Joint Agency Practice Guidance

Supporting the inclusion of children and young people 0 – 19 with a specific health care need in Wiltshire
Wiltshire Children & Young People’s Trust Stakeholder Partnership

To improve outcomes for children & young people in Wiltshire and to promote and support resilient individuals, families and communities

First approved and endorsed by Carolyn Godfrey, Director of the Department of Children & Education and Jeff James, Chief Executive of Wiltshire PCT in 2008.

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BACKGROUND

The National Service Framework for Children (Standard 8, 2.4) states:

“Disabled children and young people are first and foremost children, with all the rights, needs and aspirations of all children and young people. Ensuring their rights are met requires providing services for them that are in line with the United Nations Convention on the Rights of the Children: the Human Rights Act 1998 and the Disability Discrimination Act 1995.” (RCN Toolkit for School Nurses, 2008).

In recent years the number of children and young people who have a condition requiring medical interventions has grown significantly. This is due, in part, to advances in medicine which has resulted in more surviving very premature birth with neonatal complications and those with degenerative conditions are living longer. Most of these children and young people live at home with their parents, who undertake most of their care needs, and attend educational settings during the day.

In addition to attending educational settings some use family based short-term care, residential short break services, holiday playschemes, clubs, recreational activities and other community based services. These services enable parent carers of children and young people to choose to have a short break from caring. Additionally these services also enable each child or young person to have the opportunity to choose to be included in a wide range of activities and experiences.

In 2008 the Royal College of Nursing and Department for Education and Skills (now Department for Education) agreed which procedures can be delegated to non-health qualified staff. This document aims to give guidance and structure to all settings in Wiltshire in meeting these care needs.

The original document was first approved and signed up to by Carolyn Godfrey, Director of the Department of Children & Education and Jeff James, Chief Executive of Wiltshire PCT in 2008. However it was recognised that the document focussed on community settings. In January 2009 Alison Patrick, Wiltshire Physical Impairment Service, and Marla Forrest, Wiltshire Community Health Service, (now part of Great Western Hospitals NHS Foundation Trust) were asked to update the document to include schools and early years settings and to complement other guidance produce by Wiltshire Council for schools.

Initially an audit of needs was undertaken with all the Special Schools but was refined to focus on the needs of the three Schools for severe and profound learning difficulties. This identified the need to clarify support for schools from the School Nursing Service and other specialist nursing services across all settings in Wiltshire, and improve early identification of specific health care needs to ensure staff were trained to meet these needs before the child or young person begins to attend a setting.

It was recognised that many settings were not getting the information they required in sufficient time for staff to be identified and trained about healthcare needs. There was also evidence of parents turning up and expecting schools staff to administer medication without prior notice and with training only being provided by the parents, and in some cases no training at all.

It was identified that practices by both Health and Education needed to be improved promptly to ensure that children and young people remained safe and school staff undertaking procedures were not unwittingly causing health problems.

Discussions with Wiltshire Council Health and Safety Department focused on how to link this
document with the Health and Safety Manual for schools, particularly in relation to schools’ own Administration of Medication policies and when there is a need for a Health Care Plan.

Following a meeting with colleagues in Primary Heads Forum discussions were held with the Wiltshire Legal and Insurance Departments to establish what level of training was required for school staff to be covered by Wiltshire indemnity. This led to clarity around what training Foundation Trust School Nurses can provide and who is clinically competent to provide training for other needs. The quality of training required has also been agreed to ensure that people training setting staff are covered by their own professional accountability.

For settings to establish the training needs of staff, and to provide sufficient information for a setting Manager to decide on the level of support a child or young person needs it was suggested that a more helpful risk assessment format was produced. The resulting document guides settings in the questions to ask to gather all the necessary information on which a decision can be made. The full Health Care Needs Risk Assessment is 13 pages long but it is expected in many settings only 1 or 2 sections will be completed as the other sections will not be relevant. This document is available on the Wiltshire Pathways website and is designed so that it can be completed electronically. (www.wiltshirepathways.org.uk)

Following the initial development of the Health Care Needs Risk Assessment it was trialled by the School Nursing Service and feedback helped to clarify the format. Through using the new risk assessment format it has been possible in a few cases for the School Nursing Service to request a change of medication which, whilst still being suitable for the need, is more suitable for administration in a school setting, e.g. the change from a rectal medication to one given by mouth.

