



**Crowlands**  
**Primary School**  
**Supporting Pupils with**  
**Medical Conditions**  
(Incl. First Aid, Medication  
Asthma Policy & Intimate Care)  
**2016 - 2018**

Draft

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# Crowlands Primary School

## POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

### **Regard to Documentation**

At Crowlands Primary School, we will have due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Intimate Care and Special Educational Needs.

### **Introduction**

At Crowlands Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Crowlands Primary School recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a statement or Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

Implemented January 2012, reviewed Sept 2012, Sept 2015

The admission to school is conducted by The London Borough of Havering. Children's admission into Nursery is conducted by the school. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### **Policy Implementation**

- The Headteacher will ensure that sufficient staff are suitably trained,
- All relevant staff will be made aware of the child's condition,
- Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available,
- Supply teachers will be briefed ,
- Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable, and
- Individual healthcare plans will be monitored frequently.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing HCPs.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Any staff training needs are identified and met.

## **Individual Healthcare Plans**

The school's Learning Support Manager will be responsible for developing IHPs. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

The individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

### **The information to be recorded**

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 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 eg. Crowded corridors, travel time between lessons;

- Specific support for the pupil's educational, social and emotional needs – for example, 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 child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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 child can participate, eg. Risk assessments
- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition, and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan.

### **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

#### **Governing Body**

The Governing Body will ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

#### **Headteacher**

The Headteacher will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

School Staff

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

Parent

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. At Crowlands Primary School, parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the action they have agreed to as part of its implementation, eg. Provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Implemented January 2012, reviewed Sept 2012, Sept 2015

## Local Authority

The Local Authority has a duty to commission a school nurse service to this school. It is expected that the Local Authority will provide support, advice and guidance, including suitable training for school staff.

### **Staff training and support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as on the jext website. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

### **The child's role in managing their own medical needs**

At Crowlands Primary School, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

### **Managing medicines on school premises**

Implemented January 2012, reviewed Sept 2012, Sept 2015

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Non-prescription medicines will be administered by parents, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the First Aid Room or in a fridge in the staff room. Some medicines may be stored in classroom store rooms. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school.

## **Emergency procedures**

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

## **Educational visits and sporting activities**

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume 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);
- Send 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, send them to the school office or medical room unaccompanied or with someone unsuitable;

- Penalise children for their attendance record if their absences are related to their medical condition eg. 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 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e. by requiring parents to accompany the child.

### **Liability and indemnity**

The Governing Body at Crowlands Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.

### **Complaints**

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.

# **First Aid Policy**

**This document has been produced in conjunction with the School's Health and Safety policy. Staff should also refer to the school's Medication Policy.**

## **1. Aims of the Policy**

1.1 The School acknowledge their responsibility to ensure the safety of their staff, pupils and visitors whilst on the school site, or during any off-site activity arranged by the school.

1.2 The School will comply with the Health and Safety (First Aid) Regulations 1981 by ensuring that adequate and appropriate equipment, facilities and qualified first-aid personnel are provided and available.

## **2. Objectives**

2.1 The school will ensure that:-

- i) The appropriate number of first aiders / appointed persons required to meet the needs for the school are identified and that they receive the relevant training. This must include any follow up or refresher training in order to carry out their duties;
- ii) Adequate and appropriate equipment and facilities are provided;
- iii) The appropriate first aid arrangements are in place for off-site activities / trips;
- iv) The necessary first aid arrangements are in place for out of school hours, e.g. before and after school clubs, lettings, parents evenings etc.
- v) Staff and parents are informed and aware of the school's first aid arrangements;
- vi) Records of all accidents / incidents are kept and where required, reported to the Schools' Health and Safety Team.

## **3. Arrangements**

The school recognise that the Health and Safety (First Aid) Regulations set out specific requirements for employees; however, there remains a clear duty of care for the pupils within the school, which can only be provided by a allocating a sufficient number of appropriately trained first aid staff. The school have carried out a suitable and sufficient risk assessment in order to identify the number of trained first aiders with the necessary controls required and have safe working procedures in place as a result.

In line with the school's H&S policy and the guidance from the LA, the school will ensure that agreed appropriate first aid cover is in place for the full

working day, including, where appropriate, before and after school clubs; weekend revision classes; PTA events; lettings and; cleaning / catering arrangements etc. Consideration has also been given to ensure that first aid cover is available should the main first aider(s) be absent from work due to holiday or sickness.

