



**Hospice Care**  
**Hospice Isle of Man**  
**Clinical Policy 10**

**Rebecca House Children's Operational Policy**

<b>Reader Information</b>	
<b>Policy Title</b>	Rebecca House Children's Service Operational Policy
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<b>Originator</b>	D Corrin In Patient Services Manager, J Irwin Lecturer Practitioner, C Cresswell Social Worker
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**1. Introduction**

1.1 Rebecca House (RH) is a children's hospice, attached to Hospice Care.

The accommodation includes 4 single ensuite rooms. The multidisciplinary team working at Rebecca House provides specialised palliative care for children from birth to age 18 at time of referral, in a supporting and relaxing environment where choice is available for children, their families and carers, and individual needs are considered.

- 1.2 Rebecca House offers holistic care to children admitted either from their own home or hospital. The aims of Rebecca House are to manage complex physical symptoms, provide respite, address nursing needs, deliver psychosocial care, to provide support and an opportunity to explore spiritual aspects of care.
- 1.3 The services provided by Rebecca House include in-patient respite & terminal care, Day Care Service and Outreach.

## **2. Purpose**

- 2.1 To identify the role and responsibility of the Rebecca House team
- 2.2 To identify the process through which children gain access to, are referred to, and discharged from the Rebecca House Services.

## **3. Policy**

- 3.1 This policy refers to all staff employed by Isle of Man Hospice to deliver care and support in Rebecca House and through the Outreach Service.

## **4. Composition of the Team**

- 4.1 Rebecca House is staffed by:
  - 4.1.1 Doctors
  - 4.1.2 Registered Children's Nurses
  - 4.1.3 Registered Nurses
  - 4.1.4 Nursery Nurses (NNEBs) or equivalent
  - 4.1.5 Housekeeping team
- 4.2 Support is also available from:
  - 4.2.1 Chaplains
  - 4.2.2 Complementary Therapists
  - 4.2.3 Lymphoedema Nurses
  - 4.2.4 Social Worker
  - 4.2.5 Hospice counsellor
  - 4.2.6 Young Persons Support Worker Service
- 4.3 Doctors
  - 4.3.1 The Clinical Director is present in Hospice most mornings. He carries out a round of the Rebecca House children as required. Three part-time doctors support the Clinical Director on Monday, Tuesday & Thursday. On call and weekend cover is provided by each of these doctors, on a

rotational basis.

4.3.2 The Acute Paediatric Medical Team at Noble's Hospital will be available to provide direction and advice of specific issues as required.

#### 4.4 Nurses

4.4.1 There are Permanent Registered Nurses, Permanent Nursery Nurses (NNEBs), Health Care Assistants (HCAs) and flexi-bank staff.

4.4.2 The nursing team is made up of permanent and 'bank' nurses

4.4.3 Most nurses work a four-shift system i.e.

4.4.3.1 07.15 until 15.30

4.4.3.2 07.15 until 20.45

4.4.3.3 13.00 until 21.00

4.4.3.4 20.30 until 07.30

4.4.3.5 **NB** The above shift patterns are subject to change especially at times when there are no in-patients and only day care is open.

4.4.4 All nurses, NNEBs, and HCAs are expected to participate in the internal rotation.

4.4.5 The skill mix includes:

4.4.5.1 Morning minimum of 2 nursing staff i.e. 1 Registered Nurse and 1 NNEBs/HCAs

4.4.5.2 Afternoon 2 nursing staff i.e. 1 Registered Nurse and 1 NNEBs/HCAs

4.4.5.3 Night 2 nursing staff i.e. 1 Registered Nurse and 1 NNEB/HCA

4.4.6 At all times a first level Registered Children's Nurse must be in charge of Rebecca House and its Outreach services.

## 5. Management

5.1 The Head of Children's and Young People's Service's (HC &YPS), reports to the Hospice Matron and is accountable to the Nursing Director/Chief Executive.

5.2 Each child has a designated registered nurse as his or her named nurse.

5.3 The Rebecca House team works in conjunction with the Hospice multidisciplinary team (MDT) and a representative will attend the weekly Hospice MDT meeting.