Three stakeholder events were held to share the updating of the document. Members of the Working Group have attended meetings with paediatricians, GP’s, and Headteacher groups, Health Care practitioners and Passenger Transport Unit to share the updates. In early 2011 feedback was requested from all settings who had used the guidance document. The Working Group, which including Headteacher representatives, considered the feedback and adjusted the document accordingly. Further liaison took place with individual stakeholder groups, including parents, and adjustments made to ensure clarity of roles and responsibilities.

In April 2012 this document was adopted by the Children’s Trust Board, Disability and SEN Group.
INTRODUCTION

With the growing number of children and young people requiring medical interventions there are increasing numbers of children and young people included in non-specialist settings and so the procedures for managing this process need to be clear and consistent throughout Wiltshire. It is the responsibility of each setting to have in place policies to support statutory responsibilities. There are many resources available to support settings to develop a generic ‘Administration of Medication’ policy and this document aims to give settings throughout Wiltshire guidance and a consistent framework for those children and young people whose health care needs are more complex than those covered by the settings’ generic policy.

The Children’s Act 1989 authorises people who have care of a child or young person (other than parental responsibility), subject to the provisions of the Act, to do “what is reasonable in all the circumstances of the cases for the purpose of safeguarding or promoting the child’s or young person’s welfare”.

There is no legal duty for school staff to administer medication. It is entirely the decision of the school management whether to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner i.e. GP or Paediatrician. However teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In some circumstances this might extend to administering medicine or taking other medical action in an emergency.

Within any setting that chooses to accept the responsibility for the administration of prescribed medication, setting staff, for whom administration of medication is not included in their job description, may volunteer to be trained to undertake specific procedures. No sanction must be taken against any employee who declines to undertake this task. In all cases Wiltshire Council hopes that settings will find it possible to co-operate with reasonable and justified requests from parents.

This document is designed to act as a guide and framework for families, Wiltshire Council staff, and Great Western Hospital NHS Foundation Trust staff, and other agencies that may provide a service for this group of children or young people in Wiltshire.

The document also provides a guide to procedures which may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk. The Nursing and Midwifery Council has set out clear guidance for principles to follow when delegating to non-regulated health care staff. The decision whether or not to delegate an aspect of care and to transfer and/or rescind delegation is the sole responsibility of the registered person and is based on their professional judgment.

For the purpose of this document the word ‘setting’ is used to cover all settings and services where care is provided for children & young people, e.g. early years nurseries, school, childminders, youth clubs, sports clubs.

Likewise the word ‘carer’ is used to cover all non-relative or legal guardians whose role is to provide support to the child or young person, such as Teaching Assistants, Inclusion Support Workers, Transport Assistants or carers.

Supplementary documents are available to support settings such as exemplar forms to accompany procedures, including protocols and forms for use in social care settings, schools, playschemes, youth clubs and pre-schools. This can be found on the Wiltshire Pathways website www.wiltshirepathways.org.uk and for schools on WISEnet.
SECTION 1 - PARENTAL RESPONSIBILITY.

For the purpose of this document the word ‘parent’ is used to cover all those with legal responsibility for the child or young person including guardians, the local authority or adoptive parents.

Whilst parents hold overall responsibility for the health and wellbeing of their child/young person, in order for a setting to meet a reasonable and justified duty of care, parents will need to share sufficient information about their child/young person’s medical condition including the administration of medication or procedures needed. It is essential that parents allow the appropriate professional staff to access relevant information about the child/young person’s condition held by their doctor or other health professionals.

