



Guidance for Meeting the Needs of Children and Young People with Medical Conditions attending Educational Settings

1.0 Introduction

1.0 This guidance is designed to ensure that children and young people who have health needs are able to have full access to educational settings, including early years settings, schools and colleges.

1.1 It provides a framework for a consistent response to the health needs of children and young people in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of learning.

1.2 The aim of this guidance is to:

- Demonstrate a local multi-agency commitment to positively promote the inclusion of all children with health needs delivered in partnership with children, young people and their families.
- Clarify roles, responsibilities and accountability in enabling children and young people with health needs to be fully included in educational settings.
- Provide reassurance and clarity to both children and young people and their parents and carers about what they can expect to be provided, and by whom.
- Provide a framework within which to manage the risks associated with supporting child or young person's health needs at the educational setting.

2.0 Background and the national context

2.1 This guidance is based on the principles contained within the Department of Education (DofE 2015) statutory document "[Supporting pupils at school with medical conditions](#)" and the Royal College of Nursing (RCN 2018) document "[Meeting Health Needs in Educational and Other Community Settings](#)".

2.2 Improving access to education and educational achievement for pupils with medical needs is essential to ensure equality of opportunity, full participation in society, access to employment opportunities and inclusion within mainstream education.

3.0 Local Context

3.1 This guidance seeks to provide clarity to all education settings who support children and young

people with medical needs.

3.2 Each educational setting has responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they are able to effectively meet the needs of children and young people with health needs who attend their setting.

3.3 These policies will include (but are not limited to the following);

- Safeguarding Policy, including providing intimate care
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps
- Health and Safety Policy, including risk assessments and moving and handling plans

3.4 The Local Offer provides information on local services for children and young people with medical needs across the area and can be accessed via the [Clinical Commissioning Group \(CCG\) website](#).

4.0 Roles and Responsibilities

4.1 Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in the Department of Education (DofE 2015) guidance document “Supporting pupils at school with medical conditions” and the Royal College of Nursing (2018) document “Meeting Health Needs in Educational and other Community Settings”.

4.2 Parental Responsibility

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child’s medical needs, including details of any health professionals who are involved with their child. They should maintain effective communication with the education or community setting to identify any changes in the child or young person’s condition and participate in the regular review and update of their child’s individual Health Care Plan.

4.3 Child and Young Person Involvement

All Children and young people with health needs should be included in meetings and have the opportunity to express their own thoughts and feelings; they should also be encouraged to provide their consent for each identified health or care procedure / intervention when appropriate to do so.

4.4 Governing bodies, educational settings’ staff members

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

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

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

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

4.3 Healthcare Professional Responsibilities

Healthcare professionals are responsible for producing the Individual Health Care Plan which is held by the educational or community setting. Depending on a child's diagnosis and subsequent health needs this may involve contributions from professionals such as the School Nurse, Epilepsy or Diabetes Nurse Specialist, Children's Community Nurse or Specialist Physiotherapist. They will ensure that settings are notified and updated about a child's medical needs and ensure the setting has access to all relevant information required to safely care for that child or young person (as detailed on the Individual Health Care Plan). They should also monitor the accuracy and impact of the Health Care Plan and update it at least annually (or more frequently if needs change).

4.4 Local Authority and CCG

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

5.0 Risk assessment

It is the responsibility of the individual educational setting to undertake a risk assessment the support of parents, the child or young person and any appropriate health professionals. The risk

assessment process should clearly identify:

- Any risks around the healthcare needs and the impact of these needs on the child or young person and others .
- Control measures to manage the risks, i.e. specialist resources, environment considerations etc.
- Any training needs, specifically who will need to be trained, to what level and by whom.
- Measures in place to maintain the privacy and dignity of the child or young person.
- All environments the child may access whilst under the care of the setting, such as trips and visits, sports activities and transport arrangements.

6.0 School Action Plan

A **school action plan** is a document drawn up by the school and parents (with health professionals if needed) to describe how the health care plan can be delivered in settings. A School Healthcare Action Plan is required where a child needs administration of medication or care is not covered under the setting's generic administration of medication policy.

