EXECUTIVE SUMMARY

Between

- The Oxfordshire County Council
- The Oxfordshire Primary Care Trusts
- The Oxfordshire Learning Disabilities Trusts
- The Voluntary Organisations
- The Oxford Radcliffe Hospital Trust
INTRODUCTION

Shared care protocols are training protocols for sharing care of children in any setting across disciplines and agencies in a safe and accountable manner.

They are:
- Agreed multi-agency shared care protocols for children.
- Child and family focused protocols.
- In place to ensure that care workers are protected legally and are given a high standard of training which meets their needs.
- To ensure that the needs of all agencies are met but at the same time promoting consistency for service users.

They are not:
- An agreement that care will be delivered by any agency. Each agency will continue to use its normal processes to determine whether it is appropriate and necessary for them to deliver any aspect of care.

The work is focused on children receiving care in any community setting, for any period of time. The aim is to ensure that all care workers are trained to a consistent level of competence and that training is to a high standard and provided by the most appropriate professional.

The protocols were first introduced in 2002.

Background

Shared Care Protocols have been developed as a key element of the work of ‘The Children’s Care Partnership’. The Partnership is a multi-agency project, developed from ‘Partnership in Action’, a sub-group of the Joint Children’s with Disabilities Reference Group, and ‘Care.net’, a charitably funded project relating to the care of children with Life-limiting Illnesses. The Partnership aims to provide a comprehensive, equitable, co-ordinated interagency service, offering a single point of access to provision and a co-ordinated care package for disabled/ill children aged 0-19.

Full document

A copy of the full document is available from the Lead Nurse:

<table>
<thead>
<tr>
<th>Karen Brombley</th>
<th>ISIS Business Centre, Unit 1, Pony Rd, Oxford, OX4 2RD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Nurse</td>
<td><a href="mailto:karen.brombley@nhs.net">karen.brombley@nhs.net</a> 01865 402700</td>
</tr>
</tbody>
</table>

Review of document

This document should be open to constant review and monitoring so that it continues to meet the needs of the children and families and the various service providers. This will be monitored by an annual review process.

Any suggestions and issues should be forwarded to the Lead Nurse
DEFINITIONS USED FOR THE PURPOSE OF THIS DOCUMENT

Care worker:  
Refers to persons employed to care for children, such as care attendants,  
behavioural support workers, care assistants, residential social workers, teaching  
assistants, volunteers and family based respite carers.

Child:  
Refers to a person 0-19 years old

Children’s Nurse:  
Refers to a Registered Sick Children’s Nurse, Registered Nurse (Child Branch) or a  
Registered Nurse with a minimum of 1 year’s experience of caring for children (e.g.  
School Health Nurses, Learning Disability Nurses, Health Visitor)

As a registered nurse, midwife or health visitor, you must maintain your  
professional knowledge and competence
  o To practise competently, you must possess the knowledge, skills and abilities  
required for lawful, safe and effective practice without direct supervision. You  
must acknowledge the limits of your professional competence and only undertake  
practice and accept responsibilities for those activities in which you are  
competent.
  o If an aspect of practice is beyond your level of competence or outside your area  
of registration, you must obtain help and supervision from a competent  
practitioner until you and your employer consider that you have acquired the  
requisite knowledge and skill.

(Code of professional conduct was published by the Nursing and Midwifery  
Council in April 2002 and came into effect on 1 June 2002.)

Health Care Professional:  
Refers to a health worker who is registered with a statutory body and has  
professional accountability e.g. nurse, speech therapist, physiotherapist,  
occupational therapist, dietician, learning disabilities nurse.

Parent:  
Refers to the child’s main carer. This may be parent, guardian, grand parent or foster  
carer. They should also be offered appropriate training whenever necessary.

Employing agency  
Refers to the body that holds responsibility for the person delivering the care. This  
may be an organisation such as Social and Health Care, or a Governing Body, or a  
parent, if care is delivered via direct payments.
LEVELS OF CARE

Each care task identified will be categorised into one of five levels of training. It is suggested that all care staff will hold Personal Training Record Book. It is unlikely that any one setting will require staff to be able to deliver all tasks in a level. Each area will assess which tasks are relevant for their setting.

Level 1 and 2
For these care tasks the care worker will have received general, basic training from their employer and/or health care professional. These are transferable skills. Level 2 tasks are classified to meet a health need.

Level 3 and 4
These are health care tasks and require a specific care worker to receive training for a “named” child from a health care professional. They must be assessed as competent to undertake the task and documentation be signed by the health professional to indicate this. At the time of assessment of competence monitoring and training update will be agreed. Level 4 are perceived as complex and complicated health care tasks.

