



North

Yorkshire County Council

# Managing Medication and Complex Health Care Needs of Children and Young People

2012



Children and Young People's Service

A responsive County Council providing excellent and efficient local services

## Part 1

### Applies to all provisions

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Contact [smp@northyorks.gov.uk](mailto:smp@northyorks.gov.uk) for further information

# **Part 1**

**Applies to all provisions**

# 1.0 – Your duty

The Equalities Act 2010 requires you to meet the needs of children and young people with complex medical / health care conditions. You also have to plan ahead (Anticipatory Duty) to meet the needs of those you may have in the future.

The purpose of this document is to support you in the development of policies and procedures. **It is important to consider other frameworks and legislation that may impact on your provision** e.g. residential places, early years settings and social care

In here you will find...

- Guidance
- Templates
- Useful contacts and information

## 1.1 Who is this document for?

Everyone who is involved with children and young people with complex health care needs whether they are in education, after school clubs, care settings, short breaks etc.

## 1.2 What are complex health care needs?

Complex health care needs are defined by the Equalities Act 2010 as conditions which have a substantial and long-term adverse effect on ability to carry out day-to-day activities.

Children and young people with complex health care needs may require additional procedures, and/or support in place in order for them to be able to attend and participate in their school or setting; these are called 'reasonable adjustments'.

These Include:

- carrying out health care procedures and/or intimate personal care
- emergency medical procedures to be in place because of their medical condition

## 1.3 What reasonable adjustments can you be expected to make?

The Equalities Act 2010 identifies that reasonable steps must be made to provision, policy, practice, physical features and provision of auxiliary aids.

Examples might include...

- Assisting children and young people with toileting issues and intimate personal care
- Testing of blood sugar levels and the administering of insulin
- Tube feeding
- Hoisting and manual handling.
- Administering emergency medication during an epileptic seizure
- Undertaking a physiotherapy programme/SALT programme
- Making timetable adjustments
- Improving accessibility e.g. flexible use of classrooms, using alternative routes

#### **1.4 Accessibility Plans**

- You should be proactive in developing your facilities and staffing to meet potential future health care needs e.g. improved access/egress, improved personal care facilities, training for staff.
- It is essential that you have staff whose job descriptions include undertaking health care needs.

You should identify what is needed and include it in your accessibility plan. The key to this is to anticipate need.

## 2.0 - Managing Medication

Medication should only be taken in a provision when it is essential and where not to do so would be detrimental to a child's/young person's health.

Whenever possible medication should be taken at home. Encourage parents to seek advice from their medical practitioner on this matter.

2.1	<b>Agreeing to administer medication</b>	<p>You will need...</p> <ul style="list-style-type: none"> <li>• A written agreement and consent from parent (appendix 1: Request to Administer Medication)</li> <li>• Staff to be given training where appropriate</li> <li>• Insurance in place</li> </ul>
2.2	<b>Prescribed medication</b>	<p>Provisions must only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.</p>
2.3	<b>Non-prescribed</b>	<p>Avoid consenting to administer non prescribed medication unless...</p> <ul style="list-style-type: none"> <li>• it is included in a health care plan, or</li> <li>• you have procedures in place authorised by NYCC Insurance and Risk Management and you have written parental permission (appendix 1)</li> </ul>
2.4	<b>Controlled Drugs</b>	<p>Supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act e.g. Methylphenidate A child/young person who has been prescribed a controlled drug may legally have it in their possession. Provisions can look after prescribed controlled drugs. A record must be kept for audit and safety purposes ( record what quantity comes in, what is used, what remains)</p>
2.5	<b>Aspirin and Ibuprofen</b>	<p>A child under 16 should never be given these unless they are prescribed.</p>
2.6	<b>Staff training</b>	<ul style="list-style-type: none"> <li>• Staff will need to be familiarised on the use of the procedures which will include how to complete records, administer medication, storage etc.</li> <li>• Some administration of medication will require training to be given <b>by a registered health care professional</b> e.g. injections, epipens, rectal medication.</li> <li>• Records should be kept of all training.</li> </ul>
2.7	<b>Request to carry and self administer</b>	<p>This should be considered on an individual basis. A risk assessment must be done before allowing this which takes into account...</p> <ul style="list-style-type: none"> <li>• Maturity of the Child/Young Person</li> <li>• Implications to the Child/Young Person</li> <li>• Implications to others</li> <li>• Nature of the medication</li> </ul> <p>Before agreeing Head Teachers/Managers may seek further advice from...</p> <ul style="list-style-type: none"> <li>• relevant health professionals</li> <li>• NYCC Insurance and Risk Management</li> <li>• CYPS Health and Safety Risk Management</li> <li>• Form Med 3 (appendix 3) will need to be completed</li> </ul>



		<p>The form has a statement of consent signed by the parent agreeing...</p> <ul style="list-style-type: none"> <li>• to give accurate information</li> <li>• to give consent for their child to carry and self administer their own medication</li> <li>• that the self administration will be unsupervised by staff</li> <li>• to inform the provision in writing of any changes to the information given</li> <li>• to not hold the provision responsible for loss, damage or injury associated with the carrying and self administration of medication</li> </ul>
<b>2.8</b>	<b>Receiving medication</b>	<p>Medication must be appropriately labelled and in the original packaging. <b>Never</b> accept medicines that have been taken out of the original container</p> <p>The container/package for prescribed medication must show the following...</p> <ul style="list-style-type: none"> <li>• name of the patient</li> <li>• name of the medication</li> <li>• the dosage</li> <li>• frequency of dosage</li> <li>• strength of medication</li> <li>• date prescribed and expiry date</li> <li>• specific directions for the administration</li> <li>• precautions relating to the medication (e.g. possible side effects/storage instructions)</li> <li>• the name of the dispensing pharmacist</li> </ul> <p>Check the measuring device supplied by the pharmacist is included.</p> <p>It is the responsibility of a parent to ensure medication is delivered appropriately.</p> <p>Good practice would be to inform parents of your procedures for bringing medication into the provision e.g. there should be a single delivery / collection point. Wherever possible medication must be handed adult to adult.</p>
<b>2.9</b>	<b>Storage</b>	<ul style="list-style-type: none"> <li>• Store medication securely in a clean, cool, lockable storage facility to which only named staff have access. For controlled drugs this also needs to be non portable. (Misuse of Drugs Regulations 1971)</li> <li>• Medication that needs to be immediately available (and is not carried by the child/young person ) must be securely stored in an easily accessible location.</li> <li>• Medication requiring refrigeration should be stored in a sealable plastic container with child's/young person's name on in a fridge that is only accessible to staff.</li> <li>• Usually not more than one week's supply should be received and stored. However for children/young people who are on long term medication or within residential settings this may be extended at the discretion of the Head Teacher/Manager.</li> </ul> <p style="text-align: center;"><b>Medication must not be stored in a first aid box</b></p>

2.10	<b>Administration</b>	<ul style="list-style-type: none"> <li>• Ensure the correct medication is given by checking against form Med 2 (appendix 2). In some circumstances e.g. administration of a controlled drug it is good practice for a second adult to witness.</li> <li>• Ensure staff are trained to administer it</li> <li>• Give according to the instructions on the medication or according to the health care plan</li> <li>• Ensure medication is taken in your presence</li> <li>• Complete the administration of record immediately. Form Med 2 (appendix 2).</li> <li>• Refusal to take medication should be recorded in administration of medication record and parents informed as soon as possible</li> <li>• Medication must be given in a manner that offers respect and dignity for the child/young person.</li> </ul>
2.11	<b>Record keeping</b>	<p>You need to keep the following...</p> <ul style="list-style-type: none"> <li>• Written request to administer medication (appendix1)</li> <li>• Record of administration (appendix 2)</li> <li>• Request to Carry and Self administration form where appropriate (appendix 3)</li> <li>• Staff training record</li> </ul> <p style="text-align: center;"><b>All records must be kept in accordance with the NYCC Records Retention and Disposal Schedule.</b></p> <p>In <b>early years settings</b> parents must sign the Record of Administration form when collecting their child at the end of each session. <b>Residential schools</b> have additional protocols determined by their own Inspection Framework e.g. staff have to record what amount of medication comes in, what is used and what remains after each administration.</p>
2.12	<b>Return/disposal</b>	<ul style="list-style-type: none"> <li>• Medication must be returned by an adult to the parent or to a pharmacy for disposal and recorded on the Administration of Medication Record ( form Med 2 Appendix 2 )</li> <li>• The exception would be for those young people who are considered by parent(s) and provision mature and responsible enough to carry and self-administer their own medication</li> <li>• When not practical to return medication to a parent e.g. in a residential school, then medication should be returned to a pharmacy where a receipt should be obtained and attached to the Administration of Medication Record.</li> <li>• Medication must not be disposed of in the refuse. Current waste disposal regulations make this practice illegal.</li> </ul>
2.13	<b>Insurance</b>	<p>Copies of all health care plans must be sent electronically to Insurance and Risk Management: <a href="mailto:insurance@northyorks.gov.uk">insurance@northyorks.gov.uk</a></p> <p>If you have any queries telephone NYCC Insurance and Risk Management 01609 532721.</p>

