



Blackburn with Darwen

Supporting Pupils with Medical Conditions in Schools and Settings

A working framework to support schools and other settings in Blackburn with Darwen to ensure that they meet the requirements of Statutory Guidance

DOCUMENT PURPOSE:	A working framework to support schools and other settings in Blackburn with Darwen to ensure that they meet the requirements of Statutory Guidance
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SENIOR RESPONSIBLE OFFICER	Jo Siddle
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Contents

1. Introduction
2. Background
3. Local Context and Partnership Approach
4. Legislation
5. Roles and Responsibilities
6. Levels of Intervention
7. Individual Health Care Plans and Procedures to be followed
8. Managing Medicines and medical intervention on school premises
9. Staff Training and Support
10. School Record Keeping
11. Managing Medical Emergencies and Emergency Processes
12. Unacceptable Practice under the Framework
13. Confidentiality and Information Sharing
14. Liability and Indemnity
15. Complaints Procedure
16. Transport
17. Monitoring, Evaluation and Governance Arrangements

1. Introduction

The over-arching purpose of this framework and the accompanying guidance is to support schools and settings within Blackburn with Darwen, this can include nurseries, private schools, local authority maintained schools, academies and alternative provision to ensure that children and young people who have health and/or care needs are supported to participate as fully as possible in all aspects of school life. This will be demonstrated through a consistent approach across educational settings and education-related activities.

This framework sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications, in order that pupils are able to play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities and remain healthy to help them to achieve their academic potential.

Our Principles

- Demonstrate a local multi-agency commitment to positively promoting the inclusion of all children with health and/or care needs and improving efficient multi- agency working in partnership with children, young people and families.
- Clarify roles, responsibilities and accountability in enabling children and young people with health and/or care needs to be fully included within schools and settings.
- Clarify what can be expected within a school setting for parents/carers and children and young people.
- Provide a framework to use that can manage the risks associated with carrying out clinical and care procedures that relate to the child or young person, the professional and the organisation.

2. Background

The Blackburn with Darwen Framework is intended to be a supplementary guidance document to the Department of Education guidance published in 2015 and updated in 2017. The guidance "Supporting Pupils at School with Medical Conditions"¹ provides support and advice for local authorities, schools and settings, and the wider children's workforce to fulfil their statutory obligations. The Framework brings together a range of statutory and non- statutory recommendations to best meet the needs of children and young people in educational settings who require support to manage their medical conditions. This includes appropriately trained staff to undertake a range of tasks to ensure that children and young people thrive in their school settings.

3. Local Context and Partnership Approach

The Blackburn with Darwen Framework has been adapted from the Lancashire County Council policy for supporting pupils with medical conditions in special school (2021). The framework has been informed and co-developed through a dedicated partnership approach to ensure that all relevant services can contribute to its development and effective delivery. A task and finish group was established with representatives from Blackburn with Darwen Local Authority, Blackburn with Darwen Clinical Commissioning Group, NHS Providers, educational settings and our local parent/carer forum. There is a multi- agency commitment to ensuring that the Framework is easy to understand and apply in all settings to ensure that children and young people are fully supported by the right people, with the right training and confidence to ensure they thrive at school.

The Blackburn with Darwen SEND Improvement Group will maintain oversight of the framework and learning will be shared regularly to ensure best practice for all settings. How partners work together to promote the welfare of children and young people will be informed and supported by the updated Working Together Guidance 2018. Further information can be found in Appendix 1.

¹ [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)

4. Legislation

There is a wide range of legislative information relating to this framework contained within the Department for Education Guidance which is both statutory and non-statutory.

A strong emphasis of the guidance is that the framework should support 'appropriate authorities' i.e. Governing Bodies of maintained Schools, Proprietors of Academies, Management Committees of Pupil Referral Units (PRUs) and private providers of schools and settings to fulfil their statutory duties to make appropriate arrangements to support pupils at school with medical conditions, as stated in section 10 of the Children and Families Act 2014.

For children and young people with SEN, this framework should be considered alongside the SEND Code of Practice to ensure all the needs of children and young people are met.

For further information, please follow the link; [SEND Code of Practice 0- 25](#)

Roles and responsibilities should be undertaken as described in the Department for Education guidance document "Supporting pupils at school with medical conditions" December 2015.

This framework demonstrates a local multi-agency commitment to positively promoting the inclusion of all pupils with medical conditions within their education setting. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's or other setting's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies; this framework will identify collaborative working arrangements to meet need and address areas of clarification and development as they arise. What is most important is to ensure that staff are fully trained and supported to deliver appropriate support and that these responsibilities are consistent across Blackburn with Darwen.

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

This framework clearly identifies the roles and responsibilities of all parties involved in carrying out support arrangements to be undertaken, as described in the Department for Education guidance document, "Supporting Pupils at School with Medical Conditions".