5.4 The HC &YPS or designated deputy will attend the steering group meeting, the monthly in-house meeting, the weekly children's ward

MDT meeting and hold a 6-weekly MDT meeting at Rebecca House to discuss the current caseload

- 5.5 Based at Rebecca House, Hospice Care, Strang, Braddan; telephone number 647405.

## 6. Admissions

### 6.1 Eligibility

- 6.1.1 **Group 1** Life-threatening conditions for which curative treatment may be feasible but can fail, where access to palliative care services may be necessary when treatment fails. (Examples: cancer, irreversible organ failures of heart, liver, kidney).
- 6.1.2 **Group 2** Conditions where premature death is inevitable, where there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities.
- 6.1.3 **Group 3** Progressive conditions without curative treatment options, where treatment is exclusively palliative and may commonly extend over many years. (Examples: Batten disease, mucopolysaccharidoses, muscular dystrophy).
- 6.1.4 **Group 4** Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death. (Examples: severe cerebral palsy, multiple disabilities such as following brain or spinal cord injury).
- 6.2 Once a referral is made, the HC &YPS, or designated deputy, will carry out a full assessment. In the case of Group 4 referrals, an additional scoring assessment may be carried out to assist with an acceptance or decline decision. The findings of assessment will be discussed at the Tuesday MDT. The results of this discussion will be disseminated to the referrer, the wider MDT involved, including GP & Consultant Paediatrician, the patient (if appropriate) and person with parental responsibility
- 6.3 In the event of the referral not meeting the above criteria the Hospice team may decline the referral and will inform those involved.6.3.

## 7. Referral and Admission Procedure

- 7.1 A Rebecca House Referral form should be completed for each child by the referrer, including family members.
- 7.2 Referrals can come from any source.
- 7.3 It is expected that the commitment of Rebecca House services to a particular child will not take place against the wishes of either the Hospital Paediatrician or the General Practitioner.

- 7.4 The medical responsibility for a child being cared for in Rebecca House lies with the Hospice Clinical Director. However, clinical guidance and advice regarding the care of any child or young person in Rebecca House can be accessed via a Consultant Paediatrician at Noble's Hospital.
- 7.5 In the case of an urgent admission request, unless the child/family wishes otherwise, admission should take place within 24 hours of request, otherwise a "Deferral of Admission" form must be sent to the Nursing Director/Chief Executive.
- 7.6 The reasons for admission must be clearly identified, discussed and agreed with the child/person with parental responsibility and hospice doctor. The information will then be shared with the Rebecca House Nurse in Charge and other members of the MDT.
- 7.7 The time of admission will be agreed in liaison with the referrer, the Hospice Doctor and the Nurse in Charge.

## **8. Assessment**

- 8.1 Holistic assessment is carried out prior to admission to Rebecca House. This will include Cardiopulmonary Resuscitation (CPR) wishes, preferred place of death, and any identified advanced care planning. Information gathered is entered on the multidisciplinary children's documentation, and updated when necessary by the various professionals.
- 8.2 All children have a full assessment of their educational & developmental needs
- 8.3 Individual care plans are agreed jointly with the child or person with parental responsibility and regular evaluation of outcome will take place.
- 8.4 Children will be reassessed each year if their condition remains stable, otherwise whenever their health care needs change. The named nurse will meet up with the parent/carer and child, if appropriate, yearly to update paperwork and discuss care plans. The named nurse must make telephone contact with the parent/carers every 3 months to discuss how the child and family are progressing.

## **9. Multidisciplinary Team Meeting (MDT) Meetings**

- 9.1 These meetings are attended by members of the hospice multidisciplinary team, and other outside professionals involved with the RH children's care in order to facilitate good communication around the child & their family
  - 9.1.1 The HC &YPS, or deputy on duty will attend the children's ward weekly MDT to update about children under the care of Rebecca House.
  - 9.1.2 Each week the (HC&YP) and the Senior Nurses will meet to discuss the RH caseload.