7.0 Health Care Plans

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

7.2 An individual **Healthcare Plan** is a plan drawn up and signed off by a health professional to inform the health needs of an individual CYP. The relevant healthcare professional will be involved in all cases. They will provide advice, support and training to ensure that educational staff are competent to carry out healthcare tasks. The competency will be signed off and monitored by the relevant healthcare professional. CYP and their families should be fully involved in this process.

School/setting Health Care Action plan	Health Care Plans
<p>School/setting Health care action plans are normally (but not exclusively) related to Level 1 needs set out in Appendix A.</p> <p>The format of the plan should include (see example in. :</p> <ul style="list-style-type: none"> • Description of how CYPs needs may impact on attending setting • How to support the CYP in a particular setting including activities such as PE or off site activities. • Identifies what training staff require and how this is accessed • Risk assessment of how needs can be managed in setting • Parental/child agreement to care • Review arrangements 	<p>Health care plan is normally (but not exclusively) related to level 2 needs set out in Appendix A.</p> <p>The format of the plan should include (see example in::</p> <ul style="list-style-type: none"> • Description of the child’s individual needs and how these may impact on the child, what they can do for themselves. • Level of support needed for routine daily care • Details of any medication needed, storage and disposal of medication, dose, method of administration • Clinical procedures which need to be carried out, by whom, when and how • Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care • What training is required and how this will be provided including assessment of competence • Any additional medical information required to keep the child safe within the setting • Description of what constitutes an emergency and what action should be taken • Parental/child agreement to care plan • Should include a review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be documented. • Healthcare professional sign off of the plan including any support staff competency.

Note: The above plans will have to be shared with temporary or agency staff to ensure they are alerted to the needs of CYP

7.3 Review process

All healthcare and action plans must be reviewed by settings in liaison with parents annually or more

frequently, if the needs change, to check that the plan is still relevant. Parents are asked to inform settings of any changes in advice from healthcare professionals and should make this information known to setting. If plans are changed by healthcare professionals, they should inform the schools so that this can be included in the settings action plans.

Some conditions are not expected to change so in some instances plans will not routinely be updated by health professionals on an annual basis, but settings must still check with families that the plan is still the most up to date recommendations from health providers. It is the responsibility of settings to support transitions by sharing healthcare action plans, and new risk assessments are required to be undertaken by each setting.

7.4 Record keeping

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

For summary of the descriptors of level of need, responsibilities, process and record keeping Please refer to summary table set out in Appendix A.

8.0 Training

8.1 Settings will be supported by the child or young person's Health Professionals to identify and advise on the training required by the setting to ensure staff achieve the agreed competencies in line with evidence based best practice.

8.2 The level of training and support will be proportionate and relevant to the level of need specified in Appendix A. The skills required to meet these needs may be routine and easily obtained (Level 1 tasks), or may require training from specialist health professionals (Level 2 tasks) or they may be tasks that should only be carried out by trained health professionals who have received additional training (Level 3 tasks).

8.3 Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and / or care interventions for the individual child or young person.

8.4 Setting Staff will have the contact details of the Health Professional who trained them should they need to request further training or support, including advice if the child or young person's needs change.

9.0 Planning for Emergencies

There needs to be clear policies and procedures in place for the benefit of setting staff and parents / carers about what should happen in the case of a medical emergency. This needs to include details

of contacting both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

10.0 Insurance and indemnity

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

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

11.0 Safeguarding

11.1 All settings and staff providing a service for children with a disability should be aware of the wealth of [published evidence](#) which highlights their increased vulnerability to abuse and neglect.

11.2 Appropriate communication between all professionals is essential to effective safeguarding, especially where there is increased vulnerability.

11.3 All staff must have received an appropriate level of Safeguarding training and undergone pre-employment checks. Local multi-agency safeguarding procedures should be well established and communicated across the setting, and a supportive culture where concerns are raised and investigated should be encouraged.

12.0 Monitoring and Evaluation

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

Appendix A - Levels of Need, responsibilities and support implications

Children and young people may present with a range of needs.