5 Roles and Responsibilities

5.1. Governing Bodies, Trustees and Management Committees

Governing Bodies, Trustees and Management Committees should:

- Develop own written document to provide specific school guidance in operationalising the framework.
- Ensure that it is clear how the Framework will be implemented effectively to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Identify a named person who has overall responsibility for Framework implementation and for ensuring that it is reviewed and updated regularly.
- Have a policy in place to specify how training needs are assessed and to ensure that sufficient staff have received suitable training by a qualified NHS trainer to a standard where they are competent before they take on the responsibility to support children with medical conditions.
- Escalate concerns in relation to capacity to meet training needs in a sufficient timescale to the management team of the training Provider in the first instance, and further escalation to the SEND Improvement Group who oversee the implementation and monitoring of the framework.
- Ensure that an appropriate amount of time is provided so staff receive training.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility of any delegated health tasks.
- Ensure that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change.

- Ensure that there is a system in place which provides assurance that individual healthcare plans are in place and that they are monitored and subject to review at least annually or sooner if needs change.
- Ensure that a complaints procedure is in place, accessible and is reviewed.

5.2 School Principal/Headteacher

There are varying requirements that a Headteacher should be able to undertake, all of which are listed below. However, it must be clear, that Headteachers/ Principals are not medically trained staff. They are able to seek the best information, advice and guidance from a range of suitably trained medical staff to ensure that pupils are supported by professionals with the expertise required to access education and thrive within the setting.

School Principals and Headteachers should:

- Ensure that all staff are aware of the framework and understand their role in its implementation; this framework clearly identifies the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions.
- Ensure that all staff who need to know are aware of the pupil's medical condition and needs (also see section 13 confidentiality and information sharing)
- Plan to have sufficient trained numbers of staff who are available to implement the Framework and to deliver against individual healthcare plans.
- In the event of a critical incident, ensure that a risk assessment is undertaken in compliance with the school/setting's Critical Incident Policy and that this is shared appropriately with stakeholders at the earliest possible opportunity.
- Receive notification from school nursing service of any children identified as having a medical condition prior to the pupil starting school.
- Ensure the schools' and other settings' notification procedure is followed when information about a child's medical needs is received.

- Ensure that individual healthcare plans are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- Ensure risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensure risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensure that staff are clear about the procedures to be followed as per school policy whenever a school is notified that a pupil has a medical condition.
- Ensure (as far as possible) that parents/carers provide full and up to date information about their child's medical needs by completing the school's 'Essential Information Form'.
- Decide, on receipt of information about the medical needs of a child, whether any medication or medical intervention will be administered, following consultation with appropriately trained medical staff and given consent from parent/carer supported where possible by a clinical letter.
- Make decisions about medication in school and self-administration in line with section 8. Contact the School Nursing Service for advice and support in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing team.
- Ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion (MARS Sheet)

5.3 School Staff Responsibilities

Through discussion between the Headteacher and member of staff, a member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. It is important to note that unless it is part of

the employee's contract, staff cannot be required to support pupils with their medical condition but may wish to do so as part of a holistic approach to meeting the child/young person's needs.

For clarity, all staff who take on any responsibility to support pupils with medical conditions must receive sufficient and suitable training (and appropriate refresher training) from health professionals, identified by the health provider, and demonstrate to the trainer that they possess the necessary level of competency and confidence before they undertake any activity relating to supporting an individual in managing their medical condition. This training must be arranged and coordinated by the school and training should be kept up to date. Training records must be up to date and accessible at all times.

School staff should raise any follow up to training issues with their immediate manager /senior leadership team who will liaise with the training provider.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.4 Child's/Pupil's Role in managing their own Medical Needs

Pupils with medical conditions should:

- Where possible, be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- After discussion with parents/carers, pupils who are competent should be encouraged to take responsibility for managing their own medicines and medical interventions. This should be regularly reviewed to ensure that young people remain competent. Any changes should be appropriately explained, and young people should fully understand changes made.

- Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.
- Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- Where it is not appropriate for a pupil to self-manage, relevant staff should help to administer medicines and manage procedures for them.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parent/carer should be informed so that alternative options can be considered.

5.5 Parents, Families and Carers

Parents, Families and Carers should:

- Provide the school with sufficient and up to date information about their child's medical needs.
- Attend meetings to develop and review of their child's individual healthcare plan.
- Carry out any action that they have agreed to as part of the implementation of the individual healthcare plan (e.g., providing medicines/equipment and ensuring that **they or another nominated adult are contactable at all times**
- Parents/carers should be compliant with the school's and setting's own guidance on the safe administration of medication.
- Parents/carers should ensure that all medications are handed over safely and within the schools and other settings in line with guidance.
- Parents/carers should ensure that any medical equipment is clean, has been serviced within the required timescales and in good working order.
- Parents/carers are required to update about their child's medical condition at least annually (e.g., at the start of each school year), or sooner if needs change, by completion of 'an 'Essential Information Form'.

