


SOP ON THE MANAGEMENT OF ENVIROMENT AND SAFETY FOR YOUNG PEOPLE AND CHILDREN


Version Number	1
Date of Issue	<i>February 2017</i>
Reference Number	<i>MESYPC-11-2016-EMcCV1</i>
Review Interval	<i>2 yearly</i>
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Location of Copies	<i>On Hospital Intranet and locally in department</i>

Document Review History

<i>Review Date</i>	<i>Reviewed By</i>	<i>Signature</i>
2018		

Document Change History


<i>Change to Document</i>	<i>Reason for Change</i>

Our Lady's Children's Hospital, Crumlin		
Document Name: Management of Environment and Safety for Young People and Children		
Reference Number:	Version Number: V1	
Date of Issue: November 2016	Page 2 of 20	

CONTENTS

Page Number

1.0	Introduction	3
2.0	Definition of Standard Operating Procedure (SOP)	3
3.0	Applicable to	3
4.0	Objectives of the Standard Operating Procedure	3
5.0	Definitions / Terms	3
6.0	Procedures	4
7.0	Implementation Plan	4
8.0	Evaluation Plan and Audit	4
9.0	References	4
10.0	Bibliography (<i>as necessary</i>)	4
11.0	Appendices (<i>as necessary</i>)	6
	Appendix 1 Guidelines for special observations for senior nurses	6
	Appendix 2 Guidelines on special observations for carer's	7
	Appendix 3 Special Activity record sheet	9
	Appendix 4 Special Observer Daily Report sheet	11
	Appendix 5 Parent Information sheet	13
	Appendix 6 Special Observations care plan	15

Our Lady's Children's Hospital, Crumlin		
Document Name: Management of Environment and Safety for Young People and Children		
Reference Number:	Version Number: V1	
Date of Issue: November 2016	Page 3 of 20	

1.0 Introduction

Our Lady's Children's hospital, Crumlin provides care for children and young people with a variety of physical and mental health difficulties. This Standard Operating Procedure has been developed to outline the management of children presenting with symptoms that compromise their safety that are receiving care in the paediatric setting "Putting the interests and wellbeing of the child at the centre of all decisions" (HSE 2013)

This procedure can be used in conjunction with other SOP's, guidelines and nursing care plans as necessary e.g. "Prevention of abuse of children by a staff member while in the care of the hospital" section 6.2 Nursing Guidelines for Children presenting with persistent challenging behaviour.

2.0 Definition of Standard Operating Procedure and terms

The term '**Standard Operating Procedure**' is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out. This standard Operating Procedure will give guidance to staff caring for children who require management of environment and safety in the paediatric setting.

3.0 Applicable to


All Hospital Staff

4.0 Objectives of Standard Operating Procedure

The purpose of this SOP is to ensure that the delivery of care and information to patients at Our Lady's Children's Hospital, Crumlin is delivered in a clear and consistent manor across the hospital. It is also to provide guidance for staff on the provision of care and the management of environment and safety for these children.


5.0 Definitions / Terms

- Named nurse refers to a nurse designated as being responsible for a patient's nursing care during a hospital shift and who is identified by name as such to the patient.
- Carer refers to someone who cares for a person who needs regular assistance because of an illness, disability or the inability to do some everyday tasks on their own.
- 1:1 carer refers to someone who provides direct care and supervision at close proximity day and night
- Liaison Psychiatry referrers to consultative psychiatry
- Child is defined as a person under the age of 18 years, excluding a person who is or has been married (Child Care Act 1991)
- Patient refers to adolescence or youth

Our Lady's Children's Hospital, Crumlin		
Document Name: Management of Environment and Safety for Young People and Children		
Reference Number:	Version Number: V1	
Date of Issue: November 2016	Page 4 of 20	

