



KEMRI/CDC	<p style="text-align: center;">Standard Operating Procedure for counseling support to admitted patients’ parents/guardians</p>	SOP No: Supersedes : Version:
Respiratory Disease Surveillance and Etiology of Pediatric Respiratory Disease Deaths in KNH		No. of pages: 6
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1. SUMMARY

- 1.1. Hospitalization and/or death of a loved one are difficult experiences to parents/guardians of affected children. In case of death, the bereaved struggle with intense and heart breaking emotions that may lead to depression, anger and guilt. Grieving persons need emotional support to help them cope with the pain and start the healing process.
- 1.2. Counseling is face-to-face personal and confidential communication aimed at helping a person make beneficial decisions and helping them to act on them. During the grieving period, counseling helps family members to come to terms with the loss of loved one.

2. PURPOSE

- 2.1. This Standard Operating Procedure (SOP) describes the process of offering counseling support to parents/guardians of hospitalized children especially those identified and enrolled in this study.
- 2.2. In the unfortunate event that death occurs, this SOP describes the process of obtaining consent for postmortem study.

3. APPLICATION

- 3.1. This SOP is applicable to study engaged nurses, counselors, pediatric residents and surveillance officers.

4. ABBREVIATIONS

- 4.1. KNH Kenyatta National Hospital
- 4.2. KEMRI Kenya Medical Research Institute
- 4.3. SARI Severe Acute Respiratory Illness

5. TERMS/DEFINITIONS

5.1. SARI

SARI is defined as an acute respiratory infection with:

- History of fever or measured fever of $\geq 38\text{ C}^{\circ}$ *
- cough
- And requires hospitalization

*In the case of children under 1 month of age hypothermia ($<36.5^{\circ}\text{C}$) may be used instead of fever or history of fever

5.2. Decedent: A patient who has died

5.3. Client: Parent/guardian receiving counseling support

6. EQUIPMENTS AND MATERIALS

6.1. The following equipment and materials will be required for counseling support:

6.1.1. Quiet room

6.1.2. Table

6.1.3. Chairs

6.1.4. Informed consent form for autopsy (in case of grief counseling support)

7. RESPONSIBILITIES

7.1. Study engaged nurses, Grief counselor

7.1.1. Identify all enrolled SARI patients

7.1.2. Provide counseling support to these patients (we encouraged counseling support to other admitted patients too)

7.1.3. Identify critically ill patients and intensify counseling support to their parents/guardians

7.1.4. In the unfortunate event that death occurs, offer grief counseling support

7.1.5. If the decedent meets the SARI case definition, obtained informed consent for postmortem examination

8. PROCEDURES

8.1. Daily routine

8.1.1. On a daily basis, the grief counselor will keep in touch with enrolled study patients offering counseling support when needed

8.1.2. Every morning, the grief counselor will review the inpatient registers to identify deaths and confirm with ward in charges about such deaths

8.1.3. For each death identified, the grief counselor will review the inpatient file and determine if the decedent met the SARI case definition upon admission

- 8.1.4. Once a case is identified, the grief counselor will look for the parent/guardian and determine an appropriate time to offer grief counseling and consenting for postmortem examination
- 8.1.5. If death occurred before child was enrolled into the in hospital SARI surveillance, the Grief counselor should obtain consent from the parent/guardian to collect in-hospital surveillance data using the SARI enrollment questionnaire
- 8.1.6. The Grief counselor will thereafter inform the team of pathologists

8.2. Tips for counseling support

- 8.2.1. Ensure that you have the right environment for counseling
- 8.2.2. Welcome the parent/guardian warmly by name and introduce yourself
- 8.2.3. Sit close enough that you can talk comfortably and privately.
- 8.2.4. Make eye contact; look at client as s/he speaks.
- 8.2.5. Assure her/him of confidentiality.
- 8.2.6. Use language that she can understand and provide relevant information as sought by the client.
- 8.2.7. Tailor the information you give and the discussion to stress resulting from hospitalization of his/her child or death of his/her child
- 8.2.8. Listen attentively and take note of his/her body language (posture, facial expression, eye contact).
- 8.2.9. Try to understand his/her feelings from the point of view about the child's hospitalization or death.
- 8.2.10. Use open-ended questions to invite more than "yes" or "no" answers.
- 8.2.11. Be encouraging to the client.
- 8.2.12. Try to identify the client's real concerns about the hospitalization or death of his/her child
- 8.2.13. Always verify that the client has understood what was discussed by having him/her repeat the most important messages or instructions.
- 8.2.14. In case of death, explain all the options available and respect the client's choices on the need for postmortem examination.
- 8.2.15. At the end of the interview, thank the client for his/her time.

8.2.16. Let them know that they can contact you at any time if they think they need further counselling support.

8.3. Counseling “do’s”

- 8.3.1. Ensure privacy.
- 8.3.2. Greet the client by name and introduce yourself.
- 8.3.3. Use culturally acceptable ways of greetings
- 8.3.4. Use a natural, understanding manner.
- 8.3.5. Be empathetic: place yourself in the clients’ situation.
- 8.3.6. Use approving body language (nod, etc., as appropriate).
- 8.3.7. Use simple language and terms the client can understand.
- 8.3.8. Answer her/his questions truthfully.
- 8.3.9. Allow enough time for the session.
- 8.3.10. In case of death and if client has doubts about consenting for postmortem examination, invite him/her to return later to inform you of what she (and possibly his/ her family) has decided.

8.4. Counseling “don’ts”

- 8.4.1. Do not appear to be distracted (looking at your watch, answering the phone).
- 8.4.2. Do not use a harsh tone of voice, or act impatient.
- 8.4.3. Avoid interruptions during the session.
- 8.4.4. Do not be critical, judgmental or rude.
- 8.4.5. Do not overwhelm the client with too much details or irrelevant information.
- 8.4.6. Do not force a decision

9. DOCUMENTATING THE CONSENT FORMS

- 9.1. All signed consent forms must be treated as confidential documents.
- 9.2. File all the signed informed consent forms in a lockable cabinet before they are sent for further safe keeping at the KEMRI/CDC office in Nairobi.

10. QUALITY CONTROL

- 10.1. The Principle Investigators will visit the study site (KNH) from time to time to ensure that the SOP is followed. If there is any problem(s) the principle investigators in liaison with the program director and study site personnel will discuss to find the solution of the identified problem(s).

10.2. All consent forms will be reviewed from time-to-time as applicable by the study quality control staff for accuracy and completeness.

11. DOCUMENTN CONTROL SECTION

SOP version No:

SOP Annual Review Log

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