

Protocol for ensuring settings meet the
Statutory Guidance for
“Supporting pupils at schools with medical
conditions”

MULTI- AGENCY GUIDANCE

Milton Keynes Special Educational Needs and
Disabilities Strategy Group

Approved: 14 September 2017

Review: 14 September 2019

Managing Children and Young People with Health Care Needs in the Community

1. Introduction

1.1 This protocol is designed to ensure that children and young people living in Milton Keynes who have health and / or care needs, which as a consequence require additional support are able to access a range of settings within the community. This includes schools, early years settings, and other settings e.g. holiday play schemes and after school clubs.

1.2 It provides a framework for a consistent response to the needs of children and young people in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of community life. This includes children and young people who are dependent on their parents / carers carrying out an invasive clinical procedure which is essential either as part of their routine care or within expected emergency management. For example – children and young people requiring gastrostomy feeds; oxygen therapy or assistance to manage diabetes – as described in section 8 “Levels of Need”

1.3 The focus of this protocol is to:

1.3.1 Demonstrate a local multi-agency commitment to positively promoting the inclusion of all children with health and / or care needs and improving efficient multi-agency working in partnership with children, young people and families.

1.3.2 Clarify roles, responsibilities and accountability in enabling children and young people with health and / or care needs to be fully included in community settings such as schools and a range of childcare settings, for example playgroups and private nurseries.

1.3.3 Clarify for parents/carers and children and young people what can be expected.

1.3.4 Provide a framework within which to manage the risks associated with carrying out clinical and care procedures that relate to the child or young person, the worker and the organisation.

1.4 Children and young people may present with a range of needs, some of which will require clinical and care interventions. The skills required to meet these needs may:

- Be routine and easily obtained - Level 1 tasks as described in section 8.1
- Require training from health professionals -Level 2 tasks as described in section 8.2
- Only be carried out by trained health professionals as they are complex clinical procedures - Level 3 tasks as described in section 8.3

2. Background

2.1 The protocol should be considered along with local and national policies, guidance and initiatives relating to children and young people.

2.2 The protocol is based on the Department of Education guidance document “Supporting pupils at school with medical conditions” December 2015

3. Local Context

3.1 This protocol seeks to address challenges identified locally about staff, other than health professionals, in settings undertaking clinical and care tasks to meet the health and / or care needs of children and young people. The protocol aims to assist in clarifying roles and responsibilities to ensure that the health and / or care needs of children who require clinical and care interventions are safely met.

3.2 The Milton Keynes Local Offer provides guidance on local services for children and young people with special educational needs and disabilities and can be accessed at:

www.milton-keynes.gov.uk/sendlocaloffer

4. Duties

Duties should be undertaken as described in the Department of Education guidance document “Supporting pupils at school with medical conditions” December 2015

5. Roles and responsibilities

Roles and responsibilities should be undertaken as described in the Department of Education guidance document “Supporting pupils at school with medical conditions” December 2015

6. Training

6.1 For staff requiring training to undertake Level 2 tasks as described in section 8.2 please contact your attached health professional and see the process map in Appendix 2.

The health professional will advise on the training required to ensure staff achieve the competencies to undertake the delegated tasks and will also support the development of a care plan

Once an individual has been trained they should manage care by implementation of the agreed care plan and:

- contact trainer / health professional if the child or young persons needs change which may require an amendment to the care plan and / or review of competencies
- contact trainer / health professional when their competency review is due

7. Monitoring and Evaluation

7.1 This protocol should be reviewed bi-annually or earlier if required, by the Special Educational Needs and Disabilities Reforms Project Board

8. Levels of Need

Levels of clinical and care procedures required by children and young people fall broadly into three levels of skill and risk. This list is not exhaustive.

8.1

Level 1 – Routine and easily acquired skills.

Level 1 tasks are routine and easily acquired skills . Parents and carers will already have an understanding of their child's needs and it is important that settings work with parents and carers to ensure this level of care needs are met.

These skills may already have been acquired as parents and workers with children and young people. Most children and young people at some time will require tasks carried out at this level. Advice and support may be required to reassure staff in carrying out this kind of activity. Ongoing training may be required which should be organised and provided by the setting.

Intimate personal care - assisting with cleaning and changing soiled clothing, changing nappies and sanitary wear in order to keep the child clean and comfortable.

Promoting continence – assisting with toileting regimes, ensuring children have access to appropriate toilets, regular drinks etc.

Assisting a child with eating or drinking – Following a simple plan involving environmental, postural and equipment adaptors to provide independence at meal times

Dry/wet wrapping for a child with eczema – a prescribed treatment involving dressings for children with severe eczema

Making up of a routine infant feed – following an instruction as to how much feed and water to mix together.

Moving and handling – assisting a child who may have mobility problems in accordance with local policy

Undertaking a child's physiotherapy programme – following a simple written programme from Physiotherapy

Supporting a child's communication programme – following a written programme from a registered Speech & Language Therapist

Care of a child with epilepsy not requiring emergency medication –this involves measures to ensure the safety of the child during a seizure.

Simple dressings – dressing to skin following a care plan, for example; application of a gauze square with tape including transdermal patches.

