Care of the Next Infant (CONI) in Specialist Community Public Health Nursing (SCPHN) Health Visiting (HV)

Standard Operating Procedure (SOP)

Ref No: 2128 (SCPHN SOP 20)
Version: 6

Prepared by:
Service Manager Professional Lead SCPHN
Health Visitor, CONI Lead

Presented to: **Care and Clinical Policy Group**	**Date:** 19 July 2017
Ratified by: **Care and Clinical Policy Group**	**Date:** 19 July 2017
	Review date: 3 August 2020

Relating to policies:

- South West Child Protection Procedures (www.swcpp.org.uk) (accessed 24th May 2017)
- Torbay Multi-Agency Safeguarding Adults Policy
- TSDFT Lone Working Policy and Guidance No. 55
- TSDFT Decontamination Protocol ref: 1112 Version 7
- TSDFT Decontamination of medical devices prior to repair, service or investigation or returning to medical device library ref: 0753 Version 3

1. Purpose of this document:

1.1 This Standard Operating Procedure (SOP) sets out the range of support and advice offered by the Specialist Community Public Health Nurse (SCPHN) CONI Health Visitor (HV) lead to parents/carers in the antenatal period if they have experienced a previous sudden unexplained infant death.

1.2 It aims to raise awareness of this service, encourage staff to proactively refer eligible families to the CONI HV lead. The CONI Plus programme is not covered by this SOP.

2. Scope of this SOP:

2.1 This SOP must be followed by all TSDFT Specialist Community Public Health Nurse Health Visitors Teams. The length of the programme should be determined on an individual basis up to 12 months of age.

2.2 This Standard Operating Policy applies to all parents and carers, living in the Borough of Torbay, who have had a sudden unexplained infant death in the immediate family.

3. Competencies required:

3.1 The CONI Lead HV will attend the one day training on the national CONI scheme by the Lullaby Trust.

3.2 The CONI Lead HV will attend the annual CONI co-ordinators meetings.

3.3 Health Visitors will have knowledge of the NICE clinical guidelines (37) Dec 2014: Postnatal Care.

3.4 The CONI HV Lead will have a mentor qualification and be competent to deliver an annual CONI update to the SCPHN workforce.

3.5 TSDFT staff will be aware of the South West Child Protection Procedures www.swcpp.org.uk *(last accessed 24/05/2017)* and how to refer to the multi-agency safeguarding hub (MASH) using the Safeguarding Children's Board Threshold Chart.

3.6 Health Visitors will have knowledge of local and national support services available to support families who have had a child death.

4. Procedure / Steps:

4.1 The parent will be identified in pregnancy by the midwife or family health visitor from 25 weeks' gestation and referred to the CONI HV lead.

4.2 The CONI HV lead will contact the family and arrange to visit them jointly with their named health visitor and discuss a package of care. Families may choose to participate in all or part of the programme that is offered. The Leaflet "Care Of Next Infant: Information for Parents" (2014) will be given to the family by the CONI HV Lead.

4.3 The CONI HV Lead will make a referral to the named Paediatric Consultant Lead for the CONI Programme at Torbay Hospital by the CONI HV lead.

4.4 The CONI HV Lead will notify the infant's GP of the enrolment onto the CONI scheme to encourage priority and consideration if medical attention is sought for the infant.

4.5 One to one training for the parents/carers on infant resuscitation is organised by the lead Paediatrician at Torbay Hospital.

4.6 On the first contact the CONI Lead HV will explain the content of the CONI pack to the family, this includes:

- Paediatric Passport
- Baby Check booklet
- Symptom Diary
- Wall Thermometer
- Sheffield Weight Chart
- Leaflet "Safer Sleep Guide for Parents"
- Leaflet "Safer Sleep for Babies"
- Card "Safer Sleep for Babies"
- CONI guidelines for users (2 Copies - one for HV and one for family)
- Record of alarm to monitor the apnoea episodes and use of alarm
- CONI "Information for Parents" leaflet that includes advice on resuscitation

4.7 The CONI HV Lead will give the family health visitor a HV record card, CONI guidelines for users and the "Sudden Infant Death Syndrome: A Guide for Professionals" leaflet.

4.8 The CONI HV Lead will give the family GP a blue card called "Information for GP Records".

4.9 The parent / carer may choose all or part of the CONI package of care:

4.9.1 Regular additional home visits by the family health visitor so families have access to support and advice. This will be agreed with the family.