The school will consider the needs for all persons that they have a responsibility for and that any additional controls are implemented where necessary.

Any staff that are trained in first aid will be trained to the appropriate level. This will include staff responsible for children under 5, who will be trained to Paediatric First Aid level. In addition to the staff trained to First Aid at Work level, the school also have nominated staff trained to Appointed Person level.

Details of current trained first aiders are displayed to advise all staff, pupils and visitors who they should report to should treatment be required.

The dues of the trained and qualified first aiders are:

- to assess the situation where there is an injured or ill person to give immediate, appropriate treatment bearing in mind that a casualty may have more than one injury and that some casualties will require more urgent attention.
- to arrange, without delay, for the casualty to be transported to a doctor, hospital or home, according to the seriousness of the condition. The first aiders responsibility ends when the casualty is handed to the care of the doctor, a nurse or other appropriate person. The first aider should not leave the incident scene until they have reported to whoever takes charge and have ascertained whether they could be of any further help.
- ensuring that there is an adequate supply of all the prescribed materials in the first aid boxes and kits and that the contents of first aid boxes and kits are replenished after use and the items are not used after the expiry date which is shown on the packets.
- completing the Accident Report Folder
- The treatment of minor illnesses such as the administration of tablets and the treatment of minor illnesses such as the administration of tablets and/or medicines falls outside the definition of first aid. (Guidelines on the administration of medicines are provided for parents on the school website).

#### **4. Monitoring and Review**

The policy will be monitored for effectiveness and reviewed at least annually. Additional checks and audits will take place to ensure that the systems and procedures are satisfactory and are being followed by staff.

# Medication Policy

## **1. Aims of the Policy**

1.1 This policy has been produced in conjunction with the School's Health and Safety and First Aid Policies and incorporates the statutory requirements contained within the current DfE guidance 'Supporting Pupils at School with Medical conditions' effective from September 2014. The school will ensure that the appropriate measures are taken to ascertain whether any staff or pupils have any medical conditions which may need to be taken into consideration and the necessary controls and systems implemented. These actions are intended to ensure that pupils with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

1.2 The school will consider all medical conditions on an individual basis and where necessary and appropriate, will implement suitable arrangements. Parents will be asked to advise the school of any medical conditions or needs that their children have. Where necessary, the school will meet with the parent of a child who has specific medical needs and if necessary, in conjunction with the School Nurse, an individual health care plan will be prepared and implemented. For children with SEN, the health care plan should be cross referenced to incorporate all of the child's specific needs. The Individual Health care Plan will include the procedures to be followed in an emergency situation.

1.3 The information will be held by the school and will **only** be shared with relevant and authorised staff members. If a pupil is responsible for carrying their own medication then they will be advised of their responsibilities.

1.4 The school's policy will be shared with all staff and parents of the school and be published on our school website. It will be reviewed annually, or sooner if there are changes to legislation, by the Health and Safety Committee, on behalf of the Governing Body.

## **2. Roles and Responsibilities**

2.1 The Head Teacher will ensure that:-

- The school's medication policy is implemented and all staff are aware of their responsibilities;
- Staff receive adequate training for the administering of specific medication where required, e.g. epi-pens;
- All relevant members of staff are informed of any pupil that has a medical condition and/or a specific medical need;

- Information relating to pupil medical needs are obtained from parents and where necessary, a health care plan implemented;
- Information relating to any pupil's medical needs is accurate, up-to-date and secure;

#### 2.2 Identified staff are responsible for ensuring that:-

- Appropriate procedures for medication are in place for off-site activities
- Parents are reminded at the beginning and end of each term that medication is in date
- Medication is appropriately stored and not accessible to unauthorised persons;
- Records are kept of any medication that is administered and will ensure that it is replenished by parents as necessary;
- Records are kept of troublesome headache/migraines and parents alerted so that they may seek medical advice where this is interfering with school life. [Model letter in office]

#### 2.3 All staff are responsible for ensuring that:-

- They are aware of, and familiar with the school's medication policy and arrangements in place;
- They are aware of the agreed procedures and work in accordance to these procedures should any pupil in their care require medication;
- That they work in accordance to any training that they have received;
- That they advise the appropriate person should they be advised of any new or additional information relating to a pupil's medical needs.