2.14	Off Site Visits	<p><b>In addition to all the above</b></p> <ul style="list-style-type: none"> <li>• Identify all medications needed during the visit by asking parents.</li> <li>• Consider storage, quantity and transportation</li> <li>• Consider arrangements for administering medication including appropriate environment</li> <li>• Consider procedures for managing any emergency</li> <li>• Consider the sharing of information with relevant staff e.g. medical needs and emergency procedures</li> <li>• Consider the need for and undertaking of any additional staff training</li> <li>• The Administration of Medication Record of a child/young person should be taken on the off-site visit and completed as appropriate.</li> <li>• Medication must be signed for when it is taken out of the provision and signed back in on return.</li> <li>• If a child/young person has a Health Care Plan this must be taken on the visit.</li> </ul>
2.15	Further Information	<ul style="list-style-type: none"> <li>• NYCC Medication Administration in Children’s Homes and Children’s Resource Centres April 2008</li> <li>• NYCC CYPS Health and Safety Policy</li> <li>• Dfes / DH Managing Medicines in Schools and Early Years Settings 2005</li> <li>• The Handling of Medicines in Social Care 2007</li> <li>• Care Standards Act 2000</li> </ul>

**Residential Schools and Children’s Social Care Provisions also have their own frameworks and Guidance regarding Medication and Health Care needs**

## 3.0 - Emergencies

### 3.1 Emergency procedures

All staff should know who is responsible for carrying out emergency procedures.

All provisions must have in place arrangements for dealing with medical emergencies. All staff must know how to call the emergency services. Children and Young People in a provision should also know what to do if they think there is an emergency e.g. tell a member of staff.

Staff should never take children/young people to hospital in their own car; it is safer to call an ambulance. Provisions in remote areas of North Yorkshire might wish to make arrangements with a local health professional for emergency cover. The national standards require that early years settings must ensure that contingency arrangements are in place to cover such emergencies.

### 3.2. Calling an ambulance

When dialling 999 you will need to give...

- Your telephone number
- Your location including postcode for ambulance sat nav
- Location within the provision
- Your name
- Name of child/young person
- Brief description of symptoms
- Best entrance for the ambulance crew and where they will be met

It is good practice to keep this information by the telephone.

### 3.3 Accompanying a child/young person to hospital

A member of staff should always accompany a child/young person taken to hospital by ambulance and stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

## 4.0 – Access to education when absent due to medical needs ( Schools Only )

Some children and young people are absent due to medical reasons

Including:

- recurrent illnesses
- recovery after injury or operation
- physical conditions
- mental health conditions e.g. depression, school phobia, anxiety

### 4.1 Duties of the Local Authority

North Yorkshire County Council outlines its statutory duties and how it will meet these through the following policy statements...

**Access to Education for SECONDARY AGE PUPILS with Medical Needs**

**Access to Education for PRIMARY AGE PUPILS with Medical Needs**

### 4.2 What you need to do

- Have a written policy and procedures for dealing with the education of children & young people who are unable to attend school because of a medical need.
- Identify a named person to oversee the management of the policy and procedures
- Identify and monitor absences for medical reasons
- For absences of 15 working days or less, that are not part of a recurring illness, you should provide homework as soon as the child/young person is able to cope with it.
- Ensure contact is maintained with the child/young person
- Follow NYCC procedures as outlined in the above documents see appendices 9 and 10
- Make available to tutors relevant records and information
- Monitor and support the progress of absent pupils
- Be proactive in planning the return to school

### 4.3 The role of the Health Authority

A range of different NHS services may work with children and young people who have medical needs e.g. family doctor, paediatrician, school nurse, specialist nurse etc.

These services have an important and essential role in:

- Working with the Local Authority and its schools to identify those children and young people who are unable to attend school due to their medical needs
- Providing written confirmation that a child or young person is unable to attend school for medical reasons or how they may benefit from targeted/small group support within school
- Working with the Local Authority to determine procedures for the sharing of medical information and advice

## 5.0 – Confidentiality and Data Protection

Your approach should enable a parent to discuss their child's medical condition knowing that the information will only be shared with those staff carrying out the care, those with supervision responsibility and those as agreed with the parent e.g. NYCC Insurance Risk Management. Information must be handled sensitively.

**Note:** You must ask parents for health care information when a child/young person is first admitted to your provision and then at regular intervals e.g. annually in order to obtain current and up-to-date information. Due to patient confidentiality the onus is on the parents to reveal appropriate information.

Informed staff should be made aware that they must not divulge information regarding health care needs to anyone who does not have a role in managing those needs.

All paper based records and information must be securely stored and access control mechanisms must be in place.

All electronically stored records and information must be password protected.

Information should be kept according to NYCC Records Retention and Disposal Schedule.

Some infections are reportable – refer to NYCC Health and Safety Policy

### **Further information:**

- NYCC Schools Information Governance Manual June 2006
- [www.dh.gov.uk](http://www.dh.gov.uk) (Data Protection Act 1998 guidance for social services)
- [www.dh.gov.uk](http://www.dh.gov.uk) (Caldicott Principles)
- [www.ico.gov.uk](http://www.ico.gov.uk) (Information Commissioners Office)
- [www.hpa.org.uk](http://www.hpa.org.uk) for information about notifiable infections

## **Part 2**

**Applies to provisions managing  
complex health care  
needs**

### 6.1 Job Descriptions / Volunteering

Staff who do not have the undertaking of health care needs written in their job descriptions can only be asked to volunteer to do so. This includes administering/ supervising medication and health care procedures.

Provisions must aim to have sufficient numbers of staff whose core job description includes the administration of medication and carrying out of health care procedures.

**Schools** – Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Teachers can volunteer to do this. Schools must ensure they have sufficient numbers of support staff who have these duties detailed in their job descriptions.

Any staff that volunteer or are contracted to undertake agreed health care procedures must...

- Follow policies and procedures including risk assessment and health care plans
- Attend and implement training
- Report any concerns

**All staff must know what to do in an emergency and take swift action.**

**6.2 Training** Staff managing/administering medication or undertaking health care procedures should receive appropriate training and support from registered health professionals

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children and young people e.g. lunchtime supervisors. It is important that they are also provided with training and advice.



# 7.0 - Health Care Plans

## 7.1 What is a Health Care Plan?

The purpose of a health care plan is to bring together and clarify all the details of a child/young person's health care needs. In addition it enables a consistent approach when a number of staff/provisions are involved. A Health Care Plan:

- provides the necessary information
- clarifies procedures for support
- indicates who is responsible for each task
- clarifies the training / resources required and who will undertake the training
- includes parental consent
- may be required to be in place by NYCC insurers before an employee can undertake a health care procedure

Some medical procedures need to be written with advice from a registered health care professional and signed by them e.g. levels of medication, administration of medication.

## 7.2 Writing Health Care Plans – who is responsible?

It is the responsibility of the provision where the child/young person spends the majority of his/her time to write the Health Care Plan. This is usually the school or early years setting. It is important that it is shared with other provisions that a child/young person attends e.g. after school club, out of school activities.

However it is essential that health care professionals provide you with the necessary advice and that parents are fully involved and the children and young people where appropriate.

## 7.3 Gathering information for a Health Care Plan

This may involve a number of people giving support, advice, information and training. For example:

- young person themselves where appropriate
- health professional
- parent/carer
- provision e.g. school, setting
- Advisory Support Teacher for physical/medical needs

**A template Health Care Plan is available with guidance notes to assist with completion (appendix 4 and 5)**

#### **7.4 Named Person**

It is good practice to identify a named person within the main establishment whose responsibility it is to...

- Send a copy to NYCC Insurance and Risk Management Team
- Ensure the Health Care Plan is implemented
- Ensure information is stored according to data protection and shared only with those who need to know
- Ensure any changes to the Health Care Plan received in writing from a registered health professional are recorded on the plan, dated and implemented
- Keep a list of all copyholders and ensure they have an up to date copy of the Health Care Plan.
- At transition ensure a copy of the health care plan is shared with the new provision ( with parental consent ) to assist them in writing a new one suitable for their situation

#### **7.5 When is a Health Care Plan required?**

A child/young person will need a Health Care plan if they:

- Require medical procedures e.g. managing a tracheotomy, tube feeding
- Require medication on a regular basis
- Have intimate personal care or continence needs ( not occasional “accidents” )
- Need emergency procedures in place
- Have a registered health professional e.g. community paediatrician, school nurse, specialist nurse involved who has identified the need.

