

Policy for the Accommodation of Well Infants to Adult Wards

Issue Date	Review Date	Version
November 2020	November 2025	1

Purpose

The purpose of this policy is to provide a risk assessment and clear guidance for healthcare professionals whilst accommodating a well infant in an adult environment.

The accommodation of a well infant on adult wards should only be considered in exceptional circumstances and when there is no other option. Healthcare professionals admitting women who wish to keep their child with them, whilst on the wards should be made aware of the risks of accommodating the child in an adult environment.

Admitting an infant to an adult ward could:

- increase the risk of infection
- increase the risk of abduction
- increase the risk of potential safeguarding issues

Who should read this document?

All medical, nursing and other support staff on adult wards where well infants maybe accommodated.

Key Messages

- Infants may be accommodated on an adult ward only by exception and after completion of a risk assessment.
- The risk assessment will determine the status of the accommodated child and subsequent actions.
- Where possible the infant should remain in the care of the family not in the care of the hospital.
- The priority ward for this patient cohort should be Ocean Ward as some rooms are en-suite and large enough to accommodate a cot/bassinet and a sleeping chair for the family member.
- The paediatric Matron/ Paediatric Senior Nurse should be informed if the infant child has lodger status.
- The child should be reviewed by the paediatric SHO (APNP) if the infant is lodged on the ward.

Core accountabilities		
Owner	Anita Dykes, Matron for NICU and Acute Paediatrics	
Review	Paediatric Clinical Governance Group/NMOC	
Ratification	Chief Nurse – Lenny Byrne	
Dissemination (Raising Awareness)	Paediatric Clinical Governance Group/NMOC	
Compliance	Ward Managers of areas that are affected	
Links to other policies and procedures		
Version History		
1	November 2020	First Policy

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

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1 Introduction

The accommodation of a well infant on adult wards should only be considered in exceptional circumstances and when there is no other option. Healthcare professionals admitting women who wish to keep their child with them, whilst on the adult wards should be made aware of the risks of accommodating the child in an adult environment and explore what other options are feasible and suitable for the child. The safety of the child is paramount and must be prioritised.

Admitting an infant to an adult ward could:

- increase the risk of infection
- increase the risk of abduction
- increase the risk of potential safeguarding issues

2 Purpose

The purpose of this policy is to provide clear guidance for healthcare professionals when a well infant requires accommodation on an adult ward.

3 Definitions

Visitor - The child is in the care of a family member 24 hours a day

Lodger – The child is in the care of the mother at all times and she is able to take full responsibility for all care aspects of the child

4 Duties

Nurse caring for mother in ED/MAU/SAU

The nurse or healthcare professional caring for the mother should discuss all options for the infant to be cared for at home by other family members. Only if there is **no other option** should the risk assessment in Appendix 3 be completed and the child accommodated within the Trust.

The child should be assessed as a Visitor or Lodger.

- Alert the operational team that a cubicle is required for a mother and child. The priority Ward for this should be Ocean Ward as cubicles are large enough to accommodate a cot/bassinet and chair for family member. The exception to this is mothers with cardiac conditions who should be nursed within the Terence Lewis Building.
- Alert the Paediatric Matron (Bleep 81393) in hours or Paediatric Senior Nurse (Bleep 0919) out of hours that the child requires a medical review as a lodger. This is not required for visitor status.
- The ward team accepting the patient should be informed of the presence of a child and the status of the child i.e. Lodger/Visitor.
- If the child is assessed as a lodger there should be an MDT assessment of capacity and capability of the mother to care for her child. This assessment should form part of the risk assessment in Appendix 3.

Operational/Site Team

The site should locate a cubicle on a suitable ward (Ocean, if possible)

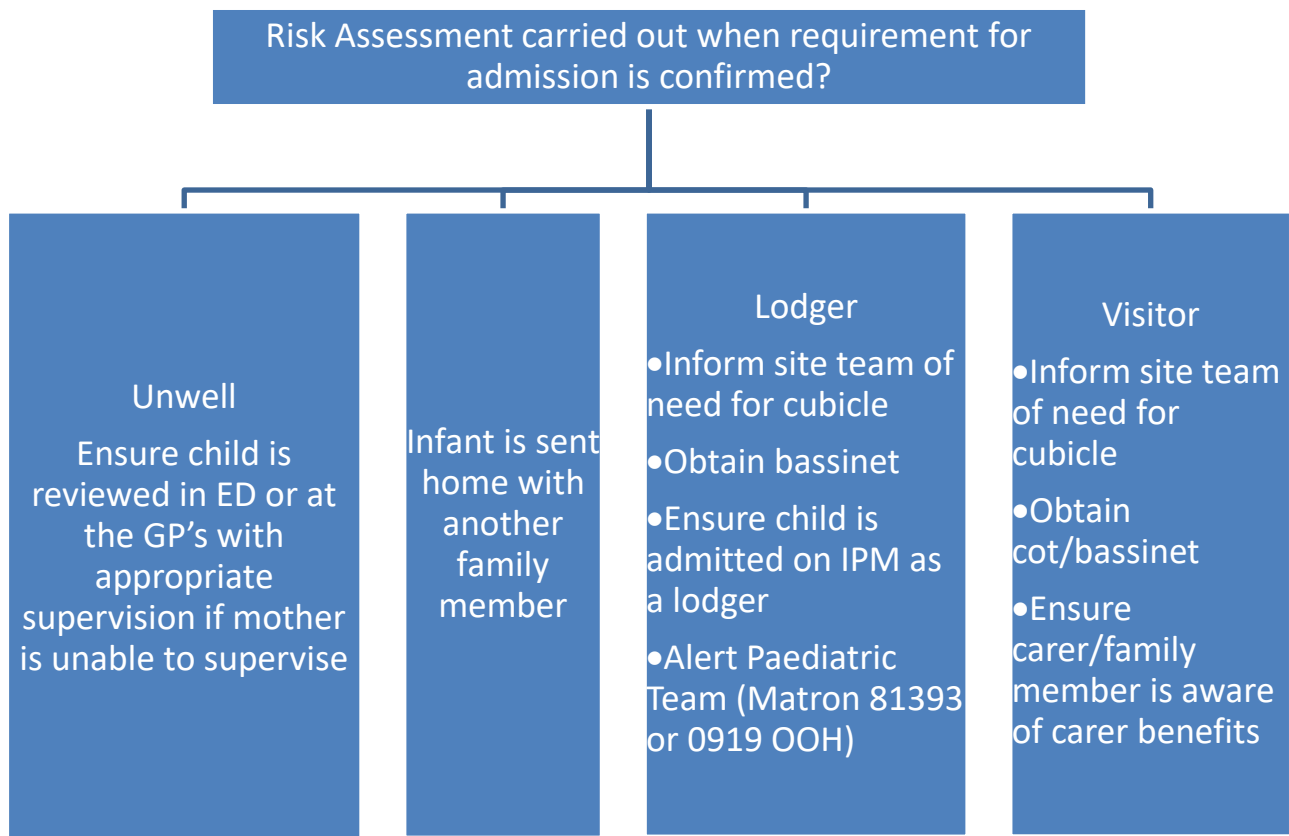
- The cubicle should be large enough to accommodate another adult as well as the baby.
- All other children should be looked after in a cubicle on an adult ward. Any infants under 4 months old must be accommodated in a cubicle due to the risk of infection and their unimmunised status.

Ward Nursing/Admin Team

- The ward nursing team should obtain a bassinet from maternity or a cot from the paediatric wards for older children.
- Nappies and Feeds should be supplied by the family but if this is not possible, they can be sourced from the paediatric wards.
- Weaning foods can be obtained by the ward housekeeper from the housekeeping menu.
- If the child has lodger status the Ward clerk should admit the infant to the ward as a lodger, on IPM. The medical records of the infant/child should be requested. This is not required for visitors in the care of family members.
- Infants and children should not be picked up or handled by ward staff except in an emergency and then aprons should be worn to protect the child.
- Feeding support including pumps, expressing support and sterilising equipment can be obtained from Maternity or NICU.
- Post-natal care for the mother can be arranged by contacting CDS Co-coordinator 30091.
- The infant feeding lead can also be contacted for advice and support (Bleep XXX) during working hours.

