensure that play facilities are safe, age appropriate and meet required standards, including computer equipment with access to the internet.

### Messy play activity

The policy outlines the precautions to be taken to keep children safe whilst taking part in messy play using paint, sand, water and flour. It will include the benefits of using such play as distraction and a means of enabling children to express themselves.

### Operational policy for play services

The operational policy sets out how play services are provided and the aims and objectives of the service. It outlines the numbers and designation of staff, the environments in which they work and the range of activities provided for the individual age groups.

### School visits

The policy outlines how children's services provide facilities for local schools to visit children's wards in order to enable children to understand what it is like in hospital. This may help allay fears for any future admissions.

### Used toy donations

This policy states the organisation's procedures for managing donations of second hand toys, including which toys can be cleaned and used and which should be disposed of for infection control/safety reasons.

## Risk management and health and safety policies

### Confidential waste

In compliance with the Data Protection Act 1998 (Parliament, 1998), this policy outlines how confidential waste will be stored and disposed of.

### Control of contractors

This policy outlines the steps taken to protect the safety of patients, staff and property when contractors are onsite. This will include the requirement for a permit to work following security clearance and the need for a contract manager to supervise the employees whilst working on site.

### Control of substances hazardous to health (COSHH)

The policy lists the substances controlled under the COSHH regulations, how they should be stored, handled and the risks associated with their use. It includes risk assessment processes and control measures for individual substances.

### Display screen equipment

This policy sets out the employer and employee responsibilities when working with computer screens (VDUs). It may be included within a wider health and safety policy.

### Electrical equipment

This policy sets out the employer and employee responsibilities when working with electrical equipment. It may be included within a wider health and safety policy.

**Fire safety**

This policy outlines the procedures to be adhered to in order to prevent fires. This will include the environment, staff, systems and processes such as regular fire training and drills. The policy will also include action to be taken in the event of a fire being discovered and who will manage the situation.

**First aid at work**

The policy will outline the role of trained first aiders with their responsibilities. It also identifies the location and contents of first aid kits required in different locations.

**Fitness and maintenance of property**

The policy includes the procedures in place to ensure the environment is in a good state of repair and does not pose risks to patients, staff or the public. This will include the maintenance procedures for all property fixtures and fittings.

**Health and safety**

This is a comprehensive policy encompassing all aspects of the organisation's health and safety procedures, systems and processes. It includes the action to be taken in the event of an accident including when a RIDDOR report is required.

**Hot water temperatures**

This policy outlines the management action required to control the temperature of hot water in order to prevent injury to children, visitors and staff.

**Latex allergy/sensitisation, prevention and management**

This policy outlines the arrangements in place to reduce the risk of latex allergy and the range of products used which contain latex. It also includes action to be taken in the event of an allergic reaction to latex.

**Lone working**

This policy outlines the organisation's arrangements and safety systems for staff working alone to ensure safety and security of the individual and their property.

**Medical devices management**

This policy outlines the organisation's policies and procedures for using and managing medical devices. This includes staff training, action to be taken when equipment alarms or fails and how equipment should be cleaned to reduce risks of infection or injury to patients and staff. This policy will include how staff training and competence is recorded and monitored.

**Moving and handling**

This policy outlines the required practices for moving and handling heavy loads including patients. It will include required training and competence assessment and monitoring to ensure that equipment is used appropriately to reduce the risk of harm to patients and staff.

**Noise and vibration**

This policy outlines the acceptable levels of noise and vibration and the action to be taken if noise impacts on patient care and safety.

**PAT testing**

This policy outlines the requirements for annual portable appliance testing by a qualified electrician on all portable electronic equipment, to ensure that this is safe for use and fit for purpose.

**Personal protective clothing and equipment**

This policy outlines the circumstances when personal protective clothing and equipment should be used in order to prevent harm to employees, patients or the public. This will include the clothing and equipment to be used in theatres, when caring for children at risk of infection and to protect staff from bodily fluids.

**Physical intervention**

This policy outlines the circumstances that allow physical intervention by hospital staff when there is risk of harm to children, staff or the public.

**Serious incidents**

This policy defines serious incidents and the action to be taken when an incident occurs, including how it must be reported and investigated.

**Slips, trips and falls**

This policy outlines preventative action that can be taken to reduce falls occurring and the requirements for reporting them as an accident/incident. The policy should reflect the vulnerability of children to falls and ensure that risk assessments are in place to monitor the environment and take action where risks are identified.

**Radiation safety**

This policy outlines the systems and processes in place for the management and operation of radiology equipment and services, to ensure the safety of children, staff and the public. It includes the reporting systems and investigation processes required in the event of an incident occurring.

