

Ward Policy and Procedures

February 2023

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Outline of needs

The Royal Free Hospital Children's School caters for children who have physical medical needs and/or a diagnosis of mental health associated with severe anxiety disorder, trauma, chronic school anxiety or phobia, parental separation anxiety, depression, self-harm, suicidal ideation and eating disorders. The hospital specialises in Diabetes, Gastro medicine and Plastic surgery in addition to general surgical procedures. Children seen by the Gastro team are admitted for investigations and may have a diagnosis of Crohn's, Ulcerative Colitis or other gastrointestinal related conditions. There are also young people admitted with Eating Disorders, by CAMHS Consultants who may be day patients or longer stay in-patients. Consequently, the school have allocated staff as members of each of the specialist multidisciplinary teams (MDT). Children seen by the Plastics team will have a range of needs from minor injuries to facial reanimation and ear reconstructions. General surgical procedures can include tonsillectomies, appendectomies, and hypospadias repairs. The majority of admissions are acute paediatric admissions. Admissions beyond 5 days are less common and require multi-disciplinary planning.

Statement of aims

The over-arching aim of the school is to offer a secure, welcoming and stimulating educational environment that contributes to pupil physical and psychological wellbeing and recovery. For returning patients such as those with Eating Disorder's, Crohn's and Diabetes, Asthma and Allergies ensure they receive their full entitlement in terms of Access Arrangements and Special Consideration.

Because of the nature of the admissions we endeavour to offer direct 1-1 teaching or support and maximise contact time wherever possible.

Telephone Numbers

- 6 West B: ext. 33880/0207
- 6 North: ext. 33713/33877
- Play Therapists: ext. 33040
- School: ext. 32465
- CAMHS: ext. 35819
- Queen Mary House ext. 39930

Ward Handover and transitions

- Day school morning handover takes place between 8.45 – 9.15am every Mon/Wed/Fri.
- A ward Safeguarding Huddle starts at 9.30am every day and is attended by all staff timetabled to be working on the ward, unless they are teaching Period 1. Any information gathered from the Safety Huddle is subsequently shared with all staff from the school working on the ward that day. In addition, professional conversations take place to update teachers throughout the day.
- Ward handover information is collected from the staff.
- Young people are returned to the ward for lunch at 12.00pm. There is a window for administration and handover between 12.00-12.30pm and at the end of the school day at 3.00pm.
- The end of the day can be used for IT and database management, classroom maintenance and parent and pupil surveys. There is a 'Going Home Checklist' on display in the school office on 6 North.
- Teachers can complete work further work on the ward or the classroom after 3.00pm at the discretion of the individual and the Deputy or Head teacher.
- Throughout the day, the school liaises with Play Specialists to ensure inpatients arriving later during the day are seen where appropriate.
- Data is also collected from the day clinic on 6 West A when open.

Identifying Pupils for Ward Teaching

All pupils of school age are visited and taught wherever possible. Pupils are identified for ward teaching through information gathered by ourselves, ward staff (including play therapists), and information from the previous day's teaching. This information is updated throughout the day and recorded on SIMs as either a pm or am session. Teaching opportunities can sometimes be limited by a pupil's well-being or treatment protocols. Long-stay pupils aged 5-18 are high priority. Teachers are guided by advice from the medical team (including CAMHS) and the wishes of the parent/carer. We also take into consideration the young person's physical, psychological and emotional well-being on the day.

Pupils are taught on the wards because they:

- Are too ill to attend the classroom
- Are in traction or on bed rest
- Are in protective isolation
- Appear well enough to come to class, but can not be persuaded to attend
- They are considered too young to integrate with the older pupils that populate the day school.

Contact/Pastoral

All children receive an initial ward visit or contact. If a pupil is receiving treatment, consultation, therapy or in theatre, this is recorded on the ward register as M for Medical. These children are re-visited when feasibly possible. Contact/Pastoral includes:

- A child who is too unwell or distressed for a teaching activity but willing to be distracted or engaged with a game or story.
- Talking to a child/parent, who have then refused teaching
- The teacher spending time obtaining educational and/or pastoral information about the child
- Engaging the child in conversation to support their emotional well-being
- An older pupil who has brought in their own work to do independently, but requires some equipment or requests the use of a computer for individual study
- The parent of a younger pupil wishes to engage in an educational activity with the pupil her/himself once it has been set up by the teacher/TA.
- A pupil in protective isolation may be feeling unwell but might be persuaded to play an educational game on the computer. This may require little teaching input, but a considerable input of teacher time (e.g. setting up and cleaning computer equipment).

