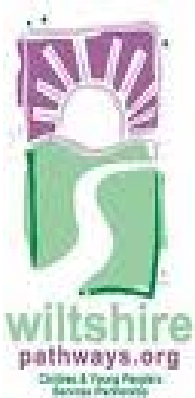

A joint agency document

Practice guidance

**Supporting the inclusion of children
and young people 0 – 19 with a
specific healthcare need in Wiltshire**



**Wiltshire Council,
Department of Children & Education
&
Wiltshire Primary Care Trust**

First approved and signed up to by Carolyn Godfrey, Director of the Department of Children & Education and Jeff James, Chief Executive of Wiltshire PCT in 2008.

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BACKGROUND

The National Service Framework for Children (Standard 8, 2.4) states:

“Disabled children and young people are first and foremost children, with all the rights, needs and aspirations of all children and young people. Ensuring their rights are met requires providing services for them that are in line with the United Nations Convention on the Rights of the Children: the Human Rights Act 1998 and the Disability Discrimination Act 1995.” (RCN Toolkit for School Nurses, 2008).

In recent years the number of children and young people who have a condition requiring medical interventions has grown significantly. This is due, in part, to advances in medicine which has resulted in more surviving very premature birth with neonatal complications and those with degenerative conditions are living longer. Most of these children and young people live at home with their parents, who undertake most of their care needs, and attend educational settings during the day.

In addition to attending educational settings some use family based short-term care, residential short break services, holiday playschemes, clubs, recreational activities and other community based services. These services enable parent carers of children and young people to choose to have a short break from caring. Additionally these services also enable each child or young person to have the opportunity to choose to be included in a wide range of activities and experiences.

Following the development of Every Disabled Child Matters and Aiming High for Disabled Children this document aims to give guidance and structure to meeting the intervention needs of a child or young person in Wiltshire settings, including early years setting, schools, youth groups, playschemes, after school clubs, social care settings and council provided transport to these opportunities.

INTRODUCTION

With the growing number of children and young people requiring medical interventions there are increasing numbers of children included in non-specialist settings and so the procedures for managing this process need to be clear and consistent throughout Wiltshire. It is the responsibility of each setting to have in place policies to support statutory responsibilities. There are many resources available to support settings to develop a generic 'Administration of Medication' policy and this document aims to give settings through Wiltshire guidance and a consistent framework for those children and young people whose health care needs are more complex than those covered by the settings' generic policy.

The Children's Act 1989 authorises people who have care of a child or young person (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the cases for the purpose of safeguarding or promoting the child's welfare.

Members of staff who are employed within Wiltshire to provide care for children & young people may be required to administer medications or procedures in order to meet children's health care needs. There is no legal duty for school staff to administer medication. Setting staff for whom administration of medication is not included in their job description may volunteer to be trained to undertake specific procedures. In all cases Wiltshire Council hopes that settings will find it possible to co-operate with reasonable and justified requests from parents.

Using reference material published by the Department for Education, Royal College of Nursing, Shared Care Network, the Council for Disabled Children, the National Children's Bureau and Barnardos, this document is designed to act as a guide and framework for families, Wiltshire Council Children & Education staff, Wiltshire Community Health Service staff and other agencies that may provide a service for this group of children or young people in Wiltshire.

This document also provides a guide to procedures which may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk. The Nursing and Midwifery Council has set out clear guidance for principles to follow when delegating to non-regulated healthcare staff. The decision whether or not to delegate an aspect of care and to transfer and/or rescind delegation is the sole responsibility of the registered person and is based on their professional judgment.

For the purpose of this document the word 'setting' is used to cover all settings and services where care is provided for children & young people.

Likewise the word 'carer' is used to cover all non-relative or legal guardians whose role is to provide support to the child or young person, such as Teaching Assistants, Inclusion Support Workers, Transport Assistants or carers.

Appendices are provided at the end of this document of example forms to accompany procedures, including protocol and forms for use in social care settings, schools, playschemes, youth clubs and pre-schools.

SECTION - 1 PARENTAL RESPONSIBILITY.

For the purpose of this document the word 'parent' is used to cover all those with legal responsibility for the child or young person including guardians, local authority or adoptive parents.

Whilst parents hold overall responsibility for the health and wellbeing of their child, in order for a setting to meet a reasonable and justified duty of care, parents will need to share sufficient information about their child or young person's medical condition including the administration of medication or procedures needed. It is essential that parents allow the appropriate professional staff to access relevant information about the child's or young person's condition held by their doctor or other health professionals.

Parents must be made aware that care can only be provided in a setting following a Health Care Needs Risk Assessment and if needed an accompanying Health Care Plan/flow chart agreed by parents/child, the setting and an appropriately qualified nurse/ paediatrician. Due care must be taken with this process so it is important that everyone is aware of the timescales involved and the implications this has for the child or young person starting at the setting.

Health care plans/flow charts identify care/training needs for children when they are well/medically stable. For some children when they are unwell the Health Care Plan is no longer accurate. For these children the Health Care Needs Risk Assessment needs to identify they should not be sent to a setting when they are unwell.

Parents support is likely to be required in the early stages whilst the carers are getting to know the child and developing the care skills identified. However parents should not be expected to act as the carer or the only emergency support in settings on a long term basis. Their

By settings following the guidance in this document parents can be assured that the children/young people's needs will be safely met.

SECTION 2 - PROCEDURES WHICH MAY BE SAFELY TAUGHT AND DELEGATED TO NON-HEALTH QUALIFIED STAFF.

There are a number of procedures that the Royal College of Nursing and Department for Education have agreed that non-health qualified staff may undertake as long as the following are in place. ⁽¹⁾

- Each setting should have an administration of medication policy which includes a clear approach towards dealing with generic needs and the process by which risk assessments and health care plans are produced to ensure individual needs are met as appropriate.
- Comprehensive training and on going monitoring should be in place, individualised to the child or young person's needs and delivered by an appropriate nursing representative. (full definition is given in the appendices)
- The training must be provided in line with the Wiltshire Community Health Services competency framework. (more details are provided in Section 6 in this guidance)
- The date the re-assessment is due should be documented and the appropriate nursing representative responsible for carrying out the re-assessment should be clearly stated.

- Training and updating can be requested by the carer or manager at any time. Reasonable arrangements will be made by the appropriate nursing representative to provide this in a timely manner. Note: Monthly training is offered for Clinical Skills Updates, held in central locations in order to facilitate regular planned updating.
- Staff should only agree to undertake these tasks if they feel competent and confident to do so.

Under these conditions Wiltshire Council staff carrying out the following tasks would be covered by the Council's indemnity. If a setting is not a Wiltshire Council setting or uses a different indemnifying insurer they should seek advice and ensure that any agreement is documented in writing.

Procedures that appropriately trained non-health qualified staff may undertake are:

- Administering medicine in accordance with prescribed medicine in pre-measured dose via naso-gastric tube, gastrostomy tube, or orally.
- Bolus or continuous feeds via a naso-gastric or gastrostomy tube.
- Tracheostomy care including suction using a suction catheter, and emergency change of tracheostomy tube.
- Oral suction with a yanker sucker.
- Intermittent catheterisation and catheter care.
- Care of Mitrofanoff.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are preassembled with predetermined amounts of medication to be administered as documented in the individual child's care plan (pre-loaded devices should be marked when to be administered, e.g. for diabetes, where the dose may be different AM or PM. In many circumstances there may be two different pens, one with short acting insulin to be administered at specific times during the day and another for administration at night with long acting insulin).
- Stoma care including maintenance of patency of a stoma in an emergency situation including replacement of button devices one stoma has been well established for more than 6 months and there have been no problems with the stoma.
- Inserting suppositories/pessaries or Rectal medication with a pre-packaged dose of a prescribed medicine.
- Rectal paraldehyde which is not pre-packaged, is pre-mixed and has to be drawn up permitted on a named child basis as agreed by the child's lead medical practitioner.
- Administration of buccal or intra-nasal Midazolam and Hypostat or GlucoGel.
- Emergency treatments covered in basic First Aid training including airway management.
- Manual evacuation.
- Assistance with inhalers, cartridges and nebulisers.
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required.
- Administration and care of liquid oxygen including filling of portable liquid oxygen cylinders from main tank.
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner.
- Ventilation care for a child with a predictable medical condition and stable ventilation requirement (both invasive and non-invasive). NB. Stability of ventilation requirements

should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learned by carers.

The following tasks should **NOT** be carried out by carers:

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care.
- Medicine not prescribed or included in the care plan.
- Re-insertion of naso-gastric tube.
- Re-insertion of PEG's or other gastrostomy tubes/ feeding via jejunostomy button or PEJ (percutaneous endoscopic jejunostomy tube).
- Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous, administration.
- Programming of syringe drivers.
- Filling of oxygen cylinders (other than liquid oxygen as stated above).
- Deep suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube).
- Siting of indwelling catheters.
- Ventilation care for an unstable and unpredictable child.

Non-health qualified staff should not be expected to make independent decisions about a child's care. Carer should work to clear guidelines and risk assessments and flow charts. Where additional issues arise these should be referred to either a parent(s) or agency identified in the health care plan.

SECTION 3 - HEALTH CARE RISK ASSESSMENTS AND HEALTH CARE PLANNING

Children and young people with a health care need requiring administration of medication or procedures (not covered under the setting's generic administration of medication policy) will require a Health Care Needs Risk Assessment, and where this risk assessment identifies the need, a Health Care Plan/Flow chart. Responsibility for undertaking a Health Care Needs Risk Assessment lies with the setting. It should be undertaken with the support of parents and the appropriate nursing representative.

The Health Care Needs Risk Assessment will identify:

- Any risk around the health care need for the child.
- Any risk around the health care need for the others, including children, staff and visitors.
- Control measures to manage the risks, i.e. resources, environmental considerations.
- Training needs – who will need to be trained, and what support is needed for the child's health care needs to be managed safely in the setting.

A suggested format for a Health Care Needs Risk Assessment is included in the appendices.

Some children and young people who need regular prescribed medication may not need an individual healthcare plan if it is determined, following the Health Care Needs Risk

Assessment, that their care needs can be met under the existing policies and guidelines of the setting.

