Summary: This guideline sets out the School Nurse role in the management of long-term conditions in school-age children and young people within school and college settings and who are educated other than at school.

Keywords: Health, children, young people, school, care plan, college, long-term condition

Target Audience: School Nurse Teams

Next Review Date: January 2020

Approved & Ratified by: Children’s Division Quality and Safety Meeting

Date of meeting: 20 September 2018

Date issued: October 2018

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## Version Control

### Change Record

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### Reviewers/contributors

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Quick Reference Guide

This guideline sets out the School Nursing role in the management of long-term conditions in school-age children and young people within school and college settings.

It includes:

- Identification of children with long-term health conditions.
- Supporting schools to work in partnership with parents to develop care plans for children and young people with health conditions.
- Liaising with other professionals and advising schools around training of school staff, medicine management processes and the emergency management of children with a health condition to enable children and young people with health conditions to attend school.
- Supporting children and young people with transition to school/college and to adult health services.
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1. Introduction

This guideline sets out the School Nursing role in the management of long-term conditions in children and young people. This guideline applies to children and young people resident or attending schools/colleges in the Hampshire County Council [HCC] local authority area with the exception of those attending independent schools.

Children with medical conditions should have full access to education, including school trips and physical education. From September 2014 governing bodies of schools and academies have a statutory duty to ensure that there are arrangements in place to support these pupils [Department of Education 2015]. School Nursing teams work in partnership with families, schools, Health Visitors and other professionals to identify children and young people who may require support in school/college to manage a long-term condition and to advise schools and governing bodies as needed.

Some children with long-term conditions require support or medication during the school day to ensure that they remain well. If they are not adequately supported this may impact on the child’s health, social and educational outcomes such as

- School Attendance.
- Emotional health – e.g. low self-esteem, bullying.
- Ability to access the full curriculum – e.g. Physical education.

By having a care plan in school, staff are able to anticipate, avoid and respond appropriately to events such as seizures or asthma exacerbations – thus contributing to a reduction in the number of emergency admissions to hospital or prolonged recurrent absence (Department of Health [DH] 2009, Department for Education 2015, Epilepsy Action 2009).

2. Who does this policy apply to?

This guideline applies to clinical staff in School Nursing teams, within Southern Health NHS Foundation Trust, their Clinical Team Leads and the Senior Management team.

3. Definitions

Long-term Conditions

Long-term conditions are defined as health conditions that require on-going management over a period of years (World Health Organisation 2005). This guideline includes detailed flowcharts for common long term conditions that affect children and young people [diabetes, asthma, epilepsy, and severe allergies and anaphylaxis.] There is an additional generic flowchart that can be followed for other long term conditions.

Supporting pupils with medical conditions templates [Department for Education 2014].

Templates have been devised to support schools to deliver the requirements of the supporting pupils with medical needs statutory guidance (Department for Education 2014). The templates are provided as an aid to schools and are recommended by Hampshire County Council. Schools and colleges are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.
The Healthy Child Programme 5-19 [DH 2009]

The Healthy Child Programme (HCP) 5-19 sets out the good practice framework for prevention and early intervention services for children and young people aged 5–19 and recommends how Health, Education and other partners should work together in a range of settings to significantly enhance a child or young person’s life chances. It contains the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

School Nursing Team

A team of practitioners who work with a defined population to deliver services that promote the health and well-being of children, young people and their families. Team members will include all or some of the following practitioners:
- Specialist Community Public Health Nurse (“School Nurse”) [SCPHN (SN)]
- Specialist School Nurse [SSN]
- Community Staff Nurse [CSN]
- Community Nursery Nurse [CNN]
- Health Care Support Worker/ School Nurse Assistant [HCSW/ SNA]
- Clerical Support Worker/ Admin Assistant

Clinical Team Lead

A Specialist Community Public Health Nurse with responsibility for leading a School Nurse Team and ensuring that the HCP is delivered to the children and young people within a defined population. They will ensure that each staff member is assessed as competent to work to this guideline and deliver the HCP. He/she has a responsibility for cascading information to other team members and for informing Area Managers of any risks or exceptions to service delivery.