For guidance about the information that must be included on the Parent/ Carer Information form, please refer to the template document provided by the DfE (see **Appendix 2**). Schools are able to amend to ensure all the information they require is included.

Details of pupil's medical conditions and associated support needed at school, including, e.g.

- Medicine(s), including any side effects (where known)
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g., dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

5.6 Providers of Health Services

Providers of health services should cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals (e.g., specialist and children's community nurses) as well as participating in locally developed outreach and training and providing support, information, advice and guidance to schools.

5.7 School Nurse role in meeting the medical needs of children in schools and other settings.

As part of the role, the school or settings named nurse offers support to enable children and young people with additional needs to receive care and support in school from those who know the children and young people best in a competent and timely manner i.e., the right person, right place, right time.

For children and young people in mainstream schools and settings, support will be provided by the Universal 0-19 Public Health Nurses (School Nurse/Health Visitor)

For children and young people in special schools, the special school nurse offer/function facilitates ongoing care and management of children with disabilities within a special school as well as offering advice and guidance to Universal 0-19 Public Health Nurses (School Nurse/Health Visitor) for other schools/settings.

The Universal 0-19 Public Health Nurses (School Nurse/Health Visitor) and the special school nursing team will work collaboratively together sharing information, advice and guidance and determine in some individual cases who is best placed to meet need.

The objectives of the school nurse role include;

- Providing specialist health advice, support, clinical decision making and co-ordination and, where required, health care delivery, to ensure the health needs are met for children and young people with complex and additional health needs
- To work seamlessly with other health providers to ensure that the health needs of those children and young people are met by delivering 'the right care by the right person, at the right place at the right time'
- To align to the Healthy Child Programme in promoting good health, wellbeing and resilience
- To signpost and deliver training to and ensure competency of identified school-based staff to support with delivery of interventions as detailed in the child's individual health and care plan (IHCP). See Appendix 3 for special school nurse training matrix.
- To complement the work of Universal provision in their delivery of the Healthy Child Programme and universal partnership plus.

School Nursing Services/function have a range of responsibilities outlined below:

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school; wherever possible, this should be done before the pupil starts at the school.
- Should have oversight to ensure that a school is taking appropriate steps to support pupils with medical conditions,

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

- Will support staff in implementing a pupil's Individual Healthcare Plan and provider advice and liaison, e.g., on training.
- Can liaise refer and signpost to multiagency professionals and parents/carers on appropriate support for the pupil and associated staff training needs.
- Provide emotional support following training or in the event of a serious and unexpected medical event or incident.

Please see Appendix 4 for contact details for relevant services.

5.8 Other Healthcare Professionals

Other healthcare professionals (e.g., OTs, physiotherapists, dieticians, GPs and paediatricians etc):

- Should immediately notify the school nurse when a pupil has been identified as having a medical condition that will require support at school.
- Will provide advice on developing individual healthcare plans in relation to their specialism.
- Specialist practitioners may provide support for schools and other settings for pupils with particular conditions.

5.9 Local Authorities

Local Authorities have responsibility for commissioning public health services for early years and school-aged children including school nursing; this does not include clinical support for pupils in schools who have long-term conditions and disabilities, which remains an ICB commissioning responsibility.

Under Section 10 of the Children Act 2004, Local Authorities have a duty to promote co-operation between relevant partners (e.g., governing bodies, ICB and NHS England) with a view to improving the wellbeing of pupils with regard to their physical and mental health, education, training and recreation.

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

Local authorities can facilitate or commission appropriate training for school staff, to ensure that the support specified within the individual healthcare plans can be delivered effectively.

Local authorities should work with schools to support pupils with medical conditions to attend full-time or as based on individual needs of child.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements.

Further detail can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year). Blackburn with Darwen's policy is available in **appendix 5**.

5.10 Integrated Care Boards

Integrated Care Boards (ICBs) commission other healthcare professionals such as specialist nurses and should ensure that commissioning is responsive to the children's needs and that health services are able to cooperate with schools supporting pupils with medical conditions.

ICBs have a duty to cooperate under Section 10 of the Children Act 2004 and **MUST** make joint commissioning arrangements with local authorities for education, health and care provision for children and young people with SEND.

ICBs should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health service in providing support and advice.

ICBs should ensure that their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school. There should be a mechanism in place for schools and settings to feedback their views on a regular basis. This will be covered as part of the contractual arrangements with the Provider.

6. Levels of Intervention

In addition to the roles and responsibilities detailed above, it is essential that the following levels of intervention and support are reviewed, understood and applied in the setting to ensure that pupils receive support from the most appropriately trained professional.

