

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

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MULTI- AGENCY GUIDANCE

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Supporting Children and Young People with Medical Conditions in Schools

1. Introduction

1.1 This protocol is designed to ensure that all CYP with medical conditions are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential. This includes schools, early years settings, and other settings e.g. holiday play schemes and after school clubs.

The DfE “Supporting pupils at school with medical conditions” Updated 2017 is the working document which should be referred to alongside this protocol. It provides information to schools on the following:

- Developing the school’s policy
- Procedure to be followed when notification is received that a pupil has a medical condition
- Care plans – Individual Health care plans
- Roles and responsibilities
- Staff training and support
- Childs role in managing their own medical needs.
- Managing medicines on school premises
- Record keeping
- Emergency procedures
- Day trips/residential visits and supporting activities
- Unacceptable practice
- Liability & Indemnity
- Complaints

1.2 The focus of this protocol is to:

1.2.1 Demonstrate a local, multi-agency commitment to positively promoting the inclusion of all children with medical needs and improving efficient multiagency working in partnership with children, young people and families.

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

1.2.3 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.

1.3 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 6.1
- Require training from health professionals -Level 2 tasks as described in section 6.2

- Only be carried out by trained health professionals as they are complex clinical procedures - Level 3 tasks as described in section 6.3

2. Background

2.1 The Department of Education guidance document “Supporting pupils at school with medical conditions” revised 2017 clearly outlines both statutory and non-statutory advice. Some CYP with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

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. Roles and responsibilities

Roles and Responsibilities are clearly outlined in the DfE “Supporting Pupils at School with Medical Conditions”

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school’s ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

5. Training

5.1 For staff requiring training to undertake Level 2 tasks as described in section 6.2 please contact your local 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 person's 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

5.2 Individual healthcare plans (IHP)

IHCPs can help to ensure that schools effectively support pupils with *complex* medical conditions. They provide clarity about what needs to be done, when and by whom such as in cases where conditions fluctuate, where there is a high risk that emergency intervention will be needed or where medical conditions are long-term and complex. See Appendix 2 for the process flow chart.

6. Levels of Need

This is based on the Royal College of Nursing "Meeting health needs in educational and other Community settings". 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. See Appendix 3 for process flow map.

6.1

Level 1 – Routine and easily acquired skills.

Level 1 tasks are routine and easily acquired skills. Parents and carers will usually 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.

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.

6.2 Level 2 - Tasks requiring training from health professionals (usually training from a qualified nurse)

Support workers that are delegated specific healthcare responsibilities must have the confidence to undertake this role. It should be underpinned with training and assessment of competence to complete the delegated task. This training and competency sign off will usually be by a qualified nurse.

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. See App 1 for glossary of terms.

- 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 (into the muscle) or subcutaneous (into the skin only). 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/ Vesicostomy
- 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. (The first time replacement must be undertaken by an appropriately qualified nurse or qualified medical practitioner).
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam (though this is now often replaced with buccal Midazolam)
- 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
- 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 and advised by leading Medical professional.
- 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 Team and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.

6.3 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

Appendix 1 - Glossary

Ace Washout – Bowel washout

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

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

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

Cytotoxic – Poisonous to cells.

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

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

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

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

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

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

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

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

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

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.

Intramuscular – The injection of a substance into a muscle

Intravenous – Via a vein

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

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

Mitrofanoff – a surgical opening from the skin to the bladder

Nasal – relating to the nose.

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

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

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

Oral – relating to the mouth.

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

Stoma – Surgically created opening in an organ.