Teaching

Our primary aim is to motivate the pupil to engage in an educational activity. Teaching activities are negotiated with all pupils and subject diversity is encouraged. For short-stay primary pupils, teachers are likely to focus on a literacy, numeracy or practical activity, mediated through ICT where appropriate – Espresso, Purple Mash and possibly Discovery. Short-stay secondary pupils are encouraged to focus on a core subject or are assisted with any work they have brought from their mainstream school. Subject specialists will offer their subject when they are on the ward and practical and creative subjects, including Artist-in-Residence workshops, are also offered to pupils. If a pupil has brought their own school work, the teacher will use this as a starting point. Pupils who are difficult to motivate, will be encouraged to engage in learning, through a variety of stimuli and strategies. Opportunities to engage in creative and practical activities are important for pupils in isolation cubicles. However, health and safety factors including infection control, will sometimes limit the range of activities they can participate in. Wherever possible, we fully expect young people to participate in extra-curricular activities such as field trips, theatre trips, workshops, educational visits and sport.

Time spent by teachers is flexible and determined by the pupil's physical and psychological well-being, such as whether visitors are present, medical interventions are taking place and the availability of specialist teaching staff. The normal provision is to have at least two teachers on the ward throughout the day.

Learning opportunities can last from 20 minutes to 1 hour, depending on the physical, psychological and emotional well-being of the pupil and how many other pupils there are on the ward. An achievement record is recorded for each learning opportunity to assess baseline, target and achievement. This data is recorded on SIMs for each patient.

There are packs containing pens, pencils and art materials and also games. Computers and worksheets are available in the classroom. It is important to ensure that the equipment is appropriate for the children and that they are supervised, for example, art and craft projects with sharp objects, such as scissors. Staff must ensure all equipment is returned at the end of the day and NO sharp objects are left on the ward at any time.

All ward teaching is audited on a weekly SIMs report and informs the school's monitoring and evaluation procedures.

Ward protocols for class teaching

- Children and their families are not to be interrupted when meeting with a doctor or receiving a medical procedure (this includes meal times for in-patients the Eating Disorders Intensive Service (EDIS)).
- Ward and ambulatory children on Infliximab, or other high-risk drug treatments, must not be brought into the classroom given they may react to the treatment (e.g. fitting).
- Pupils who have had a general anesthetic should not come into the classroom on the same day.
- All pupils are escorted to and from the wards by an adult. A member of nursing staff is informed when a child leaves or returns to the ward.
- Teachers timetabled for ward teaching collect pupils at 9.30am and at 1.30pm. Nursing staff may also escort children to the classroom when ready.
- The teacher taking a child from the ward to the classroom should ensure admissions details and consent forms have been completed.
- The teacher bringing a child from the ward should inform the classroom teacher whether the child is nil by mouth (NBM).
- When a child is brought to the classroom by the parent or carer, school staff must have a detailed handover in order to gather relevant information relating to that pupil's medical needs to establish whether they are nil by mouth, epileptic or recovering from a general anesthetic.
- Nursing staff should be consulted about the correct toilet protocols for each individual pupil especially if they remain on observation from the EDIS.
- Medical related issues must be reported to the relevant medical nursing staff.
- Pupils may be asked to return to the ward to be taught at the bedside on those occasions when the classroom is either full or deemed inaccessible for health and safety reasons.
- Registered Mental Health Nurses (RMNs) must accompany the young people to whom they have been assigned at all times unless suggested otherwise from discussion with the RMN, teacher, CAHMs worker and nursing staff.

The role of the Ward Coordinator

- To monitor the completion of ward records and pupil details.
- To ensure all learning opportunities are recorded on SIMS.
- To foster and maintain links with other hospital professionals.
- To raise concerns regarding curriculum provision or pastoral support with colleagues including hospital staff and CAMHS and/or the Headteacher at morning handover or staff meetings, as appropriate.
- To ensure that information from Gastro and Psycho-Social meetings are logged and communicated to staff when necessary.
- To ensure safeguarding issues are discussed on a daily basis.