Parents must be made aware that care can only be provided in a setting following a Health Care Needs Risk Assessment and if needed an accompanying Health Care Plan/flow chart agreed by parents/child/young person, the setting and an appropriately qualified nurse/paediatrician. Due care must be taken with this process so it is important that everyone is aware of the timescales involved and the implications this has for the child/young person attending the setting.

Health Care plans/flow charts identify care/training needs for children/young people when they are well/medically stable. For some children/young people when they are unwell the Health Care Plan is no longer accurate. For these children/young people the Health Care Needs Risk Assessment needs to identify when they should not be sent to a setting if they are unwell.

Parental support is likely to be required in the early stages whilst the carers are getting to know the child/young person and developing the care skills identified. However parents should not be expected to act as the carer or the only emergency support in settings on a long term basis.

By settings following the guidance in this document parents can be assured that the children/young people’s needs will be safely met.

SECTION 2 - PROCEDURES WHICH MAY BE SAFELY TAUGHT AND DELEGATED TO NON-HEALTH QUALIFIED STAFF.

There are a number of procedures that the Royal College of Nursing and Department for Education have agreed that non-health qualified staff may undertake as long as the following are in place.

- Each setting should have an administration of medication policy which includes a clear approach towards dealing with generic needs and the process by which risk assessments and health care plans are produced to ensure individual needs are met as appropriate.
- Comprehensive training and ongoing monitoring should be in place, individualised to the child/young person’s needs and delivered by an appropriate nursing representative. (full definition is available in the glossary)
- The training must be provided in line with the Great Western Hospitals NHS Foundation Trust competency framework. (more details are provided in Section 6 in this guidance)
- The date the re-assessment is due should be documented and the appropriate nursing representative responsible for carrying out the re-assessment should be clearly stated.
• Training and updating can be requested by the carer or manager at any time. Reasonable arrangements will be made by the appropriate nursing representative to provide this in a timely manner. (Note: Monthly training is offered for Clinical Skills Updates, held in central locations in order to facilitate regular planned updating.)

• Staff should only agree to undertake these tasks if they feel competent and confident to do so.

Under these conditions staff carrying out the following tasks in a setting with insurance provided through Wiltshire Council will be covered by the Council’s indemnity. If a setting uses a different indemnifying insurer they should seek advice and ensure that any agreement is documented in writing.

Procedures that appropriately trained non-health qualified staff may undertake are:

• Administering medicine in accordance with prescribed medicine in pre-measured dose via naso-gastric tube, gastrostomy tube, or orally.

• Bolus or continuous feeds via a naso-gastric or gastrostomy tube.

• Tracheostomy care including suction using a suction catheter, and emergency change of tracheostomy tube.

• Oral suction with a yanker sucker.

• Intermittent catheterisation and catheter care.

• Care of Mitrofanoff.

• Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are preassembled with predetermined amounts of medication to be administered as documented in the individual child/young person’s care plan (pre-loaded devices should be marked when to be administered, e.g. for diabetes, where the dose may be different AM or PM. In many circumstances there may be two different pens, one with short acting insulin to be administered at specific times during the day and another for administration at night with long acting insulin.

• Stoma care including maintenance of patency of a stoma in an emergency situation including replacement of button devices once stoma has been well established for more than six months and there have been no problems with the stoma.

• Inserting suppositories/pessaries or rectal medication with a pre-packaged dose of a prescribed medicine.

• Rectal paraldehyde which is not pre-packaged, is pre-mixed, and has to be drawn up and permitted on a named individual basis as agreed by the individual’s lead medical practitioner.

• Administration of buccal or intra-nasal Midazolam and Hypostat or GlucoGel.

• Emergency treatments covered in basic First Aid training including airway management.

• Manual evacuation.

• Assistance with inhalers, cartridges and nebulisers.

• Assistance with prescribed oxygen administration including oxygen saturation monitoring, where required.

