Ashford and St Peters Hospital NHS Trust
Children and Young People Emergency Department (CYP ED)

CYP ED STANDARD OPERATING POLICY

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Read by			
Name	**Title**	**Signature**	**Date**

CYP ED STANDARD OPERATING POLICY

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CYP ED STANDARD OPERATING POLICY

1. Background

This document outlines the operational policy for the Children and Young People Emergency Department (CYPED) at Ashford and St Peters Hospitals NHS Trust. Approximately 18000 children and young people attend St Peters Hospital annually in need of emergency care. The department manages children and young people presenting acutely unwell or requiring urgent treatment. These can be walk in patients navigated to CYPED or those referred by other healthcare practitioners (walk-in centre, GP referrals). Children and young people requiring speciality input are also managed in the department. Cases seen include minor injuries and illness, trauma, medical illness, psychological crisis, neonatal concerns, child-protection concerns and acutely very unwell patients requiring resuscitation.

2. Aims and Objectives

The aim of this operational policy is to provide guidance and to ensure a consistent approach to patient care in CYPED. It outlines the standard operational parameters to provide a safe and high-quality service for all CYP presenting to the department.

3. Service description

CYPED will remain open 7 days a week 24 hours a day 365 days a year.

It is located in a newly developed block below CAU and next to Medical/Surgical SDEC and consists of the following:

Main waiting room with 20 spaces

Triage room

Main assessment area of 5 trolley spaces

1x HDU cubicle

1X CYP observation cubicle

3x assessment cubicles

CYP observation sitting area with 3 chairs/ sensory room

Staff base

1x Doctors office

1x Nurse Office

Clean utility/ medicine room

Dirty utility

Store room

4. Scope of services

Walk in CYP patients will be directed to UTC or CYPED by the Navigation Nurse.

CYP arriving by ambulance will go straight to CYPED.

Patient arriving to CYPED will have triage assessment using the Manchester Triage tool by a senior nurse. The nurse will prioritise care and stream patients accordingly either to General Paediatricians, Emergency Medicine physicians or other specialties based on inclusion and exclusion criteria for CYPED

Children who are stable or do not require isolation, will be asked to wait in the waiting area. Those requiring immediate attention will be moved to a bed space, a priority review highlighted on FirstNet and the relevant team informed.

All specialty referrals will also arrive in CYPED and wait to be seen by their respective specialties before being discharged home or transferred to the ward for further care. On arrival they should be tracked under the relevant specialty on FirstNet and the appropriate team informed.

5. Staffing roles and responsibilities

Both ED and Paediatric teams should work collaboratively to ensure as safe CYPED during all hours.

All doctors are responsible for discharge letters, coding and completing referrals to clinic when required.

CYPED will be operationally managed by the CYPED/PAU Matron in collaboration with the Lead Consultant Paediatrician for CYPED and the Lead PEM Consultant within the governance of Urgent and Emergency Care (UEC) and Women's Health and Paediatrics(WHP) Divisions.

Paediatric Doctors

Between the hours of 9am to 10pm, CYPED will have a dedicated paediatric Resident Registrar along with a Junior Resident Doctor. Both will work under the supervision of a paediatric consultant who will be available to dispense care either from the ED floor or be available over the phone if needed. Paediatric team will see and manage patients as per inclusion and exclusion criteria for CYPED and be available to receive all clinically unstable priorities.

Consultant Paediatrician

- Monday 09:00 - 13:00 (42 weeks per year, exc. BHs)
- Monday to Sunday 14:00 – 22:00 (52 weeks per year)
- Friday 09:00 – 14:00 (52 weeks per year, exc. BHs)

- Between 09.00-14.00 hours Tuesday to Thursday, Saturday and Sunday the attending paediatric consultant will be responsible for patient care but may not be resident in CYPED due to inpatient ward commitments.

