

### Health Care Guidance for Kent Schools

Guidance from the Department for Education on supporting pupils at school with medical conditions was issued to schools following the enactment of the Children and Families Act 2014. Kent County Council has signposted this guidance to schools and governors.

The Council's Head of SEN commissioned a review of Health Care Planning practice in profound, severe and complex schools which made a number of recommendations which are generic to all schools and others that were specific to special schools and to KCC. This document summarises the **issues that are important for all Kent mainstream primary and secondary schools to be aware of and action** which needs to be taken.

Healthcare plans will exist for pupils who have a diagnosed and assessed chronic medical condition which will require personalised intervention from the staff at school during the school day. However, all pupils, in any school, can experience acute and unexpected events for which no healthcare plan will be in place.

#### Recommendations

**1 All schools should now be using either the template documents for healthcare planning provided by the DfE or they should ensure that all the fields in the DfE templates are incorporated into their own format.**

**2 Schools should secure the signature of the parents on the plan before the school makes any of the arrangements specified in the healthcare plan. Two bound copies of the Healthcare Plan should be signed by the parent (within the document itself) and one returned to the school.** [One school ensures that the handwritten draft version of the plan is signed by the parent, giving them the permission they need to implement the plan while the final typed version is prepared and then signed by parents]

**3 Schools should operate strict version control of their HCPs to avoid older versions being available in various locations around the school which could be used in error. If specific information is required in other locations (eg preparation of food for eating plans in the kitchen, medication plan in the medical room) their location should be noted in the plan and the copied information should be annotated to show the named person responsible for ensuring that this is the latest version. One signed copy of the old version of the HCP must be retained and archived when a HCP is updated.** [Some schools electronically archive a scanned version of the original signed copy and

others keep the original signed version in an archive file] **All other versions must be destroyed when replaced with an updated version.**

**4 Schools should consider creating a flowchart or process map to show the stages in their process for the completion of plans, where they are stored, archived, and how they are updated. This process map should be published in their policy on supporting pupils with medical conditions so that both staff and parents understand the process.**

**5 The drawing up of the initial healthcare plan (pre-admission) will rely heavily on parents sharing information about the medical condition and Medical Consultants' letters with the school. Schools should check and comply with medical advice where there is a difference of opinion between Health and the parents to ensure the school is operating within the conditions of the insurance policy.**

**6 All schools should check that all staff who administer medication and undertake healthcare procedures to pupils have received appropriate training from someone qualified to provide it and is monitored by the trainer to ensure they remain competent. Attendance at First Aid at Work training does not constitute appropriate training.**

**7 All schools should ensure that as pupils move on to different teaching groups in the school, each new staff group receives appropriate training on the medical conditions of the pupils in their care.**

**8 Schools must have a written policy on supporting pupils with medical conditions and will include the named person who has leadership accountability and management responsibility for this area. A template policy is available on KELSI for their guidance.**

Some pupils with a well-controlled medical condition will require regular administration of prescription medication. Where there are no additional health and care needs, school's policies may set out simplified, shortened procedures which include arrangement to ensure medicines are controlled and staff are trained.

### **Review of arrangements**

The school's policy should specify what the school will do when

- a) planned review highlights a change of health or care needs
- b) staff who are trained in the child specific procedures change
- c) there is an unforeseen change in provision or circumstances of input

The most appropriate response in these circumstances would be to urgently seek medical advice from a suitably qualified professional, alert the child's parents, schedule an urgent meeting to ensure all relevant people discuss the changes as well as ensuring

there is full consideration of the risks to the child and action which will mitigate risk. Mitigation could include reduced hours for the student while identifying when interim staff can be trained, using parent/carer to administer procedures pro tem, and putting arrangements in place to train and update training for staff.

### **Arrangements for First Aid Emergencies**

Any pupil (or indeed any employee) can experience a medical emergency without having a pre-existing and assessed medical condition, hence the requirement to have members of staff trained in first aid procedures. The highest risk is presented by choking incidents and the recent upgrading of requirements for paediatric first aid training in early years settings recognises the high likelihood of this occurring in young children.

HSE does not specify a ratio of First Aiders to pupils but each school should ensure that there is a sufficient number available to provide adequate coverage for all schools visits and other absences.

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### **Further reading**

[Supporting pupil at school with medical conditions](#)

[First aid training to be made compulsory for new nursery recruits](#)

[Standards for medicines management](#)

Kent County Council Insurance Provision for Medical Treatment/Procedures (attached)

[Schools' template for pupils with medical needs](#)

[Reducing the risk of choking for people with a learning difficulty](#)

[Ensuring safer practice for adults with learning disabilities who have dysphagia](#)

[Paediatric Basic Life Support](#)

[Eating and drinking ability classification system - algorithm](#)

[Selecting a first-aid training provider](#)

[Medicines for Children and Young People](#)

[Maximising the school nursing team contribution to the public health of school-aged children](#)

The Royal College of Nursing's publication Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues:

[http://www.ncb.org.uk/media/523631/rcn\\_guidance\\_april\\_08.pdf](http://www.ncb.org.uk/media/523631/rcn_guidance_april_08.pdf)

## Insurance Provision for Medical

The provision of Local Authority services increasingly requires non-medical staff i.e unregistered and non-health qualified staff, to undertake a range of health care procedures which previously might have been considered the remit of medical/healthcare professionals. This can raise concern over the extent of insurance cover in place to protect KCC against claims for compensation.