6.0 Procedures

- The ward routine will be explained by the nurse and information will also be provided to the patient and family in the patient and family handout (*see appendix 1*)
- Individual assessment will be carried out on each patients and relevant care plans are available according to needs of the patients. All professionals involved in the care of the patients are responsible for on-going assessment and implementation of care.
- Not all patients that require the management of their environment and safety will require the specialist input of the psychiatry team however may require measures to maintain their safety and wellbeing in the clinical setting.
- As part of assessment it may be indicated that some patient present with risk or safety issues. In order to support and manage safety within the hospital, a risk indicator checklist and risk management document is available (*see appendix 2*) to promote critical thinking by ward management.
- If special observations is needed the senior nurse is required to read and follow the guidelines provided (*see appendix 3*) and to ensure the special observer reads and follows the relevant guidelines (*see appendix 4*)
- The level of observation will depend on the patient's individual needs and risk indicators. The level of observation can vary - for example from 1:1, 2:1, specifically timed observations. Specifics about observations (e.g toileting, time off ward) should be explained to the patient and parent/guardian.
- It is necessary that the need for special observations is communicated to the patient and family at the off set to allay anxiety.
- Limits of confidentiality and patient boundaries may need to be discussed with the patient and family. Patients and family need to be aware that confidentiality can be breached if staff believe that the patient or another person may come to harm.
- All patients are individual and must be treated with dignity and respect.
- Approach the patient in a non-judgmental, supportive and caring manner to encourage patient to communicate needs to the team.
- Observe the patient's ability to manage their own self-care, personal hygiene, dressing and encourage their participation in Activities of Daily Livings (ADL's). Encourage and facilitate (where possible) activity and interaction- games, DVDs, music therapy, play specialist.

Our Lady's Children's Hospital, Crumlin		
Document Name: Management of Environment and Safety for Young People and Children		
Reference Number:	Version Number: V1	
Date of Issue: November 2016	Page 5 of 20	

7.0 Implementation Plan

This document is available to all staff. If the patient is receiving input from psychiatry team this should be discussed with the team as required. It may be of benefit for psychiatry team to educate the wards involved with psychiatry patients. Note that not all patients that require the management of their environment and safety will require the specialist input of the psychiatry team however may require measures to maintain their safety and wellbeing in the clinical setting.

Best practice: the majority of guidelines available for close constant observation of patients are for use in specialist inpatient units. Our guidelines have been adapted for use in a general paediatric hospital setting. These guidelines are intended for all staff who may be involved in observation of a patient. See Appendices.

8.0 Evaluation and Audit

Monitoring of compliance is an important aspect of procedural documents. However, it is not possible to monitor all procedures. Consideration needs to be given here as to the risk presented should this procedure not be complied with. Suggest a timeframe for monitoring where monitoring is required. Could include - where indicated, 'Consistency of the implementation /application of the document may be audited.' Include who will carry this out.

9.0 References

Guidelines: Prevention of abuse of children by a staff member while in the care of the hospital

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/riskmgmt.html

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/incdocs.html


Health Service Executive. Guidance Document. 2009. *Risk Management in mental Health Services*. Health Service Executive: Dublin

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Dougherty, L. & Lister, S. (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*, 7th ed. Oxford: John Wiley and Sons, Ltd, UK.

Health Service Executive. Quality and Patient Safety Division. 2013. *National consent Policy*. Health Service Executive: Dublin

Child Care Act 1991

Our Lady's Children's Hospital, Crumlin		
Document Name: Management of Environment and Safety for Young People and Children		
Reference Number:	Version Number: V1	
Date of Issue: November 2016	Page 6 of 20	