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

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

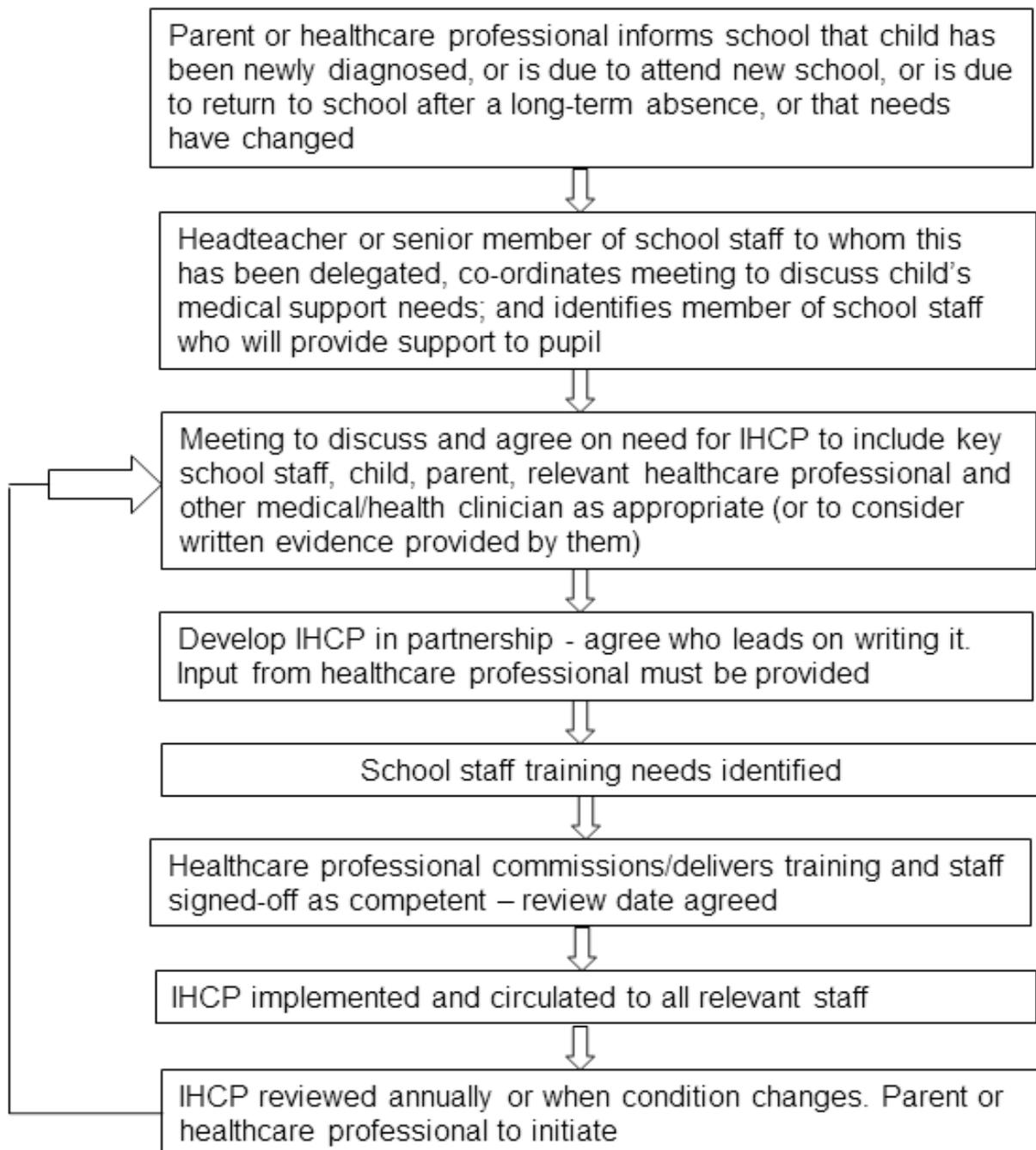
	Level 1 - Routine and Easily Acquired Skills	Level 2 - Tasks Requiring Training from a Health Professional	Level 3 – More complex clinical procedure
Tasks	<p>Feeding and Medication</p> <ul style="list-style-type: none"> • Making up of a routine infant feed following instructions as to how much feed and water to mix together. • Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times. <p>Personal Care, Toileting and Manual Handling</p> <ul style="list-style-type: none"> • Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear • Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc • Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist 	<p>Feeding and medication</p> <ul style="list-style-type: none"> • Stoma care including maintenance of patency of a stoma in an emergency situation • Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan • Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump • Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis. • Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g. rectal diazepam. • Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g. GP, Community Pediatrician or Consultant Neurologist • Emergency administration of 'rescue medication' such as Buccal or Intranasal Midazolam for seizures, and Hypo stop or GlucoGel for the management of low blood sugars in Diabetes <p>Personal Care, Toileting and Manual</p>	<p>Feeding and Medication</p> <ul style="list-style-type: none"> • Re-insertion of a Nasogastric or Gastrostomy Tube • Intramuscular and subcutaneous injections involving assembling of the syringe and dose calculation • Intravenous administration of medication • Programming of syringe drivers • Administration of prescribed Medication not documented in the child's Individual Health Care Plan <p>Personal care, toileting and manual handling</p> <ul style="list-style-type: none"> • Re-insertion of permanent urethral or supra-pubic indwelling catheters <p>Breathing</p> <ul style="list-style-type: none"> • Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the tracheae) • Ventilation care for an unstable and unpredictable child

