



TEALBY SCHOOL

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SUPPORTING PUPILS WITH MEDICAL CONDITIONS and INTIMATE CARE POLICY

Reviewed July 2024 by Tealby Governing Body

To be reviewed July 2026

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Mrs Haslam (SENCO).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing Body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation;
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations;
- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions

that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any pupils identified as having a medical condition.

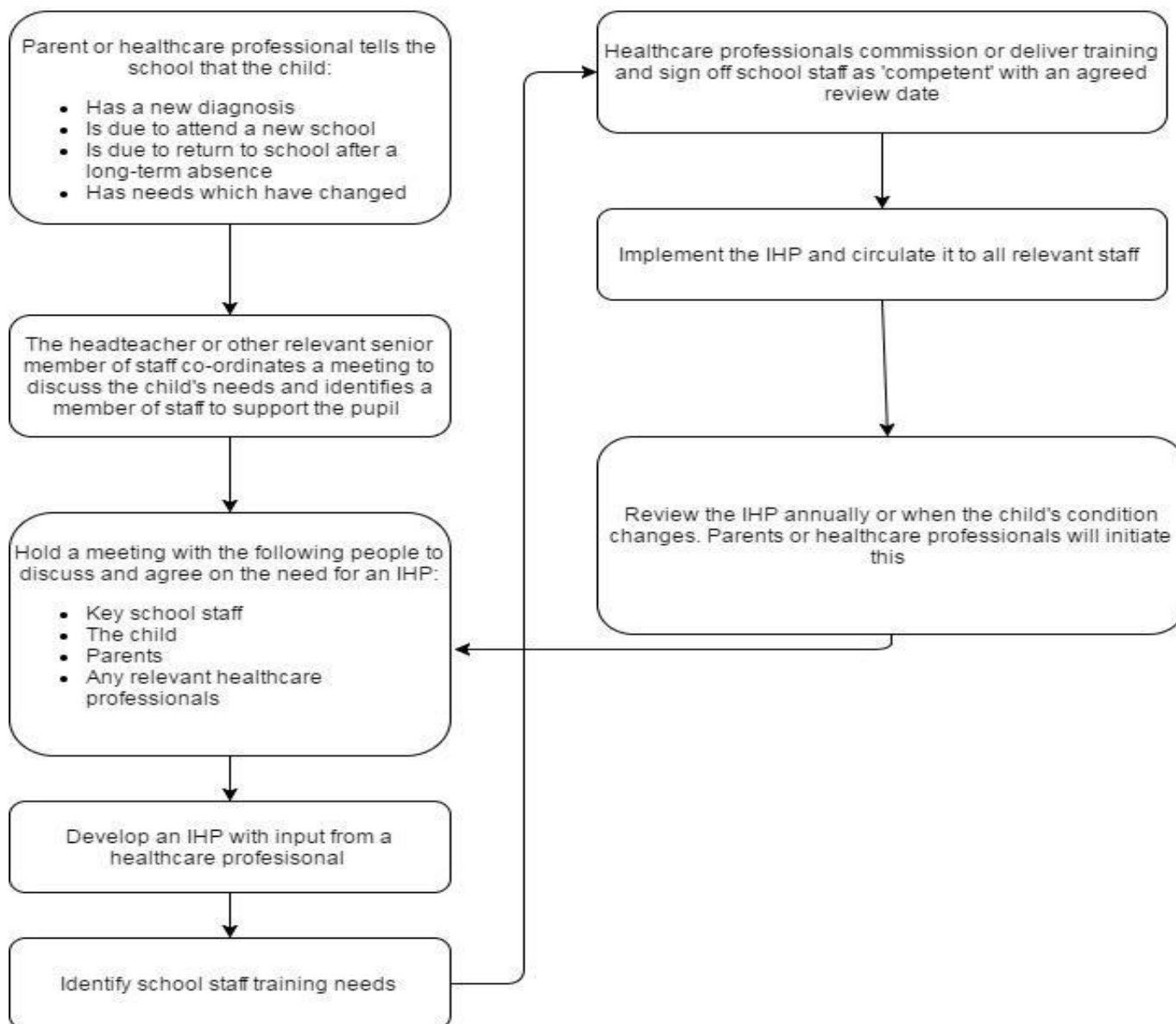
4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the **SENCO, Mrs Haslam**.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- what needs to be done;
- when;
- by whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved

wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, headteacher and SENCO will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Under no circumstances can penicillin be brought onto the school premises because there are staff and children who are allergic.

