Caring for children and young people

Guidance for nurses working in the independent sector
Acknowledgements

The RCN would like to thank Carol Williams, Independent Nurse Consultant, for updating this publication with contributions from the following members:

Jayne Saunders, Director, Ty Hafan Children’s Hospice

Sharon Stower, Independent Nursing and Healthcare Consultant

Mary Truen, Specialist Children’s Learning Disability and Development Nurse, Norfolk Community Health and Care
Contents

Introduction 4
Organising services for children and young people 5
Pain management 8
Consent 8
Nursing, medical and allied health professional staffing 10
References 13
Introduction

In England, the Health and Social Care Act 2012 enabled commissioners to increase the range of providers they could offer patients in relation to some services (Parliament 2012). The NHS Commissioning Board has produced guidance for clinical commissioning groups (CCG) on the provision of services through tendering and ‘any qualified provider’ processes (NHS CB, 2013). This enables commissioners to purchase some services from the NHS, independent sector and voluntary organisations, which may increase the number of children and young people using independent sector health care. Similarly independent and voluntary organisations provide services for children and young people in Wales, Northern Ireland and Scotland. It is important that all providers deliver services which meet the needs of children and young people accessing these services (RCN, 2011).

This publication updates previous guidance for nurses working in the independent sector (RCN, 2002). This updated version reflects the current guidance relating to care of children in hospital, setting out key points for organising children’s health care services in independent hospitals and clinics.

Definition of children

In 1991, the UK Government adopted the United Nations Convention on the Rights of the Child (UN, 1989). This states that the term children applies to all children and young people up to 18 years of age (BACCH, 1995). 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 decision was taken based on the evidence relating to the emotional development of young people and the lack of services in some areas for young people with childhood conditions (DH, 2012). Therefore, ‘childhood’ should be considered up to the age of 18, with special consideration given to those young people with long-term conditions up to the age of 25.

Principles for caring for children and young people

Service provision for children must acknowledge the following:

• the Children Act (1989; 1995; 2004) and equivalents in Scotland and Northern Ireland
children’s psychological and physiological needs differ from those of adults (DH, 2004; DHSSPS, 2010; Kennedy, 2010; NHS Confederation, 2012; RCN, 2013)

the views of consumers, children, young people, family and carers must be taken into account (DH 2012; NHS Confederation, 2012)

putting children, young people and families or carers at the centre of health care delivery is important (DH, 2004; WAG, 2004; CYPHOF, 2012)

there must be involvement from a senior member of staff who has ultimate responsibility in the delivery of children and young people’s care in the hospital/company (Bristol Royal Infirmary Inquiry, 2001; RCN, 2013).

Organising services for children and young people

Philosophy of care

A philosophy of care must always be followed when caring for children, young people and their families. This must consider age-appropriate care and the physical and emotional needs of children and young people.

Safety of care

Hospitals/companies should develop a governance framework that provides clear guidance for preventing risks and enhancing the quality of care in children and young people’s services (CQC, 2010).

Volume of child admissions

All studies, regardless of specialty or place of work, are united in their belief that occasional paediatric practice is a thing of the past and should not be accepted. There are also considerable risks associated with infrequent surgical practice. Treatment or surgery should only be carried out on children and young people at hospitals/clinics where there are specialist children’s services and expertise (RCSE, 2007; RCSE, 2010).
Patient selection

Children and young people with pre-existing medical conditions are generally admitted to specialist paediatric services (RCOA, 2013).

Age of patients

It is generally accepted that children under three years old should only be admitted to a specialist paediatric unit, due to the increased risk of anaesthetic problems. If children below three years of age are admitted or seen in outpatients, children’s nurses and paediatricians should be on duty at all times. The Royal College of Anaesthetists (2013) states that infants and pre-pubertal children (below eight-12 years) have anatomical and physiological differences, requiring careful fluid and drug calculation and specialist equipment. Therefore, where children are managed, appropriate equipment and staff with the appropriate skills are required (RCSE, 2010).

Keeping patients and families informed

• Children, young people and their parents/carers should have access to written and verbal information about the treatment their child is receiving. Since care should be tailored to an individual child or young person’s needs, it’s important that the hospital/clinic can provide information which is suited to different ages – and also to different cultures (Bristol Royal Infirmary Inquiry, 2001; NHS Confederation, 2012).

• Children and young people should be adequately prepared for hospital admission and procedures. This might be done by using a pre-admission clinic or a virtual tour via a website. A play specialist should be employed to assist in the preparation of children for procedures (DH, 2004; RCSE, 2007).

• Discharge procedures should be in place to ensure that children and young people only remain in hospital if their care cannot be provided at home. Where ongoing care at home is required, this should be arranged prior to discharge and families should be provided with detailed written information regarding post-treatment care and action to be taken in emergencies.
Environment, facilities and equipment

• Equipment used for diagnosis and treatment of children should be appropriate to the size and age of patient.
• Children and young people should be cared for in designated rooms or areas separate and distinct from adult patient areas, and decorated in a child and young person-friendly manner.
• There should be provision for play and recreation, with toys and games for children and young people of different ages as appropriate.
• Suitable facilities should be available for young people (DH, 2004; DH, 2012; RCOA, 2013).
• Accommodation close to the child’s bed/room should be provided so that a parent/carer can remain with their child in hospital (DH, 2004).
• Designated areas for treatment of children and young people must be provided with readily available child-sized equipment, including emergency drugs and resuscitation equipment.

Operations

• Where possible, children and young people should be scheduled on a dedicated children’s list for surgery. Where this is not possible, children and young people should be scheduled to meet the needs of the child and family (RCSE, 2013).
• Children and young people should fast for as short a time as possible before surgery – times should be decided in consultation with the anaesthetist (RCSE, 2013).
• Children and young people should not be cared for alongside adults in recovery areas and parents should be allowed to visit their child in recovery (RCOA, 2013).
• A paediatric early warning tool should be used post-operatively, to monitor the child’s condition and detect early signs of deterioration.
• Facilities should be available to provide short-term high dependency care in the event of a child becoming critically unwell. A policy should be in place regarding stabilisation and transfer to a specialist children’s intensive care facility.
Outpatient care

Ideally, children and young people’s outpatient appointments should be held in dedicated children’s outpatient sessions. If an outpatient clinic is mixed, children’s appointments should be grouped together at the beginning or end of the clinic (RCSE, 2013). The environment should allow for separation from adult waiting areas and treatment should only be provided by staff with the relevant skills.

Pain management

- All staff caring for children and young people must understand the importance of adequate pain control in children and should receive training in the assessment and management of pain in children (RCN, 2009).
- All organisations caring for children and young people should have a pain management protocol to ensure that children receive adequate and appropriate analgesia (RCN, 2009).
- Local anaesthetic cream should be applied prior to intravenous cannulation or the taking of blood.
- Analgesia should be administered orally, intravenously or rectally. Intramuscular (IM) injections should be avoided.
- A pain assessment tool should be used to suit the age and cognitive ability of the individual child or young person. Where a child is unable to communicate pain, a tool incorporating physiological and behavioural indicators should be used (RCN, 2009).
- Pain assessment should be regular and include the child’s response to pain relief (RCN, 2009).

Consent

It is very important that staff looking after children and young people understand the issues of consent. Prior to any treatment or procedure, the consent of the child or young person (where possible) and the child’s parents or carers must be obtained.

- All discussions with the child/young person and their family regarding consent should be documented in the child’s health record (NCEPOD, 2011).
• Consent for treatment of a child is usually obtained from a person holding parental responsibility (see box: Who has parental responsibility?).

• Anyone over the age of 16 can consent to treatment or care (Family Law Reform Act, 1987).

• Anyone under the age of 16 in England and Wales may be able to consent to treatment provided they understand the nature and consequences of the treatment (Gillick v Norwich and Wisbech Health Authority, 1985).

• Anyone under the age of 16 in Scotland may be able to consent to the treatment provided they understand the nature and consequences of the treatment (Age of Legal Capacity (Scotland) Act, 1991).

• When a child or young person under the age of 16 does not understand the nature of the treatment, consent can be provided by another person with parental responsibility (see box: Who has parental responsibility?).

• When a person under the age of 16 refuses treatment, there are complex legal rules that may allow another person to provide consent if this is in the child’s best interests. This area is problematic, and each case needs individual assessment and can be referred to the Court of Protection (DH, 2001).

Who has parental responsibility?

• Mothers automatically have parental responsibility for their children.

• Fathers also have parental responsibility if they were married to the mother when the child was born or are named on the birth certificate after a specific date, which varies across the UK (see link below).

• Unmarried fathers do not automatically have parental responsibility but can arrange a parental responsibility agreement with the mother or can apply to a court for parental responsibility.

• The points above apply to same-sex couples in civil partnerships or who live together.

• Individuals looking after the child, for example grandparents, do not have parental responsibility but parents can authorise them to make medical decisions for the child.

• In certain situations social services may be responsible for the child, or the child may be a ward of court.