The Authority's liability policy will extend to cover activities of staff carried out in the ordinary course of the business of the Council. This will include the medical/healthcare procedures which form part of the duties of teaching and other staff with a caring and support role to play.

Although any claim for negligence would be assessed on its own merits a non-medical member of staff who, in providing medical support as part of their duties, follows pre-set guidelines and acts in line with training they have received from a competent/qualified person, should be considered by insurers to have acted reasonably and be protected by the policy.

Table 1 below provides a guide to the range of medical treatments which non-medical KCC staff might be asked to undertake and for which insurance has been arranged.

Staff members without relevant professional qualifications are not insured to make medical decisions. Equally they would not be insured to carry out invasive procedures i.e. involving incision/cutting surgical procedures as well as treatments such as ear syringing and internal swabbing. Making the decision to and inserting a feeding tube or similar is a task for a medical practitioner however when such a tube requires periodic re-insertion this is a task it would be permissible for KCC staff to perform only once fully trained and following set procedures.

KCC is increasingly employing qualified registered nurses. In order to meet their registration criteria KCC has extended its insurance cover and now provides an indemnity in respect of specified activities.

Table 2 below illustrates activities and procedures a qualified nurse employed by KCC might perform.

**If you are aware of treatment being provided by KCC staff which falls outside this guidance please contact KCC Insurance immediately for advice.**

#### Table 1 - Medical Procedure KCC staff might perform

All unregistered and non-health qualified staff training for clinical procedures must be child/adult specific and task specific. Each member of staff must be individually assessed and registered nurses who undertake training for some aspects have a professional responsibility to ensure each staff member is fully competent

Apnoea monitoring - via a machine  
Bathing

Blood Samples	- taken by Glucometer or finger prick only
Buccal midazolam	- administered by mouth and following training and assessment of competence
Cadd pump	- when permissible within terms of staff duties
Catheters	- changing of bags and cleaning of tubes and re-insertion of tubes for minors (with consent)
Colostomy/Stoma care	- cleaning and changing of bags
ACE stoma	- access via catheter for administration of medication
Chest drainage exercise	
Dressings	- application and replacement as prescribed
Defibrillators (AED)	- use as a First Aid procedure
Denture cleansing	- using proprietary cleaner only
Dressing Care (external)	- application and replacement
Ear/Eye/Nose drops	
Eye care	
Finger and toe nail cutting	- following training and competence
First Aid	- when qualified and applicable during the course of the business for the benefit of staff and others
Gastronomy tube feeding	- feeding via PEG or button and cleaning of the tube. Reinsertion (with consent)
Gastronomy buttons	- insertion or reinsertion of low profile gastronomy buttons and testing including care of button, changing of water in button
Hearing aids	- assistance in fitting and replacement
Inhalers and nebulisers	- administration of medication via an inhaler or nebuliser including hand held devices e.g. spacers
Injections	- administering doses via pre-assembled pens or syringes as pre-prescribed by a medical practitioner e.g. growth hormone
Insulin pump/injection	- administering prescribed doses via pre-assembled pen or following pre-prescribed procedure
Medipens	- with a pre-assembled adrenaline pen e.g Jext pen or epipen
Mouth care	
Naso-gastric tube feeding	- placement testing, aspirating, feeding and cleaning of the tube. Reinsertion (with consent)
Occupational therapy	- when permissible within terms of staff duties
Oral medication	- when pre-prescribed by a medical practitioner. For children, wherever possible parents/guardians should provide the medication prior to the child leaving home. A written consent form is required from the parent/guardian and this should be in accordance with LEA procedures on medicines in schools etc. Similar consideration when asked to administer 'over the counter' medicines
Pessaries	- when permissible within terms of staff duties
Reiki	
Physiotherapy	- when permissible within terms of staff duties
Pressure bandages	- when permissible within terms of staff duties and as prescribed and when assessed as competent
Rectal diazepam/midazolam	- pre-packaged doses and with two staff members present
Rectal paraldehyde	- pre-mixed, when permissible within terms of staff duties and following training and assessment of competence
Splints, braces, corsets	
Suction	- application of oral or nasal suction following training and assessment of competence
(Oxygen – administration of)	- assisting a user in applying a mask and cannula's and administering prescribed dose following competency based training and assessment

Suppositories	- as required for pain and emergency interventions e.g. rectal diazepam
(Enema suppositories)	
Swabs	- external cleansing of skin, also inside mouth/nose
Tracheostomy care	- clean and suction a tube or change it if blocked
Ventilators	- following training and assessment of competence

Staff members may also perform non-medical procedures which determine dosage levels i.e. weighing fruit to calculate carbohydrates dosage for pupils with diabetes. Where such activities follow an approved pre-planned process for which training has been provided then insurance cover will operate.

**Table 2 - Medical Procedure KCC employed Qualified Nurse might also perform**

Anal Plugs for incontinent adults/children	
Bladder and Bowel wash out	
Catheters	- insertion of tubes
Ear syringe	
Naso-gastric tube feeding	- insertion of tubes
Syringe drivers	- programming
Swabs	- internal
Tracheostomy	- insertion of tubes

KCC's insurance policy has been endorsed to provide cover for nurses in relation to the following activities:

- diagnosis of injury
- prescription of treatment or drugs
- care or treatment of a patient

KCC does not provide insurance cover to any other medical professional who is required to hold a policy of insurance as part of their professional registration.

Please contact KCC Insurance on 03000 416311 if you require further information.