Setting out the levels below, based on national guidance demonstrates what activities should be undertaken and where specialist support should be provided.

As stated above, there is a Special School Nursing Service/function commitment to ensure that children and young people are supported by the right person, at the right time, in the right place. The activities/tasks have been split into three levels of intervention: Universal, Targeted, Specialist

6.1 Universal

Universal tasks are routine and easily acquired skills. Parents and carers will already have an understanding of their child's needs and it is important that settings work with parents and carers to ensure this level of care needs are met.

These skills may already have been acquired as parents/carers and workers with children and young people. Most children and young people at some time will require tasks carried out at this level. Advice and support may be required to reassure staff in carrying out this kind of activity. Ongoing training may be required which should be

organised and provided by the setting by an appropriate medical professional and recorded accordingly.

It must be acknowledged that this isn't an exhaustive list and there are a range of additional universal tasks that can also be undertaken, based on the needs of the child.

At all times, professionals supporting pupils, must consider their mental health and wellbeing.

- Administering basic over the counter medication when agreed by Headteacher, for example, paracetamol.
- Using an asthma inhaler
- Intimate personal care - assisting with cleaning and changing soiled clothing, changing nappies and sanitary wear in order to keep the child clean and comfortable.
- Promoting continence – assisting with toileting regimes, ensuring children have access to appropriate toilets, regular drinks etc.
- Assisting a child with eating or drinking – Following a simple plan involving environmental, postural and equipment adaptors to provide independence at mealtimes.
- Dry/wet wrapping for a child with eczema – a prescribed treatment involving dressings for children with severe eczema.
- Making up of a routine infant feed – following an instruction as to how much feed and water to mix together.
- Moving and handling – assisting a child who may have mobility problems in accordance with local policy.
- Supporting a child's physiotherapy programme – following a simple written programme from Physiotherapy. For pupils with more complex needs that require intensive physiotherapy support, staff may require additional training and monitoring. This should be based on the needs of the child and reflected in their plan.

- Supporting a child's communication programme – following a written programme from a registered Speech & Language Therapist
- Care of a child with epilepsy not requiring emergency medication –this involves measures to ensure the safety of the child during a seizure.
- Simple dressings – dressing to skin following a care plan, for example, application of a gauze square with tape including transdermal patches.

6.2 Targeted

Any tasks delegated to staff must be routinely checked. All training must be reviewed periodically by a suitably qualified professional. Schools should keep their own records and be able to produce this information if required.

Tasks requiring training from health professionals will usually be delivered by qualified nurses with relevant nursing competency and experience.

The following advisory list of interventions may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk.

These are tasks that need to be carried out regularly, require a small amount of time, privacy, some degree of skill and the use of generic equipment. Specific training will be required in accordance with local guidelines. Some of these tasks could be carried out by the child themselves if they are at an appropriate age and ability.

These tasks have been identified by the Royal College of Nursing as tasks that can be safely delegated. However, as the list of tasks is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can and cannot be delegated.

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus feeds via a nasogastric tube

- Bolus or continuous feeds using a pump via a gastrostomy tube.
- Management of Tracheostomy care including suction using a suction catheter, and unplanned tracheostomy changes in line with the child's risk assessment and emergency plan within the child's care plan. (Also see section 6.3 below).
- Oral suction with a yankauer sucker. Oral suction is determined as a targeted activity only in cases where oral secretions are being removed in the mouth. This does not relate to deep suction.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices with pre-determined amounts of medication to be administered as documented in the individual child's care plan. Preloaded devices should be marked when to be administered e.g., for diabetes where the dose might be different at various times of the day. In many circumstances, there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long- acting insulin)
- Administration of adrenaline auto- injectors
- Catheterisation- including Mitrofanoff and Supra Pubic (see footnote for further details)² and also see section 6.3 below.
- Care of Mitrofanoff- intermittent catheterisation where the bladder is re- directed through a hole in the abdomen. (See footnote for further details)
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devices once stoma has been well established for more than 6 months

² Training relating to catheterisation can be given with an aseptic, non-touch technique. A care plan will be in place. Depending on the needs of an individual, the child can sometimes be self-educated to perform this task themselves.

Urethral intermittent catheterisation

Urethral intermittent catheterisation is the process whereby the catheter is inserted into the bladder at specified times during the day and bladder emptied as per a child's care plan.

An indwelling catheter is the process whereby the catheter is inserted into the bladder by a health professional. School staff are trained to provide care for the catheter, for example, emptying of the drainage bag and recording output where required as per the child's care plan.

