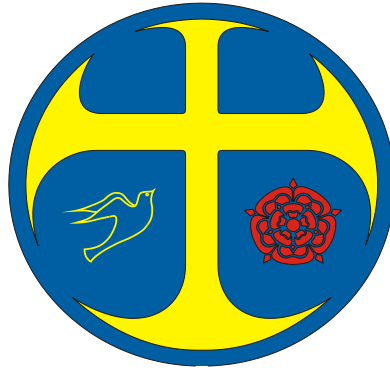


All Saints' Catholic High School



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Supporting pupils at school with medical conditions

Incorporating:
Medication in Schools (pg 14)
Asthma (pg 23)
Intimate Care (pg 28)

Updated: Spring 2024
To be reviewed: Spring 2027

Responsibility of: School Operations Manager

Policy Approval:

A handwritten signature in black ink, appearing to read 'F. Hall', written over a horizontal line.

Signature of Headteacher

19-03-2024

Date

A handwritten signature in black ink, appearing to read 'R. White', written over a horizontal line.

Signature of Chair/Vice-Chair

19-03-2024

Date

Mission Statement

All Saints' is a school where the Catholic faith is taught,
lived and celebrated.

We will educate the whole person
spiritually, morally and intellectually.

We embrace Catholic values in all we do and
in all our relationships.

We will identify and cater for the individual student's
needs and prepare them for responsible
participation in society.

Our aim is to follow Christ's teaching, as
found in the Gospels,
in everything we do.



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

The Governors and staff of All Saints' Catholic High School will properly support pupils at school with medical conditions so that they have full access to education, including school trips and PE; in order that they can play a full and active role in school life, remain healthy and achieve their academic potential.

In this policy we also include a statement on the administration of medication in school.

- School Leaders will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Staff will endeavour to make sure parents feel confident that school will provide support and their child feels safe. We will also recognise the social and emotional implications associated with medical conditions; in particular, after long term absence, children will be properly supported during their reintegration into school life. This may require flexibility and involve part time attendance or alternative provision.

In line with safeguarding duties, pupils' health should not be put at unnecessary risk, for example from infectious diseases; therefore, school does not have to accept a child in school should it be detrimental to their health or others.

Designated Safeguarding Leads (DSL): Mrs H Lavery and Mrs L Starkie

SENDCo: Mrs K Haworth

There are 14 Trained First Aiders

The Health & Safety Officer is Mrs K Hodson.

Pupils will be supported during the transition process via the transition proforma.

- Staff will focus on the needs of each individual child and how their medical condition impacts on their school life. Individual Health Care Plans (IHCP) are initiated for pupils with a medical condition when appropriate. The staff follow the DfE model process for developing IHCPs (page 5) and will use the DfE supporting pupil with medical conditions templates (page 6-13)
- IHCPs are kept in the General Office and on SIMs - easily accessible to all who need to refer to them, whilst preserving confidentiality.
- IHCPs are reviewed should evidence be presented that the child's needs have changed, parents must ensure that they provide information to school as soon as possible if their child's needs have changed.

Roles and Responsibilities

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medications – although they cannot be required to do so. Relevant members of trained staff should know what to do and respond accordingly when

they become aware that a pupil with a medical condition needs help. Members of staff know who to inform when help is required.

- School has access to school nursing services, who are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- It is school's policy that any member of school staff providing support to a pupil with medical needs should receive suitable training. The relevant healthcare professional should lead on identifying the type and level of training required and will review the level of training
- Staff will be updated with relevant information, as and when appropriate.
- After discussion with parents, children who are competent should be encouraged to take responsibility for their own medicines and procedures. This should be reflected in their IHCP.
- Wherever possible, children should be allowed to carry their own medicines and devices. They may require an appropriate level of supervision. If a child refuses to take medicine, parents should be informed so that alternative options can be considered.
- Medicines should only be administered in school when it would be detrimental to a child's health or attendance not to do so.
- All medicines should be stored safely and children know where they are.
- Passing a prescribed, controlled drug to another child is an offence.
- If a child needs to go to hospital, staff should stay with the child until a parent arrives, or accompany the child to hospital by ambulance.
- There is are three defibrillators on the school site – in reception, in the staff room and in the sports hall

Record Keeping

- If medicines have been administered by school personnel, records must be kept; parents should be informed if their child has been unwell at school, if appropriate.

