



London Ambulance Service **NHS**
NHS Trust

Paediatric Care Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to ensure paediatric care will be delivered in accordance with national best practice guidance, e.g. JRCALC Guidelines and the National Service Framework for Children, Young People and Maternity Services.

Sponsor Department: Medical Directorate

Author/Reviewer: Named Professional for Safeguarding Children. To be reviewed by November 2019

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
15/12/16	3.2	IG Manager	Document Profile and Control Update
18/11/16	3.1	Interim Deputy Medical Director	Additional Amendments following PMAG Review and Approval 10-11-2016
20/10/16	2.3	Senior Clinical Adviser to the Medical Director	Additional amendments
13/09/16	2.2	Assistant Medical Director	Updated and amended
19/09/12	2.1	Senior Clinical Adviser to the Medical Director	Minor amendments following approval
07/09/12	1.7	IG Manager	Document Profile and Control Update
06/09/12	1.6	Deputy Medical Director	Minor amendments
26/06/12	1.5	Governance and Compliance Manager	Monitoring section reformatted
24/05/12	1.4	Names Professional for Safeguarding Children	Updates in relation to safeguarding
26/08/10	1.3	Senior Clinical Advisor	Addition of conveyance guidance and updated monitoring section
22/02/10	1.2	Senior Clinical Advisor	Reformatted, added scope, removed equality statement
12/12/08	1.1	Assistant Head of Clinical Audit and Research	9.1.5
	1.0	Clinical Education Manager	New Document

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 2 of 13
-----------------	-------------------------------	--------------

For Approval By:	Date Approved	Version
PMAG	10/11/16	3.0
ADG	14/09/12	2.0
Senior Management Group	29/09/08	1.0
Agreed by Trust Board (If appropriate):		
Clinical Governance Committee	12/11/08	1.0

EqIA completed on	By
01/06/10	Senior Clinical Advisor
Staffside reviewed on	By
	Staffside Representative

Published on:	Date	By	Dept
The Pulse	15/12/16 (v3.2)	Governance Administrator	G&A
The Pulse	04/10/12 (v2.1)	Governance Co-ordinator	GCT
The Pulse	05/05/10	Governance Administrator	GCT
Las Website	15/12/16 (v3.2)	Governance Administrator	G&A
LAS Website	04/10/12 (v2.1)	Governance Co-ordinator	GCT
LAS Website	05/05/10	Governance Administrator	GCT
Announced on:	Date	By	
The RIB	20/12/16	IG Manager	G&A
The RIB	09/10/12	IG Manager	GCT
The RIB	20/01/09	Records Manager	GDU

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP/018	Suspected Cases of Child Abuse Policy and Recognition of Abuse notes.	
OP/021	Sharing of Information Agreement between LAS and Metropolitan Police Service Child Protection Unit.	
OP/028	Procedure for Specific Named Patient Protocols and No Resuscitation Orders / Advanced Directives.	
OP/039	Resuscitation Policy	
TP/056	Core Training Policy - Training Needs Analysis	
JRCALC Guidelines SUDICA	Clinical Practice Guidelines for Use In UK Ambulance Services Sudden and unexpected death of a infant, child or adolescent	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 3 of 13
-----------------	-------------------------------	--------------

1. Introduction

The London Ambulance Service NHS Trust (the 'Trust') supports the guidance for Paediatric Care as detailed in the UK Ambulance Services Clinical Practice Guidelines (JRCALC Guidelines). The Trust recognises that the treatment of paediatric patients requires special measures to ensure that appropriate care is delivered.

This care will be delivered in accordance with national best practice guidance, e.g., JRCALC Guidelines and the National Service Framework for Children, Young People and Maternity Services.

2. Scope

This policy outlines the assessment, diagnosis and treatment guidelines that the Trust will follow in the treatment of children and young people and the areas to which these guidelines apply. The definition of a child in safeguarding terms is anyone who has not reached their 18th birthday. This policy should be read in conjunction with other Trust policies that are relevant to paediatric care, (See 'Links to Related Documents...' in the 'Document Profile and Control Grid')

3. Objectives

- 3.1 The Trust acknowledges the guidance outlined in the JRCALC Guidelines and the special responsibilities with regard to the treatment of children and young people.
- 3.2 To ensure that all operational staff are adhering to JRCALC guidelines, along with relevant Trust Policies and Procedures.