Mitrofanoff and supra pubic – as per intermittent, catheter inserted via the stoma.

and there have been no problems with the stoma (see footnote for further details)³

- Inserting rescue medication using a pre-packaged dose of a prescribed medicine, for example, rectal diazepam. (See footnote for further details) ⁴
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel
- Emergency treatments covered in basic first aid training including airway management, assistance with inhalers, cartridges and nebulisers- Please note, this only relates to pupils who are usually have a stable respiratory system.
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required. Please note, this task only relates to intermittent monitoring of oxygen saturation, not all- day monitoring which is listed under Specialist tasks.
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e., GP, Paediatrician or paediatric diabetes nurse specialist. Pump, diet monitoring and impact on glucose levels are the only tasks relating to diabetic children under 'universal' tasks. School staff do not site needles

³ A stoma is an opening and could be a colostomy stoma, ileostomy stoma or gastrostomy stoma. It is understood that if the button does come out, there is a limited time to re-insert so often must be performed by school.

For gastrostomy stoma, if the device becomes dislodged or comes away, the device must be reinserted by the school nurse, if on- site. If this is not possible, the parent or member of the commissioned feeding company support team should be called.

Enplugs are designed for emergency use to keep stoma from closing when a gastro jejunostomy device has fallen out. These can be inserted to prevent the stoma from closing and prevent an unnecessary hospital admission. They are safe and low risk to use and would be part of a CYP care plan when in school.

Child specific emergency plans will be outlined in the care plan.

⁴ There are a very small number of children with complex seizures that would require rectal diazepam or paraldehyde. In such cases, the first point of medication would be a pre- mixed dose of diazepam, followed by a pre- mixed dose of paraldehyde, only if required. They are both administered in the same way and paraldehyde should always be administered as the second line of treatment. An individual risk assessment should be undertaken in all cases.

Rescue medication such as Rectal Paraldehyde which is not pre-packaged and has to be prepared can only be permitted on a named child basis as agreed by the child's lead medical practitioner i.e., GP or Paediatrician

6.3 Resource for additional delegated tasks

Through the extensive consultation undertaken as part of this policy development, unplanned tracheostomy changes and intermittent urethral catheterisation were identified and considered to require a higher level of intervention. They are not deemed to be of a level where a registered nurse is necessary to deliver the intervention and it was recognised that school staff may be best placed to provide the intervention, given that they have a relationship with the child and are in the setting. However, it is recognised that as a result of the level of responsibility, and in terms of intermittent urethral catheterisation the personal and invasive nature of the intervention, additional resource to secure staff undertaking these roles is required.

Further discussions are taking place around this issue to consider potential solutions in recognising the additional pressure these interventions place on schools. This includes consideration of the new RCN Guidance in supporting pupils with medical conditions in schools which is currently being redrafted.

Until resolved, however, current arrangements will continue and, in all cases, relating to tracheostomies and intermittent catheterisation, risk assessments must be undertaken and recorded as part of local arrangements.

6.4 Specialist- More complex clinical procedures

These activities require more skill and carry a greater degree of risk so can only be carried out by trained health workers.

These tasks have been identified by the Royal College of Nursing as tasks that cannot be safely delegated. However, as the list of interventions is subject to change, guidance should be sought from the relevant health care professional who will be providing the training regarding the current procedures which can and cannot be delegated.

- Re-insertion of nasogastric tube

- Re-insertion of PEGs or other gastrostomy tubes
- Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous administration.
- Programming of syringe drivers ⁵
- Filling of oxygen cylinders (other than liquid oxygen as stated above)
Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank.
- Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Ventilation care for an **unstable** and **unpredictable** child
- Ventilation care for a child with a **predictable medical condition and stable ventilation requirements** (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan.
- Any invasive treatments / procedures requiring clinical decision making (not including unplanned emergency situations where 999 would be called)

7. Individual Health Care Plans (IHCP)

Schools should have procedures in place:

- To ensure an IHCP drafted with support from a suitably qualified NHS professional who are medically trained is in place when a child starts at the school (if the child requires an IHCP).
- To secure positive transitional arrangements between schools

⁵ Please note, a syringe driver (or pump) is a small battery- powered pump. It delivers a steady stream of medication through a small plastic tube under the skin. A syringe driver is used for medicines that help with pain, sickness, fits, agitation and breathing problems.

- To ensure prompt updating of the IHCP and training when a pupil's needs change
- For any staff training or support.

For pupils starting at a new school, Headteachers must ensure that staff are suitably trained and provide the necessary opportunities for this to occur, for example, using INSET days and twilight sessions. However, the training must not be delivered by Headteachers, parents or any other school staff. All training must be commissioned and delivered by a suitably qualified professional.

When a pupil receives a new diagnosis or moves to a new school mid-term/year, every effort should be made to ensure that appropriate arrangements are put in place. This includes the provision of an IHCP (where the child requires one) and training from Health.

