East London NHS Foundation Trust

Care planning within education setting

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Version Control Summary

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1.0	Sep 2013	Rebecca Daniels, Practice Development Facilitator (PDF)		New policy created.
1.1	April 2015	Rebecca Daniels, PDF		Updated in line with new guidance: Department of Education (2014). *Supporting pupils in school with medical conditions.* September 2014. *Children and families' act* (2014). HMSO/QPAP Department of Education/Department of Health (2014). *Special Education Needs and Disability code of practice: 0-25years.* Department of Health (2014). *Guidance on the use of emergency salbutamol inhalers in schools*

Contents

1.0 Background to developing an Individual health care plan

The Children and Families Act (2014) places a duty on maintained schools, academies and pupil referral units (PRU) to make arrangements to support pupils with medical conditions. The Department for Education (2014) states "governing bodies for schools (including proprietors of Academies and management committees for PRU) should ensure all schools develop a policy for supporting pupils with medical conditions" and within this cover the role of the individual health care plan and who is responsible within the school for their development. This policy should be reviewed regularly and be readily accessible for parents and school staff. A suggested policy for schools to use and adapt according to the individual school's need, can be found at http://medicalconditionsatschool.org.uk

An Individual health care plan is a written agreement between an education setting and the parents of a specific child with a medical condition, to enable the child to be adequately cared for whilst they are within the education setting. Individual health care plans can help to ensure the education setting effectively supports pupils with medical conditions by specifying the type and level of support the child requires (Department for Education, 2014 and Department of Education/Department of Health, 2014). The care plan will relate to the medical needs of the child, ranging from managing chronic conditions and administering emergency medications to caring for the child's complex health needs for example tracheostomy care. The education setting could refer to school - local authority, academies, pupil referral units (PRU) or private; nursery -local authority or private or after school/breakfast/holiday clubs.

1.1 The purpose: of the individual health care plan is to clearly identify the level of support required to enable the child to attend the education setting, including identification of what needs to be done for the child, when this is required and by whom it will be delivered (Department for Education, 2014).

Developing an individual health care plan should be a continual process involving the family, education staff and health professional/s relevant to the child's needs. The family should be asked for details of the professionals involved in their child's care, to identify who should be invited to the meeting alongside health visitors (under 5yrs) or school nurses (over 5yrs). The care plan meeting should be initiated as soon as the child's needs are identified as requiring a health care plan and should not delay the child commencing within the education setting. This may be initiated, in consultation with the parents, by school staff or health professional involved in providing care to the child. Although the individual roles are identified below it is crucial that inter-professional working is displayed to provide a team approach to the child's care (Department of Education, 2014).

1.2 Education staff role: Each school should have a local policy on supporting pupils in school with medical conditions, which identifies whom is responsible within the establishment for developing individual care plans. The Department of Education (2014) suggests either the head teacher or senior member of school staff to whom this is delegated would be responsible for coordinating the care plan meetings (DfE, 2014). Liaising with the family is crucial to identify the health professionals involved with the child's care. If education staffs struggle to gain attendance from health professionals within a timely manner and this results in delaying the child's

commencement within education, this should be escalated to the professional's manager. A list of health visitors and schools nurses is updated and circulated quarterly which can be utilised to identify the correct health professional and manager for the individual school or child's address.

Care plan templates are available to education staff to download to start compiling information prior to the care plan meeting as required (see section 2.2) to try and reduce the time spent during the care plan meeting.

1.3 Health professional role: Health professionals are required to work together to support the education staff within the care planning process, although they are not solely responsible for the management/writing of the care plan. Care plan templates for specific conditions have been developed and are available to use. These have been written by health professionals within specialist areas of School Nursing, Health Visiting and Community Children's Nursing Services and are available for use within both health and education settings.

