



Western Health  
and Social Care Trust

**Acute Services Policy for the  
admission of a young person  
14 –18 years to acute care  
adult wards**

**December 2014**

<b>Title</b>	<b>Acute services policy for the admission of a young person 14 –18 years to acute care adult wards.</b>
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<b>Responsible Officer</b>	<b>General Manager / Lead Nurses</b>

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## Table of Contents

<b>Section</b>	<b>Title</b>	<b>Page</b>
1.0	Introduction	6
2.0	Purpose	7
3.0	Policy Statement	7
4.0	Admission Policy	7
5.0	Safeguarding	9
6.0	Visiting policy	10
7.0	Legal and Professional Issues	10
8.0	Consent	11
9.0	Administration of Medication	12
	Appendix 1 Patient admission 14 – 18 flow chart	13
	Appendix 2 Risk Assessment	14

**This Policy has been developed with reference to**

**The NHS Executive Document ' Safety, Privacy and Dignity',(2005)**

**National Service Framework for Children, Young People and Maternity services,(1999)**

**Mental Health Order (1986)**

**The UK Equality Impact Assessment (2007)**

**POCVA Guidelines (2007)**

**Sharing To Safeguard – Circular HSS CC 3/96**

**Think Child Think parent Think Family – a briefing for senior managers April 2011.**

**Paediatric Parenteral fluid therapy ( aged 1 month – 16 yrs) DHSSPSNI Sept 2007 (Amended June 2013)**

**NMC Code of Conduct**

**This Policy should be read in conjunction with the following Trust Policies/ procedures & guidelines:**

**Sexual Activity in Children/ Young people in Northern Ireland – Policy for professional Staff**

**Chaperoning Policy WHSST November 2008 Updated 2012**

**Intimate Care guidelines regarding Children WHSST April 2009**

**Acute Services Guidelines for the Admission, Care and Discharge of a Child/ Young person (0 – 18 yrs) where there are concerns about his/ her welfare. WHSST October 2009**

**Safeguarding Children – A Policy for Health Professionals, Allied Health Professionals and Health Care staff in Child Protection. WHSST October 2009**

**Safe guarding Pathway Emergency Department  
Acute Care Pathway for Young persons (0 – 18yrs) who present to  
Emergency Department with self-harm.**

**Safeguarding Pathway ( Pathway for all general wards/ departments)**

**Policy for prescribing and administering intravenous fluids to children  
WHSCCT 2012**

**Paediatric Fluid balance chart WHSCT 2009 (updated 2013)**

**Medicines Code – Interim guidance WHSCT 2009**

**BSPED Recommended DKA Guidelines 2009**

**Policy on Mixed Gender**

### **Equality and Diversity statement**

**The Western Health and Social Care Trust has a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community.**

**The development / review of this policy has undergone an Equality impact Assessment.**

## **1.0 INTRODUCTION**

Admission, planned or unplanned to the Acute care environment can be a distressing experience for the patient / client and their family.

This Policy aims to ensure the experience of the patient/ client and their family during this time is positive, helpful and therapeutic.

The Mental Health Order 1986 Code of Practice states 'it is usually preferable for children admitted to hospital to be accommodated with others of their own age group in children's wards or adolescent units, separate from adults'.

The National Service Framework (DH 1999) in setting standards four and five and the National Service Framework for Children standard nine states: 'If a bed in an Adolescent Unit cannot be located for a young person aged 14 – 18, but admission is essential then care may be provided on an adult ward'

The legal duty does not mean that there should be no circumstance where a child or adolescent may be admitted to an adult ward. It is conceivable that particular specialist needs of such a patient would make placement on an adult ward the most appropriate arrangement.

For the purpose of this Policy 14 – 18 years is considered to be from 14<sup>th</sup> birthday to 17 years and 364 days.

The Western Health & Social Care Trust does not have an identified adolescent ward and therefore has developed this Policy to enable staff to make a decision to admit to a ward within the acute setting, based on clinical need, availability of side room and facilities to accommodate a young person and to ensure that expert knowledge is available to care for the patient in that ward. Knowledge of other patients within the care setting may influence the placement of the patient for care. Concerns raised through Soscare check will also determine allocation of bed within the Acute setting.

## **2.0 PURPOSE**

This Policy sets out the standards that all acute care staff within the Western Trust are required to comply with in respect to the care of the 14 – 18 year old children on Acute Wards Altnagelvin and 16-18 year old children on Acute Wards, South West Acute Hospital.

This provides staff with a structured framework for delivering care.

## **2.1 Objectives**

- Promote and protect public safety.
- Provide guidance to all staff that are caring for children under 18 years when being admitted to acute care setting.
- Enable staff to be aware of patient safety and safeguarding issues.
- To provide managers with clear guidelines on the placement of 14 – 18 year old children on their wards.
- Ensure that staff who will be caring for children under 18 years are familiar with Trust Policies for safeguarding and for care of children under 18 years.
- Prioritisation for those patients who would be unable to call for help themselves if isolated in single room setting and therefore required single sex bay as a priority for bed allocation.