Schools will maintain regular communication with the SEND service to ensure that the correct provision is in place in a timely manner to ensure that a pupil can attend school as soon as possible. As far as is within their power, governing bodies must have arrangements in place sufficient to meet their statutory responsibilities, but in line with their safeguarding duties governing bodies should ensure that pupils' health is not put at unnecessary risk. Therefore, they do not have to accept a child in school at times where it would be detrimental to the health of that child (or others) to do so. Therefore, Headteachers should seek urgent advice from the SEND service and the commissioned health service if there could be a significant delay in pupils attending school.

Schools do not have to wait for a formal diagnosis before providing support to pupils but must never administer medication or support without a formally identified medical need.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on the

available evidence; this would always involve medical evidence and consultation with parents and medical professionals.

IHCPs and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the pupil. Plans must be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g., school nurse, specialist or children's community nurse or paediatrician who can best advise on the particular needs of a pupil; pupils should be involved in this planning where appropriate.

Where there is a disagreement, an approach should be made in the first instance to the author of the IHCP and other professionals associated with the plan should be informed.

IHCP should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing and minimise disruption.

The format of IHCPs may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.

IHCPs should be easily accessible to all who need to refer to them, whilst preserving confidentiality.

The level of detail within the plan will vary depending on the complexity of the pupil's condition and the degree of support required. The plan should capture the key information and actions that are required to support the pupil effectively in managing their condition(s) and to overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

The IHCP could include the following information:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil's resulting needs, including medication (full details) and other treatments, time, facilities, equipment, testing, access to food and drink (where used to manage their condition) dietary requirements and any environmental issues – and the level of support needed including in emergencies.
- Clear identification of the roles and responsibilities for individual stakeholders, including Teaching/ Support Staff and Medical Professionals
- What to do in an emergency including whom to contact, and contingency arrangements.
- Specific support for the pupil's educational, social and emotional needs
- Monitoring arrangements for the implementation and maintenance of the IHCP
- The level of support needed (including in emergencies), who will provide this support and how this will be delivered. The training needs of those providing support, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional (and cover arrangements for when they are unavailable).
- All relevant staff in school that need to be aware of the child's condition and the support required. Where any confidentiality issue is raised by the child/parent, the designated individuals to be trusted with information about the child's condition.
- Arrangements for written permission for medication to be administered by a member of staff or self-administered by the pupil during school hours. Where a pupil is self-managing their medication, this should be clearly recorded along with any appropriate/necessary requirements for monitoring.
- Separate arrangements or procedures required for off-site educational visits outside of the normal school timetable that will ensure the child can participate.
- Where confidentiality issues are raised by the parent/child, the Headteacher will make an informed decision based on information provided by medical professionals.

The IHCP may also be linked to the EHCP if a pupil has Special Educational Needs identified.

Where a pupil has SEN but does not have an EHCP, their special educational needs should be mentioned in their Individual Healthcare Plan.

Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), schools must work with the local authority, health and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

8. Managing Medicines/Medical Interventions on Schools Premises

8.1 Administration of Medicines/Medical Interventions

Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s).

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s).

Pupils who can take medicines or manage their medical interventions independently may still require a level of adult support e.g., in the event of an emergency. For this situation, agreed procedures will be documented in their Individual Health Care Plan (IHCP). Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. However, prescribed instructions must always be adhered to, to ensure effective treatment for the child.

No pupil under 16 should be given prescription or non-prescription medicines without their parent's/carers written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the pupil to involve their parents/carers while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered in their local arrangements.

It is acknowledged that there may be an occasion where a parent/carer has sent in a child with medication without written consent, schools would be expected to contact the parent/carer to receive verbal consent and follow this up with written communication to the family with the agreement that parents will complete the written consent. This should not be common practice.

A pupil under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

It is the responsibility of the parent/carer to inform the school if a pupil has been given pain relief prior to attending school.

This information should be updated through the local home/ school communication process. Parents/carers should be informed by school prior to administering pain relief to ensure the maximum doses in 24 hours is not exceeded and if the pupil is well enough to remain in school.

School staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school. Any side effects shown by the child should be acted on accordingly, i.e., emergency procedures initiated, for example if the child has an allergic or anaphylaxis reaction. All staff observed or child declared side effects should be reported to the parent/guardian at the earliest opportunity and documented in school held records. I.e., incident book

Any pupil who has been prescribed a non-licensed controlled drug as part of a clinic trial from a tertiary centre will have a care plan and drawn up in conjunction with the tertiary provider, this must be included in the pupils IHCP.

8.2 Refusing Medication/Medical Intervention

If a pupil refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the pupil's record sheet. Any medication not administered will be disposed of safely by the school. The reason(s) for refusal to take medications/medical intervention must also be recorded, as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the pupil is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Where a parent / carer cannot be contacted and the refusal to take medication will have life threatening or limiting implications then a critical incident response must be undertaken. In cases where medications for life threatening conditions are prescribed, a risk assessment and action plan must be in place. It is vital that a parent/ carer/ responsible adult is contactable at all times.