More information is available at:

[www.gov.uk/government/publications/the-ionising-radiation-medical-exposure-regulations-2000](http://www.gov.uk/government/publications/the-ionising-radiation-medical-exposure-regulations-2000)

**Recording and learning from incidents**

This policy describes the organisational systems and processes for recording, reporting, investigating and learning from incidents occurring in children's health care settings, to improve safety and reduce risks to patients, the staff and the public.

**Risk assessment and management**

This policy will cover organisational structures and processes for assessing and managing risks in relation to all regulated activities undertaken by the organisation. It will outline the structures and communication processes relating to risk management, recording risks and managing these to reduce the risk to children, their families, staff and the public. It will outline the process for prioritising risks and developing action plans to manage these.

**Security management**

This policy outlines the organisation's strategy for maintaining security in all areas. It will include security of the environment, ICT systems, children, staff and property, providing details for risk assessments and prevention of unauthorised access to all areas of the service.

**Transport and vehicles**

This policy outlines the rules governing the usage and maintenance of motor vehicle fleets and the fitness of drivers to use these.

**Waste management**

This policy outlines the organisational process in place for collection, segregation and disposal of waste from health care environments. It will include training requirements and monitoring, contract monitoring for waste contracts and internal audit arrangements.

More information is available at:

[www.hse.gov.uk](http://www.hse.gov.uk)

**Infection control policies****Blood borne virus management**

The procedure outlines the organisational systems and processes for managing and controlling blood borne viruses, including the responsibilities of employers and employees. This will include screening of staff and the action to be taken where it is suspected that a child has a blood borne virus, to prevent spread to other patients and staff. In addition, it will include issues such as the use of universal precautions, prevention of needle-stick injury and protective clothing and equipment.

**Body fluids management**

This policy outlines the organisation's systems and processes for safely handling body fluids and the action to be taken in the event of spillage to prevent the spread of infection. It may be combined with the *Blood borne viruses* policy and will include action required to report and manage serious spillages or needlestick injury which pose risks of infection.

**Chicken pox management**

This policy outlines the management of a child who develops chicken pox whilst in hospital. It will include action to be taken in relation to high risk children and adults, such as immunocompromised children and pregnant women.

**Computer keyboard decontamination**

This policy outlines the methods to be employed when cleaning computer keyboards to prevent cross infection.

**Diarrhoea and vomiting**

This policy outlines the action to be taken where children, parents or staff are suspected of having/have diarrhoea and vomiting, to prevent the spread of infection to other children and adults.

**Glyco-peptide resistant enterococci**

This policy outlines the procedures to be followed when resistant enterococcus bacteria are isolated. It will include treatment of the infected child and protection of vulnerable children such as the immunocompromised and long-term patients.

More information is available at:

[www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/EnterococciSpeciesAndGRE/GeneralInformation/](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/EnterococciSpeciesAndGRE/GeneralInformation/)

**HIV post-exposure prophylaxis**

This policy outlines the organisation's procedures and reporting mechanisms following exposure of a health care worker to HIV.

**Hand hygiene**

This policy outlines the expected standards of hand hygiene, including guidance on effective hand washing. The policy will outline procedures for audit of hand washing technique and efficacy.

**Hepatitis infection**

This policy outlines the organisation's procedures for identifying patients and staff with hepatitis in order to prevent the spread to other patients, staff or the public. The policy will outline surveillance procedures and strategies to protect staff working in high risk areas such as ICU or A&E.

**Infectious diseases – day nursery**

This policy outlines the action to be taken when a child with an infectious illness uses day nursery facilities provided by the hospital. It includes the action to be taken depending on the type of infection and method of spread.

**Inoculation injury management**

This policy defines the range of injuries included under 'inoculation'. It outlines prevention strategies and the action to be taken to reduce the risk of accidental transmission of infection. It includes reporting procedures for all inoculation injuries.

**Last offices for a patient with a communicable infection**

This policy outlines the procedures and precautions used to wash and prepare the body in the case of an infectious patient who dies.

**Laundering uniforms**

This policy outlines organisational procedures and standards for laundering uniforms, either within the organisation or by individual members of staff, in order to control the spread of infection.

**Legionella health and safety**

This policy outlines the organisations strategies for preventing Legionella bacteria in water systems and areas such as hydrotherapy pools. Reporting procedures are also included.

**Major outbreak plan**

This policy outlines the management of an outbreak of infection in hospital, in order to contain and prevent its spread. It will outline action required for vulnerable groups such as the immunocompromised and procedures to monitor and report the outbreak.

**MRSA**

This policy outlines the prevention and management in both hospital and community settings for the control and prevention of methicillin resistant staphylococcus aureus infection. This includes the requirements for monitoring and reporting,

**Meningococcal infection**

This policy outlines the management and reporting processes for meningococcal infection.