## **3.0 POLICY STATEMENT**

The Western Health and Social Care Trust ensures that patients admitted to Adult setting between the ages of 14 –18 years will have access to high quality care.

Care will be provided by a highly skilled staff who are trained in safeguarding issues and are competent to care for children requiring treatment for their illness and are able to offer support to parents/ guardians.

Staff will be prepared for the care of children by following Trust Policies and undertaking courses provided to maintain patient safety whilst having access to expert help from Paediatric Services and CAMHS as required.

## **4.0 ADMISSION**

All admissions of children and adolescents to adult wards should be in accordance with policies and procedures that have been agreed and that safeguard the interests of the young patient and ensure appropriate medical expertise is available.

This Policy ensures that every 14 – 18 year old child admitted to an adult ward is individually risk assessed so that the ward staff are aware of any risks to the young person from other patients.

If a young person is assessed as being vulnerable within an adult setting, especially if specific risks have been identified (for example if patients with known schedule 1 risk is an issue on the ward) consideration should be given to increasing staffing levels to ensure his/ her safety.

Adolescents admitted to adult wards should whenever possible be placed on wards that have been designated as suitable to admit minors. Designated adult wards should have single bedrooms available for young people however facilities which cannot be provided are discreet day areas. When this is the case they can be cared for away from adult patient group, if required single sex wards should be used to accommodate them whenever possible. When this is not the case, the ward should have suitably segregated sleeping and bathroom areas.

Adolescents should be protected from unwanted exposure, including casual overlooking and over hearing. To facilitate this:

- Children must have separate bathrooms, that they do not have to share with adults
- Adult patients must not have to pass through areas caring for children to reach their own facilities
- Appropriate security measures should be installed where appropriate, for example secure doors with swipe card access.
- Bathrooms do not have to be gender specific if they accommodate only one patient at a time and can be locked by the patient.

## **4.1 Elective admissions**

Elective admissions for 14 – 18 year old children should be discussed by their Consultant and the Ward sister before admission. Any issues identified should be raised as a matter of urgency to the Consultant and the Ward Manager to enable appropriate measures to be put in place before admission.

The adolescent patient and his / her family should be involved in decision making and planning.

Where problems of bed allocation cannot be resolved at ward/ department level the relevant service manager should be informed.

Patient/ clients and families may have specific communication and information needs. If required an interpreter or written / verbal communication tool may be necessary. It is important to have knowledge of these needs prior to admission.



## **4.2 Non-elective admissions**

Non elective admissions for children aged 14 – 18 years

These patients may be admitted due to serious illness, requiring urgent assessment.

Children from 14 –18 years must be risk assessed to provide appropriate accommodation for them in the absence of an adolescence unit.

## **4.3 Emergency Admissions**

Emergency admissions for children aged 14 –18 years should be discussed by their Ward sister and throughput team/ bed manager before admission to their base ward. Any issues identified should be raised as a matter of urgency to enable appropriate measures to be put in place before admission as above. The Consultant responsible for the care of the adolescent should be aware of the admission to their ward.

During normal working hours, Medical and Nursing staff should assess the risk others on the ward may pose to the adolescents and the factors this has on admission.

Following this the ward nurse should complete the risk assessment and care plan for those aged 14 – 18 years and place in the relevant persons nursing notes. If the adolescent patient is to be nursed in a bay with over 18 year old patients, the bed management team should review other options available such as outlying another patient on the appropriate ward to accommodate the adolescent in the most suitable location for their clinical need. See (Appendix 1 & 2)

## **5.0 SAFEGUARDING**

The protection of children and safeguarding their welfare is paramount in the acute setting. Care must be taken when choosing a ward location for a young person. Knowledge of other patients within a given ward will influence a choice of ward to ensure patient safety. This decision can be made by senior managers.

All staff carrying out regulated activity whilst working on wards where patients under 18 years may be admitted, will have NI Access clearance if appointed to the Trust since 2008. And for those staff members employed prior to this date the professional regulatory bodies are advised of any concerns with regards to safeguarding issues.

The admission of an adolescent to an adult setting requires all staff carrying out regulated activity as above on that ward who come into contact with the young patient to have been police vetted and subjected to enhanced NI access checks.

All staff coming into contact with a minor during the course of their work should also be provided with basic training / awareness in child protection and safeguarding training. If an adult ward is designated to admit minors on a regular basis it is appropriate that at least a core group of staff is provided with some specialist training in the care of young people. Such training should be updated on a regular basis.

Staff must be aware of their responsibility to safeguard and promote the welfare of children and young people. If a patient is recognised as having potential safeguarding issues, staff across the Trust currently contact their Emergency Department for access to SOS CARE.