	Level 1 - Routine and Easily Acquired Skills	Level 2 - Tasks Requiring Training from a Health Professional	Level 3 – More complex clinical procedure
	<p>or Occupational Therapist</p> <ul style="list-style-type: none"> • Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema • Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist <p>Breathing</p> <ul style="list-style-type: none"> • Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy • Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy • Administering oral medicine in accordance with local policy to include over the counter medication (e.g Paracetamol) <p>Other Support and Interventions</p> <ul style="list-style-type: none"> • Supporting a child's communication program by following a written plan prepared by a Qualified Speech & Language Therapist • Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of 	<p>Handling</p> <ul style="list-style-type: none"> • Intermittent Catheterisation and routine catheter care for both urethral and supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder) • Routine Tracheostomy care including suction using a suction catheter • Emergency change of a tracheostomy tube • Oral suction of the mouth • Emergency interventions which would be deemed as basic first aid and includes airway management • Assistance with prescribed oxygen administration including oxygen saturation monitoring where required • Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs. <p>Other Support and Interventions</p> <ul style="list-style-type: none"> • Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g. GP, Consultant Pediatrician or Pediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan 	

	Level 1 - Routine and Easily Acquired Skills	Level 2 - Tasks Requiring Training from a Health Professional	Level 3 – More complex clinical procedure
	<p>the child is maintained during a seizure</p> <ul style="list-style-type: none"> Simple dressings applied to the skin following a written care plan, for example; application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch. 		
Documentation Process	<p>School Healthcare Action Plan School/ educational setting records Medical reports</p> <p>Healthcare action plan is agreed between school and parents and child/young person with medical input where required</p>	<p>Individual Health Care Plan School / educational setting Records Medical Reports</p> <p>Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process</p>	<p>Individual Health Care Plan School / educational setting Records Medical Reports</p> <p>Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process</p>
Responsibilities	<p>Educational setting staff are able to fully support child or young person. Relevant medical/healthcare professional to provide advice and support as necessary.</p>	<p>Educational setting staff able to fully support child or young person but only with relevant medical/healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan.</p>	<p>Suitably qualified Healthcare professional is required to carry out complex medical procedure as per Individual Healthcare plan</p>
Funding implications	<p>Education – all needs are met within the universally available resources</p> <p>Health – all needs are met within commissioned services</p>	<p>Education</p> <ul style="list-style-type: none"> In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support up to the value of £6K. This support has to be specified in the Individual Health Care Plan. If support outlined in the Health Care Plan is above what would be reasonably expected of the educational setting, an application for a High Needs top up should be made (Appendix C). Individual requests will be considered jointly by the LA and the DCO a on case by case basis <p>Health</p> <ul style="list-style-type: none"> Relevant professional will provide advice, support and training to ensure that educational staff are competent to carry out health care tasks (sign off of the competency should be recorded). Additional or update training might have to be provided. 	<p>Health – support fully provided by health commissioned service</p>

	Level 1 - Routine and Easily Acquired Skills	Level 2 - Tasks Requiring Training from a Health Professional	Level 3 – More complex clinical procedure
		<ul style="list-style-type: none"> • Individual Health Care plan will be signed off by the relevant medical professional • Healthcare professional will be involved in all reviews of the Health care plan • In some cases specialist equipment will be provided • In a few, very complex cases there might be a need to agree joint health and education funding or commissioning arrangement. 	