4. Duties and responsibilities

4.1 Southern Health Board
Southern Health Board has the responsibility to ensure that the health contribution to School Nursing Services is discharged across Southern Health through the commissioning process.

4.2 Divisional Director
The Children’s Divisional Director has the overall strategic and operational accountability for delivery of the School Nursing Service.

4.3 Senior Management team
Lead in all aspects of the School Nursing Services and will ensure there is adherence to relevant clinical policies.

4.4 Clinical Team Leads
Clinical Team Leads have the daily operational management of School Nursing Services and are required to ensure all staff are suitably trained and competent to deliver this role and that relevant policies are adhered to. Compliance to the guideline will be audited annually and exceptions to service delivery will be raised to the Senior Management team.

4.5 School Nursing Team Members
School Nursing Team members are responsible for complying with this guideline, and raising any exceptions of service delivery to their managers.
4.6 Professional Accountability
The Nursing and Midwifery Council [2015] Code states that qualified nurses as professionals are personally accountable for actions and omissions in practice and must always be able to justify decisions they make. The Code states qualified nurses should:

- Only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand your instructions
- Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
- Confirm that the outcome of any task you have delegated to someone else meets the required standard.

5 Main policy content

5.1 Each school/college within Hampshire [County Council boundary] has access to a named Specialist Community Public Health Nurse and other members of the SN team who are able to offer advice and support to parent/carers and schools/colleges regarding children and young people with health needs. Seven Special schools in Hampshire have a Specialist School Nurse linked to the school [St Francis, Osborne, Rachel Madocks, Icknield, Henry Tyndale, Forest Park and Shepherds Down]

5.2 Specialist Community Public Health Nurses will complete school health profiling / health needs assessment in partnership with Head teachers/ health and wellbeing leads on a 3 yearly basis in targeted Hampshire schools. This includes assessing the school’s processes around supporting pupils with medical needs including care plan development and the management of medicines. As a result advice and support will be given, and a School Health Action Plan [SHAP] will be developed in partnership with schools to address any areas for improvement to improve the overall health and wellbeing of the school population.

5.3 Following guidance from the Department of Health [Department of Health 2015; 2017] schools are able to purchase specified emergency medication [Salbutamol reliever inhaler and Adrenaline auto injector] to use within school if they have governor approval and parental consent. School Nurses are able to advise schools regarding their use; however Head Teachers will need to ensure that they have the necessary governance arrangements in place.

5.4 Children with long-term health conditions will be identified in a number of ways. This may include:

- Health Visitor liaison at school entry
- School entry health review questionnaires that are completed by parent/ carers [appendix A].
- Liaison with children, young people and families [at any point]
- Health reviews
- Medical information received from health professionals (e.g. medical reports and letters)
- Liaison with other professionals [e.g. GP liaison meetings]
- ChatHealth – young people’s texting service
- Request for support from schools and other agencies. Hampshire schools / colleges may identify children and young people requiring support with a medical condition through health questionnaires issued at key transition points. Appendix B and C show an example questionnaire and processes that Hampshire County Council recommend that schools use to help identify children who have a health condition. Many of these children/young people will be managed by schools through liaising directly with parents and agreeing support required to manage the health condition during the school day. However some will result in a request for support to the school nursing service
5.5 The SN/SSN/CSN will review information available to them about the child or young person to assess health needs and whether there is a role for the SN Team using Appendix D – H.

5.6 If involvement from the SN team is required the SN/SSN/CSN will liaise with the child/young person’s parent/carer to assess identified needs. If appropriate, consent will be gained to share information or discuss the child’s health needs with identified school staff and other agencies.

5.7 Where there is a clear diagnosis, information about the child/young person’s health condition will be entered into the child’s health record as per the Open RIO Electronic Patient Record Standard Operating Procedure [e.g. Conditions form – SNOMED.]

