



SWINDON
BOROUGH COUNCIL

Swindon

Guidance to Support

Children and Young

People with

Medical Needs

Aged 0-18 years old

in

Educational Settings.

A digital version of this document can be found on 'Schools Online'
and on the Swindon Local offer site www.mycaremysupport.co.uk
Autumn 2014

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Acknowledgements

This Guidance has been developed jointly by Education and Health Professionals who work in Swindon Schools, Nurseries and Educational Settings. It has recently been reviewed to reflect new national and local guidance, protocols and practice.

2014

Disclaimer:

This guidance is not a statutory document. It is written to help and assist settings by providing samples of forms and guidance to be adopted into policies. The samples of Risk Assessments, forms and procedures are meant for information and should be adapted by settings to meet their specific needs.

Guidance to Support Children and Young People with Medical Needs aged 0-18 years old in Educational Settings.

This Guidance is intended to assist schools, nurseries, early years and educational settings to develop an effective policy for children and young people with medical needs. A medical needs policy regularly evaluated and updated will ensure a safe system of care is implemented for all children and young people with medical needs. This will support children and young people with medical needs to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well being

Particular thanks to all those in Swindon Borough Council, the local Health Service and Swindon Schools and who have helped to develop this document.

First Publication 2004

Revised 2006

Revised 2010

Current version 2014

- Supporting pupils at school with medical conditions. Department for Education. April 2014.
- Managing Medicines in Schools and Early Years Settings – Department for Education & Skills and Department of Health 2005.
- Disabled Children & Young People and those with Complex Health Needs – Department of Health 2004.
- Managing Complex Health Needs in Schools and Early Years Settings “Including Me”. Council for Disabled Children 2005, – Department for Education Skills.
- Ensuring a Good Education for Children who cannot attend school because of health needs. January 2013
- First Aid Department for Education and Skills 1998
- Promoting Children’s Mental Health within Early Years and School Setting Department for Education and Skills 2001
- Clinical Governance quality in NHS 2001
- Accessible Schools Planning to increase access to schools for disabled pupils Department for Education Skills 2001
- SEN DDA 2001, Education from September 2002
- Disabled Children & Young People and those with Complex Health Needs – Department of Health 2004
- Managing Bowel and Bladder problems in Schools and Early Years settings. Guidelines for good practice. PromoCon 06/06. Website: www.promocon.co.uk.
- School Nurse: Practice Developmental Resource pack 2006
- Medical Conditions at School. A Resource Pack 2007, -The Anaphylaxis Campaign, Asthma UK, Diabetes UK, Epilepsy Action, Long-Term Conditions Alliance. www.medicalconditionsatschool.org.uk

- Control of Communicable Diseases in Schools and Nurseries Policy 2008 Swindon Borough Council Health Protection Agency.
- Healthy Child Programme 5-19, 2009, Department of Health.
- Policy for education of children and young people unable to attend school because of health needs. 2014
- Getting it right for children, young people and families. Dept of Health 2012
- Sharps Safety. RCN. Nov 2011
- RCN – Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues. Sept 2012.
- Disability Act. Dec 1996.
- The health visitor implementation plan 2011-1015: A call to action. Department of Health 2011
- The Healthy Child Programme: Pregnancy and to the First Five Years of Life. Department of Health 2009.
- The Green Paper on Special Educational Needs and Disabilities (SEND) www.parliament.uk
- Draft Special Educational Needs (SEN) Code of Practice: for 0 to 25 years. www.education.gov.uk
- “Including Me” – Jeanne Carlin, Council for Disabled Children published 2011.
- Guidance on the use of emergency salbutamol inhalers in schools . Department of Health, Oct 2014.

The documents listed above give more in depth guidance on medical needs in educational settings and should be read in conjunction with this Swindon Guidance. Swindon schools, educational settings and services and health professionals all work co-operatively to meet medical needs. The practice, procedures and protocols used in Swindon have been recognised nationally as extremely good and are very effective in supporting the needs of children and young people with medical needs in educational settings.

Definition of Vocabulary / Terminology:

Individual Health Care Plan (IHCP): A document which targets specific health needs of individuals, created by Health Practitioners.

Education and Health Care Plan (EHC plan): A document which will replace the current ‘Statement of Educational Needs’ by September 2017. An individual plan focused on educational, health and social care needs, created in association with the individual, parent / carers and all practitioners involved.

Health Practitioners:

Health Visitor – working with individuals from birth, through preschools till the start of school setting.

School Nurse – working with individuals from reception year till year 11 in schools, or year 13 in sixth form settings.

Individuals over 16 not in a sixth form setting will be transferred to the relevant health professionals in adult services

Services available to assist families and professionals in Swindon with regards to children and young people with additional needs are registered at www.mycaremysupport.co.uk, Swindon Borough councils ‘Local offer’ website.

Contact Numbers that may be useful to Support Children/Young People with Physical and Medical Needs in an educational setting

| Service/Job Title | Telephone No. | Providing Help/Advice in these areas |
|---|------------------------------------|---|
| Health & Safety Officer | 01793 464892 | Health & Safety |
| Insurance Manager | 01793 464621 | Insurance |
| Advisory Teacher for Physical Disability | 01793 428864 | General Support/Advice People Manual Handling Training |
| Personnel Swindon Borough Council | 01793 464343 | Job Description |
| Professional Lead School Nursing Operations Manager | 01793 464971 | Health of school age children |
| Community Public Health Nurse for Schools | 01793 465313 | Health advice, Care Plans, staff training |
| Community Outreach Nursing Service | 01793 604969 | Individual Medical Needs and training |
| Continuing Complex Care Team | 01793 464246 | Children's complex and continuing care team. |
| CAMHS | 01793 464092 | Learning Disability CAMHS Oxford Health NHS Foundation Trust. |
| Hospital and Home Education | 01793 604982 | Support for sick children/young people who can't access mainstream school due to health |
| Community Consultant Paediatrician-School specific | 01793 604020 | Health advice |
| Occupational Health | 01793 464308 | Employee's Health |
| Union representative | Union specific | Guidance/legal advice |
| Early Years Advisory Consultants | 07766 368228 07824 550497 | Pre School Child |
| Professional Lead for Health Visiting | 01793 466436 01793 548170 | Pre-school Children |
| Health Visitor- Area Specific | 01793 466511 | Pre School Child |
| Children in Care | 01793 464334 | Advice |
| Parent Partnership | 01793 466494 | Advice/ Support to parents |
| Cannon Hygiene Service | 0844 967 0682 | Arrange nappy collection |
| Transport Home to School | 01793 466215 | Special Educational Needs Transport |
| Ad Hoc Transport | 01793 466213 | Transport required for emergency medical situations |
| Learning Disabilities - CAMS | 01793 464092 | Individual Medical Needs and Training |
| Care Co-ordinators | 01793 464201 | Continuing care team |
| Health Visitors Localities | 01793 813044 | South 1 |
| | 01793 463177 | South 2 |
| | 01793 466436 | Central South |
| | 01793 463636 | North 1 |
| | 01793 839922 | North 2 |
| | 01793 465422 | Central North |
| Health and Safety Executive | 0300 003 1747 advice@HSE.gov.uk | Risk Assessment |

Support for Children/Young People with Medical Needs in Educational Settings.

Roles and Responsibilities

Parents and Carers

- Have a duty to provide settings with medical evidence about their child/young person's health. This should be updated as and when new information is provided by medical professionals. An agreement should be made between parents / carers and the setting with regards to how the setting can best support the individual's medical needs.
- After an absence or change in medical condition, there is a duty to complete a 'Return to Setting' protocol with medical evidence, in collaboration with the setting and medical professionals.

Child / Young Person

Dependant on age and ability child / young person may self-administer medication, under the guidance of an Individual Health Care Plan.

Employer

(To include Local Authorities, Local Academy Trusts, Managers of Nurseries etc.)

- Employers should make sure their insurance arrangements provide full cover for Staff in the course of their employment and ensure policies and training are in place.
- Governors of Maintained Schools / settings need to check with the Local Authority that insurance cover is adequate. Staff will be indemnified by the Council's liability insurance if:
 - **They are a designated person and trained to carry out agreed procedures / care as per individual health care plan.**
 - **They have received full and relevant training from a qualified medical person.**
 - **Taken refresher training at required intervals.**
 - **Used relevant protective equipment.**
- All settings should check with their own insurers and other appropriate bodies.
- The employer is responsible for making sure that staff have appropriate training to support children or young people with medical needs.