#### 2.4 Parents and Carers are responsible for ensuring that:-

- They inform the school, of their child's medical needs and any relevant changes in their needs
- They ensure that medication and equipment given to the school is clearly labelled and is in date. This should be in the original packaging [other than insulin which will be inside an insulin pen or pump]
- They, along with headteacher, give written permission for prescribed medication to be administered by school staff
- They give written permission for their child to carry their own asthma pump when on school premises or associated trips offsite.
- They give written permission, on the school's given format for non-prescription medication to be given by school staff on residential trips.

#### 2.5 Pupils administering own medication must ensure that:-

- They know where they store their own medication
- They inform a member of staff if their medication is self administered so that usage may be logged and monitored

- They inform a member of staff if they forget to bring their medication to school or if it is misplaced during the school day

### **3. Staff training and support**

The school will ensure that there is a sufficient number of staff volunteers to administer medication within school, and on associated offsite trips. These staff members will receive an appropriate level of training according to their responsibilities. Such training will be delivered by a person/s with appropriate qualifications.

Our First Aid training needs are currently met by Mr David Leach of Crusaiders First Aid and other training s provided by Health care services to meet specific needs [eg EpiPen training annually by School Nurse, administration and care of Insulin by Diabetic Nurse etc. ]. A list of staff, with training and dates for renewal is kept in the Medical Room and Staff Room. All training is kept upto date by Mrs L Rowley, School Business Manager.

If applicable, the school will provide awareness training for pupils. As part of our broad curriculum, First Aid training is provided for pupils in Year 5 [again via Crusaiders First aid]

Staff are available to cover medication protocols for the whole school day, including lunch time etc. All club providers offer own First Aid provision, and the school site manager / caretaker, with up to date basic training, is on duty, on site, at all times when the school is open. He is contactable when on duty via the school mobile telephone, number 07901682188.

### **4. Managing and storage of medicines on School Premises**

The school have procedures for managing the storage of any medication held onsite. Medications stored by the school are kept in their original container and kept out of reach

Older children are encouraged to carry their own asthma pumps. The school have considered the layout and size of school to ascertain the most appropriate place for the medication to be stored. Where the school manage the storage of these, they are easily available to pupils and are labelled with the child's name.

Medication to be sent home for holiday periods.

A sharps box, for safe disposal of needles and other sharps is held within the head teacher's office.

## **5. Managing and Storing Medicines Offsite [eg School day trips, Residential visits and sporting activities]**

A separate risk assessment to be carried out for school trips. Any required medication is to be taken on the trip. This should be appropriately labelled and Risk Assessment should name First Aiders in attendance and who is responsible for holding and administering medication.

The school use Central swimming pool. Staff supervising this activity should be aware of any medical conditions and the procedures should medication be required.

## **6. Staff administration and self administration of medication**

Where possible, pupils are responsible for administering their own medication [eg inhaled medication]

Only trained staff are permitted to administer medication

Should a child refuse medication parents are to be informed and advice sought

If an epi-pen is used the empty cartridge should be kept and given to the paramedic so that they are aware of the medication that has been administered

Staff to undergo training in the administration of certain medication. (Staff acting within their training are covered by the Council's Insurance and indemnified by this)

## **7. Communication and Record keeping**

Details of children with medical conditions are to be made known to designated office staff along with teaching and welfare staff and others as appropriate. Medical information is recorded on the 'Getting to Know' record sheet for each class and this is kept in the register so that it is easily accessible by supply teachers and PPA staff.

Medication will be stored in a location where it cannot be accessed by any unauthorised persons / pupils. The medication for each pupil will be labelled with the appropriate information to prevent it from being given to the wrong pupil.

Records will be kept by the school detailing any medication administered to a pupil, along with the date, the amount administered and the name of First Aider administering medication. Any pupil that carries their own medication (with the exception of asthma), will also be made aware that, where necessary, they must advise a member of staff if they need to, or have taken medication.

In instances of prolonged absences from school, the Home School Support Worker may become involved to support and co-ordinate the pupil's reintegration into school.

## **8. Unacceptable practice**

The current guidance 'Supporting Pupils at School with Medical conditions' offers a list of unacceptable practices, all of which are adopted and accepted by this school. These points, which is not an exhaustive list, is given below:

## **9. Complaints**

Should a parent/carer express dissatisfaction with the support provided for their child they should discuss this in the first instance with the head teacher as stated in the school's Complaints Policy. If this does not resolve the situation then the school's formal procedures as set out in the Complaints Policy must be followed. This policy is available on the School Website or a hard copy may be obtained from the School Office.

