

STLS - PD

An introduction to our service



STLS PD

Who are PD STLS?

- We are a team of 8 Specialist Teachers (full and part time) who support CYP in mainstream settings and schools across Kent to be able to access the curriculum and site/facilities when they have a physical disability & or complex medical need.
- We are employed by KCC.
- We work alongside colleagues from health and education in ensuring the child's needs are met, and that setting/school is happy and confident in meeting their needs.



Types of support available:

- Access visits
- Support with recording
- Support with accessing specialist/specific curriculum areas
- ICT peripherals and low-tech equipment loans
- General curriculum access
- Transition
- Phased return to school
- Liaise with other professionals
- Support for school
- Signpost to advice, contacts and other support
- Support with provision plans/target setting
- Attend a range of multi professional's meetings for a CYP

Examples of conditions we typically support with on our case lists:

- Neurological impairment, e.g. cerebral palsy
- Degenerative conditions, e.g. Duchenne Muscular Dystrophy
- Severe trauma, e.g. Road Traffic Accident
- Chromosomal disorders affecting physical development
- Acquired brain injury
- Muscular skeletal condition, e.g. juvenile idiopathic arthritis
- Birth trauma and prematurity
- Upper and lower limb differences
- Complex medical needs which impact on physical function, e.g. cystic fibrosis
- Persistent symptoms affection mobility and physical function although there is no diagnosis
- Complex medical needs, e.g. cancer, severe epilepsy, chronic illness

How do you access or refer to PD STLS?

- Referrals can be made via LIFT but they are then forwarded to the PD County Lead (Julie Jackson) who will advise as to whether the CYP will come onto our case lists or whether there are other recommendations she can make to support you when the referral does not meet our threshold for ongoing support and intervention.
- You can refer directly to Julie Jackson or attend one of our “surgeries”.
- Therapy colleagues can refer directly to PD STLS in some circumstances.



PD Surgeries

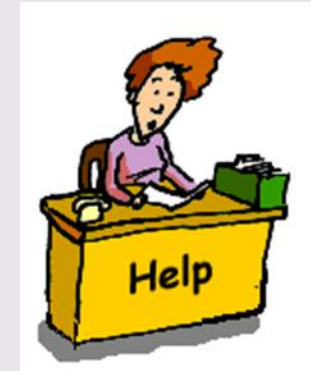
- You are also welcome to contact me or Julie with an unnamed case for advice if you are unsure whether to refer.
- We are now running termly PD Surgeries in each of the 4 areas of Kent where you can book a 30 minute slot to discuss a child and seek advice via Teams. We will also be able to advise you as to whether the child would meet our threshold and a referral needs to be made.
- You can book these by contacting Julie Jackson directly.



PD Surgeries (South)

- 2nd March a.m.
- This is for Early Years and schools.

- Other dates are available for other areas of Kent, if these are not convenient. (Please ask for further information)



Training

On line training

- Care Plans and Risk Assessments
- Fine motor skills and recording
- Supporting Non verbal children in the Early Years
- Moving and Handling



At present our training is available on the PD STLS website as we are unable to deliver the training in person.

Moving and Handling training is not currently available through PD STLS, although we can signpost to other providers.

PD STLS Website & Training

- We have our own webpage on the Valence School website.
- On our webpage you can access help/advice sheets on a variety of topics, as well as on-line trainings.
- Advice documents: [Advice and Resources \(stlsvalence.com\)](http://stlsvalence.com)
- Training - [PD on-line learning materials - Teaching & Learning Service \(stlsvalence.com\)](http://stlsvalence.com)



Care Plans, Risk Assessments, Intimate Care Plans & PEEPs

A brief introduction.

Care Plans, Risk Assessments and PEEPs.

- These are 3 of the 4 key documents which we are most commonly asked about or support with.
- We run our own training on these documents which can be accessed on the PD STLS webpage. [PD on-line learning materials - Teaching & Learning Service \(stlsvalence.com\)](https://www.stlsvalence.com)
- Each of these documents should be updated annually or sooner if there is a change, and counter signed & dated by parents/guardian.

