Causeway School
Learning and Leading Together

Supporting Children and Young People with Complex Health Needs policy

Date Agreed by Governing Body: 25 November 2015
Signed by Chair of Governors:
Next Review Due: November 2016
Author: EAA
Date of Last Amendment:
This framework document has been produced to support services and settings develop an effective management system to support individual children/young people with complex health needs and as a consequence require additional support and/or care within the service or setting in order to:

- Maintain optimal health during the day or night
- Have full access to the curriculum, including trips and physical education.

Reference has been made to the ‘Supporting pupils at school with medical conditions’ guidance document and was developed in partnership with the East Sussex Healthcare NHS Trust.

This document should be implemented alongside the Children’s Services Policy on the Administration of Medicines.

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Supporting Children and Young People with Complex Health Needs

1. Introduction

This framework document has been produced to support services and settings develop an effective management system to support individual children/young people with complex health needs and who as a consequence require additional support and/or care within the service or setting in order to:

- Maintain optimal health during the day or night
- Have full access to the curriculum, including trips and physical education.

Some children/young people within this group will be relying on a technological device to sustain life or optimise health and may need regular and complex care for substantial parts of the day and night e.g. regular wheelchair user, feeding pumps, etc.

Complex health needs may include the following, but are not limited by:

- Restricted mobility
- Difficulty in breathing
- Problems with eating or drinking
- Continence problems
- Medical conditions e.g. diabetes, epilepsy
- Susceptibility to infection.

Reference has been made to the ‘Supporting pupils at school with medical conditions’ guidance in the development of this document.

This guidance should be implemented alongside the Children’s Services Policy on the Administration of Medicines.

2. Responsibilities

The Children’s Services Department has a responsibility to support services and settings by clarifying their responsibilities for supporting children/young people with complex health needs.

Headteachers, governing bodies and school managers will:

- Develop a local policy on supporting children/young people with complex health needs
- Support individual children/young people’s complex health needs
- Nominate sufficient staff within the school to support children/young people with complex health needs as part of their duties, including the extended school provision, after school clubs, etc
- Ensure that staff are appropriately trained to support children/young people with complex health needs
- Ensure that all staff are informed about the action to be taken in the event of a medical emergency
• Ensure that all staff are aware of any children/young people with complex health needs within their class including arrangements for informing supply/cover staff
• Implement a management system for effective information sharing within the school and relevant external bodies, such as the Healthcare Trusts
• Agree with parents/carers the support that can be provided on an individual basis.

Employees will:

• Follow the instructions and training in the safe use of particular items of equipment e.g. hoists
• Follow the procedures outlined within this document and their local policy on managing complex health needs
• Inform their line manager of any work situation which is a serious and immediate danger to health and safety e.g. broken equipment.

The SEN and Disability Act 2001, amended Part 4 of the Disability Discrimination Act 1995 and introduced duties on local authorities and schools in relation to current and prospective disabled pupils. Local authorities and schools are required to prepare accessibility strategies and plans respectively for progressively increasing the accessibility of schools for disabled pupils.

In December 2005 the Disability Discrimination Act (DDA) 1995 was amended to introduce a duty on the public sector to promote disability equality for employees and services users, including children and young people in schools. All public authorities (including schools) have a duty to:

• Promote equality of opportunity
• Eliminate unlawful discrimination
• Eliminate disability related harassment
• Promote positive attitudes towards disabled people
• Encourage disabled people’s participation in public life
• Take account of disabled people’s disabilities even where that involves more favourable treatment.

For further information, please refer to the Equality Strategies and Key Guidance available on Czone.

The Disability Equality Duty

In December 2006 the DDA 1995 was further amended to place a duty on all public bodies including local councils and schools/settings to promote disability equality. This is a positive duty which builds in disability equality at the beginning of the process, rather than make adjustments at the end. This duty changes the emphasis of the legal framework which previously relied on individual disabled people complaining about discrimination to one in which the public sector becomes a proactive agent of change.
All public bodies have to have due regard for the need to eliminate unlawful discrimination and promote equal opportunities for disabled people. They will also need to consider the elimination of harassment of disabled people, promotion of positive attitudes and the need to encourage the participation of disabled people in public life.