Responsibility for developing a Health Care Plan/Flow Chart is shared by the setting manager, the appropriate nursing representative and the parents and/or the child/young person. The Health Care Plan must be undertaken with the back up of medical advice.

The Health Care Plan will include the following aspects (not already described in the existing policies and guidelines of the setting):

- How the training identified within the Health Care Risk Assessment will be provided including the training, assessment of competence and on-going monitoring.
- Individualised healthcare needs including details of the medication, dose, method of administration, and possible side-effects, storage and disposal of medication, clinical procedure which needs to be carried out, when, by whom, how; procedures when off site, water based or other specialist activities.
- A description of what constitutes an emergency, what action should be taken and by whom, should be incorporated into a clear flow chart which must be readily available at all times.
- Specific record keeping.
- Which key professionals are to be involved.
- Where more information may be obtained.
- Consent to treatment.
- Additional information about the child/young person including other medication and treatments in place, dietary requirements, method of communication and level of co-operation.

The Health Care Plan must be signed by all who share in its development (this must include a designated person from the setting, designated health care professional and the child's parent/guardian). This plan should accompany the child/young person wherever he/she goes for their daily activities.

Each Health Care Plan should be reviewed annually or when needs change. The primary responsibility of ensuring the Health Care Plan is up to date lies with the management of the setting however, everyone who participates in the development of the Health Care Plan has a responsibility to notify the setting should updating be required.

Where resources (such as appropriate staffing, equipment or training) to meet needs of a child or young person identified in the Health Care Needs Risk Assessment are not immediately available this needs to be identified and acted upon in partnership between senior management in the setting and the appropriate nursing representative. Settings are required to make reasonable adjustments from within their own resources before a request to an additional funding stream will be considered, i.e. Social Inclusion Fund or Complex Health Care needs panel.

SECTION 4 - OBTAINING CONSENT FROM THE PARENT, CHILD OR YOUNG PERSON

Prior written consent must be obtained from the parents unless the child/young person is capable of understanding what is proposed and of expressing his/her own wishes and consents to his/her own treatment. Where an assessment is made that the young person is capable of understanding what is proposed and of expressing his/her own wishes, the details of this assessment should be recorded fully, and particularly where this is relied upon in circumstances where the parent objects to the treatment proposed.

Legal advice is clear that a child/young person is capable of giving consent to his/her own medical treatment if he/she is capable of understanding what is proposed and of expressing his/her own wishes (Fraser Guidelines). A child/young person may, therefore, be able to consent to medical treatment against the wishes of his/her parent but may not be able to prevent treatment if his/her parents (or some other competent authority e.g. the Court) gives consent.

Parental powers are NOT lost if exercised against the interests of the child/young person. A court may make a decision about the best interests of the child or young person, if there is a dispute in relation to this.

It may be that an agreement as to whether an assessment as to the child's/young person's level of understanding should be carried out, and if so, by whom, and this should be considered specifically as a part of the Health Care Plan.

The exchange of information between doctors or other health professionals, which is essential to safely meeting the child's health care needs in the setting, must be with the consent of the young person or the parents. The settings involved must obtain written consent from parents and/or young person to enable the doctor to release the appropriate confidential information. (Exemplar consent form - appendix B)

SECTION 5 - PROVIDING INFORMATION FOR THE CARER

The information provided by the parents should be shared on a need-to-know basis to ensure confidentiality.

The information should include:

- Background information on the child/young person's condition and other information essential to understanding this
- Information about specific clinical issues
- Record for administration of medication or carrying out a procedure
- Procedure for seeking advice in a non-emergency situation
- Emergency contacts
- Actions to be taken in emergencies
- An accurate current copy of the Health Care Plan should always be provided for the carer.

Any changes to medication identified in the Health Care Plan must be given in writing signed by the prescribing professional. Where there is not a Health Care Plan in place medication should only be given if within the settings existing Administration of Medication policy.

SECTION 6 - SAFE TRAINING AND ASSESSMENT FOR CARERS

Training is a partnership between Wiltshire Community Health Services and the setting in which a child or young person with specific health care needs is included. The Appropriate Nursing Representative will support the setting to access competency based training to ensure children & young people's health needs are met safely in settings. It is the responsibility of the setting to enable staff to attend training and develop the skills needed to be assessed as competent.

Training must ensure that the needs of the child or young person and the carer are met.

For any delegation of medication procedures to non-health qualified staff there must be a robust framework which includes

- Initial competence based training and preparation of carers.
- Assessment and confirmation of competence of carers.
- Confirmation of arrangements for on-going support, updating of training and re-assessment of competence of carers.

Training should take place at two levels:

1. The setting is responsible for ensuring that carers receive preparatory training in the following areas:
 - First aid and basic life support (these should be updated as required for training certification).
 - Moving and handling.
 - Safeguarding procedures.
 - Infection control.
2. Training around a specific child or young person and the procedures or care that they require. It is recommended that up to 3 carers receive this specific training. This should ensure that cover is available on most occasions (including in the event of staff sickness) whilst still enabling staff to maintain their competence with the skills required.