Paediatric Middle Grade (ST4+ equivalent)

- Monday to Friday 09:00 – 17:00 (52 weeks per year)
- Monday to Friday 14:00 – 22:00 (52 weeks per year)
- Saturday and Sunday 09:00 – 22:00 (52 weeks per year)

Paediatric Junior Resident Doctor (FY2, GP Trainee, ST1 – ST3).

- Monday to Friday 09:00 – 21:30 (52 weeks per year)
- Foundation Y1 doctor dedicated to CYPED will be present 0900 - 1700 hours; Monday- Friday however there will be no prospective cover for leave.

Emergency Medicine Doctors

ED Doctors will manage walk-in patients as per the inclusion and exclusion criteria below. An Emergency Medicine (EM) Consultant will directly supervise the Department from 1100-1830 weekdays. A Tier 2/3 Emergency Doctor will cover CYPED at all times. If there are no patients to be seen by ED, then this Doctor will remotely cover the department until required. They can be contacted via extension 3572. A Consultant or Tier 4 Registrar will be available for advice for all ED Doctors working in CYPED.

- Direct EM Consultant cover of CYPED:
  - Monday-Friday: 1100-1830
  - Outside of these any EM Consultant or Tier 4 Resident in the department can be contacted for advice

- ED Middle Grade (Tier 3/ST3)
  - Once or twice a year for a six month block an ACCS ST3 trainee will be on their Paediatric Emergency rotation. Their weekday, daytime shifts will be in CYPED. Their nights and weekend will involve covering the whole department.
  - A Tier 3 will typically cover the department between hours of 1830 – 0700

- ED Junior Resident (Foundation, GP trainee, ACP)
  - A Tier 2 will typically cover the department 0700-1830
  - This will include direct supervision by CYPED EM Consultant

The exact number and Tier of Emergency Doctors in CYPED will flex based on demand and department pressures. During hours outside of direct Consultant supervision ideally a Tier 3 doctor will cover the Department. At minimum there will always be one Tier 2 or one Tier 3 Doctor covering CYPED at all times.

The ED rota is planned for change from August 2026. Under this new model a Consultant or Tier 4 Resident will be able to directly supervise the Department from 1130-2230 weekdays.

Nurses

CYPED is operationally managed by the CYPED Matron and should be staffed by at least 3x qualified paediatric nurses, on duty at all times, who have appropriate competencies to care for CYP with one Health Care Support Worker as available.

6. Inclusion and Exclusion criteria for CYPED

Professional	**GP/ENP**	**Emergency Department doctor**	**Paediatric doctor**	**Specialty doctor (Orthopaedics, General Surgery, ENT, Gynae etc.)**
Location	UTC	CYPED -except trauma calls in Resus -contact via ext 3572	CYPED -contact via Bleep 5301, 5302 -except trauma calls in Resus	CYPED -contact via Bleep or switchboard
Patient type	• Self-referrals to ASPH/Walk-in • 111 Service	• All walk-in patients **>1yr old** • Streamed from UTC • Trauma call to be led by ED • ED team to attend to and support paediatric team	• Referrals (including addressed letters) to Paediatrics from UTC, GP, A&E Dr • **<1yrs** • Mental health concerns • Safeguarding concerns • Open Access patients	• Referrals (including addressed letters) to surgery, Gynae, ENT, Ortho etc

		during medical priorities. Paediatric EM consultant may lead priority.	• Re-attenders within 72 hours • **Patients who have had two previous contacts with healthcare professionals for same illness (i.e GP, 111, UTC)** • Medical resuscitation to be led or supported by Paediatric doctors.	
Examples	Minor medical problems: URTI Febrile illness Vomiting Minor trauma Minor injuries Minor burns Swallowed foreign bodies: Asymptomatic and has a Non Hazardous ingestion (NOT: battery, magnet, water bead, large/sharp objects, with pre-existing GI pathology)	All medical, surgical and trauma conditions prior to referral to specialist team in CYP >1yr	Referrals may include: • Sepsis • Seizures • Anaphylaxis • Gastroenteritis • Asthma and wheeze • Skin rash • Febrile illness • Bronchiolitis • Viral illness • Severe croup • Nonintentional poisoning • Overdose • Burns <1yr	Surgical abdomen Early pregnancy Significant fractures or MSK problems