• Administration and care of liquid oxygen including filling of portable liquid oxygen cylinders from main tank.
• Blood Glucose monitoring as agreed by the child/young person’s lead nursing/medical practitioner.

• Ventilation care for a child/young person with a predictable medical condition and stable ventilation requirement (both invasive and non-invasive). NB. Stability of ventilation requirements should be determined by the individual’s respiratory physician and will include consideration of the predictability of the individual’s ventilation needs to enable the key tasks to be clearly learned by carers.

The following tasks should NOT be carried out by carers:

• Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care.
• Medicine not prescribed or included in the care plan.
• Re-insertion of naso-gastric tube.
• Re-insertion of PEG’s or other gastrostomy tubes/ feeding via jejunostomy button or PEJ (percutaneous endoscopic jejunostomy tube).
• Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous, administration.
• Programming of syringe drivers.
• Filling of oxygen cylinders (other than liquid oxygen as stated above).
• Deep suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube).
• Siting of indwelling catheters.
• Ventilation care for an unstable and unpredictable child/young person.

Non-health qualified staff should not be expected to make independent decisions about an individual’s care. Carer’s should work to clear guidelines and risk assessments and flow charts. Where additional issues arise these should be referred to either parents or an agency identified in the Health Care Plan.

SECTION 3 - HEALTH CARE RISK ASSESSMENTS AND HEALTH CARE PLANNING

Children and young people with a health care need requiring administration of medication or procedures (not covered under the setting’s generic administration of medication policy) will require a Health Care Needs Risk Assessment, and where this risk assessment identifies the need, a Health Care Plan/Flow chart. Responsibility for undertaking a Health Care Needs Risk Assessment lies with the setting. It should be undertaken with the support of parents and the appropriate nursing representative. The Appropriate Nursing Representative will provide up to date information on the child or young person’s health care needs and medical intervention required. It is also recommended the setting request evidence of the need for any medication, along with the dosage and details of the dosage and strength.

The Health Care Needs Risk Assessment will identify:

• Any risk around the health care need for the child/young person.
• Any risk around the health care need for the others, including children/young people, staff and visitors.
• Control measures to manage the risks, i.e. resources, environmental considerations.

• Training needs – who will need to be trained, and what support is needed for the individual’s health care needs to be managed safely in the setting.

• The date for the review of the risk assessment. Setting this in advance will support the planning of the review meeting.

• The risk assessment must cover all situations that may arise whilst the child/young person is the responsibility of the setting and should including trips/visits and transport.

Some children and young people who need regular prescribed medication may not need an individual health care plan if it is determined, following the Health Care Needs Risk Assessment, that their care needs can be meet under the existing policies and guidelines of the setting, e.g. asthma inhaler or Ritalin.

Responsibility for developing an individual’s Health Care Plan/Flow Chart is shared by the setting manager, the appropriate nursing representative and the parents and/or the child/young person. The Health Care Plan must be undertaken with the back up of medical advice.

The Health Care Plan will include the following aspects (not already described in the existing policies and guidelines of the setting):

• How the training identified within the Health Care Needs Risk Assessment will be provided including the training, assessment of competence and on-going monitoring.

• Individualised health care needs including details of the medication, dose, method of administration, and possible side-effects, storage and disposal of medication, clinical procedure which needs to be carried out, when, by whom, how; procedures when off site, water based or other specialist activities.

• A description of what constitutes an emergency, what action should be taken and by whom, should be incorporated into a clear flow chart which must be readily available at all times.

• Specific record keeping.

• Which key professionals are to be involved.

• Where more information may be obtained.

• Consent to treatment.

• Additional information about the child/young person including other medication and treatments in place, dietary requirements, method of communication and level of cooperation.

The Health Care Plan must be signed by all who share in its development (this must include a designated person from the setting, designated health care professional and the child’s parent/guardian). This plan should accompany the child/young person wherever he/she goes for their daily activities.

Each Health Care Plan should be reviewed annually or when needs change. The primary responsibility of ensuring the Health Care Plan is up to date lies with the management of the setting however, everyone who participates in the development of it has a responsibility to notify the setting should updating be required.