- The employer should ensure that there are appropriate and secure systems for sharing information about the children/young people's medical needs in each setting for which they are responsible.

The Governing Body

- Has general responsibility for all of the setting's policies even when it is not the employer.
- Must have a health and safety policy and this should incorporate managing the administration of medicines and supporting individuals with complex health needs. See supporting documents listed in foreword.

The Head of Setting

- Is responsible for ensuring that their staff receive the training required to meet individuals medical needs.
- Should ensure all parents/carers and all staff are aware of the policy and procedures for dealing with medical needs and sharing information appropriately.
- That a 'Return to Setting' protocol is complete for individuals who have been absent from the setting, or have a change in medical condition.
- Will need to agree with parents/carers what support can be provided for an individual with medical needs.
- Should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

Health and safety policy

- The Health & Safety of settings staff, other children/young persons, the public and the child/young person in question need to be taken into account. Managing the administration of medicines and supporting children/young people with complex health needs should be included in the Settings Health and Safety Policy. The control of communicable diseases should be included in the setting policy. Appropriate Risk Management and Risk Assessments should be carried out as required and reviewed annually or earlier if the situation changes.

Child protection / Safeguarding

- Child protection means the child and adults' safety is paramount, this includes the safe management of child medication and medical conditions. Child protection / safeguarding protocols apply to all medical procedures including invasive procedures, toileting and nappy changing. Risk Assessment should cover issues relating to child protection.

Data protection

- Individual Health Care Plans/Therapy Plans should be covered by setting policy on data protection and safeguarding.

Responsibility to staff

- Occupational Health can be consulted about immunisation for staff and the School Nursing Service can be consulted about safe practices.
- Any member of staff who volunteers to administer medication or carry out a procedure, must be trained by a qualified health professional. Staff who volunteer should receive appropriate information and training before agreeing to carry out the procedure.
- Records of training must be kept for all training received, for example, the administration of medication or carrying out procedures.

Named Person

- There should be a named person with responsibility for Medical Needs in the setting. This could be the SENCO or a named member of staff.
- The named person is responsible for notifying or liaising with appropriate bodies, when a child/young person is unable to attend the setting for medical reasons for more than 15 consecutive or cumulative working days. The named person is responsible for monitoring progress, providing work for home and reintegrating the child/young person after absence via the 'Return to Setting' protocol.

Responsibility for child/young person healthcare

- It is the responsibility of the setting to implement the Individual Healthcare Plan; to ensure parent/carer consent is given and updated as required, to ensure staff training is provided and the healthcare plan is reviewed annually or earlier if the situation changes or amendments are required.
- Settings are responsible for ensuring that work experience placements, and any off site education provisions are suitable for children/young people with a particular medical condition and should carry out appropriate risk assessment of activity, non teaching time and travel.
- All staff should know how to call the emergency services and know who is responsible for carrying out emergency procedures.

Children unable to attend a setting

- If a child is unable to attend a setting long-term, reference is needed to 'Ensuring a good education for children who cannot attend school because of health needs' January 2013.

Setting Staff

Voluntary role

- There is no legal duty which requires setting staff to administer medication, as this is a voluntary role. Staff need to be informed that administration of medication or any health care procedure is voluntary. Staff who volunteer to administer medicines should not agree to do so without receiving appropriate information and training specific to the child/young person's needs.
- A member of staff who volunteers to carry out specifically recommended physiotherapy or occupational therapy exercises, must be advised and shown the exercises by the appropriate therapist and provided with a therapy plan for the child/young person involved.
- Union advice is available for Head Teachers, Teachers, Teaching Assistants, Lunchtime Supervisors (MDSAs) and Caretakers. Staff should be informed that this is available.

Emergency duty

- All routine Medical Health Care is carried out on a voluntary basis. However, in an emergency, staff have a common law duty of care to act like any reasonably prudent parent would, in that situation. This includes staff leading activities off site, such as visits, outings, field trips, college education and work experiences.

Off site responsibility

- It is the responsibility of staff organising or supervising off site education, activities, to ensure appropriate risk assessment is in place for children/young people with medical needs.
- Staff organising and or supervising excursions out of the setting, including college education and work experiences should always be aware of any medical needs of a child/young person and any relevant emergency procedures.
- If a child /young person going off site has a medical needs then a person who has been trained to carry out their treatment/procedure should be present. The individual healthcare plan and all equipment/medication required should also be taken.
- If there is a possibility that changes to the individual healthcare plan may be required, for example, for a residential trip then setting staff should notify the School Nurse/health professional involved at least a month before the trip.
- Staff supervising sporting activities should be aware of relevant medical conditions and emergency procedures. Any restrictions on a child's/young person's ability to participate in PE should be included in their individual health care plan.

The Local Authority

- The Local Authority should provide general policy to guide settings in supporting children/young people with medical needs.
- Swindon Borough Council (SBC) offer a range of Advice and Training including:
 - Risk Management and Risk Assessment
 - HIV and Aids
 - Needle stick policy
 - Cleaning of bodily fluids
- Manual /People Handling is available as a chargeable service from The Advisory Teacher for Physical Disability based at The Commonweal Academy, and staff at Brimble Hill Special School.
- The Guidance on supporting children and young people with medical needs is also included in SBC Health & Safety advice for schools.

The Health Service

- Identified key Health Professionals e.g. School Nurse or Health visitor have been identified as the key health professional for liaising with parents, carers and setting staff to complete and make amendments as necessary to the Individual Health Care Plan (IHCP). It is the responsibility of the setting to implement and annually review the IHCP.
- Identified key health professionals provide advice, training and support to setting staff to implement Individual Health Care Plans.

Individual Health Care Plans (IHCP)

- If the child/young person requires an Individual Health Care Plan (IHCP), it should be drawn up in consultation with the child/ young person, as appropriate, the parent/carer, the health practitioner and/or Specialist Nurse. Once written the healthcare plan should be reviewed at a minimum annually but earlier if the situation changes/amendments are required.
- *Please note that a child / young person may also have an Education and Health Care Plan (EHCP) in place alongside an IHCP if educational support is also required*
- Staff in school may require access to theoretical training as well as health training specific to the child/young person. The health practitioner will identify these needs.
- The annual review of the IHCP is the responsibility of the setting. The setting should contact parents/carers and then inform the health practitioner of the outcome. The health practitioner will then action any amendments required. The setting needs to keep a record of the IHCP review details for insurance purposes.
- Annual training updates are required and should be planned into the academic year. Annual training updates should cover on and off site activities including education at settings other than on site, for example college taster days.
- Parental /carer consultation is required to gain relevant medical information, to agree and to sign the Individual Health Care plan (IHCP). Unless it is more appropriate for the young person to take this responsibility. Parents/carers should be invited to attend and participate in meetings, reviews, risk assessments and training relating to their child/young person.
- Parents/carers must be consulted, but cannot be responsible for the training.
- Where possible the child/young person should be encouraged to participate in their health and education plans by giving their views, and understanding that their views matter.
- If a child/young person has a progressive condition, the child/young person's medical needs and access to the curriculum will change. It is recommended that reviews of the IHCP should include forward planning to meet changing needs.
- Very few medicines need to be taken during the school day. They should only be taken when there is no appropriate alternative arrangement.
- Examination and National Curriculum tests should be included in planning reviews as appropriate.
- Staff should only carry out treatment/procedures detailed in the Individual Health Care Plan or Therapy Plan.

- Only trained staff should carry out the treatment/procedure/therapy. If an emergency occurs, and that person/persons was/were not available then an ambulance should be called.
- If the person/persons trained to carry out the treatment/procedure panics or otherwise fails to carry out this “duty” at the very time the emergency presents itself, either through fear or some other emotion, an ambulance should be called.

Further guidance on:

Developing Medicines Policies, Dealing with medicines safely, Roles and Responsibilities, The Legal Framework, Home to School Transport (children/young people requiring special arrangements), related documents and useful contacts can be found in documents listed at the front of this document.