The UN Convention on the Rights of the Child, ratified by the UK in 1991, sets out basic rights that all children and young people are entitled to. These basic rights are summarised as the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life.

The four core principles of the Convention are:

- Non-discrimination
- Devotion to the best interests of the child
- The right to life, survival and development, and
- Respect for the views of the child.

The Convention details these in 54 ‘articles’. Article 23 relates to disabled children and young people, stating their right to effective access to education, health care and rehabilitation services, preparation for employment and opportunities for recreation in a way that supports the fullest possible social integration and individual development. Article 24 sets out expectations of healthcare provision for children and young people.

3. Developing a policy

Headteachers, governing bodies and managers should develop their own local policy on supporting children/young people with complex health needs. This document could be a stand alone policy or incorporated into the policy on the administration of medicines.

A policy should include the following:

- A clear statement on the roles and responsibilities of staff with regard to supporting children/young people with complex health needs
- A clear statement on parental responsibilities in respect of their child’s needs
- School expectations from parents/carers in terms of information sharing in relation to the individual child/young person
- The need for prior written agreement from parents/carer for any member of staff to undertake tasks to support children/young people with complex health needs
- How the school will assist children/young people with long term or complex health needs
- How the school will maintain confidentiality as appropriate, when provided with information about a child/young person’s health needs
- Levels of training which staff can expect to receive prior to supporting a child/young person with complex health needs
- Risk management, record keeping and protocols to be followed
- Indemnity/insurance arrangements
- Responses to emergency situations
• Any additional arrangements which need to be in place for activities which take place away from the school site.

Once a policy has been developed, the headteacher/manager should ensure that all staff, parents/carers are aware of the local procedures. The policy should be readily accessible for staff and parents/carers e.g. in school, displayed on school website.

The policy should be reviewed regularly e.g. every two years or when circumstances change e.g. staff changes.

Consent
A process for obtaining consent will need to be in place and this will vary from simple situations such as assistance with dressing, when a question ‘shall I help you’ would suffice if the child/young person is able to understand, to complex situations. If children/young people are not legally competent (do not ‘have capacity’) to give consent for themselves, consent from someone who has parental responsibility for them is needed, unless it is an emergency and it would be unreasonable to wait.

4. Indemnity

Staff who support children with complex health needs in accordance with the procedures detailed within this policy and guidance and who are acting within the scope of their employment will be indemnified by the County Council’s existing arrangements. This indemnity requires that these procedures are followed as described here. However, the indemnity will not be given in cases of fraud, dishonesty, or criminal offence. In the unlikely event of any civil action for damages being taken against an individual member of staff, the County Council will administer the claim as if it had been made against the council, provided the terms of the indemnity are met.

5. Guiding Principles

To support the school to develop their own procedures, a series of guiding principles have been developed below setting minimum standards and expectations. These principles have been agreed with Children’s Services Department and East Sussex Healthcare NHS Trust.

5.1 Admissions

• Children/young people with complex health needs have the same rights of admission to a school as other children/young people.

• During the admissions process, services and settings should take the opportunity to collect information from parents/carers; professionals; previous settings attended and this information will assist in the identification and planning for any support that will be required on an individual basis.

• Appropriate consents to be required according to need to ensure that the child/young person’s specific needs are met and that these arrangements are in place prior to the child/young person’s attendance. Where a Common Assessment Framework (CAF) is in place, this form will provide all relevant information.
- When a child/young person starts school, where appropriate, input will be provided from the Early Years Teaching Support Service, previous schools and other relevant professionals to help ensure a successful transition. This will include handover between health professionals.

5.2 Confidentiality

- All medical information should be treated as confidential by the school staff. The headteacher/manager should agree with the parents/carer and the child/young person who else should have access to this information, etc.
- If information is withheld from staff they should not be held responsible if they act incorrectly in giving medical assistance in good faith.