Care Plans, Risk Assessments, & PEEPs

- These documents should be shared with all staff working with the child, teacher , TA, lunch time supervisors etc.
- A copy should be kept securely in the office but so that it is accessible in an emergency.
- If there were an evacuation, the Care plan and any medication should be taken out with the CYP and this written into their PEEP.
- If these documents are in place, they **MUST** be followed.

Health Care Plans

- These relate to the health needs of an individual student and should NOT be confused with an EHCP.
- Health care plans are also referred to as Individual Health Care Plans (IHCP's)

KELSI – Health Care Guidance for Schools

- [Guidance-for-Schools-Health-Care-Sept-2015.pdf \(kelsi.org.uk\)](#)
- [SEND Policy, Forms and DFE Guidance – KELSI](#)

Please ensure you are familiar with both documents.

The second document has an example Health Care Plan template as an appendix at the end.

Care Plans

- Care plans – are used to document the medical needs of a CYP, where an intervention needs to take place or medication needs to be administered in school.
 - You would also need to have a care plan if a child did not need an intervention in school but had a condition which a paramedic would need to know about if there were a medical emergency for that child.
- You would need to include the child's personal details, emergency contact details, medications, diagnosis, consultants & which hospitals, what constitutes an emergency for that child and what procedures should be followed.

Care Plans

- Care plans from other medical professionals should be attached and NEVER re-written. E.g. epilepsy, diabetes, SALT etc.
- https://www.kelsi.org.uk/_data/assets/word_doc/0016/83221/Individual-healthcare-plan.doc

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The second document has an example Health Care Plan template as an appendix at the end, as well as an exemplar for the administration of medicines.

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Setting Name:

Individual Healthcare Plan	
Child's Name: D.O.B. Key person:	
Other professionals supporting the child: (GP, consultant, clinic)	
Name:	Contact No:
Name / Type of medication	Expiry date:
Dosage:	
Where will this be stored?	
Who will administer the medication? (child under supervision / key person)	
Medical diagnosis or condition (as confirmed by healthcare professional)	
Symptoms: (what to look out for)	

Strategies required to meet the child's additional need. (Daily care requirements, special precautions <u>e.g.</u> evacuation procedures).
What constitutes an emergency for your child?
What action should be taken if this occurs?
In the event of intervention by the emergency services who will accompany / support the child until the parent/carer arrives?
Who to contact in an emergency situation:
1. Name: Relationship: Emergency contact No: Mobile:
2. Name: Relationship: Emergency contact No: Mobile:
3. Name: Relationship: Emergency contact No: Mobile:
4. Name: Relationship: Emergency contact No: Mobile:
In conjunction with the setting policy and procedure regarding the administering of medication reflecting the statutory requirements within the EYFS 2017, we, the undersigned consent to this agreement:
PARENT KEY PERSON
Signature: Signature:
Print name: Print name:
Monitored and reviewed with the parent.
Comments:
Date: Next review date:

Adapted from Managing Medicines in Schools and Early Years settings, Dart

Risk Assessments

- Risk assessments are used to identify and document strategies to minimise risks and hazards to a specific CYP or those working with them.
- KCC 5 step approach on KELSI
- [Risk assessment and Associated Guidance – KELSI](#)
- PE lessons, or other lessons with a higher level of potential risk, should be risk assessed separately and for each lesson.

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- PE lessons, or other lessons with a higher level of potential risk, should be risk assessed separately and for each lesson, for pupils with PD.
- Pupils with PD also need a risk assessment for trips and visits.

Risk Assessments

[Risk assessment and Associated Guidance – KELSI](#)

Risk assessment blank form - 5 steps



Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3 What are you already doing?	Risk rating	Step 4 Is anything further needed?	Step 5 Action & review
Spot hazards by: <ul style="list-style-type: none"> walking around your workplace asking those doing the task what they think checking manufacturers' instructions considering health hazards 	Identify groups of people, consider: <ul style="list-style-type: none"> employees temporary / agency staff contractors volunteers members of the public children (including work experience) lone workers pupils service users 	List what is already in place to reduce the likelihood of harm or make any harm less serious, examples include: <ul style="list-style-type: none"> guarding training procedures, safe systems of work personal protective equipment (PPE) 	Trivial, low, medium, high or stop (please see matrix below)	You need to make sure that you have reduced risks 'so far as is reasonably practicable'. An easy way of doing this is to compare what you are already doing with good practice. If there is a difference, list what needs to be done.	Remember to prioritise Deal with those hazards that are high-risk and have serious consequences first. List: <ul style="list-style-type: none"> actions required who needs to do them by when check actions completed

Risk rating			
	Slightly harmful	Harmful	Extremely harmful
Highly unlikely	Trivial risk	Low risk	Medium risk
Unlikely	Low risk	Medium risk	High risk
Likely	Medium risk	High risk	STOP
Risk level	Action and timecoale		
Trivial	No action required and no documentary record needs to be kept.		
Low	No additional physical control measures are required, however monitoring is necessary to ensure that the controls are maintained.		
Medium	Efforts should be made to reduce the risk and the reduction measures should be implemented within a defined period. Where the medium risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.		
High	Work should not be started until the risk has been reduced to an acceptable level. Considerable resources may be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken.		
Stop	Work should not be started or continued until the risk has been reduced. If it is not possible to reduce risk even with unlimited resources, work has to remain prohibited.		

H&S/JC/Reviewed 01.20/Next Review 01.22

Activity / operation/ event:					Assessment date:		
Establishment:					Review date:		
Step 1 Identify the hazards	Step 2 Who might be harmed & how?	Step 3 What are you already doing?	Risk rating trivial/ low / medium / high / stop	Step 4 Is anything further needed?	Step 5 Action & review		
					Action required	Responsible person	Date completed
Assessor name(s):					Job title:		
Signature:					Review date:		

H&S/JC/Reviewed 01.20/Next Review 01.22

PEEPS

- Personal emergency evacuation plans
- Any person (adult or child) who needs assistance to evacuate from the building will need a PEEP in place. (PD, VI, HI)
- The CYP and staff need to have practiced evacuating following the PEEP. All staff should be aware of what it says.
- It should be agreed and shared with your fire safety officer in school.
- [Fire - KELSI](#)

PEEP

This is a 7page document, but is not a complicated or onerous form to complete.

Please consider what to do if your school is on more one floor, & or the CYP can not evacuate themselves.

Personal emergency evacuation plan (PEEP) for early years and primary school children



This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the child's intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the child's continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held:

- in the child's personal records
- by the manager, SENCo and fire safety coordinator (for each building where applicable)
- by the class teacher.

Note: This plan must be reviewed on an annual basis (at least) and when a significant change in circumstances (of the building or pupil) is anticipated or identified. The PEEP should be coordinated by the SENCO/Inclusion Manager or designated member of the Senior Management Team (SMT).

Pupil/child's name:			
Class or room name/number:			
Location of classroom/room in building:			
Teacher/manager's name:		Tel: ext no:	
Date completed:		Reviewed:	
Reviewed:		Reviewed:	
Name of person who completed this form:			
Date completed:			
Date of next review:			

Intimate Care Plans

- Personal care vs intimate care
- If a CYP needs help with their intimate care beyond that of their peers, they will need an intimate care plan in place. (i.e. a school aged child).
- This will also need to be signed and dated by their parents/carers; updated annually or sooner if there is a change.
- Older CYP should be involved in writing their document (pupil voice).
- [ERIC](#)

Intimate/personal care plan

[Sample care plan | ERIC](#)

- This image shows page 1 or 8 of the example plan.
- Consider your toilet space / changing space layout
- Changing on the floor?
- Consider staffing ratios

Sample care plan

It is advised that a care plan is completed for all learners who have continence difficulties that affect their school day. As the care plan is a working document designed to assist school in their care for a learner, this should include all the information they require. It should be completed by school with the parents/carers and involve the child as far as their age and development allows. If school have any concerns, if the child's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

CARE PLAN

Name of School:

Child's/young person's details

Child's name	
Date of Birth	
Year group	
Home address	
School name	
School address	

Date of plan:

Planned review date:

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:

.....
.....
.....

Moving & Handling Training

- If you are required to physically facilitate a CYP in their transfers between equipment, or for care needs to be met, you will need to ensure that all staff working with that CYP have received moving and handling training.
- You should never bear the weight of a CYP.
- This protects the CYP, employee and employer.