- 9.1.3 Every 6 weeks there will be a RH MDT that involves health professionals in the acute services and the social workers involved with RH caseload.
- 9.1.4 Patients accessing respite will have yearly multi-agency meetings with their parents or person with parental responsibility present, to update all involved on the child's progress, following which the child's RAF will be updated with the parents.

## **10. Respite**

- 10.1 Children are admitted for psychosocial reasons that allow families/carer and children to have a break from difficult and demanding periods of caring or being cared for at home. On these occasions a specific discharge date is agreed upon, and pre-booked prior to admission.
- 10.2 The staff will use the Resource Assessment Framework (RAF), in partnership with families to work out how many hours of respite it can offer to every family each month.
- 10.3 The RAF scores will be kept up to date by recalculating them annually following an assessment, the RAF score will also be amended whenever anything changes for the family or in a time of crisis in order to provide appropriate support to the family
- 10.4 If a child attends Claire House Children's Hospice, Merseyside for a respite stay, this will count as part of their palliative care respite allowance as per their RAF allocation. Therefore the child's respite hours provided by Rebecca House will be reduced accordingly.
- 10.5 Respite care is also offered to those whose care suddenly breaks down due to a crisis within the community.
- 10.6 Respite booklets will be given to the family in advance of their stay and specific care needs addressed by the Nurse in Charge.

## **11. Discharge**

- 11.1 The patient/ persons with parental responsibility are involved from the outset.
- 11.2 If a child no longer meets RH criteria then a MDT involving all professionals involved and persons with parental responsibility will be organised to discuss ongoing care for the patient. Three months after this meeting, provided the child has not deteriorated, they will formally be discharged from the Hospice caseload. All professionals involved and persons with parental responsibility will be informed of this in writing.

## **12. Day Care Services (DCS)**

- 12.1 All children and their families/carers will receive a *User Information Pack* prior to attending the DCS or within one week of commencement.
- 12.2 By the end of the child's second visit to the DCS they will have had an initial assessment by a first level Registered Nurse and NNEB. This will include:
  - 12.2.1 The care needs of the child and their family/carer(s).
  - 12.2.2 The child's current functional abilities and existing coping/cognitive strategies.
- 12.3 The child's GP will be notified within 10 days of the child's first attendance. If the child's family objects to their GP being informed:
  - 12.3.1 Their reasons for objecting will be explored.
  - 12.3.2 They will be informed that in order to provide continuity of care anyone who accesses the DCS does so with their GP's knowledge.
  - 12.3.3 A summary of the conversation will be documented in the child's case notes.
- 12.4 All children attending the DCS will have access to a medical practitioner, should the need arise. The child's GP will be informed of any changes in the child's condition and any interventions/reviews required. Their key worker from the Primary Care Paediatric Team will also be informed.
- 12.5 Regular reassessment and evaluation of care takes place including, where appropriate, discussions with the multidisciplinary team at monthly meetings.
- 12.6 All children must be mobile enough to be transported to the DCS by their usual disabled transport or by the carers
- 12.7 Restrictions to Attendance
  - 12.7.1 Some of the children attending the DCS will be immunocompromised therefore:
    - 12.7.1.1 Any child suffering from Herpes Zoster (shingles) or Chicken Pox should be excluded until the blisters have crusted over and/or healed.
    - 12.7.1.2 Children who are having active treatment leading to Immunosuppression should not attend with other children
    - 12.7.1.3 Respite children acutely unwell with diarrhoea & vomiting
    - 12.7.1.4 Any children whose family have Herpes Zoster (shingles) / Chicken Pox or Vomiting & diarrhoea

- 12.7.2 Parents, siblings and friends are welcome to visit Rebecca House but anyone with an acute infectious condition will be asked to contact the nurse in charge before visiting.

#### 12.8 Non-attendance

- 12.8.1 Any child who does not attend will have the reason for their non-attendance documented in their case notes. Continued non-attendance without valid reason may lead to cessation of the DCS provision.
- 12.8.2 If the reason for non-attendance is not planned or expected attempts will be made to ascertain the reason for their absence.
- 12.8.3 The Key Worker and Paediatrician will be made aware of any child who has been too unwell to attend.