5.3 Risk management and assessment

- Where there are specific health and safety risks to staff and/or children/young people due to complex health needs, these should be treated on a case-by-case basis.
- Risk assessments should be undertaken:
  - Before a child/young person commences a service or setting
  - When planning an off-site activity
  - When planning and purchasing new facilities and when work practices are to be introduced or changed
  - When deciding on a placement
  - When a child/young person already receiving a service or attends a setting develops a health need or where a significant change in their existing needs occur
  - When a young person is to undertake a work experience placement.

- The child/young person and their parents/carers should be involved as early as possible in the risk assessment process. Health and safety law puts no legal duty on children/young people and their families to co-operate in their process. However, risk assessments that are developed in consultation with the child/young person, parents/carers and healthcare professionals can be more accurate and effective.
- The risk assessment must be reviewed at least annually or when circumstances change.
- Links will need to be made to other risk assessments such as:
  - Moving and handling assessments
  - Home to school transport assessments
  - Infection control
  - Control of Substances Hazardous to Health (COSHH) assessments.
- Further information is contained within Appendix 2 and the County Council Policy on Risk Assessment.

5.4 Health care plans

- It is important for the school to have sufficient background information about the medical condition of a child/young person with complex health needs and
therefore a health care plan or protocol involving parents/carers and relevant health professionals should be developed.

- A health care plan should include the following:
  - Procedures that should be carried out, including the skills needed to undertake these activities and the level of training to be expected
  - Protocols for exchanging information between all relevant agencies (including responsibilities, where needed), including the handling of conference matters
  - Procedures/protocols to be followed when undertaking invasive procedures
  - Any additional risk assessments that will be required and who will undertake these assessments
  - Any health care needs that may affect the child/young person’s use of services such as transport, therapy programmes
  - Any arrangements for associated services during any long term absence, including a referral to FLESS (Flexible Learning Educational Support Service) if the young person is of school age and likely to be away from school for more than 15 consecutive school days or is being admitted to hospital
  - Parental wishes for the child/young person
  - Any other information on the manner in which the child/young person prefers any task to be carried out, in order to ensure consistency across all services/settings that the child/young person attends
  - Any changes in the child/young person’s healthcare needs that require response
  - The procedure to be followed in the event of equipment failure including contact details for maintenance, etc.
  - Arrangements for reviewing the plan, including the need for any refresher training
  - A PEP (Personal Education Plan) should be drawn up in liaison with the family and FLESS for all children of school age with chronic or long term conditions to set out clearly how education will continue if the young person is unable to attend school for periods of time less than 15 days.

- The health care plan should be developed prior to a child/young person starting a service or setting and all individuals who hold key information on the child should contribute to the development of this document. The plan should be regularly reviewed e.g. annually or following a change in the child/young person’s health need.

- The plan should be agreed by the various agencies who have contributed and signed by the parents/carers.

- The health care plan should also detail any support arrangements e.g. one to one support.

- The health care plan should be kept in a place that is accessible to staff but takes into account the need for confidentiality.

- A copy of the training records for those staff authorised to undertake clinical procedures should be attached to the individual health care plan.
• A model health care plan is contained within Appendix 1.

5.5 Training

• The training of staff is an integral part of any policy on supporting children/young people with complex health needs and therefore robust procedures should be in place to ensure that suitable and sufficient training is provided to all staff prior to supporting children/young people with complex health needs.

• Any training requirements should be incorporated into the school’s annual training plan.

• Training should be provided by healthcare professionals or appropriately accredited people. The parent/carer and/or child/young person should be given the opportunity to attend the training and encouraged to provide specific/individual information prior to the training being delivered.

• The training should include:
  o Initial training and preparation of staff
  o Assessment and confirmation of competence of staff
  o Confirmation of arrangements for on-going support, refresher training and re-assessment of the competence of staff.

• Training for staff should include general training around complex health needs and training on the specific needs of individual children/young people and the procedures and/or care that the child/young people will require and will be documented on the individual health care plan. Training in the use of any specialist equipment will also be included.

• The training should include the assessment of competency and this should be recorded, including a signed declaration of the healthcare professional and the individual member of staff.