Where resources (such as appropriate staffing, equipment or training) to meet needs of a child/young person identified in the Health Care Needs Risk Assessment are not immediately available senior management in the setting must be informed. The appropriate nursing
representative will work with the setting management to resolve the problem. Settings are required to make reasonable adjustments from within their own resources before a request to an additional funding stream will be considered, i.e. Social Inclusion Fund or Complex Health Care needs panel.

SECTION 4 - OBTAINING CONSENT FROM THE PARENT, CHILD OR YOUNG PERSON

Prior written consent must be obtained from the parents unless the child/young person is capable of understanding what is proposed and of expressing his/her own wishes and consents to his/her own treatment. Where an assessment is made that the young person is capable of understanding what is proposed and of expressing his/her own wishes, the details of this assessment should be recorded fully, particularly where this is relied upon in circumstances where the parent objects to the treatment proposed.

Legal advice is clear that a child/young person is capable of giving consent to his/her own medical treatment if he/she is capable of understanding what is proposed and of expressing his/her own wishes (Fraser Guidelines). A child/young person may, therefore, be able to consent to medical treatment against the wishes of his/her parent but may not be able to prevent treatment if his/her parents (or some other competent authority e.g. the Court) gives consent.

Parental powers are NOT lost if exercised against the interests of the child/young person. A court may make a decision about the best interests of the child/young person, if there is a dispute in relation to this.

It may be that an agreement as to whether an assessment as to the child/young person’s level of understanding should be carried out, and if so, by whom, and this should be considered specifically as a part of the Health Care Plan.

The exchange of information between doctors or other health professionals, which is essential to safely meeting the child/young person’s health care needs in the setting, must be with the consent of the young person or the parents. The settings involved must obtain written consent from parents and/or young person to enable the doctor to release the appropriate confidential information.

An exemplar consent form is available on the Wiltshire Pathways website and for Wiltshire schools on WISEnet.

SECTION 5 - PROVIDING INFORMATION FOR THE CARER

The information provided by the parents should be shared on a need-to-know basis to ensure confidentiality. Whenever possible the views of the child/young person should also be sought to establish what personal information they want shared with their carer(s).

The information should include:

- Background information on the child/young person’s condition and other information essential to understanding this
- Information about specific clinical issues
• Records for administration of medication or carrying out a procedure
• Procedure for seeking advice in a non-emergency situation
• Emergency contacts
• Actions to be taken in emergencies
• An accurate current copy of the Health Care Plan should always be provided for the carer.

Any changes to medication identified in the individual’s Health Care Plan must be given in writing signed by the prescribing professional. Where there is not an individual Health Care Plan in place medication should only be given if within the settings existing Administration of Medication policy.

SECTION 6 - SAFE TRAINING AND ASSESSMENT FOR CARERS

Great Western Hospitals NHS Foundation Trust will work in partnership with the setting in which a child/young person with specific health care needs is included. The appropriate nursing representative will support the setting to access competency based training to ensure the child/young person’s health needs are met safely in settings, in cooperation with the parents. It is the responsibility of the setting to enable staff to attend training and develop the skills needed to be assessed as competent. Full details of the training provided by Great Western Hospitals NHS Foundation Trust in available on the Wiltshire Pathways website. This includes information on length of training provided; what training can be provided by the Foundation Trust School Nurse and contact details to book training.

Alternatively training can be arranged by the setting from an appropriate training provider. Please note that where settings arrange training from an alternative provider the accountability for the outcomes of the training will be held by the setting management.

For any delegation of medication procedures to non-health qualified staff there must be a robust framework which includes
• Initial competence based training and preparation of carers.
• Assessment and confirmation of competence of carers.
• Confirmation of arrangements for on-going support, updating of training and re-assessment of competence of carers.