The training record included in the Health Care Plan/Flow chart needs to include:

- Signature of the appropriate nursing representative or other appropriate trainer agreeing competence of the trainee. This must include the name of the appropriate nursing representative, or other trainer, (clearly written) and designation.
- Signatures by parents and setting manager agreeing identified carers have been trained and assessed as competent and will now administer the care.
- Records of all training, with date, skills and issues included.
- Clear evidence of how the training was individualised for the child (such as health care plan, competency workbook / competency assessment).

This documentation is essential to ensure continued cover of employer indemnity. Additionally this process will assist with the identification of training and update needs.

If, at any time, a carer does not feel that their skills and knowledge are adequate to perform a particular task, they are accountable to request further or update training (Health and Safety at Work Act 1974). Where the carers decide to take limited responsibility for medication, this

should be recorded and Health Care Needs Risk Assessed to ensure the child/young person's needs are safely met.

The child/young person's medical intervention needs and the ability of carers to meet those needs, must be reviewed at least annually or and sooner, if the need changes.

SECTION 7 - RECORDING OF MEDICATION AND PROCEDURES

All medication/procedures that are administered should be recorded in a clear and structured format in accordance with the settings Administration of Medication Policy. Carers should receive training from their employer on how to support procedures according to their own policies, including recording information. Good practise indicates setting's records should be supported by regular communication between the carer and parent about medication/procedures administered.

SECTION 8 - MEDICAL EMERGENCIES POLICIES AND PROCEDURES

There need to be clear policies and procedures for the benefit of carers, staff and parents about what should happen in the case of a medical emergency. These are called the Critical Incident Procedures. This needs to include details of contacting emergency services (999) and procedures individualised to the child and the setting. Details about support services for the carer, other children and young people and staff in the setting should be included.

SECTION 9- INSURANCE AND INDEMNITY

1. Organisational Accountability

Each setting needs to ensure that the training provided and the trainer providing it meet their insurer's requirements. If the guidance in Section 2 is followed the training provided by Wiltshire Community Health Service meets the requirements of those settings insured through Wiltshire Councils. If a setting is not a Wiltshire Council setting or uses a different indemnifying insurer they should seek advice and ensure that any agreement is documented in writing.

Evidence of Liability and Professional indemnity insurance, including malpractice, held by the trainer's employers must be made available if requested.

Staff trained to carry out medical procedures should be provided with insurance cover for claims for negligence resulting from clinical treatment. This responsibility will rest with their direct employer, i.e. Wiltshire Council employees are covered by Wiltshire Council Insurance. Staff may request a copy of the current insurance certificate from their employer. The insurance cover should be adequate to meet any potential claim for negligence resulting from any procedure or treatment which has been risk assessed or set out in the Health Care Plan that the carer will be responsible for administering, and this should not just be limited to medical treatment.

2. Individual Accountability:

Under the Health & Safety at Work Act (1974) staff have a duty to cooperate with procedures put in place by their employer. To support this cooperation a carer must be given training for the individual child or young person's procedures. The Health Care Plan/Flow chart will provide details of training and on going monitoring and the carer should request further training if at any time they consider their skills and knowledge are not adequate to perform a particular task. Additionally, if there is a change in the child's condition or an alteration in procedure the carer should request that the care plan is adjusted to ensure that the new process is identified.

Carers should work cooperatively, following the guidance in this document to support the risk assessment and Health Care Planning process ensuring that the children/young people are included.

The carer must work within the agreed guidelines of the setting.

SECTION 10 - SAFEGUARDING CHILDREN AND YOUNG PEOPLE

All settings providing a service for children or young people with a disability should be aware of the increased vulnerability to abuse and neglect. Appropriate communication between all professionals is key to safeguarding especially where children and young people are vulnerable. Clear and concise document of all concerns is essential.

All staff must follow multi-agency safeguarding procedures, including situations where there are concerns about staff placing children/young people at risk of harm. The South West Protection Procedures can be found at www.SWCPP.org.uk . Additional useful information about how organisations in Wiltshire work together to protect children from abuse and neglect can be found at www.wiltshirelscb.org

Section 11 of the Children Act 2004 states that staff from all agencies must discharge their functions with a view to safeguarding 'children', including having clear lines of accountability for management and reporting.

Settings should make reference to the new DCSF guidance "Safe Working Practices for the Protection of Children and Staff" which means that there must be a professional basis for all conduct.

References:

Managing Medicines In Schools And Early Years Settings, (2005).
Department for Education and Skills | Department of Health,

Managing children with health care needs: delegation of clinical procedures, training and accountability issues. (2008)

Department for Education and Skills and Department of Health. updated by Fiona Smith, David Widdas, Mary Lewis, Liz Bray and Linda Maynard.

"Towards a Healthy Future" (1998)

Shared Care Network – Richard Servian, Vicky Jones, Christine Lenehan and Steve Spires.

"Supporting Disabled Children Who Need Invasive Clinical Procedures" (1998)

Barnardos – Alison Rhodes, Christine Lenehan and Jan Morrison

"The Dignity of Risk" (2004)

National Children's Bureau, Council for Disabled Children, Shared Care Network

"Including Me" (2005)

Council for Disabled Children and the Department for Education and Skills

"Toolkit for School Nurses" (2008)

Royal College of Nursing

"Aiming High for Disabled Children" (2008)

Department of Health, Department for children, schools and families, NHS.