#### **7.6 Health Care Plans for 24 hour care**

Children and Young people may have health care needs undertaken out of your usual hours. When a residential trip is being planned these needs must be taken into account and may require to be detailed in health care plan just for the duration of the visit.

Attending a residential provision may increase the need for a Health Care Plan to be in place.

#### **7.7 When is a Health Care Plan not required?**

Many medical conditions can be managed without the need for a Health Care Plan e.g. completion of a course of antibiotics, mild asthma, mild allergies

Other conditions may be long term but can be managed through general policy and procedures e.g. a pupil in school with mild asthma might carry his inhaler.

#### **7.8 Children and young people with Health Care Plans attending more than one provision**

A single Health Care Plan should be drawn up and, following parental consent, copied and used within the provisions. However, care must be taken to ensure that the single Health Care Plan meets the needs in each provision.

**Health Care Plans must be reviewed annually or when significant changes occur.**

# 8.0 – Risk Management and Insurance

## 8.1 Risk assessment

You may need to manage the risks relating to:

- managing and administering medication see section 2
- the undertaking of certain procedures of an intimate or invasive nature
- the storage of medication
- infection control
- emergency procedures
- emergency evacuation
- off-site visits
- moving and handling (see section 11.9)
- equipment (e.g. hoists, height adjustable change beds etc )
- hazardous substances
- combustibles e.g. oxygen
- insurance cover

Refer to CYPs Health and Safety Policy & Guidelines

## 8.2 Insurance liability cover

NYCC Liability Insurance does not automatically cover staff when undertaking a health care procedure.

**It is essential that a copy of the Health Care Plan is forwarded to NYCC Insurance and Risk Management prior to any health care being undertaken. Please forward copies electronically to [insurance@northyorks.gov.uk](mailto:insurance@northyorks.gov.uk)**

Prior to sending a Health Care Plan to Insurance and Risk Management you must:

- Inform parent/carer as to why this is necessary
- Ensure parent has signed the health care plan thereby giving consent for it to be shared with Insurance and Risk Management
- Inform parent/carer that NYCC Insurance and Risk Management has Data Protection systems in place
- Explain to parent that the staff who will carry out the health care procedure(s) are not health professionals but will be trained by a registered health professional

If a parent does not give consent for a copy of the Health Care Plan to be sent to NYCC Insurance and Risk Management, then you must inform the parent that without appropriate insurance cover, staff will be unable to carry out the required procedure(s).

Head Teachers/Managers should consult with NYCC Insurance and Risk Management for any further information/advice.

Tel: 01609 532721 email: [insurance@northyorks.gov.uk](mailto:insurance@northyorks.gov.uk)

## 9.0 – Home to School Transport

Some children and young people require home to school transport due to medical needs. Some also require support from a passenger assistant. The Local Authority is responsible for ensuring that passenger assistants...

- Are trained in the required emergency/prevention of emergency procedures
- Understand and follow the designated procedures.
- Have basic first aid training

You must liaise with the passenger assistant regarding...

- The exchange of any emergency medication/equipment
- Information about any concerns, changes to procedures, emergencies and of any medication given

If you are informed by a passenger assistant of concerns or emergencies that have arisen on home-to-school transport, you must ensure appropriate staff are informed.

You should liaise with NYCC Integrated Passenger Transport regarding any queries.

## 10.0 – Off-site Visits Preparation

In view of the Equalities Act 2010 you must make every 'reasonable adjustment' to include children/young people with health care needs.

You should seek information from parents regarding any health care needs which may require management on an off-site visit.

### 10.1 Planning

This needs to be done well in advance as some of the services and support you require may not be available at short notice.

You may need to consider:

- Transport – is a wheelchair accessible bus/taxi required?
- Access to premises/activities
- Information regarding medication, allergies etc
- Resources
- Facilities
- Arrangements for managing medication
- Additional requirements for residential stays e.g. whether a Health Care Plan is needed
- Training for staff and ensuring sufficient trained staff are available (e.g. a residential stay may bring the need for staff to undertake certain procedures normally undertaken at home)
- Additional safety measures including postcode of venue for ambulance sat nav.
- Emergency procedures
- Management of moving and handling
- A 'plan B' scenario to address additional supervision that may arise from the child's/young person's health care needs

### 10.2 Pre visit.

It is good practice to carry out a pre-visit and to write an individual risk assessment for a child/young person with complex physical or medical needs.

Parents have the greatest knowledge about their child's condition and should be involved in the planning of the visit.

**For a planning checklist see appendix 8**

### 10.3 What you need to do

- Take a copy of the health care plan and record of administration of medication
- Identify roles and responsibilities of staff accompanying the child/young person.
- Consider what type of transport is needed.
- Identify how any equipment, resources or medication be transported
- Consider if a rest break will be needed during the journey. Where can you stop that has appropriate facilities?
- Consider what care will be required e.g. toileting/tooth brushing /medication
- Consider where you can carry out this care.
- Consider how many staff will be required?
- Liaise with the venue.
- Consider the appropriateness of the activities. Do alternatives need to be organised?
- Consider the 'going' underfoot including::
  - length of route
  - surface e.g. gravel can be difficult to walk on or push a wheelchair over
  - slopes, steps, hills
  - amount of stamina required by staff and child/young person
- Consider Moving and handling tasks e.g. getting on/off transport, getting in/out of bed. Is a formal moving and handling risk assessment required?
- Is any additional training/advice required in preparation for the trip? e.g. from therapists, health professional, risk management team, insurance
- Is the destination remote or are there implications for emergencies?
- Is there a telephone landline available or reliable mobile phone signal?

#### **Please Remember:**

**Plan well in advance** – it takes time to put things in place. The support/information/ services/products that you require from other people may not be available at short notice e.g. prescribed oxygen requires at least 10 days to organise a supply.

Decisions must be balanced i.e. the degree of risk to staff/child/young person weighed against the benefit of the activity for the child/young person. Risk assessments should be documented so that there is evidence of the rationale for the decisions taken.

#### **Further Information**

- NYCC Guidelines for Educational Off-site Visits and Activities for Children and Young People's Service.
- The Educational Visits Website via the link through the Learning Net ([www.n-yorks.net](http://www.n-yorks.net))
- The Health and Safety of Pupils on Educational Visits DfE 1998 and its three part supplement published in 2002.  
[www.education.gov.uk/aboutdfe/advice/f00181759/departmental-advice-on-health-and-safety-for-schools](http://www.education.gov.uk/aboutdfe/advice/f00181759/departmental-advice-on-health-and-safety-for-schools)  
[www.hse.gov.uk/services/education/school-trips.pdf](http://www.hse.gov.uk/services/education/school-trips.pdf)
- The Equalities Act 2010

## **Part 3**

# **Useful Information and Guidance**

## 11.0 – Medical Conditions and Specific Guidelines

### 11.1 Asthma

<b>What is it?</b>	A long term condition affecting the airways that carry air in and out of the lungs. Asthma triggers can irritate the airways causing them to react.
<b>Signs and Symptoms</b>	Can include: <ul style="list-style-type: none"><li>• feeling breathless</li><li>• wheezing</li><li>• coughing</li><li>• tightness in the chest</li></ul>
<b>Triggers</b>	Chalk, dust mites, animal fur, chemicals, mould etc. Aim to reduce as many as these as is reasonably practicable.
<b>How might symptoms be controlled?</b>	<ul style="list-style-type: none"><li>• Avoidance of triggers</li><li>• Inhalers – preventers/relievers</li></ul>
<b>Staff training</b>	All staff including supply teachers need to know how to recognise asthma and what to do in an emergency. In schools, your school nurse may provide advice on where to obtain the training. Good practice would be for all staff to receive annual training.
<b>What do you need to do?</b>	<ul style="list-style-type: none"><li>• Ensure immediate access to inhalers at all times. Do not store in a locked container.</li><li>• Encourage children and young people to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough.</li><li>• Ask parents to provide a spare inhaler.</li><li>• Those with more severe asthma or who use a nebuliser need an individual health care plan</li><li>• A generic procedure can be created for those with less severe asthma who only use their inhalers occasionally.</li><li>• Keep an asthma register.</li></ul>
<b>Further information</b>	<a href="http://www.asthma.org.uk">www.asthma.org.uk</a> <a href="http://www.cafamily.org.uk">www.cafamily.org.uk</a>