Paediatric Doctor or APNP (Bleep 0437)

The lodger infant/child should be reviewed within 6 hours of arrival on the ward to ascertain that they are well. This should take the form of a standard clerking of a paediatric patient. The review should be documented in the infant/child's medical record. This review is not required if the child is in the care of the family i.e. visitor.



Breast Feeding

University Hospitals Plymouth NHS Trust recognise that breastfeeding is the optimum form of nutrition for infants. Breastfeeding has many different benefits for both mother and child. In order for breastfeeding to be maintained mother and infant must maintain a close relationship, during an admission to hospital there is the possibility of this to be interrupted.

In order to support a mother's feeding journey, enable her to continue breastfeeding and avoid complications such as engorgement and mastitis it is necessary to put some adjustments into place when a mother is admitted to our care.

Staff caring for mother should support her in being able to feed her infant responsively. Discuss with the mother her needs and how we can support her with this.

Breastfeeding advice can be sought from the infant feeding lead for maternity or the infant feeding team on NICU.

Expressing pumps and kits can be sourced from maternity/NICU or Woodcock ward. Staff in these areas can advise on cleaning and sterilising of these kits. If a mother is expressing her breastmilk then this will need to be stored within the fridge on the unit.

Storage guidelines are as follows:

Expressed Breast Milk should only be stored at room temperature for a maximum of 6 hours.

Expressed Breast Milk can be stored in the hospital fridge for 48 hours (this is due to the increased opening of hospital fridges) or for 5 days in a fridge at home.

Expressed Breast Milk can be stored for two weeks in the ice compartment of a fridge and up to 6 months in a freezer.

If mother is required to be prescribed medication it is important that NICE guidance is followed to ensure health professionals who prescribe medications consult supplementary sources (for example, the Drugs & Lactation Database [LactMed]) or seek guidance from the UK Drugs in Lactation Advisory Service. The 'British national formulary' should only be used as a guide as it does not contain quantitative data on which to base individual decisions.

If a mother is prescribed medications for a short time which means she is unable to feed her baby then she must be supported to express her breastmilk so as lactation is not interrupted.

If a mother chooses to discontinue breastfeeding then this should be done gradually over a week or more to reduce her chances of mastitis.

Further guidance on medications, anaesthetics, CT scans and more can be found on the drugs in breastmilk page at <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>

An assessment of the mother's ability to continue breast feeding should be carried out by the clinicians responsible for the mother. Breast-feeding advice and/or expressing kits and pumps can be sourced from maternity or Woodcock. There may be contra-indications to breast feeding such as medication or the mother may be too unwell to safely breast feed her child.

Equipment

Feeding equipment should be supplied by the family and cleaned and sterilised at home where possible. If this is not possible, sterilising facilities are available in Maternity and on Woodcock Ward. Advice and support is available from the Infant Feeding Lead or Paediatric Matron.

Caring for the baby or child

Whilst the mother is under anaesthetic or too unwell to care for the infant, other family members should be asked to care for the baby. The risk assessment should be reviewed and updated to reflect any change in the mother's ability to safely care for her child.

Accommodation in extenuating circumstances can be sought on a paediatric ward if capacity allows, following discussion with the paediatric matron (bleep 81393) or the paediatric senior nurse (bleep 0919). In very exceptional circumstances, a member of staff from paediatrics or maternity may be able to support the baby on the adult ward for short periods. Any member of staff caring for an infant should have undergone safe recruitment checks to work with children. Staff in maternity and paediatric areas would be compliant with this recommendation.

Unwell

If the baby is unwell, the paediatric SHO on call (bleep 0437) should be asked to see the baby. The baby / child's medical notes must be available.