"Every Disabled Child Matters" (2007)

Contact a Family, Council for Disabled Children, Mencap and Special Education Consortium

"National Standards Framework for children, young people and maternity services." (2004)

Department of Health and Department for Education and Skills

APPENDIX A

Glossary

Appropriate Nursing Representative – The designated nurse may be a school nurse, Community Children’s Nurse, Specialist nurse or other nurse identified by Wiltshire Community Health services as appropriately registered to support the Health Care Needs Risk Assessment and prepare care plan if needed.

Carer – Identified person responsible for the child’s care within a particular setting. This person may be a teaching assistant, residential care worker, transport assistant, youth worker, health care support worker or other adult designated to provide care. It is expected that all identified carers will have completed CRB checks and appropriate reference checks.

Child/ Young person – for the purpose of this document the child or young person will be aged between 0-19 years of age.

Competence – Competency is having the skills appropriate to the needs of the child. (The Dignity of Risk) In order for a member of staff to be deemed as competent there must be a written record of the training provided and the record must include a signed statement by the appropriate nursing representative who provided the training to say that the person is competent to carry out the procedure on which they have been trained for a named child.

Delegation – Delegation is the process by which a person with a professional registration, appropriate to the task, delegates an aspect of care to a person whom they deem competent to perform the task and who they have assured themselves fully understands the nature of the delegated task and what is required of them. The decision whether or not to delegate an aspect of care and to transfer and/or rescind delegation is the sole responsibility of the registrant and is based on their professional judgement. Where another, such as an employer, has the authority to delegate an aspect of care, the employer becomes accountable for that delegation. The registrant will however continue to carry responsibility to intervene if she feels that the proposed delegation is inappropriate or unsafe.

Health Care Plans/ Flow charts – A Health Care Plan should include the information required to safely carry out the care an individual child requires. It will include clear guidelines for carrying out procedures with the individual child and information for dealing with an emergency situation. The plan must be drawn up by an appropriate nursing representative, in conjunction with the setting and agreed with parents and the child/young person and approved by a doctor with individual knowledge of the child. This Health Care Plan may be in the form of a flow chart which is prepared in conjunction with the Health Care Needs Risk Assessment. The health care plan / flow chart/risk assessment should be reviewed regularly and updated whenever a change in care is identified.

Parent/ Guardian – For the purpose of this document the word parent is used to cover all those with legal responsibility for the child or young person including guardians, local authority or adoptive parents.

Risk – is a combination of the likelihood of something harmful happening and the seriousness of the potential injury

Risk Assessment – Risk is managed by assessing it, avoiding it if it is unnecessary or reducing it to a level which is ‘reasonably practicable’ and documenting this process

according to the guidelines set out in Wiltshire Council's Health and Safety Manual. A Health Care Needs Risk assessment looks at the needs associated with an individuals health care need.

Reasonably practicable – as defined by the Health and Safety Executive means 'an employee has satisfied his/her duty if he/she can show that any further preventative steps would be grossly disproportionate to the further benefit which would accrue from their introduction.' (HSE 1992, p 8).

Setting – For the purpose of this document a setting refers to any registered organisation which provides activities/ care for children/young people. (This includes early years settings, schools, child minders, playschemes, youth clubs, recreational centres, short break respite settings, extended schools provision, family link carers, passenger transport).

Training – It is imperative that any delegation of clinical tasks to non-health qualified staff is undertaken within a robust framework for training and assessment of competence. Training documentation must reflect the process and the appropriate nursing representative must sign that the trainee has been assessed as competent. The training plan must include confirmation of arrangements for on-going support, updating of training and re-assessment of competence.

APPENDIX B

Developing a Setting Policy

There are a number of frameworks available on the internet to support schools and settings to develop their policy. The DCFS and Teachernet websites link to www.medicalconditionsatschool.org.uk. This site has a comprehensive 'Medical conditions in school' policy resource pack which was produced by DCSF in partnership with the Council for Disabled Children, Professional Association of Teachers, School and Public Health Nurse Association, The Anaphylaxis Campaign, Asthma UK, Diabetes UK, Epilepsy Action and the Long-Term Conditions Alliance. Whilst this policy is targeted at schools it can be easily adapted for any setting in Wiltshire.

They recommend that the following points provide the essential framework for your setting's medical conditions policy.

1. The setting is an inclusive community that aims to support and welcome pupils with medical conditions.
2. The setting's medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the setting and health settings.
3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.
4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this setting.
5. All staff understand and are trained in the setting's general emergency procedures.
6. The setting has clear guidance on the administration of medication at setting.
7. The setting has clear guidance on the storage of medication at setting.
8. The setting has clear guidance about record keeping.
9. The setting ensures that the whole setting environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
10. The setting is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The setting is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
11. Each member of the setting and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

You must also have in place appropriate procedures for maintaining a safe working environment, which includes cleaning changing mats between children, disposal of nappies, hand cleaning following helping a child wipe their nose, disposal of tissues etc.

APPENDIX C

FORM AND GUIDANCE FOR THE EMERGENCY ADMINISTRATION OF MEDICINES (in a non-school setting)

Guidance on drawing up a protocol for emergency procedures

This framework should be used as a guide in respect of each child/young person where emergency or other irregular procedures may be required. Guidance is provided under each section of the form. The following sections about emergency information may be incorporated into the healthcare plan or parent consent form.