Day trips, residential visits and sporting activities

- School will actively support pupils with medical conditions to participate on trips etc
- Risk assessments will be carried out in conjunction with parents and shared with parents before the trip departs.

Unacceptable practice

- No child will be prevented from taking their medication.
- Children should not be sent home frequently.
- Children should not be penalised for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

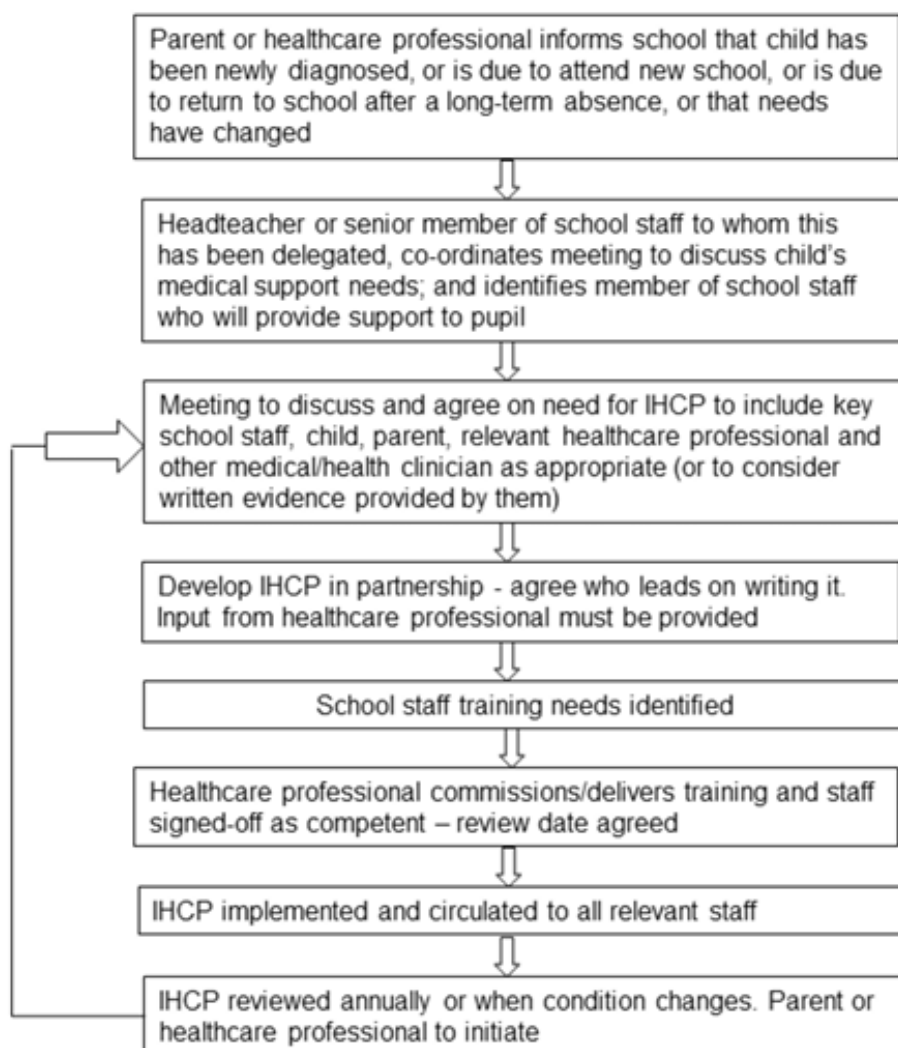
Liability and Indemnity

All Saints' Roman Catholic High School, a Voluntary Academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

Concerns

If parents have any concerns or issues with the way in which the school have dealt with their child in relation to their medical needs, we would request that parents contact the relevant staff member to discuss this directly with them, as often issues can be resolved in this manner swiftly. However, if parents do not feel that their concerns have been addressed appropriately, please follow the school's complaint procedure which can be found on the school website.