Stridor – noisy breathing

Subcutaneous – situation or applied under the skin

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

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

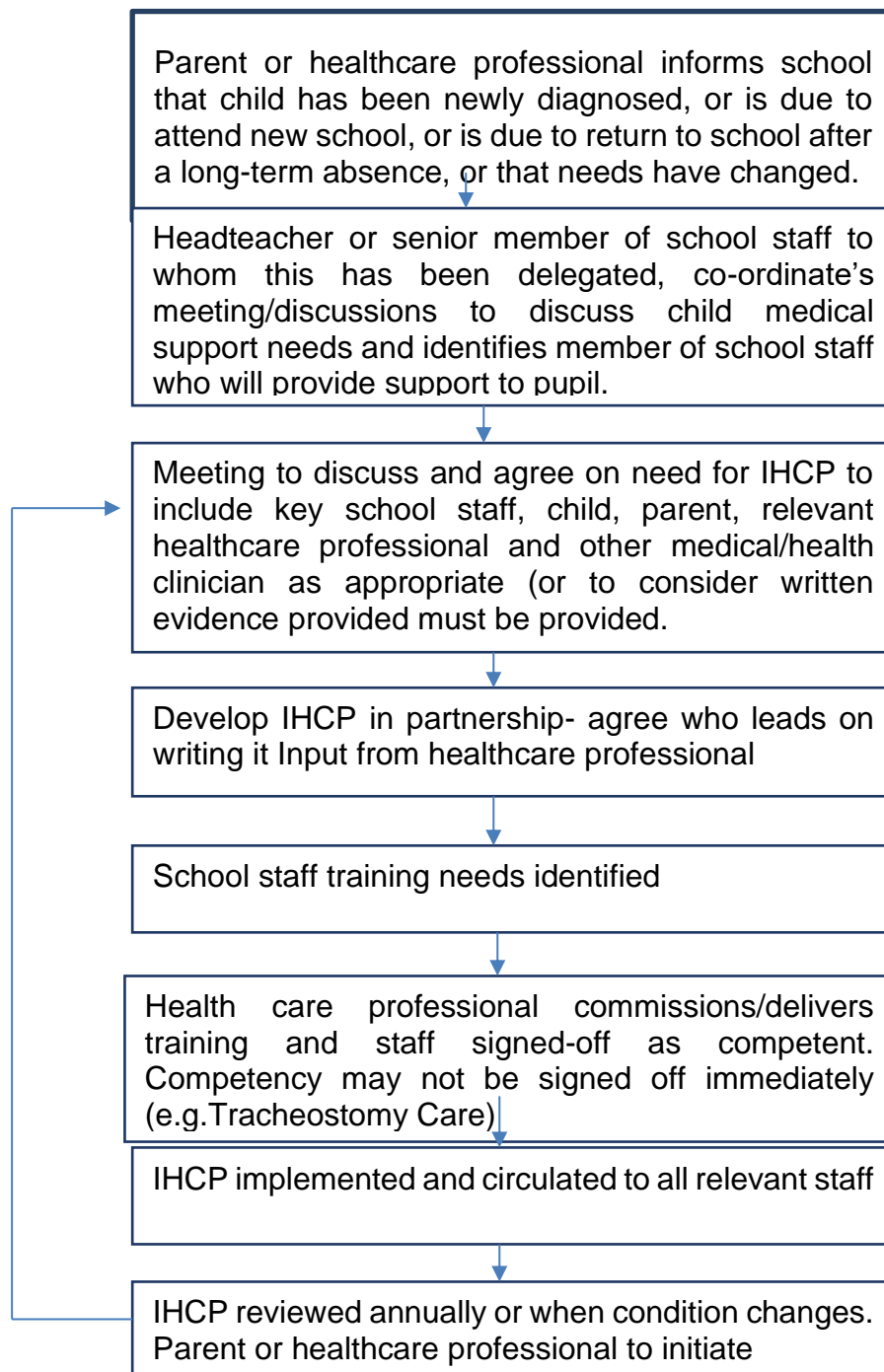
Tracheostomy – Surgical opening into the trachea (windpipe).

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

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

Vesicostomy - a procedure in which a small opening is made in the lower abdomen (usually just below the belly button) to allow urine to drain out from the bladder.

Appendix 2 - Process for developing individual healthcare plans



Appendix 3- Process Map for levels of support