## 11.2 Epilepsy

<p><b>What is it?</b></p>	<p>A tendency to have seizures which are caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the messages that are passed between brain cells.</p>
<p><b>Signs and Symptoms</b></p>	<p>The main symptoms are repeated seizures. There are about 40 different types of seizure ranging from trance like state to major convulsions.</p>
<p><b>Triggers</b></p>	<p>Seizures can come without warning however; sometimes triggers can be identified e.g.</p> <ul style="list-style-type: none"> <li>• Stress/excitement</li> <li>• Hormonal changes</li> <li>• Tiredness</li> <li>• illness</li> <li>• Photosensitivity.</li> </ul> <p>It is essential that you find out if there are identified triggers and detail these and how they will be avoided/limited in the health care plan.</p>
<p><b>How might symptoms be controlled?</b></p>	<ul style="list-style-type: none"> <li>• Preventative medication</li> <li>• emergency medication e.g. Buccal Midazolam/ Rectal Diazepam</li> <li>• A Vagal Nerve Simulator</li> <li>• Special diet.</li> <li>• Avoidance of triggers</li> </ul>
<p><b>Staff Training</b></p>	<p>All staff, including supply teachers, need to know how to recognise epilepsy and what to do in an emergency.</p> <p>In schools, your school nurse may provide advice on where to obtain training.</p> <p>A specialist epilepsy nurse may provide specific training to staff who administer medication or signpost you to where you can get this. You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.</p> <p>Good practice would be for staff to receive annual training for administration of emergency medication.</p>
<p><b>What do you need to do?</b></p>	<p>Most epilepsy can be controlled by medication and needs a health care plan to be written, which details any areas where extra vigilance may be required e.g. when swimming.</p>

	<p>Where epilepsy is not well controlled an additional risk assessment will be needed.</p> <p>For younger children in free flow areas a risk assessment may be needed due to the nature of the environment and the additional issues this may bring.</p>
<b>Health care plans provided by health professionals</b>	Some specialist epilepsy nurses provide a pre written plan. You may choose to use this or use the information to write your own.
<b>Can epilepsy affect learning?</b>	Some children and young people may experience difficulties with concentration, memory loss, tiredness behaviour and learning. Having many or severe seizures can result in injury to the brain.
<b>Tests and Examination Arrangements</b>	Some pupils may be entitled to access arrangements such as extra time, rest breaks. This must be applied for in good time with the appropriate exam boards. Such arrangements should also be applied to school activities.
<b>Further information</b>	<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> <a href="http://www.cafamily.org.uk">www.cafamily.org.uk</a> Joint Epilepsy Council <a href="http://www.epilepsysociety.org.uk">www.epilepsysociety.org.uk</a>

## 11.3 Diabetes

<b>What is it?</b>	Diabetes is a long-term condition caused by too much glucose, a type of sugar, in the blood. It is also known as diabetes mellitus.
<b>Signs and Symptoms</b>	May include: <ul style="list-style-type: none"><li>• Feeling very thirsty</li><li>• Going to the toilet a lot, especially at night</li><li>• Extreme tiredness</li><li>• Weight loss and muscle wasting (loss of muscle bulk)</li></ul>
<b>How might symptoms be controlled?</b>	Diet Insulin via injection or pump
<b>Staff Training</b>	All staff including supply teachers need to know what symptoms to look out for and what to do in an emergency.  In schools, your school nurse may provide advice on where to obtain training.  A specialist diabetes nurse may provide specific training to staff who supervise or administer medication, test blood sugar levels, test Ketones and calculate carbohydrate contents of meals. You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.  Good practice would be for staff to update their training annually.
<b>What do you need to do?</b>	<ul style="list-style-type: none"><li>• Detail needs in a health care plan</li><li>• Where the diabetes is not well controlled or in free flow areas an individual risk assessment will be needed.</li><li>• Identify a place in school where blood sugar levels can be tested and insulin/food given as detailed in the health care plan.</li><li>• Put in a procedure for the safe disposal of sharps</li></ul>
<b>Further information</b>	<a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> <a href="http://www.cafamily.org.uk">www.cafamily.org.uk</a>

## 11.4 Congenital Heart Disease

<b>What is it?</b>	Congenital heart disease is a general term for a range of conditions that affect the normal workings of the heart. Congenital means that a condition is present at birth.
<b>Signs and Symptoms</b>	<p>Include:</p> <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Shortness of breath</li> <li>• Blue-coloured skin, particularly on the fingers, toes and lips (cyanosis)</li> <li>• Getting tired easily, particularly after exercise</li> </ul>
<b>Staff Training</b>	<p>All staff including supply teachers need to know how to recognise symptoms and what to do in an emergency.</p> <p>In schools, your school nurse can provide advice on where to obtain training.</p> <p>Training should be updated regularly.</p> <p>You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.</p>
<b>How might symptoms be controlled?</b>	<ul style="list-style-type: none"> <li>• Reduce movement around the building</li> <li>• Allow rest breaks</li> <li>• Alternative activities may be required in the case of PE lessons and physical activities.</li> </ul>
<b>What do you need to do?</b>	<ul style="list-style-type: none"> <li>• Detail needs in a health care plan</li> <li>• Write an individual risk assessment</li> </ul> <p>NB if Oxygen is kept on the premises seek advice from CYPS health and safety</p>
<b>Want to know more?</b>	<p><a href="http://www.nhs.uk/Conditions/Congenital-heart-disease/Pages/Introduction.aspx">http://www.nhs.uk/Conditions/Congenital-heart-disease/Pages/Introduction.aspx</a></p>

## 11.5 Allergic Reaction

<b>What is it?</b>	An adverse (bad) reaction to a particular substance (allergen).
<b>Signs and Symptoms</b>	<p>Can include:</p> <ul style="list-style-type: none"> <li>• Sneezing</li> <li>• Wheezing</li> <li>• Sinus pain</li> <li>• Runny nose</li> <li>• Coughing</li> <li>• Nettle rash/hives</li> <li>• Swelling</li> <li>• Itchy eyes, ears, lips, throat and palate</li> <li>• Shortness of breath</li> <li>• Sickness, vomiting and diarrhoea</li> <li>• Anaphylactic shock</li> </ul>
<b>Triggers</b>	<p>Can include:</p> <ul style="list-style-type: none"> <li>• Pollen</li> <li>• House dust mites</li> <li>• Mould</li> <li>• Animal fur</li> <li>• Latex</li> <li>• Nuts</li> <li>• Bee and wasp stings</li> </ul>
<b>Staff Training</b>	<p>All staff including supply teachers need to know how to recognise allergic reactions what constitutes an emergency and what to do in an emergency.</p> <p>In schools, your school nurse may provide advice on where to obtain training. A school nurse may also provide specific training to staff who administer medication via an Epipen. Good practice would be for training to be updated annually.</p> <p>You must ensure that sufficient numbers of staff receive the training in order to manage cover during staff absences.</p>
<b>How might symptoms be controlled?</b>	<ul style="list-style-type: none"> <li>• Avoidance of allergens where possible</li> <li>• Medication via tablet, liquid, epipen</li> </ul>
<b>What do you need to do?</b>	<ul style="list-style-type: none"> <li>• Keep Epipens readily accessible</li> <li>• Reduce triggers where possible</li> <li>• Those with more severe allergic reactions will need a health care plan and a risk assessment</li> <li>• Consider food preparation</li> <li>• Consider meal supervision</li> <li>• Put in place a procedure for the safe disposal of sharps</li> </ul>

<p><b>Should we ban identified triggers from school e.g. nuts</b></p>	<p>Before making this decision, you should undertake a risk assessment which considers the nature of your establishment, the maturity of the child and other children, the severity of the allergy etc.</p> <p>A balanced decision should then be made.</p> <p>National Union Teachers guidance states...</p> <p><i>...prohibitions on specific foods such as 'nut bans' which have been introduced by some schools are not seen as the best way forward: allergic children should be able to develop an awareness of dealing with risks which prepares them for life outside the school environment.</i></p>
<p><b>Want to know more?</b></p>	<p> <a href="http://www.allergyinschools.co.uk">www.allergyinschools.co.uk</a>  <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>  <a href="http://www.teacher.org.uk">www.teacher.org.uk</a> </p>