Annex A: Model process for developing individual healthcare plans



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

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

MEDICATION IN SCHOOL

The School adopts the best practice guidance and procedures offered by the Department of Education, specifically:

- DfE supporting pupils at school with medical conditions
- DfE supporting pupil with medical conditions – templates
- DfE Gov.uk Supporting pupils with medical conditions – link to other useful resources

It may also be necessary to refer to:

- The school's Allergy Management plan
 - A pupil's individual health care plan
 - A pupil's individual education and health care plan
 - A pupil's Intimate care plan
-
- After discussion with parents, children who are competent should be encouraged to take responsibility for their own medicines and procedures. This should be reflected in their IHCP and wherever possible, children should be allowed to carry their own medicines and devices and they may require an appropriate level of supervision.
 - At the request of a parent/carer, the school may store prescribed medication for pupils. Medication will only be stored in school if it is not possible or appropriate to do this at home, and if it would be detrimental to the child's health not to administer it in school.
 - Where-ever possible, families should arrange medication doses to be taken outside school hours, for example at breakfast, 3.30pm and bedtime.
 - Medication prescribed by a doctor must be in the original container, in date, and with the prescription/pharmacy label on. Over the counter medication must be in its original container.
 - The school can only store prescription medication if an adult completes a consent form (page 16-17) on received by the general office will be checked by office staff; recorded on SIMs and recorded in the log of medications kept in school (page 20).
 - While in school, such medication will be stored in an appropriate place – usually a locked cabinet or refrigerator in the general office. If taken out of school (e.g. on an educational visit) such medication will be kept in the supervising staff members bag, and kept on their person.
 - In school the person responsible for medication is the Headteacher.
 - When the school gives medication to a pupil there will always be an adult to give it to them and record it (page 18-19).
 - Any adult in school may administer medication. If any person feels uncomfortable administering medication they may ask a member of the Senior Leadership Team to take over.

- For some medications, at the school's discretion, the school may request that the parent or carer comes into school to administer to the child.
- School staff handling medications are covered by the School's insurance arrangements.
- When medication is given out, it will be recorded on a form like the one attached, and signed by the adult dispensing it.
- The family take responsibility for ensuring that adequate quantities of in-date medication are provided to the school. If a medication is no longer needed or expires the family will be asked to collect and dispose of it. If the family do not collect it the school will dispose of it appropriately.
- Any parent/carers can request a copy of the medication record for their child.
- The same policy applies to day and residential trips.

Exceptions to this policy are:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Medications covered by the Asthma Policy • Insulin pumps • Glucose testing kits • Adrenalin pens (Epi-pens) | } | As covered by the Individual health care plans. |
|--|---|---|

Any queries should be directed to the School Operations Manager. If necessary the school's Complaints Procedure should be followed.

ALL SAINTS' ROMAN CATHOLIC HIGH SCHOOL
MEDICATION STORED IN SCHOOL – CONSENT FORM

The school cannot store or give your child medicine unless you read the school's Medication In School Policy, complete and sign this form.

Child	
Name of child	
Date of Birth	
Form	
Medical condition	

Medicine			
Name / type of medicine (as described on the container)			
Prescribed / dispensed date			
Expiry date			
Quantity given to school		Confirmed by staff member (initial)	
Dosage and method			
Time(s) to be taken			
First date taken			
Last date to be taken			
Special precautions/other instructions			
Are there any side effect that the school/setting need to know about?			
Self-administration – yes/no			
Procedures to take in an emergency			

Consent Form	
Name	
Relationship to child	
Telephone Number	
Signature	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is a change in dosage or frequency of the medication or if the medication is stopped.

Additional Supply Received	Checked by School staff – initial and date:	
Quantity given to school		
Date received		

Disposal	Checked by School staff – name and date:	
Medication quantity		
Disposal method (e.g. collected by family / ran out / returned to pharmacy)		
Disposal date		

Recorded	By (staff name)	Date:
Added to 'Record of medication stored in school' sheet		

All Saints' Roman Catholic High School
RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

RECORD OF MEDICATION STORED IN SCHOOL

Child's Name	Child's Form	Medication Name	Date Received	Where Stored	Date disposed of

RECORD OF MEDICATION FOR SCHOOL VISITS

Child's Name	Child's Form	Medication Name	Date Received	Where Stored	Date disposed of

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Record of Manager's Spot Checks

Name of Manager	
Role	
Date of Spot Check	
What checked	
Findings	
Remidial actions required	
Deadline for actions	
Re-check date	
Findings	

ASTHMA POLICY

This policy has been written in conjunction with the Guidance on the use of Emergency Salbutamol Inhalers in Schools - March 2015 and DfE supporting pupils at school with medical conditions.

Introduction:

This school recognises that asthma is a common controllable condition, which can be serious, affecting many pupils in school. Therefore, asthma awareness should involve ALL members of the school community.