Child Protection

Any child protection issues relating to in-patient pupils are managed by the RFH Safeguarding Team run by Mel Squibb and Helen Swarbrick. Staff are alerted to any on-going concerns through the daily morning briefing meeting and involvement with the ward Safety Huddle. If a member of staff has any child protection concerns, they must inform the school Safeguarding Lead, Vicky Hanton, or the Headteacher, in their absence, and write a report detailing any

concerns. If the concern is regarding a disclosure, this should be documented and include date, time, place, factual details and what the child has said. In line with safeguarding procedures, at no time should the staff member attempt to probe or question the young person making the disclosure. The ward sister will be informed by the lead member of staff writing the report, and the report passed on to the RFH Safeguarding team.

Hospital Health and Safety Protocols

All ward teaching is carried out mindful of hospital protocols (where the school has been made aware) and health and safety procedures. Hospital personnel are requested to keep the headteacher informed of any changes.

Should there be an emergency on the ward, staff must follow the direction of ward staff. If there is a crisis in the classroom involving an in-patient pupil, the member of staff should immediately send a Teaching Assistant for help from the ward.

Fire Alarms

The school follows the RFH Fire Policy, which is kept in the Policies and Procedures file. An intermittent alarm sounding indicates there is a fire alert in a nearby part of the building. A constant alarm sounding means the alert in the immediate vicinity. In both instances, staff and pupils should remain where they are; in the classroom or on the ward, until the alarm stops as moving around may lead into the danger area. Guidance will then be given either by the RFH, School Fire Officer, Susan Caesar, or fire brigade.

Death of a child

It is the headteacher's responsibility to ensure all staff are informed when a child dies. Staff will always be offered support and appropriate time, as necessary.

Child taken ill in the classroom

- If a child becomes unwell in the class room then assistance should be summoned from the ward (the classroom should not be left without a teacher or teaching assistant present)

Inpatients on a 1:1 or RMN protocol

- Patients with a 1:1 nurse must not be left unattended in the classroom unless previously arranged. It is expected the 1:1 nurse remains in the lesson throughout and reminded of the school's expectations in terms of supervision and vigilance. Information at the morning briefing will indicate each child's specific protocol e.g. whether the nurse stays with them in the classroom or not.

Hygiene and hand washing

- Staff should be familiar with hand washing techniques and the use of alcohol gel when arriving and leaving the ward. Signs are displayed by the sink in each toilet and there are reminders at key points around each ward.
- Teaching staff should hand wash or gel after contact with each new pupil and between bays.

Movement of beds/wheelchair users

- School staff must not move hospital beds, wheelchairs or equipment unless accompanied by a nurse.
- Children in traction should not be moved unless under the direct supervision of the nursing staff

Equipment

Attention to patient health and safety is crucial. Special attention to medical equipment such as drips, catheters or dressings, and medical instructions such as “nil by mouth” is of paramount importance.

If a pupil needs scissors, a compass or other sharp equipment such as sewing needles, the teacher should make a risk assessment based on location, age, whether a parent is present by the bed, the child’s physical and mental health, then make a professional decision to determine what is appropriate to use with that particular pupil.

Where older pupils have been taught by the bed and loaned scissors or compasses, it is the teacher’s responsibility to collect these at the end of each teaching session.

Teachers must use a ‘count out-count back’ policy. No sharp instruments should be left with unsupervised pupils on the ward, and all equipment should be returned to the classroom. Ward teachers should not request equipment from nursing or play therapy staff.

Computers are connected to the internet through a secure wireless connection. The computers have filters in place and appropriate safeguarding restrictions. To access the internet, parents must sign a consent form prior to their child using a computer or accessing the internet. Staff should **NEVER** unplug appliances from the walls on the wards for the computers without seeking advice from a nurse. It is the responsibility of teachers to record computer distribution and returns on the sheet attached to the clipboard. The system for checking and checking out the use of iPads should also be observed and a slip completed indicating who, where and when. Computers must be deep cleaned with Clinell wipes when returned from the ward or out-patient clinic.

For a full account of the RFHCS policy see separate Health and Safety document.

Isolation and Barrier Procedures

All staff must comply with the RFH Infection Control Policy:

- No sleeves below the elbows
- No watches, bracelets or rings other than a wedding band
- Sensible footwear; bearing in mind the risk of spillages and heavy items being dropped. Open toed shoes are not permitted.
- Hand washing between each pupil seen

Some cubicles on 6 North are allocated to children who need to be in isolation on medical grounds. The school will be informed during the morning handover of any isolation procedures in progress and notices are located on the doors of any rooms where children are isolated.