7. Expected actions on the unit

7.1 *Length of stay*

CYPED will provide assessment, investigation and treatment for CYP with acute conditions and an expected length of hospital stay of less than 4 hours. Otherwise, if admission is indicated plans are made for admission to the ward. Patient who are awaiting results that will be available in few hours; can wait in CYP observation sitting area to be discharged by the treating clinician.

7.2 *Outside of scope of CYPED*

- Children and young people with a known oncological diagnosis undergoing treatment or within 6m of completed treatment, and within 12m of a transplant have direct access to the inpatient ward or Little Oaks oncology unit
- Well infants less than 10 days old with jaundice or poor feeding and <12.5% weight loss may be considered for assessment and admission on Joan Booker postnatal ward.

7.3 *Referrals*

Referrals will be accepted by the paediatric registrar or consultant dedicated to CYP ED and may be made via the paediatric registrar bleep 5315 (available 24hrs per day). Referrals will be documented on FirstNet.

All EM clinicians can refer to the Paediatric team. Any referral from Tier 2 doctor must be discussed with ED Senior (Tier 4 Registrar or Consultant).

If a referral is deemed inappropriate there should be a discussion between senior members of both teams.

All accepted referrals should be assessed and be appropriately managed by the specialty team. They should not be discharged with just advice to the referring team.

If the EM clinician requires advice about management of a patient then this should be first sought within the emergency team. There will be a dedicated EM Consultant in CYPED from 1100-1830 weekdays. Outside of these hours any EM Consultant or Tier 4 Registrar on shift can be asked for advice.

Any referral to an outpatient paediatric clinic must be done only after discussion with the Paediatric Registrar/Consultant.

7.4 *Telephone Advice*

Telephone advice may be given to other health professionals contacting the paediatric team on the CYPED telephone or the registrar bleep for advice.

Telephone advice may be given by doctors to carers of CYP only if the CYP has been assessed in CYPED within the last 72 hours, has open access or diabetes (and the advice is about the open access condition or diabetes respectively). All advice given by doctors must be documented on FirstNet**.** Nurses should refer advice calls to medical staff if appropriate.

Carers of CYP calling directly for advice and not known to the department, should not be given verbal advice and should be told to telephone NHS 111 for advice or attend the hospital in case of an emergency.

7.5 *Documentation*

On arrival, CYP will be electronically added to FirstNet as a presentation to the department.

Nursing and medical assessments will be documented on FirstNet

7.6 Access to Diagnostics

7.6a *Pathology*

Pathology samples sent from CYPED will be prioritised in the laboratory if they are appropriately labelled with CYPED in the location. Blood samples (with the exception of blood cultures) will be sent by the pod system. A porter will collect other specimens when called.

7.6b *Radiology*

CYP requiring x-rays at all hours must attend the X-ray department in ED.

Unstable CYP will require a nurse escort, medically well CYP will be able to attend unaccompanied.

Mobile X-rays may be performed on CYP ED if required. Requests for additional imaging, CT, USS, MRI, should be discussed and arranged on an individual basis.

7.6c *Medication*

Medication will be stored in the clean utility room on CYPED. There will a lockable cupboard for all drugs and an additional controlled drugs cupboard Medication to be administered in CYPED will be documented on FirstNet..

TTOs can be prescribed CLEO or FP10's. Prescriptions can also be obtained from the hospital pharmacy during working hours (09.00-17.00 hours; Monday-Friday) by prescribing on FirstNet. A limited number of frequently used TTO

packs as per CYPED stock will be available to facilitate timely discharge of patients out of hours.