• Refresher training should be undertaken on an annual basis.

• Records should be kept of the training delivered including the signed off competencies. These records should be kept on individual files or as a central record and kept in line with the Data Protection Act. A copy of the training record should be kept with the individual health care plan for those staff authorised to undertake the clinical procedure.

• It should be remembered that, for children/young people, the Law allows an additional 3 years and in some circumstances even longer, from the age of majority for a claim for compensation to be made. Therefore, if possible, all relevant records and documentation should be kept at least until the child/young person concerned reaches the age of 21 years.

• An example of a general training record form along with the skill specific training record is contained in Appendix 4. Minor amendments can be made to this form dependent on the training being delivered. One form should be completed for each clinical procedure e.g. gastrostomy care and should be made child/young person specific.

5.6 Equipment

• Many children/young people with complex health needs will require specialist equipment to support them whilst attending a service or setting. Staff should
check the equipment, in line with any training given and report concerns to the relevant person of the service or setting.

- The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the health care plan.
- Staff must be made aware of the use, storage and maintenance of any equipment.

5.7 Self management

- Even where children/young people are not able to give valid consent for themselves, it is very important to involve them as much as possible in decisions about their own health. A process for agreeing how a child/young person will self-manage their condition will be required that involves those with parental responsibility. Advice from professionals with the specialist knowledge of the condition may be sought if agreement on self management cannot be reached.
- It is good practice to allow children/young people autonomy and independence where possible. This decision should be made by the child/young person, parents/carer in conjunction with the relevant healthcare professional and the school.
- The progress towards such independence must be agreed in consultation with the parents, the child/young person and the relevant healthcare professional. Initially it may also involve a greater degree of vigilance and supervision as part of the school.
- A contingency plan should be developed if it is foreseeable that there may be occasions when a child/young person may not be able to self manage e.g. when distressed. This should be included in the health care plan.

5.8 Transport

- Where home to school transport is being provided for children/young people with complex health needs, the County Council will ensure that these children/young people are safe during the journey by undertaking a specific risk assessment.
- Where children/young people have specific complex health needs, the driver and/or escort should know what to do in a medical emergency but should not administer medication. However, in exceptional circumstances special arrangements may be put in place to appoint a healthcare professional to act as an escort who will be able to administer medication in the event of an emergency.
- Where children/young people have life threatening conditions or a medical need that requires an emergency response, specific transport emergency plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort.
- Before sharing any information, consent should be obtained from the parent/carer.
- All drivers and escorts must have an enhanced DBS clearance prior to working with children/young people.
• It is good practice for all drivers and escorts to receive basic first aid training. However, specific training will be identified on the individual risk assessment which will indicate whether first aid training is required as well as an awareness session on complex medical needs and the procedures to be followed in an emergency.

• The driver/escort should undertake basic checks of any wheelchairs that are in use, in line with any training given and report any concerns to the relevant person within the school.

• Safe fitment of bespoke items required by the County Council remains the responsibility of the vehicle operator.

• The County Council intends to introduce standards for the training of drivers and escorts. When this is introduced drivers and escorts will be trained to the Council’s standards at the vehicle operator’s expense. Drivers and escorts employed on vehicles used for the carriage of passengers in wheelchairs must have received suitable and sufficient information and training in the correct operation of tail-lifts, the safe loading and securing of wheelchairs and their occupants in vehicles, including the safe handling of powered and manual wheelchairs, at the Operator's expense. Records of all training must be maintained by the Operator.

• Staff will need to provide verbal instructions to driver/escort in the event of any changes in a day to day travelling and record in school/setting communication book.

• The school should report any concerns and/or changes in a child/young person’s health needs regarding transport to the Specialist Transport Officer or the Client Transport Services Team in the Communities, Economy and Transport Department.

5.9 Hygiene and infection control

• All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures and guidance on hand washing.

• The handling of sharps must be managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Further information is outlined in the Communicable Diseases Policy, available on Czone.

• Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

• Further information is contained the County Council Policy on First Aid.