Children will be isolated under Red/Orange, Green, or Blue categories depending on their situation and medical condition. The relevant procedures must be followed to ensure the health and safety of staff and of the child. Pregnant members of staff should seek advice from the headteacher or ward sister prior to teaching any child in isolation.

- **Red/Orange** – infectious (bacterial and viral) - wear gloves and disposable apron before entry and wash hands thoroughly and use alcohol gel on entrance and exit. Ensure you are protected when entering (appropriate vaccinations etc.). Items taken into the room will need to be disposed of or thoroughly disinfected and deep-cleaned before returned to circulation.

- **Green** – infectious (respiratory) – wear gloves, mask and disposable apron before entry and wash hands thoroughly and use alcohol gel on entrance and exit. Items taken into the room either need to be disposed of or disinfected and deep-cleaned before returned to circulation.
- **Blue** - child at risk of infection – wear gloves and disposable apron before entry and wash hands thoroughly and use alcohol gel on entrance and exit. Staff should be aware of their own levels of health before entering the blue isolation rooms, and should NOT enter if they are unwell, even if suffering from a cold. **All items taken into the room need to be new or cleaned thoroughly. Paper must be taken from the centre of a new ream; computers, books, games and equipment should be sprayed and disinfected before they are taken into the room.**

For pupils in protective isolation, materials are regularly selected, laminated and stored in plastic wallets. Portable whiteboards, for writing, are also available for use in green and red protective isolation.

Links with mainstream schools and inclusion opportunities

- Where possible, this is encouraged for all pupils of school age. It puts the patient, parents and carers at rest and provides formal confirmation of a young person's admission.
- Parental permission must be obtained before a teacher makes contact with a pupil's home school.
- This confirmation is provided by email with no details of the reason for the admission unless the parent or carer specifically makes this request, as is common for remitting conditions such as Crohn's and complications with Diabetes.
- If contact is to be made with an outside or third party agency such as an examination board, a data protection form must be signed by the young person beforehand.

Monitoring, Assessment and Examinations

- Pupils are assessed through teacher observation, discussion, pupil self-evaluation and completion of work set. This is then recorded on SIMs using the BTA recording model.
- As a registered examinations centre, inpatient pupils are able to take public examinations on the ward via Transferred Candidate Arrangements with the home schools. This process can be completed online within 24hrs during an examination series.
- Staff are expected to update SIMS via the comment sections of the ward register for each contact.

For a full account of The RFHCS policy see separate document *"Assessment, Recording and Reporting"*.

Ward Evaluations

- Ward evaluations for both pupils and parent/carers are handed out during the first period then collected by the staff member teaching during the last period of the day.
- Evaluations for the week are to be kept on the staffroom table for the week so the rate of completion can be monitored. These are subsequently either stored or processed.

Discharge and End-of-Term Reports

- A brief report is written on request for pupils who have attended the school for long admissions as with young people under the Eating Disorders Intensive Service. Copies are

sent to the pupil's parents, home school and relevant representatives of the hospital medical team and outside agencies.

Involving parents/carers

Parents/carers are encouraged to be actively involved in the education of their child whilst they are in hospital. We can assist participation by providing a variety of resources such as Ipads, educational games, board games, DVD players and computers. Parents and carers are asked to complete questionnaires to provide feedback on their experience with the school.

The pupil in transition after a stay in hospital (e.g. home tuition)

- With the permission of the parent/carer, a letter from the child's consultant needs to go to their home-school. RFHCS staff can offer support and advice, but it is the responsibility of the home-school to initiate provision for home tuition.
- Different specialisms in the hospital, such as CAMHS, physiotherapy or the Eating Disorders Intensive Service, may request a young person to attend the hospital day school as a part of a transition or observation placement to further explore medical need.
- Where a child requires arrangements to be made at their own school, with reference to particular medical or mental health needs, school staff will liaise with the relevant medical team/CAMHS involved who should specify the requirements needed.
- Where teachers or teaching assistants think a young person on the ward might need to be referred to CAMHS, this will need to be discussed with the relevant ward coordinator and raised at the weekly psycho-social meetings attended by the headteacher or designated member of staff.
- It should be remembered that all e-mail and contacts by computer are subject to the Data Protection Acts. Children should be identified only by their initials, and password protected or encrypted methods should be used wherever possible.

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Date of next review: February 2026

Date approved by the Governing Body: 23/02/23