The school:

- Encourages pupils to take responsibility for their asthma with support from family and staff.
- Ensures all staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, or field trips and other out-of-hours school activities.
- Recognises that pupils with asthma need easy and quick access to reliever inhalers at all times.
- Keeps a record of pupils with asthma and the medication they take.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
- Ensures that parents are informed of any severe asthma attacks in school.

Explanation of the condition:

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out. Narrowing of air passages produces ONE or ALL of the following:
- coughing, breathlessness, wheezing.

SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

Identification of pupils affected:

When a pupil joins the school, parents/carers are asked if their child has any medical conditions - including asthma - on their Data Collection Sheet. Every year parents are asked to check and update this information at Parents' Evening.

All parents/carers of children on roll must notify school of current treatment details. Treatment details should be accessible at all times. These are recorded on the child's data sheet kept in the individual pupil records and on SIMS.

Asthma medicines

Parents/carers are asked to ensure that their child has their own inhaler in school. All inhalers must be labelled with the pupil's name, and prescribed dose. This can be done by the pharmacist. Pupils and parents/carers must ensure inhalers are in date and are not empty.

If families would like to provide a spare reliever inhaler, the general office will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. Again, all inhalers must be labelled with the pupil's name and prescribed dose. If the family do this, it is their responsibility to check regularly that it is still in date.

School staff are not required to administer asthma medicines to pupils (except in an emergency).

All school staff will let pupils take their own asthma medicines when they need to. All staff should be made aware of this policy.

Prevention

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment; therefore, appropriate steps should be taken. Trigger factors include: coughs and colds, cigarette smoke, furry animals, cold weather, chemical paints – sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

Treatment: consists of two main forms

Reliever inhalers (usually blue) and preventer inhalers (usually brown).

Pupils should have access to their relief inhalers (usually blue) at all times – these should be carried by the pupil. A reliever inhaler (usually blue) should be taken:

- If pupil recognises their own asthma symptoms.
- As prescribed before exercise.
- If the pupil is coughing, wheezing or breathless.
- If this is effective, the pupil can return to normal classroom activity.

What to do in the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing and shortness of breath.

Remember

- Stay calm – it is treatable.
- Sit the pupil comfortably – do not let the pupil lie down.
- Speak quietly and calmly to the pupil– encourage slow deep breaths.

Send a message to the General Office stating: "***A pupil is having an asthma attack, please send a first aider.***"

- Get the child to take their usual dose of their reliever inhaler.
- Do not put your arms around the child's shoulders – this restricts breathing.

A mild attack should ease within a few minutes. If it does not, the casualty may take one to two puffs from her inhaler every two minutes until they have had ten puffs.

Using the inhaler with a spacer device may be easier when the pupil is having an attack. Some pupils have their own or one is available in the school's emergency equipment.

If this does not work, then the pupil may have a ***severe asthma attack***

This constitutes an emergency situation.

An emergency situation is recognisable when the reliever (usually blue) inhaler does not work, the pupil is getting worse, becoming breathless or exhausted.

Plan of Action:

DIAL 999 – telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes. You cannot overdose the pupil by doing this. DO inform the paramedic how much inhaler has been used.

Monitor the pupil's breathing, pulse and level of response until help arrives.

School Emergency Salbutamol inhalers

The *emergency salbutamol inhaler* should only be used by pupils who have been diagnosed with asthma, and prescribed a reliever inhaler. Staff can find if the pupil has been diagnosed in the medical section of the pupil's SIMs record.

- There are 2 emergency inhalers in school. These are kept in the school general office for in-school use and to be taken on trips. They are provided by an approved supplier. They will be checked at least termly.
- Appropriate support and training for staff in the use of the emergency inhaler, in line with the school's wider policy on supporting pupils with medical conditions, will be provided by the school. This is in addition to training undertaken by the schools qualified first aiders.

Normal emergency procedures will be followed and parents will be contacted at the appropriate stage.