Dealing with Medicines Safely

Taken from DfES Guidance:

“Managing Medicines in Schools and Early Years Settings, 2005”

“Supporting Pupils at School with Medical Conditions, DRAFT PAPER Feb 2014”

Medication

- Medication should be delivered to the setting by a parent/carer and be handed personally to the designated member of staff.
- Large volumes of medication should not be accepted. Depending on the type of drug, it is advised to accept delivery on a weekly or half termly basis
- Medicines must be stored in the original container, be clearly labelled with the contents, child/young person’s name and dosage and/or other instructions.
- The receiving member of staff should check the information and expiry date.
- Medicines should be stored according to the settings Health & Safety policy, usually in a locked cupboard. However, some medication will need to be easily accessible; therefore a locked cupboard is not recommended.
- Medicines requiring refrigeration should be placed in a suitable additional container e.g. a plastic box and clearly marked ‘medicines’. Access to a refrigerator containing medicines should be restricted.
- When a child/young person requires two or more prescribed medicines each should be stored in separate packaging.
- School staff should not transfer medicines from their original containers.
- Children/young people should know where their medication is stored and who holds the key.

Record Keeping

- A method of recording the administration of all medication must be agreed. This must include the date, time and dosage of medication. Records offer protection to staff and proof that they have followed agreed procedures.

Refusal of Medication

- Children/young people should not be forced to take any medication. However, it must be recorded if medication is refused and parents must be informed as soon as possible.

Hygiene/infection control

- All staff should be familiar with normal precautions for avoiding cross infection and follow basic hygiene procedures.

Safe Disposal

Medication

- Parents/Carers are responsible for the safe disposal of medicines.
- Setting staff should not dispose of medicines. Parents should collect medicines held in the setting at the end of each term (approx. 6 weeks). Parents are responsible for disposal of date-expired medicines.

Needles

- Any needles in an educational setting should be safety needles.
- Sharps boxes should always be used for the disposal of needles. Parents/Carers are responsible for Sharps boxes and must ask their General Practitioner (GP) to provide a Sharps box for the setting. It is the responsibility of the parent/carer to take the Sharps box back to the GP for disposal of needles.

Nappies

- If a setting has multiple nappy users, the setting should contact the nappy collection service.
- If a setting has one nappy user, the soiled nappy can be double bagged and put in the general waste bin.

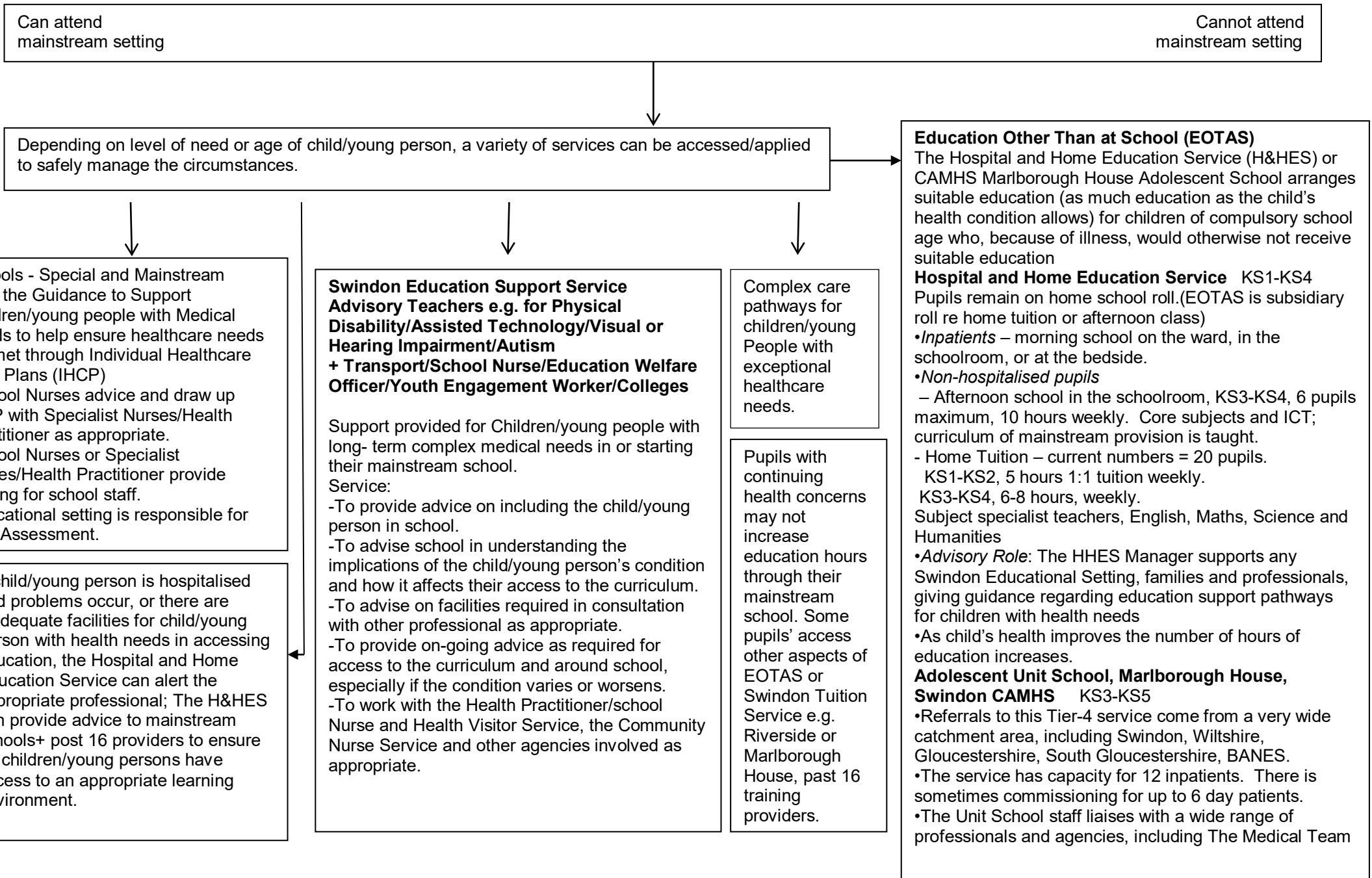
Suction Catheter

- A suction catheter can be disposed of in the normal refuse as long as it is double bagged. If the child/young person has a bad infection, they should not be attending the setting.

Clinical Waste

- Disposal as indicated in the Individual Health Care Plan.
For example:
 - Feeding tubes
 - Dressings
 - Oxygen tubing

Overview of potential management options for a child/young person in an educational setting who has health needs



Can attend mainstream setting Cannot attend mainstream setting

Depending on level of need or age of child/young person, a variety of services can be accessed/applied to safely manage the circumstances.

Schools - Special and Mainstream
 -Use the Guidance to Support Children/young people with Medical Needs to help ensure healthcare needs are met through Individual Healthcare Care Plans (IHCP)
 -School Nurses advice and draw up IHCP with Specialist Nurses/Health Practitioner as appropriate.
 -School Nurses or Specialist Nurses/Health Practitioner provide training for school staff.
 -educational setting is responsible for Risk Assessment.

Swindon Education Support Service
Advisory Teachers e.g. for Physical Disability/Assisted Technology/Visual or Hearing Impairment/Autism
+ Transport/School Nurse/Education Welfare Officer/Youth Engagement Worker/Colleges

Support provided for Children/young people with long- term complex medical needs in or starting their mainstream school.
 Service:
 -To provide advice on including the child/young person in school.
 -To advise school in understanding the implications of the child/young person's condition and how it affects their access to the curriculum.
 -To advise on facilities required in consultation with other professional as appropriate.
 -To provide on-going advice as required for access to the curriculum and around school, especially if the condition varies or worsens.
 -To work with the Health Practitioner/school Nurse and Health Visitor Service, the Community Nurse Service and other agencies involved as appropriate.

Complex care pathways for children/young people with exceptional healthcare needs.

Pupils with continuing health concerns may not increase education hours through their mainstream school. Some pupils' access other aspects of EOTAS or Swindon Tuition Service e.g. Riverside or Marlborough House, past 16 training providers.