Appendix B - Process for developing individual healthcare plans



Appendix C – Examples of monitoring forms and request for top up form

Ordinarily available support in educational settings:

The vast majority of children with medical needs will be supported in educational settings; this applies to all children and young people described as Level 1 need and majority of children at Level 2.

This support will include

- Reasonable adjustment which should be considered as part of the risk assessment process
- Resources available through the accessibility and strategies and plans
- Auxiliary Aids
- If necessary, staff available and funded through the delegated funding to schools (up to £6K which would normally equate to up to 15 hours of support)
- Information, support, advice and guidance provided by healthcare professionals.

Access to top up funding:

In some circumstances, due to the complexity, severity or unpredictability of the health needs, the child or young person may require support beyond of what would be normally expected for the educational setting to provide. The assessment of such needs and necessary support must be supported by up to date individual health care plan and relevant medical reports.

Top up funding on medical grounds is not linked to the EHC process. This is because some children may have health care needs but no special educational needs.

Such top up funding is allocated by the local authority and has to be reviewed at least every 6 months (unless otherwise stated in the original decision).

The additional High Need top up funding will be agreed in addition to the resources already available at the educational setting. In line with the guiding principle of promoting independence and safe access to educational setting, reasonable adjustments, use of equipment or other auxiliary aids will always be considered first.

Each case will be considered individually.

For example:

A child with diabetes with sugar levels well managed by medication, in need of monitoring should be supported by the educational setting without any top up funding.

However, a young child with uncontrolled diabetes, in need of monitoring throughout the whole school day is likely to require additional top up funding.

The same scenario with an older child might result in them being able to monitor the sugar level independently and therefore will not require additional top up funding and his or her needs will be met by ordinarily available level of support.

Educational setting Health Care Action plan

This form should be used to record support for children with medical needs described as Level 1

Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

Medicine or support required

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Child/young person's views (e.g. what helps?)	
Self-administration – y/n	
Procedures to take in an emergency	
Other support required (pls specify)	
Review arrangements	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details Parent/Carer

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of

the medication or if the medicine is stopped.

Signature (parent/carer) -----Date -----

Signature (on behalf of the educational setting) ----- Date -----

Individual Health Care Plan

This form should be used to record support for children with medical needs described as Level 2 and 3

Name of school/setting

Child's name

Group/class

Date of birth

Child's address

Medical diagnosis or condition

Date of the IHCP

Next Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Lead health care professional Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, impact on schools day.

--

Describe recommended treatments including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Staff training needed/undertaken – who, what, when

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

Signature (parent/carer) -----Date -----

Signature (on behalf of the educational setting) ----- Date -----

Signature (healthcare professional) to sign off the health care plan -----

Signature (healthcare professional) to sign off competency of educational staff member (s)

-----date -----

Children or young people with Medical Needs

Request to Access Top Up Funding

Attach documentation as detailed below:	Please select
Evidence of the level of need; this should include information about diagnosis, medical condition, severity and impact on school day. (copies of up to date assessments and reports must be attached)	<input type="checkbox"/>
Evidence of what support is already provided by school. This could include reasonable adjustments, equipment or additional staffing. Any support must be supported by relevant medical advice (copies of up to date reports must be attached)	<input type="checkbox"/>
Copy of the Individual Health Care Plan, signed and dated.	<input type="checkbox"/>

Please note, applications will **only** be considered if the relevant information is included.

CYP's Name:			
Date of Birth:		Year Group:	
Name of school/setting:			

Medical needs:

Areas of concern – please describe the medical need, severity and impact on school day	Assessed by:	Date:

Support already provided:

Details of adjustment, resources, strategies, medication and auxiliary aids	Impact

Additional support required:

Type of support	As recommended by: the relevant reports and Individual Health Care Plan must be included

Signed:
(Headteacher)

Date:

Educational settings should send this application electronically via SOPHIE to accessandresponse@southglos.gov.uk