5.8 Hampshire schools can access staff training for common health conditions through Hampshire Training Learning Centre [HTLC]. The training helps schools to meet the requirements of ‘Supporting pupils at school with medical conditions’ Department for education 2015. It includes training and assessment of competency in medicine management and a range of health conditions including asthma, diabetes, epilepsy, allergies and anaphylaxis.

5.9 Where a child or young person has a specific health need the SN/SSN/CSN will recommend appropriate training provision. This may require the SN/SSN/CSN to liaise with key health professionals who have the appropriate knowledge, skills and competencies to deliver bespoke training for the child’s needs. SSNs may deliver training to school staff in designated special schools where the training is within their current competency, skills and knowledge.

5.10 Schools work in partnership with parent/carers to ensure that children and young people with health conditions have a care plan in place for day to day or emergency management in school. Care plans are developed using a care plan template or nationally agreed care plan [e.g. supporting pupils with medical needs template, school asthma card]. Where necessary the SN/SSN/CSN will liaise with parent/carers, school staff and key health professionals to offer specialist advice to ensure that there is an appropriate care plan in school to enable the child/young person to access school activities safely. This may include advice for off-site activities.

5.11 Some children/young people may have an existing day to day or emergency care plan developed by a specialist nurse or consultant that can be used in school. Where emergency care plans require the use of emergency medication this should be agreed with the prescribing health professional. The SN/SSN/CSN may need to facilitate discussion with the prescriber. This includes advising schools to have processes in place to identify individual children [e.g. current photo of child on emergency care plan] and have emergency procedures to summon help. This may also involve supporting schools to understand how an individual child may present in an emergency situation by liaising with parent/ carers and key health professionals.

5.12 The SN/SSN/CSN will offer advice to schools regarding managing children/young people’s health conditions on a day to day basis. This may involve offering advice around adapting day to day activities for children to access their education [e.g. children with eczema and sand/water-play, children with epilepsy and use of climbing equipment, children with allergies and cooking].

5.13 SN/SSN/CSNs can advise schools on medicine management processes within schools [e.g. specific storage, emergency medication, disposal, parental responsibility re managing supply of medication/ expiry dates]. School staff can access training and assessment of competency regarding the administration and management of medicines through HTLC. SN/SSN/CSN will offer advice around an individual child/young person’s medication and liaise with parent/carers and key health professionals if required.

5.14 Where a child or young person has had a period of absence from school the SN/SSN/CSN will work in partnership with the child/young person, parent/carer, health professionals and schools to...
ensure that appropriate resources and support are in place in school. If necessary the SN/SSN/CSNs is able to offer ongoing emotional support to the child/young person.

5.15 Where required the SN/SSN/CSN will liaise with the child, young person, parent/carer and professional to support children and young people to transition between schools/college and to adult health services.

5.16 Children/young people with long-term health conditions are at higher risk of some vaccine preventable diseases such as influenza. Parents/young people will be encouraged to access immunisations via GP surgery/School Nurse team unless there are contraindications for their use.

6 Training requirements

- Training will delivered to staff groups as per the Children’s Training Needs Analysis.
- All new members of the school nurse team will be made aware of the contents of this guideline and training needs will be identified.

7 Monitoring compliance

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<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<tr>
<td>Feedback from children, young people and parent/carers</td>
<td>Clinical Team lead</td>
<td>Patient experience surveys</td>
<td>Monthly</td>
<td>Patient experience report for overall feedback - monitor locally</td>
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<td>Feedback from schools</td>
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<td></td>
<td>School feedback</td>
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<td>Professional Lead/Practice Teacher</td>
<td>LEaD training records</td>
<td>annually</td>
<td>LEaD report – to be agreed</td>
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8 Policy review

The policy will be reviewed on a tri-annual basis or when there is a change in national policy or practice.