11.0 Appendices

Appendix 1

- Guidelines on special observation for Senior Nurses on duty

- Special observation for a patient may be indicated due to acute medical, behavioural or emotional needs. Some examples are listed below. This request should be assessed on an individual patient basis as required.
 - Drug-related confusion, Delirium
 - Drug-induced/organic psychosis
 - Disinhibited, impulsive behaviour
 - Disturbed, distressed behaviour
 - Patients who have attempted suicide and have ongoing suicidal ideation and/or intent
 - Patients at risk of harming self or others
- The special observer should receive a handover report regarding the patient from the senior nurse on the ward and from the special observer going off duty to ensure continuity of care.
- The senior nurse or delegated nurse is expected to link in with the special observer regularly throughout the shift.
- Ensure the special observer reads and follows the relevant guidelines- 'Guidelines on special observations for carers/nurses.'
- When a non-nursing staff member is in the special observer role the allocated ward nurse must review and countersign the report sheet for non-nursing staff and file it with the nursing notes. The allocated ward nurse on duty is required to document care in the nursing notes also.
- The patient and their parents/guardian must be given an explanation, by a member of the treating team or the senior nurse on duty, for the reason for special observation and what this will involve.
- The issue of confidentiality should be addressed.
- Patients are expected to be on the ward at all times. All absences from the ward should be planned and agreed with nursing staff/treating teams. If the patient is leaving the ward they must have an appropriate level of supervision. Consideration must be given to the supervision of all vulnerable children.
The senior nurse should ensure that special observer is competent to accompany patient off ward if permitted.
- The treating team who has carried out the assessment must document the request for a special observer for a patient in the clinical notes and inform nursing administration of this request. Discontinuation of the special observation should also be documented.
- Best practice advises that the special observer role should rotate among nursing/care staff every two hours. Arrange breaks to facilitate this rotation where possible. (It would be beneficial for purpose of assessment if a senior nurse or member of regular nursing team can cover special observer's breaks.)

Appendix 2

Guidelines on special observations for nurses and carer's

The role as a special observer is not only in the interest of safety but also as a support and a listener. Any concerns within your role should be discussed with the nurse in charge. The safety of the patient can be enhanced through effective communication between the patient, the special observer, and nurses on the ward, the family and the treating teams. At the beginning of each shift, consult senior nursing staff for advice on the patients individual care plan.

Establishing a rapport

Introduce yourself to the patient- give them your first name and let them know that you will be spending time with them in their room or on the ward. Try to engage the patient in activities such as board games, computers, art & crafts etc where possible.

Engage the patient in conversation re: school, friends, hobbies and other general topics. Conversation need not centre on the patients treatment and the reason for admission as this will be addressed with treating teams. However, if a patient wishes to talk about issues relating to their treatment or chooses to talk about their feelings or worries you should facilitate this by listening. Use active listening skills rather than give advice (see active listening below). Always show empathy and positive regard for the patient, never disapproval as this may exacerbate negative emotions. Do not prompt or probe into issues.

Active listening is:

- Giving the patient space to speak, allowing them to talk about whatever they wish without interrupting. Acknowledging the patient's feelings by naming them, for example "you sound upset", rather than giving your opinion or advice.
- Being attentive, using body language and eye contact to show that you are really listening and valuing what the patient is saying.
- Encouraging the patient to continue talking by, for example, nodding, repeating their last words back to them.
- Repeating back to the patient what they have said in your words to check that you have understood what they have told you.

Professional boundaries

- You should not disclose too much personal information / details. It is appropriate to discuss mutual hobbies, interests (e.g. films, music, books) but not details about your own personal life.
- You should never divulge any personal, religious or cultural views on diagnosis or treatment to the patient or parents/guardian.
- Confidentiality should be respected. Do not discuss the patient or their situation with any person or persons outside the ward or hospital.

- The special observer may need to make the patient aware that information/concerns discussed may need to be shared with the treating team. The special observer never promise to keep a secret if requested to do so by the patient.
- They should however report any immediate concerns directly to the senior nurse on duty.
- All requests for information by the patient or parents/guardian are to be directed to the senior nurse on duty and treating teams.