#### 12.9 Medication

- 12.9.1 Whilst attending the DCS the Registered Nurse will be responsible for the safe custody and administration of the child's medication.
- 12.9.2 Staff will not have the authority to change or supplement medication except when prescribed by the Hospice medical staff or the child's GP/Consultant.
- 12.9.3 Registered Nurses may use Patient Group Directions (PGDs) in exceptional circumstances, providing each individual has signed a declaration that they have read the PGDs, have been assessed as competent in their use, and will use them in accordance with the criteria described.

### **13. Outreach Service**

- 13.1 Assessment is carried out in the child's home on referral as above.
- 13.2 A holistic assessment of the child's need is made and recorded in the child's case notes.
- 13.3 Home reviews are carried out every 3 months or as indicated by a change in the child's condition.
- 13.4 The outreach service is provided predominantly for patients at the End of Life.
- 13.5 Outreach for patients who have continuing care needs will be given on an individual needs-led basis and sanctioned by the Matron. The responsibility for care plans in this instance will lie with the universal services and should be in place prior to Rebecca House staff providing outreach care.

- 13.6 Hospice Documentation is kept in the patient's home. The Named Nurse should visit every 3 months to update risk assessment and care plans unless intervention is required sooner.
- 13.7 Medication will be administered in accordance to the Hospice Safe Administration of Drugs Policy and the associated Standard Operating Procedures.

#### **14. Non-clinical Photography of Children**

- 14.1 The term photography refers to both still and video images, and includes photographs that have been scanned into computer programmes.
- 14.2 Clinical photography will be used as appropriate to provide a visible record of a child's condition
- 14.3 A photo of each child will be placed on the front of their Hospice records to act as an identifier for the Child (See Hospice Patient Identification Policy).
- 14.4 Non-clinical photography may be used in Hospice Care promotional material i.e. Annual Report, displays, with consent.
- 14.5 A written and verbal explanation of the reason for taking the individual's photograph will be given and time given for consideration (generally 24 hours).
  - 14.5.1 Wherever possible the written explanation should be given to the person with parental responsibility prior to their first visit to the Day Care Service/admission.
- 14.6 In all cases the person with parental responsibility/child must sign that they give their consent for:
  - 14.6.1 The child's image to be taken.
  - 14.6.2 It to be used by Hospice for the purpose stated on form.
  - 14.6.3 In the event that the child is unable to sign the person with parental responsibility must sign and their status must be documented.
- 14.7 A registered practitioner (i.e. Doctor, Nurse, Physiotherapist, and Occupational Therapist) must also sign the consent form.
- 14.8 The consent form will then be stored in the child's case notes.
- 14.9 No images will be taken (or copied) of the child without consent. Any member of staff who contravenes this policy will be subject to the Hospice Care Disciplinary Procedures
- 14.10 If a consenting child subsequently dies, permission must be sought for any new use outside the terms of the existing consent. The next of kin must give consent.
- 14.11 Consent is required even when the child is incidental to the main picture e.g. documentation of equipment or procedures

## **15. Missing Persons**

- 15.1 Any member of staff who discovers that a child on the caseload is missing from Rebecca House must inform the nurse in charge immediately.
- 15.2 A thorough search of the Hospice premises and grounds must be carried out immediately.
- 15.3 If the child is not found
  - 15.3.1 The Chief Executive must be informed.
  - 15.3.2 The person with parental consent must be contacted.
  - 15.3.3 The police must be informed, giving any relevant details of the patient that they require e.g. name, age, description of the patient etc.
  - 15.3.4 An incident reporting form must be completed.
  - 15.3.5 The incident must be documented in the child's case notes.
  - 15.3.6 Any follow-up information must also be documented

## **16. End of Life Care**

- 16.1 For the Integrated End Of Life Management For Children, the algorithm in appendix 1 is followed.
- 16.2 For children who are oncology patients, Alder Hey Children's Hospital will remain directly involved with the care management, and therefore, there will be regular consultation between the Hospice Clinical Director or the Consultant Paediatrician, depending where the child is receiving care.