**Sharps: safe use and disposal**

This policy outlines the action to be taken in order to prevent accidental inoculation (needle-stick injury) from used sharp instruments. It outlines correct procedures for the disposal of sharps and action to be taken if an injury occurs.

**Tuberculosis (TB)**

This policy outlines the organisational procedures where there is a suspected or confirmed case of TB in order to reduce the risk of spread of the infection and ensure appropriate treatment to the infected child. It includes procedure for notifying the infection appropriately to ensure that public health bodies can identify the origin of the infection. The policy will also include the pre-employment checks required before staff are employed to work in health care settings.

More information relating to infection control is available at:

<http://www.hpa.org.uk>

**Community-based clinical policies****Blood glucose levels check and treatment of hypoglycaemia in school**

This policy outlines the action to be taken by school staff in the event of a child with diabetes becoming hypoglycaemic at school. This will include required training and competence assessment in monitoring blood glucose, immediate action, recording results and referral for further assessment where required.

**Children with complex needs**

This policy describes the multi-agency approach to caring for children with complex needs in the community. It includes support of the child and family, how to access equipment, the role of the named/key worker and the role of the other professionals involved in meeting the needs of children requiring complex care.

**Insulin injections for children with diabetes in school**

This policy outlines the procedures for giving insulin to diabetic children in school, based on individual child protocols. It will include the training required, competence assessment and requirements for recording administration.

**Record keeping policy**

This policy outlines the requirements for recording accurate and contemporaneous records of care given to children in community settings.

**Refusal of consent for immunisations**

This policy outlines the procedure to be followed and health care professional's responsibilities when families refuse consent for childhood immunisations. This will include the information to be provided to the family regarding the benefits of immunisation and the risks of contracting childhood illnesses and the requirements for recording the discussion.

**Child and adolescent mental health service (CAMHS) policies****Admission of a minor or young adult**

This policy outlines the admission procedure and documents to be completed when a child or young adult is admitted for mental health treatment. It will outline the range of strategies available for promoting good mental health and emotional wellbeing in children and the importance of admission to an age-appropriate facility. Where this is not possible it outlines the reporting requirements.

**Appointment of 'nearest relative'**

This policy sets out the legal framework and the circumstances when a 'nearest relative' is appointed to protect the interests of a child/young person with a mental health problem.

**Care in an acute hospital**

This policy outlines the organisation's arrangements for managing children with mental health problems in an acute hospital setting. It includes levels of care and monitoring, medication, escort and transport, referral for CAMHS assessment and accessing services 'out of hours'.

**Discharge procedures**

This policy outlines the procedures to be followed when a child or young person is discharged from a mental health hospital/unit. It includes information to be provided to other professionals involved in the child's care.

**Discharge of children by nearest relative**

This policy outlines the procedure to be followed when a child, where legal frameworks are in place, is discharged by their nearest relative, to ensure the safety of the child and the public.

**Disengagement or risk of disengagement from CAMHS**

This policy outlines the requirements to inform other agencies, such as the GP of decisions taken by children or families to cease attendance at CAMHS.

**Dual diagnosis of mental health and learning disability**

This policy outlines the approach to addressing dual diagnosis to ensure that all needs are met for individual patients, in this vulnerable group.

**Increasing levels of support/observation for inpatients**

This policy outlines the criteria for increasing staffing levels when greater supervision of an individual patient is required, eg, for those children at risk of harming themselves.

**Inpatient physical assessment and examination**

This policy outlines the minimum information required from patients when admitted to a CAMHS unit for physical assessment and examination.

**Legal rights of patients**

This policy outlines the procedure for informing children and young people of their rights in relation to the Mental Health Act 1983 and 2007 (*Parliament 1983, 2007*).

**Non-compliance with medication as an out-patient**

This policy outlines the action to be taken when non-compliance with medication by a young person poses a threat of harm to them.

**Parental consent to investigation or treatment**

This policy outlines the process of obtaining parental consent to investigation/treatment on behalf of a child. It will also include processes for involving children in the decision making and seeking consent from them.

**Patient consent to investigation or treatment**

This policy outlines the process for seeking co-operation and gaining consent from children and young people for investigation and treatment.

**Personal allowances and money management**

This policy outlines the procedures in place to support children or young people who are looked after to have an allowance or access to money. It will include a framework for assessing ability to manage money and benefit from the income, as well as issues relating to security of money.

**Police liaison**

This policy sets out the arrangements for working with the police when a child/young person absconds or when police are involved in an emergency admission.

**Requesting change of medical consultant**

This policy outlines the procedures to follow in the event that a child/young person requests a change of consultant. This will include communication pathways and options for advocacy.

**Seclusion policy**

This policy sets out the legal frameworks and procedures for use of seclusion with children and young people.