## 11.6 Intimate Personal Care including Continence

<b>What is it?</b>	<p>Procedures of a personal/invasive nature e.g. assisting...</p> <ul style="list-style-type: none"> <li>• Cleaning and changing a pupil who has soiled/wet themselves.</li> <li>• Disabled or young girls with aspects of menstruation</li> <li>• Disabled children and young people with toileting needs</li> <li>• with oral health procedures e.g. teeth brushing</li> </ul>
<b>Why might needs arise?</b>	<p>Examples...</p> <ul style="list-style-type: none"> <li>• Young age</li> <li>• Cognitive and developmental level</li> <li>• Physical disability or medical condition</li> <li>• Behavioural issues</li> </ul>
<b>Admissions</b>	<p>You must not refuse admission to a child or young person due to not being toilet-trained or not being able to manage their own intimate personal care needs.</p>
<b>Reasonable Adjustments</b>	<p>You should make all 'reasonable adjustments' to manage intimate personal care needs to ensure emotional resilience and develop good health and well-being.</p>
<b>Health Care Plan</b>	<p>This should be used to detail how intimate personal care will be managed. (Appendix 5)</p> <p>Occasional 'accidents' do not require a Health Care Plan. It is good practice to have generic written procedures for these incidents. In an early years setting, where a number of children may be changed on a regular basis, generic changing guidelines are sufficient.</p>
<b>Independence</b>	<p>Children and young people should be encouraged to undertake as much of the task as is reasonably possible and this should be detailed in the Health Care Plan.</p>
<b>Staffing levels</b>	<p>This must be assessed on an individual basis. In most circumstances procedures only require 1 member of staff. Two members of staff should only be used where there is a specific need e.g.</p> <ul style="list-style-type: none"> <li>• A moving and handling need</li> <li>• A history of child protection issues,</li> <li>• Behavioural issues.</li> </ul> <p>The National Union of Teachers advice (March 2009) states... <i>there is no legal requirement for 2 adults to be present in such circumstances and such a requirement might in any case be impractical</i></p>

<b>Identifying an area where procedures can be undertaken.</b>	<p>This needs to take into account ...</p> <ul style="list-style-type: none"> <li>• Age/gender</li> <li>• Facilities required/available</li> <li>• Privacy and dignity</li> </ul>
<b>Disposal of Waste</b>	<p>Soiled or wet nappies/pads and wipes should be double bagged using nappy bags and disposed of in the usual waste. If there is a larger quantity you may want to contact your local environmental health department for advice.</p> <p>Where a child or young person is known to have a reportable disease e.g. HIV or Hepatitis you must always contact your local environmental health department for advice on safe disposal</p>
<b>Soiled/wet clothing</b>	<p>This should be double bagged using plastic carrier bags and stored in a lidded bin/box for returning home at the end of the session. Non – residential Schools/settings are not expected to wash soiled/wet clothing</p>
<b>Resources/ Equipment For Continence issues</b>	<p>You must supply:</p> <ul style="list-style-type: none"> <li>• Gloves (Nitrile rather than latex)</li> <li>• Disposable aprons</li> <li>• Nappy bags</li> <li>• Lidded box/bin</li> <li>• Hand washing facilities</li> <li>• Changing mat / change bed</li> </ul> <p>Note: some children and young people prefer to be changed standing up</p> <p>Parents should supply:</p> <ul style="list-style-type: none"> <li>• Nappies/incontinence pants/pads</li> <li>• Wipes</li> <li>• Spare clothing</li> </ul> <p>It is good practice to keep a small supply of these in case of need. Your own supply of wipes should be non alcohol based.</p>
<b>Hygiene and infection control</b>	<p>Staff who assist with intimate personal care procedures should not have any nail enhancements or nail varnish. They should keep fingernails short and remove any jewellery on hands and wrists (apart from plain bands)</p> <p>Good hand hygiene practice should be followed by staff and the child/young person.</p>



<b>Parental Involvement</b>	<p>You should be clear on what resources and information you expect parents to provide and detail this in the Health Care Plan. Good liaison is essential.</p> <p>Parents cannot be expected to come into school to undertake intimate personal care. Parents cannot be asked to come into school to lift their child on/off the toilet or undertake any other manual handling needs. This also applies to off-site visits and residential trips.</p>
<b>Staff Training</b>	<p>A lot of intimate personal care is about using common sense but it is important to remember that staff may need help and guidance to gain confidence in following the procedures; this can be done through discussion with other staff, parents, and school nurses. School nurses may provide training.</p> <p>In addition adults involved need to be aware of safeguarding/child protection.</p>
<b>Further information</b>	<ul style="list-style-type: none"> <li>• NYCC Health and Safety policy.</li> <li>• NYCC Intimate Care for Children and Young people in Disabled Children's Resource Centres and Children's Homes April 2008</li> <li>• National Union of Teachers Continence and Toilet Issues in Schools March 2009</li> <li>• NYCC At a Glance</li> <li>• NYCC Continence Policy for the Early Years Foundation Stage May 2011</li> </ul>

## 11.7 Physiotherapy Programmes

<b>What is it?</b>	Exercises which aim to improve or maintain mobility/movement. They are an essential aspect for a child or young person's care. This may also include the use of a standing frame.
<b>Reasonable adjustments</b>	You need to make 'reasonable adjustments' to include physiotherapy taking into account... <ul style="list-style-type: none"><li>• Time</li><li>• Staffing</li><li>• Staff training</li><li>• Parents &amp; child/young persons views</li><li>• Facilities</li><li>• Equipment</li></ul>
<b>Identifying a suitable area</b>	This would take into account... <ul style="list-style-type: none"><li>• Dignity and privacy</li><li>• Space for the child or young person and staff</li><li>• Space for any equipment e.g. plinth, mat, hoist etc</li></ul>
<b>Following a programme</b>	You would only undertake a physiotherapy programme following guidance from the child/young person's physiotherapist.  It is essential that the physiotherapist trains staff, sets and monitors the programme.  Where a private physiotherapist has been employed by parents and will be working in your provision you will need to ensure that they... <ul style="list-style-type: none"><li>• Are registered with The Health Professions Council.</li><li>• Have their own insurance.</li><li>• Have CRB clearance.</li></ul>

## 11.8 Legs: injuries and surgery

<b>Reasonable adjustments</b>	These are likely to be short term and often unexpected. However, you will need to make 'reasonable adjustments' to meet needs.
<b>Planning a child/young person's return.</b>	<p>Find out the following information...</p> <ul style="list-style-type: none"> <li>• Are both legs affected?</li> <li>• Are there external fixators (metal work around a leg)?</li> <li>• Have any mobility aids been issued e.g. crutches, wheelchair?</li> <li>• Is the child/young person able to weight bear?</li> <li>• Is there a need for a phased return?</li> </ul> <p>Arrange a pre visit for the child/young person and parent. Consider...</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Emergency exits</li> <li>• Alternative routes/areas</li> </ul>
<b>Toileting needs</b>	<p>Identify</p> <ul style="list-style-type: none"> <li>• Which toilet is most appropriate to use.</li> <li>• Any assistance needed and which staff will give this.</li> </ul> <p>If a child/young person cannot get on/off the toilet independently moving and handling advice must be sought. Parents must not be asked to lift their child on/off the toilet.</p>
<b>What might you need?</b>	<ul style="list-style-type: none"> <li>• A risk assessment</li> <li>• Health Care Plan</li> <li>• A moving and handling risk assessment</li> </ul>
<b>Access to the curriculum / activities</b>	<p>It is important that you make 'reasonable adjustments' to ensure inclusion into activities. Consider...</p> <ul style="list-style-type: none"> <li>• Physical activities</li> <li>• Practical activities</li> <li>• Off-site visits</li> <li>• Break times</li> <li>• after school activities</li> </ul>
<b>Further information</b>	<ul style="list-style-type: none"> <li>• NYCC Health and Safety Policy</li> <li>• Moving and handling section of this document (11.9)</li> </ul>