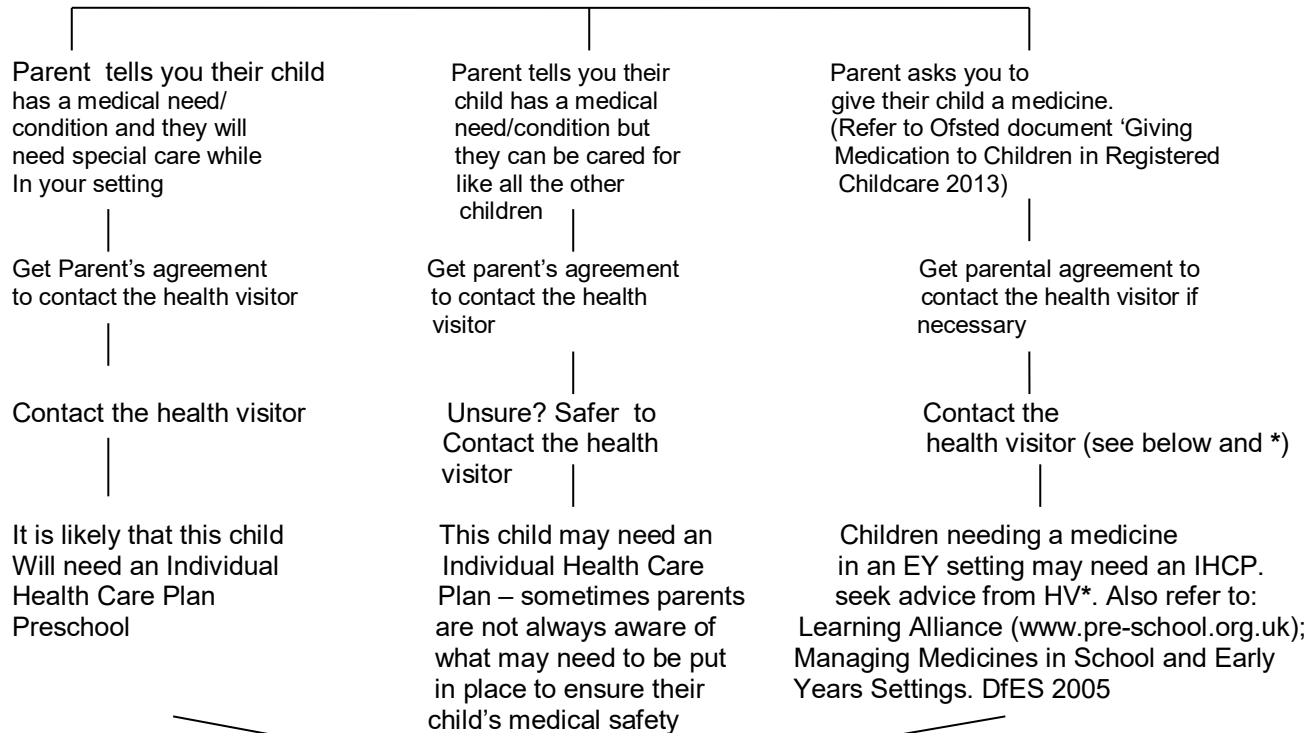
Education Other Than at School (EOTAS)
 The Hospital and Home Education Service (H&HES) or CAMHS Marlborough House Adolescent School arranges suitable education (as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education

Hospital and Home Education Service KS1-KS4
 Pupils remain on home school roll.(EOTAS is subsidiary roll re home tuition or afternoon class)
 •*Inpatients* – morning school on the ward, in the schoolroom, or at the bedside.
 •*Non-hospitalised pupils*
 – Afternoon school in the schoolroom, KS3-KS4, 6 pupils maximum, 10 hours weekly. Core subjects and ICT; curriculum of mainstream provision is taught.
 - Home Tuition – current numbers = 20 pupils.
 KS1-KS2, 5 hours 1:1 tuition weekly.
 KS3-KS4, 6-8 hours, weekly.
 Subject specialist teachers, English, Maths, Science and Humanities
 •*Advisory Role:* The HHES Manager supports any Swindon Educational Setting, families and professionals, giving guidance regarding education support pathways for children with health needs
 •As child's health improves the number of hours of education increases.

Adolescent Unit School, Marlborough House, Swindon CAMHS KS3-KS5
 •Referrals to this Tier-4 service come from a very wide catchment area, including Swindon, Wiltshire, Gloucestershire, South Gloucestershire, BANES.
 •The service has capacity for 12 inpatients. There is sometimes commissioning for up to 6 day patients.
 •The Unit School staff liaises with a wide range of professionals and agencies, including The Medical Team

If child/young person is hospitalised and problems occur, or there are inadequate facilities for child/young person with health needs in accessing education, the Hospital and Home Education Service can alert the appropriate professional; The H&HES can provide advice to mainstream schools+ post 16 providers to ensure **all** children/young persons have access to an appropriate learning environment.

EARLY YEARS PRACTITIONERS



Should we accept a child into the setting?

It should be safe for all children to attend a setting. It is the responsibility of the EY practitioner to ensure a child's safety. Your decision about safety is informed by your health and safety assessment. It is unlikely that a child would be considered 'safe' until it has been agreed whether or not an Individual Health Care Plan is needed and the staff have received appropriate training

Early Years setting is responsible for arranging an annual update of the Individual Health Care Plan with the Health Visitor. It is good practice for Early Years practitioner to inform health visitor of the children on a care plan in May or June prior to the child's school entry.

Extra Information

(Useful website: www.schoolsonline.swindon.gov.uk)

Explain to parent that this process enables 'education' to work with 'health' so that all children can attend Pre-school safely

Every setting has a health visiting team allocated specifically to them. If you are not sure which team this is, contact your EY consultant – they have all the up to date contact details. A health visitor should contact you within 7-13 days of receiving your initial call.

It is the responsibility of the health visitor to write, or arrange the writing of the child's Individual Health Care Plan. It is the responsibility of the health visitor to provide or arrange for the training that must be delivered to EY workers and which is specific to the Individual Health Care Plan. * If medication is to be given for more than one week, an IHCP should be considered. An IHCP is required if given for longer than 2 weeks.

The length of time a health visitor can complete this piece of work with you will depend on many things. Good practice relies on adhering to agreed common pathways and there being regular communication between EYs and HVs

EY PRACTITIONERS EXPERIENCING DIFFICULTIES - contact your EY consultant.

HV EXPERIENCING DIFFICULTIES – contact a member of your care plan working party.

Early Years Practitioners Information Continued:

The most common conditions in pre-school children that you are likely to meet are:

| | |
|---|---|
| Epilepsy | Your HV is trained to write the care plan and deliver training for these conditions. |
| Allergy requiring medication or injection | |
| Asthma | It is very rare for a child with Asthma to need an individual Health Care Plan EY practitioners should have annual Asthma training and learn how the condition is safely managed in an EY setting. Annual training sessions are advertised by your EY consultants. |
| Febrile Convulsions | Febrile Convulsions are very common in pre-school aged children. EY practitioners should have annual training in the management of this condition. It is very unlikely a child will need an individual Health Care Plan. Annual training sessions are currently advertised by your EY consultant. |
| Children in Nappies | A child needing to be in a nappy at this age is considered normal. Changing nappies is therefore age appropriate care. A care Plan is not needed. |

Hand Washing and Good Hygiene Procedures:

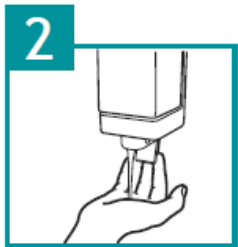
- **Effective hand washing is an important method of controlling the spread of infections, especially those that can cause diarrhoea and vomiting.**
- **Always wash hands after using the toilet and before eating and handling food. Use warm running water and a mild, preferably liquid soap. Sinks and toilets must be kept clean.**
- **Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring that all surfaces are covered.**
- **Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper)**
- **Discard disposable towels in a bin. Bins with foot–pedal operated lids are preferable.**

Hand Hygiene - for safe, clean care

Hand washing



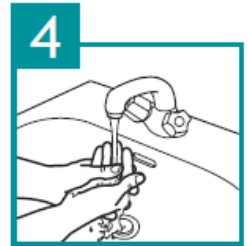
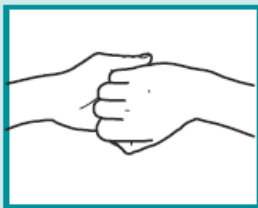
Wet hands under warm running water



Apply 1 shot of soap



3 Wash ALL surfaces of the hands.
These six steps should take about 15 seconds

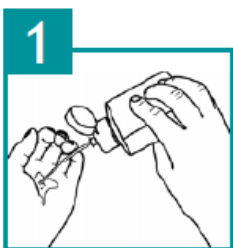


Rinse thoroughly

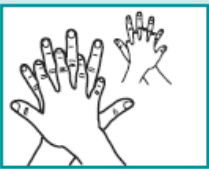


Dry - remember to dry all washed areas

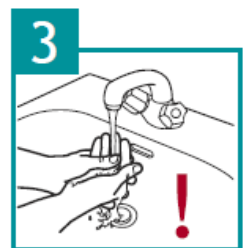
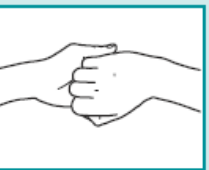
Hand disinfection



Apply alcohol hand disinfectant. Hands **MUST** be visibly clean for alcohol to disinfect.