4.9.2 Weekly weight review by the health visiting team to closely monitor the baby's growth and use of a Sheffield Weight Chart (SWC) to detect changes quickly. Babies should be weighed naked at approximately the same time each week and their weight recorded on a Sheffield Weight Chart. If a baby is not gaining weight, or there is an unexplained weight loss, the health visitor or parent should refer to the GP or named Paediatrician for CONI at Torbay Hospital. Poor weight gain may be indicative of illness in an infant and evidence suggests premature and low

birth weight babies are more at risk of Sudden Infant Death (SIDs) (Blair et al 2006, Smith 2015).

4.9.3 A Paediatric Passport is placed in the Personal Child Health Record (PCHR) to encourage priority and consideration for the child if medical attention is sought.

4.9.4 The CONI Paediatrician lead will be consulted when the number, duration, and severity of symptoms present give rise to concern.

4.9.5 The health visitor should discuss any health issues raised by the parent or carer, which have been recorded in the symptom diary and advice accordingly.

4.9.6 The 'Baby Check' booklet helps parents recognise symptoms when the baby is unwell and seek appropriate medical help.

4.9.7 A room thermometer and guidance on suitable infant bedding, clothing and sleeping position.

4.9.8 Parents are offered the loan of an apnoea monitor which picks up movement as the baby breathes and alerts the parents if the baby stops breathing. The monitor is attached to the baby. The family should be encouraged by the health visitor to reduce dependency on the monitor prior to the conclusion of the programme. The CONI HV lead could consider offering the under-mattress monitor between 4 to 6 months if the previous unexplained death occurred at this time.

4.9.9 The parent will be asked to sign a contract for the apnoea monitor and it will be collected or returned to the CONI HV lead at the end of the CONI programme.

4.10 CONI documentation should be scanned and stored in external documents on Paris Health at the end of the programme. On completion of the programme all CONI documentation and equipment should be returned to the CONI HV lead and documentation forwarded to the Lullaby Trust for analysis.

4.11 The CONI HV lead will attend quarterly clinical supervision with the previous CONI Lead HV when there are infants in receipt of the CONI programme.

4.12 The family health visitor will be responsible for informing the CONI HV lead of any change of circumstances when a family moves address.

All equipment the CONI equipment will returned to the CONI Lead HV and arranged to be cleaned according to TSDFT Decontamination Protocols (as listed above).

5 Monitoring tool:

Standards:

Item	%	Exceptions
Annual audit of referral to the HV CONI lead and adherence to SOP	NA	Audit dependant on families being referred to HV CONI lead

Equality Statement.
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy

References:

1. CESDI (*Confidential Enquiry into Stillbirths and Deaths in Infancy Report)* Guidelines : South Devon Health Care Trust 2015
2. Reduce the Risk of Cot Death : NHS / Department of Health 2009
3. Baby Zone - How to Keep Your Baby Safe and Healthy : Foundation for the Study of Infant Deaths / Lullaby Trust 2010
4. Room Thermometer : Lullaby Trust 2013
5. Baby Check- Is your Baby Really Ill? : Lullaby Trust 2006
6. Sudden Infant Death Syndrome and Sleeping Positions in Pre-term Babies and Low Birth Weight Babies - An Opportunity for Targeted Intervention: PS Blaire, M Ward Platt, IJ Smith and PJ Fleming Arch Dis Child 2006: 19:101-106 The South West Peninsular Child Death Overview Panel. http://www.torbay.gov.uk *(last accessed 24/05/2017)*

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V2	Draft	12 May 2015	Update	Service Manager Professional Lead SCPHN
V3	Draft	20 May 2015	Update	Service Manager Professional Lead SCPHN
V4	Draft	13 April 17	New format	Service Manager Professional Lead SCPHN
V5&6	Draft	17 July 17	Amendments	Service Manager Professional Lead SCPHN
6	Ratified	3 August 2017	Amended	Care and Clinical Policies Group
6		12 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process?	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Details *(please state):*			

Torbay and South Devon NHS
NHS Foundation Trust

NHS South Devon and Torbay Clinical Commissioning Group
Torbay and South Devon NHS NHS Foundation Trust

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	**Care of the Next Infant (CONI) in Specialist Community Public Health Nursing (SCPHN) Health Visiting (HV)**	**Version and Date**	**19/07/2017 Version 4**
Policy Author	**Service Manager Professional Lead SCPHN Health Visitor, CONI Lead**		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Update in new format

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Service manager and professional lead SCPHN, CONI trained SCPHN staff

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Service Manager Professional Lead SCPHN	**Signature**	
Validated by (line manager)	Service Manager Professional Lead SCPHN	**Signature**	