

Local  
Guideline



Health  
Hunter New England  
Local Health District

## Parent Accommodation Facilities

<b>Sites where Local Guideline and Procedure applies</b>	Neonatal Intensive Care Unit (NICU) JHCH
<b>This Local Guideline and Procedure applies to:</b>	
1. Adults	No
2. Children up to 16 years	No
3. Neonates – less than 29 days	Yes
<b>Target audience</b>	All clinicians caring for infants in NICU
<b>Description</b>	Provides guidance for the use of the parent accommodation facilities in the NICU

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<b>Keywords</b>	NICU, JHCH, SCU, newborn, neonate, accommodation, parents, emergency rooms, Ronald McDonald Family House, Ronald McDonald Family Room, family, families
<b>Document registration number</b>	JHCH_NICU_06.06
<b>Replaces existing document?</b>	Yes
<b>Registration number and dates of superseded documents</b>	NICU Parent Emergency Accommodation JHCH_NICU_06.06
<b>Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:</b>	
<ul style="list-style-type: none"> <li>• <a href="#">HNELHD Local Guideline JHH JHCH_0002: Relative Accommodation criteria for provision</a></li> <li>• <a href="#">NSW Health Policy Directive PD2019_039 Isolated Patients Travel and Accommodation Assistance Scheme Policy (IPTAAS)</a></li> <li>• <a href="#">NSW Health Policy Directive PD2017_013 Infection Prevention and Control Policy</a></li> </ul>	
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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

## PURPOSE AND RISKS

*This local guideline has been developed to provide guidance to clinical staff in the provision of accommodation needs of parents/families with infants admitted to Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital.*

*The risks are:*

- *Parents will be offered the use of the room without exploring alternative options i.e. Ronald McDonald House (RMH)*
- *Accommodation will be used for postnatal mothers whose infant is in the NICU, who still require postnatal care*
- *Rooms will be used for extended periods of time impacting the provision of facilities*

*These risks are minimised by:*

- *Accommodation is offered to families on a short-term (maximum of 2 nights only) emergency situation*
- *Not used for 'rooming-in' situations, except for extenuating circumstances*
- *Managed by the NICU Unit Manager or Team Leader*

*Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this procedure must be reported through the Incident Management System and managed in accordance with the NSW Health Policy Directive PD2020\_020: Incident Management Policy. This would include unintended injury that results in disability, death or prolonged hospital stay.*

*It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.*

**Risk Category:** *Clinical Care & Patient Safety*

## CLINICAL PROCEDURE SAFETY LEVEL

Every clinician involved in the procedure is responsible for ensuring the processes for clinical procedure safety are followed. The following level applies to this procedure (click on the link for more information):

[Level 1 procedure](#)

## CONTENT

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[NICU Ronald McDonald Family Room Facilities](#)

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[Personal Care Emergency Pack](#)

## PARENT ACCOMMODATION SUMMARY

- Parent accommodation facilities are primarily utilised in emergency circumstances to support families to be near their infant including when transferred from regional areas or when critically unwell
- Consideration may be made for use of the facilities for 'rooming-in' for parents with complex needs just before discharge home
- Accommodation is offered for maximum of 2 nights
- Parent accommodation facilities are not to be used to support mothers who are inpatients in Maternity Services

### GUIDELINE

*While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.*

#### Introduction

At times families that are transferred from other regions or transitioning to home may require accommodation support. The NICU at JHCH provides both family facilities for time out and accommodation in specific circumstances as described in this document.

### Parent Accommodation Use

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Parents may be offered accommodation in the parent bedrooms in the following situations:

- Infant is retrieved from a peripheral hospital out of hours (i.e. evening or overnight) Accompanying parents may travel with NETS team or independently, with no alternative accommodation available. The parent may be offered to stay overnight in the parent bedroom, until the following day, where social work (SW) should be engaged to assist with longer term accommodation options
- Infant is critically unstable, and parents have been advised to stay on unit, or as close as possible, should the infant deteriorate further
- Parent of a growing premature infant requiring home oxygen, may be offered one night (with a maximum of two nights) accommodation prior to the infant being discharged, to ensure they are comfortable caring for the infant and the equipment, in the event the infant is not suitable to be discharged home on the pHITH program. This is at the discretion of the Nursing Unit Manager (NUM) and on service Neonatologist
- Parent of a complex needs infant may be offered one night (with a maximum of two nights) accommodation prior to the infant being discharged. This is at the discretion of the NUM and on service Neonatologist
- Parents who are not eligible for accommodation at Ronald McDonald House, but are required to stay close to their infant to ensure they are safe before discharge. This is subject to room availability, maximum nights' and at the discretion of the NUM and on service Neonatologist
- Parents will be offered a maximum of two nights' accommodation in these rooms and will be required to sign a [Parent Accommodation Agreement Form](#) to this effect

#### The rooms are not to be routinely used for the following:

- Any infant who is admitted from Home Maternity Service (HMS) for treatment of jaundice
- Unwell mothers who require ongoing inpatient maternity care

- Infants who are well established with suck feeding (i.e. 4-5 consecutive suck feeds) these infants should be discharged home or the post-natal ward if the mother is still an inpatient

In the event that both bedrooms are occupied, and a parent is requesting or recommended to stay close by the infant, they may be offered to stay in the recliner chair at the infant's bedside.

