THE NEONATAL TEAM

The Neonatal Unit Matron is Lynn Elliott. There are Band 6 Sisters who all have various areas of responsibility including visiting babies after they have been discharged out into the community. The rest of the nursing team is made up of Band 5 Senior Staff Nurses (all having a qualification in neonatal nursing) plus several Band 5 Staff Nurses and Nursery Nurses. To complete the team we have part-time Housekeepers, Ward Receptionist and our own regular part-time Domestic.

VISITING

Parents and siblings are encouraged to visit at any time. Grandparents are welcome to visit between **3pm -9pm** other visitors are only allowed in if accompanied by parents at specified visiting times. Children under 16 years (excluding siblings) are not allowed to visit due to the increased risk of infection.

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.

Information regarding the baby's condition, treatment etc is only to be given to the parents, except in extenuating circumstances and by prior arrangement.

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. They are then allowed in.

Babies may also be tagged with an electronic security leg tag which sets off an alarm if the baby is moved out of the unit.

All staff that has permission to gain entry into the Neonatal Unit is issued with an identity badge which can be used as a swipe card to open the main doors. Anyone not wearing an identification badge should be challenged if necessary.

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 double bed settee, colour television and separate 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. 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 one bedroom 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.

THE BREASTFEEDING/EXPRESSING ROOM

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.

The Breastfeeding Room is a quiet, comfortable room equipped with the necessary facilities for expressing milk. It also provides a peaceful and private environment in which babies, whose condition is satisfactory whilst being nursed in a cot, may be taken for breastfeeding.

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.

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

PARENTS' SITTING ROOM

We have a small sitting room for parents on the unit. This contains tea and coffee making facilities, radio, magazines. Visitors other than parents are not allowed to use this facility. Parents are asked to supervise their children and not to leave them unattended in this room at any time.

We provide a small selection of books, toys, games and videos for use by siblings visiting the unit.

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 re-occurrence 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 a healthcare professional 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.

New starters will receive an equipment credentialisation form in the induction package. 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.

Representative from medical equipment companies are invited periodically to given demonstrations on specific items of equipment, please try to attend these sessions if possible.

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.