For level 3 and 4 tasks service level agreements will be arranged between appropriate services

Level 5
These tasks can only be carried out by a health care professional; a care worker cannot undertake them. Parents must be offered training by a health care professional so that they can feel confident, competent and adequately supported so that they can care for their child at home. Foster parents who provide care to children with complex health needs must be trained in the same way that that child’s parents would be.

Other Tasks
For clarification about any concerns or any task currently not included within this document, and which level it would be, please contact the Lead Nurse on 01865 747962.
TRAINING RESPONSIBILITIES OF THE HEALTH CARE PROFESSIONALS

Level 1
The health care professional’s role is to provide professional advice to enable each employing agency to provide their own training at this level. The health care professional may also provide training at this level. Ongoing monitoring of the care worker is the employing agency’s responsibility.

Level 2
Training may be given by either the employing agency or by a health care professional, dependant on the task or policy (see each training guideline). Monitoring of the care worker is the employing agency responsibility.

Level 3 and 4
The health care professional’s role is to advise, train, and agree competence (at the time of assessment), by providing written guidelines and monitoring of the care worker for the agreed specific care tasks.
N.B. Their role is of a trainer and they have no line management responsibilities for the care workers.

Verification of training at level 1 and 2
Any training undertaken should be recorded in the Care Workers Personal Training Record Book.

Verification of training and competence for levels 3 and 4
For all tasks the employer should assess the risks involved in delivering the care before agreeing that their staff will undertake the task. For children requiring multiple level 4 tasks it may be necessary for a formal risk assessment to be carried out, by the employing agency and the relevant health care professional before care is accepted.

The health care professional and the care worker will sign the training assessment, stating that training has been undertaken. The care worker retains this form until competence has been agreed.
When competence has been assessed and agreed the health care professional signs to verify competence. The care worker signs that they are prepared to undertake the specific care task for the named child.
A copy of this form should be held:
- By the care worker.
- By the employing agency.
- By the training co-ordinator.
- In the child’s care plan.
A date for monitoring competence should be set and recorded at the time of assessment – this is usually annually.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Brombley</td>
<td>ISIS Business Centre, Unit 1, Pony Rd, Oxford, OX4 2RD</td>
<td>01865 402700</td>
</tr>
<tr>
<td>Lead Nurse</td>
<td><a href="mailto:karen.brombley@nhs.net">karen.brombley@nhs.net</a></td>
<td></td>
</tr>
<tr>
<td>Community Children’s Nursing</td>
<td>ISIS Business Centre, Unit 1, Pony Rd, Oxford, OX4 2RD</td>
<td>01865 402700</td>
</tr>
<tr>
<td>Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Family Care Services</td>
<td>Unit 4, Lakesmere Close, Kidlington, OX5 1LG</td>
<td>01865 374154</td>
</tr>
<tr>
<td>Helen House</td>
<td>37 Leopold Street, Oxford, OX4 1QT</td>
<td>01865 728251</td>
</tr>
<tr>
<td>Hernes House</td>
<td>Hernes Crescent, Oxford, OX2 7PS</td>
<td>01865 515884</td>
</tr>
<tr>
<td>Oxfordshire PCT</td>
<td>Richard’s Building, Old Road, Headington, Oxford.</td>
<td>01865 226900</td>
</tr>
<tr>
<td>Children’s Assessment Teams</td>
<td>North and West, Calthorpe House, Calthorpe Street, Banbury, OX16 5RE</td>
<td>01295 252421</td>
</tr>
<tr>
<td></td>
<td>John Radcliffe Hospital, Headley Way, Oxford, OX3 9DU</td>
<td>01865 221208</td>
</tr>
<tr>
<td></td>
<td>City, 134B Cowley Road, Cowley, Oxford, OX4 1JH</td>
<td>01865 815434</td>
</tr>
<tr>
<td></td>
<td>South, Foxham Court, Windyke Furlong, Abingdon Business Park, Abingdon, OX14 1DZ</td>
<td>01235 469557</td>
</tr>
<tr>
<td>Education Officers</td>
<td>Macclesfield House, New Road, Oxford, OX1 1NA</td>
<td>01865 815671</td>
</tr>
<tr>
<td>Learning and Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Schools</td>
<td>Bardwell, Hendon Place, Sunderland Drive, Bicester, OX26 4RZ</td>
<td>01869 242182</td>
</tr>
<tr>
<td></td>
<td>Bishopwood c/o Sonning Common Primary School, Grove Road, Sonning Common,Reading, RG4 9RJ</td>
<td>0118 972 4311</td>
</tr>
<tr>
<td></td>
<td>Frank Wise, Hornbeam Close, Banbury, OX16 9RL</td>
<td>01295 263520</td>
</tr>
<tr>
<td></td>
<td>John Watson, Littleworth Road, Wheatley, OX33 1NN</td>
<td>01865 452725</td>
</tr>
<tr>
<td></td>
<td>Kingfisher, Radley Road, Abingdon, OX14 3RR</td>
<td>01235 555512</td>
</tr>
<tr>
<td></td>
<td>Mabel Prichard, St Nicholas Road, Littlemore, Oxford, OX4 4PN</td>
<td>01865 777878</td>
</tr>
<tr>
<td></td>
<td>Springfield @ The Bronze Barrow, Cedar Drive, Witney, OX28 1AR</td>
<td>01993 703963</td>
</tr>
<tr>
<td>Resource Centres</td>
<td>Summerfield Resource Centre, Wootton Road, Abingdon, OX14 1JA</td>
<td>01235 521363</td>
</tr>
<tr>
<td></td>
<td>Sycamore Resource Centre, 66 Oxford Road, Banbury, OX16 9AN</td>
<td>01295 263317</td>
</tr>
<tr>
<td></td>
<td>St Nicolas Resource Centre, St Nicolas Road, Littlemore, Oxford, OX4 4PN</td>
<td>01865771124</td>
</tr>
</tbody>
</table>
LEVEL 1 TRAINING PROTOCOLS