4. Responsibilities Roles and responsibilities

4.1 Trust Board

Has the responsibility to scrutinise and ensure safeguarding obligations are met. The Trust Board also ensures that safeguarding remains integral to the Trust and is not compromised by operational or financial pressures.

4.2 Clinical Quality Safety and Effectiveness Committee

The Clinical Quality Safety and Effectiveness Committee have overall responsibility for managing compliance with the requirements of this policy.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 4 of 13
-----------------	-------------------------------	--------------

4.3 Chief Quality Officer

Provide leadership across the organisation, set strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners. To make any referral to the Independent Safeguarding Authority or its successors (see Para 13)

4.4 Medical Director

The Medical Director has overall responsibility for the implementation of this policy in accordance with the JRCALC Guidelines, and for ensuring that all clinical and non-clinical staff delivers care in accordance with this policy

4.5 Quality & Clinical Directorate

Provide expert guidance and clinical leadership, quality assurance of clinical practice and to lead improvements in this area.

4.6 Director of Operations

Operational implementation of policy.

4.7 Deputy Director, Clinical Education and Standards

Delivery of education and training; Monitoring adherence to training standards.

4.8 Head of Emergency Bed Service

Coordinate and quality assure the referral process, ensure routine quality assurance and effective communication with local authorities and other partners. Respond in a timely manner to requests from partner agencies for information arising from referrals made by Trust staff.

4.9 Named Professional Practitioner

Enabling safeguarding activity across the Trust, support the safeguarding agenda and work with partner agencies

4.10 Patient Experiences Department

Responsible for enabling a point of contact for safeguarding enquiries. Respond in a timely manner to requests from partner agencies for information, etc. Respond to complaints and concerns about the safeguarding process and general enquiries from the public, patients, relatives and carers.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 5 of 13
-----------------	-------------------------------	--------------

4.11 Quality Governance and Assurance Managers

Act as representatives of the Trust at local Safeguarding Adults Board meetings and strategy meetings etc in relation to specific cases, having been briefed by PED as the point of central contact. Arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations.

4.12 Operational staff

To assess patient's needs and where appropriate and to make referrals about suspected neglect, harm or abuse; contribute to investigations as required and directed.

4.13 Whole workforce, contractors and volunteers

All staff, contractors and volunteers have a duty to act and respond to concerns about safeguarding in a timely manner

4.14 All Clinical Staff should:

- Ensure that they maintain their paediatric assessment, diagnosis and treatment skills (as appropriate) in line with their training.
- Ensure that they attend annual updates on Safeguarding Children and Young People
- Actively manage pain or distress in a child appropriate to their skills, training and scope of practice. If the management of pain for a particular paediatric patient is beyond them, they should promptly consider seeking advice or the attendance of a clinician with more advanced skills.

5. General Policy

5.1 The Trust works to the guidance UK Ambulance Services Clinical Practice Guidelines which stress that recognising the signs and symptoms of serious illness or injury in a child is much more important than making a diagnosis.

5.2 Recognition of the seriously ill or injured child involves the identification of a number of key signs affecting the child's airway, breathing, circulatory or neurological systems. If these signs are present, the child's condition must be regarded as time critical.

5.3 Staff will follow the assessment, diagnosis and treatment regimes as described in the UK Ambulance Services Clinical Practice Guidelines. These cover the following:

- Medical Emergencies in Children
- Trauma Emergencies in Children
- Anaphylaxis and Allergic reactions in Children
- Asthma in Children
- Burns and Scalds in Children
- Convulsions in Children
- Glycaemic Emergencies in Children
- Overdose and Poisoning in Children
- Child Basic/Advanced Life Support
- Newborn Life Support
- Child Foreign Body Airway Obstruction
- Dealing with the Death of a Children (including sudden death in infancy SUDI)
- Recognition of Child Safeguarding issues