Detailed information on parental rights and responsibilities can be found online at www.gov.uk
Nursing, medical and allied health professional staffing

Independent sector providers should ensure:

• a senior children’s nurse is involved in the planning and development of children and young people’s service provision and works in collaboration with local NHS children’s services (RCN, 2013)
• registered children’s nursing staff numbers should equate to those required in a similar NHS service, such as community or theatres (RCN, 2013)
• when children and young people are nursed in an adult ward, a registered children’s nurse with the appropriate knowledge and skills must be employed to manage the care (RCN, 2013)
• access to a senior children’s nurse should be available at all times for advice
• a named consultant paediatrician is involved, to ensure good standards of practice are attained and maintained (RCPCH, 2011)
• treatment by allied health professionals must be provided by staff with current knowledge and practice in care of children and young people
• the Registrar Medical Officer holds an Advanced Paediatric Life Support (APLS) course certificate
• links are established with the children’s ward/unit at the local NHS hospital for advice and support; through these links, registered children’s nurses working in the independent sector service can be given periods of rotation working in the NHS hospital in order to maintain their skills and gain appropriate clinical supervision
• a children’s nurse bank is established to complement the full-time staff, so there is cover available for sickness, maternity leave, training and holidays
• links are established with a local university to provide opportunities for student children’s nurses to gain experience within the independent sector.
Safeguarding children and young people

- All staff providing care to children and young people should be subject to a criminal record check through the Disclosure and Barring Service (see www.gov.uk).
- A reference should be obtained from the current or most recent employer and any gaps in employment explained. Further references may be required depending on the employment history and confirmation of employment dates.
- All staff providing care to children and young people should have a pre-employment health assessment before appointment.
- Professional registration and right to work checks should be undertaken.
- Employers should refer to a copy of the local area safeguarding procedures and local safeguarding children board (LSCB) or equivalent for additional information and guidance.
- The organisation should have a named professional responsible for overseeing local practice and training (HM Government, 2013).

Staff training and education

Staff training and education should be arranged with an independent children’s nurse consultant or local NHS hospital, if it cannot be provided in-house. Training should be provided, on appointment and annually for skills updating, for all staff providing care to children and young people. Self-directed learning is also recommended.

On appointment

Staff providing care to children and young people should have a good understanding of the following:

- communicating with children, young people and families
- consent issues in children and young people’s care, including parental responsibility
- safeguarding children and children’s rights
- paediatric emergency and resuscitation techniques
- paediatric drug dosages and drug administration
- paediatric pain assessment and management of pain
• taking and recording of vital signs in children and young people of all ages
• moving and handling techniques
• health and safety issues.

**Annual updates**
Training for staff providing care to children and young people should cover the following areas:
• safeguarding children and children’s rights
• paediatric emergency and resuscitation techniques
• paediatric drug dosages and drug administration.

**Clinical governance**
Clear systems and processes should be in place for ensuring high quality care and risk reduction in relation to children and young people in hospital (RCN, 2013a). This will include clear lines of responsibility and accountability for care of children, policies and procedures and risk management guidance for staff in relation to:
• provision of clinical care across all departments
• staffing requirements when children and young people are admitted
• nurse recruitment
• nurse education and training
• information for children and young people
• gathering patient feedback to contribute to service monitoring
• complaints management
• dealing with emergencies.

**Further information**
Further information relating to all aspects of this guidance can be found on the RCN website at [www.rcn.org.uk](http://www.rcn.org.uk) and on the websites listed below.

Nursing and Midwifery Council
[www.nmc-uk.org](http://www.nmc-uk.org)
Royal College of Paediatrics and Child Health
www.rcpch.ac.uk

Care Quality Commission
www.cqc.org.uk

Association of Independent Healthcare Organisations
www.independenthealthcare.org.uk

My child is in Pain
www.mychildisinpain.org.uk

Government information
www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility

Patient.co.uk

References


Royal College of Anaesthetists (2013) *Guidelines for the provision of anaesthetic services: paediatric anaesthesia services (Chapter 10)*, London: RCOA. Available at [www.rcoa.ac.uk](http://www.rcoa.ac.uk) (accessed 17 February 2014).


Royal College of Nursing (2013) *Defining staffing levels for children and young people's services: RCN standards for clinical professionals and service managers*, London: RCN. Available at: [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)


The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

April 2014
Review date: April 2016

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

www.facebook.com/royalcollegeofnursing
www.twitter.com/thercn
www.youtube.com/rcnonline

Publication code: 004 580

ISBN: 978-1-910066-44-7