Level 1

For these care tasks the care worker will have received general, basic training from their employer and/or health care professional. Tasks in level 1 may be included in the organisations general induction. Which tasks are required may differ from one organisation to another depending on the environment that the care workers will be working in. **(bold type indicates the tasks more likely to apply to a school environment)**

A record should be kept of all training sessions by both the care worker and the employing agency.

1.1 Disposal of Clinical Waste

1.2 Application of Universal Precautions / Infection Control

1.3 Intimate Care

1.4 Personal Care

1.5 Promoting Continence

1.6 Assisting a Child with Eating and Drinking (where a child has a defined feeding difficulty)

1.7 Communicating with a Child with Complex Needs

Examples of training packs can be obtained from
Children and Families
Unit 4
Lakesmere Close
Kidlington
01865 747962
LEVEL 2 TRAINING PROTOCOLS

Level 2

For care tasks which are classified to meet a health need. The care worker will receive either individual or group training from a health care professional. Which tasks are required may differ from one organisation to another depending on the environment that the care workers will be working in. (bold type indicates the tasks more likely to apply to a school environment)

2.1 Making up of Infant Feeds
2.2 Care of the Foreskin
2.3 Care during Menstruation
2.4 Changing Incontinence Pads and Nappies
2.5 Moving and Handling
2.6 Emergency Care
2.7 Care of a Child who has Epilepsy
2.8 Care of a Child who has a Life Limiting Illness
2.9 Care of a Child who has Challenging Behaviour (as defined by this document)
LEVEL 3 TRAINING PROTOCOLS

Level 3

These are healthcare tasks and relate to a relatively small proportion of children.

In each situation there will first be an agreement between the employing agency, care worker, and family that it is safe and appropriate for the care to be undertaken during the time that they are in the care of the care worker. *(Bold type indicates the tasks more likely to apply to a school environment)*

The named care worker will then receive specific training for the named child. The care worker’s competence at the time of assessment will be agreed and documented by the health care professional. At the time of assessing competence, monitoring and training update will be agreed.

3.1 Administration of medication
3.2 Making up of Complex Special Feeds/Diets
3.3 Treatment of Broken Skin Including Dressing Replacement
3.4 Application of Positioning Aids
3.5 Undertaking a Child’s Physiotherapy Programme / Physical Management Regime
3.6 Undertaking a Child’s Eating and Drinking Programme (when a child has defined feeding difficulties)
3.7 Child Specific Movement and Handling
3.8 Care of a Child with a Life-Limiting Condition
3.9 Caring for the Child with Challenging Behaviour (as defined by this document)
3.10 Dry/Wet Wrapping for the Child with Eczema

3.11 Administration of Medication via a Nebuliser (as distinct from inhalers)

3.12 Assisting a Child with Inhalers (with or without spacer)
3.13 Care of a Supra Pubic Catheter
3.14 Care of a Child Using a Penile Sheath
3.15 Supporting a Child’s Communication Programme
LEVEL 4 TRAINING PROTOCOLS

Level 4

This covers complex and complicated healthcare tasks and relate to a small proportion of children.