Safeguarding Concerns

The safeguarding team should be made aware of any safeguarding concerns for the infant via a referral on SALUS. The team can also be contacted for advice on ext. 39053.

Carers Facilities

Family members caring for the baby would be classed as Carers for the purposes of the Carers Policy. This would entitle them to a meal voucher to the value of £5 per day to obtain a hot meal from the Restaurant or Warrens Bakery. The carer would also be able to obtain free parking. Please consult the Carer's Policy for further guidance.

6 Overall Responsibility for the Document

The Matron for Paediatrics

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Paediatric Clinical Governance Committee and ratified by the Chief Nurse via NMOC.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated owner. These must be ratified by the Chief Nurse.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Compliance with this policy will be monitored by the Paediatric Matron and the Matrons/Ward Managers of adult wards involved in this process.

10 References and Associated Documentation

<https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>

Dissemination Plan			
Document Title	Policy for the Accommodation of Well Infants to Adult Wards		
Date Finalised	26 th November 2020		
Previous Documents			
Action to retrieve old copies	None		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		IG Staffnet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y
		Y

Core Information	
Date	6 th August 2020
Title	Policy for the Accommodation of Well Infants to Adult Wards
What are the aims, objectives & projected outcomes?	The purpose of this policy is to provide a risk assessment and clear guidance for healthcare professionals whilst accommodating a well infant in an adult environment.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is an impact on race regarding this policy.
Religion	There is no evidence to suggest there is an impact on religion regarding this policy.
Disability	Women with a disability would need to be supported to allow their child to stay with them on the ward.
Sex	There is no evidence to suggest there is an impact on sex regarding this policy.
Gender Identity	There is no evidence to suggest there is an impact on gender identity regarding this policy.
Sexual Orientation	There is no evidence to suggest there is an impact on sexual orientation regarding this policy.
Age	There is no evidence to suggest there is an impact on age regarding this policy.
Socio-Economic	There is no evidence to suggest there is an impact on socio economic status regarding this policy.
Human Rights	There is no evidence to suggest there is an impact on human rights regarding this policy.
What are the overall trends/patterns in the above data?	No Data as yet.
Specific issues and data gaps that may need to be addressed through consultation or further research	No Data as yet.

Involving and consulting stakeholders				
Internal involvement and consultation	Infant Feeding Lead Ward manager Cardiac Unit Ward manager Adult wards Matrons			
External involvement and consultation	None Required			
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

Name

Date of birth

Hospital Number

Affix patient sticky label here



Risk assessment for the accommodation of a well Infant to an adult ward

	Answer	Guidance
Is the infant or child unwell ?		If the child is unwell, they should be seen in the Emergency Department or the Children's Assessment Unit, accompanied by a responsible family member.
Is there a family member that can safely care for the infant/child at home ?		Infants or children should only be accommodated on an adult ward in exceptional circumstances and for as shorter period as possible. The exceptional circumstances could be but are not limited to <ul style="list-style-type: none"> • Maintenance of breast-feeding • No responsible adult at home to care for the child • End of life care for the mother
Is there a responsible family member that can care for the infant/child at all times whilst on the ward ?		If there is a family member present at all times, the infant/child has visitor status and is not in the care of UHPNT. The infant/child is in the care of the family member. Please follow the visitor guidance.
Is the mother able to care for her child fully and at all times whilst in hospital ?		If Yes, the infant/child will have lodger status. Please follow the lodger status guidance. If No, the child should be admitted to the paediatric ward and plans made to seek support from Multi-agency partners to accommodate the child away from the hospital

The infant is identified as a

Lodger Visitor

Risk Assessment completed by

Name (RN)	Signature	Date and Time	Reassessment of Status

Please ensure patient disclaimer is completed overleaf.

Patient Disclaimer

Name of Mother/family member

Name of child being accommodated.....

I Family member/Mother (Delete as necessary) of

(Name of child) will undertake all care for the child, whilst on the ward. I understand the child is my responsibility and University Hospital's Plymouth is not responsible for the care of the child whilst on the ward.

Signature Date Time