## 11.9 Moving and Handling

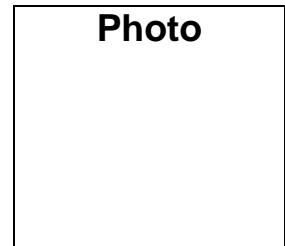
<b>Definition</b>	Some children and young people with physical disabilities require assistance with moving. This is known as 'manual handling' e.g. assistance to move from wheelchair to toilet/chair, get in/out of bed, stand up from sitting.
<b>Underlying principles</b>	<p>These aim to reduce risk of injury to everyone involved. In addition...</p> <ul style="list-style-type: none"> <li>• Consideration is given to dignity and privacy</li> <li>• There needs to be written procedures agreed by a moving and handling trainer/health care professional</li> <li>• The views of the child or young person and their parents must be taken into consideration</li> <li>• It is important to encourage children and young people to be as actively involved as possible</li> <li>• Staff need to be trained</li> <li>• All procedures are risk assessed</li> </ul>
<b>What you need</b>	<ul style="list-style-type: none"> <li>• Moving and handling Risk Assessment ( Appendix 7 )</li> <li>• Staff training</li> <li>• Appropriate equipment</li> </ul>
<b>Assessing needs</b>	This should be done in conjunction with the child/young person's occupational/physiotherapist
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Moving and Handling Risk Assessment ( Appendix 7 )</li> </ul> <p>It is your responsibility to do this with advice and support from a NYCC moving and handling trainer</p>
<b>Staff Training</b>	<p>Staff will require back care training and specific manual handling training. This can be obtained by contacting <a href="mailto:spm@northyorks.gov.uk">spm@northyorks.gov.uk</a></p> <p>You must ensure you have sufficient staff trained to allow for absences</p>
<b>Monitoring and reviewing</b>	<p>Amendments to the Moving and Handling Risk Assessment should be made when any significant changes occur.</p> <p>It should be reviewed annually</p>
<b>Who to contact for support?</b>	<p>The Sensory, Physical &amp; Medical Teaching Service  <a href="mailto:spm@northyorks.gov.uk">spm@northyorks.gov.uk</a></p>
<b>Further information</b>	<ul style="list-style-type: none"> <li>• NYCC CYPS Health and Safety Policy</li> <li>• NYCC Moving and handling policy</li> <li>• Appendix 6</li> </ul>

## **Part 4**

# **Appendices**

# Request to Administer Medication (Form Med 1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.



This form must be completed by the parent before the request can be considered

Name of Provision .....

## Child's/Young Person's Details

Name .....	DoB.....
Address .....	
Parent/carer name and contact number.....	
GP's name and contact number.....	
Emergency contact name(s) and number(s).....	

## Details of Medication

Medical condition/illness.....	
Medication name and strength.....	
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....	
<b>NB Medications must be in the original container as dispensed by the pharmacy</b>	
Dosage and frequency/time of administration.....	
Details for storage.....	
Administering instructions.....	
Any known side effects .....	
Date first dose given .....	Date last dose given.....

## Potential Emergency Details

What would constitute an emergency? .....

.....

.....

.....

What to do in an emergency.....

.....

.....

## Parental Statement of Consent

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer .....Date.....

## School/Setting-Statement of Agreement

(Name of school/setting) ..... agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print).....

Signature of Headteacher/Manager .....Date.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given then a separate form must be completed for each.**

# Administration of Medication Record (Form Med 2)

**Sheet number.....**

(In chronological order)

Name of Provision			
Name of child/young person		DoB	Class or group
Name of GP and contact number			
Emergency name and contact number			

Name of medication	Any special instructions
Formula (e.g. tablets)	
Dosage and administering times	

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising ( <i>please print</i> )	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> <li>Repeat prescription supplied</li> <li>Medication returned to parent</li> <li>Medication returned to pharmacy (Pharmacist signature required)</li> <li>Parents signature ( Early Years Children only )</li> </ul>





## Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision .....

### Child's/Young Person's Details

Name.....	DoB .....
Address .....	
Parent/carer name and contact .....	
GP's name and contact number .....	
Emergency contact name and number .....	
Emergency contact name and number .....	

### Details of Medication

Medical condition/illness .....
Medication name and strength .....
Medication formula (eg tablets) .....

### Action to be taken in an emergency

--

## Parental Request and Statement of Agreement

I (printed name of parent/carer) .....

- request that my child carry and self administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will not be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Signature of parent/carer .....Date:.....

## Provision Statement of Consent

(Name of Provision) ..... agrees to allow

(Name of child/young person)..... to carry and self-administer their named medication

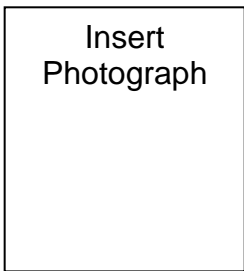
Name of Headteacher/Manager (please print) .....

Signature of Headteacher/Manager ..... Date.....

**NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given**

**If more than one medication is to be carried and self-administered then a separate form must be completed for each.**

## Health Care Plan



<b>Name</b>		
<b>DOB</b>		
<b>Address</b>		
<b>Telephone number</b>		
<b>Medical Condition</b>		
<b>Known Allergies</b>		
<b>Indicate Identified needs</b>	Emergency Care	
	Medication	
	Medical procedures	
	Intimate personal care ( including continence )	
	Staff Training	
	Managing education during medical absences	
	Home to school transport	
<b>Named person responsible for Health Care Plan</b>		
<b>Role of named person</b>		
<b>Address of provision</b>		
<b>Telephone number</b>		

**In an emergency:**

<b>What to watch out for</b>	<b>What to do</b>

<b>Contact Details</b>	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Emergency</b>			
<b>Parent</b>			
<b>Parent</b>			
<b>Main Provision</b>			
<b>Other Provision</b>			
<b>Health Professionals</b> <ul style="list-style-type: none"><li>• GP</li><li>• Consultant</li><li>• Specialist nurse</li></ul>			
<b>Other</b>			

**Medication**

<b>Medicine</b> (Indicate whether taken inside/outside of provision hours. Include dose and form e.g. tablet)	<b>Persons who will administer</b>	<b>Possible side effects &amp; action to be taken/Comments</b>

**Medical Procedure**

<b>Procedure</b>	<b>When?</b>	<b>How?</b>	<b>Comment</b>

**Intimate Personal Care/ Contenance Management** (this section does not require the signature of a registered health professional)

Description of care and procedure for staff to follow including hygiene control measures	
Identity which parts of the care the child can do independently	

Resources required and provider	
Frequency/times when care required	
Where will personal care be carried out?	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional relevant information? e.g. communication needs, behaviour,	
Management of wet/soiled clothing	
Number of staff required	
Names of staff identified to carry out intimate personal care	

**Staff training:**

<b>Training required</b>	<b>Who will provide?</b>

**Managing education during medical absences ( Schools only )**

Person responsible for ensuring work is sent home if appropriate	
Person responsible for monitoring absences and liaising with the Enhanced Mainstream School / Pupil Referral Service	

**Transport:**

Instructions for giving medication / carrying out procedures in transit (It is the responsibility of the main provision to ensure a copy of this Health Care Plan is shared with transport staff as appropriate)	
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**Health Care Plan Agreed By:**

	<b>Name</b>	<b>Signature</b>
<b>Registered Health Professional</b>		
<b>Main Provision</b>		
<b>Second Provision (if applicable)</b>		
<b>Third Provision ( if applicable)</b>		
<b>Child/Young Person ( if appropriate )</b>		

**Parents Consent**

By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name.....

Parents Signature .....

Relationship to Child.....Date.....

**Data protection:**

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person.

The information will be kept in accordance with NYCC policy regarding Data Protection

**A copy of this Health Care Plan must be sent to [insurance@northyorks.gov.uk](mailto:insurance@northyorks.gov.uk)**



# Guidance to Completing a Health Care Plan

### Page 1

- The named person should be someone within the child/young person's main provision (This is usually the school/setting). It should not be the parent.

### Page 2

- Identify any known emergencies and procedures to follow. It may be easier to complete this page last
- Consider the implications for staffing
- Consider the impact on peers and staff and how this will be managed

### Page 3

- Ensure the medication matches the administration of medicines record.
- Identify the form the medication is in e.g. tablet, liquid
- Any changes to medication should be received in writing from a registered health professional.
- Identify day to day health care procedures and which staff will undertake them. You will need to identify sufficient staff to allow for absences.
- Identify hygiene control measures