7.7 Patient Discharge

CYP should be discharged home or decision made to admit to Ash ward within 4 hours.

Patients may be discharged from CYPED at any time during the day or night. CYP can be discharged by a doctor (FY2 or more senior). All CYP discharged require a discharge summary and coding on FirstNet.

Parents and carers should be given advice and written information as necessary when CYP are discharged. Appropriate follow up arrangements should be organised when possible before discharge.

If a CYP discharged from CYPED subsequently becomes unwell, they should either attend their GP or return to the department.

If a CYP self-discharges from CYPED against medical advice or does not wait for a medical review, this should be clearly documented in the clinical notes and escalated to the doctor in paediatrics and the nurse in charge. **CYPED 'Did Not Wait' SOP should be followed.**

When possible, the referring GP should be contacted if a referred patient does not attend CYP ED.

7.8 Open access patients

All patients with chronic conditions who are on the Open Access list and presenting with an acute illness related to the chronic condition, will be seen directly by the paediatric doctors. Those presenting with minor illnesses or injuries that have no direct impact on their chronic conditions will be seen by ED doctors and referred to paediatrics as necessary.

7.9 CYP observation area criteria – see appendix 14.1

8. Training

Attending medical and nursing staff will have completed the mandatory training required for caring for CYP including resuscitation and safeguarding. Related nursing competencies for care requirements within CYP ED will define skills and knowledge required.

9. Activity and performance management

CYP ED will be compliant with national standards for paediatric emergency care department. Below are the local key performance indicators

- Number and percentage of CYP treated in CYP ED each year
- Number and percentage of children by discharge outcome
- Number of serious untoward and patient safety events per year
- Reduction in number of CYP requiring inpatient hospital admission.

10. Stakeholder engagement and communication

Engagement and consultation for this policy was completed within the Accident and Emergency and the Paediatric department senior medical and nursing teams.

11. Approval and Ratification

This policy will be approved and ratified by the Accident and Emergency Department in conjunction with the Paediatric Department.

12. Dissemination and Implementation

a. This policy will be uploaded to the trust intranet Accident and Emergency and Paediatric department pages and thus available for common use.
b. This policy will be shared as part of ongoing education within the Accident and Emergency and Paediatric Departments for both medical and nursing staff.
c. All members of staff are invited to attend and give comments on the policy as part of the ratification process.

13. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

14. Appendices

14.1 Criteria for CYP Observation Area

Introduction
The Children and Young People (CYP) Observation Area will be an off-the-clock space for patients attending CYPED at ASPH who meet the criteria listed below.

They will remain in this space to receive care for a period of up to 8 hours. These should be medically stable patients whose care is expected to be completed within 8 hours of decision to allocate to the area and are expected to be discharged.

Allocation to this area must be agreed between the nursing and medical team caring for the patient. No patients should be moved to the Observation Area without the medical team being aware.

Staff requirements

Nursing
The minimum staffing requirement for the opening of this area will be 1x nurse assigned to 4x patients.

Medical
Patients will be overseen by the relevant specialty team.

Responsibilities

Nurses
Patients will be highlighted on FirstNet that have been allocated to the Observation Area.
If any patient will need longer than 8 hours in the observation area, the nurse will escalate as appropriate.

Doctors

The clinical assessment required investigation and management of the patients remain the responsibility of the specialty team.
There should be clear documentation for the reason to require the Observation Area and the criteria required for discharge.
Specialty teams must ensure prompt decision making in order to facilitate safe discharge within the 8-hour period of observation.
They must also complete the discharge process when patients are medically fit to leave.

Inclusion Criteria

For all teams and patients:

- Stable patients **AND**
- After assessment by the respective team with management plan made **AND**
- Expected to be discharged **AND**
- Require no longer than 8 hours in Observation Area

The suitability for CYPED Observation Area should be documented on FirstNet ideally at 3 hours of patient length of stay.