## **10. Other related Policies and Procedures**

School staff should also ensure that they are familiar with other associated policies and guidance as listed below:

Intimate Care Policy

Asthma Policy

Current Royal College of General Practitioners guidance for School Students with Migraine and Troublesome headache

For children with SEN, this policy should be read in conjunction with the SEN Code of Practice.

The Policy will be monitored for effectiveness and reviewed at least annually by Health and Safety Committee. Additional checks and audits will take place to ensure the systems and procedures are satisfactory.

Signed: \_\_\_\_\_  
Head Teacher

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Governors

Dated: \_\_\_\_\_

# ASTHMA POLICY

This policy has been written with advice from the Department of Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils.

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers, new staff and regular helpers are also made aware of the policy.

## **Record Keeping**

At the beginning of each school year, or when the child joins the school, parents are asked if their child has asthma via the school medical information form. All parents of children with asthma are given an Asthma UK card to complete and return to school. If medication changes during the year parents are asked to inform the school. Forms are sent to the parents on an annual basis for updating. Parents are welcome to discuss their child's asthma with the school nurse at the monthly drop-in session or via Romford Clinic.

## **Medication**

Immediate access to the blue reliever inhalers is vital. The reliever inhalers of regular users are kept in the classroom in a labelled container and are easily accessible to the children. Duplicate inhalers are kept in the office. All inhalers must be clearly label with the child's name by the parent and be within the expiry date. School staff are not required to administer medication to the children except in an emergency, however many of our staff are happy to do this. School staff who agree to support children whilst taking their asthma medication are insured by the local education authority, when acting in accordance with this policy.

**All school staff allow and assist children to take their own medication when they need to.**

## **5. PE/School Visits.**

Taking part in sports and school visits is an essential part of school life. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up. If

a child needs to use their inhaler during the lesson they are encouraged to do so. The class inhaler box is taken with the class to the appropriate venue.

On school visits the box containing the inhalers are taken by the relevant class teacher or teaching assistant.

## **6. The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. The school recognises that it is possible for children with asthma to have special educational needs because of the asthma. If appropriate the teacher will talk to the school nurse, special educational needs coordinator or parent about the situation.

## **7. Asthma attacks.**

Staff who come into contact with children with asthma know what to do in the event of an asthma attack.

The school adheres to the following procedure, which is clearly displayed in all classrooms:

- **Ensure that the reliever inhaler is taken immediately. If after two minutes the reliever has no effect, encourage the child to take two puffs of the reliever again.**
- **Stay calm and reassure the child who should be in an upright position.**
- **Help the child to breathe by ensuring that tight clothing is loosened.**

### **After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. If they do not experience relief and do not fit the emergency criteria below, parents should be contacted.

## **Emergency procedure**

**If:**

- The reliever has no effect after five to ten minutes.

- The child is either distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about the child's condition.

### **1. DIAL 999**

### **2. CALL FOR AN AMBULANCE**

### **3. Contact the parent.**

**Continue to give reliever medicine - (two puffs every two minutes) until the child improves or you are advised otherwise by ambulance control.**

## **Intimate Care**

### **1. Introduction**

This policy applies to everyone involved in the intimate care of children regardless of their position within the school.

Implemented January 2012, reviewed Sept 2012, Sept 2015

These guidelines should be read in conjunction with other policies including:

- Accessibility Policy
- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling Policy
- Administration of Medicines in Schools
- Physical Contact between Staff & Pupils
- Policy on Access to Education for Children and Young People with Medical Needs
- Children who are not toilet trained
- Anti-bullying policy

In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings.

The Mawney Foundation School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. These guidelines on Intimate Care aim to both to protect those being cared for and the staff who care for children's needs. Dependency on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible. (Appendix 2 -7). Statutory guidance (Working Together to Safeguard Children 2010) requires the development of local guidelines and training for staff on good practice in intimate care for disabled children. This document meets this statutory requirement and is also applicable to children without disabilities.