9 Associated trust documents

SH CP 72    Children’s Community Public Health 0-19 Service Overarching policy
SH CP 56    Safeguarding Children’s policy
SH CP 105   Child and Family Was Not Brought and Disengagement Guideline
SH CP 221   Clinical Record Keeping Policy
SH CP 69    Transfer of Children in and out of Health Visiting, Family Nurse Partnership and School Nursing Teams
            Open RiO Standard Operating Procedure
            School Nurse Service Specific Guidance
10 Supporting references


Department for Education (2014b) Templates – Supporting pupils with medical conditions


Department of Health (2012) Getting it right for children, young people and families: DH


SCHOOL ENTRY HEALTH REVIEW
Please complete the consent section and questionnaire and return it to the School Nursing Team via your child’s school in the enclosed envelope.

The School Nursing Team works in partnership with children, young people and families to ensure that children are supported within their school and their community to remain healthy. The team offers confidential advice and support in all areas of health, which may affect your child during their school/college years. At school entry [age 4-5 years] your child will be offered a health review in school. This consists of a vision and hearing screening test and height and weight measurement. A separate letter will be sent to you with information about the National Child Measurement Programme. Parents/Carers are not routinely invited to attend these sessions, however if either you or the school identify a concern or request to consult with the School Nurse, a member of the School Nursing Team will contact you. All results from the health review will be forwarded to parent/carers and can be added to your child’s parent held record [Red Book].

- **Vision screening test**
  This vision test is to find out how much your child can see when naming or matching letters using separate eyes. The test is designed for children and whilst it will detect the majority of eye problems it is not a full examination. If your child has difficulty seeing the letters, their eyes will need to be checked by an optician or orthoptist [eye specialist] for a further assessment. You will be contacted by the School Nursing Team should a possible concern be identified.

- **Hearing screening test**
  This test provides an indication of the level at which your child can hear. If a possible hearing problem is identified, you will be contacted as your child may need a referral to a hearing specialist. Please note that colds can have an effect on a child’s hearing.

---

As the parent/carer with parental responsibility, I give consent for vision and hearing checks as detailed above

Child’s name ..........................................................................................................................................

Parent/Carer’s Name..........................................................................................................................

Signature.......................................................................................................................... Date:.................................

We take the security of confidential information very seriously. There are leaflets and information available to you on the Southern Health NHS Foundation Trust website www.southernhealth.nhs.uk to explain this. If you agree to being sent leaflets and information by email please add your email address here: ............................................................

Information provided by you on this form may be added to your child’s health record.

Name of child .................................................................................................................................

Male / Female NHS No .............................................................................................................

Child’s Next of Kin......................................................................................................................

Child’s Home Address..................................................................................................................

Postcode................................................................................................................................. Tel. No...........................................

Childs first language..................................................................................................................

GP Name, address .....................................................................................................................

---

SH CP 70 - Long-term Health Conditions in Children and Young People aged 5-19 Guideline
Version: 5
October 2018
Has your child received their routine childhood immunisations including pre-school booster and MMR?

YES ☐ NO ☐

If you are unsure that your child has had all recommended immunisations please discuss this further with your GP/Practice Nurse. For more information visit www.immunisation.nhs.uk.

Your child will be offered the Flu vaccine in school as part of the NHS Childhood Flu vaccination programme. The vaccination is easily given through a nasal spray into your child’s nostrils and will help protect them from catching flu. You will be sent more information about this nearer the time.

Does your child currently see a dentist?

YES ☐ NO ☐

It is recommended that all pre-school and school-age children should see a dentist at least annually. For help with finding an NHS dentist please visit www.nhs.uk

Please supply details for your child; Mother’s height ☐ ☐ ☐ Father’s height ☐ ☐ ☐

Does your child have any health problems? [Please tick all those that are relevant to your child]

- Asthma ☐
- Daytime wetting ☐
- Epilepsy ☐
- Diabetes ☐
- Bedwetting ☐
- Constipation ☐
- Soiling ☐
- Eczema/Skin condition ☐
- Physical disability ☐
- Learning disability ☐
- Severe allergies ☐
- Emotional concern ☐
- Hearing concern ☐
- Vision concern ☐
- Weight concern ☐
- Height concern ☐