## **17. Rainbow Room**

- 17.1 Admission of a Child Who Has Died Away from Rebecca House
  - 17.1.1 The **Standard Operating Procedure for the use of the Rainbow Room (RH1)** should be implemented on receiving a request to admit a child to the Rainbow Room.
- 17.2 Immediate family can have 24 hour access to the unit
- 17.3 The Rainbow Room will be opened 8am-8pm for other visitors
- 17.4 Parents must supply a list of names of the people they wish to visit

## **18. Funeral Policy**

- 18.1 A minimum one member of staff will attend the funeral to represent Rebecca House.
- 18.2 Staff who attend a funeral service should leave after the service and not attend the wake, unless permission is obtained from the CEO. If attending a wake, staff are not permitted to consume alcohol as they are on duty representing Rebecca House.
- 18.3 Any staff member, who wishes to attend a funeral but is already

scheduled to work, may do so providing Rebecca House is fully staffed.

- 18.4 A staff member who attends a funeral on their day off may not claim back the time from hospice.

## **19. Summoning Medical Assistance**

- 19.1 A rota is produced at the start of each six-monthly period that states which doctor is on duty for each day of that week.
- 19.1.1 The rota is distributed widely throughout Hospice
- 19.1.2 Duty periods start at 8am and last for 24 hours
- 19.2 There will be a Doctor on call at all times who will either be the Clinical Director or one of the Hospice Physicians.
- 19.3 It is the responsibility of this Doctor to notify other Hospice staff, particularly the Nurse in Charge of Rebecca House, regarding how they can be contacted whether this is by mobile phone, permanent house telephone, or bleep
- 19.4 If medical advice is required and the Duty Doctor cannot be contacted after repeated attempts on phone and bleep, then the off-duty Clinical Director/Hospice Physician should be contacted for advice
- 19.5 As a last resort when no Hospice Doctor can be contacted and medical advice is required then the patient's own General Practitioner or Hospital Paediatrician should be contacted
- 19.6 In case of emergency refer straight to Children's Ward and speak to duty doctor

## **20. Nil Bed Occupancy**

- 20.1 In the event of Rebecca House having nil occupancy the Chief Executive (or designated deputy) and the Clinical Director must be informed.
- 20.2 All bank nurses must be cancelled.
- 20.3 All bedroom volunteers must be cancelled.
- 20.4 Permanent nursing staff:
- 20.4.1 Will be redeployed in other areas of the hospice by the HC &YPS, or designated deputy, leaving one RN in the unit.
- 20.4.2 May take annual leave.
- 20.4.3 May negotiate a placement at Noble's Hospital Children's Ward to update their practice

## **21. Escalation of Concern**

- 21.1 In the event of there being insufficient staff to provide a safe level of care for children, the HC &YPS will inform the Matron.
- 21.2 The Matron will consider whether Rebecca House needs to close

some days and will discuss this with the CEO. If such a decision is made then the parents will be informed and care will be prioritised to children with the highest RAF score

- 21.3 In extreme circumstances where Registered Nurse cover is prohibitive to running an in house service, then Rebecca House will close and the staff will provide outreach to children with the highest RAF scores or be deployed in other areas of Hospice.
- 21.4 The CEO will inform the Board of Governors and the Chair of the Patient Care Committee

