



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Clinical Commissioning Group

# **Guidance for supporting educational and community settings to meet the needs of children and young people with medical conditions**

**Final Version: 1.0**

**NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical  
Commissioning Group (CCG)**

**NHS BSW CCG**

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<b>Author:</b>	Sally Beckley and Fiona Corless; Designated Clinical Officers
<b>Responsible Owner:</b>	Sharren Pells; Deputy Director of Nursing and Quality
<b>Approving Body:</b>	Quality Performance and Assurance Committee (QPAC)

## Document Control

### Reviewers & Approvals

This document requires the following reviews and approvals.


Name	Position	Version Approved	Date Approved

### Revision History


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### Acknowledgement of External Sources:

List any policies or guidance from external institutions that have been used to inform the writing of this policy.

Title/Author	Institution	Comment / Link
Supporting Pupils with Medical Conditions in School. Statutory Guidance for Governing Bodies of maintained schools and proprietors of academies in England	Department for Education	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf</a>
Special Educational Needs and Disability Code of Practice: 0-25 Years.  Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities	Department for Education  Department of Health	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND Code of Practice January 2015.pdf</a>
Meeting Health Needs in Educational and other Community Settings. A guide for nurses caring for Children and young People	Royal College of Nursing	
Equality Act (2010)		<a href="https://www.gov.uk/guidance/equality-act-2010-guidance">https://www.gov.uk/guidance/equality-act-2010-guidance</a>
Children and Families Act (2014)		<a href="https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf">https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf</a>

### Links or overlaps with other key documents & policies:

Document Title	Version and Issue Date	Link/Document
Children's Continuing Care Policy	V1 Jan 2021	 BSW CCG CCC Policy V1.0.pdf
High Needs Guidance (for each locality)		

**Distribution and Consultation:**

This document has been distributed to the following people for consultation

Name	Date of Issue	Version
Louise Murray Community Paediatrician & Banes Designated Medical Officer	13/10/2020	0.3
Rachel Ward- Head of Service: Care Outcomes Bath & North East Somerset Council	13/10/2020	0.3
Rosemary Collard- Head of inclusion BANES SEND team	13/10/2020	0.3
Rosie Cullis- BANES SEND team manager	13/10/2020	0.3
Nicholas Fortt- BANES Early Years SEND Team	13/10/2020	0.3
Jane Murray- Designated Nurse Safeguarding Children NHS BaNES, Swindon and Wiltshire CCG	13/10/2020	0.3
Lisa Higgins-Virginicare Team Leader Banes CCN team	13/10/2020	0.3
Elaine Stewart	13/10/2020	0.3
Mark Green- Integrated Service Manager Swindon Borough Council	13/10/2020	0.3
Teresa Carter- Community Paediatrician & Swindon Designated Medical Officer, Great Western Hospital	13/10/2020	0.3
Jane Griffiths- Service Manager, Early Help SBC	13/10/2020	0.3
Rachel Costis- Operational Manager 0-19 Public Health Nursing Services SBC	13/10/2020	0.3
Tim Morgan Educational Psychologist Wilts SEND team	13/10/2020	0.3
Gareth Cheal- Interim SEND lead SBC	13/10/2020	0.3
Annette Perrington-Director: Inclusion and Achievement SBC	13/10/2020	0.3
Nigel Pickering-Additional Provision and Reintegration Manager SBC	13/10/2020	0.3
Swindon SEND Families Voice	13/10/2020	0.3
Jo Stoaling- Head Teacher Threeways school Bath	13/10/2020	0.3
Tracy Dunn- Head teacher Fitzmaurice school Bradford on Avon		
Alison Burge- Head of Specialist Services Virginicare	13/10/2020	0.3
Liz Wiltshire- Specialist Community Health Services Manager SBC	13/10/2020	0.3
Nora Ryan- CYP Disability Service Manager Wiltshire	13/10/2020	0.3
Ian Long-	13/10/2020	0.3
Cate Mullen- Head of SEND and Inclusion Wiltshire	13/10/2020	0.3
Jackie Smith-CEO Brunel SEN MAT, CEO Uplands Enterprise Trust	13/10/2020	0.3
Angela Everett- early years team leader Wiltshire SEND	13/10/2020	0.3
Claire Moore- Specialist Advisory Teacher Physical & Medical Wiltshire	13/10/2020	0.3

