

Escalation Plan for Paediatric Medical Staff

Authors: Dr Bahl, Dr Mew

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Scope:

This escalation plan refers to covering middle grade essential shifts. Middle grade essential shifts are; long day ward registrar, long day A&E registrar, night registrar. The plan is intended for use in the exceptional circumstances that an essential middle grade shift cannot be covered and refers to the provision of patient care outside of normal practice.

If an essential shift is vacant:

- Managers put the shifts out on Locums Nest for our bank staff and liaise with Brookson who puts the shift(s) out to the authorised locum agencies.
- Communications via group e mail and Whatsapp to trainees
- Direct contact with trainee doctors on the ward.

If vacancy is not filled within 2 weeks of the shift the problem is escalated via managers for authorisation of enhanced payment.

If vacancy is not filled within 1 week of the shift, registrar clinics are cancelled to mobilise middle-grade doctors to cover.

If despite all the above the shift cannot be covered:

- **Long day ward registrar:**

9am to 5pm covered by short day registrar with the support of the attending consultant.

5pm to 9.30pm covered by long day SHO with the support of the doctors in Paediatric A&E (Paediatric A&E registrar and/or Paediatric A&E consultant) and the on-call consultant. The on-call consultant is usually present on the ward until 7pm.

Paediatric A&E registrar to hold the bleep.

- **Long day A&E registrar:**

9am to 5pm covered by Paediatric A&E SHO with support from ward registrar and attending consultant. The ward registrar to hold the bleep.

5pm to 9.30pm covered by Paediatric A&E consultant with the support of the Adult A&E team, ward registrar and on-call Consultant. If the ward is stable, ward registrar to work in A&E and hold the bleep. If the ward is busy, Paediatric A&E consultant to hold the bleep.

- **Night registrar:**

If sufficient notice:

One of the day registrars may be sent home to return to do the night shift. Liaise with Neonatal Consultant on-call to see whether a Neonatal Registrar could help cover.

If late notice or night doctor does not arrive for the night shift:

Long day A&E registrar and/or ward registrar asked to work for 24 hour shift. This may result in an essential shift becoming uncovered the following day.

On call consultant to inform Brookson out of hours service and site practitioner. Send e mail and WhatsApp to trainee doctors to request emergency cover for the night shift if possible.

If no middle grade doctors are available despite the above:

Both the on-call consultant and Paediatric A&E consultant have an obligation to provide safe patient care. Both should stay on site and decide how to most appropriately cover the shift. Options include splitting the night shift, as both will have worked all day, or splitting the areas between ward cover and A&E cover.

If only one consultant is available to stay on site, other consultant colleagues (who have agreed to help on these occasions) should be contacted via telephone, email and WhatsApp. An additional consultant must be available to be on-call from home to support the consultant on site.

The following should actions should occur in the event of consultant only cover:

Contact the Site Practitioner to divert ambulances to neighbouring hospitals.

Inform Adult A&E that there may not be any senior paediatric presence in A&E overnight.

Adult A&E should assist with managing all paediatric walk in patients.

Inform Anaesthetists (Intensive care and theatre)

Inform the Neonatal team

A DATIX should be completed

Accommodation should be provided