## **22. Care of Children's Cash and Valuables**

- 22.1 Hospice care cannot accept responsibility for any property, cash or valuables brought into Rebecca House by children or their relatives unless the item(s) has been handed over for safe keeping.
- 22.2 The child's valuables and cash will be recorded on the property page of their case notes on admission.
- 22.3 Children are advised not to keep valuables or large amounts of money with them whilst in the hospice. However, if they wish to have access to their valuables or cash whilst in Rebecca House they are advised to give it to the nursing staff for safe-keeping. In this case the following procedure must be carried out:
  - 22.3.1 Two nurses will check the property/cash in front of the patient and write a description of it on the front of an envelope.
  - 22.3.2 The property/cash will be put into the envelope and sealed in front of the child & family.
  - 22.3.3 The two nurses who have checked the property/cash will sign across the seal in front of the child & family.
  - 22.3.4 The details of the property/cash in safe-keeping will be recorded on the relevant patient property sheet.
  - 22.3.5 The sealed envelope will be locked in the safe in the Finance Department.
  - 22.3.6 Should the child wish to remove any items from safe-keeping during their stay two nurses must witness the patient opening the envelope and then record on the patient property sheet what has been removed.
    - 22.3.6.1 The remaining property/cash must then be checked as in points 16.3.1 – 16.3.5 above.
- 22.4 Should the child wish to keep their valuables or money with them they & their family must sign the disclaimer on the relevant patient property sheet.
- 22.5 On departure from Rebecca House the property/cash must be handed back to the child or the person with parental responsibility, as appropriate. If the child is deceased, it should be handed to their next

of kin/significant other. These items along with any other valuables taken home by the child/ family must be recorded on the reverse of the patient property sheet, which must be signed by the nurse and whoever is receiving the property.

### **23. Pets**

- 23.1 This part of the policy defines Rebecca House's philosophy of allowing children's pets, and other animals to be brought into the building. It has been prepared with due consideration to the fundamental rights of the patient and the emotional ties that they may have with their pets compared with the risks involved with catching an infection from an animal and general infection control procedures.
- 23.2 A patient's pet may be brought into a child's bedroom in Rebecca House at the child's request.
- 23.3 The pet should not be left alone with the child and should be accompanied by a relative/carer.
- 23.4 Pets are not allowed under any circumstances in food preparation, serving or dining areas.
- 23.5 Pets should be free from illness, sores, fleas etc.
- 23.6 The decision to allow a pet to visit ultimately rests with the senior nurse on duty

### **24. Learning and Development**

- 24.1 Staff are offered and given support to continue with professional development. The individual learning needs are identified through appraisal. However, ad hoc requests are considered when fully discussed with the Line Manager, Education Manager and Nursing Director.
- 24.2 Education is also provided in the Hospice Care Gough Ritchie Education Suite for students and external professionals.
- 24.3 Mentorship is offered to all new staff and students.
- 24.4 Preceptorship is offered up to a year for newly registered nurses.
- 24.5 All Rebecca House staff must attend training in the protection of children and subsequent updates
- 24.6 All Rebecca House staff must attend all Hospice mandatory training
- 24.7 Link Nurses
  - 24.7.1 There a number of link-nurses within Hospice. Areas covered are tissue viability, continence, infection control, moving and handling, basic massage and health and safety.
  - 24.7.2 Wherever possible Rebecca House, Children's Ward at Noble's Hospital, and the Community Paediatric Nursing Team will work collaboratively to access and deliver education and learning i.e. during staff induction periods, mandatory training.

- 24.7.3 There is a designated nurse for the Protection of Children in Rebecca House (see algorithm in Hospice Clinical Policy No 68 Child Protection)

#### 24.8 Mandatory Training

- 24.8.1 All staff attend the mandatory training and the HC&YPS and the Education Manager hold a record of attendance.

- 24.8.1.1 Moving and handling
- 24.8.1.2 Fire
- 24.8.1.3 Basic Resuscitation
- 24.8.1.4 Health and Safety/Risk Assessment
- 24.8.1.5 Basic Food Hygiene
- 24.8.1.6 Infection Control
- 24.8.1.7 Child Protection Awareness
- 24.8.1.8 Mental Capacity
- 24.8.1.9 Record Keeping
- 24.8.1.10 Diversity

#### 24.9 Information Updates by Rebecca House Staff

- 24.9.1 Rebecca House staff will describe their role at any public information days about Hospice services held in the Isle of Man.
- 24.9.2 Professional visitors from other organisations are also accommodated by the Rebecca House staff, who offer opportunities to discuss their work and share the philosophy of Hospice Care.