8.3 Storage of Medicines/Medical Intervention Equipment and Resources

All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g., on school trips.

All pupils, where able, will know where their medicines/medical intervention equipment/resources are at all times and will be readily available as required.

All pupils, where able, will know the name and role of any professionals who support them in delivering the required interventions.

Schools should only accept prescribed medicines IF these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Blackburn with Darwen Schools will only accept prescribed medication in their original containers. Decanted medication will not be accepted.

The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. However, a specialist Diabetes nurse must liaise directly with the school as per the child's care plan.

In the case of blister packs, they must be in the original box with the pharmacist label with administering and dosage instructions.

When no longer required or if a medicine has expired, medicines should be returned to the parent/carer to arrange for safe disposal. Prescribed medicines are the property of the patient and should be returned to them/carers/parents for disposal. If being sent home, sharps boxes will be closed and unable to be opened. Sharps boxes should always be used for the disposal of needles and other sharps.

Where NHS trained staff are responsible for the administration of specific medication, they are also responsible for the correct storage and record keeping associated with that medication.

8.4 Controlled Drugs

A pupil who is prescribed a controlled drug may legally have it in their possession if they are competent to do so; passing it to another child for use or possession is a criminal offence.

Where controlled drugs are not an individual pupil's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g., admin office, medical room. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual pupil's responsibility, records will be kept of any doses used and the amount kept on the premises. This record must be counter-signed.

Monitoring arrangements are necessary in all cases. Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. All controlled drugs must be monitored/ recorded by counting all medications in/ out and recording the number of medications/ doses before and after each administration. Good practice recommends two members of staff to check controlled drugs in/out and two members of staff to record/sign.

8.5 Non-controlled Drugs and Medical Resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the pupil's IHCP.

In relation to pupils requiring blended diets, an ICB approach has been agreed. The necessary documentation has been included in **Appendix 6** and is already being successfully implemented in some areas of the Lancashire area. To ensure a consistent approach, it is suggested that all schools utilise the documents attached.

Occasionally medication may also be issued to a patient if they are a participant in a clinical trial or via a specialised tertiary health setting and should be dealt with in the same way as other prescribed medication (as per this Framework, see above). Medication charts may vary depending on the school and school nurses will advise on the format to ensure safe administration.

Paracetamol, Antihistamines and medications that can be bought over the counter (OTC) are no longer prescribed and therefore OTC meds should be permitted in school with oversight of the school nurse or senior school management who need to obtain consent from parents/carers for administration.

<https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

Parents/carers should not be asked to have these prescribed via a GP in line with local policy (see link to a care home homely remedy that can be adapted

<https://www.lancsmmg.nhs.uk/media/1439/lsc-self-care-and-access-to-otc-medicines-template-policy.pdf>

8.6 Intimate and Invasive Care

Cases where intimate or invasive medical care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

Please refer to section 6 for detailed information relating to the varying levels of care that can be delivered by professionals who have been suitably trained.

8.7 Off-site and extended School Activities (Day trips, residential visits and sporting activities)

Governing bodies should ensure that there are clear arrangements in place to ensure that pupils with medical conditions are actively supported in accessing and participating in all off-site and extended school activities on offer, including school trips, sporting activities, clubs and residential/holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully; teachers should have a clear understanding of how a pupil's medical condition will or may potentially impact on their participation.

School will consider what appropriate reasonable adjustments need to be put in place to enable pupils with medical conditions to participate safely and fully; staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities.

Schools should make arrangements for the inclusion of pupils in such activities with any required adjustments, unless evidence from a clinician (e.g., GP) states that this is not possible.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff and to ensure that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

The risk assessment process will involve consultation with the pupil, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. All decisions must be undertaken in line with Blackburn with Darwen Council's Educational Visits Policy.



BwDBC Educational
visits guidance v2.4 1:

In some circumstances, evidence from a clinician (e.g., hospital consultant), may state that participation in some activities offered is not possible; where this is the case, then school will make alternative arrangements for the pupil.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

9. Staff Training and Support

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed; this should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Suitable training should have been identified during the development or review of IHCPs. The relevant healthcare professional should lead on identifying the type and level of training required, and the relevant provider to undertake this. Any gaps will be escalated within the healthcare professional's organisation.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans; they will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Generic awareness training is offered to schools as part of training and development opportunities i.e., an overview of asthma, epilepsy awareness etc. Specific training is

also offered for supporting a pupil in school through competency-based assessments, this will be individualised to the pupil's needs and therefore non-transferable to another child with similar need.

