

Brief guide: Staffing in emergency departments that treat children

Context

In June 2018 the Royal College of Paediatric and Child Health (RCPCH) published [Facing the Future: Standards for children in emergency care settings](#), developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. The guidance included 70 standards across a range of areas including: integrated emergency care systems, the environment, workforce and training, management of treatment and care, safeguarding, mental health, complex needs, safe transfers, death of a child, information systems and research. This brief guide focuses specifically on the following workforce recommendations:

- Recommendation 9: Every emergency department treating children must be staffed with a Paediatric Emergency Medicine (PEM) consultant with dedicated session time allocated to paediatrics.
- Recommendation 10: Every emergency department treating children must be staffed by two registered children's nurses.

RCPCH have confirmed:

- Although the terms 'registered children's nurses' and 'children's nurses' have been used interchangeably, both refer to registered children's nurses that hold the knowledge, skills and competencies necessary to care for infants, children and young people as set out by the Nursing and Midwifery Council.
- That recommendation 10 means two registered children's nurses *on each shift*.
- The requirement for a PEM consultant now applies to all EDs treating children, not only those seeing more than 16,000 children annually.
- The standards apply to all EDs treating children -they no longer distinguish between dedicated paediatric EDs and general EDs.

Policy position

The standards included in the document lay out what is required to plan and deliver safe, effective care to children. The requirement for two registered children's nurses enables the service to adhere to, for example, double-checking processes during medication administration.

However, the RCPCH also acknowledge the challenges in recruiting the workforce needed to meet standards and are working to support services delivering care to children in emergency care settings with guidance and an audit toolkit.

Considering this, we have liaised with both the RCPCH and the RCN to ensure that we take a consistent approach to the application of these standards, particularly in terms of enforcement activity.

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Evidence required

Services can evidence that they are meeting the workforce standards for nursing via, for example, an audit of the rota.

If services are unable to meet the workforce standards they should be mitigating the risk to patients. This must include:

- Evidence of discussions with higher education institutions to ensure training programmes are available to registered adult nurses to gain the child focused knowledge, skills and competencies to care for infants, children and young people and for children's nurses to gain post-registration trauma and emergency training. Suitable programmes include:
 - National curriculum and competency framework – Emergency nursing:
 - [Level 1](#)
 - [Level 2](#)
 - [Nursing and Allied Health Professionals Trauma Competencies in the ED](#) (National Major Trauma Nursing Group: 2016)
- A workforce plan with timelines (for both registered children's nurses and a PEM consultant)

Further operationally focused mitigating actions might include:

- A profile of when infants, children and young people are likely to attend the ED so that the rota enables two registered children's nurses at peak times
- Collaborative and flexible rotation training and planning – so that during peak periods and when there may only be one registered children's nurse present in the ED, children's nurses are available to be brought in from other areas of the hospital.

Reporting

- The 'Nurse staffing' and 'Medical staffing' sub headings under the safe key question (S2) should be used to report on findings on the adherence to the workforce standards, including any operationally focused mitigating actions.
- The 'Managing risks, issues and performance' sub heading under the well led key question (W5) should be used to report on longer-term strategic mitigating actions

Link to regulations

- **Regulation 18(2)(a)(b)**
 - If there is not at least 1 registered children's nurse, or an adult nurse who has underdone gone the training described above, on each shift.
 - If there is no workforce plan in place to address recommendations 9 and 10.

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