The health professional asked to attend the care plan meeting may not be aware of the child's condition itself but they can still support the education staff in where to obtain the correct information to help the school staff to understand the condition. This falls within the role of the health professional and attendance at the meeting should not be dismissed because of lack of knowledge. It is important to remember the child's parents are usually the experts in their child's care and should be utilised at every stage of the care planning process.

The health professional should also advise and support around training needs which are identified for education staff to enable them to safely care for the child. There are on-going training programmes within Newham for epilepsy and enteral feeding for education staff to attend.

If the identified health professional is unavailable at the time of the care plan meeting, they must ensure that any care plan written by education staff and parents in their absence is reviewed urgently to ensure all aspects of health have been covered and no risk to the child is identified.

Further guidance on roles and responsibilities can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

1.4 Rights of the Child: At the centre of all care planning for a child within the education setting should be the rights of the child:

1) To be educated within a safe and healthy environment (DfE,2014)
2) Not to be stigmatized as a result of their condition
3) To be able to participate in all educational and recreational activities to the same extent as their peers (within their own abilities)
4) To have access to medication and other measures to relieve their symptoms and manage their care (Disability Act, 2010).
5) To have access to trained personnel who are able to manage their daily needs and recognise, and promptly treat emergency situations.

6) To have their education adapted to their condition as required (heath needs to fit around their education)
   Adapted from Muraro et al, 2010.

All children are entitled to an education that enables them to:

• achieve the best possible educational and other outcomes, and

• become confident young children with a growing ability to communicate their own views and ready to make the transition into compulsory education (DfE/DoH, 2014).

1.5 Indications of children who will require an individual health care plan: are as follows, although this is not an exhaustive list:

- Child who requires medication during the day
- Child who requires specific nursing procedures/intervention during their school day or have a medical device in situ
- Child who may require emergency intervention

Children who require hoisting and hygiene needs only would not require an individual health care plan as they will already have in place a manual handling assessment for education staff to follow. The same follows for children who have behavioural conditions. Similarly children who are under speech and language therapist will also have specific plans separate to an individual health care plan.

Decisions about whether a child requires an individual health care plan can be difficult at times. Recent guidance suggests the school, health professional and parent should agree, based on evidence when an individual health care plan is inappropriate or disproportionate. If consensus cannot be made then the headteacher is best placed to have the final view (DfE, 2014)

1.6 Examples of conditions and professionals to be involved within care planning process – this is not an extensive list and family should always be asked which professionals are known to the child:

- Epilepsy – health visitor (under 5yrs) or school nurse (over 5yrs). The epilepsy nurse specialist (ENS) can be contacted for advice around children and young people who have complex epilepsy, but will not be involved with the writing of the care plan. Templates are available which have been written by the ENS.
- Asthma - health visitor (under 5yrs) or school nurse (over 5yrs). Please note not every child with an inhaler/asthma will have a care plan in place. Parents should be asked whether the child takes a preventer inhaler morning and night time (brown inhaler). If so they are likely to have Chronic asthma and will require an individual health care plan to be in place. However if schools plan to use an emergency inhaler for a child (in case the child's is broken, lost or empty at time required), individual health care plans must be in place with evidence of parental consent, in addition to an asthma register and policy within the school. Please see "Guidance on the use of emergency salbutamol

inhalers in school" Department of Health, Sept 2014 for further information and support around asthma.

- Anaphylaxis - health visitor (under 5yrs) or school nurse (over 5yrs). Template careplan available.
- Enteral feeding – joint working with Community Children's nursing service and health visitor (under 5yrs) or school nurse (over 5yrs). Careplan templates available.
- Child with a nursing need (medical device in place, oxygen therapy, nebulisers, suction as examples) - joint working with Community Children's nursing service (CCNS) and health visitor (under 5yrs) or school nurse (over 5yrs).
- Diabetes/eczema/sickle cell/thalassemia - joint working with nurse specialist and health visitor (under 5yrs) or school nurse (over 5yrs). Child with eczema may also be known to CCNS but not always.

2.0 Setting up an initial individual care plan meeting:

When should this happen?