Please supply further details if you have ticked any of the boxes or if you have any other health concerns e.g. eating, sleep

Does your child take any medication/ use an inhaler/ Adrenaline auto-injector? If yes please give details:

YES ☐ NO ☐

In the past 12 months has your child been assessed by any other health professional e.g. optician Paediatrician, orthoptist [eye specialist], audiologist [hearing specialist]? If yes please give details:

YES ☐ NO ☐

Does your child live in a household where someone smokes? [indoors or outdoors]

YES ☐ NO ☐

Free friendly support to quit smoking is available from Quit4Life on 01252 335120 or visit http://www.quit4life.nhs.uk/

If you have any other concerns about your child’s health that you wish to discuss with a health professional, please contact your GP or the School Nurse team whose details can be found on the front of this questionnaire. For more information about the school nursing service and children’s health and wellbeing please visit www.southernhealth.nhs.uk/schoollnursing.
Appendix B

Please complete the questionnaire below and return it to school
It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child’s health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child’s health with the School Nursing service or another health professional who is involved in your child’s care.

Name of child ………………………………………………………..  Date of Birth ……………………………
Home Address………………………………………………………………………………………………………

---------------------------------------------------------------

Does your child have a medical condition/ health concern?
YES ☐ NO ☐
Between the lines: If YES please give details

---------------------------------------------------------------

Does your child have a medical condition/health concern that needs to be managed during the school day?
YES ☐ NO ☐
Between the lines: If YES please give details

---------------------------------------------------------------

Does your child take medication during the school day?
YES ☐ NO ☐
Between the lines: If YES please give details

---------------------------------------------------------------

Does your child have a health care plan that should be followed in a medical emergency?
YES ☐ NO ☐
Between the lines: If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child’s care.

Signature(s) ________________________________  Print Name ________________________________
[Parent/ Carer with parental responsibility]
Date ________________________________  Contact number ________________________________
Appendix C

Suggested process for schools to follow to identify children/young people with medical conditions who may require support during the school day

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.

Questionnaire sent to all parent/carers at school entry.
- Year R
- Year 3 [Junior schools]
- Year 7
In addition to the above cohorts the questionnaire should be sent to children who are admitted to the school at any other point

Possible medical condition/health concern identified

- Child requires medication in school
- Medical condition/health concern requires day to day management in school
- Child requires an emergency care plan

Parent/carer to complete parental agreement for school to administer medicine form

Parent/carer/designated staff member to complete individual health care plan form

Parent/carer/designated staff member to complete individual health care plan form

Please see sample flowchart below from the Supporting pupils with medical conditions guidance

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child’s medical support needs, and identifies member of school staff who will provide support to pupil

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided

School staff training needs identified

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate
Appendix D - Diabetes

Referral/information received [examples]
- Handover from Health Visitor
- Parent/carer completes parent questionnaire at school entry to notify School Nurse Team that their child has diabetes.
- Parent, school or other professional requests School Nurse Team input regarding a child’s diabetes.
- A&E report/other information received regarding hospital attendance/admission with diabetes or newly diagnosed diabetic child.
- Child/young person missing school due to poorly controlled diabetes.
- Child/young person unable to fully participate in school activities due to diabetes.

Do you need to know more to make a full assessment of need?
- Liaise with parent to obtain further details and gain consent to speak to other professionals if necessary.
- Who else is involved? (Consultant Paediatrician, GP, Specialist Nurse)
- Are there issues with diabetes control or management in school or at home?
- Does the child have an emergency care plan?
- Are there issues with compliance or concordance in relation to having regular blood sugar tests and regular insulin?
- Is the child/young person taken to review medical appointments?
- Do relevant school staff understand the day to day care plan and know what to do if the child is hypoglycaemic or hyperglycaemic?
- Do school staff have enough information and support to allow the child to participate fully in lessons and school activities?
- Is input from a health professional needed?