Each case will be different and will require individual procedures which will need to be communicated to all carers in contact with the child/young person. When formulating an emergency procedure, regard should be given to the availability of those who can administer the medication, the age of the child/young person, the layout of the household, the timescale for administering medication and all other potential problems that could be encountered in any emergency.

Content of emergency information

Background

In this section give a detailed description of the child/young person's health needs, including a medical history summary, symptoms and likely consequences of no action taken. Provide name of GP and consultant and any advice they have provided.

Treatment

In this section give an outline of the treatment to be administered and who specifically is to be involved in giving it. Provide details of symptoms and a step-by-step procedure for action in the event of an emergency. Include in this section the names of the trained carers, and who is to do what in an emergency. Note also parents/carers and others who are to be notified, e.g. scheme co-ordinator. If paramedic team is to be called it may be appropriate to have a letter from GP/consultant regarding the child/young person's condition for their use.

Training

This section should give details of the training received by the named carers mentioned above, as well as dates of courses, including refresher courses.

Location of emergency medicines

Specify in this section where medication is stored and where spares are stored. Specify who is responsible for checking on a daily/weekly/monthly basis that medication is not out of date and how these checks are recorded.

Specify also the procedure for obtaining fresh medication and who is responsible for ensuring that medication is available e.g. parents. Some young people may also carry the necessary medicine for use in an emergency when staff are not available. This will need to be agreed with parents and detailed here.

Response to emergency incidents

In this section clearly set out in detail what to do in case of emergency. State who is trained and where and when they can be contacted. It is very important that the procedure for emergency treatment is checked with the appropriate medical personnel.

APPENDIX D

SAMPLE PARENTAL CONSENT FORM

Parental agreement on general administration of medication

Request to supervise the administration of medicines to my child/young person

I confirm that my child/young person requires the following medicines to be taken in accordance with medical advice and as detailed in the healthcare plan

Medicines	Where stored	Time Required	Amount	How given

Names of carers authorised to give medication

Please indicate which of the following you would like the support carer/setting staff to carry out:

- a. Keep the medicines and assist my child/young person who will take the medication him/herself as detailed above. YES/NO
- b. Keep the medicine and supervise my child/young person to ensure that he/she takes the medicines as detailed above YES/NO
- c. Keep the medicines only and seek professional assistance in administering them. YES/NO

If appropriate, please state which professionals will assist:

.....

In making this request I accept full responsibility for my child/young person's welfare.

I agree that all medicines will be given to the carer in the original container.

Signed (Parent) Date

Decision by Carer

- a) I am willing/not willing to meet your request YES/NO

- b) I agree to establish a written record of action taken YES/NO
- c) *I agree to make arrangements for the storage of medicine YES/NO
- d) I agree to undergo training to give the above medication YES/NO

Signed (Carer) Date

Signed (for DCE) Date

**Head teacher should sign in the case of a school setting*

This consent form could be adapted to include specific clinical procedures, for example:

Type of procedure

For how long will your child/young person need this to be undertaken.....

Method

Timing

Side-effects

Procedures to take in an emergency

In making this request I accept full responsibility for my child/young person's welfare and consent to the carer carrying out the above healthcare procedure.

Signed (Parent) Date

Decision by Carer

- a) I am willing/not willing to meet your request YES/NO
- b) I agree to establish a written record of action taken YES/NO
- c) I agree to undergo training to administer the above procedure YES/NO
- d) After appropriate training I agree to administer the above healthcare procedure YES/NO

Signed (Carer) Date

Signed (for DCE) Date

APPENDIX E

RECORDING TRAINING (in a non-school setting)

Record of training given to implement clinical procedure

Brief description of clinical procedure:-

Nature of training to be given

Name of Trainer:-

Professional Qualification

Names of carer/s to be trained and role

Dates of training

Has the training been satisfactory? YES/NO

Date Competency was achieved.

(Please attach a copy of the competency documentation to this record.)

Signed (Carer)

Signed (Trainer)

I agree that the above clinical procedure and training are appropriate to the needs of my patient (name of patient)

Signed (appropriate healthcare professional)

Record of Updates and New Training

Training and Dates	Signature
Clearly state what the training covers	Must be signed by healthcare professional trainer

APPENDIX F

RECORD OF ADMINISTRATION OF MEDICATION (in a non-school setting)

Child/young person's name.....

Setting.....

Date	Medicine and dose	Method of administration	Time given	Any reactions	Name	Signature

APPENDIX G



9 February 2010

To All LA Schools in Wiltshire

LA Circ: A052/10

Wilton Health Centre

1st Floor

Market Place

Wilton

Wiltshire

SP2 0NT

Tel: 01722 746777

Fax: 01722 746782

E-mail : val.scrase@wiltshire-pct.nhs.uk

Dear Colleague

RE: Healthcare Plans and The School Nursing Service

A letter was sent to all schools in September 2009 to explain the Health Care Plan process review and consequent work that is taking place within Children & Young People's Services, Wiltshire Community Health Services. This work is being undertaken in cooperation with the Physical and Sensory Impairment Support Service (PASISS) to ensure that all aspects of children's health care needs are considered. Wiltshire Community Health Services has identified an increase in the number of children with specific medical needs being included successfully in mainstream settings and felt this review was essential to ensure that their needs were being safely met.