Anne Gray- Designated Nurse for Looked After Children BSW CCG	13/10/2020	0.3
Lindsey Hull-EOTAS Swindon	13/10/2020	0.3
Wiltshire PCC	13/10/2020	0.3
Chris Jorgensen- Manager SEND Partnership Service BANES	13/10/2020	0.3
Janet Sadler-Professional Lead for School Nursing SBC	13/10/2020	0.3
Wiltshire SENDIASS	13/10/2020	0.3
Jo Godwin- Head of Statutory SEND Service	13/10/2020	0.3
Sallie Derrick- Virgincare School Nurse Threeways school Bath	13/10/2020	0.3
Caroline Critchley- Matron – Children’s Continuing, Complex Care and Outreach Services Swindon	13/10/2020	0.3
Faye Price- Children’s Epilepsy Nurse Royal United Hospital	13/10/2020	0.3
Megan Moore- Children’s Services Project Manager Banes	13/10/2020	0.3
Susan Mulhall- Children’s Epilepsy Nurse Great Western Swindon	13/10/2020	0.3
Caroline Gaulton-Senior Public Health Manager – Maternity, Children and Young People SBC	13/10/2020	0.3
Keith Hamilton- Lead Professional for Sensory Impairment and Physical and Medical Needs Wilts	13/10/2020	0.3
M Champness, A Woodiwiss, E Schmidt Children’s Health Commissioners BSW CCG	13/10/2020	0.3
Sharren Pells- Deputy Director of Nursing and Quality BSW CCG	13/10/2020	0.3
Katherine Oldridge BSW CCG GP clinical lead for children and maternity	10/02/2021	0.3

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Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

## **Freedom of Information**

If requested, this Document may be made available to the public and persons outside the healthcare community as part of NHS BaNES, Swindon and Wiltshire Clinical Commissioning Group's commitment to transparency and compliance with the Freedom of Information Act.

## **Accessibility**

This document can be made available in other styles, formats, sizes, languages and media in order to enable anyone who is interested in its content to have the opportunity to read and understand it.

These alternatives include but are not limited to:

- Alternative languages and dialects

- Larger and smaller print options (font 8 to 18)

- Simplified versions including summaries and translation into symbols

- Audio or read versions

- Web based versions that can be zoomed into or shrunk on screen

- Braille

## Table of Contents

1	Introduction.....	9
2	Background .....	100
3	Local Context.....	100
4	Roles and Responsibilities .....	100
5	Funding.....	122
6	Health Care Plans .....	122
7	Record keeping .....	144
8	Training.....	144
9	Planning for Emergencies .....	155
10	Infection Control .....	155
11	Safeguarding .....	15
12	Insurance and indemnity .....	15
13	Monitoring and Evaluation.....	166
	Appendix A - Levels of Need, responsibilities and support implications .....	177
	Appendix B - Process for developing individual healthcare plans.....	233



# 1 Introduction

This guidance is designed to ensure that children and young people who have health needs are able to have full access to an educational setting, including early years settings, schools and colleges. It provides a framework for a consistent response to the health 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 learning.

Local Authorities and CCGs have duties to work together and make joint arrangements for children with special educational needs and disability. BaNES, Swindon and Wiltshire local authorities and BSW CCG are committed to pursuing a policy of inclusive education with no one being unnecessarily denied access to school or other educational activities simply by virtue of having a medical condition. The Designated Clinical Officer (DCO) will work in liaison with the CCG and local authorities to support joint processes.

The aim of this guidance is to:

- 1.1 Provide a framework for a consistent response to the health 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 learning.
- 1.2 Improve multi-agency working in partnership with children, young people and families.
- 1.3 Ensure that children and young people living in BSW who have medical needs, are able to have their needs met and access a range of settings within the community. This includes; early years settings, schools, colleges (including post 16 provision) and other locations e.g. holiday play schemes and after school clubs.
- 1.4 Clarify for all stakeholders, including parents/carers and children and young people what they can expect to be provided and by whom.
- 1.5 Provide a framework 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.

## 2 Background

The guidance is based on principles from:

- 2.1 **Supporting pupils at school with medical conditions.**  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)
- 2.2 **Meeting health needs in educational and other community settings.** Royal College of Nursing guidance 2018 <https://www.rcn.org.uk/professional-development/publications/pdf-006634>
- 2.3 **Equality Act (2010)** <https://www.gov.uk/guidance/equality-act-2010-guidance>
- 2.4 **Children and Families Act (2014)**  
[https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)

## 3 Local Context

- 3.1 Each service and setting must have their own policies and documents in place to support statutory responsibilities and to ensure that these meet the needs of children and young people with medical needs.
- 3.2 Each area has their own Local Offer to provide information on local services for children, young people and families these can be found:
  - 3.2.1 BaNES: <https://livewell.bathnes.gov.uk/special-educational-need-or-disability-send>
  - 3.2.2 Swindon: <https://localoffer.swindon.gov.uk/home>
  - 3.2.3 Wiltshire: <http://www.wiltshire.gov.uk/local-offer>

## 4 Roles and Responsibilities

Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in guidance document “Supporting pupils at school with medical conditions” and the Royal College of Nursing (2018) document “Meeting Health Needs in Educational and other Community Settings”.

#### 4.1 **Parents/Carers**

Parents/Carers should ensure that the setting is provided with sufficient, relevant, and up to date information about their child's medical needs. This should include details of any health professionals who are involved with their child. They should maintain effective communication with the setting to identify any changes in the child or young person's condition and participate in the regular review and update of their child's individual health care plan.

#### 4.2 **Children and Young Person**

Children and young people (CYP) with medical needs should be included in meetings and have opportunity to express their thoughts and feelings. They should be encouraged to provide their consent for each identified health or care procedure / intervention when appropriate to do so.

#### 4.3 **Governing bodies and educational setting staff members**

Governing bodies, proprietors, trustees of all types of educational settings are legally responsible under section 100 of the Children and Families Act (2014) to make arrangements for support to pupils with medical conditions. Each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet needs of the CYP, ensuring that it is not the responsibility of just one member of staff to carry out medical procedures. Policies should identify collaborative working arrangements between school staff, parents, CYP, health care professionals and local authorities. Settings must undertake risk assessments for setting environment, visits, holidays and any other activity e.g. PE or other sporting activities.

Individual health care plans or school health action plans should be drawn up to capture how to support individual CYP. These plans should be reviewed at least annually or at any time when needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the CYP is unwell at school.

Any staff member who is involved in caring for the CYP must have access to the healthcare plan and have received sufficient training to deliver the care required. Staff should have an understanding of specific conditions they are being asked to deal with. Staff should request further training if they do not feel they have sufficient skills to deliver the care required (Health and safety at work act 1974). All school staff should undertake basic awareness training with annual updates as specified in the settings Health and Safety policy, this is likely to include asthma, allergy and first aid awareness. Local arrangements will need to be described in each setting's administration of medication/medical needs policy.

#### 4.4 **Healthcare professionals**

Healthcare professionals will ensure that settings are notified and updated about a child's medical needs and ensure the setting has access to all relevant information required to safely care for that child or young person. They are responsible for supporting settings to produce Individual Health Care Plans (IHCP). Depending on a child's diagnosis and medical needs this may involve contributions from a range of health care professionals. They should also monitor the accuracy and impact of the Health Care Plan and update it at least annually (or more frequently if needs change).

*NB; The range of health professionals that may be involved with any given child is vast so this document will not prescribe which professional will undertake this role but that this will be dependent on who is the most appropriate health professional involved with the child's care.*

#### 4.5 **Local Authority and CCG Education and Statutory SEND Services**

The local authorities and the CCG must make joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the educational setting for medical reasons.

### 5 **Funding**

For the vast majority of children their medical needs will only require a minimal level of additional support, this is likely to fall within either reasonable adjustments or in the notional funding for SEND allocated to schools to support inclusion. For Early Years settings the majority of medical needs will be met within the setting's reasonable adjustments and adult to child ratios. Inclusion support funding is available where children's medical needs are impacting on their education. Where the individual has needs that qualify for children and young people continuing care, the CCG will liaise with the LA to consider jointly commissioning support to meet health needs in tier 3.

### 6 **Health Care Plans**

- 6.1 An individual **School/setting Health Care Action Plan** is required when a child or young person is identified as needing the administration of a specific prescribed medication, management or monitoring of a health condition or delivery of a health or care intervention whilst in attendance at the setting, and which is not covered under one of the setting's generic policies. Such plan is normally agreed between the educational setting and the parents. In some cases healthcare professionals might be asked to contribute to such plans.

6.2 An individual **Healthcare Plan** (IHCP) is a plan drawn up by the setting in conjunction with relevant health professionals and signed off by a health professional. They will provide advice, support and training to ensure that educational staff are competent to carry out healthcare tasks. The competency will be signed off and monitored by the relevant healthcare professional at intervals decided locally with the setting and healthcare provider. CYP and their families should be fully involved in this process.

<ul style="list-style-type: none"> <li>• <b>School/setting Healthcare Action plan</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Healthcare Plans</b></li> </ul>
<p>School/setting Health care action plans are normally (but not exclusively) related to Level 1 needs set out in Appendix A.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of how CYPs needs may impact on attending setting</li> <li>• How to support the CYP in a particular setting including activities such as PE or off site activities.</li> <li>• Identifies what training staff require and how this is accessed</li> <li>• Risk assessment of how needs can be managed in setting</li> <li>• Parental/child agreement to care</li> <li>• Review arrangements</li> </ul>	<p>Health care plan is normally (but not exclusively) related to level 2 needs set out in Appendix A.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of the child’s individual needs and how these may impact on the child, what they can do for themselves.</li> <li>• Level of support needed for routine daily care</li> <li>• Details of any medication needed, storage and disposal of medication, dose, method of administration</li> <li>• Clinical procedures which need to be carried out, by whom, when and how</li> <li>• Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care</li> <li>• What training is required and how this will be provided including assessment of competence</li> <li>• Any additional medical information required to keep the child safe within the setting</li> <li>• Description of what constitutes an emergency and what action should be taken</li> </ul>

	<ul style="list-style-type: none"> <li>• Parental/child agreement to care plan</li> <li>• Should include a review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be documented.</li> <li>• Healthcare professional sign off of the plan including any support staff competency.</li> </ul>
<p><b>Points to consider when writing plans</b></p>	
<p><b>Confidentiality</b> The health care plan should only contain relevant information</p> <p>The views of the child should be sought to establish what information they want to be shared with staff and potentially other pupils to keep them safe.</p> <p>Some health conditions are not expected to change, so in some instances IHCP will not routinely be updated by health professionals on an annual basis, but settings must still check with families that the plan is still the most up to date recommendations from health providers.</p> <p>It is the responsibility of settings to support transitions to other settings by sharing IHCP</p> <p>All IHCPs should be stored and shared in line with data protection guidance.</p>	

## 7 Record keeping

All medication and procedures that are delivered should be clearly documented in accordance with the settings medication policy and the council's health and safety guidance for educational settings. Records should be updated contemporaneously i.e. documented immediately after the event.

## 8 Training

8.1 Settings will be supported by the child or young person's Health Professionals to identify and advise on the training required by the setting to ensure staff achieve the agreed competencies in line with evidence based best practice. In most cases the Health Professional will either be able to deliver the training themselves, assess staff competencies and support the development of an Individual Health Care Plan.

- 8.2 Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and/or care interventions for the individual child or young person.
- 8.3 Setting Staff will have the contact details of the Health Professional who completed their training, should they need to request further training or support, including advice if the child or young person's needs change.
- 8.4 Staff competencies should be reviewed annually or sooner if there are changes to the child or young person's health needs.
- 8.5 Settings are expected to have staff that are trained to meet the needs of the children in their care. The minimum requirement is; First Aid, Basic Life Support (BLS) and Anaphylaxis - Establish that all first aid training companies used across the area are providing training in the use of all 3 Adrenaline Auto-Injectors, Asthma and epilepsy awareness.

## **9 Planning for Emergencies**

There needs to be clear policies and procedures in place for the benefit of setting staff and parents / carers about what should happen in the case of a medical emergency. This needs to include details of contacting both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

## **10 Infection Control**

Setting will need to follow their own organisation's infection prevention and control procedures and can seek support with this from healthcare professionals for any specific individual advice required.

## **11 Safeguarding**

All settings and staff providing a service for children 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 are vulnerable. All staff must follow multi-agency safeguarding procedures, including situations where there are concerns about placing children at risk of harm.

## **12 Insurance and indemnity**

Educational settings need to ensure they have an appropriate level of indemnity insurance to cover for both organizational and individual accountability as described in the Health and safety policy.

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

### **13 Monitoring and Evaluation**

This guidance should be reviewed on a yearly basis, or sooner if there are significant changes to local or national policy, or if it is deemed that the guidance no longer demonstrates evidence based best practice.



## **Appendix A - Levels of Need, responsibilities and support implications**

Children and young people may present with a range of needs. Levels of health and/or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

The tiers described below are developed from;  
Meeting health needs in educational and other community settings. Royal College of Nursing guidance 2018 <https://www.rcn.org.uk/professional-development/publications/pdf-006634>

It should be noted that this list is not exhaustive, and the Designated Clinical Officer will be able to offer advice and support to settings should an intervention not be listed below.

	<b>Level 1 - Routine and Easily Acquired Skills</b>	<b>Level 2 - Tasks Requiring Training from a Health Professional</b>	<b>Level 3 – More complex clinical procedure</b>
<b>Tasks</b>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>• Making up of a routine infant feed following instructions as to how much feed and water to mix together.</li> <li>• Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times.</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear</li> <li>• Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc</li> <li>• Moving and handling; assisting a child who may have mobility problems in</li> </ul>	<p><b>Feeding and medication</b></p> <ul style="list-style-type: none"> <li>• Stoma care including maintenance of patency of a stoma in an emergency situation</li> <li>• Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan</li> <li>• Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump</li> <li>• 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 Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis.</li> <li>• Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g. rectal diazepam.</li> <li>• Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered,</li> </ul>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>• Re-insertion of a Nasogastric or Gastrostomy Tube</li> <li>• Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation</li> <li>• Intravenous administration of medication</li> <li>• Programming of syringe drivers</li> <li>• Administration of prescribed Medication not documented in the child's Individual Health Care Plan</li> </ul> <p><b>Personal care, toileting and manual handling</b></p> <ul style="list-style-type: none"> <li>• Re-insertion of permanent urethral or supra-pubic indwelling catheters</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachae)</li> <li>• Ventilation care for an unstable</li> </ul>

	<p>accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist</p> <ul style="list-style-type: none"> <li>• Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema</li> <li>• Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy</li> <li>• Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy</li> </ul>	<p>permitted on a named child basis as agreed by the child's lead medical practitioner e.g, Community Paediatrician or Consultant Neurologist</p> <ul style="list-style-type: none"> <li>• Emergency administration of 'rescue medication' such as Buccal or Intra-nasal Midazolam for seizures, and Hypo stop or GlucoGel for the management of low blood sugars in Diabetes</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Intermittent Catheterisation and routine catheter care for both urethral and supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder)</li> <li>• Routine Tracheostomy care including suction using a suction catheter</li> <li>• Emergency change of a tracheostomy tube</li> <li>• Oral suction of the mouth</li> <li>• Emergency interventions which would be deemed as basic first aid and includes airway management</li> <li>• Assistance with prescribed</li> </ul>	<p>and unpredictable child</p> <p><b>Other support and interventions</b></p>
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	<ul style="list-style-type: none"> <li>Administering oral medicine in accordance with local policy to include over the counter medication (e.g Paracetamol)</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>Supporting a child's communication program by following a written plan prepared by a Qualified Speech &amp; Language Therapist</li> <li>Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure</li> <li>Simple dressings applied to the skin following a written care plan, for example; application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch.</li> </ul>	<p>oxygen administration including oxygen saturation monitoring where required</p> <ul style="list-style-type: none"> <li>Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). 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.</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g. Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan</li> </ul>	
<p><b>Documentation Process</b></p>	<p>School/ educational setting records Medical reports</p>	<p>Individual Health Care Plan School / educational setting Records Medical Reports</p>	<p>Individual Health Care Plan School / educational setting Records Medical Reports</p>

	Care/action plan is agreed between school and parents and child/young person with medical input where required	Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process	Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process
<b>Responsibilities</b>	Educational setting staff are able to fully support child or young person. Relevant medical/healthcare professional to provide advice and support.	Educational setting staff able to fully support child or young person but only with relevant medical/healthcare professional's advice, training, support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan .	Suitably qualified Healthcare professional
<b>Funding implications</b>	Education – all needs are met within the universally available resources  Health – all needs are met within commissioned services	Education <ul style="list-style-type: none"> <li>• In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support up to the value of £6K. This support has to be specified in the Individual Health Care Plan.</li> <li>• If support outlined in the Health Care Plan is above what would be reasonably expected of the educational setting, an application for a HN top up should be made (Appendix C). Individual requests will be considered jointly by the LA and the DCO on case by case basis</li> </ul>	Health – support fully provided by health commissioned service

		<p>Health</p> <ul style="list-style-type: none"><li>• Relevant professional will provide advice, support and training to ensure that educational staff are competent to carry out health care tasks (sign off the competency should be recorded). Additional or update training might have to be provided.</li><li>• Individual Health Care plan will be signed off by the relevant medical professional</li><li>• Healthcare professional will be involved in all reviews of the Health care plan</li><li>• In some cases specialist equipment will be provided</li><li>• In a few, very complex cases, there might be a need to agree joint health and education funding</li></ul>	
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## Appendix B - Process for developing individual healthcare plans