Training should take place at three levels:

1. The setting is responsible for ensuring that carers receive preparatory training in the following areas:
   • Basic First aid and life support.
   • Moving and handling.
   • Safeguarding procedures.
   • Infection control.

2. Training around a specific child/young person and the procedures or care that they require. It is recommended that up to three carers receive this specific training. This should ensure
that cover is available on most occasions (including in the event of staff sickness) whilst still enabling staff to maintain their competence with the skills required.

3. Ongoing supervision from the Appropriate Nursing Representative for setting staff will be clarified when competency is confirmed.

The training record included in the Health Care Plan/Flow chart needs to include:

- Signature of the Appropriate Nursing Representative or other appropriate trainer agreeing competence of the trainee, along with the name of the Appropriate Nursing Representative, or other trainer, (clearly written) and their designation.

- Signatures of parents agreeing to the Health Care Plan/Flow chart and identified carers.

- Signature of the setting manager agreeing identified carers have been trained and assessed as competent and will now administer the care.

- Records of all training, with date, skills and issues included.

- Clear evidence of how the training was individualised for the child/young person (such as health care plan, competency workbook / competency assessment).

This documentation is essential to ensure continued cover of employer indemnity. Additionally this process will assist with the identification of training update needs.

If, at any time, a carer does not feel that their skills and knowledge are adequate to perform a particular task, they are accountable to request further or update training (Health and Safety at Work Act 1974). Where the carers decide to take limited responsibility for medication, this should be recorded and the Health Care Need Risk Assessment reviewed to ensure the child/young person's needs are safely met.

The child/young person's health care needs and the ability of carers to meet those needs must be reviewed at least annually or sooner if the need changes.

In order for a carer to be accountable for the care they provide they must have access to the Health Care Plan at the time of providing the care.

SECTION 7 - RECORDING OF MEDICATION AND PROCEDURES

All medication/procedures that are administered should be recorded in a clear and structured format in accordance with the settings Administration of Medication Policy and the Wiltshire Council Health and Safety guidance. Carers should receive training from their employer on how to support procedures according to their own policies, including recording information. Good practice indicates that setting’s records should be supported by regular communication between the carer and parent about medication/procedures administered.

SECTION 8 - MEDICAL EMERGENCIES POLICIES AND PROCEDURES

There need to be clear policies and procedures for the benefit of carers, staff and parents about what should happen in the case of a medical emergency. These are called the Critical Incident Procedures. This needs to include details of contacting emergency services (999) and
procedures individualised to the child/young person and the setting. Details about support services for the carer, other children and young people and staff in the setting should be included. It is recommended that this procedure is detailed in a flow chart.

SECTION 9 – PLANNING FOR INCLUSION TIMESCALES

Ensuring that all the above are in place for an individual child/young person takes time. Whenever there needs to be a change of carers/care team supporting a child/young person, planning for this change is essential. This could be a change of setting, i.e. starting or changing school or changing class; or when a child/young person starts an activity such as a holiday club or after school club.

The planning may need to take into account:-

- What is the planned start date for the child/young person at your setting?
- Working back from this date when will you need to undertake the Health Care Needs Risk Assessment to allow for everything that needs to be put in place?
- What training has the Health Care Needs Risk Assessment of the child/young person in your setting identified?
- What is the minimum number of staff who need to be trained to ensure that the child/young person can attend regularly and the staff can retain competency?
- Is it possible for staff who work with the child/young person to continue to work with them each year or for a few years (as this decreases risk as well as training time required)?
- If Local Authority transport is being provided are systems set up to enable Passenger Transport Assistants to be trained alongside school staff.
- Is the planned start date achievable/ realistic for staff to be fully trained and to ensure the child/young person can be in the setting without the need for the parents to provide care?