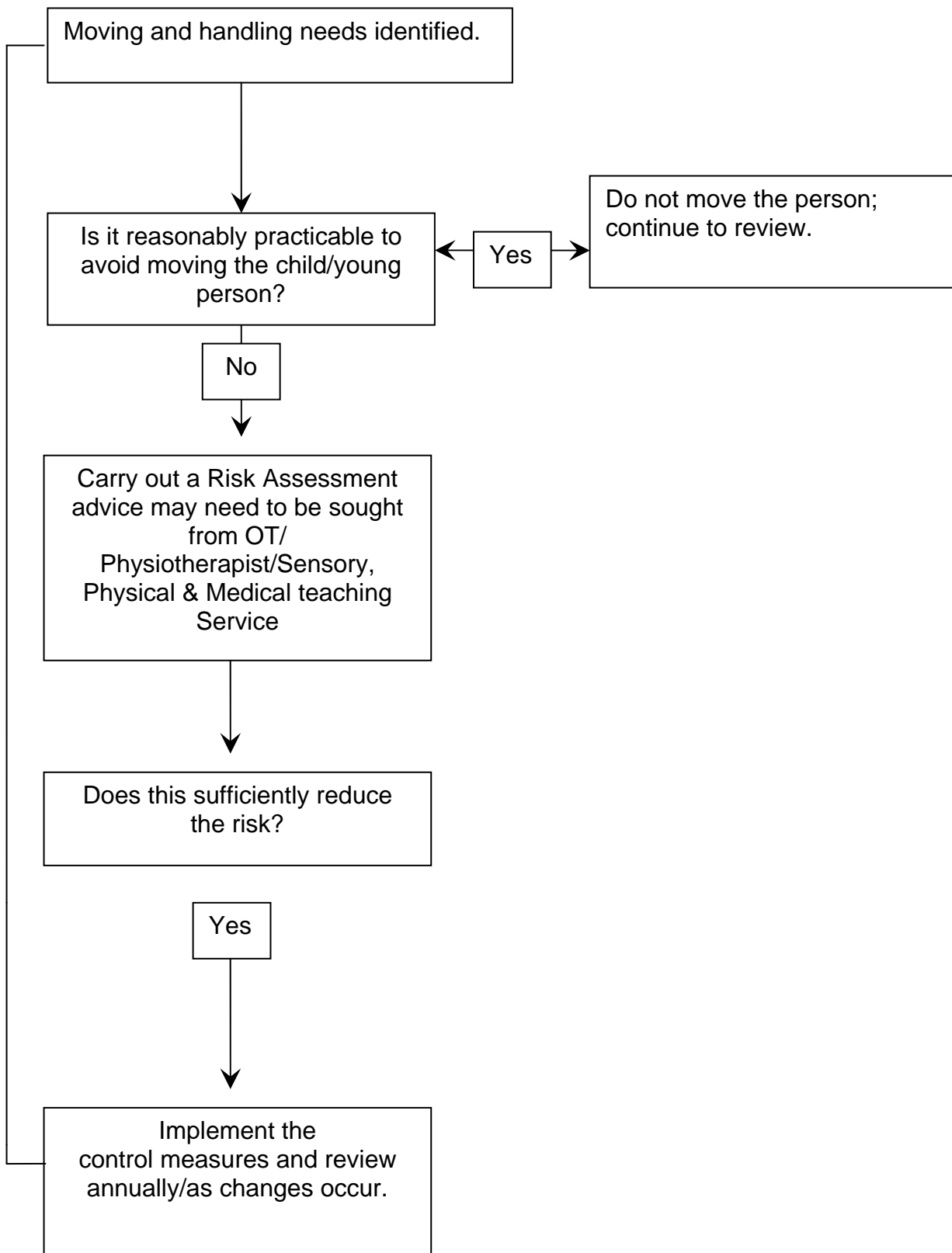
### Page 4

- Identify any staff training needed and who will provide this
- Identify how absences due to medical needs will be managed

### Page 5

- Note any instructions specific to transport e.g. should the vehicle be stopped if possible? Can the medication be administered inside the vehicle? Is there enough space for a specific procedure?
- Additional provisions may include after school clubs, respite care, out of school activities. These provisions may need to adapt the HCP to suit their own situations.

**Moving & Handling of Children/Young People**



## Moving &amp; Handling of Child/Young Person Risk Assessment

Name:

D.O.B:

Height:

Weight:

Physical/Medical Condition/s (if diagnosed):

Provision / Location:

Does the Task involve...	Is there a risk?		Identified Issues	Action to reduce risk
	Yes	No		
Holding away from trunk				
Twisting/pushing/pulling				
Stooping/posture constraints				
Reaching upwards				
Vertical movement				
Carrying a distance				
Repetition				
Other				

Staff	Is there a risk		Identified issues	Action to reduce risk
	yes	No		
Physical capabilities				
Knowledge/capability				
Other e.g. clothing, footwear, sharp nails				

Environment				
Posture constraints				
Floor e.g. variation in level, uneven surface				
Cold / hot / humid				
Strong air movement				
Available space				
Other				

Child/Young person				
Impact of condition e.g. involuntary movements, brittle bones, hyper mobility				
Behaviour issues				
Other e.g. epilepsy,				

Tasks needing assistance	Method	Equipment	Number of staff
Walking / mobility			
Using steps/stairs			
Transfer to & from chair / wheelchair			
Transfer to & from toilet / change bed / bath			
Moving/turning over in bed			
Transfer to & from transport			
Other			

**Information / Comments**

Name:	Signature:	Position:	Date: / /

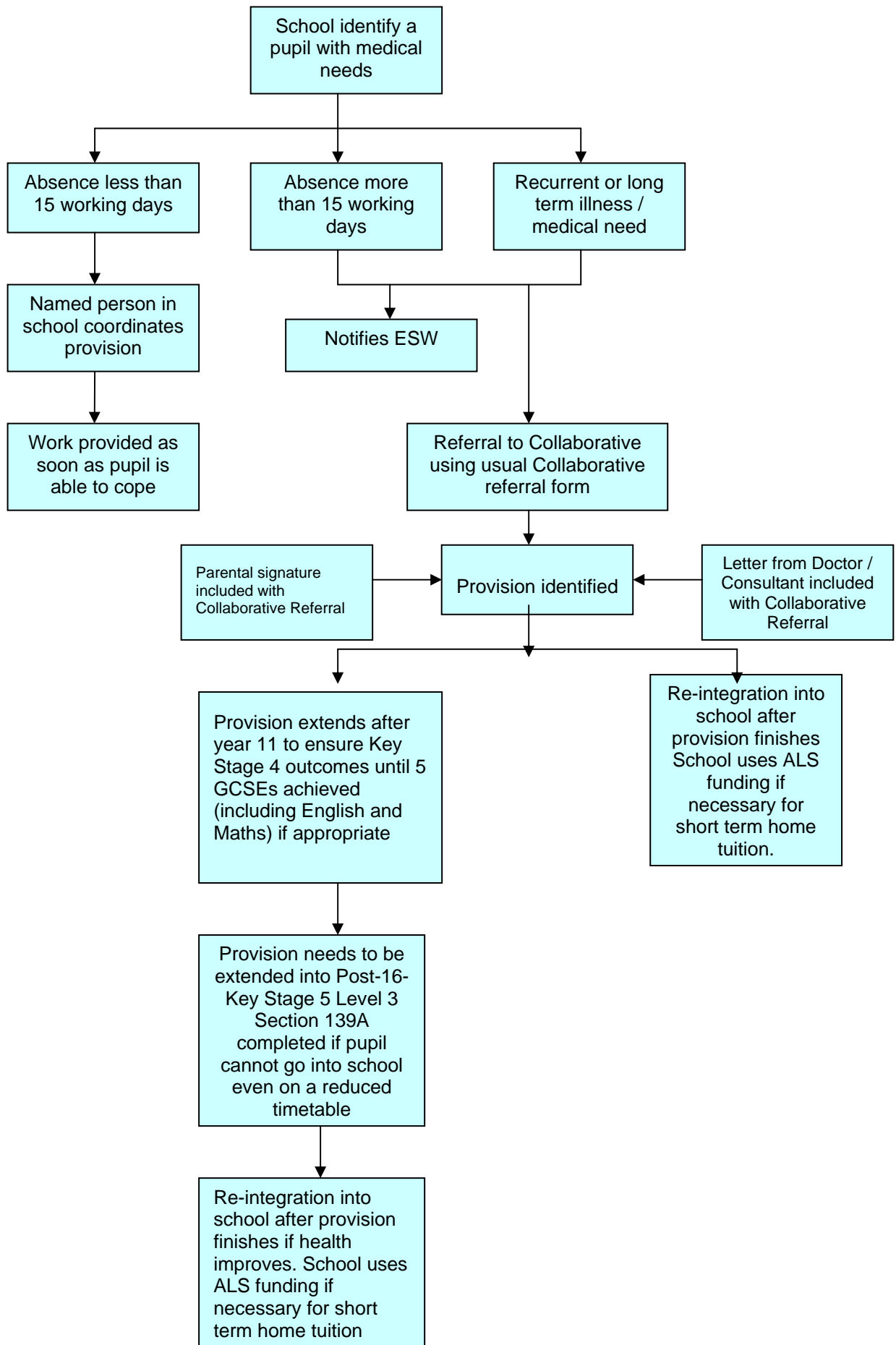
## Off-site visits planning checklist

Name of child/young person:	DOB:	Class/group:
Details of proposed visit:		
Name(s) of staff involved in planning:		

Planning	Action	Person Responsible	Timescale
Parents consent			
Identify health care needs – procedures, training, resources			
Transport			
The journey			
Undertaking health care procedures during the visit – what, where, when, who, how?			
Access to the venue/activity			
Moving and handling tasks			
Additional considerations			

