

# Welcome to the Neonatal Unit



Name: .....

Welcome to the Neonatal Unit at Chesterfield Royal Hospital NHS Foundation Trust. At times this can be a complex and stressful environment and you may find this frightening at first, especially if this is your first experience of working in a neonatal unit.

This welcome book is intended to be a useful guide for you during your first few weeks on the Neonatal Unit.

On commencement of your placement/post you will be allocated a mentor/ mentors who will work closely with you during your first few weeks on the unit. Where appropriate, you will be given an induction package which is designed to ease your introduction into your new job/placement, the directorate and the hospital. Your mentor will work through this package with you.

#### THE NEONATAL UNIT

The Neonatal Unit is a 12 cot unit with 3 critical care cots and 9 special care cots. This is occasionally subject to change dependent upon staffing levels on the unit and also the dependency of the babies. Babies are admitted to the unit from 27 weeks to 40+ weeks' gestation for a variety of reasons.

Sometimes a baby's condition may necessitate transfer to a specialist unit in a different hospital, for example, if a baby requires surgery it is usually transferred to Nottingham Hospital. A baby with a cardiac problem may be transferred to Leeds and a baby requiring certain forms of ventilation other than conventional may be transferred to a regional unit, usually at Sheffield or Nottingham. The transfer is normally carried out by a specialist transport team. The team for our network is called Embrace.

The unit is divided into 3 main areas, the intensive care room, the main nursery and four side cubicles.

Most babies will be admitted into the intensive care area and may then be nursed in different areas of the unit according to their condition and reason for admission.

Our aim is to provide family centred care, offering support to all members of the family unit for the duration of their baby's stay on the unit and also for a time following discharge.

## THE NEONATAL TEAM

The Neonatal Unit Matron is Keely Turner. There are Band 6 Sisters who all have specialist various areas of responsibility, alongside running the unit. The rest of the nursing team is made up of Band 5 Senior Staff Nurses (all having a specialist qualification in neonatal nursing) plus several Band 5 Staff Nurses and Nursery Nurses. To complete the team we have physiotherapists, speech and language therapists, dieticians, pharmacists, safeguarding link nurses/midwives and our own part-time Housekeeper, Ward Receptionist and part-time Domestics.

#### **VISITING**

During the Covid pandemic hospital visiting has been suspended. However on the neonatal unit parents are encouraged and allowed to visit anytime but are required to have a PCR swab every week. Parents are encouraged to ring as much as they wish on our designated parent's telephone and we also have the Vcreate app so we are able to send pictures and videos to the parents.

All visitors are asked to use hand gel on entering the unit and to leave outdoor coats in the cloakroom. We expect all members of staff to familiarise themselves with the visiting policy and to ensure that it is enforced at all times. In extenuating circumstances please consult the person in charge of the unit.

## **SECURITY**

Security on the unit is paramount in order to protect the babies in our care. Access to the unit is through the main security door. Parents and visitors to the unit are asked to ring the doorbell and declare their identity with the aid of the intercom system. Please do not allow tailgating and if this occurs please challenge the tailgaters.

Babies in cots are tagged with an electronic security leg tag which sets off an alarm if the baby is moved out of the unit. These are not used on babies nursed in incubators.

# THE QUIET ROOM

The Quiet Room is situated at the end of a corridor away from the main area of the unit. It is designed as a bedsit, having a comfortable pull out double bed, television and kitchen area. It also has piped oxygen and suction, allowing babies to be nursed by parents in exceptional circumstances. It is intended for use by parents of seriously ill babies. It is also used for the sad time of bereavement and also to help prepare parents for discharge. Occasionally it may be used by nursing or medical staff to talk to parents about their baby's care.

Toilet and shower facilities are situated next door to the Quiet Room and are shared by parents using the Quiet Room and bedroom.

## PARENTS' BEDROOM

We have two bedrooms on the unit in the same corridor as the Quiet Room. This is mainly used for:

- Mothers establishing breastfeeding
- Mothers rooming in prior to discharge

The bedroom is allocated to mothers at the discretion of the nurse in charge.

#### **BREASTFEEDING/EXPRESSING**

All mums are encouraged and supported in breastfeeding and expressing their milk. In addition to the well-documented health benefits to mothers and their babies, it helps mums to be able to do something unique for their baby.