Don't forget to service any equipment – LOLER regs.

Moving & Handling Training

- Who should have moving and handling training?
- Who provides moving and handling training?
- Occupational Therapists will train staff how to support a CYP with transfers into and out of seating, or to the toilet.
- General moving and handling training, including hoisting at present can be accessed through private providers.
- kayjames@ot4independence
- www.maunualhandlingspecialists.co.uk



Contacting Local Health Services

- OT/physio/SALT - [How to refer a child to the service - East Kent Hospitals University NHS Foundation Trust \(ekhft.nhs.uk\)](http://ekhft.nhs.uk)
 - HEN - Home Enteral Nutrition Service | [Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
 - Bladder & Bowel Nursing Team - [Specialist Children's Bladder and Bowel Nursing Team | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
 - School nursing team - [School Health \(Kent\) | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
 - Epilepsy Nurse – [Community Children's Epilepsy Nursing Team \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)
 - [Kent Health Needs Education Service \(KHNES\) – KELSI](http://kentcht.nhs.uk)
-
- KMCAT - [Kent and Medway Communication and Assistive Technology Service - KELSI](http://kentcht.nhs.uk)

OT/Physiotherapy advice

- [Children's Therapies - The Pod | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://kentcht.nhs.uk)
- [Occupational therapy | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://kentcht.nhs.uk) Advice on fine motor activities

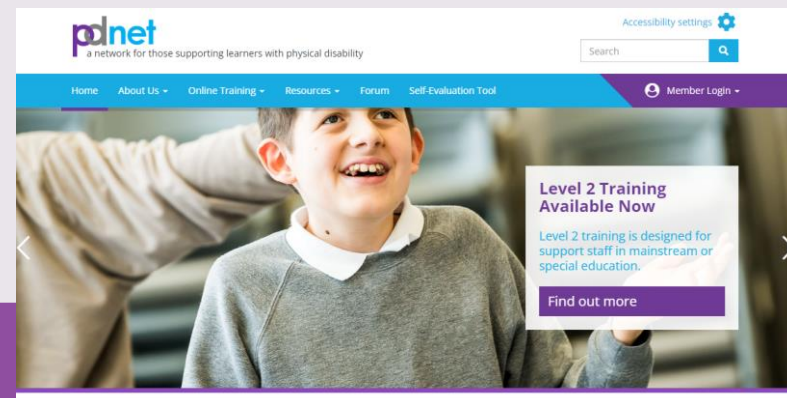
- The POD

Universal and general advice
If you are worried about your child's progress

<p>Dressing and undressing</p> <p>Find out more about how to help your child to dress and undress themselves, making school days less stressful!</p>	<p>How to help your child learn new skills and have fun</p> <p>All children sometimes need a little extra help to master a new skill like tying their laces, getting dressed or using a knife and fork.</p>	<p>Meal times</p> <p>All children sometimes need a little extra help to master a new skill like using a knife and fork. Find out more about how to support them.</p>
<p>Movement and coordination skills</p> <p>All children develop their movement and coordination skills at different rates and learn new skills in different ways. If you would like to know more about how children develop and how you can support them as they grow we have created an online</p>	<p>Pre-writing and writing</p> <p>When children start to learn to scribble and draw they try lots of different grasps and often change hands. You can help!</p>	<p>Sensory processing and strategies</p> <p>Sensory processing is the way that our brain sorts out sensory information so we understand the world and can manage our everyday life.</p>

PDNET

- [pdnet – a network for those supporting learners with physical disability](#)
- This is an online network for schools / those working with CYP with PD.
- Pdnet provide online training, support, and provision self evaluation tools.



Simple things to consider:

- Seating
- Writing vs use of ICT
- Independence
- Consider your learner in the next transition phase – plan ahead
- Inclusion
- Access
- Pupil voice

Contacting PD STLS

- Nicola Uttin (STLS PD for Dover, Folkestone & Hythe)
- Nicola.uttin@kent.gov.uk
- Mobile: 07702973079

- Julie Jackson (STLS PD County Lead)
- Julie.Jackson@kent.gov.uk
- Mobile: 07714 246396

Thank you.

- Any questions?