Supervision and Safety

- Depending on the individual being observed, the special observer may be required to be within close proximity or within view. Discuss this with senior nurse on duty who will consult with the treating team.
- Check with the senior nurse on duty whether the special observer is required to remain in close proximity, within view or outside the room while visitors are present.
- Liaise with the senior nursing staff on duty about whether the patient can leave the ward to attend the playroom, the school or for any other reason. Never leave the ward with the patient without approval from the senior nurse on duty. **Never be an in an area of the hospital where you are out of sight of other staff.**

Documentation of observations

- Complete Activity record sheet provided throughout the shift.
- When the special observer is a non-nursing staff or an agency member they are required to complete a report sheet at the end of each duty period outlining the presenting facts relevant to the patient (see report sheet for use by non-nursing staff). Always report any concerns to the senior nurse on duty immediately, don't wait until the end of the shift.



Our Lady's Children's Hospital, Crumlin

Appendix 3

Special Observer Activity Record Sheet

Patient Name:	Date:
	Ward:
<u>Registered Nurse Signature at Handover:</u>NMBI	<u>Healthcare Assistant Signature at Handover:</u>

Please complete throughout the day if..... identifies any particular distractions to be helpful or unhelpful.	
Distraction the..... finds helpful	Distraction that does not find helpful

TIME (hrs.)	PLACE / ACTIVITY	SIGNATURE
08:00		
08:30		
09:00		
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TIME (hrs.)	PLACE / ACTIVITY	SIGNATURE
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Our Lady's Children's Hospital, Crumlin
Special Observer daily report sheet

Report Sheet on Special Observations (Health Care Assistants / Agency staff)
(Use in conjunction with nursing care plan 35, 36, 37 and guidelines)

Name of special observer: _____

Name of Agency (if applicable): _____

Time Commenced Duty: _____ **Time Duty Ended:** _____

Date of Duty: _____ **Ward/Unit Name:** _____

General Mood: *{i.e. irritable / sad / cheerful; flow of conversation: withdrawn / chatty; appetite; sleep patterns etc}*

Interaction with Others: *{i.e. Special Observer, Visitors, Other Patients, Staff}*

Activities: *{i.e. School, Playroom, Computer, Reading, Watching TV, Board Games}*

Our Lady's Children's Hospital, Crumlin

Concerns: *{direct quotes from child/adolescent are helpful}*

Any other comments:

Signed & print name:

_____ Date: _____

Counter signature of staff nurse:

_____ Date: _____

NMBI PIN _____

Our Lady's Children's Hospital, Crumlin

Appendix 5

Parent information leaflet

We hope that this leaflet will be useful for you and your visitors during your stay here at Our Lady's Children's Hospital, Crumlin.

If you have any questions or concerns about your care or the care of your child, please ask the nurses or a member of the treating team who are looking after you or your child.

If you need to contact the hospital at any time you can call the main hospital line on 01 409 6100.

What to expect on the ward:

- When you arrive to the ward you will be met by a member of the nursing staff. They will show you to your allocated bed and record your observations (weight, height, blood pressure, heart rate).
- The nurse will also go through the admissions checklist with you and your parent/guardian.
- All children are individual and must be treated with dignity and respect. Children and their families are reminded that all children and families must treat the other children on the ward and staff with dignity and respect at all times. We do not expect other patients, families or staff to be subjected to any form of verbal abuse, threatened, or assaulted in any way.
- In hospital, where possible we like to promote good sleep hygiene for the patient, this includes reducing the distraction by electronic devices and TVs when the child is settling down to sleep.
- All patients will be encouraged to manage their own self-care, personal hygiene, dressing where possible.
- Children should only be off the unit if attending to medical needs, education, or if agreed in advance with the treating team and nursing staff.
- The ward doors close at 22:00hrs till 07:00hrs it is essential that the child is chaperoned at all times when off the clinical area by a parent/guardian or carer. It is not recommended that a child would be off the ward during these times. If a child is required to be off the ward during these times they would need to be chaperoned by a parent/ guardian and in the absence of this possibly two carer's.
- To prevent the spread of infection we ask all patients and visitors to use the alcohol gel that is provided on the entrance/exit to the hospital and ward

Staff

Nurses

The nurses on the ward work on a shift basis. You will have a nurse allocated to you for the day time and then again for the night time.