After care of emergency inhaler kit:

To avoid possible risk of cross-infection, the disposable spacer should be discarded after use. The inhaler itself can usually be reused if it was used with the spacer, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination (for example if the inhaler has been used without a spacer), it should not be re-used but disposed of.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

INTIMATE CARE POLICY

1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils¹ at this school.
 - 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
 - 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
 - 1.4 This intimate care policy should be read in conjunction with the schools' policies and procedures as below:
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs and Disability policy
 - policy for the administration of medicines
 - 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
 - 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
 - 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
 - 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
 - 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
 - 1.10 All staff undertaking intimate care must be given appropriate training.
 - 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.
-

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IEP is **not** in place, it should be considered whether to contact parents/carers to see if it is possible for them to come and provide the necessary care. If it is not possible for them to do this, they should be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with

catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. they will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) in accordance with the school's policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the safeguarding procedures and 'whistle-blowing' policy.

6) Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

- 7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8) Massage

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

INDIVIDUAL INTIMATE CARE RISK ASSESSMENT FOR (SPECIFIC TOILETING REQUIREMENTS)

Name of reviewer:

Signature:

Date:

Activity	What are the hazards to health and safety?	What risks do they pose and to whom?	Risk level H/M/L	What precautions have been taken to reduce the risk?	Risk level achieved H/M/L	What further action is needed to reduce risk?
Managing children with continence difficulties	Trips /Slips /Falls	Minor/major injury to staff and pupils	M	Spillage of urine and faeces to be dealt with quickly, close liaison with parents to eliminate the problem through intimate care plan and efficiently.	L	Spillage equipment to be kept available. Individual Intimate care plan regularly updated.
	Health risks	Staff and pupils infection, diarrhoea and vomiting	M	Disposable aprons and gloves provided and used. Good hygiene practice observed. Staff aware of health risks.	L	Work in partnership with parent and child. Follow intimate care policy or individual intimate care plan.
	Manual Handling	Major / minor injury	L	The individual plan will reflect the need for handling and training given as appropriate.	L	Work in partnership with parent and child. Follow intimate care plan.
	Child Protection	Allegations of abuse against staff.	M	Staff trained and aware of good practice. DBS checked and Safeguarding. School access Lancashire safeguarding advisory service and also consult with the LADO.	L	Liaison with parents to understand the individual intimate care plan and procedure.

RECORD OF PERSONAL CARE INTERVENTION

Name:

Form:

Date	Time	Staff signature	Comments/ reported to parent / carer?

INDIVIDUAL INTIMATE CARE PLAN

Child's name: Date: Review
Nominated Carer's names:
Main Areas of need: <ol style="list-style-type: none">1. Support with removing soiled clothing.2. Support with cleaning self after soiling.3. Support to get dressed.4. Other:
Detailed plan: (please refer to any toileting, dressing, undressing and medical needs as appropriate). Initial Procedure: Make sure that a team member knows you are leaving the main classroom to change a child. Make sure that the area is clear and free from hazards. Leave the toilet door open. Check that the appropriate supplies are immediately available. Be prepared to ask for support if not. Put on disposable gloves and apron. Proceed with child stood up in front of adult sat on low chair (back to door opening). Support child to remove clothing and clean self, using minimum appropriate support. Support child to dress with clean clothing. Put soiled clothing in nappy bag then a plastic bag to go home. Clean the immediate area with appropriate sanitiser. Put waste: pull ups / nappies, apron, and gloves in a nappy bag to go in the Nappy disposal unit in the accessible toilet. Adult wash hands, supervise / support child to wash hands. Make a record of the incident. Inform parent / carer.
Arrangements for trips:
Staff Training and communication: Advice sought from medical personnel? Parent / carer involved in plan. Child / young person involved in plan. Specific training for staff in personal care role.

Record of discussion with parents/carers.

Child's name:	DOB:	Form:
Date agreed:		Review date:

Working towards independence: steps taken at home and at school. E.g. taking to toilet at timed intervals, using sign, symbol, reward. Specialist nurse referral.	
Appropriate terminology: for private parts and functions. Agreed with parents / carer.	
Arrangements for changing: Discuss Individual intimate care plan – only 1 member of staff changing discuss arrangements for safeguarding both staff and child.	
Level of assistance needed: Dressing, undressing, personal cleaning, hand washing.	
Infection control: Disposable gloves, aprons, disposal of waste. Cleaning area.	
Sharing and recording information: Has the child a rash, marks? Any family / cultural practices? Any allergies to products?	
Resources needed and provided by: Nappies, wet wipes, pull ups, clothing, creams, disposal sacks, gloves, aprons, sanitiser, blue roll.	

Signed Parent:	Date:
Key member of staff:	Date:
Role:	