The school's policy for supporting pupils with medical conditions should set out the procedure to be followed when the school is notified that a pupil has a medical condition (DfE, 2104). However in summer term the admissions list given to education staff; usually SENCO's should identify upcoming children. These may include:

1. New children to nursery/reception (Early Years Foundation Stage)
2. Children with health needs who require staff training changing year bases/teaching assistants (consider staff changes, new or additional training needs staff will require)
3. Children changing from Primary to Secondary school

Care plan meetings should be planned as much in advance as possible to prevent any delays in the child commencing education. After Easter is the best time to commence planning for the following September as it allows time if difficulties arise in the process. This is on the assumption the education staff are aware of the names of children with potential medical conditions requiring an individual health care plan due to start with them.

Other children may present within the academic year and require a meeting to be initiated once the family highlight the children's specific needs and this is deemed to require an individual health care plan. Health professionals involved with the child (including school nurses/health visitors) can support education staffs in the decision making as to whether a care plan is required, although the head teacher would have final say if an agreement could not be made (DfE, 2014).

See Appendix 2 for Model process for developing individual healthcare plans.

Note: children in early years fall under Health visiting team (notes sit with health Visitors) under their **5th Birthday**. School nursing will have hand over and access to the child's notes from their 5th birthday only.

2.1 Who should be involved in the meeting?

- **Head teacher or senior staff member whom has been delegated as stipulated within school policy** (usually school SENCo) to coordinate the meeting, contact professionals and the family.
- **Parent/Guardian** – they hold vital information to their child's condition, symptoms, medications, treatment and interventions required. They are essential to the meeting.
- **Health advocate/interpreter** –where parental first language is not English
- **Child/young person** – depending on their cognitive ability they should be involved within the care planning process as this focuses on them.
- **Health Professional** - Health visitor (if child is under 5yrs); School nurse (if over 5yrs), Community Children's nurse (if child is known to CCN and they are required to attend). More than one health professional should attend where they are known to the child as a joint approach should be taken to support the child, family and education staff in the child's admission to education setting. If no professional is known to the child, this falls under the responsibility of the health visitor/school nursing team to attend. Their role is to bring information relevant to the child and to support the education staff around the health concerns/issues. This may involve supporting them to find out more information about the condition itself.
- **Early year's practitioner** – if they have been involved with the child in the community prior to the child commencing Early years education they can provide important information about the child's abilities.
- **Other teaching support staff** – already known to the child, for example visual/hearing impairment support from Tunmarsh Centre.

2.2. What information is required in the meeting?

"The level of detail required in an individual health care plan will depend on the complexity of the child's condition and level of support required. This is important because different children with the same health condition may require different support. Where a child has SEN but does not have a statement or Education Health care (EHC) plan, their special educational needs should be mentioned in their individual healthcare plan" Department for Education (2014).

This should include:

- **History** of child's health and current needs - provided by child, parents/guardian, supported by medical letters. This should include the child's medical condition/s, triggers, signs, symptoms and treatments.
- **Prescription** (if child requires medication) – Hospital or GP letter. This should be on headed paper and signed by the medical professional.

- **Management plan** – Current feeding regime (dietitian), Seizure management plan (epilepsy service), Diabetic plan (diabetes nurse specialist), asthma (GP/respiratory Dr), and Anaphylaxis plan (Allergy team or clinic letter hospital). This provides staff with the current plan for daily feeds/medications by the specialist and also confirmation of emergency plans. This will also provide the contact details of the professionals involved with the child for future contact. Specialist nurses for sickle cell/Thalassemia and Eczema can also be contacted for management plans.
- **Care Plan Template** –These are specialised templates which are standardised but can be adapted depending on the child's needs. They follow the same format (see appendix for blank template guidance). This should be in electronic form and completed during the meeting. Care plan templates for the following conditions are currently available for use:
    - Asthma
    - Anaphylaxis
    - Asthma and anaphylaxis combined
    - Nasogastric tube feeding
    - Balloon gastrostomy feeding
    - PEG feeding
    - Epilepsy - child who has emergency medication prescribed
    - Epilepsy – child who has emergency medication prescribed but no school staff are trained in administering the medication
    - Epilepsy – child who has seizures but no emergency medication prescribed.
    - Blank template

  Templates for sickle cell, diabetes and eczema are areas for development with the nurse specialist in the near future

2.3 <u>What are the aims of the meeting?</u>

- To gain a background history on the child's general health – this includes their medical condition but should explain how this affects them. This should be translated into layman's terms and not in medical jargon so it can be easily understood by all staff. This should include the medical condition, triggers, signs, symptoms and treatments (DfE, 2014)
- To gain information about the child's daily requirements and what care the parent's expect education staff to carry out for their child during the school day. Consideration should be given to time, facilities, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues for example travel time between lessons or crowded corridors (DfE, 2014).
- To gain information about any medical devices the child may have in place and how to manage them both in a daily requirement and in an emergency situation. (DfE, 2014)

- To gain information about medications the child requires on a daily basis and/or in an emergency. This should include doses, side effects and storage (DfE, 2014).
- To clearly identify signs/symptoms for staff to observe for in case the child requires intervention from education staff (this can be normal or as an emergency)
- To identify the level of support the child requires and who will provide this support. If the child is self-managing their medication this should be clearly identified on the individual health care plan (DfE, 2014)
- To gain information about what the parents/professionals class as an emergency for this child and interventions parents expect staff to undertake should the situation arise and who to contact.
- To gain contact information for the family so the school are aware of whom to contact first and which number is best to contact them on in case an emergency situation arises whilst the child is within the education setting.
- To identify any training needs staff within the education setting may have to enable them to safely care for the child without the parents present and plan how this training will be provided and supported. Schools to consider cover arrangements for when trained staff are unavailable (DfE, 2014)
- **To type the care plan onto the template during the meeting, print the care plan once completed so it can be read and agreed by all present at the meeting. This can then be signed by all present and copies distributed for records accordingly. This must be completed before the end of the meeting and should not be taken away to be typed up.** Meetings should therefore will held in a venue where there is access to a computer during the meeting to aid this process.
- "Partners should agree who will take the lead in writing the plan but responsibility for ensuring it is finalised and implemented rests within the school" (DfE, 2014)
- A final copy of the care plan should be saved within the schools electronic record system confidentially so any amendments and reviews can take place easily within the education setting.
- A copy of the signed document should be uploaded to the child's RIO by the attending health professional.

2.4 <u>Care plan updates:</u>

The Department for Education, 2014 states "The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presenting that the child's needs have changed. They should be developed with the child's best interests in mind and ensure the school assesses and manages the risks to the child's education, health and social wellbeing, and minimise disruption". Therefore the care plan should be updated as follows:

- (at least) yearly review (this can take place at the annual health review)
- Changes in medication
- Changes in the child's needs
- Changes in the child's emergency care plan.

2.5 Changes to care plans:

Care plans need to be changed according to the child's needs. Any changes in medications, type and doses, feeding regimes, type and amounts should always be confirmed by a doctor's letter (medications) or dietitian letter (feeding). If parents are likely to change amounts of feed to be given on a daily basis (depending on the child's health and tolerance) this information needs to be identified within the care plan and a local agreement between school and parents as to how is this information transferred from parent to education staff on a daily basis that is recordable.

Changes or reviews of care plans should be reflected by a change in date on the care plan and re-signed. A new review date should also be identified and clearly documented within the care plan.

Changes can be made by the education staff and parents together and does not necessarily need a health professional present, unless significant changes are identified. A copy of the new care plan should then be given to the relevant health professional for their information and review.

If education staffs do not feel confident making changes to a care plan without a health professional present, they should contact their allocated school nurse or child's health visiting team to request they attend a review meeting with the parents. If a school nurse or health visitor does not have confidence within the field required to make amendments with the parents and education staff, they should request support from the relevant speciality. However this support may only be telephone or email support and will not replace the involvement of the school nurse and health visitor within the care planning process.

3.0 Confidentiality:

The head of the school and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about the child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith (DfE, 2014)

Care plans should be made available to staff directly working with the child and staff trained in the child's care, emergency medication and should be accessible in an emergency. A copy of the emergency part of the care plan can be laminated and kept with the child's emergency medication for ease of use in an emergency. Education settings should avoid having more than one copy of the care plan printed and available within the school due to confidentiality and the risk of these not being replaced when the care plan is updated.

4.0 Education trips/Off- site education:

“Schools should consider what reasonable adjustments they might need to make to enable children with medical needs to participate fully and safely on trips” (DfE, 2014).

Risk assessments should be completed for children who have an individual health care plan in place for them accessing off-site education and education trips. The risk assessment should include suitability of the environment where the child will be going and supervision of the child whilst off-site and will require consultation with the parents and pupils, plus advice from relevant health professionals to ensure the child can participate safely (DfE, 2014). The individual health care plan should be taken off-site with the child in addition to any medication/emergency medication/medical devices required as stated on the care plan. It may be required to draw up a separate care plan with the family to cover education trips/off site education if for example there are no trained staffs available to accompany the child on the trip rather than the child being excluded from the activity.

As part of the risk assessment staff should consider scenarios for how they would deal with daily requirement or the emergency care of the child in the new environment they will be in, to allow for preparation of the child’s care within a different surrounding.

5.0 Managing medications:

The governing body should ensure that the school’s policy is clear about the procedures to be followed for managing medication within the education setting. Medication should only be administered within the education setting when it would be detrimental to the child’s health or school attendance not to do so.

Schools should only accept prescribed medicines which are in date, labelled and provided in the original container as dispensed by the pharmacist. The medication should be accompanied with instructions for administration, dosage and storage in addition to parental consent.

Children should be encouraged to self medicate where possible. However this may not always be possible depending on the child’s need and abilities. School staff must not give prescription medication without appropriate training and assessment of their competence/proficiency. Training in safe administration and safe storage of medication can be discussed and arranged with health professionals involved with the child’s care. (DfE, 2014)

6.0 Liability and indemnity:

“Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education’s Risk Protection Arrangements (RPA), a scheme provided specifically for academies. It is important that the school policy sets out the details of the school’s insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with"

Department of Education (2014) "Supporting pupils in school with medical conditions" Page 20.

7.0 Further information and supporting documents

All information within this policy is supported by the following documents and links can be found within the reference lists:

- Department of Education (2014). *Supporting pupils in school with medical conditions.* September 2014.
- *Children and families' act* (2014). HMSO/QPAP
- Department of Education/Department of Health (2014). *Special Education Needs and Disability code of practice: 0-25years.*
- Department of Health (2014). *Guidance on the use of emergency salbutamol inhalers in schools*

Template documents for use with supporting pupils at school with medical conditions (including managing medications) can be found at:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

References:

Children's and Families act (2014). HMSO Downloaded from http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

Department of Education (2014). *Supporting pupils in school with medical conditions.* September 2014. Downloaded from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Department of Education/Department of Health (2014). *Special Education Needs and Disability code of practice: 0-25years.* Downloaded from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Department of Education/Department of Health (2014) *Guidance on the use of emergency salbutamol inhalers in schools.* Downloaded from:

https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Muraro.A et al (2010). The management of the allergic child at school:EAACI/GA2LEN Task force on the allergic child. *Allergy*: 65(681-689)

http://medicalconditionsatschool.org.uk

Appendix 1: Sample Care plan template:

Header should include: name of child and date of birth so this is visible on each page of care plan.