## **NICU Ronald McDonald Family Room Facilities**

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### **Accommodation/Bedrooms**

- All linen will be provided, and located in the linen cupboard outside the bedrooms
- Upon vacating this room, the NUM/Team Leader (TL) will inform housekeeping services, who will clean and remake the bedroom ready for the next family

### **NICU Ronald McDonald Family Room and Quiet Room**

Families who are in the NICU are welcome to take some 'time out' in the NICU Ronald McDonald Family Room. Here they are able to make a cup of tea or coffee, or a light snack, and generally have a break from activity within the NICU. The Ronald McDonald Family Room is equipped with tables and lounges, as well as a child friendly play area and activities. Ronald McDonald House volunteers will be available at varying times throughout the day in this room to provide ongoing support for families. Additionally, occasional events may be held in this space for families by various volunteer and parent support groups.

NICU Baby Buddies are also available during the day to provide support and assistance for families, particularly with siblings.

A 'quiet' room also exists in this space and may be used for the parent to rest in throughout the day. Clinical staff are asked to refrain from entering the 'quiet' room, Note; this a family only space.

## **Procedure for Booking Parent Accommodation**

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- Need for accommodation identified with NUM/TL
- NUM/TL confirms room availability
- Parent orientated to parent accommodation room, and given swipe card for access to room.
- Ensure parent has linen/towels
- Provide family with Personal Care Emergency Pack (if applicable) (located in volunteer's room)
- Complete Parent Accommodation Agreement Form, complete with parent signature (see Appendix 2)

### **Swipe Card Access to Bedrooms**

- Security and access to each of the bedrooms will be via swipe card access
- Upon booking a parent into the bedroom, the NUM/TL will provide a swipe card that will only access that particular room. This card number must be documented on the Parent Accommodation Agreement Form (see Appendix 2)
- On departure the swipe card must be returned to the NUM/TL
- In the event that a family fails to return the swipe card once they leave the room, the NUM/TL must inform security to deactivate that card

## **Personal Care Emergency Pack**

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NICU have a small supply of personal care emergency packs (basic toiletries) to give to families who arrive to NICU expectantly, or out of hours. Please see NUM/TL if this required.

**IMPLEMENTATION PLAN**

The clinical guideline will be:

- Circulated to Head of Department and Managers in NICU
- Circulated to the clinicians via the Children Young People and Families Network and the Women's Health and Maternity Network (where applicable)
- Made available on the intranet (PPG) and HNEKids website
- Presented at facility/unit meetings and tabled for staff to action

**MONITORING AND AUDITING PLAN**

- The person or leadership team approving the clinical guideline is responsible for ensuring timely and effective review of the guideline.
- Evaluation will require a review of the most current evidence as well as consideration of the experience of Neonatal staff at JHCH in the implementation of the clinical guideline.
- Data derived from monitoring and evaluation should inform the review of the clinical guideline either as required or scheduled.
- Implementation, education support and monitoring compliance be completed by local Clinical Educators and Unit Managers.
- Amendments to the guideline will be ratified by the Clinical Director and Manager of Newborn Services prior to final sign off by the JHCH.

**CONSULTATION WITH KEY STAKEHOLDERS**

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**APPENDICES**

1. Glossary & Abbreviations
2. Parent Accommodation Agreement Form

**REFERENCES**

[HNELHD Local Guideline JHH JHCH\\_0002: Relative Accommodation criteria for provision](#)  
[NSW Health Policy Directive PD2019\\_039 Isolated Patients Travel and Accommodation Assistance Scheme Policy \(IPTAAS\)](#)  
[NSW Health Policy Directive PD2017\\_013 Infection Prevention and Control Policy](#)

**FEEDBACK**

Any feedback on this document should be sent to the Contact Officer listed on the front page.

**APPENDIX 1****GLOSSARY & ABBREVIATIONS**

Acronym or Term	Definition
HMS	Home Maternity Service
JHCH	John Hunter Children's Hospital
NETS	Newborn and Paediatric Emergency Transport Service
NICU	Neonatal Intensive Care Unit
NUM	Nursing Unit Manager
pHITH	Paediatric Hospital in the Home
SW	Social Work
TL	Team Leader

**APPENDIX 2**

**PARENT ACCOMMODATION AGREEMENT FORM**

Patient MRN Label
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Parent Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date Booked In: \_\_\_\_\_

Room No: \_\_\_\_\_ Swipe Card No: \_\_\_\_\_

I, \_\_\_\_\_ (parent name) acknowledge that I am being offered temporary accommodation in the NICU Parent Accommodation rooms, up to maximum of two (2) nights, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

I agree to vacate the room by 10am on the morning of \_\_\_\_\_ (date).

I understand the maximum stay is to ensure all families have access to this facility should they require it.

Parent name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

NUM/Team Leader name: \_\_\_\_\_

NUM/Team Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Accommodation: \_\_\_\_\_

\_\_\_\_\_  
Date Signed Out: \_\_\_\_\_ Swipe Card Returned: Y or N

Staff Member Receiving Swipe Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Cleaning Staff Advised of Need for Room Cleaning: Y or N