Only non-penicillin prescription medicines will be administered at school:

- when it would be detrimental to the pupil's health or school attendance not to do so **and**
- where we have parents'/carers written consent.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief other than calpol will **not** be administered, unless this has been prescribed by a doctor.

The school will only accept prescribed medicines that are:

- in date;
- labelled;
- provided in the original container, as dispensed by the pharmacist, and/or include instructions for administration dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

For new medication to be administered, parents/carers must complete a Medicine Authorisation Form, which is then checked and signed by a senior member of staff.

Medicines will be returned to parents to arrange for safe disposal when no longer required

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. All controlled drugs are kept secure in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs if appropriate. Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally **not** acceptable to:

- prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents;
- ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. no parent should have to give up working because the school is failing to support their child's medical needs;
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- administer, or ask pupils to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals

will lead on identifying the type and level of training required and will agree this with the headteacher or SENCO. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- fulfil the requirements in the IHPs;
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Medicine Administration Forms are held securely in the school office. Where a child needs to be administered medicine on a regular basis, this is recorded in a book specific to that child, rather than on the form. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school has Liability Insurance through Lincolnshire County Council and underwritten by Swiss life policy. The following conditions apply:

- Any medication needs to be prescribed;
- It needs to be taken subjectively in line with guidelines, e.g. from health professionals;
- Details about medication need to be written into a child's EHC/IHP if held.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the class teacher in the first instance. If the classteacher cannot resolve the matter, they will direct parents to the HT or SENDCO through the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Medicines in School Policy
- First Aid

INTIMATE CARE POLICY

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

This policy has links with the following: the school's Child Protection and Safeguarding Policy, Supporting Pupils with Medical Conditions and the Special Educational Needs Policy.

Aim and Statement of Policy

The management of all children with intimate care needs will be carefully planned. Any child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

The four "golden rules"

- If it is possible the child should be encouraged to do as much cleaning of themselves and removal/donning of clothes as is practicable.
- A second member of staff should be present if possible (or at the very least in the vicinity).
- The cleaning and changing should be done in a place that provides privacy – but not in a completely isolated location (best practice would be for the two members of staff to remain by the external doors to a toilet room – to offer advice/help/comfort as needed - and the child to clean/change themselves in a toilet cubical).
- If it appears that a child will require intimate care regularly a care plan should be formulated and discussed with the child and the child's parents/guardians. It should be signed by the parents/carers, the staff who regularly work in the child's class and the headteacher. This plan should be communicated to all staff and as far as is possible adhered to at all times – if there is any deviation from the plan the reasons should be documented and shared with parents / guardians as soon as possible. Consideration should be given as to what to do on school trips and this should be included in the document.

Any member of staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists). Volunteers are not to provide intimate care – but they may be used as a witness. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate Care Plans

Individual intimate care plans will be created for particular children as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-

familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

- Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
- All children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed (see the school's policy on Dealing with Allegations against Staff in the Child Protection and Safeguarding Policy).

Additional Guidance and Advice

Children wearing nappies

Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign, outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset. Some schools as part of their good practice have introduced a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

Changing facilities

Children who have long-term incontinence will require specially adapted facilities. When children need to be changed in school this procedure should not necessarily cause the school a great deal of extra expense. Very few schools have purpose-built toilets suitable to be used by people with a disability. The dignity and privacy of the child should be of paramount concern. An area, which can be made private by the use of a screen, is acceptable. Consideration should be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is to be changed. This is the recommended method of changing a child, as it avoids an adult having to lift a child and cause possible back injury.

Equipment Provision

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the organisation should be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who cannot) in regular reviews of these arrangements.

Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility. Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control. Where appropriate, staff are trained in the use of Team Teach strategies to restrain children safely. In all cases of restraint, the incident must be documented and reported. Under no circumstances is it permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is very likely to, constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not

threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's parent/carer. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken. Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration. If at all possible, two members of staff should be present when pupils are changing.

Date: