

Supporting Pupils with Medical Conditions in Special Schools
Ensuring that Special Educational Needs Schools meet the
requirements of the Statutory Guidance

Approved by the Full Governing Body on 21st June 2023

Signature: (Chair of Governors) 

Signature: (Headteacher) 



Supporting Pupils with Medical Conditions in Special Schools

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1. Introduction

The over-arching purpose of this policy, the accompanying guidance and protocols, is to ensure that children and young people who have health and/or care needs and who attend Special Education Needs Schools within Lancashire are supported to participate as fully as possible in all aspects of school life. This will be demonstrated through a consistent county-wide approach across educational settings and education-related activities.

This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration and storage of medications, in order that pupils are able to play a full and active role in all aspects of school life.

This policy also applies to school trips, educational visits and residential and extended school activities and aims to ensure that pupils remain healthy to help them to achieve their academic potential.

Our Principles

- 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
- Clarify roles, responsibilities and accountability in enabling children and young people with health and/or care needs to be fully included within Special Education Needs Schools
- Clarify what can be expected within a school setting for parents/carers and children and young people
- Provide a framework to use that can manage the risks associated with carrying out clinical and care procedures that relate to the child or young person, the professional and the organisation

2. Background

The Lancashire policy is intended to be a supplementary non-statutory guidance document to the Department of Education guidance published in 2014 and updated in 2017. The guidance "Supporting Pupils and School with Medical Conditions" provides support and advice for local authorities, special schools and the wider children's workforce to fulfil their statutory obligations. This policy brings together a range of statutory and non-statutory recommendations to best meet the needs of children and young people who require support to manage their medical conditions. This includes appropriately trained staff to undertake a range of interventions to ensure that children and young people thrive at school.

The first phase of policy implementation will focus on Special School provision and following monitoring and feedback, will be rolled out across all schools in Lancashire.



3. Local Context and Partnership Approach

This policy has been informed through a dedicated partnership approach to ensure that all relevant Children's Services can contribute effectively to the design and delivery of the policy. A Task and Finish Group has been established with representatives from Lancashire County Council, NHS Clinical Commissioning Groups (now Lancashire and South Cumbria Integrated Care Board) and NHS provider organisations and educational settings, including representatives from Blackpool, South Cumbria and Blackburn with Darwen Local Authorities. There is a multi-agency commitment to ensuring that the policy is easy to understand and apply to settings to ensure that children and young people are fully supported by the right people, with the right training and confidence to ensure they thrive at school.

The Task and Finish group will maintain oversight of the policy and learning will be shared regularly to ensure best practice for all settings.

How partners work together to promote the welfare of children and young people will be informed and supported by the updated Working Together Guidance 2018 (updated 2020). Further information can be found in Appendix 1.

4. Legislation

There is a wide range of legislative information relating to this policy contained within the Department of Education Guidance which is both statutory and non-statutory.

A strong emphasis of the guidance is that the policy should support 'appropriate authorities' i.e., Governing Bodies of maintained Schools, Proprietors of Academies and Management Committees of Short Stay Schools to fulfil their statutory duties to make appropriate arrangements to support pupils at school with medical conditions, as stated in Section 100 of the Children and Families Act 2014.

This policy should be considered alongside the SEND Code of Practice to ensure all the needs of children and young people are met.

For further information, please follow the link; [SEND Code of Practice 0- 25](#)

For specific information relating to guidance documents and statutory legislation, please see Appendix 1. This includes the Department of Education guidance document '*Supporting Pupils at School with Medical Conditions*' April 2017.

This policy demonstrates a local multi-agency commitment to positively promoting the inclusion of all pupils with medical conditions within their Special School. 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 cooperatively with other agencies; this policy will identify collaborative working arrangements to meet need and address areas of clarification and development as they arise. What is most important is to ensure that staff are fully



trained and supported to deliver appropriate support and that these responsibilities are consistent across Lancashire.

This policy clearly identifies the roles and responsibilities of all partners involved in carrying out support arrangements to be undertaken, as described in the Department of Education guidance document, "*Supporting Pupils and School with Medical Conditions*".

5. Roles and Responsibilities

5.1. Governing Bodies, Trustees and Management Committees

Governing Bodies, Trustees and Management Committees should:

- Ensure that it is clear how this policy will be implemented effectively to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- Identify a named person who has overall responsibility for this policy implementation and for ensuring that it is reviewed and updated regularly
- Identify a named person to ensure that sufficient staff have received suitable training by a qualified NHS trainer to a standard where they are competent before they take on the responsibility to support children with medical conditions
- Ensure that an appropriate amount of time is provided so staff receive training
- Ensure that an internal protocol is in place to review IHCPs at least annually or earlier, if evidence is presented that the pupil's needs have changed

5.2 School Headteacher/ Principal

There are varying requirements that Headteachers and Principals should be able to undertake, all of which are listed below. However, it must be clear, that Headteachers/ Principals are not medically trained staff. They can seek the best information, advice and guidance from a range of suitably trained medical staff to ensure that pupils are supported by professionals with the expertise required to access education and thrive within the setting.

School Principals and Headteachers must:

- Ensure that all staff are aware of this policy and accompanying procedures and understand their role in its implementation; this policy clearly identifies the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions
- Ensure that all staff who need to know are aware of the pupil's medical condition and needs
- Plan to have sufficient trained numbers of staff who are available to deliver against individual healthcare plans



- Ensure that a Critical Incident Policy is shared with relevant stakeholders, including Teaching/ Support Staff and Medical Professionals
- Undertake a dynamic risk assessment when necessary and share information lawfully with stakeholders as appropriate

Please be aware that incidents may occur due to the child's medical condition and require specialist support. However, an incident could also take place that is not related to a medical condition but may be exacerbated by the existing health/ medical needs. In all cases, an accident/incident report form, accessible via the [Intranet](#) or [Schools Portal](#), must be completed.

Please note, this form is only available to schools that buy into the Health and Safety Service Level Agreement. Schools that do not buy into the Health and Safety SLA should follow their own accident/incident reporting procedure or contact their own health and safety professionals for advice.

It is acknowledged that it is not always practical to complete an LCC Accident/Incident Report Form for every minor accident/incident. In these situations, it is acceptable to retain a low-level accident/incident log sheet or a first aid treatment form, or something similar in which to record incidents. These records should be monitored on a regular basis to identify trends, inform employees and update relevant medical professionals and risk assessments as necessary.

For further information on accident/incident reporting, please follow the appropriate link: [Intranet](#) or [Schools Portal](#)

School Headteachers and Principals must also:

- Ensure that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements
- Ensure the schools' notification procedure is followed when information about a child's medical needs is received
- Ensure that individual healthcare plans are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person
- Ensure individual healthcare plans are monitored and are subject to review, at least annually, or sooner if needs change
- Ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion
- Ensure risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations
- Ensure risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations



- Ensure that adequate and appropriate insurance is in place. This can be sourced through LCC
- Ensure that staff are clear about the procedures to be followed whenever a school is notified that a pupil has a medical condition
- Ensure parents/carers provide full and up to date information about their child's medical needs by completing the schools 'Parent/Carer Information about a Child's Medical Condition' form
- Decide, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form on a case-by-case basis, whether any medication or medical intervention will be administered, following consultation with appropriately trained medical staff.
- Decide, on receipt of a 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention the following:
 - On a case-by-case basis, whether any medication will be carried by the child
 - Will be self-administered by the child if appropriate and in agreement with parents/ school staff/ medical professionals

If it is agreed that a Pupil will Self- Administer, consideration must be given to the type of medication. For any controlled drugs, please refer to the controlled drugs section at 7.4.
- Contact the School Nursing Service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

5.3 School Staff Responsibilities

Any member of school staff:

- Through discussions between the Headteacher, and relevant member of staff, a staff member may be asked to provide support to pupils with medical conditions, including the administration of medication

All staff must receive sufficient and suitable training (and appropriate refresher training) from professionals identified by the health provider and demonstrate that they possess the necessary level of competency and confidence before they undertake any activity relating to supporting an individual in managing their medical condition. This training must be arranged and coordinated by the school and training should be kept up to date. Training records must be always up to date and accessible.

Any member of school staff (continued)

- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Should raise any follow up to training issues with the relevant trainer and also inform the Headteacher



- The roles and responsibilities of staff will be clearly recorded and agreed in the pupil's individual health and care plans.

5.4 Child's/Pupil's role in managing their own Medical Needs

Pupils with medical conditions should:

- Where possible, be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan
- After discussion with parents/carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and medical interventions. This should be regularly reviewed by healthcare professionals to ensure that young people remain competent. Any changes should be appropriately explained, and young people should fully understand changes made
- Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily
- Pupils who can take their medicines themselves or manage procedures may still require an appropriate level of supervision
- Where it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them
- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered

5.5 Parents, Families and Carers

Parents, Families and Carers should:

- Provide the school with sufficient and up to date information about their child's medical needs
- Attend meetings to develop and review of their child's individual healthcare plan
- Carry out any action that they have agreed to as part of the implementation of the individual healthcare plan (e.g., providing medicines/equipment and ensuring that they or another **nominated adult are contactable at all times**)
Parents should be compliant with the safe administration of medication guidance e.g., ensuring that medication is sent in correctly labelled, in date and without a broken seal. In cases where there is a large amount of medication/ medical kit, schools should include in their signed Parent/ Carer Information Forms;
 - a. That to the best of their knowledge, parents have checked that seals/ kit are intact
 - b. All medication is appropriately listed by type, quantity



- Parents should ensure that all medications are handed over safely and within the schools agreed protocol. In all cases, parents must sign confirmation of what medication has been shared with school. Further details can be found at section 7

Pupil Information - Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'a Parent/Carer Information about a Child's Medical Condition'; Form title can be adapted to meet the needs of the setting.

For guidance about the information that must be included on the Parent/ Carer Information form, please refer to the template document provided by the DfE. Schools can amend as they require to ensure all the information they require is included.

Details of pupil's medical conditions and associated support needed at school, including;

- Medicine(s), including any side effects (where known)
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g., dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

5.6 Special School Nursing Service

The Special School Nursing Service facilitates ongoing care and management of children with disabilities within the special school setting. The service establishes the health needs of individual children in schools and supports parents and educational staff to meet these needs to promote the best outcomes for children and young people. The service enables children and young people with additional needs and complex health needs to receive care and support in school from those who know them best in a competent and timely manner, i.e., the right person, right place, right time. This is expected to complement Universal provision but not be part of Universal delivery. Universal provision is provided by a different team of nursing professionals.

Objectives;

- To provide specialist health advice, support and coordination and, where indicated, health care delivery, to ensure the health needs are met for children, young people and families with complex and additional health needs registered at schools in Lancashire. The service will also provide advice, consultancy and support to those children and families outside term time to support school readiness



- To carry out sound clinical decision making and clinical interventions when indicated and appropriate in line with the service requirements and the health care professionals' scope of professional practice and competence
- To work seamlessly with other health providers to ensure that the health needs of those children and young people are met by delivering 'the right care by the right person, the right place at the right time'
- To deliver training to and ensure competency of identified school- based staff to support with delivery of interventions as detailed in the child's care plan
- To align to the Healthy Child Programme in promoting good health, wellbeing and resilience
- To complement the work of Universal provision in their delivery of the Universal Partnership Plus as outlined within the Healthy Child Programme.

Special School Nursing Services/ function have a range of responsibilities outlined below:

- Attendance at school admissions meetings to ensure all pupils with an identified medical condition who require support in school are highlighted and supported as soon as possible
- Where already known to school nursing services, are responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school; wherever possible, this should be done before the pupil starts at the school
- Should have oversight to ensure that a school is taking appropriate steps to support pupils with medical conditions,
- Will support staff in implementing a pupil's Individual Healthcare Plan and provider advice and liaison, e.g., on training
- Can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs
- Provide emotional support following training or in the event of a serious and unexpected medical intervention

5.7 Other Healthcare Professionals

Other healthcare professionals (e.g., Occupational therapists, physiotherapists, dieticians, GPs and paediatricians etc):

- Should immediately notify the school nurse when a pupil has been identified as having a medical condition that will require support at school
- Will provide advice on developing individual healthcare plans
- Specialist local health teams will provide support for schools for pupils with conditions (e.g., asthma, diabetes, epilepsy).



5.8 Providers of Health Services

Providers of health services should:

- Cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals (e.g., specialist and children's community nurses) as well as participating in locally developed outreach and training and providing support, information, advice, and guidance to schools.

It is accepted that Local Authorities and Integrated Care Boards (ICB) must make joint commissioning arrangements between education, health and care provision for children and young people with SEND.

5.9 Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies.

Local Authorities have responsibility for commissioning public health services for school-aged children including school nursing; this does not include clinical support for pupils in schools who have long-term conditions and disabilities, which remains an ICB commissioning responsibility.

Under Section 10 of the Children Act 2004, Local Authorities have a duty to promote co-operation between relevant partners (e.g., governing bodies, ICBs and NHS England) with a view to improving the wellbeing of pupils with regard to their physical and mental health, education, training and recreation.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within the individual healthcare plans can be delivered effectively.

Local Authorities should support all stakeholders to comply with the policies and, provide appropriate and clear contractual guidelines.

Local authorities should work with schools to support pupils with medical conditions to attend full-time.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).



5.10 Integrated Care Boards

Integrated Care Boards (ICBs) commission other healthcare professionals such as specialist nurses and should ensure that commissioning is responsive to the children's needs and that health services are able to cooperate with schools supporting pupils with medical conditions.

ICBs have a duty to cooperate under Section 10 of the Children Act 2004 and **MUST** make joint commissioning arrangements for education, health and care provision for children and young people with SEND.

ICBs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health service in providing support and advice.

ICBs have commissioning responsibility for clinical support for children in schools who have long-term conditions and disabilities. Pupils in special schools may need care which falls outside the remit of Local Authority commissioned school nurses, e.g., gastrostomy and tracheostomy care or postural support.

ICBs should ensure that their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.



6. Levels of Intervention

In addition to the roles and responsibilities detailed above, it is essential that the following levels of intervention are understood by School Staff and applied in the setting to ensure that pupils receive support from the most appropriately trained professional.

Setting out the levels below, based on national guidance demonstrates what activities should be undertaken and where specialist support should be provided.

As stated above, there is a Special School Nursing Service/ function commitment to ensure that children and young people are supported by the right person, at the right time, in the right place. The activities/ tasks have been split into three levels of intervention- universal, targeted and specialist.

6.1 Universal

Universal tasks are routine and easily acquired skills. Parents and carers will already understand 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 by an appropriate medical professional and recorded accordingly.

It must be acknowledged that this isn't an exhaustive list and there are a range of additional universal tasks that can also be undertaken, based on the needs of child

At all times, professionals supporting pupils, must consider their mental health and wellbeing.

- Administering basic over the counter medication when agreed by Headteacher, for example, Calpol
- Using an asthma inhaler
- 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 mealtimes
- 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



- Supporting a child's physiotherapy programme – following a simple written programme from Physiotherapy. For pupils with more complex needs that require intensive physiotherapy support, staff may require additional training and monitoring. This should be based on the needs of the child and reflected in their plan.
- 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
- Applying basic first aid, including the use of defibrillators

6.2 Targeted

Any tasks delegated to staff must be routinely checked. All training must be reviewed periodically by a suitably qualified professional. Schools should keep their own records and be able to produce this information if required.

Tasks requiring training from health professionals will usually be delivered by qualified nurses at a Grade 5 or above with relevant nursing competency and experience.

The following advisory list of interventions 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 they are at 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 and cannot be delegated.

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Management of Tracheostomy care including suction using a suction catheter, and unplanned tracheostomy changes in line with the child's risk assessment and emergency plan within the child's care plan
- Oral suction with a yankauer sucker. Oral suction is determined as a targeted activity only in cases where oral secretions are being removed in the mouth. This does not relate to deep suction.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices 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 at various times of the day. 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)

- Administration of adrenaline auto- injectors
- Catheterisation- including Mitrofanoff and Supra Pubic (see footnote for further details)¹
- Care of Mitrofanoff- intermittent catheterisation where the bladder is re- directed through a hole in the abdomen. (See footnote for further details)
- 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 (see footnote for further details)²
- Inserting rescue medication using a pre-packaged dose of a prescribed medicine, for example, rectal diazepam. (See footnote for further details)³

¹ Training relating to catheterisation can be given with an aseptic, non-touch technique. A care plan will be in place. Depending on the needs of an individual, the child can sometimes be self-educated to perform this task themselves

Urethral intermittent catheterisation

Urethral intermittent catheterisation is the process whereby the catheter is inserted into the bladder at specified times during the day and bladder emptied as per a child's care plan.

An indwelling catheter is the process whereby the catheter is inserted into the bladder by a health professional. School staff are trained to provide care for the catheter, for example, emptying of the drainage bag and recording output where required as per the child's care plan.

Mitrofanoff and supra pubic – as per intermittent, catheter inserted via the stoma

² A stoma is an opening and could be a colostomy stoma, ileostomy stoma or gastrostomy stoma. It is understood that if the button does come out, there is a limited time to re-insert so often must be performed by school.

For gastrostomy stoma, if the device becomes dislodged or comes away, the device must be reinserted by the school nurse, if on- site. If this is not possible, the parent or member of the commissioned feeding company support team should be called.

Enplugs are designed for emergency use to keep stoma from closing when a gastro jejunostomy device has fallen out. These can be inserted to prevent the stoma from closing and prevent an unnecessary hospital admission. They are safe and low risk to use and would be part of a CYP care plan when in school.

Child specific emergency plans will be outlined in the care plan.

³ There are a very small number of children with complex seizures that would require rectal diazepam or paraldehyde. In such cases, the first point of medication would be a pre- mixed dose of diazepam, followed by a pre- mixed dose of paraldehyde, only if required. They are both administered in the same way and paraldehyde should always be administered as the second line of treatment. An individual risk assessment should be undertaken in all cases.



- 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- Please note, this only relates to pupils who are usually have a stable respiratory system
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required. Please note, this task only relates to intermittent monitoring of oxygen saturation, not all- day monitoring which is listed under Specialist tasks.
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e., GP, Paediatrician, or paediatric diabetes nurse specialist. Pump, diet monitoring and impact on glucose levels are the only tasks relating to diabetic children under 'universal' tasks. School staff do not site needles

Resource for additional delegated tasks

Through the extensive consultation undertaken as part of this policy development, unplanned tracheostomy changes and intermittent urethral catheterisation were identified and considered to require a higher level of intervention. They are not deemed to be of a level where a registered nurse is necessary to deliver the intervention and it was recognised that school staff may be best placed to provide the intervention, given that they have a relationship with the child and are in the setting. However, it is recognised that as a result of the level of responsibility, risk and in terms of intermittent urethral catheterisation the personal and invasive nature of the intervention, additional resource to secure staff undertaking these roles is required.

Further discussions are taking place around this issue to consider potential solutions in recognising the additional pressure these interventions place on schools. This includes how schools may be provided with additional resources by health partners to manage more complex interventions.

Until resolved, however, current arrangements will continue and, in all cases, relating to tracheostomies, risk assessments must be undertaken and recorded as part of local arrangements.

6.3 Specialist- More complex clinical procedures

These activities 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 interventions is subject to change, guidance should be sought from the relevant health care professional who will be

Rescue medication such as Rectal Paraldehyde which is not pre-packaged and has to be prepared can only be permitted on a named child basis as agreed by the child's lead medical practitioner i.e., GP or Paediatrician



providing the training regarding the current procedures which can and cannot be delegated.

- Re-insertion of nasogastric tube
- Re-insertion of PEGs or other gastrostomy tubes
- Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous administration
- Programming of syringe drivers ⁴
- Filling of oxygen cylinders (other than liquid oxygen as stated above)
Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Ventilation care for an **unstable** and **unpredictable** child
- 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
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Any invasive treatments / procedures require clinical decision making (not including unplanned emergency situations where 999 would be called)

7. Individual Health Care Plans (IHCP) and the procedure to be followed when notification is received that a pupil has a medical condition/ Individual Health Care Plans (IHCP)

Schools should have procedures in place:

- To ensure an IHCP drafted by a suitably qualified NHS professionals who are medically trained is in place when a child starts at the school
- To secure positive transitional arrangements between schools
- To ensure prompt updating of the IHCP and training when a pupil's needs change
- For any staff training or support.

For pupils starting at a new school, Headteachers must ensure that staff are suitably trained and provide the necessary opportunities for this to occur, for example, using INSET days and twilight sessions. However, the training must not be delivered by

⁴ Please note, a syringe driver (or pump) is a small battery- powered pump. It delivers a steady stream of medication through a small plastic tube under the skin. A syringe driver is used for medicines that help with pain, sickness, fits, agitation and breathing problems.



Headteachers, parents or any other school staff. All training must be commissioned and delivered by a suitably qualified professional.

When a pupil receives a new diagnosis or moves to a new school mid-term/year, every effort should be made to ensure that appropriate arrangements are put in place. This includes the provision of an IHCP and training from Health.

Schools will maintain regular communication with Inclusion Services to ensure that the correct provision is in place in a timely manner to ensure that a pupil can attend school as soon as possible. Headteachers should seek advice from the Inclusion Service and/or Legal Services and the commissioned health service if there could be a significant delay in pupils attending school.

Schools do not have to wait for a formal diagnosis before providing support to pupils but must never administer medication or support without a formally identified medical need.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on the available evidence; this would always involve medical evidence and consultation with parents and medical professionals.

ICHPs and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the pupil.

Plans must be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician who can best advise on the particular needs of a pupil; pupils should be involved in this planning where appropriate. Headteachers must not finalise/ ratify any new IHCPs or where amendments have been made. Agreement for a final plan must come from a medical professional.

Where there is a disagreement, an approach should be made in the first instance to the author of the IHCP and other professionals associated with the plan should be informed.

ICHPs should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimise disruption.

The format of IHCPs may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.

ICHPs should be easily accessible to all who need to refer to them, whilst preserving confidentiality.

The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support required. The plan should capture the key information and actions that are required to support the pupil effectively in managing their condition(s) and to overcome any potential barriers to getting the most from their education and how they might work with other statutory services.



The IHCP should include the following information;

- The medical condition, its triggers, signs, symptoms, and treatments
- Clear identification of the roles and responsibilities for individual stakeholders, including Teaching/ Support Staff and Medical Professionals
- Specific support for the pupil's educational, social, and emotional needs
- Monitoring arrangements for the implementation and maintenance of the IHCP
- Who will provide this support and how this will be delivered
- All relevant staff in school that need to be aware of the child's condition and the support required
- Arrangements for written permission for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for off- site educational visits outside of the normal school timetable that will ensure the child can participate
- Where confidentiality issues are raised by the parent/child, the Headteacher will make an informed decision based on information provided by medical professionals
- What to do in an emergency
- For children within special schools, plans should be written by the most appropriately medically trained professional. This role cannot be delegated to education staff

Schools must have an identified contact number and/ or email address. Where this is not the case, schools must inform the Local Authority and/ or Clinical Commissioning Group to arrange appropriate support.

The IHCP may also be linked to the EHC plan if a pupil has Special Educational Needs identified.

Where a pupil has SEN but does not have an EHC plan, their special educational needs should be mentioned in their Individual Healthcare Plan.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), schools must work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.



8. Managing Medicines/Medical Interventions on Schools Premises

8.1 Administration of Medicines/Medical Interventions (please read in conjunction with section 6.5)

Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s).

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s).

Pupils who can take medicines or manage their medical interventions independently may still require a level of adult support e.g., in the event of an emergency. For this situation, agreed procedures will be documented in their Individual Health Care Plan (IHCP). Where there is a clinical rationale, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. However, prescribed instructions must always be adhered to, to ensure effective treatment for the child and dosage frequencies must be followed.

No pupil under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered in their local arrangements.

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

A pupil under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

It is the responsibility of the parent to inform the school if a pupil has been given pain relief prior to attending school.

This information should be updated through the local home/ school communication process. Parents/ carers should be informed by school prior to administering pain relief to ensure the maximum doses in 24 hours is not exceeded and if the pupil is well enough to remain in school.

School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

Any pupil who has been prescribed a non-licensed controlled drug as part of a clinic trial from a tertiary centre will have a care plan drawn up by the tertiary provider in conjunction with parents/pupil and school. Please refer to section 8.4.



8.2 Refusing Medication/Medical Intervention

If a pupil refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the pupil's record sheet. Any medication not administered will be disposed of safely by the school.

The reason(s) for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the pupil is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Where a parent / carer cannot be contacted and the refusal to take medication will have life threatening or life- limiting implications then a critical incident response must be undertaken. In cases where medications for life threatening conditions are prescribed, a risk assessment and action plan must be in place. It is vital that a parent/ carer/ responsible adult is contactable at all times. If a parent cannot be contacted, the Headteacher will continue to act in 'loco parentis' and will seek further medical advice if the situation is not immediately life threatening. Emergency Services will be contacted when necessary. Any decision made by the school would include Head Teacher and Deputy Head Teacher and other relevant senior leaders. Class teachers/ teaching assistants and/ or support staff will not be responsible for decision- making relating to refusal to take medication or what steps are taken to safeguard the pupil in this instance.

8.3 Storage of Medicines/Medical Intervention Equipment and Resources

All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g., on off- site educational visits.

All pupils, where able, will know where their medicines/medical intervention equipment/resources are at all times and will be readily available as required.

All pupils, where able, will know the name and role of any professionals who support them in delivering the required interventions.

Schools should only accept prescribed medicines if these are in-date, labelled, provided in the container as dispensed by a pharmacist and include instructions for administration, dosage, and storage. Lancashire Special Schools will only accept prescribed medication in their original containers.

See section 8.5 for non- prescribed medication.

The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original

container. However, a specialist Diabetes nurse must liaise directly with the school as per the child's care plan.

In the case of blister packs, they must be in the original box with the pharmacist label with the administration and dosage instructions.

When no longer required or if a medicine has expired, medicines should be returned to the parent to arrange for safe disposal. Prescribed medicines are the property of the patient and should be returned to them/carers/parents for disposal. If being sent home, sharps boxes will be closed and unable to be opened. Sharps boxes should always be used for the disposal of needles and other sharps.

Where NHS trained staff are responsible for the administration of specific medication, they are also responsible for the correct storage and record keeping associated with that medication.

8.4 Controlled Drugs

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual pupil's responsibility, records will be kept of any doses used and the amount kept on the premises. This record must be counter-signed.

Monitoring arrangements are necessary in all cases. Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. All controlled drugs must be monitored/ recorded by counting all medications in/ out and recording the number of medications/ doses before and after each administration.

8.5 Non-controlled Drugs and Medical Resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the pupil's IHCP.

In relation to pupils requiring blended diets, the necessary documentation has been included in Appendix 3 and is already being successfully implemented in some areas of the pan Lancashire area. To ensure a consistent cross county approach, it is suggested that all schools utilise the documents attached.

In relation to non-prescribed drugs that are not part of a clinical trial or issued by a tertiary health setting, headteachers should liaise directly with parents, seek advice and guidance from relevant medical professionals and carry out a risk assessment, if required, prior to deciding whether any non-prescribed drug will be administered by school staff.



Occasionally medication may also be issued to a patient if they are a participant in a clinical trial or via a specialised tertiary health setting and should be dealt with in the same way as other prescribed medication (as per this policy, see above). Medication charts may vary depending on the school and school nurses will advise on the format to ensure safe administration.

The pupil may also have a requirement for the administration of non-prescribed medication e.g., for the treatment of a self-limiting condition or minor ailment. In this case, parents need to provide consent for school to administer this medication. It will be locked away and stored with other prescribed medication.

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

(<https://www.lancsmmg.nhs.uk/media/1479/lscmmg-otc-items-that-should-not-be-routinely-prescribed-in-primary-care-policy-july-2020-approved.pdf>).

Parents should not be asked to have these prescribed via a GP in line with local policy (see link to a care home homely remedy that can be adapted <https://www.lancsmmg.nhs.uk/media/1439/lsc-self-care-and-access-to-otc-medicines-template-policy.pdf>).

8.6 Intimate and Invasive Care

Cases where intimate or invasive medical care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

8.7 Off-site and extended School Activities (Day visits, residential visits and sporting activities)

Governing bodies should ensure that there are clear arrangements in place to ensure that pupils with medical conditions are actively supported in accessing and participating in all off-site and extended school activities on offer, including school trips, sporting activities, clubs and educational off- site visits.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully; teachers should have a clear understanding of how a pupil's medical condition will or may potentially impact on their participation.

School will consider what appropriate reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully; staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities.



Schools should plan for the inclusion of pupils in such activities who may require adjustments, unless evidence from a clinician (e.g., GP) states that this is not possible.

School will carry out a suitable and sufficient risk assessment to ensure the safety of all pupils and staff and to ensure that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. The risk assessment is fundamental to the overall planning process and must be considered the outset of any visit planning. This process will take into account any steps required to ensure that the school has taken reasonable measures to enable pupils with medical conditions to access off- site opportunities.

For detailed information relating to off- site visits, please read the updated policy.



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Guidelines for Educator

The risk assessment process will involve consultation with the pupil, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. All decisions must be undertaken in line with Lancashire County Council's Educational Visits Policy.

In some circumstances, evidence from a clinician (e.g., hospital consultant), may state that participation in some activities offered is not possible; where this is the case, then school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when a pupil is engaging in an off- site and/ or extended activity. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

9. Staff Training and Support

Governing bodies should ensure that any staffing policies must clearly set out how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed; this should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Suitable training should have been identified during the development or review of IHCPs. The relevant healthcare professional should lead on identifying the type and level of training required, and ensure it is provided

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans; they will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A First Aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Schools need to identify arrangements for whole-school awareness training so that all staff are aware of the policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included.

The family of a pupil will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice but should not be the trainer.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within Individual Healthcare Plans).

In some cases, there may be parental barriers to communication including EAL/ literacy needs which may prevent informed consent. In these cases, schools must make their own arrangements to evidence how informed consent has been obtained.

10. School Record Keeping and Governance Arrangements

Governing bodies should ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion, including the following information:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage given
- A note of any side effects/reactions observed - Parents should be informed if their child has been unwell at school

As part of ongoing continuous improvement in school policy development, individual settings should review their existing arrangements on how records are kept, including the use of standard medication charts

11. Managing Emergencies and Emergency Procedures



As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities, wherever that take place, including on school trips.

Where a pupil has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school should know what to do in general terms, e.g., informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child taken to hospital by ambulance.

Schools need to ensure that they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

12. Unacceptable Practice under the Policy

School staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents or ignore medical evidence or opinion (although this may be challenged)
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absence is related to their medical condition, e.g., hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to effectively manage their medical condition
- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

13. Confidentiality and sharing of information (within school)

Schools need to be aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all times.



Schools will disseminate information to key members of staff involved in the pupils' care on a needs-to-know basis.

Where the pupil has an IHCP, this will be shared with key staff with regular, scheduled briefings.

School will ensure that arrangements are in place to inform new members of staff of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil's medical needs to staff during any transition.

GDPR Statement

UK GDPR requires all relevant partners to have in place appropriate measures to implement the data protection principles effectively and safeguard individuals' rights. This is known as 'data protection by design and by default'. It is expected that all organisations will be working within the GDPR requirements.

14. Liability and Indemnity

All schools must have the most appropriate level of insurance in place that adequately covers the school and all school staff.

Any Public Liability Indemnity must include an 'Incidental Treatment' extension. This covers the administration of medication and other support mechanisms such as Epi-Pens, defibrillators and first aid. The employees and volunteers providing the incidental treatment are expected to have received the most appropriate medical training and to follow all directions given by a medical professional.

15. Complaints Procedure

All schools must have a clear and accessible complaints policy which sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

Where a solution cannot be found in the first instance through discussions with the school through their Complaints Policy, parents should be advised to escalate their concerns to the School Governing Body.

If the complaint is directed towards the School Nursing Provider, parents/ carers should be advised to complain to the Service or local Health Commissioner.

If there is a general complaint that cannot be resolved through the school or School Nursing Service, then parents/ carers should be directed to the Lancashire County Council Complaints Service.

16. Transport



Home to school transport is the responsibility of the individual local authorities and it may be necessary for professionals involved with school transport to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans (this is a separate document to an individual healthcare plan) for pupils with life-threatening conditions.

For further information relating to school transport, please follow the link below.

<http://intranet.ad.lancscc.net/cas/cas-intranet-home/multi-skilled-updates/school-transport/>

17. Monitoring, Evaluation and Governance Arrangements

This policy and accompanying guidance and protocols will be reviewed annually by the Task and Finish Group. Within individual settings, the review must be undertaken by the named professional within each educational setting and the Task and Finish Group will review feedback to ensure that learning and development is shared with all stakeholders.



Supporting Pupils with Medical Conditions in Special Schools

2023

Annexes



Contents

Annex 1- Legislation

Annex 2- Special School Nursing Services Contact Details

Annex 3- Blended Diets

Annex 4- Training Matrix



Annex 1- Legislation

- i. Department for Education, Statutory Guidance for Supporting Pupils with Medical Conditions 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

- ii. Department for Education- Supporting Pupils with Medical Conditions 2017, Template documents

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- iii. SEND Code of Practice 2020

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

- iv. Children and Families Act 2014

<https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Section 100- Duty to support pupils with medical conditions
<https://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

- v. Working Together Guidance (updated 2020)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

- vi. Royal College of Nursing- School Nursing

<https://www.rcn.org.uk/clinical-topics/children-and-young-people/school-nursing>



Annex 2

Special School Nursing Services Contact Details

Blackpool and the Fylde Coast

Telephone: 01253 951470

Email: bfwh.blackpoolschoolnurses@nhs.net

Web: [School Nurses | Blackpool Teaching Hospitals NHS Foundation Trust \(bfwh.nhs.uk\)](http://bfwh.nhs.uk/SchoolNurses)

Central Lancashire Special Schools

Telephone: 01772 215 169

Email: ss.nursingteam@lscft.nhs.uk

Web: [Special Needs School Nursing :: Lancashire and South Cumbria NHS Foundation Trust \(lscft.nhs.uk\)](http://lscft.nhs.uk/SpecialNeedsSchoolNursing)

North Lancashire and South Cumbria Special Schools

Telephone: 01524 591625

Web: [Children's Community Nurses :: University Hospitals of Morecambe Bay NHS Foundation Trust \(uhmb.nhs.uk\)](http://uhmb.nhs.uk/ChildrensCommunityNurses)

Blackburn and East Lancashire Special Schools

Telephone: 01282 644319

Email: ss.nursingteam@lscft.nhs.uk

Web: [Special Needs School Nursing :: Lancashire and South Cumbria NHS Foundation Trust \(lscft.nhs.uk\)](http://lscft.nhs.uk/SpecialNeedsSchoolNursing)



**Annex 3
Blended Diets**

Feeding Plan

Child's Name:

DOB:

Dietician:

Contact Number:

Date:

Blend and Bolus Feed as per risk assessment guidelines

Flushes

Always flush the tubes before and after medications

Additional Information

See risk assessment for blended diet administration advice





Delivery of Blended Diet via Gastrostomy Procedure & Competencies
Staff name.....

| | Carer signature | Nurse/ Dietitian Signature | Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|------|
| Have completed gastrostomy competencies- See gastrostomy competencies document (Lancashire Care Foundation Trust). | | | |
| Awareness of the 'risk assessment of blended diet administered via enteral feeding tubes', know where this is kept and have knowledge of contents. | | | |
| Understand the difference between feeding blended diet & commercial feed; eg slow, careful plunging may be required as blended feed is thicker therefore often unable to be given via gravity | | | |
| Understand the 'Step by Step Procedure for administering blended feed.' | | | |
| Can safely follow the step by step procedure for administering blended feed | | | |

References

NICE(National Institute for Health and Care Excellence)Clinical Guideline
139.Infection Prevention and Control of healthcare-associated infections in primary
and community care.



White S, Clark S, Torrance A, Botterill P and Mathewson K. Evaluation of a liquidized normal food as an alternative for PEG-fed patients. *Journal of Human Nutrition and Dietetics* 1999;12:43-46.



Step by Step Procedure for administering blended feed

Child's name.....