No current school nurse team action
- Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health needs
- Appropriate professionals involved.
- No school or home issues.
- Day to day and emergency care plan in place.
- School staff confident with child’s day to day and emergency management.

Child has an unmet health need [examples]
- Liaise with Parent/Consultant/Specialist Nurse/GP/School [as appropriate]
  - If there are issues or concerns regarding snacks and mealtimes.
  - Uncertainty around blood sugar testing and recording.
  - If support with compiling emergency care plan required and ensuring that school staff have a good understanding of diabetes and its day to day and emergency management.
  - If there are concerns with the child/young person or family’s compliance.
- School to feedback any concerns to parents or professionals.
- SN/CSN/SSN/ Specialist Diabetes Nurse to offer advice regarding the child participating in school activities
- Document action in child’s health record.

Are there safeguarding issues?
- Seek advice e.g. CTL, safeguarding team
- Document actions in child’s health record.

Signpost to websites /other information
www.medicalconditionsatschool.org.uk
www.diabetes.org.uk
**Appendix E - Epilepsy**

**Referral/information received [examples]**
- Handover from Health Visitor
- Parent/carer completes parent questionnaire at school entry to notify School Nurse team [SN] that their child has epilepsy.
- Parent, school or other professional requests SN input regarding a child's epilepsy.
- A&E report/other information received regarding hospital attendance/admission with epilepsy or newly diagnosed epileptic child.
- Child/young person missing school due to poorly controlled epilepsy, or unable to fully participate in school activities

**Do you need to know more to make a full assessment of need?**
- Liaise with parent to obtain further details/consent to speak to other professionals if necessary.
- Who else is involved? (Consultant Paediatrician, GP, Specialist Nurse)
- Are there issues with epilepsy control/management in school or at home?
- Is input from the School Nurse Team or other professional appropriate?
- Does the child have an emergency care plan?
- Do relevant school staff understand the emergency plan and know how to give prescribed emergency medication if required?
- Are there issues with compliance or concordance in relation to taking regular medication?
- Is the child/young person taken to review medical appointments?
- Do school staff have enough information and support to allow the child to participate fully in lessons and school activities?

**Child has an unmet health need; [examples]**
- Liaise with Parent/Consultant/Specialist Nurse/GP/ Parent [as appropriate]
  - If there are issues or concerns regarding concordance and compliance.
  - If school require support with compiling emergency care plan.
- Liaise with Parent and Prescriber to make school staff aware about administering prescribed emergency medication and using the care plan.
- School to monitor seizures and liaise with parent, SN/CSN/SSN/, GP and other health professionals.
- School Nurse to offer advice regarding the child participating in school activities i.e. swimming, computers, climbing.
- Document actions in the child’s health record.

**No current School Nurse Team action needed**
Document in child’s electronic health care record assessment of needs and record ‘no action required’

**No unmet health need**
- Appropriate professionals involved.
- No school issues.
- Emergency plan in place
- School staff aware of the management of epilepsy and the administration of emergency medication.

**Are there safeguarding concerns?**
- Seek advice e.g. CTL, safeguarding team
- Document action in the child’s health record

**Signpost to information/support**
- www.medicalconditionsatschool.org.uk
- www.epilepsy.org.uk
- http://www.youngepilepsy.org.uk/
Appendix E - Epilepsy

- Signpost to information/support
  - www.medicalconditionsatschool.org.uk
  - www.asthma.org.uk

Are there safeguarding concerns?
- Seek advice e.g. CTL, safeguarding team
- Document actions in notes

Do you need to know more to make an assessment of need?
- Liaise with parent to obtain further details/consent to speak to other professionals if necessary.
- Who else is involved?
  - GP/Consultant
  - Practice Nurse
  - Asthma Nurse Specialist
- Which medications are they taking?
- Are there issues with asthma control/management in school?
- Does school have an Asthma Policy and emergency plan?
- Is input from a health professional needed?