8.2

Level 2 - Tasks requiring training from health professionals (usually qualified nurses)

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk.

These are tasks that need to be carried out regularly, require a small amount of time, privacy, some degree of skill and the use of generic equipment. Specific training will be required in accordance with local guidelines. Some of these tasks could be carried out by the child themselves if of an appropriate age and ability.

These tasks have been identified by the Royal College of Nursing as tasks that can be safely delegated. However as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can be delegated.

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube†
- Oral suction with a yanker sucker
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin)
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devices once stoma has been well established for more than 6 months and there have been no problems with the stoma‡.
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam

- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child’s lead medical practitioner i.e. GP or Paediatrician
- Manual Evacuation
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.
- Emergency treatments covered in basic first aid training including airway management
- Assistance with inhalers, cartridges and nebulisers
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Blood Glucose monitoring as agreed by the child’s lead nursing/medical practitioner i.e. GP, Paediatrician or paediatric diabetes nurse specialist
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). 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 learnt.

8.3

Level 3 - More complex clinical procedures

These require more skill and carry a greater degree of risk so can only be carried out by trained health workers.

These tasks have been identified by the Royal College of Nursing as tasks that cannot be safely delegated. However as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can be delegated.

- Re-insertion of nasogastric tube
 - Re-insertion of PEG’s or other gastrostomy tubes
 - 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
 - Medicine not prescribed or included in the care plan
 - Ventilation care for an unstable and unpredictable child
- † Routine tracheostomy changes provide an opportunity for a registered practitioner to assess carer competency while also undertaking an assessment of the tracheostomy site
 - .
 - ‡ The first time replacement must be undertaken by an appropriately qualified nurse or qualified medical practitioner.

Appendix 1

Glossary

Adrenaline - A hormone that has multiple effects on body systems often used to treat anaphylaxis including increasing the heart rate.

Injection- a method of introducing liquid into the body using a needle and syringe

Epilepsy - a group of brain disorders characterised by recurrent episodes of seizures, sensory disturbance, abnormal behaviour, loss of consciousness or all of these.

Diazepam - a sedative drug often used to treat prolonged seizures.

Midazolam - a drug often used to treat prolonged seizures or as a short acting sedative for distressing procedures.

Gastrostomy - artificial opening into the stomach through which a patient/ child can be fed or medicated.

Eczema - A group of skin conditions causing hot, itchy and dry skin, when severe the skin can become raw, broken and infected.

Nebuliser - A device used to deliver medicine directly into the lungs by producing a mist that is breathed in.

Catheter - A tubular flexible surgical device used to withdraw or introduce fluids from or into body cavities.

Suppository – Medication in a form that can be introduced into the rectum.

Enema - Introduction of liquid into the bowel through the rectum.

Oxygen – a gas that can be administered via a face mask or nasal prongs.

Suction – The process of removing excess fluids from all areas of the body using a tube attached to a vacuum.

Oral – relating to the mouth.

Nasal – relating to the nose.

Tracheostomy – Surgical opening into the trachea (windpipe).

Stoma – Surgically created opening in an organ.

Mitrofanoff – a surgical opening from the skin to the bladder

Ace Washout – Bowel washout

Invasive – Involving the insertion of a foreign material into the body.

Non-Invasive – not involving the insertion of foreign material into the body.

Ventilation – The use of a machine to ensure the exchange of O₂ and CO₂ between the lungs and the air.

Diabetes – Disorder of the pancreas which results in altered insulin production which regulates absorption of the amount of sugar in the bloodstream

Dressings – Any material used for covering and protecting a wound or surgically formed opening.

Insulin – Hormone that assists in the regulation of the amount of sugar in the blood. It can be made artificially and used to treat diabetic patients.

Dialysis – A way of removing waste products from the blood and excess fluids from the body when the kidneys have failed.

Nasogastric feeding – Maintaining supplemental nutrition via a thin tube passed down the nose into the stomach.

Controlled Drug – drugs that have been designated as having greater restrictions for prescribing and dispensing by the drug enforcement administration.

Intravenous – Via a vein

Cytotoxic – Poisonous to cells.

Venepuncture – Process of obtaining a sample of blood using a syringe and needle, into the vein

Stridor – noisy breathing

Appendix 2

PROCESS MAP

Child or young person identified as requiring clinical and / or care procedure.



Are the skills needed to undertake the procedure routine and easily acquired? (Level 1)

Yes



Staff should feel competent to complete task. Advice may be required to reassure staff



Is the procedure listed as a Level 2 task?
Is this a procedure that requires training from a health professional?

Yes



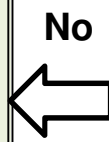
Contact your local Health Professional who will advise on training and ensure competencies achieved, and support in production of care plan



Individual who has been trained should manage implementation of care plan and contact trainer / health professional if any changes requiring amendment to care plan or review of competencies



Individual who has been trained and employer responsible for contacting relevant trainer when competency review is due (usually annually)



The tasks are complex clinical procedures which need to be carried out by trained health professional (Level 3)

Health professional will liaise with specialist services.