



## **Policy and Procedure: Supporting Pupils at School with Medical Conditions (including First Aid and Intimate Care)**

Date of Board Approval: March 2020

Review date: February 2022

### **Introduction**

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

Where children have a disability, the requirements of Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the ongoing support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact upon social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies in order to support effectively pupils with medical condition.

### **Roles and Responsibilities**

The Head of School and Executive Principal are responsible for children with medical conditions. Their role includes:

- Informing relevant staff of medical conditions
- Arranging training for identified staff (a first aid certificate does not constitute appropriate training)
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans (IHCP)
- Working together with parents, pupils, healthcare professionals and other agencies
- Contacting the school nurse where a child's medical condition may need support

The Head of School and Executive Principal are also responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured



Teachers and Support staff are responsible for:

- The day-to-day management of the medical conditions of children they work with, in line with training received and set out in IHCPs
- Working with the Head of School and Executive Principal, ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

The School Administrator is responsible for administering medication. In their absence the Office Manager and/or Head of School will take responsibility.

### **Procedure when Notification is received that a Pupil has a Medical Condition**

The Principal will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. Where appropriate, and Individual Healthcare Plan will be drawn up. Appendix A outlines the process for developing individual healthcare plans.

### **Individual Healthcare Plans (IHCP)**

An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHCP. IHCP will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

### **Managing Medicines and Administration**

Written consent from parents must be received before School will administer any medicine to a child at school.

Medicines will be accepted for administration if they are:

1. Prescribed
2. Indate
3. Labelled
4. Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
5. The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container
6. Non-prescribed medicines will be considered for administration if they are aspirin free, where safe, reasonable and with written parental consent

Medicines are stored safely. Children should know where their medicines are at all times. Written records will be kept of all medicines administered to children and kept in the main office.



## Emergency Procedures

A copy of the following information will be displayed in the school office:

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked
  1. The school's telephone number: 0113 887 3680
  2. Your name
  3. Your location: (Fir Tree Rise, Alwoodley, Leeds, LS17 7EZ)
  4. Provide the exact location of the patient within the school
  5. Provide the name of the child and a brief description of their symptoms
  6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

School will contact the parents to inform them of the situation. A member of staff with First Aid qualifications should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance. Staff should not authorise treatment, it is a decision to be made by medically-qualified staff.

## Off-Site Visits & Extra-Curricular Activities

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, or sporting activities beyond the usual curriculum.

When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

## Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively



- Requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
  - Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child
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## Intimate Care

**Definition** - Intimate care is defined as any care of a personal nature, which someone requires. This can range from, for example, blowing someone's nose, to care tasks of a much more personal nature, such as washing someone's genital area.

### Intimate care good practice guidelines

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Principal. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

### Staffing

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

### Parents/Carers

Each child, for whom it is appropriate, is to have a written 'Intimate Care Plan' included in their individual programme. This includes pupils requiring any oversight, assistance and supervision. Close involvement of parents/carers and the child/young person are essential in developing 'Intimate Care Plans' and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly, at least once a year at the Annual Review.



## Recording

A pupil changing record sheet should be signed by all staff involved in any intimate care tasks. Copies will be kept in a file in the hygiene suite/toilet area, and completed sheets stored in pupil's individual confidential files. **All files to be kept with the teacher in the classroom, out of reach from the children.**

There is also a section on the sheet to record any comments or observations. e.g. skin impairment, changed bowel or urinary pattern etc.

If you are concerned that during the intimate care of the child:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any incident as soon as possible to another person working with you and make a brief written note of it. **Then please discuss immediately with a senior member of staff or child protection co-ordinator.** This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as:

- Removing underclothes as it is for washing the private parts of a child's body
- Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible

Be responsive to a child's reactions. It is appropriate to 'check' your practice by asking the child – particularly a child you have not previously cared for – “Is it OK to do it this way?”; “Can you wash there?”; “How does mummy do that?” If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a 'grudge' against you or dislikes you for some reason, ensure the Head of School and/or Executive Principal is aware of this.

Make sure practice in intimate care is as consistent as possible. The Head of School and Executive Principal have responsibility for ensuring that staff have a consistent approach.

Liaison with other professionals is essential where there are a number of carers and settings.

Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.



Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the Leeds A.C.P.C. procedures.

Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what their body is 'worth'. Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

The above is taken largely from the publication Abuse and Children who are Disabled; a training and resource pack for trainers in child protection and disability, 1993.

When out of the usual environment, it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic laundry bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

## Facilities

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals
- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towels are to be available
- Toilet facilities should be separate from bathrooms/showers. This is particularly important for disabled facilities with a shower tray, as water may spread over the whole floor area and become contaminated from around the shower
- All waste bins are to be fitted with a lid to be foot operated
- A secure area for clinical waste awaiting collection must be available
- The importance of privacy is maintained by ensuring the room can be seen to be in use and be secured from intrusion
- All equipment is to be stored safely but easily accessible to the child where this is necessary. It is important to take into consideration the privacy of the individual children/young people and the safety of others
- Facilities must be regularly inspected and maintained
- All notices must be laminated
- Any spare clothing must be stored in sealed containers



## Equipment

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for use.

1. Rise and fall bed, with suitable sides
2. Changing mat, suitable for younger child, covered with intact waterproof material.
3. Moving and handling equipment
4. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)
5. Aprons – disposable plastic aprons. The use of cotton is not recommended
6. Disposable paper towels
7. Disposable wipes – the product as agreed in the 'Care Plan'
8. Cleansing agent – appropriate for use and as agreed on the 'Care Plan'
9. Continence care products
10. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration

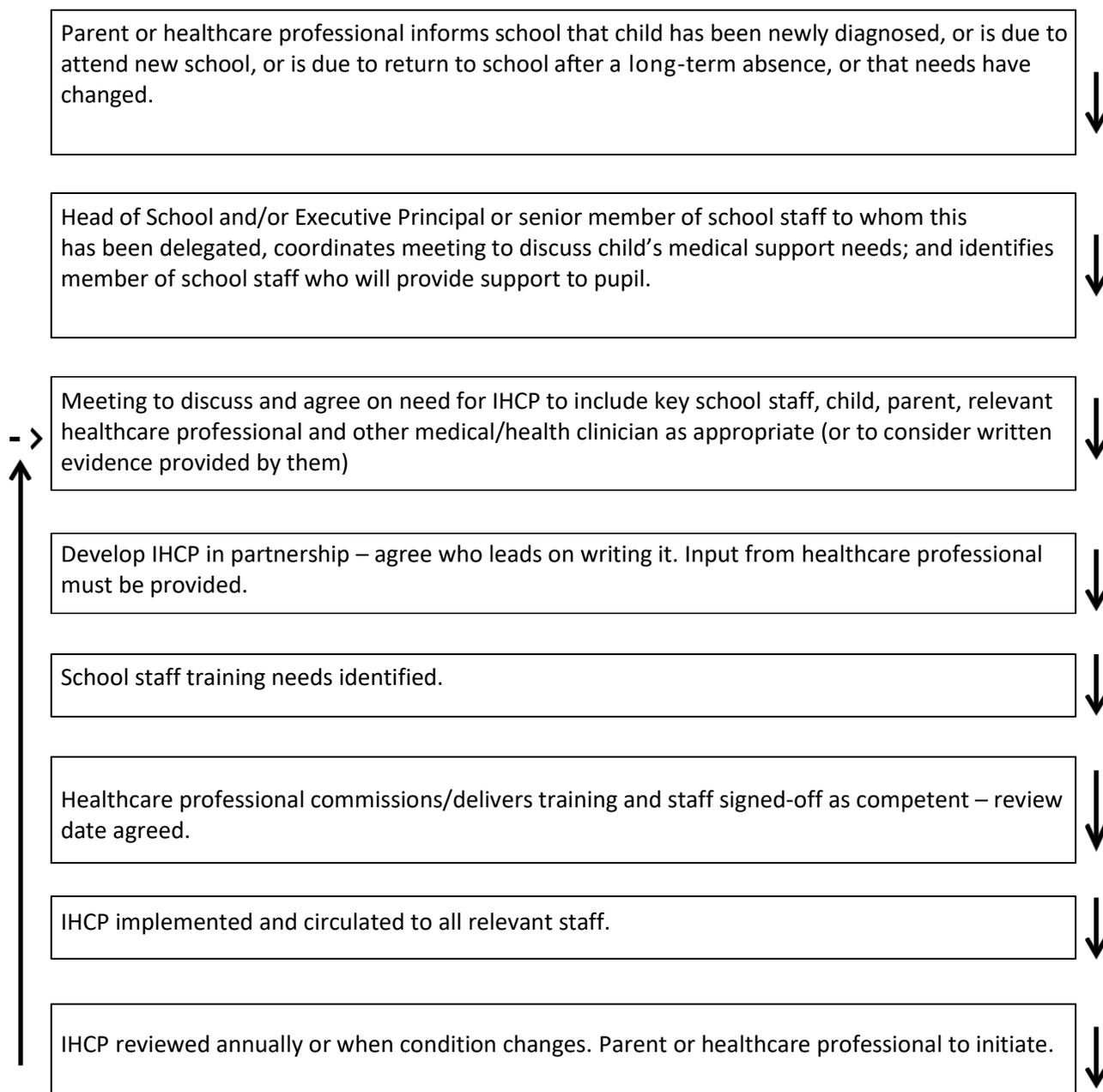
Signed by: **Harnek Singh**

Date: 25/03/2020

Harnek Singh  
Chair of Trustees

## APPENDIX 1

### Model process for developing individual healthcare plans





### Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/Class/Form	
D.O.B	
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

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
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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 <i>(state if different for off-site activities)</i>	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	



## APPENDIX 2

### Parental Agreement for School 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.

Name of child	
D.O.B	
Class	
Medical condition or illness	

### Medicine

Name/type of medicine ( <i>as described on the container</i> )	
Expiry date	
Dosage method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting need 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)



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
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 are main contacts:	1. Name Telephone  2. Name Telephone

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 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\_\_\_\_\_

Print name\_\_\_\_\_



**Record of Medicine Administered to an Individual Child**

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

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



### 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\_\_\_\_\_

Print name\_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature\_\_\_\_\_

Print name\_\_\_\_\_

Date\_\_\_\_\_

Suggested review date\_\_\_\_\_



### 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 (0113 887 3680)
2. Your name
3. Your location as follows (Primley Wood Primary School, Fir Tree Rise, Alwoodley, Leeds, LS17 7EZ)
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



## APPENDIX A

### Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent,

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupil and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical conditions impacts on their ability to participate fully in school life. The level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [DAY/DATE/TIME]. I hope that this is convenient for you and I would be grateful if you could confirm whether you are able to attend.

The meeting will involve (NAME WHO). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at this meeting. Please can you do this as soon as possible.

If you are unable to attend, it would be helpful if could complete the attached individual healthcare plan template and return it to the school, together with any relevant evidence, for consideration at the meeting. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Executive Principal

## APPENDIX 3

### Intimate Care Plan

<b>Name</b>	
<b>Date</b>	
<b>Date of Birth</b>	
<b>Assessor</b>	
<b>Relevant Background Information</b>	
<b>Setting</b>	Hygiene Suite Toilet
<b>Consent given</b>	
<b>Identified need – specific individual requirement e.g. cream applied</b>	
<b>Communication</b>	Use of symbols? Signs? Verbal prompts? Object of reference etc?
<b>Self care skills</b>	Fully dependent/aided Supported/independent
<b>Mobility</b>	Independent/steady/grab rail Unsteady/wheelchair user
<b>Fine motor skills</b>	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
<b>Moving and handling Assessment Step by step guide to what happens</b>	Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable
<b>Facilities</b>	Environment to provide dignity safety Curtain Handwashing
<b>Equipment</b>	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Contenance produce/nappy size/paper towels/liquid soap/spray cleaner
<b>The disposal of soiled articles of clothing as agreed with parents/carers</b>	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
<b>Frequency of procedure required</b>	On arrival/mid morning/lunchtime/mid afternoon/ whenever necessary/on request
<b>Review date</b>	Whenever needs change



**Advice Only**

If your child needs cleaning, plain water will be used with a few drops of liquid cleanser added to the water.

Name of liquid cleanser –

Please advise if this is not suitable for your child and send in an alternative.

**I/we have read, understood and agree to the plan for Intimate Care**

Signed .....

Name .....

Relation to child .....

Date .....