No current School Nurse team action needed
- Document in child’s electronic health care record assessment of needs and record ‘no action required’

Child has an unmet health need: [examples]
- Are there issues with compliance/concurrence in relation to taking medication?
- Is there an “in date” reliever inhaler in school that the child can easily access?
- Is there poor inhaler technique?
- Is the child taken for asthma review appointments?
- Do school staff need greater asthma awareness?

No unmet health need
- Appropriate professionals involved.
- No school/home issues, day to day and emergency plan in place.
- School staff have a good understanding of asthma

Referral/information received [examples]
- Handover from Health Visitor.
- Parent/carer completes parent questionnaire at school entry to notify School Nurse Team that their child has asthma.
- Parent, school or other professional requests School Nurse Team input regarding a child’s asthma.
- A&E report/other medical source regarding hospital attendance or admission with asthma.
- Child/young person unable to participate fully at school/missing school due to asthma symptoms. Asthma poorly controlled.
- Inappropriate or no asthma medication in school.

Enough information received - No unmet health need
- No concern raised by parent or school
- Medication is appropriate/asthma well controlled
Appendix G - Anaphylaxis

Do you need to know more to make an assessment of need?
- Liaise with parent to obtain further details and consent to speak to other professionals if necessary.
- Who else is involved in the child’s care? (Paediatrician, GP, Specialist Nurse)
- Are there any issues at home or at school?
- Is there appropriate emergency medication in school?
- Do school have an appropriate care plan in place regarding day to day and emergency management?
- Are school staff aware how to identify an anaphylactic reaction and administer emergency medication?
- Is input from School Nurse Team or other professional required?

Child has an unmet health need; [examples]
- Liaise with parent and professionals involved to ensure that there is appropriate emergency medication at home and at school.
- Parent/prescriber to advise school staff around the child’s care plan and administering emergency medication.
- SN/SSN/CSN to advise school staff re avoiding potential allergens in school [i.e. when cooking, eating, using glue etc.]
- School staff advised re taking emergency medication on school trips and out of school activities.

Referral/Information received [examples]
- Handover from Health Visitor.
- Parent/carer completes parent questionnaire at school entry to notify School Nurse Team that their child is at risk of anaphylaxis.
- Parent, school or other professional requests School Nurse team [SN] input.
- A&E report/letter received regarding hospital attendance/admission with anaphylaxis or severe allergic reaction.
- Inappropriate or no emergency medication in school.
- Signpost to further information and support www.medicalconditionsatschool.org.uk www.anaphylaxis.org.uk www.allergyinschools.co.uk

Are there safeguarding concerns?
- Seek advice e.g. CTL, safeguarding team
- Document actions in the child’s health record

No current school nurse team action required
Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health need
- No school issues
- Emergency medication/ plan in place
- Appropriate professionals involved

No further concerns
- Document in the child’s health record

No unmet health need
- Liaise with parent to obtain further details and consent to speak to other professionals if necessary.
- Who else is involved in the child’s care? (Paediatrician, GP, Specialist Nurse)
- Are there any issues at home or at school?
- Is there appropriate emergency medication in school?
- Do school have an appropriate care plan in place regarding day to day and emergency management?
- Are school staff aware how to identify an anaphylactic reaction and administer emergency medication?
- Is input from School Nurse Team or other professional required?

Child has an unmet health need; [examples]
- Liaise with parent and professionals involved to ensure that there is appropriate emergency medication at home and at school.
- Parent/prescriber to advise school staff around the child’s care plan and administering emergency medication.
- SN/SSN/CSN to advise school staff re avoiding potential allergens in school [i.e. when cooking, eating, using glue etc.]
- School staff advised re taking emergency medication on school trips and out of school activities.