#### 24.10 Clinical Governance

- 24.10.1 Rebecca House staff participate in the Patient Care Committee (PCC) subgroup meetings (Safety, Effectiveness & Patient Centeredness) and are involved in identifying areas for improvement that would enhance the quality of care delivered to the children.
- 24.10.2 Clinical audits are carried out on a regular basis and reported through the Clinical Effectiveness PCC Subgroup.
- 24.10.3 Patient/family satisfaction surveys will be reported through the Patient Centeredness PCC Subgroup
- 24.10.4 The Rebecca House staff aim to provide evidence based standards of care and treatments, thus ensuring children receive the highest quality of care available to them.

### **25. Social media and Facebook**

- 25.1 Children in Rebecca House may use personal or Rebecca House phones/tablets to connect to social media if they wish. However this

will be under strict staff supervision. Staff may confiscate items until the child is collected if they feel concerned about internet usage i.e. viewing unsuitable or inappropriate content.

25.2 For children who use their own phones and tablets, their parents/carers are responsible for setting up the parental controls on their child's device.

25.3 All Rebecca House iPads (tablets) must have a passcode.

25.3.1 the child must ask permission before using the ipad

25.3.2 the staff member will enter the passcode and unlock it for them.

25.4 All Hospice iPads must have "parental control" activated to block or limit specific unsuitable apps and features.

26.4.1 All staff must adhere to the Social Networking Policy (Corporate policy number 40)

25.5 Rebecca House have administration staff to oversee the Rebecca House Facebook page.

26.5.1 The Rebecca House Facebook page must not reference children, families or anyone associated with Hospice without their express consent.

26.5.2 All children must have written consent from a parent/guardian to allow photographs to be put on the Facebook page.

## **26. Volunteers**

26.1 Care Support Volunteers may assist with care in Rebecca House. Both staff and children appreciate their help.

## **27. Support Services**

27.1 A team of Housekeepers, Handymen, and Kitchen staff work closely with the HC&YPS, nurses and volunteers.

27.2 The Housekeepers' responsibility is to keep Rebecca House clean and on occasions to shop for the children.

27.3 The Handymen carry out heavy duty cleaning, minor repairs, portering duties, and patient transfers.

27.4 The Kitchen staff work closely with the nursing staff to provide optimum nutrition for the children and to provide meals for immediate relatives/carers.

27.5 On occasion when relatives are staying over a longer period of time, the Kitchen staff must liaise with the Nurse in Charge to identify those visitors who need to be provided with regular meals.

## **28. Additional Support**

### 28.1 Pastoral Care

28.1.1 A member of the Chaplaincy Team will visit Rebecca House a minimum of once a week and is on call at all other times.