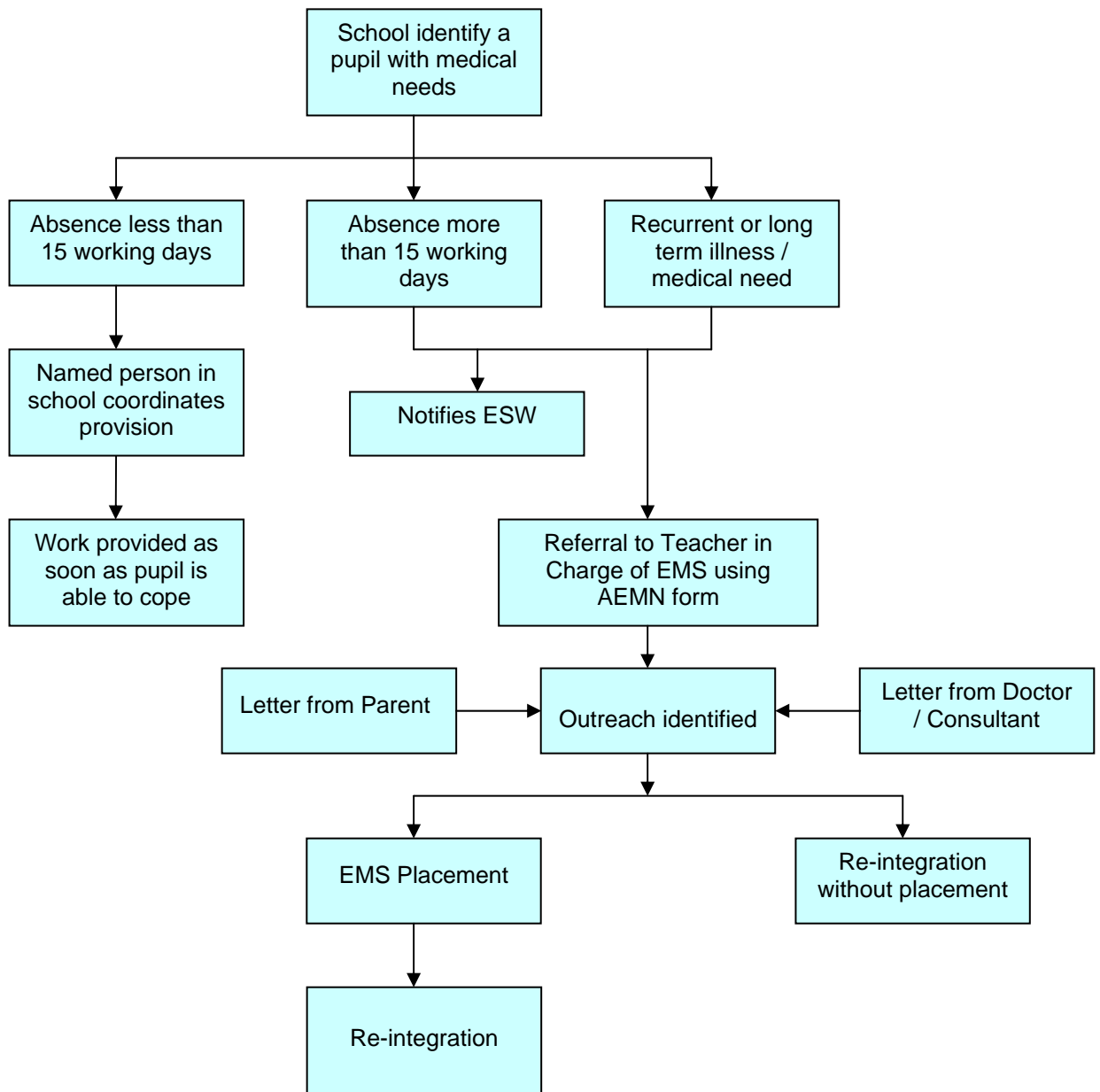
**ACCESS TO EDUCATION – MEDICAL NEEDS**

**REFERRAL PROCESS: Secondary Schools**



**ACCESS TO EDUCATION – MEDICAL NEEDS**

**REFERRAL PROCESS: Primary Schools**





## **Part 5**

# **References**

## **www.education.gov.uk**

For all government documentation related to education

Dfes	Children Act	2004
Dfes / DH	Managing Medicines in Schools and Early Years Settings	2005
Dfe	Children's Homes: National Standards	2011
Dfe	Statutory Framework for the Early Years Foundation Stage	2008
Dfes	Including Me – Managing complex health needs in schools and early years settings	2005
Dfe	Guidance for Safe Working Practice for the Protection of Children and Staff in Educational Settings	2006
Dfe	Health and Safety of Pupils on Educational Visits and its three part supplement ( 2002.)	1998

## **www.ofsted.gov.uk**

### **Office for Standards in Education, Children's Services and Skills**

**(Ofsted)** for information on **National Standards** which providers should work towards e.g. Day Care and Childminding, Care in Residential Special Schools, Social Care Inspection Guidance.

### **Department of Health website ( [www.dh.gov.uk](http://www.dh.gov.uk) ) for information on:**

- Dfes / DH National Service Framework for Children, Young People and Maternity Services September 2004 National Care Standards
- [www.dh.gov.uk](http://www.dh.gov.uk) (Data Protection Act 1998 guidance for social services)
- (Caldicott Principles)

### **NYCC Publications**

- Children and Young People's Services 'The Health and Safety Policy and Guidance Handbook'.
- At a Glance 2011
- Continence Policy for the Early Years Foundation Stage May 2011
- Guidelines for Educational Off-site Visits and Activities for Children and Young People's Service, Interim Revision January 2008.
- the Educational Visits Website [www.visits.n-yorks.net](http://www.visits.n-yorks.net)
- Medication Administration in Children's Homes and Children's Resource Centres April 2008
- Intimate Care for Children and Young People in Disabled Children's Resource Centres and Children's Homes Feb 2011
- Children's Social Care Medication for Children ( Non residential ) Jan 2008

- Children's Social care Medication and Invasive Care for Disabled Children Jan 2008
- NUT Administration of Medicines 2005
- North Yorkshire Health protection Unit Guidance on Infection Prevention and Communicable Diseases in Schools and Colleges 2007

### **Other Publications**

- Support Services for disabled Children (Non Residential) (Children's Social Care Procedures Section 2.23)
- Short Breaks for Disabled Children in a Children's (Residential) Resource Centre (Children's Social Care Procedures Section 2.27)
- Manual handling operations regulations 1992
- National Back Exchange Standards 2010
- LOLER and PUWER Regulations 1992
- The Guide to the Handling of People (6<sup>th</sup> Ed). Edited by Jacqui Smith. Published by Backcare in collaboration with the Royal College of Nursing and the National Back Exchange.
- The Equalities Act 2010
- Disability Equality Duty 2006
- National Union of Teachers Continence and Toilet Issues in Schools March 2009
- [www.ico.gov.uk](http://www.ico.gov.uk) (Information Commissioners Office)
- [www.hpa.org.uk](http://www.hpa.org.uk) for information about notifiable infections
- The Handling of Medicines in Social Care 2007
- Care Standards Act 2000

## Disability Specific

Website address	Website details
<a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>	The Anaphylaxis campaign
<a href="http://www.shinecharity.org.uk">www.shinecharity.org.uk</a>	Association for Spina Bifida and Hydrocephalus
<a href="http://www.asthma.org.uk/">www.asthma.org.uk/</a>	Asthma UK
<a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a>	The Cystic Fibrosis Trust
<a href="http://www.diabetes.org.uk/">www.diabetes.org.uk/</a>	Information on diabetes
<a href="http://www.eczema.org./">www.eczema.org./</a>	National Eczema Society
<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a>	Information on epilepsy
<a href="http://www.eric.org.uk/">www.eric.org.uk/</a>	Education and resources for improving childhood continence
<a href="http://www.iasupport.org">www.iasupport.org</a>	Information for children and young people who undergo either ileostomy or an internal pouch operation
<a href="http://www.muscular-dystrophy.org/">www.muscular-dystrophy.org/</a>	Information on muscular dystrophy and other neuromuscular conditions
<a href="http://www.promocon.co.uk">www.promocon.co.uk</a>	Promoting continence and product awareness
<a href="http://www.act.org.uk">www.act.org.uk</a>	Association for children's palliative care
<a href="http://www.patient.co.uk">www.patient.co.uk</a>	Information for patients and carers
<a href="http://www.cafamily.co.uk">www.cafamily.co.uk</a>	Information about over 400 medical conditions