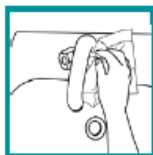


2 Rub into all surfaces of your hands



Wash with soap and water every **5** applications

Handy Hints



Use the paper towel to turn off the tap

Don't recontaminate your hands



Avoid fabric towels



Moisturise regularly

Look after your hands



Wear gloves in cold weather



NO wrist watches



NO nail varnish, NO long nails & NO false nails



NO stoned/sovereign rings

Your 5 Moments for Hand Hygiene



| | | | |
|----------|--|--------------|---|
| 1 | BEFORE TOUCHING A PATIENT | WHEN? | Clean your hands before touching a patient when approaching him/her. |
| | | WHY? | To protect the patient against harmful germs carried on your hands. |
| 2 | BEFORE CLEAN/ ASEPTIC PROCEDURE | WHEN? | Clean your hands immediately before performing a clean/aseptic procedure. |
| | | WHY? | To protect the patient against harmful germs, including the patient's own, from entering his/her body. |
| 3 | AFTER BODY FLUID EXPOSURE RISK | WHEN? | Clean your hands immediately after an exposure risk to body fluids (and after glove removal). |
| | | WHY? | To protect yourself and the health-care environment from harmful patient germs. |
| 4 | AFTER TOUCHING A PATIENT | WHEN? | Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. |
| | | WHY? | To protect yourself and the health-care environment from harmful patient germs. |
| 5 | AFTER TOUCHING PATIENT SURROUNDINGS | WHEN? | Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. |
| | | WHY? | To protect yourself and the health-care environment from harmful patient germs. |



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Setting Risk Assessments should consider:

- Storage and administration of drugs and procedures.
- Issues relating to Child Protection / Safeguarding.
- Hygiene and infection control.
- Control of communicable diseases.
- Needle stick injuries.
- Manual/People Handling of Child/Young Person and Equipment.
- Health Care Training and regular review of training.
- Formal written record of training.
- Provision and maintenance of equipment required (serviced and recorded).
- Central location of medical records.
- Intimate contact for personal care procedures and toileting.
- Disposal of waste.
- Education/Activities off site.
- Work Experience.
- Off site education provisions, through the voluntary sector or further education College including issues such as travel to and from the placement and supervision during non-teaching time/breaks.

For further guidance refer to relevant documents listed at the start of this document.

Risk Assessments are available from Swindon Borough Council Health & Safety at Schools online. www.schoolsonline.swindon.gov.uk

Risk Assessments should be taking place in setting/school as a continuous process. For further information and general advice on Risk Management contact The Health and Safety Executive Tel No 0300 003 1747.

It is advisable to keep Risk Assessment details with your Health and Safety policies.

Examples of completed Risk Assessments are included the document "Including Me" – Jeanne Carlin, Council for Disabled Children published 2011.

Risk Assessment For.....

School.....

Date completed.....**by**.....

| 1. Risks / Dangers / Harm | Complicating factors | RISK BEFORE (H/M/L) | Protective factors to be put in place | RISK AFTER (H/M/L) | ACTION Date & Resp.. |
|---|----------------------|---------------------|---------------------------------------|--------------------|----------------------|
| | | | | | |
| <u>Overall Risk Rating (H, M L):</u> | | Managers signature: | | | |

Example of Completed Risk Assessment:



Health & Safety Risk Assessment
In accordance with: Management of Health & Safety at Work Regulations 1999

| Department | | | | | Location: | |
|---|---|--|-----------------------------|--|------------------------------|-----------------------------|
| Task / activity | | Use of epi pens | | | | |
| PERSONS AT RISK | HAZARD IDENTIFIED | Application of risk | Initial risk rating (H/M/L) | CONTROLS REQUIRED | Update d risk rating (H/M/L) | Additional actions required |
| Staff Pupils Any persons who may be accidentally or maliciously injected by epi pen | Needle Puncture wound Biological agents Stress Adrenaline | Risk of injury due to unforeseen contact Risk of injury due to intentional contact Infection from biological agents Medical reaction to the injection of adrenaline | | Safe system of work implemented and followed. All staff have received the appropriate training in the administration of adrenaline or supervision of injection. Training records for those who have been identified are securely filed All staff competencies checked regularly Appropriate storage and disposal arrangements are in place. Where discarded epi pens are found, safe system of work for 'exposure to hypodermic needles' is followed All staff are aware of children / young people who require the administration or supervision of administering adrenaline. | | |
| Date of Assessment: | Date of last Assessment: | Review Date: | Reference No: | Name of Assessor: | | |
| Overall Risk Rating (H, M L): | | | Managers signature: | | | |

Safe System of Work

In accordance with: Management of Health & Safety at Work Regulations 1999

| | | | |
|--|-----------|--------------------------|---------|
| Task/Activity (Scope): Use of epi pen | | Risk Rating: | Ref No: |
| Department/ Section: Children Services | Location: | Activity carried out by; | |
| Determine Procedure Below | | | |
| <p>Training</p> <ul style="list-style-type: none"> Only staff identified by the Headteacher or their representative who have received training in either administration or supervising the use of epi pens from the School Nurse are to administer / supervise the administration of epi pens. <p>Storage</p> <ul style="list-style-type: none"> Epi pens are stored out of reach, but in Mainstream Secondary School – they are with the pupil, easy access or as directed by a specific risk assessment or health care plan <p>First aid</p> <ul style="list-style-type: none"> All epi pens are to be handed to the ambulance crew for medical purposes and disposal. Where adrenaline has been administered accidentally or maliciously, medical advice must be sought immediately. Call an ambulance. Where a puncture wound occurs (no adrenaline injected), the first aider should wear protective gloves, gently squeeze the wound to encourage bleeding. Wash thoroughly with soap and water, dry with disposable towel and lightly cover with dressing. Telephone A & E and attend hospital immediately for further advice and possible treatment. Any used dressings / disposable towels should be double bagged and taken to A & E for disposal. <p>Accident recording, reporting and investigation</p> <ul style="list-style-type: none"> Any puncture wound accidents or accidental or malicious injection of substance should be recorded, reported and investigated in line with SBC guidance 'reporting and investigating accidents at work' and the school. Where necessary member of staff is referred to Employee Support Services for counselling. | | | |
| Can Safe System of Work be met (Y/N) – if NO determine Local Controls Below | | | |

I have read this Safe Working Procedure and associated Risk Assessment and where necessary recorded any local variations from the Standard Conditions or Safe System of Work.

Signed:

Name:

Date:

Individual Health Care Plans (IHCP)

Individual Health Care Plans are required for children/young people who are on medication and/or have health procedures carried out while in school. It is the responsibility of the school to implement the Individual Health Care Plan.

Please note that a child / young person may also have an Education and Health Care Plan (EHCP) in place alongside an IHCP if educational support is also required

The Identified Health Professional is the main contact for advice, training and support for common conditions as well as specific training for individual needs. The School Nurse / Health Visitor will provide advice, training and support to school staff to implement the Individual Health Care Plan.

Drawing up an IHCP Plan:

- Consult you allocated School Nurse / Health Visitor.
- Identify any key people who might need to be involved.
- Identify the child / young person's needs.
- Draw up a plan of support.
- Identify resources and training required.
- Implement plan.
- Monitor and review outcomes and training.

The following are a few of the Individual Health Care Plan formats used by the Swindon School Nurse and Health Visiting Services and are based on the Department for Education and Skills and the Department of Health Guidance.

The Formats have also been agreed by Swindon Children Service and local Community Paediatricians.

Individual Health Care Plan formats continue to evolve through user evaluation, clinical audit and medical research.

Included in this policy are a select few covering different procedures and medication.

Schools can use their own formats provided the same information is included.

Further Guidance on drawing up an Individual Health Care Plan can be found in 'Managing Medicines in Schools and Early Years Settings' DfES & DH 2005 and 'Supporting pupils at school with medical conditions' DfE 02.2014.

Examples of Individual Healthcare Plan (IHCP) formats included in this pack:

- Administration of medication

- Blank care plan to be used for an identified Medical Procedure / Condition which is not covered by the generic care plans

Examples of Formats included in this pack:

- Staff training Records
- Administration of medication record

The Swindon School Nurse and Health Visiting Service provide advice, information and training packages for: -

- Asthma
- Diabetes
- ADHD
- Severe allergy / Anaphylaxis
- Epilepsy.
- Head Injury
- Febrile Convulsion

Reviewing an Individual Health Care Plan.

The annual review of the IHCP is the responsibility of the setting.
See guidelines on page 36.

For Further information about Asthma, Diabetes, Epilepsy and Anaphylaxis, see Medical Conditions Policy Pack 2007 (www.medicalconditionsatschool.org.uk)

Individual Health Care Plans Examples available from the School Nurse Service

School Nurse Service:

**For Mainstream Schools
Telephone 01793 465313**

**For Special Schools
Telephone 01793 464092**

**Health Visitor Service
Telephone – see useful contacts page 15**

**School Nursing Service
Supporting Children in School with Medical Needs
Individual Health Care Plan
(Medical Procedure / Condition)**

Name:

Address:

Date of Birth:

School:

Class:

Review Date:

Emergency Contact Number: (1)

(2)

General Practitioner:

Hospital Contact:

Condition/Procedure:

Date of Health & Safety Risk Assessment (To be carried out by school):

Names of School Staff who have volunteered to be involved in this child's care.

1.

2.

3.

4.

Staff training date:

Outline of procedures / condition requiring management:

I accept that this is a service that the school is not obliged to undertake.

Please be advised that the school may need to enter this information onto a secure internal database, in order to ensure that all staff have access to your Childs' medical needs while he/she is in school.

Signature (s).....

Date.....

Relationship to pupil.....

Head Teacher.....

Date.....

School Health Nurse.....

Date.....

Young Persons Signature (If applicable)

Copy to:

**Parents
School
G.P/Consultant
CMO**

Parent Information Booklet Given



**School Nursing Service
Supporting Children in School with Medical Needs
Individual Health Care Plan
(Administration of Medication)**

Name:

Address:

Date of Birth:

(3)

School:

Class:

Review Date:

Emergency Contact Number: (1)

(2)

General Practitioner:

Hospital Contact:

Date of Health & Safety Risk Assessment (To be carried out by school):

Name of Medication:

Reason for Medication:

Dosage / Route of Medication:

(It is parents / carers responsibility to inform school staff IN WRITING of any change in dosage of medication)

Time of Medication:

Special Considerations:

Side Effects of Medication:

Medication will be stored:

Arrangements for Delivery to School:

According to the 'Medicines in School and Early Years Settings' DOH 2005, a child under the age of 8, should not be given any medication in school, without a doctor's prescription.

Names of School Staff who have received training and who volunteer to Administer Medication or Supervise Pupil Self-Administering Medication:

(1) (2)

(4) (4)

Date of Staff Training Session:

Emergency Action

If the named child or any other child in school accidentally takes an increased dose of medication contact their doctor or the accident and emergency department at Great Western Hospital (Tel: 01793 604020) and parents / carers.

(Please inform your School Nurse following emergency action to allow evaluation and assessment of individual care plan / school staff training needs).

Disposal of Medication:

Unused medication should be returned to parent / carer for safe keeping / disposal at the end of every half-term. If a child leaves the school all unused medication should be returned to the parent for safe disposal (disposed off via a registered pharmacy.)

I understand that I must deliver the above medication to school as arranged and accept that this is a service which the school is not obliged to undertake.

Please be advised that the school may need to enter this information onto a secure internal database, in order to ensure that all staff have access to your Childs' medical needs while he/she is in school.

Signature (s)..... Date:

Relationship to pupil.....

Signature of Young Person (if appropriate)

..... **Date:**

Head Teacher..... Date:

School Health Nurse..... Date:

Copy to:

Parents:

School:

Consultant / GP:

Parent Information Booklet Given:

CMO:

SCHOOL NURSING SERVICE

SUPPORTING CHILDREN IN SCHOOL WITH MEDICAL NEEDS

Staff Training Record

(Please keep this form it is important to keep a record of staff training, with respect to insurance cover for all staff involved)

Topic/Type of Training:

School:

Date:

Led by:

Self- Assessment Forms given:

Training Plans given:

Review Date:

Guidelines for school staff reviewing Individual Health Care Plans (IHCP)

At review date (minimum annual review)



School to contact parents to ascertain if any amendments required



No



School to inform SN that plan has been reviewed, complete an IHCP checklist and attach it to the front of the care plan



Yes



Inform SN who will contact parents to make any necessary changes.



SN will return amended care plan to school



School to arrange for parent to check and sign



Head Teacher to check and sign care plan



School to copy plan – original to be sent to SN and copy to parent

Return to school Flow Chart

For the safe return of children/young people following serious illness, hospitalisation and or following major surgery

Parent/Carer will inform the School prior (ideally a week) to when they think their child/YP is ready to come back to school.

The School will arrange a time for Head Teacher, Class Teacher, Health Practitioner, other relevant practitioners and parent/carer to meet.



During the meeting the parent/carer will share medical history of the event and provide any medical information/letters that are relevant in order to make the necessary changes to Individual Health Care Plans (IHCP's) or the need for additional care plans. Any new training that is identified will need to be given to staff prior to phased return date.



A date will be set for a phased return.



The Health Practitioner will update or create the necessary IHCP's and send them home for checking and signing by the parent/carer, who will then return them to school to be signed by Head teacher PRIOR to return date.



Following the phased return period of assessment, the Class Teacher will seek advice from the School Nurse prior to return to school full time.

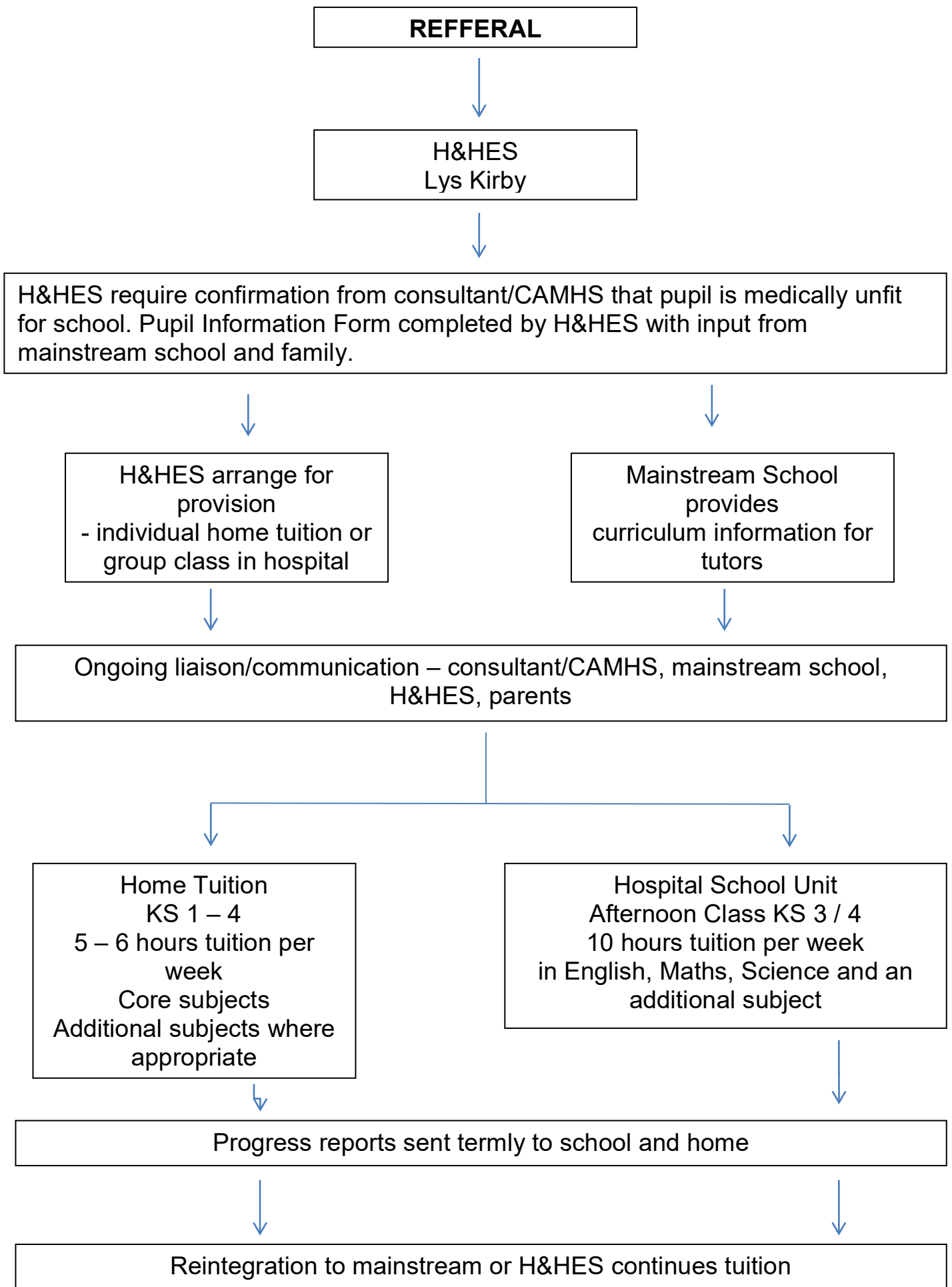


The Class Teacher will liaise with parent/carer to make a date for full time return (flexibility built in as needed).



If on return to school the child/YP is showing signs of deterioration in their health and not coping with school routines. It may be necessary to start the process again.

Tuition Referral to the Hospital and Home Education Service (H&HES)



HOSPITAL AND HOME EDUCATION SERVICE
(H&HES)
Tuition Support for Pupils with Medical Needs

REFERRAL PROCEDURE



School Unit
Children's Unit
Great Western Hospital
Marlborough Road
Swindon
SN3 6BB

Tel: 01793 604982
lys.kirby@eotas.swindon.sch.uk

Centre Manager: Lys Kirby

In January 2013 the Department for Education published statutory guidance entitled 'Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities'. This replaces the Access to Education document 2001

Section 19 of the Children, Schools and Families Act 2010:

From September 2011 government legislation states the duty to provide 25 hours of educational support for pupils with medical needs – “unless reasons that relate to their medical condition mean that this would not be in their best interests”

Referral procedure for pupils whose medical condition significantly impacts on their access to education

- a). because they are unable to attend mainstream school
- b). they have a chronic or life threatening condition

Referral from - Hospital Consultant/Doctors/Physiotherapist/CAMHS
EWO/school nurse/range of professionals
Home School
Parent/Carer

Pupil referral route – direct to Service Manager

Referral to the H&HES – KS1 to KS4 - Year R to Year 11

Step 1

Request made directly to H&HES for tuition at home or in the hospital school unit. Contact details above. Education “Pupil Information” form to be completed by home by H&HES with input from mainstream school and parents/carers

It is a medical decision as to the appropriateness of home tuition.

In most instances, the H&HES cannot proceed without agreement from the consultant in charge of the pupil's medical care. In some instances, agreement can be obtained from the CAMHS team (Child and Mental Health Service).

The consultant/CAMHS can give an estimate of the likely length of time that tuition will be required.

Step 2

ROLE OF HOSPITAL SCHOOL UNIT (H&HES)

To make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”

H&HES support pupils in core curriculum subjects – English, Maths, Science. Further curriculum subjects may be possible e.g. computer skills or Humanities

Tuition is from 5 to 10 hours a week. Tuition takes place either at home, in a suitable alternative, such as the local library or in the Hospital School Unit, based on the Children’s Unit at the Great Western Hospital.

The number of hours tuition agreed is on an individual needs basis.

H&HES provide mainstream school with:

- Name/contact details of lead contact at H&HES (Lys Kirby)
- Names and contact details of hospital/home tutors
- Termly report

ROLE OF MAINSTREAM SCHOOL

To liaise with hospital and home teaching service to enable them to draw up a personal education plan

To provide information about records of achievement and curriculum for individual pupils as promptly as possible to facilitate continuity and enable suitable education to continue.

Mainstream school provides the H&HES:

- Name/contact details of lead contact in school to support education and on-going pastoral Care e.g. Head of Year, Learning Mentor
- Names and contact details of subject teachers
- Mainstream school identifies a lead contact who will maintain regular contact with pupil/home whilst s/he is unable to attend mainstream school.
- Attainment – current working level, end of year target level/grade.

Current curriculum information with any known coursework/exam deadlines, exam boards, SATs results, modules/coursework taken and grades achieved.

In order to achieve a successful educational outcome for the pupil, it is ESSENTIAL that curriculum information provided promptly.

If a pupil is with the H&HES for more than 6 weeks, the mainstream school may need to provide curriculum information at regular intervals. Subject teachers and hospital/home tutors liaise as further curriculum information is required.

It is important for H&HES, mainstream school and parents to maintain regular communications/meetings as medical, educational and emotional well-being can change significantly and unexpectedly.

Step 3

Record of Progress

Every pupil has an ILP (Individual Learning Plan) provided by the H&HES. This shows progress, attainments, current working levels and targets. ILPs are shared with schools on a termly basis

H&HES send copy to pupil/home

Step 4

Reintegration

On return to school a pupil may continue to have educational, medical and/or pastoral needs that impact on their access to their mainstream school. A reintegration meeting will identify the steps required for a successful reintegration back to the pupil's school.

Prior to a pupil's return to school, a "Reintegration Meeting" can be arranged between the pupil, parents/carer and the lead contacts of the mainstream school and the H&HES.

Other pupils return to school without the need of a "Reintegration Meeting"

The Adolescent School
CAMHS
(In patients at Marlborough House)

Referral

Medical
Emergencies

Consultant &
MDT
Marlborough
House

(Outpatient)
Community
Teams

Assessment
Clinic

Admission to
Marlborough
House

Mainstream
School/College
provide
curriculum info
for AUS

YP attends AUS
until discharge
from inpatients

Guidance on infection control in schools and other childcare settings



April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.

| Rashes and skin infections | Recommended period to be kept away from school, nursery or childminders | Comments |
|---|---|---|
| Athlete's foot | None | Athletes foot is not a serious condition. Treatment is recommended |
| Chickenpox | Five days from the onset of rash | SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i> |
| Cold sores, (Herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting |
| German measles (rubella)* | Six days from onset of rash | Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i> |
| Hand, foot and mouth | None | Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances |
| Impetigo | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period |
| Measles* | Four days from onset of rash | Preventable by vaccination (MMR x 2). SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i> |
| Molluscum contagiosum | None | A self-limiting condition |
| Ringworm | Exclusion not usually required | Treatment is required |
| Roseola (infantum) | None | None |
| Scabies | Child can return after first treatment | Household and close contacts require treatment |
| Scarlet fever* | Child can return 24 hours after commencing appropriate antibiotic treatment | Antibiotic treatment recommended for the affected child |
| Slapped cheek/lifth disease. Parvovirus B19 | None | SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i> |
| Shingles | Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i> |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |

| Diarrhoea and vomiting illness | Recommended period to be kept away from school, nursery or childminders | Comments |
|---|--|--|
| Diarrhoea and/or vomiting | 48 hours from last episode of diarrhoea or vomiting | |
| <i>E. coli</i> O157 VTEC | Should be excluded for 48 hours from the last episode of diarrhoea | Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices |
| Typhoid* [and paratyphoid*] (enteric fever) | Further exclusion may be required for some children until they are no longer excreting | This guidance may also apply to some contacts who may require microbiological clearance |
| Shigella (dysentery) | | Please consult your local HPU for further advice |
| Cryptosporidiosis | Exclude for 48 hours from the last episode of diarrhoea | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled |

| Respiratory infections | Recommended period to be kept away from school, nursery or childminders | Comments |
|-----------------------------|---|--|
| *Flu (influenza) | Until recovered | SEE: <i>Vulnerable Children</i> |
| Tuberculosis* | Always consult your local HPU | Requires prolonged close contact for spread |
| Whooping cough* (pertussis) | Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary |

| Other infections | Recommended period to be kept away from school, nursery or childminders | Comments |
|--|---|--|
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPU |
| Diphtheria * | Exclusion is essential. Always consult with your local HPU | Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary |
| Glandular fever | None | |
| Head lice | None | Treatment is recommended only in cases where live lice have been seen |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPU will advise on control measures |
| Hepatitis B*, C*, HIV/AIDS | None | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: <i>Good Hygiene Practice</i> |
| Meningococcal meningitis*/ septicæmia* | Until recovered | Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed |
| Meningitis viral* | None | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU |
| Mumps* | Exclude child for five days after onset of swelling | Preventable by vaccination (MMR x 2 doses) |
| Threadworms | None | Treatment is recommended for the child and household contacts |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic |

GOOD HYGIENE PRACTICE

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, CDSH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in lock-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

SHARPS INJURIES AND BITES

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see www.hse.gov.uk/pubn/ais23.pdf

VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

FEMALE STAFF* – PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

*The above advice also applies to pregnant students.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the school health service can advise on the latest national immunisation schedule.

| | | |
|---|--|---|
| 2 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) | One injection One injection |
| 3 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) | One injection One injection |
| 4 months old | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C) | One injection One injection One injection |
| Around 12 months | Hib/meningitis C | One injection |
| Around 13 months | Measles Mumps and Rubella (MMR) Pneumococcal (PCV) | One injection One injection |
| Three years and four months or soon after | Diphtheria, tetanus, pertussis, polio (DTaP/IPV) or dTaP/IV Measles Mumps and Rubella (MMR) | One injection One injection |
| 13 to 18 years old | Tetanus, diphtheria, and polio (Tdq IPV) | One injection |
| Girls aged 12 to 13 years | Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine | Three doses over six months |

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.

Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR.

For references visit www.hpa.org.uk

Information produced with the assistance of the Royal College of Paediatrics and Child Health.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

| Training Matrix for Complex Health Needs | | | | | |
|--|--|--|---|---|---|
| | ENTERAL FEEDING | EPILEPSY | ORAL SUCTION | OTHER | Moving & Handling |
| Family | <p>The hospital siting the enteral tube prior to discharge is responsible for the initial training of the person with responsibility for the child [NICE guidance]. If this is GWH it could be the ward the child is on or the Community Outreach Nursing Service [CONS]. The CONS will provide additional support to the family and child. If the child is receiving a service from the Children's Complex and Continuing Care Team they will be responsible for providing additional support/training to the family and/or primary carers.</p> | <p>LD does provide theoretical training for Chalet, Brimble and Uplands Special Schools and for children who are open to their team</p> <p>Training and support can be offered by the Specialist Medical Team at Oxford in addition to Dr Ravi Chinthapalli. Additional advice can be obtained from General Practitioners.</p> | <p>Training will be delivered to the parents or primary carers by either the CONS or the Complex Continuing care Team. This will be competency based self assessment training undertaken on a manikin.</p> <p>Requestor for the suction unit will be responsible for the training of the primary carer. Equipment stores are only responsible for providing the equipment and leaflet on the cleaning of the equipment.</p> | <p>Training delivered by Children's Outreach Nursing Service if known to their service or Complex Continuing Care Team and within their competency base to do so.</p> <p>NOTE Direct payment workers (employed by parent/primary carer) will not be trained in any area by CONS or the complex and continuing care team.</p> | <p>Parents and non-employed carers are not trained but the use of specific pieces of equipment will be demonstrated. A moving and handling plan for the specific piece of equipment will be provided. This is undertaken by Occupational Therapists and Physiotherapists within the Paediatric Therapy Service.</p> |
| Nursery Staff | <p>Theory training to be provided by the Complex Continuing care team. Competency based self assessment training on a manikin. (Coventry and Warwick CYP competency framework) Care Plan for the individual child to be completed by the Health Visitor.</p> | <p>LD staff are happy to offer training around the individual child's epilepsy for children who are open to their team</p> | <p>Theory training to be provided by the Complex Continuing care Team competency based self-assessment training on a manikin. (Coventry and Warwick CYP competency framework)</p> | <p>Theory training to be delivered by Complex Continuing care Team Care.</p> | <p>Nursery staff in non-maintained nurseries or academies have to access their training independently. Maintained nursery staff should receive their training via Swindon Borough Council Services.</p> |

| Training Matrix for Complex Health Needs | | | | | |
|---|--|--|---|---|---|
| | ENTERAL FEEDING | EPILEPSY | ORAL SUCTION | OTHER | Moving & Handling |
| School Staff | <p>Theory training to be delivered by Complex Continuing care team</p> <p>Competency based self-assessment training on a manikin. (<i>Coventry and Warwick CYP competency framework</i>)</p> <p>Training delivered by School Nurse for Brimble Hill, Chalet and Uplands.</p> <p>Care Plan for the individual child to be completed by the School Nurse.</p> | <p>Training delivered by School Nurse</p> <p>Competency based and on-going self-assessment</p> <p>LD staff are happy to offer training around the individual child's epilepsy in addition theoretical and practical training for Chalet, Brimble and Uplands</p> <p>Special schools is provided by the school nurse attached to these schools.</p> | <p>Theory training to be delivered by the complex Care Coordinator/Palliative Care Nurse.</p> <p>Competency based self-assessment training on a manikin. . (<i>Coventry and Warwick CYP competency framework</i>)</p> <p>Requestor for the suction unit will be responsible for the training of the primary carer. Stores are only responsible for providing a leaflet on the cleaning of the equipment</p> <p>Training delivered by School Nurse for Brimble Hill, Chalet and Uplands.</p> | <p>Theory training to be delivered by Complex and Continuing care team.</p> <p>Training delivered by School Nurse (if she has the appropriate clinical skills) for Brimble Hill, Chalet and Uplands.</p> <p>Competency based and on-going self-assessment</p> | <p>The same as for Nursery Staff.</p> |
| Other Carers | <p>CONS and the Children's Complex and Continuing Care Team will provide training for the parent or primary carer only.</p> <p>The Complex Care team will provide generic theory training to statutory providers [<i>although private providers can commission this training</i>].</p> <p>The trained parent or primary carer will be responsible for sharing the content of the care plan with private, statutory and other</p> | <p>Learning Disability CAMHS is happy to discuss providing theory training on request.</p> <p>LD staff are happy to offer training around the individual child's epilepsy for children who are open to their team</p> | <p>. CONS and the Children's Complex and Continuing Care Team will provide training for the parent or primary carer only.</p> <p>The Complex Care team will provide generic theory training to statutory providers [<i>although private providers can commission this training</i>].</p> <p>The trained parent or primary carer will be responsible for sharing the content of the care plan with private, statutory and other providers of services to the child.</p> | <p>CONS and the Children's Complex and Continuing Care Team will provide training for the parent or primary carer only.</p> <p>The Complex Care team will provide generic theory training to statutory providers [<i>although private providers can commission this training</i>].</p> <p>The trained parent or primary carer will be responsible</p> | <p>E.g. Foster Carers, Home and Away Carers, Sessional Workers and Volunteers with statutory services can receive their training from Swindon Borough Council.</p> <p>An OT from the Paediatric Therapy Service will complete a risk assessment and moving and handling plan for a specific piece of equipment.</p> |

| Training Matrix for Complex Health Needs | | | | | |
|---|-------------------------------------|-----------------|---------------------|--|------------------------------|
| | ENTERAL FEEDING | EPILEPSY | ORAL SUCTION | OTHER | Moving & Handling |
| | providers of services to the child. | | | for sharing the content of the care plan with private, statutory and other providers of services to the child. | |

- Individual health care plans and training about the individual child's condition will be coordinated by the child's Named Nurse/School Nurse or in pre-school, the Health Visitor attached to the setting.
- Good practice indicates that all workers should seek yearly updates through the child's named nurse to ensure their practice remains up to date (this is not the trainer's responsibility). Failure to update training is likely to affect any insurance cover.
- A TAC may be required for children who are receiving services in a different area than they live to identify who will take responsibility for coordinating the individual care plans to maintain consistent care for the child and family.

CONTACTS

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Additional useful documents and information:

<http://www.clicsargent.org.uk/content/no-child-cancer-left-out>

"No child with cancer left out" - the impact of cancer on children's primary school education

"No teenager with cancer left out" - secondary pupils

<http://www.clicsargent.org.uk/content/no-teenager-cancer-left-out>

"No young person with cancer left out" - impact on education, employment and training (attached)

<http://www.clicsargent.org.uk/content/no-young-person-cancer-left-out>