The following would be examples of suitable patients:

1. **Paediatrics**

- All patients under the paediatric team who need a longer period of observations for conditions such as:
  - Fluid challenge for D&V
  - Croup, bronchiolitis
  - Viral induced wheeze needing to stretch inhalers,
  - Febrile convulsions
  - Accidental ingestion of substances needing a period of observation
  - Head injury
  - Low risk CAMHS patients awaiting PLN assessment
- Stable patients awaiting investigation reports (e.g. blood tests, Xrays, USS, CT/MRI scans) and likely to go home

2. **ED patients**

- All patients under the ED team who need a longer period of observations for conditions such as:
  - Fluid challenge for D&V
  - Viral induced wheeze needing to stretch inhalers

- Febrile convulsions
- Accidental ingestion of substances needing a period of observation
- Head injury

- Stable patients awaiting investigation reports (e.g. blood tests, Xrays, USS, CT/MRI scans) and likely to go home

3. **Patients under specialities (Surgery/ Orthopaedics/ Obstetrics and Gynaecology/ Urology)**

Patients who have been assessed by the specialty team the day before, who are returning for a scan or investigation the following day, will be triaged and can be placed in SDEC area (unless meeting exclusion criteria below).

The Triage nurse will let the specialty team know about the arrival of this patient and it's the responsibility of the Specialty team to see, clerk and discharge the patient off the system once the patient has been deemed safe for discharge.

4. **Child and Adolescent Mental Health Services (CAMHS) Patients**

Patients who require CAMHS input can be placed into the single cubicle space of the CYP Observation Area. This will be a case-by-case decision agreed between Paediatric and Nursing team.

Exclusion Criteria

It is important to highlight that the CYP observation area will not be used as a discharge lounge or an overflow area for patients awaiting admissions to the ward.

- All clinically unstable patients
- Referred patient to specialty who have not been seen and likely to be admitted
- Patient who will be admitted/transferred
- Safeguarding
- Any patients requiring IV medications.

14.2 Abbreviations and Definitions

CAMHS: Child and adolescent mental health service

CYP: Children and young people.

Included in this definition are CYP up to their 18th birthday for all conditions except diabetes. CYP with diabetes are included up to their 19th birthday.

CYPED: Children & Young People Emergency Department

ED: Emergency Department

ENP: Emergency Nurse Practitioners

FY: Foundation Year doctor

GP: General Practitioner (based in community or UTC)

HCA: Health Care Assistant

Open Access: CYP with open access are seen directly by a paediatrician if the presenting condition is related to the underlying condition.

ST: Speciality Trainee doctor

Tier 2/3/4: See below table

TTO: To take out medication

UTC: Urgent Treatment Centre

Tier	What it means	Example
1	Require complete supervision. All patients must be signed off before admission or discharge	F1 doctors, trainee practitioners
2	Require access to advice or direct supervision, or practice independently but with limited scope (L)	ENPs, ANPs / ACPs, PAs, ESPs, F2 doctors, CT1-2 doctors, some primary care clinicians
3	More senior / experienced clinicians, requiring less direct supervision. Generally fewer limitations in scope of practice	CT3 in EM, junior Speciality Doctors, some ANPs /ACPs and PAs, some primary care clinicians
4	Senior clinicians able to supervise a department alone with remote support, possess some extended skills. Full scope of practice	CT4 and above, senior Speciality Doctors
5	Senior clinicians with accredited advanced qualifications in EM/ full set of extended skills	Consultants in EM

14.3 Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Authors and Senior Medical and Nursing staff from Emergency and Paediatric Departments.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This policy is appropriate for use.

14.4 Document checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.
Title of the document:
Policy (document) Author:
Executive Director:

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Yes**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Senior medical and nursing staff from ED and Paediatric department**
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Yes**	

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		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Yes	

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Committee Approval (insert name of Committee) ED Consultant meeting and Paediatric Department Guidelines meeting.			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Alexandra Jones**	**Date**	**March 2026**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: N/A			