5.10 Emergency Procedures

• All services/settings must have in place, arrangements for dealing with emergency situations, including the arrangements for raising the alarm.

• A member of staff should always accompany a child/young person to hospital by ambulance and should stay until the parent/carer arrives. A copy of the health care plan should also accompany the child/young person to hospital. Healthcare professionals are responsible for any decision on medical treatment when parents/carers are not available.
• Staff should not take children to hospital in their own car; it is recommended that an ambulance is called.

• The individual health care plan should include instructions as to how to support the child/young people in an emergency, and identify who has the responsibility in an emergency.

5.11 Off-site activities and educational visits

• The group leader, in liaison with the headteacher/manager, should consider the reasonable adjustments to be made to enable children/young people with complex health needs to participate fully and safely on the activity.

• It may be decided that further control measures are necessary e.g. additional adult to accompany an individual child/young person.

• All staff supervising off-site activities or educational visits should be aware of any medical/health needs and the relevant emergency procedures.

• A copy of the individual health care plan should be taken on visits in the event of the information being needed.

• If staff are concerned about whether they can provide for a child/young person’s safety or the safety of other children/young people, they should consult with the parents/carer, relevant health professionals and the Schools Resilience Support Officer (Offsite Visits).

5.12 Work Experience

• Schools have a primary duty of care for pupils and have a responsibility to ensure that work experience placements are suitable for pupils with medical needs. The school are also responsible for pupils with medical needs who are educated off-site through another provider e.g. further education college.

• The school must assess the suitability of all off-site provision including college or work placements. This will include the overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

• The school should undertake a risk assessment of the whole activity that takes into account the site specific risk assessment carried out by the East Sussex Work Experience Team or other work experience provider on behalf of the employer during their visit to the workplace. Responsibility for risk assessments remain with the employer or college. The school will need to ensure that these risk assessments take into account the medical needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or colleges.

6. Information and support

Training on individual child or young person’s health care needs will be provided by professional staff as necessary. General training on long term conditions can be accessed on request to the NHS England Local Commissioning Groups from schools and are provided for in early years’ settings. Support, advice and guidance can be
sought from parents/carers, school nurses, GPs and paediatric professionals (doctors and nurses) and these staff in provider health services can also liaise with the school and parents/carers when health care related issues need to be discussed.

FLESS (Flexible Learning Educational Support Service) is an East Sussex service which supports schools in the education of sick children. It can provide teaching in a range of settings if a young person is unable to attend school and provides e-learning for young people from KS2 which can be accessed from home or local or specialist hospitals.

There are also a number of external sources who will be able to provide and support and these are listed below:

- The Medikidz website will provide essential information and resources on a number of common medical conditions such as diabetes - http://www.medikidz.com/
- Guidance and resources are available for families with disabled children from Contact a Family - http://www.cafamily.org.uk/
- The Epilepsy Education 4 Schools programme provides free teaching about epilepsy for pupils and staff - http://youngepilepsy.org.uk.
## Health Care Plan/Managing Medical Needs in Services and Settings

<table>
<thead>
<tr>
<th>Child/Young Person’s Name</th>
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<tbody>
<tr>
<td>Date of Birth</td>
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<tr>
<td>Class</td>
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### Family contact information

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<thead>
<tr>
<th>Name</th>
<th>Telephone (work)</th>
<th>(home)</th>
<th>(mobile)</th>
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<th>Telephone (work)</th>
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### Clinic/Hospital Contact

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<th>Name</th>
<th>Position</th>
<th>Telephone</th>
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### GP

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<th>Name</th>
<th>Surgery</th>
<th>Telephone</th>
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### Other Professionals (e.g. physiotherapist, dietician)

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## Medical Needs

<table>
<thead>
<tr>
<th>Clearly describe Child/Young Person’s medical condition/needs</th>
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<tbody>
<tr>
<td>Describe Child/Young Person’s daily care needs (including where applicable, equipment used, continence care, medication, allergies, behavioural needs, etc.)</td>
</tr>
<tr>
<td>Describe what constitutes a medical emergency for the Child/Young Person (signs, symptoms)</td>
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<tr>
<td>Action to be taken in an emergency</td>
</tr>
<tr>
<td>Who has responsibility in an emergency?</td>
</tr>
<tr>
<td>Training and levels of competency required</td>
</tr>
<tr>
<td>Nominated staff trained to undertake clinical procedure, if applicable (Refer to the central register for additional staff trained in the procedure)</td>
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</table>

This plan has been completed by

<table>
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<tr>
<th>Role</th>
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<tr>
<td>Signature</td>
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<td>Date</td>
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## Parent/Carer Consent

I have been consulted about the above plan, and I consent to staff named in this plan/on the central register carrying out described clinical procedures for my child, and the information in this plan being shared with all relevant staff involved with my child.

| Signature |
| Date |

Relationship to Child/Young Person
Appendix 2: Risk Assessment Form Completion – Guidance Notes

A standard risk assessment template has been developed to support the risk assessment of children/young people with complex health needs. The following information will provide guidance on the completion of the form.

Description of Hazards
This box will enable you to record the significant hazards associated with the individual being risk assessed. All the hazards should be listed e.g. health needs, moving and handling activities, medical conditions, behavioural difficulties, etc. Comprehensive information should be provided within this section on the child/young person including their age, etc.

Consequence of Hazard
The consequence of the hazard would be the realistic potential outcome. It is important that you identify the realistic potential outcome for all the significant hazards contained within the hazard description box. Only one outcome should be selected and highlighted.

- **Minor Injury** – bump, bruise, no first aid treatment needed
- **Injury/Ill Health** – first aid treatment required, up to 3 days absence
- **Over three day absence** – work related absence of more than 3 days but less than 3 weeks
- **Major Injury** – broken bones, long term absence (more than 3 weeks)
- **Death or Disability**

Persons at Risk
List all groups of people who may be affected including staff, children/young people, etc.

Current Control Measures
List the procedures, systems, etc, that are in place to minimise all of the hazards listed in the Hazard Description box. All relevant hazards must be reviewed in order to ensure that control measures have been put in place to minimise the level of risk. Consider whether the control measures are adequate? For example, supervision levels, etc.

Risk Priority Rating
The risk priority rating determines the level of risk associated with the child/young person due to their health needs. In order to determine the risk priority rating, the likelihood is multiplied by the severity. The likelihood is based on the background information you have collected e.g. medical information/views from healthcare professionals, any near misses, people who may be affected (e.g. their level of vulnerability) and the control measures already in place to minimise the level of risk. You are then asking yourself a question – how likely is it that harm will occur? The level of severity has usually been decided in the consequence of hazard. Once you have decided on your scoring for likelihood and severity, these numbers are multiplied and the risk priority rating is allocated a high, medium or low.
### Risk Level = LH × LS

<table>
<thead>
<tr>
<th>Likelihood(LH)</th>
<th>Likely Severity (LS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Very Unlikely</td>
<td>1 Minor Injury (first aid) – (No absence from work)</td>
</tr>
<tr>
<td>2 Unlikely</td>
<td>2 Injury/Ill Health – (Up to 3 days absence)</td>
</tr>
<tr>
<td>3 Likely</td>
<td>3 Over 3 day work related absence (RIDDOR)</td>
</tr>
<tr>
<td>4 Very Likely</td>
<td>4 Major Injury (RIDDOR) or Notifiable Disease</td>
</tr>
<tr>
<td>5 Almost Certain</td>
<td>5 Fatality or Disability</td>
</tr>
</tbody>
</table>

A risk rating of:

- 1 – 8 indicates a **LOW** risk, i.e. an acceptable risk provided the control measures are monitored and remain in place so that the risk does not increase to a higher level.
- 9 – 14 indicates a **MEDIUM** risk, i.e. a risk which must be addressed by measures to reduce the risk rating to **LOW**, where it is reasonably practicable to do so.
- 15 – 25 indicates a **HIGH** risk, i.e. a risk which is unacceptable, requiring immediate action to either stop the activity or reduce the risk to at least **MEDIUM**. Thereafter, where it is reasonably practicable to do so, further measures should be taken to achieve a **LOW** risk.