6. Management of Pain in Children

- 6.1 The Trust works to the guidance as detailed in the UK Ambulance Services Clinical Practice Guidelines on the management of pain in children and recognises that all children in pain need analgesia, regardless of age or situation, and that pain is a multi-dimensional construct.
- 6.2 Analgesia should normally be introduced in an incremental way, considering timeliness, effectiveness and potential adverse events.
- 6.3 Pain management should always include the non-pharmacological methods of treatment as a starting point and may be administered by all attending staff. However, it may be apparent from the assessment that a stronger analgesia is necessary from the outset, and, therefore the appropriately trained member of staff would need to administer it.
- 6.4 Entonox should be supplied until other drugs have had time to take effect.
- 6.5 Non pharmacological methods include psychological input / distraction techniques, dressings, splintage and positioning for comfort. Skin-to-skin contact and breast feeding by mother may provide comfort to an infant in pain

Ref. No. OP/036	Title: Paediatric Care Policy	Page 7 of 13
-----------------	-------------------------------	--------------

6.6 Pharmacological methods include: oral analgesia, inhalation analgesia, parenteral and enteral analgesia. These methods are administered by appropriately trained staff, and according to UK Ambulance Services Clinical Practice Guidelines.

7. Education

- 7.1 All clinical staff will receive training in the assessment and management of unwell and injured children in keeping with their skill grade, and as determined by the Trust's Training Need Analysis.
- 7.2 The Training standard is based on the UK Ambulance Services Clinical Practice Guidelines, and takes into account relevant guidance from the National Institute of Health and Care Excellence (NICE), the Resuscitation Council (UK) and other bodies as appropriate. All staff also receive role-appropriate training in Safeguarding Children and Young Adults.
- 7.3 Non-attendance at statutory and mandatory training relating to the care or safeguarding of children will be reported and managed through the Trust's Educational Policies

7 Conveyance

8.1 Background

The Royal College of Paediatrics and Child Health wrote to all ambulance services expressing serious concern over the number of young children that ambulance services nationally were not conveying to hospital.

An expert working group was set up to look at the Service assessment of paediatric patients and the subsequent triage decision.

This expert group has made a number of recommendations which have been accepted by the medical directorate.

For the purpose of this policy the term 'conveyed to hospital' also includes conveyance to a minor injuries unit, walk-in centre, urgent care centre, and polyclinic or GP surgeries.

When assessing children special consideration should be given to the potential for serious underlying illness and this should be considered along with the child's medical

history including immunisations and birth history, and including any history of prematurity.

8.2 Children under two years old

- All children under the age of two years old must be conveyed to a hospital. This is to apply in all circumstances unless the parent(s)/legal guardian(s) decline hospital attendance.

Physical assessment should include:

- Respiratory rate
- Pulse rate
- Capillary refill
- Capillary blood glucose (BM) (where there has been any reduction in the level of consciousness)
- Pulse oximetry
- Temperature

These observations should be within the expected norms for a child of the appropriate age. The expected range of normal observations is recorded in the UK Ambulance Services Clinical Practice Guidelines (2016) & Pocket book. In addition to this, full details of the clinical assessment should be recorded on the PRF. If observations are abnormal you must give consideration to moving the child as soon as possible with a pre alert call if clinically appropriate. Second and subsequent sets of observations can be taken if required whilst moving the patient to hospital.

- If the parent(s)/legal guardian(s) decline conveyance to hospital, the patient must be referred to their GP within office hours.. This referral should be undertaken by the crew and wherever possible directly to a clinician to ensure the most robust handover of clinical information and not left for the family/guardian to do. The name of the receiving clinician should be documented on the PRF. In this case two sets of observations should be taken twenty minutes apart. Out of hours, crews should contact the Clinical Hub to discuss further
- The parents/guardians are to be informed that if the patient deteriorates they can recall 999.
- A copy of the completed PRF should be left on scene.