All health professionals must have access to information and advice from those designated to safeguard children.

If staff have any concern regarding a client / patient under 18 years, they must contact the Named Nurse for Safeguarding within the Trust.

## **6.0 VISITING POLICY FOR ADOLESCENTS**

Where a young person aged 14 – 18 years is admitted to an adult setting it is the preferred option that the young person will be cared for in a single room; a parent / guardian may be present during their stay in hospital.

Where a single room is not available or a patient is Risk Assessed and deemed to be nursed in an open ward, Option 2 will be that the child must be nursed in a same sex bay. The parent / guardian who stays overnight with the child must be same sex in open bay. On a children's ward this cannot be enforced but will always be encouraged in the adult setting.

## **7.0 LEGAL AND PROFESSIONAL ISSUES**

- **NMC code -----** You must deliver care based on the best available evidence or best practice.
- You must have the knowledge and skills for safe and effective practice when working without direct supervision
- You must recognise and work within the limits of your competence
- You must keep your knowledge and skills up to date throughout your working life
- You must take part in appropriate learning and practice activities that maintain and develop your competence and performance
- **Records and record keeping**  
Records will be managed in accordance with Trust Policy. Good record keeping ensures clear findings from examination /observation. Clear communication and instruction for care. Records must be signed dated and timed in accordance with best care guidance.  
Specific records for adolescent's such as fluid balance sheets for under 16years must be followed. Prescription kardexes must reflect children's weight, height and dose has been calculated appropriately.

BPSED guidelines must be adhered to for the under 18 diabetic patient if admitted with symptoms of diabetic ketoacidosis  
Where concerns of safeguarding are identified then records will show the steps followed to escalate concerns and seek help.

- **Accountability/ Training**

Each Ward Sister must retain a record of all staff training that has been undertaken. This record must be updated yearly to keep staff up to date. Previous records should not be discarded.

Each practitioner is responsible to ensure that they have met Trust requirements for Mandatory Training.

## **8.0 CONSENT**

***For children under the legal age of consent (16 years), they and their parents and guardians must receive an appropriate explanation of procedures in order to obtain their co-operation and consent. Consent for procedures can only be obtained by the person undertaking the procedure.***

- Staff must ensure that they gain consent before commencing any treatment or care
- Staff must respect and support people's rights to accept or decline treatment and care
- Staff must uphold people's rights to be fully involved in decisions about their care
- Staff must be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded
- Staff must be able to demonstrate that they have acted in someone's best interests if they have provided care in an emergency situation.

'All children should be involved in decisions about their treatment or care as their understanding allows. By virtue of section 4 of the Age of Majority Act (Northern Ireland) 1969, people aged 16 or 17 are entitled to consent to their own medical treatment, and any ancillary procedures involved in that treatment, such as an anaesthetic. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed individual capable of consenting to the particular intervention. Those aged 16 years or over are presumed to be capable of giving consent for themselves - as are younger children who are deemed to have sufficient understanding and intelligence to enable him or her to understand fully what is proposed (sometimes known as Gillick or Fraser competence).

Decisions on behalf of all other children should be made by someone with parental responsibility (unless, in an emergency, where no such person can be traced).'

### **8.1 Confidentiality**

- Staff must respect people's right to confidentiality

- Ensure people are informed about how and why information is shared by those who will be providing their care

### **8.2 Chaperone/ intimate care guidelines**

It is preferred to have a professional chaperone (e.g. Nurse) but discussion with the patient about other appropriate chaperones may include consideration of a relative or friend and in the case of an adolescent would normally be a parent or carer with parental responsibility.

For intimate care regarding children under 18 years of age, then the Trust Policy must be adhered to. The Trust has a responsibility to ensure that all staff who undertake intimate care must have NI access clearance and understand the intimate care Trust policy.