**Recommended Control Measures**

After evaluating the level of risk – is the level of risk acceptable?

If not, additional control measures to reduce the level of risk to an acceptable level must be listed and prioritised.

**Revised Risk Priority Rating**

Complete the evaluation again taking into account all the previous information you used to calculate the risk priority rating before as well as the recommended control measures that you have listed and complete the calculation. This will help inform managers and others who are making decisions based on the risk assessment document of how the level of risk can be reduced by implementing the recommended control measures.

**Management action taken and implementation date(s)**

Decisions regarding the implementation of the recommended further control measures should be recorded and the form updated as these are dealt with. Where prioritisation is needed, e.g. because of budgetary constraints, arrangements must be in place for the document to be reviewed at regular intervals until a conclusion on each recommendation is reached.

**Review Arrangements**

All risk assessments should be regularly reviewed (at least annually) and the date(s) for review should be noted on the form in the appropriate box. When the review is completed, the relevant date should be ticked, initialled and dated to indicate that the review has actually taken place.
<table>
<thead>
<tr>
<th>Workplace</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessor</td>
<td></td>
</tr>
<tr>
<td>Room/Area</td>
<td></td>
</tr>
<tr>
<td>Activity/Task</td>
<td>Date</td>
</tr>
<tr>
<td>Benefit of activity</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Hazards**

**Consequence of Hazard**
- Minor injury
- Injury
- Over three-day absence
- Major injury
- Disability or Death

**Persons at Risk**

**Current Control Measures**

Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating

<table>
<thead>
<tr>
<th>Likelihood : 1 2 3 4 5</th>
<th>Severity : 1 2 3 4 5</th>
</tr>
</thead>
</table>

Risk (Likelihood x Severity)

|----------------------|-----------------|-----------------|------------|

**Recommended Control Measures**

|------------------------------|-----------------|-----------------|------------|

(L) x (S) =

**Management action taken and implementation date(s)**

<table>
<thead>
<tr>
<th>Name of Manager:</th>
<th>Signature of Manager:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st review undertaken on:</td>
<td>Signature of Manager:</td>
<td>Date:</td>
</tr>
<tr>
<td>2nd review undertaken on:</td>
<td>Signature of Manager:</td>
<td>Date:</td>
</tr>
<tr>
<td>3rd review undertaken on:</td>
<td>Signature of Manager:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
### Appendix 3

### Staff Training Record

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Course Content (please state whether child specific or awareness session. Please also include any details of equipment and consumables)**

<table>
<thead>
<tr>
<th>Method of Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for Observation/Classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for Practical sessions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I confirm that [name] has received the training detailed above and is competent to carry out the procedure at the time of the assessment.

Signed

Date

<table>
<thead>
<tr>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Refresher Training to be undertaken by** (insert date)

I confirm that I have received the training detailed above.

Signed

Date
Staff Training Record - The Management of Clinical Procedures

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Training Received** (Insert date each section is completed)

<table>
<thead>
<tr>
<th>Basic Level Skills:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Identify skill:</td>
<td></td>
</tr>
<tr>
<td>a. one theory session</td>
<td></td>
</tr>
<tr>
<td>b. one observation</td>
<td></td>
</tr>
<tr>
<td>c. 3 practicals: talked through by tutor</td>
<td></td>
</tr>
<tr>
<td>commentate to tutor</td>
<td></td>
</tr>
<tr>
<td>independent, observed by tutor</td>
<td></td>
</tr>
</tbody>
</table>

| 2) Additional Skill/Emergency procedure |
| a. one observation |
| b. 3 practicals: talked through by tutor |
| commentate to tutor |
| independent, observed by tutor |

| 3) List of equipment and consumables shown as part of skill: |
I confirm that has received the training detailed above and is competent to carry out the procedure at the time of assessment.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>

Position

I confirm that I have received the training detailed above.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>

Refresher Training to be undertaken by (insert date)