A First Aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Schools need to identify arrangements for whole-school awareness training so that all staff are aware of the framework for supporting pupils with medical conditions and their role in implementing that framework. Induction arrangements for new staff should be included.

The family of a pupil will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice but should not be the trainer.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training including updates to reflect requirements within Individual Health Care Plans.

10. School Record Keeping and Governance Arrangements

Governing bodies should ensure that the school keeps a written record of all medicines/medical interventions administered to individual children on each occasion, including the following information:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication

- Dosage given
- A note of any side effects/reactions observed – Parents/carers should be informed if their child has been unwell at school.

As part of ongoing continuous improvement in school policy development, individual settings should review their existing arrangements on how records are kept.

11. Managing Emergencies and Emergency Procedures

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities, wherever that takes place, including on school trips.

Where a pupil has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures and have received appropriate training to respond to the situation. It is important to note that the list of potential scenarios cannot be exhaustive.

Other pupils in the school should know what to do in general terms, e.g., informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff should stay with the child until the parent /carer arrives or accompany a child taken to hospital by ambulance.

Schools need to ensure that they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

12. Unacceptable Practice under the Framework

School staff should use their discretion and judge each case on its own merits with reference to the pupil's IHCP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carer or ignore medical evidence or opinion (although this may be challenged)
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable and/or untrained.
- Penalise pupils for their attendance record if their absence is related to their medical condition, e.g., hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to effectively manage their medical condition
- Require parents/carers, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues unless this is agreed and the preferred option for family and pupil
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany the child.

13. Confidentiality and sharing of information (within school)

Schools and other settings need to be aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the pupil and family at all times.

Schools will disseminate information to key members of staff involved in the pupils' care on a need-to-know basis, as agreed with parents/carers.

Where the pupil has an IHCP, this will be shared with key staff with regular, scheduled briefings.

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

School will ensure that arrangements are in place to inform new members of staff of the pupil's medical needs.

School will ensure that arrangements are in place to transfer information on a pupil's medical needs to staff during any transition.

GDPR Statement

UK GDPR requires all relevant partners to have in place appropriate measures to implement the data protection principles effectively and safeguard individuals' rights. This is known as 'data protection by design and by default'. For further information relating to data protection and how Blackburn with Darwen complies with the policy, please follow the link below.

intranet.ad.lancscc.net/how-do-i/information-governance/information-governance-policies/policy-15-data-protection-impact-assessment-policy-2020/

14. Liability and Indemnity

BWD maintained schools who buy their insurance cover via BWD Insurance SLA can seek further information through the service.

All other schools and settings must ensure that the most relevant and up to date insurance is in place.

It is important that the school's/setting's policy sets out the details of their insurance arrangements which cover staff providing support to pupils with medical conditions.

Insurance policies should be accessible to staff providing 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.

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

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.

15. Complaints Procedure

The individual school should have a complaints policy which sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.





16. Transport

Home to school transport is the responsibility of the individual local authorities and it will be necessary for professionals who are involved with school transport to be aware of a pupil's individual health care plan and what it contains, especially in respect of emergency situations. This will then form the basis of developing transport health care plans (this is a separate document to an individual healthcare plan) for pupils with life-threatening conditions and agreed by health, parents and the healthcare agency. Pupils on transport with complex health care needs are supported by a healthcare agency with the appropriate competency-based training to meet need and provide any emergency medical treatment if required.

18. Monitoring, Evaluation and Governance Arrangements

This framework and accompanying guidance and protocols will be reviewed annually by the SEND Improvement Group who may delegate to a specialist task and finish group. Within individual settings, the review must be undertaken by the named professional within each educational setting and the Task and Finish Group will review feedback to ensure that learning and development is shared with all stakeholders.

19. APPENDICES

Appendix number	Title	Reference document
1	Working Together to Safeguard Children	 Working_together_to_safeguard_children_i
2	Parent Carer Form	tbc
3	Training Matrix	 3.SSNTrainingmatrix_23.pdf
4	School Nursing Service Contact details	 4.SchoolNurseContacts_April 2023.pdf
5	BwD Policy to support pupils with health needs who cannot attend school	 5.BwD_Pupils_Health Needs_notinschool.pc
6	Feeding information	tbc

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance

Working page do not delete until finalised

Appendix 1

Working Together to Safeguard Children



Working_together_to
_safeguard_children_i

Appendix 2 Parent/carer form

To be added

Appendix 3 Training Matrix



Appendix 3 - SSN
Training Matrix Febru.

Appendix 4 School Nursing Contact Details (to be updated with named nurse information)



Appendix 4 - BWD
school nursing contac

Appendix 5 BWD Policy

Appendix 6 Feeding information

To be added

Supporting Pupils with Medical Conditions in Blackburn with Darwen Schools and Settings

- A working framework to support schools and other settings to ensure that they meet the requirements of Statutory Guidance