**Self-harm**

All health care departments treating children and young people should have a policy outlining the procedures for managing young patients admitted for short term care following self-harm. It will include psychological management, secondary prevention and referral to CAMHS for assessment.

**Transfer of patients**

This policy sets out the legal framework and procedure for transferring patients detained under the Mental Health Act from one facility to another. It will include supervision, escort and transport.

**Transition pathway**

This policy sets out the arrangements for transferring a young person to adult mental health services at the age of 18. The policy will outline the arrangements for ensuring transition is based on the needs of the individual young person.

**Scrutiny of section papers**

This policy outlines the legal framework and the organisation's guidance for staff regarding scrutiny of section papers.

**Visiting patients in inpatient areas**

This policy sets out the procedure for visiting an inpatient area catering for children and young people in order to ensure that the patients are protected from problems arising from visitors attending.

More information is available at:

[www.chimat.org.uk/camhs](http://www.chimat.org.uk/camhs)

[www.youngminds.org.uk](http://www.youngminds.org.uk)

## Information and communication systems policies

**Access to health records**

This policy outlines the legal framework and procedures for access to health records by patients, staff and statutory agencies in line with the NHS information governance guidance (DH, 2007).

**Data quality**

This policy outlines the organisation's requirements and standards for data collection, presentation and use.

**Email**

This policy outlines the organisations standards on the use of email in the workplace, including personal and commercial restrictions.

**Freedom of information**

This policy outlines the organisations processes for dealing with requests for information under the Freedom of Information Act (Parliament, 2000).

**Information governance**

This policy outlines the organisation's structures and processes for handling and managing information, adhering to legal and professional guidance in relation to confidentiality, information storage and access and destruction of information once it is no longer required. This includes information in both paper and electronic formats.

**Information quality assurance**

See *Data quality* above.

**Information systems security**

This policy outlines the organisation's systems and processes for ensuring safe and secure access to information and information systems.

**Intellectual property rights**

This policy outlines the organisations procedures for protecting its intellectual property, including items created and controlled by the organisation. This could include copyright, designs, patents and trademarks as well as research material.

**Internet**

This policy outlines the organisation's position regarding the use of the internet at work, including restricting access to undesirable sites.

**Legal preservation of records**

This policy outlines the rules, conditions and timescales under which the organisation must retain legal and medical documents.

**Record keeping (archiving) and storage policy**

These policies outline the organisation's procedures for archiving and storage of information pertaining to patients or groups of patients, including the legal frameworks for the use of patient and client information.

**Retention/destruction of patient charts**

This policy outlines the rules, conditions and timescales under which patient charts must be retained and how they should be disposed of.

Further information can be obtained at:

[www.ico.org.uk](http://www.ico.org.uk)



## Financial and corporate governance policies

### Asset registers policy

This policy outlines the procedures for maintaining and managing asset registers.

### Board committee and terms of reference

This policy sets out the standards for operation and management of its various committees, including presentation of terms of reference and minutes, appointment of board members/chair, membership, accountability, purpose, function and communication across the organisation.

### Business conduct standards

This policy stipulates the standards for conducting business with integrity and probity both by and within the organisation.

### Charitable funds

This policy outlines the organisational procedures for receiving, monitoring, using and controlling charitable donations, to ensure that all monies are used appropriately.

### Clinical governance

This policy outlines the organisational structures, standards and procedures for managing clinical governance across all clinical services, providing staff with a framework for managing clinical quality and safety (RCN 2013a).

### Counter fraud

This policy outlines the structures and processes to prevent, detect and investigate fraud and corruption and the management of security in the NHS.

### Delegation of powers

This policy outlines the procedures for delegating responsibility from board level executives or other senior members of staff to their teams. It outlines how delegated powers are controlled and monitored and how individuals are held accountable for their actions.

### Disinvestment

This policy outlines the organisations strategy for disinvestment where money is not invested for growth purposes, which could otherwise lead to the closure of services or sale of assets. It includes disinvestment in services, procedures of medications which are no longer considered effective or where there are risks to patient safety.

### Governance policy

This policy outlines the structures and processes which govern the management and daily operation of the organisation including how the board operates and gathers assurance regarding quality and safety; how clinical services operate and how research is conducted within an organisation.

### Purchasing goods for individual children

This policy outlines the procedures for purchasing goods of an individual child, including in what circumstances costs are recovered from the family/carer.

### Requisitioning, ordering and receipt of goods

This policy outlines the procedures for ensuring a robust financial audit trail for the purchase and receipt of goods.

### Standing financial instructions/orders

This document outlines the organisation's financial responsibilities, policies and procedures to ensure they work within the required legal and governmental financial frameworks.

## 5

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