8.3 Children aged two to sixteen

Ref. No. OP/036	Title: Paediatric Care Policy	Page 9 of 13
-----------------	-------------------------------	--------------

For children between the ages of two and sixteen, the decision regarding whether to convey will depend on the clinical assessment. However with children under 5, there should be a lower threshold to convey to hospital. This is to be encouraged in all circumstances unless the parent(s)/legal guardian(s) decline conveyance to hospital or in the event that an assessment has been undertaken and the clinician on scene deems that a child (aged two to eighteen) does not need a further assessment or treatment at hospital

Physical assessment should include:

- Respiratory rate
- Pulse rate
- Capillary refill
- Capillary blood glucose (BM) (where there has been any reduction in the level of consciousness)
- Pulse oximetry
- Temperature

These observations should be within the expected norms for a child of the appropriate age. The expected range of normal observations is recorded in the UK Ambulance Services Clinical Practice Guidelines (2016) & Pocket book. In addition to this, full details of the clinical assessment should be recorded on the PRF. If observations are abnormal you must give consideration to moving the child as soon as possible with a pre alert call if clinically appropriate. Second and subsequent sets of observations can be taken if required whilst moving the patient to hospital.

- Any child between 2 years and 5 years who, after clinical assessment is to be left in the care of their parent or guardian, must have a GP referral / notification made either by the attending crew, or via the referral support team in the Emergency Bed Service.
- Where a child aged between five and sixteen years old is not conveyed to hospital the attending crew should consider a GP referral/ notification
- Within office hours, referrals should be made to the patient's own GP. Out of hours, referrals should be made to the local OOH service either via 111 or directly via the back-door number.. This referral should be undertaken by the crew and wherever possible directly to a clinician to ensure the most robust handover of clinical information and not left for the family/guardian to do. The name of the receiving clinician should be documented on the PRF.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 10 of 13
------------------------	--------------------------------------	----------------------

- In difficult situations around consent and capacity to refuse treatment, advice should be sought from the clinical hub and/or clinical on-call
- The parents/guardians are to be informed that if the patient deteriorates they can recall 999 or 111
- A copy of the completed PRF should be left on scene. In these cases two sets of observations should be taken twenty minutes apart.

Making a referral to the patient's GP allows assessment and care, by someone with access to the patient's medical records. This allows review of the ambulance contact in the context of the child's long term health. This is particularly important in the context of safeguarding where this allows the GP to hold a record of all health contacts the patient has had.

It is important that the referral is undertaken by the ambulance crew or the Clinical Hub and not left for the parents/guardians to do. This will ensure the referral occurs. The parents/guardians should always be informed that if the patient deteriorates they should recall 999. This information can also be given to the patient if age appropriate. This again should be recorded on the PRF and provide an additional 'safety net' for the patient.

8.5 Safeguarding

All paediatric examination and history should include evidence of consideration of safeguarding concerns. When documenting a paediatric assessment on the PRF this should include the safeguarding assessment.

Where there is any concern around abuse or neglect the crew must contact the Emergency Bed Service who will complete the safeguarding referral process with the crew

Where there are concerns that a child or children are at risk of significant harm they should inform the police immediately.

When no safeguarding concerns are found the crew should document as such on the PRF.

If necessary further support can be sought through the Clinical Hub.

The following NICE guidelines of child protection provide further information.

Child Maltreatment: when to suspect maltreatment in under 18s (NICE 2009)
<https://www.nice.org.uk/guidance/cg89>

Ref. No. OP/036	Title: Paediatric Care Policy	Page 11 of 13
-----------------	-------------------------------	---------------

The London Safeguarding Children Board has a website at: <http://www.londonscb.gov.uk> where further information can be accessed.

Staff will be expected to justify any deviation from this guideline within their clinical documentation in line with Operational Policy OP40 (Policy Advising Staff where Deviation from Guidelines is Considered). Further advice can be sought through the Clinical Hub.

Ref. No. OP/036	Title: Paediatric Care Policy	Page 12 of 13
-----------------	-------------------------------	---------------

IMPLEMENTATION PLAN				
Intended Audience	All clinical staff			
Dissemination	Available to all staff on the Pulse			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document.			
Training	As outlined in the TNA – commensurate to each clinical staff grade.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties (Section 4) including the; <ul style="list-style-type: none"> • Process for assessment, diagnosis and treatment – adherence to National Clinical Guidelines (Section 5) • Pain management arrangements (Section 6) • The minimum standards of paediatric care training that must be achieved (Section 7) 	Annual PDR process Quarterly Area Governance Reports (include CPI checks)	ADO reporting via Area Quality Meetings	Clinical Quality Safety and Effectiveness Committee	Learning disseminated via various mechanisms including Medical Directorate Bulletins, Area Quality Meetings, Routine Information Bulletins, etc