We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

## **2. Legislation / Statutory Guidance that inform this policy**

- Children Act 1989
- Childcare Act 2006
- Health and Safety at Work Act 1974
- Equality Act 2010
- S.175 / S.57 Education Act 2002 (local authorities, governing bodies of maintained schools and institutions in the further education sector)
- Education (Independent School Standards) (England) Regulations 2010
- Children Act 2004
- Dealing with Allegations of Abuse (Statutory Guidance)
- London Child Protection Procedures: Chapter 15

Implemented January 2012, reviewed Sept 2012, Sept 2015

- Working Together to Safeguard Children 2010: [chapter 2](#); [chapter 6](#); [appendix 5](#)

### **3. Definition**

Our definition of Intimate Care is any personal care activity a child would normally be able to do for him/herself which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

### **4. Best practice principles**

- The management of all children with intimate care needs will be carefully planned (appendix 3).
- The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected.
- Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice.
- Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.
- 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 will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.
- Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child (appendix 4). 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.
- 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. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented (appendix 5).
- Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would

result in negligence for example, female staff supporting boys in our school, as no male staff are available.

- 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 (appendix 6).

## **5. THE PROTECTION OF CHILDREN**

London Borough of Havering Child Protection Procedures, London Child Protection Procedures and Working Together Statutory Guidance will be accessible to staff and will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, 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 nominated child protection co-ordinator. This person is the Head teacher and can be contacted on 01708 741612.

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, Child Protection/ Managing Allegations procedures will be followed.

All staff will be required to confirm that they have read the London Borough of Havering document ' Policy and Guidance for Staff who Provide Intimate Care for Children and Young People in Havering Schools' and of the need to refer to other policies the school may hold for clarification of practices and procedures.

## **6. WORKING WITH PARENTS**

- 6.1 Partnership with parents/carers is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from

parents, including knowledge and understanding of any religious/cultural sensitivities. A clear account of the agreed arrangements will be recorded (see appendix 3)

- 6.2 Parents/carers should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Provision Plans (I.P.Ps), Health Care plans and any other plans that identify the support of intimate care.
- 6.3 Exchanging information with parents is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.

## **7. WRITING AN INTIMATE CARE PLAN**

- 7.1 Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.
- 7.2 In developing the plan the following should be considered;
  - a) Whole School implications
    - The importance of working towards independence
    - Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
    - Who will substitute in the absence of the appointed person.
    - Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour
  - b) Classroom management
    - The child's seating arrangements in class
    - A system for the child to leave class without disruption to the lesson
    - Avoidance of missing the same lesson all year due to medical routines
    - Awareness of a child's discomfort which may affect learning
    - Implications for PE e.g. discreet clothing, additional time for changing.
- 7.3 All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

## **8. LINKS WITH OTHER AGENCIES**

- 8.1 Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other

professionals and will ensure the child's well being and development remains paramount.

- 8.2 It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

## **9. PUPIL VOICE**

- 9.1 Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.
- 9.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.
- 9.3 It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- 9.4 Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.
- 9.5 It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- 9.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

## **10. RECRUITMENT**

- 10.1 Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- 10.2 Recruitment and selection of candidates for posts involving intimate care should be made following the usual Enhanced Criminal Records Bureau checks, equal opportunities and employment rights legislation.
- 10.3 Candidates must be made fully aware of what will be required and detailed in their job description before accepting the post.
- 10.4 Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- 10.5 Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.

- 10.6 It is recommended that candidates have an opportunity to meet the child with whom they will be working.
- 10.7 Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- 10.8 Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- 10.9 Intimate care can only be provided in school and foundation stage settings by those who have been appropriately trained and have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

## **11. STAFF DEVELOPMENT**

- 11.1 Staff must receive Child Protection training every 3 years.
- 11.2 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- 11.3 Where appropriate staff must receive Moving and Handling training at regular intervals.
- 11.4 Newly appointed staff should be closely supervised until completion of a successful probationary period.
- 11.5 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- 11.6 It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- 11.7 The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to;
  - Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
  - Consult parents about arrangements for intimate care
  - Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc
  - Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
  - Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.

- Ensure staff know of a whole school approach to intimate care
- Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved. In addition identified staff members should be able to;
  - Access other procedures and policies regarding the welfare of the child e.g. Child Protection
  - Identify and use a communication system that the child is most comfortable with.
  - 'Read' messages a young child is trying to convey
  - Communicate with and involve the child in the intimate care process
  - Offer choices, wherever possible
  - Develop, where possible, greater independence with the procedure of intimate care
  - Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection

Procedures must be followed.