Footer should include: name of professional and role of person completing care plan, date and page numbers

Private and Confidential
Health care plan for a pupil with medical needs

Name: details of child written in
Address: as above

Date of birth: as above

Conditions(s): list child's medical conditions, any medical devices they may have in situ

School: details of school and class (should be amended as class changes)
Class:

Date of plan: date plan compiled/reviewed
Review date: date for review (this should be changed after plan is reviewed/amended). Usually at least yearly.

Contact Information for (*insert name child)*: remove italics and insert child's name

Family contact 1:
Name:
Relationship:
Telephone numbers: 1.
2.

Family contact 2:
Name:
Relationship:
Telephone numbers: 1.
2.

Ask family who is the best person to contact in case of an emergency and which number is best to contact them on,

Hospital contact:
Tel: details of local or specialist hospital, consultant name or clinical nurse specialist. If not under hospital just delete

General Practitioner: essential GP details and contact number
Tel:

Community Children's Nursing team: if known identify which community team (Diana/epilepsy or CCNT) delete if not known.
Tel:

Health visiting/School Nursing team: name of team and contact number. Delete which team not under
Tel:

Dietitian: contact name and number, if not known delete.

Tel:

Any other relevant professionals involved with the child's care can be added also

1. Information about (*insert name child)***'s health.** Remove italic and insert name

Description and explanation of child's condition and how this affects them. This should be written in simple terms which can be understood by layman. Any medical jargon used should be followed by an explanation as to what this means.

This should also include the entire child's needs for example their mobility, hygiene, communication and/or feeding needs in addition to the main health concern.

Describe what is normal for the child – their own abilities

2. Information about (*insert name child)***'s *(medical device)*** Remove italic and insert name

If the child has a medical device in place, a diagram and explanation of how it works should be placed here. If they do not, delete this section.

3. Daily requirements for (*insert name child)* Remove italic and insert name

Use this section to identify what care needs are to be given to the child on a daily basis. Ask the parents what they expect education staff to be giving to their child during the school day. This could be any of the following (this is not exhaustive):

- Observation of the child: what signs and symptoms needs to be observed for and what actions needs to be taken if they are observed
- Medication to be given, name of drug, dose, route, time to be given and any special requirements (ie with food via spacer)
- Whether the child needs special arrangements ie during class time, Physical Exercise, break times.

4. What is an emergency for (*insert name child)***?** Remove italic and insert name

Use this section to identify what the parents' class as an emergency for their child and what do they expect school staff to do should the situation arise. In situations where medication needs to be administered this should be supported by a medical letter confirming treatment, dose and route. This may cover any or all of the following aspects (not exhaustive):

- An emergency when parents are called to collect the child
- An emergency when an ambulance needs to be called.
- An emergency when staffs are required to intervene – whether this is with medication or first aid.

Signs and symptoms need to be clearly identified so staff are aware of what to observe the child for. It should be very clear and in bullet points/flow chart to ensure staff can follow the plan easily. This part of the care plan can be cut and paste in order for it to be laminated and placed with emergency medication/devices as required.

Record of staff trained in giving care/medication as stated on care plan

Table can be inserted with staff name, role and signature to state they agree they have been trained and will deliver care as trained.

Signatures

A review of this health care plan should be undertaken annually. It is the responsibility of the nursery/school to initiate this review and invite relevant parties to the review.

If any changes are made to the child's care, the care plan must also be changed to reflect this. If medication or feed related this should be accompanied by an updated letter from medics/dietitian

Parent
Name: **Signed:**_____**Date:**

Headteacher/SENCo
Name: **Signed:**_____**Date:**

Health Professional
Name: **Signed:**_____**Date:**

For all parties at meeting to review care plan and sign. Parents sign to agree to care planned, school sign to agree to deliver the care and health sign to confirm information is correct on plan as per meeting/care agreed.

Appendix 2 – Model process for developing individual health care plans
Department of Education (2014) "Supporting pupils in school with medical conditions" Annex A, page 23.