Mums are encouraged to express milk at the baby's cot side as they produce more milk. There are privacy screens and also curtains to maintain dignity but should a mum not wish to do this the bedrooms are available for expressing too.

Each mum wishing to express milk is set up with her own expressing kit to use whilst her baby is on the Neonatal Unit. Breast pumps and expressing kits may also be loaned out to parents wishing to express at home. A fridge and freezer are located in the milk kitchen for the storage of expressed milk, all breast milk must be labelled with the babies name as well as the time and date that the milk was expressed.

We also respect the wishes of parents who do not wish to express or breastfeed and provide formula.

#### PARENTS' SITTING ROOM

We have a small sitting room for parents on the unit. This contains juice, tea and coffee making facilities, radio and magazines. Visitors other than parents are <u>not</u> allowed to use this facility. Parents are asked to supervise their children and not

to leave them unattended in this room at any time. During the covid pandemic only one family is allowed in the sitting room at once.

We usually provide a small selection of books, toys, games and videos for use by siblings visiting the unit, but these have currently been removed during the covid pandemic.

#### **CLINICAL RISK**

The Trust Board is committed to reducing healthcare risks and to continuing to implement risk management at every level throughout the hospital. The Trust has a Clinical Risk Team which supports the Trust in its aim to identify and reduce clinical risks. Central to this is the Trust's incident reporting process which encourages staff to report incidents and near misses via the Datix Incident Reporting System on the hospital's intranet site. Each incident is then investigated and, where possible, measures are taken to reduce the risk of reoccurrence by reviewing and changing practice if appropriate. In order to achieve this, the Trust Board is committed to the promotion of a learning culture in which staff feel able to report all incidents.

## **EQUIPMENT**

As healthcare professionals we are accountable for our own practice, and also for making sure that we use all medical equipment/devices safely. Please refer to the NMC Code of Professional Conduct (2002) to identify your personal accountability.

Please ask your mentor to instruct you in the safe and correct use of the medical equipment that you will be using whilst working on the Neonatal Unit. In the absence of your mentor, any of the senior staff on the unit will be happy to explain the equipment to you. Please note that credentialisation of equipment is a mandatory requirement for all staff who use diagnostic or therapeutic equipment within the Trust.

Instruction manuals for all equipment used on the Neonatal Unit can be found in the bottom drawer of the resource cabinet or in the relevant clinical area.

#### **EDUCATION AND RESOURCES**

Melissa Booker and Laura Pearson are the Learning Environment Managers for the unit and they are responsible for helping to facilitate and support learning and education on the unit. We aim to hold regular teaching sessions, which you are welcome to attend. A wide range of books are kept in Keely's office and you are welcome to utilise these whilst you are on the unit but are requested not to remove them without permission. A selection of educational DVDs is also available for your use.

We also have a number of relevant journals on the unit, you are welcome to borrow relevant articles but please do not remove from the unit.

Access to the intranet is available on the unit for the purpose of education and continuing professional development. You will need to complete in-house email training in order to utilise this facility.

# **LEARNING OPPORTUNITIES- these may be limited during covid**

There may be opportunities to attend caesarean sections or normal deliveries of preterm deliveries, please speak to your mentor if this interests you. The nurse in charge will carry the emergency bleep, if a neonatal emergency bleep occurs whilst on shift you may have the chance to also attend the bleep. There may also be opportunities to follow other members of the MDT such as ANNPs and doctors.

#### **HOURS OF WORK**

Please ensure that you are punctual at the start of each shift as the handover takes place promptly. Changing rooms are available and you will be orientated with these on your first shift.

#### SHIFT TIMES

#### With half an hour break time:

Morning Shift 0730 - 1400 hrs (6 hrs)

Afternoon Shift 1330 – 2000 hrs (6 hrs)

# With three-quarters of an hour break time:

Long Day Shift 0730 - 2000 hrs (11% hrs)

Long Night Shift 1930 – 0800 hrs (11<sup>3</sup>/<sub>4</sub> hrs)

Unit number 01246 512515

If you have difficulties with your rota (for example childcare) please speak to Keely, Melissa, Laura or your mentor.

# **HANDOVER**

Handover takes place at the start of each shift in the staff room. The purpose of handover is to ensure that all staff receives a clear, concise report of each baby's current condition and family details. A further more in-depth patient handover is then carried out at the bedside.

We look forward to meeting you and we hope you enjoy your placement with us ©