## **12. ENVIRONMENTAL ADVICE**

- 12.1 When children need intimate care facilities, reasonable adjustments will need to be made. Where a purpose built toilet is not available, the use of a screen to make the area private is acceptable.
- 12.2 Where children have long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff may be required when considering space, heating, ventilation and lighting.
- 12.3 Additional considerations may include:
- Facilities with hot & cold running water
  - Protective clothing including disposable protective gloves - provided by the school
  - Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
  - Waste for incineration (e.g. needles, catheters etc) -contact London Borough of Havering for further details.
  - Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash
  - Supplies of appropriate clean clothing, nappies, disposal bags and wipes
  - Changing mat or changing bench
  - An effective system should be identified to alert staff for help in Emergency

## **13. INVASIVE PROCEDURES**

- 13.1 It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.
- 13.2 Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

#### **14. VULNERABILITY TO ABUSE**

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen to the child at all times.

- 14.1 It is essential that all staff are familiar with the school's Child Protection Policy and Procedures, Working Together 2010 and the London Child Protection Procedures and local procedures for Managing Allegations Against Staff.
- 14.2 The following are factors that can increase a child's vulnerability:
- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
  - Children with disabilities may have less control over their lives than others
  - Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
  - Children may experience multiple carers
  - Children may not be able to distinguish between intimate care and abuse
  - Children may not be able to communicate
- 14.3 If a child is hurt accidentally he or she should be immediately reassured and the staff member should check that he or she is safe and the incident reported immediately to the nominated Child protection Co-ordinator.
- 14.4 If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the Nominated Child Protection Co-ordinator.

#### **15. ALLEGATIONS OF ABUSE**

All staff working in intimate situations with children can feel particularly vulnerable. The Mawney Foundation School policy can help to reassure both staff involved, and the parents of vulnerable children.

- 15.1 Action should be taken immediately should there be a discrepancy of reports between a child and the personal staff assistant, particularly with reference to time spent alone together.
- 15.2 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.
- 15.3 Where there is an allegation of abuse, the guidelines in the London Borough of Havering Managing Allegations Child Protection Procedures should be followed.

**16. TOILETING PROCEDURES (appendix 5)**

- 16.1 If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.
- 16.2 The plan should consider the following;
  - Location of the plan for reference, ensuring discretion and confidentiality
  - Location of recording procedures, ensuring discretion and confidentiality
  - Necessary equipment & waste disposal – see environmental advice
  - Clear labelling of equipment and procedures e.g. Wipe table after use.

**17. HEALTH AND SAFETY ISSUES**

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary.

**APPENDIX 2**

**RECORD OF AGENCIES INVOLVED**

Child's Name.....

DOB.....

Name/ Role	Address/phone/email
Parent/Carer	
School Nurse/Health Visitor	
Continence Advisor	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
GP	
EP	
Social Worker	
Other	

### **APPENDIX 3**

#### **RECORD OF INTIMATE CARE INTERVENTION**

Name of Child	
Date of Birth	
Name of Support Staff Involved	



I can already

Aim:  
I will try to

Review date.....  
 Parents/Carer.....  
 Child (if appropriate).....  
 Personal Assistant.....  
 Senior Management/SENCO.....  
 Date.....

**APPENDIX 5**

**TOILET MANAGEMENT PLAN**

Name of Child	
Date of Birth	
Name of Support Staff Involved	

Area of need:
Equipment required:

Location of suitable toilet facilities:	
Support required:	Frequency of support

**Working towards Independence**

Child will try to:	Personal Assistant will do:	Target Achieved

Review Date:

Parents/Carer.....

Child (if appropriate).....

Personal Assistant.....

Senior Management/SENCO.....

Date.....

## **APPENDIX 6**

### **AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT**

Child's Name.....

DOB.....

Personal Assistant's Name.....

#### **Personal Assistant**

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

#### **Child**

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on.....

Child (if appropriate).....

Personal Assistant.....

Date.....

## **APPENDIX 7**

### **PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

Child's Last Name	
Child's First name	
Male/Female	
Date of Birth	
Parent/Carers Name	
Address	
<u>Telephone Numbers</u> Home Mobile Emergency contact number	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care.

Implemented January 2012, reviewed Sept 2012, Sept 2015

Name.....

Signature.....

Relationship to child.....

Date.....