1. Ensure that you wash your hands thoroughly with soap and water prior to giving feed.
2. Gather equipment:
 - blended feed – ‘**pureed with no bits, similar to a stage 1 baby food thickness**’ (labelled and dated)
 - 60ml enteral syringe
 - cooled, boiled water for the flushes.
3. Make sure is in an upright position, attach the extension set / feeding syringe to the gastrostomy button
4. Open the clamp and give appropriate water flush (see plan) using cooled boiled water remembering to clamp the tube just before all of the flush drains out.
5. Fill the feeding syringe with approximately 60mls of blended diet, open the clamp again and using slow pushes plunge feed looking at plan for suggestions of timings. Refill syringe and repeat until total amount is given.
6. When approx 5mls of feed remains in the syringe top it up with appropriate amount of cooled boiled water to flush the tube through (this also may require slow plunge).
7. Clamp off extension set and remove from button.
8. Wash the extension set and syringes in warm soapy ensuring that they are dry prior to returning to’s plastic box.
9. Following giving the feed, wait at least an hour before child is led down.
10. Wash hands thoroughly with soap and water.
11. Sign feeding record to confirm feed has been given.

Note: If any signs of discomfort are displayed when feeding, or child appears to feel full, feeding should be stopped and parent(s) to be informed of symptoms.



Annex 4

Special Schools Training Matrix 2023

| Training & Task Level | Audience | Delivered by | Frequency | Competency/Training Record | Additional Information |
|-------------------------|----------------------------------------------------------|--------------------------------|----------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asthma Management (2) | Full School Teachers and Teaching Assistants | Special School Nurses/CCN Team | Annually | School hold Training Matrix | Face to face Theory and practical sessions delivered by SSN 1 hr |
| Epilepsy (2) | Full School Teachers and Teaching Assistants | Special School Nurses/CCN Team | Annually | School hold Training Matrix | Face to face Theory sessions delivered by SSN 1 hr |
| Tracheostomy (2) | Child Specific – 3 Teaching Assistants trained per child | Special School Nurses/CCN Team | See additional information | School hold a Training Matrix | Theory and practical based on 3 full tracheostomy changes. Each staff member carries out a supervised full tracheostomy change every 3 months prior to sign off. BTH report that they offer bespoke training with no end date; nursing team support ongoing. |
| Epi-Pen (2) | All Teaching Assistants | Special School Nurses/CCN Team | Annually | School hold Training Matrix | Theory and practical session 1 hour. |
| Anaphylaxis (2) | All Teaching Assistants | Special School Nurses/CCN Team | Annually | School hold Training Matrix | Theory session 1 hour delivered by SSN |
| Diabetes Management (2) | Child Specific | Diabetes Specialist Nurse | Annually | School hold Training Matrix | Care plans provided by Diabetes Specialist Nurse |



| | | | | | |
|---------------------------------|---------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rescue Medications (2) | Named Assistants/Child Specific | Special Nurses/CCN Team | Annually | School hold Training Matrix | Competency based; theory and practical 1 hour per session |
| Gastrostomy Feeding (2) | Named Assistants/Child Specific | Special Nurses/CCN Team/ <i>Enteral feeding companies in Pennine</i> | Annually although re-visited throughout the year | School hold Training Matrix | Competency based theory session 1 hour plus 1:1 practical session. Minimum of 3 sessions prior to sign off. <i>Practical session provided by feeding company in Pennine. Observation following and regular spot checks carried out by SSN</i> |
| Administration of Medicines (2) | Named Assistants | Special Nurses delivered face to face by /SSN/CCN Team | Annually (BTH offer termly if school can make time) | School hold a Training Matrix | Competency based; Theory session 1 hour plus a minimum of 3 observations of administration prior to sign off. |
| Stoma Care (2) | Named Assistants/Child Specific | Specialist/Special School Nurses/ <i>Tertiary centres</i> | Annually | School hold a Training Matrix | Training re-visited when any changes to care |
| Seizure Management (2) | Whole School Staff | Special Nurses/CCN Team | Annually | School hold a Training Matrix | Theory session 1 hour |
| Training | Audience | Delivered by | Frequency | Competency/Training Record | Additional Information |
| Blood Glucose Testing (?) | Named Assistants/child specific | Special Nurses/CCN Team | Annually | School hold a Training Matrix | Bespoke training as child specific; incorporated into care plan |



| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|-------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Suction Management (2) | Named Assistants/Child Specific | Special Nurses/CCN Team | Annually | School hold a Training Matrix | Competency based child specific; 1 – 2 hours of training |
| Ventilation (Invasive and Non-Invasive) Competency based training for non-invasive ventilation. Awareness training for fully invasive ventilation | Named Assistants/Child Specific | Special School Nurses/CCN Team | Annually (ongoing if complex child) | Schools hold a Training Matrix | Theory and practical session; 1 hour for non-invasive ventilation. Awareness session for named Teaching Assistants for fully invasive ventilation. BTH report that they train 1:1 carer in all areas of care except vent management; this is purchased either by a health provider or Tertiary Centre |
| Intermittent catheterisation | Named assistant/child specific | Specialist nurses | Annually | Schools hold a Training Matrix | Bespoke training delivered by specialist nurses |

All the above deemed to be Level 2 tasks except invasive ventilation which is a 3

Although the table states annually, a lot of the training provided is offered more frequently particularly in terms of the more complex children. Nursing Teams will always support staff to ensure they feel competent when caring for children and will continue to train and support school staff throughout the year if required.