Nurses can provide you with information about your care however if you or your parents/guardian would like to talk to a member of your treating team this can be arranged when they are available.

Doctors

Each child will be admitted under a named Consultant whilst in the hospital.

Doctors do carry out ward rounds throughout the day however they also have a variety of additional duties such as attending clinics, admitting patients and performing clinical procedures so they do not provide set times for when they visit the wards.

Medical Social Work

MSW are a team within the hospital and that they work closely with the treating teams and may come and see you while you are in hospital.

Specialist Services

Your treating team may refer you to specialist services within the hospital. This will be discussed with you and they may come and review you on the ward or arrange a time to review you in their department.

Our Lady's Children's Hospital, Crumlin

Activities / Play Therapist

All patients are encouraged to engage in activity and interaction where possible. Some wards have access to play therapist and a playroom, please ask nursing staff for further information if required.

Visiting Times

Visiting hours for parents/carer's, grandparents and siblings are open where possible.

One parent/carer is generally required to stay with the patient overnight. Where possible staff will provide a pull out bed or mattress for this person.

Parent's accommodation is also available

Meals

- Breakfast – 8:30am – 9:00am
- Lunch – 12:30pm
- Tea – 16:30pm

If a child has specialist dietary requirements please inform a member of the staff. A range of snacks are available on the ward for patients, please ask the nurses. Meals are served to patients only. Parents/ guardians and visitors are not provided with meals.

Personal belongings

The hospital would ask for you not to bring in valuable belongings with you into hospital. The hospital cannot be held responsible for the loss of personal valuables or property.

Laundry

There is no laundry service provided on the ward. We would ask you to arrange this with a relative or friend.

Feedback

If you have any concerns or feedback while your child is in hospital, please speak to a member of staff who may be able to help you straight away.

Appendix 6
Our Lady's Children's Hospital, Crumlin



Care plan 37		Special Observations Care Plan		Issue Date: Nov 2016 Review date: Nov 2019	
Problem		Goals			
Requires special observation due to safety concerns		To maintain the safety of the patient within the paediatric environment			
Commenced date, time signature & grade	NO.	Nursing Intervention			Discontinued date, time, signature & grade
		GOAL: <ul style="list-style-type: none"> • <i>This care plan should be used in conjunction with the 'SOP on the management of environment and safety for young people and children'.</i> • Orientate patient to their environment and introduce to care team, informing them who their nurse is for each shift. • <i>Perform full nursing assessment on admission and obtain baseline observations.</i> • Nurse in an area of high visibility, or in a location that suits needs, ensuring risks to patient are managed. • Remove hazardous items from patient's possession and room. • <i>Establish a rapport with the patient.</i> • <i>Show empathy and positive regard for the patient by adapting a non-judgmental, supportive and caring approach.</i> • Encourage patient to communicate needs to nurses. • <i>Observe & record patient's appearance, interactions, mood & behaviours.</i> • <i>Monitor & record patient's sleep patterns.</i> • <i>Observe patient's appetite and nutritional intake.</i> • <i>Offer patient regular opportunities to verbalise his/her needs and concerns.</i> • <i>Maintain consistency with patient's care.</i> • <i>Regular communication with the MDT regarding treatment plan and details of observation required is necessary.</i> • <i>Involve patient in activities where possible and document observations. E.g. School, playroom, computer, reading, watching TV, board games, art & crafts.</i> <p>N.B. Consult treating team prior to sending to school/playroom.</p> <ul style="list-style-type: none"> • Report and record any concerns immediately to nurse in charge and treating team 			

Any other required observations
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Name of Department