In each situation there will first be an agreement between the employing agency, care worker, and family that it is safe and appropriate for the care to be undertaken during the time that they are in the care of the care worker. (Bold type indicates the tasks more likely to apply to a school environment)

The named care worker will then receive specific training for the named child. The care worker’s competence at the time of assessment will be agreed and documented by the health care professional. At the time of assessing competence, monitoring and training update will be agreed.

Variations re specifics of care must have a risk assessment performed by the lead professional and accepted by the employing agency and the nurse coordinator. For level 4 tasks a service level agreement will be in place.

4.1 Bolus Feeds via a Gastrostomy
4.2 Pump Feeds via a Gastrostomy
4.3 Bolus Naso-gastric Feeds
4.4 Administration of Suppositories
4.5 Administration of Enemas
4.6 Caring for a Child on Oxygen
4.7 Oral Suction
4.8 Tracheostomy Care
4.9 Intermittent Catheterisation
4.10 Stoma Care
4.11 Care of a Mitrofanoff
4.12 The Emergency Treatment of Seizures and the Administration of Rectal Valium/Buccal Medazolam
4.13 Emergency Treatment of Anaphylaxis
4.14 ACE Washout
4.15 Non-Invasive Ventilation
LEVEL 5 TRAINING PROTOCOLS

Level 5

These tasks can only be carried out by a health care professional; a care worker cannot undertake them. These care tasks have been categorised as complex nursing skills.

Both parents and foster carers should be fully supported by medical and nursing staff when making a decision to undertake these tasks. If they choose to undertake them, then training plans and care plans must be tailored to the child’s needs and the needs and experiences of the carer. Parents must be offered training by a health care professional so that they can feel confident, competent and adequately supported so that they can care for their child at home. Foster parents who provide care to children with complex health needs must be trained in the same way that the child’s parents would be.

Negotiations and arrangements should be made for 24 hour access to telephone nursing support.

These tasks include:-

- Nursing Assessment
- Diabetic tests
- Dialysis – all types
- Administration of injections (other than epipens)
- Syringe drivers
- Technical tests e.g. blood pressure
- Pain relief – using T.E.N.S. machines
- Ventilators
- Transdermal patches
- Dressings
- Controlled Drugs (except methylphenidate)
- Hyac Jacket
- Intravenous Drugs
- Cytotoxic Drugs
- Insertion naso-gastric tubes
- Overnight naso-gastric feeds
- Replacement of gastrostomy tubes (including temporary replacements using foley catheters)
- Change of Tracheostomy tube
- Bladder washout
- Venepuncture
- Insertion and removal of tampon
- Insertion of pessaries
School identifies children with these health tasks

- Emergency management of Seizures/Epipen/Ritalin/Asthma in Mainstream schools
  - Liaise with named School Health Nurse
  - Training and Assessment of Competency
    - Completed forms to Teaching assistant/Head Teacher/County Council
    - Summary of training to Lead Nurse

- Training request sent to Lead Nurse
  - Appropriate Health Care Professional Identified
  - Training and Assessment of Competency
    - Completed forms to Teaching assistant/Head
    - Lead Nurse Instigates updates

Shared Care Protocols for Children, November 2005.
Review Date November 2006
### Appendix: List of tasks

**Level 3: Named Care Work for Named Client**

3.1 Treatment of Broken Skin Including Dressing Replacement  
3.2 Application of orthoses  
3.3 Physiotherapy Programme/ Physical Management Regime  
3.4 Eating and Drinking Programme  
3.5 Child Specific Movement and Handling  
3.6 Care of a child with a Life-Limiting Condition  
3.7 Caring for the Child with Challenging Behaviour  
3.8 Wet Wrapping for the Child with Eczema  
3.9 Administration of Medication via a Nebuliser  
3.10 Assisting a Child with Inhalers  
3.11 Care of a Supra Pubic Catheter  
3.12 Communication  

**Level 4: Complex Health Care Tasks**

4.1 Bolus Feeds via a Gastrostomy  
4.2 Pump Feeds via a Gastrostomy  
4.3 Bolus Naso-gastric Feeds  
4.4 Administration of Suppositories  
4.5 Administration of Enemas  
4.6 Caring for a Child on Oxygen  
4.7 Oral Suction  
4.8 Tracheostomy Care  
4.9 Intermittent Catheterisation  
4.10 Stoma Care  
4.11 Care of a Mitrofanoff  
4.12 The Emergency Treatment of Seizures and the Administration of Rectal Valium/ Buccal Midazolam  
4.13 Emergency Treatment of Anaphylaxis  
4.14 ACE Washout  
4.15 Non-invasive Ventilation