The first stage of the review has been completed and standards of practice and training for the school nurse team have been agreed for severe allergy and seizure management. The second stage of the review will be to establish processes for those children with health care needs where there is not already a specialist nurse or service involved. As part of the second stage the development of a comprehensive risk assessment form is nearing completion. It is envisaged that this form will be completed by pre-schools and schools with input from the PASISS team, health visitor or school nurse if necessary. This is presently being piloted in some pre-school settings and schools with positive feedback by those who have used it.

The present arrangements, following the first stage of the review, are that School Health Nurses will undertake Health Care Plans for children with Severe Allergy (requiring adrenaline injection) and for children with seizures (who require administration of rescue medication) in schools. Where children with these conditions are not yet of school age (attending early year's settings) two community staff nurses will undertake Health Care Plans. Community Children's Nurses and/or Specialist Nurses will be responsible for Health Care Plans of a more complex, specialist's nature, such as catheterisation, suction etc. You will appreciate that the review has highlighted both training and commissioning issues which we are in the process of resolving and we appreciate your patience whilst this is completed.

The second stage of the review deals primarily with the smaller number of children whose needs are not met by local specialist services. To support their inclusion into mainstream settings we are working closely with the local authority. Throughout this process we will continue to keep the Primary Heads Forum and Wiltshire Secondary and Special Heads Association informed of progress.

If you have any questions regarding specific children and the need to support their health care needs in school please contact a member of the PASSIS team or Lee Benke, Area Public Health Lead or Marla Forrest–Riley, Clinical Lead, Training and Development for help to identify the most appropriate way forward.

Yours sincerely

Yours sincerely

Val Scrase

Assistant Director of Children
& Young People's Services.
Wiltshire Community Health Services.

Carolyn Godfrey

Corporate Director,
Department for Children and Education
Wiltshire Council

APPENDIX H

MANAGEMENT OF NEEDLESTICK/SHARPS INJURIES AND EXPOSURE TO BLOOD AND BODY FLUIDS (eg secretions such as urine, vomit, saliva, faeces)

FIRST AID

Contact locality First Aider if available: -

- 1. For NEEDLESTICK/SHARPS: Encourage local bleeding of wound by gently squeezing

DO NOT SUCK THE AREA

- 2. Wash the affected area with soap and warm water

DO NOT SCRUB THE AREA

- 3. Treat eyes/mouth/nose by immediately rinsing with warm water or saline

- 4. Cover any open wound with waterproof dressing

ASSESS THE INJURY

Inform supervisor and establish significance of the injury.

If you are in any doubt about the significance of the injury contact A&E

Local A&E Contact no:

Address:

.....

.....

SIGNIFICANT INJURY

NON-SIGNIFICANT INJURY

- Needlestick/sharps (when skin is punctured)
- Exposure to eyes/mouth/nose
- Exposure to broken skin

ACTION



Go to A & E immediately, ideally within one hour of the incident occurring. Take somebody with you (ie colleague or friend for support)



Discuss with supervisor and complete the accident / near miss investigation form



Inform Occupational Health next working day (01225 718059)

- Blood or body fluid splash on to intact skin

ACTION



Discuss with supervisor and complete accident and near miss investigation form

APPENDIX I

Wiltshire Children's Trust
Health Care Needs Risk Assessment

Child Name:	Date of Birth:
Class Leader/Teacher:	Year Group:
Health Representative:	
Professionals involved in this Risk Assessment (i.e. Headteacher; Setting Manger, SENCO, Specialist Nurse or Community Children's nurse, Physio, OT, (paediatrician):	
Date of Assessment:	
Previous assessment date:	
Reassessment due:	
Is an individual health care plan required?	YES NO
Signatures	
Setting manger/ Head teacher:	Date
Parents	Date
Young person	Date
Other professionals involved in completing the assessment:	
Section A –Child Information Profile	
Health Care Needs/ Disability:	

Comments/Areas of Concern including ability to participate in physical activities such as PE sessions and practical lessons.

Does the pupil have any medication which may need to be administered by setting staff (not identified later in this assessment)?

Yes

No

If so, please identify including times of administration and any special instructions, risks or hazards to the pupil or staff administering.

If the pupil has medication where will the medication be stored?

Is this location locked but quickly and reliably accessible?

Yes

No

Explain:

Where will administration of the medication be recorded and by whom?

Please note any concerns re: the administration of medication including route, timing, any possible side effects or indications to not administer:

Risk or Hazard / Control measures identified in setting medication policy. (Residual Risks will require action to resolve and may result in a HCP)

Is the condition chronic, progressive, life limiting/life threatening? (Please circle if appropriate)

Section B - Airway and breathing		
Does the pupil have any problems in this area? (If No go to next section)		Yes No
Does the pupil require support to maintain their own airway?		
Never	Sometimes	At all times
Support required: (Circle all applicable)		
Suction:		
Oxygen:	Emergency only	Continuous (?) Dependant
Ventilation:		
Tracheostomy:		
Basic Life Support: (Circle all applicable)		
Nebuliser:	Regular	Occasional
Inhalers:	Regular	Emergency
Other medication / treatments related to airway breathing:		
Does it interfere with any of these activities? (Circle all applicable)		
Science, Swimming, indoor PE, outdoor PE, Outdoor activity, Transport		
Does the pupil have any allergies? Please give details:		Yes No
Risk or Hazard / Control measures indentified in setting medication policy. (Residual Risks will require action to resolve and may result in a HCP)		

Section C - Cardiovascular:		
Is the pupil known to have any heart or circulatory problems? (If No go to next section)	Yes	No
Does the child have medication or technology based support for their cardiovascular problems? Please give details:	Yes	No
Do the child's problems affect bleeding/ clotting? Please give details:	Yes	No
Are there any activities which may need to be modified or monitored to ensure this child's safety? Please give details:	Yes	No
Section D - Neurological:		
Is the pupil known to have any neurological problems (i.e. seizures, brain injury or damage, neurological disorder or syndrome) (If No go to the next section)	Yes	No
Does the child have history of seizures?	Never	Occasional
		Frequent
Please identify type and frequency of seizure including date of last seizure?		

Does the child have medication or treatment related to this problem (including rescue medication)?	Yes	No
If so please complete section A – Child Information profile.		
Are there any warning signs or triggers for a seizure for this child? Please explain:	Yes	No
Following a seizure what is the child's usual recovery pattern?		
Does the child have any other symptoms or problems (i.e. slurred speech, numbness or loss of sensation, ataxic gait,) Please give details:	Yes	No
Section E - Gastrointestinal problems and Feeding needs		
Does the pupil have any gastrointestinal or feeding problems? (if No go to the next section)	Yes	No
Is the child able to feed and drink adequate quantities orally? Please explain:	Yes	No

Does the pupil have any known food allergies? If yes please give details of foods and reactions:	Yes	No
Does the pupil have any medication which may need to be administered? If so please complete section A		
F - Urinary and Renal Needs		
Does the pupil require intervention in order to pass urine (i.e. indwelling catheter, suprapubic catheterisation or intermittent catheterisation or Mitrofanoff)? Please explain:	Yes	No
Does the pupil have other urinary problems which require monitoring (i.e. Diabetes Insipidus)? Please explain:	Yes	No
If medication to be administered please complete section A.		
Section G - Infection Control/ maintaining skin integrity		
Is there an action which needs to be taken to maintain the safety of the child or others around the child? (if No then go on to the next section)	Yes	No
Is the child particularly at risk of infection due to low immunity from immune disorder or treatment which has effected the immune system? Please explain:	Yes	No

Is the pupil known to have an infection or been in recent contact with anyone with an infectious condition (i.e. MRSA, HIV, Hepatitis, Chicken Pox, Tuberculosis, Meningitis, Clostridium Dificile)?

Yes

No

Please list:

Does the pupil have any skin conditions which require treatment or management? (i.e. eczema, psoriasis, pressure areas, rashes)

Yes

No

Please list:

Does the pupil have medications that need to be administered?

Yes

No

If so please complete Section A

Please give any other relevant information which may be useful in managing any possible risks:

About the Pupil

Section H – Communication

What is the child's usual method of communication?

Does the child have any signs or gestures that are important for their safety and wellbeing?

Is the pupil generally cooperative?
If No please explain:

Yes

No

How does the pupil learning disability effect their communication? Please explain:

Section I- Mobility and transferring:

Does this child have a handling plan which addresses their handling needs during the administration of medication or treatment?

Yes

No

If no, the manual handling plan needs to be updated to include this risk.

Section J - Pain:

Does the pupil have any chronic pain that is controlled with medication or any other intervention?

Does the pupil appear to be in pain?

Yes

No

Risk Scoring

Using the Australia/New Zealand (AS/NZS 4360/1999) risk management standard, which is internationally recognized, a summary of the potential 'grades' of risk issues, based on the risk score, is given below:

Grade	Definition	Risk Score
RED	Extereme Risk	15-25
AMBER	High Risk	8-12
YELLOW	Moderate Risk	4-6
GREEN	Low Risk	1-3

The table represents the possible combined risk scores based on a measurmenet of both the probability and impact of risk issues. A combination of likelihood and severit score provides the combine **risk score**.

Probability x Impact = Risk Score

For example where: Probability = Possible (3) x Impact = Likley (4) = **Risk Score of 12**

This risk score can now be compared to the risk matrix above and a 'colour' or 'grade' can be determined. In the example above, a risk score of 12 would be graded as 'amber' (moderate). Consequntally, the employer can then prioritise mitigation actions based on an understanding of the nature of the risk presented.

Individual Risk Scoring Matrices

Probability Matrix

Probability Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen.	Do not expect it to happen but it is possible it may do so	Might happen occasionally	Will probably happen but it is not a persisting issue	Will undoubtedly happen, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Impact Matrix

Impact Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of client, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to death Multiple permanent injuries or irreversible health effects

Risk Assessment Summary

Hazard and possible impacts	Who or what is at risk?	Existing controls in place	Risk rating Red Amber Yellow Green	Additional controls required eg building alterations, policies to be reviewed	Any action points including training needs?	Action points + responsible professional