28.1.2 Family Christenings or thanksgiving may be held in the Hospice Chapel.

28.1.2.1 The Chapel is freely available for children and their families/carers to use at any time for quiet worship.

28.1.2.2 A short service, to which all are welcome, is held at 12pm on Tuesdays, Wednesdays, and Thursdays.

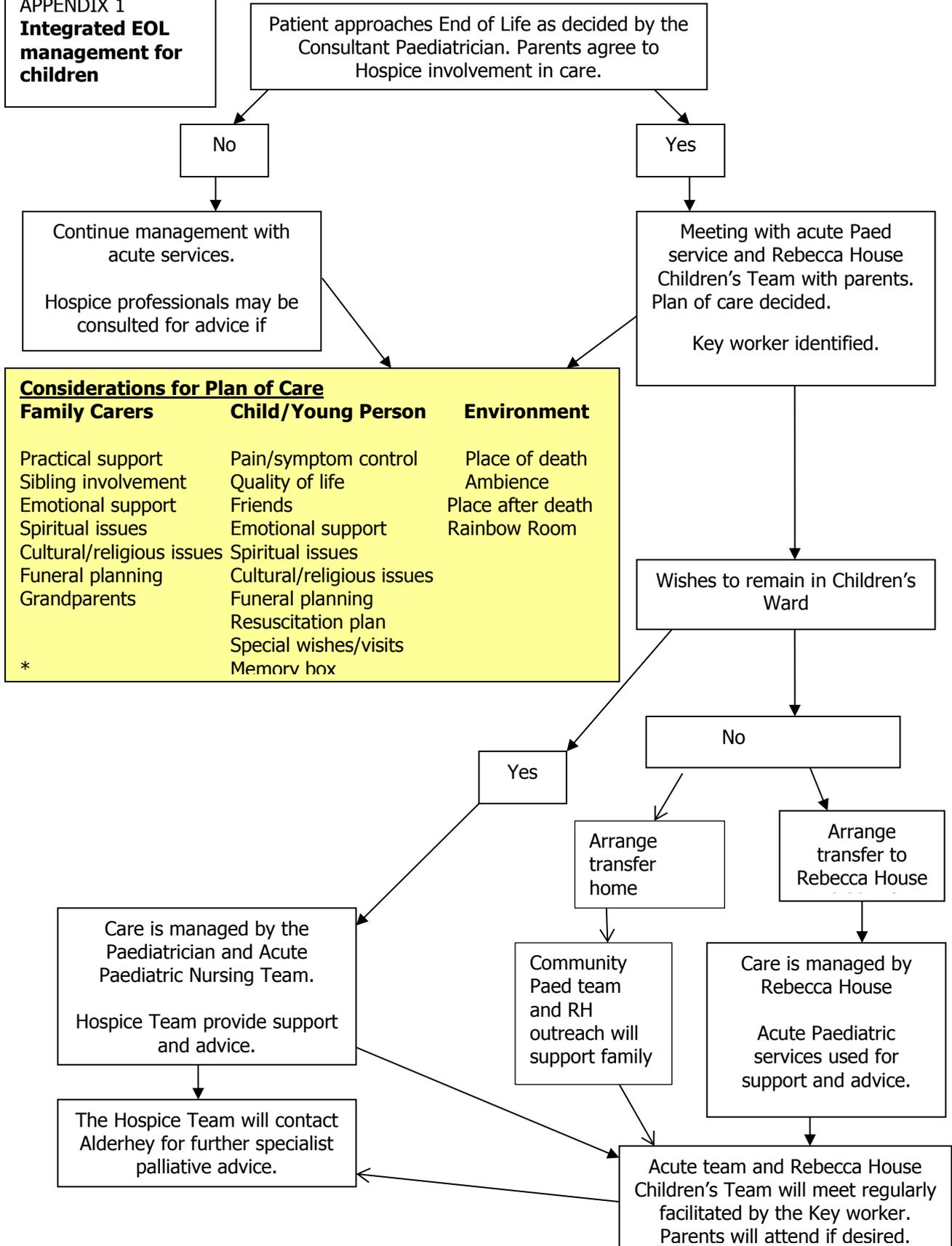
28.1.2.3 Communion Services, to which all are welcome, are held at 12pm on the first Tuesday, Wednesday, and Thursday of each month.

## **29. Accident and Incident Reporting**

29.1 Staff and volunteers report incidents, accidents, and 'near misses' to the HC &YPS, or designated deputy, and record such events using the relevant documentation, and, if appropriate, in the child's case notes.

29.2 Staff and volunteers must inform the HC &YPS or designated deputy, if they identify an activity which they consider to be hazardous, or if they consider that there are shortcomings in current protection arrangements. This includes control measures identified through risk assessment that are not in place, or not being adhered to.

**APPENDIX 1  
Integrated EOL  
management for  
children**



<b>Considerations for Plan of Care</b>		
<b>Family Carers</b>	<b>Child/Young Person</b>	<b>Environment</b>
Practical support	Pain/symptom control	Place of death
Sibling involvement	Quality of life	Ambience
Emotional support	Friends	Place after death
Spiritual issues	Emotional support	Rainbow Room
Cultural/religious issues	Spiritual issues	
Funeral planning	Cultural/religious issues	
Grandparents	Funeral planning	
	Resuscitation plan	
	Special wishes/visits	
	Memory box	

• Integrated Multi-agency Care Pathways for Children with Life-threatening and Life-