Training needs

- What length of training is required – basic, for specific child/young person, or update?
- When is the training being offered by Great Western Hospitals NHS Foundation Trust training team? (This training is free at the point of delivery). If this is not convenient can you access appropriate training from another professional organisation and do you have funds to pay for alternative training?
- How can staff be released for theory training? If school staff cannot be released until a certain date to start their training, when will the child/young person be able to begin to attend the setting?
- How can staff be released for the necessary training specific to the child/young person? (Note: this will need to be arranged with the child/young person present)
- When can staff be signed off as competent? For many reasons this process needs to be ongoing, e.g. not everyone in the school signed off on the first day. To help this process to
be as streamlined as possible, can staff who know the child/young person and have been signed off as competent already continue to work with the child/young person while new team members are trained?

- Can some of the training and assessment be undertaken before the child/young person starts at your setting?

- What support is required for carers, to ensure the child/young person is safe while carers get to know the child/young person and are signed off as competent? Does the Risk Assessment identify a need for a transition period, e.g. appropriately qualified health carers working alongside school staff during the first week of term?

Parental involvement

- What procedures do you have in place to enable the parents to have confidence in the setting and carers to support their child/young person?

- Would it be helpful for attendance to be built up to full time over a clearly agreed period (i.e. 2 weeks) allowing the staff to get to know the child/young person and for the child/young person and family to get to know and trust the staff?

- Could parents attend induction visits and meet staff and identified carers?

- Would it be appropriate for parents to be offered the opportunity to work alongside carers carrying out health care procedures following training but before carers are signed off as competent? Alternatively is professional support required during the transition period?

SECTION 10- INSURANCE AND INDEMNITY

The Wiltshire Health and Safety Manual for schools states:-
"The concern of employees administering medication in respect of personal liability is unfounded. The Local Authority(LA) takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices."

1. Organisational Accountability

Each setting needs to ensure that the training provided and the trainer providing it meet their insurer’s requirements. Parents do not hold any professional accountability and therefore it is essential that training is provided by an appropriately qualified training provider. Training provided by Great Western Hospitals NHS Foundation Trust meets the requirements of those settings insured through Wiltshire Council.

If a setting is not a Wiltshire Council setting or uses a different indemnifying insurer they should seek advice and ensure that any agreement is documented in writing.

Evidence of Liability and Professional indemnity insurance, including malpractice, held by the trainer’s employers must be made available if requested.

2. Individual Accountability:

Under the Health & Safety at Work Act (1974) staff have a duty to cooperate with procedures put in place by their employer. To support this cooperation a carer must be given training for
the individual child/young person’s procedures. The Health Care Plan/Flow chart will provide
details of training and on going monitoring and the carer should request further training if at any
time they consider their skills and knowledge are not adequate to perform a particular task.
Additionally, if there is a change in the child/young person’s condition or an alteration in
procedure the carer should request that the care plan is adjusted to ensure that the new
process is identified.

Carers should work cooperatively, following the guidance in this document to support the risk
assessment and health care planning process ensuring that the children/young people are
included.

The carer must work within the agreed guidelines of the setting.

SECTION 11 - SAFEGUARDING CHILDREN AND YOUNG PEOPLE

All settings providing a service for children or young people with a disability should be aware of
the increased vulnerability to abuse and neglect. Appropriate communication between all
professionals is key to safeguarding especially where children and young people are
vulnerable. Clear and concise document of all concerns is essential.

All staff must follow multi-agency safeguarding procedures, including situations where there are
concerns about staff placing children/young people at risk of harm. The South West Protection
Procedures can be found at www.SWCPP.org.uk. Additional useful information about how
organisations in Wiltshire work together to protect children/young people from abuse and
neglect can be found at www.wiltshirelscb.org

Section 11 of the Children Act 2004 states that staff from all agencies must discharge their
functions with a view to safeguarding ‘children’, including having clear lines of accountability for
management and reporting.

Settings should make reference to the new DoE guidance “Safe Working Practices for the
Protection of Children and Staff” which means that there must be a professional basis for all
conduct.
References:

*Managing Medicines In Schools And Early Years Settings*, (2005). Department for Education and Skills | Department of Health,


“Supporting Disabled Children Who Need Invasive Clinical Procedures” (1998) Barnardos – Alison Rhodes, Christine Lenehan and Jan Morrison


“Toolkit for School Nurses” (2008) Royal College of Nursing

“Aiming High for Disabled Children” (2008) Department of Health, Department for children, schools and families, NHS.