Are there safeguarding concerns?
- Seek advice e.g. CTL, safeguarding team
- Document actions in the child’s health record

No current school nurse team action required
Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health need
- No school issues
- Emergency medication/ plan in place
- Appropriate professionals involved

No further concerns
- Document in the child’s health record

No unmet health need
- Liaise with parent to obtain further details and consent to speak to other professionals if necessary.
- Who else is involved in the child’s care? (Paediatrician, GP, Specialist Nurse)
- Are there any issues at home or at school?
- Is there appropriate emergency medication in school?
- Do school have an appropriate care plan in place regarding day to day and emergency management?
- Are school staff aware how to identify an anaphylactic reaction and administer emergency medication?
- Is input from School Nurse Team or other professional required?

Child has an unmet health need; [examples]
- Liaise with parent and professionals involved to ensure that there is appropriate emergency medication at home and at school.
- Parent/prescriber to advise school staff around the child’s care plan and administering emergency medication.
- SN/SSN/CSN to advise school staff re avoiding potential allergens in school [i.e. when cooking, eating, using glue etc.]
- School staff advised re taking emergency medication on school trips and out of school activities.

Are there safeguarding concerns?
- Seek advice e.g. CTL, safeguarding team
- Document actions in the child’s health record

No current school nurse team action required
Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health need
- No school issues
- Emergency medication/ plan in place
- Appropriate professionals involved

No further concerns
- Document in the child’s health record

No unmet health need
- Liaise with parent to obtain further details and consent to speak to other professionals if necessary.
- Who else is involved in the child’s care? (Paediatrician, GP, Specialist Nurse)
- Are there any issues at home or at school?
- Is there appropriate emergency medication in school?
- Do school have an appropriate care plan in place regarding day to day and emergency management?
- Are school staff aware how to identify an anaphylactic reaction and administer emergency medication?
- Is input from School Nurse Team or other professional required?

Child has an unmet health need; [examples]
- Liaise with parent and professionals involved to ensure that there is appropriate emergency medication at home and at school.
- Parent/prescriber to advise school staff around the child’s care plan and administering emergency medication.
- SN/SSN/CSN to advise school staff re avoiding potential allergens in school [i.e. when cooking, eating, using glue etc.]
- School staff advised re taking emergency medication on school trips and out of school activities.

Are there safeguarding concerns?
- Seek advice e.g. CTL, safeguarding team
- Document actions in the child’s health record

No current school nurse team action required
Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health need
- No school issues
- Emergency medication/ plan in place
- Appropriate professionals involved

No further concerns
- Document in the child’s health record
Appendix H - Generic Long-term Condition

Do you need to know more to make a full assessment of need?
- Liaise with parent to obtain further details and gain consent to speak to other professionals as necessary
- Who else is involved? (consider other professionals)
- Are there issues of management of the condition within the school setting or at home?
- Does the child have a health care or emergency care plan?
- Is the child/young person taken to review medical appointments?
- Do relevant staff understand the day to day care plan and how to deal with any emergencies that could occur due to the health need?
- Do school staff have enough information and support to allow the child to participate fully in lessons and school activities?
- Is input from the school nursing team or other professional appropriate?

Child has an unmet health need [examples]
- Liaise with parent/other health professionals involved if there are issues/concerns regarding compliance in managing the condition
- Signpost schools to appropriate professional or training provider as required
- Liaise with parent and other professionals involved as required
- If appropriate, provide support and guidance regarding health care planning alongside parents. If medication or complex needs are involved ensure relevant health care practitioner is involved
- If emergency medication is prescribed, liaise with parent and prescriber to ensure staff are aware how to administer the medication within the school setting
- Document actions in electronic healthcare record

No current school nurse team action required
- Document in child’s electronic health care record assessment of needs and record ‘no action required’

No unmet health needs
- Appropriate professionals involved
- No school or home issues
- Day to day and emergency care plan in place
- School staff confident with child’s day to day and emergency care

Are there safeguarding issues?
- Seek advice e.g. CTL, safeguarding team single point of contact (SPOC)
- Document actions in electronic healthcare record

Referral/information received. [examples]
- Handover from HV
- Parent/carer completes parent questionnaire at school entry/transfer in to notify school nurse of health need
- Parent/school or other professional request school nursing input
- Child/young person unable to fully participate in school activities due to health need