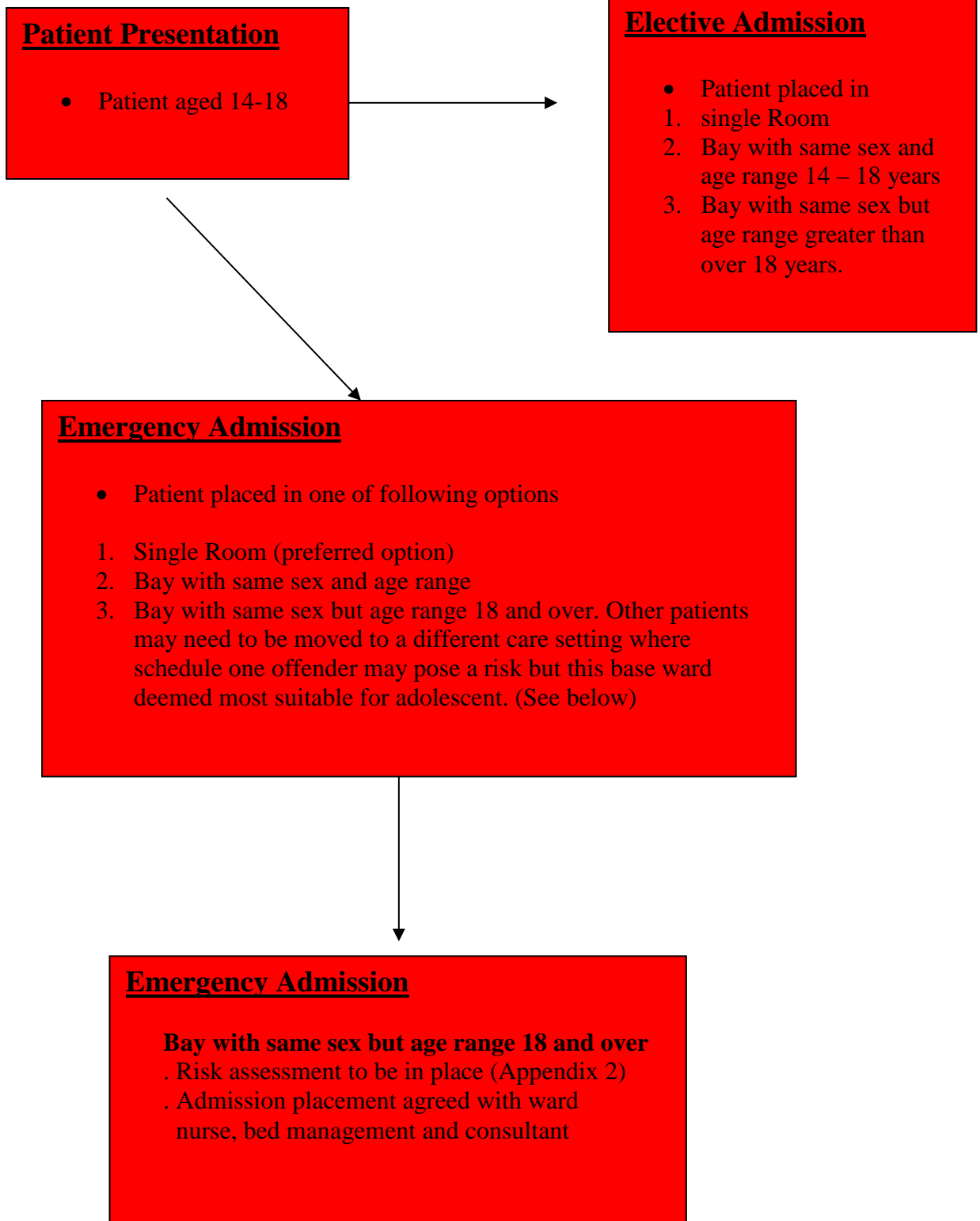
## **9.0 ADMINISTRATION OF MEDICATION**

The WHSCT has a number of documents related to the administration of medicines in children, these can be accessed electronically under the medicines icon on the intranet. All wards caring for 14 – 18 years must ensure they hold a valid Paediatric BNF at ward level.

- 1. Medicines Code - Guidance on the Control and Administration of Medicines January 2010 (Amended December 2011) - available under medicines policies.**
- 2. Paediatric Diabetes Ketoacidosis (DKA) Policy (BPSED recommended guidance 2009) for children and young adults (<18 years) – available under speciality specific information – ‘diabetes’.**
- 3. BNF for children – available under medicines information.**
- 4. Paediatric Injectable Therapy Guidelines (Alder Hey Hospital) – available under speciality specific information – ‘Paediatrics’.**
- 5. Access to manufacturers’ prescribing information (Summary of Product Characteristics)- available under medicines information.**
- 6. Policy for prescribing and administering Intravenous fluids to children WHSCT 2012 – available under Policies on the home page.**
- 7. Potassium Policy – available under medicines policies.**
- 8. Guidelines for the intravenous administration of medicines via peripheral access to adults and paediatric patients – available under policies on the home page.**

### **Appendix 1**

**Patient admission – 14 – 18**



## Risk Assessment Form

Name of Patient :-

Hospital Number:-

Risk Identified

Adolescent of 14 – under 18 years cared for on an adult ward

Actions

Flow Chart has been followed

Decision made :-

Other patients in area to be assessed with reference to potential risks to under 18. **Y/N**

Parent/Guardian of under 18 to be requested to stay on ward **Y/N**

Document location and risk assessment in patient's notes **Y/N**

The patient is to be moved at the first opportunity to single room

Placement risk assessment is agreed with :-

Sister / deputy Sister / Nurse in charge  Name:

Bleep Sister / Night Services Manager  Name:-

Parent/Guardian  Name:-