Glossary

**Appropriate Nursing Representative** – The designated nurse may be a Foundation Trust School Nurse, Community Children’s Nurse, Specialist nurse or other nurse identified by Wiltshire Community Health services as appropriately registered to support the Health Care Needs Risk Assessment and prepare care plan if needed.

**Carer** – Identified person responsible for the child/young person’s care within a particular setting. This person may be a teaching assistant, residential care worker, transport assistant, youth worker, health care support worker or other adult designated to provide care. It is expected that all identified carers will have completed CRB checks and appropriate reference checks.

**Child/ Young person** – for the purpose of this document the child or young person will be aged between 0-19 years of age.

**Competence** – Competency is having the skills appropriate to the needs of the child/young person. (The Dignity of Risk) In order for a member of staff to be deemed as competent there must be a written record of the training provided and the record must include a signed statement by the appropriate nursing representative who provided the training to say that the person is competent to carry out the procedure on which they have been trained for a named child/young person.

**Delegation** – Delegation is the process by which a person with a professional registration, appropriate to the task, delegates an aspect of care to a person whom they deem competent to perform the task and who they have assured themselves fully understands the nature of the delegated task and what is required of them. The decision whether or not to delegate an aspect of care and to transfer and/or rescind delegation is the sole responsibility of the registrant and is based on their professional judgement. Where another, such as an employer, has the authority to delegate an aspect of care, the employer becomes accountable for that delegation. The registrant will however continue to carry responsibility to intervene if she feels that the proposed delegation in inappropriate or unsafe.

**Health Care Plans/ Flow charts** – An Health Care Plan should include the information required to safely carry out the care an individual child/young person requires. It will include clear guidelines for carrying out procedures with the individual child/young person and information for dealing with an emergency situation. The plan must be drawn up by an appropriate nursing representative, in conjunction with the setting and agreed with parents and the child/young person and approved by a doctor with individual knowledge of the child/young person. This Health Care Plan may be in the form of a flow chart which is prepared in conjunction with the Health Care Needs Risk Assessment. The Health Care Plan / flow chart/Risk Assessment should be reviewed regularly and updated whenever a change in care is identified.

**Parent/ Guardian** – For the purpose of this document the word parent is used to cover all those with legal responsibility for the child or young person including guardians, local authority or adoptive parents.

**Risk** – is a combination of the likelihood of something harmful happening and the seriousness of the potential injury
Risk Assessment – Risk is managed by assessing it, avoiding it if it is unnecessary or reducing it to a level which is ‘reasonably practicable’ and documenting this process according to the guidelines set out in Wiltshire Council’s Health and Safety Manual for schools. A Health Care Needs Risk Assessment looks at the needs associated with an individual’s health care need.

Reasonably practicable – as defined by the Health and Safety Executive means ‘an employee has satisfied his/her duty if he/she can show that any further preventative steps would be grossly disproportionate to the further benefit which would accrue from their introduction.’ (HSE 1992, p 8).

Setting – For the purpose of this document a setting refers to any registered organisation which provides activities/care for children/young people. This includes early years settings, schools, child minders, playschemes, youth clubs, recreational centres, short break respite settings, extended schools provision, family link carers, passenger transport.

Training – It is imperative that any delegation of clinical tasks to non-health qualified staff is undertaken within a robust framework for training and assessment of competence. Training documentation must reflect the process and the appropriate nursing representative must sign that the trainee has been assessed as competent. The training plan must include confirmation of arrangements for on-going support, updating of training and re-assessment of competence.

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This information can be made available on request in other languages including BSL and formats such as large print and audio. Please contact the council by telephone 0300 456 0100, by textphone 01225 712500, or email customerservices@wiltshire.gov.uk