

# STANBURN PRIMARY SCHOOL



## Children with Medical and/or Intimate Care Needs Policy

Committee Responsible:	Full Governing Body
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Name and Signature:	Mrs E D'Souza/Mrs R Malik

# Children with Medical and/or Intimate Care Needs

## **INTRODUCTION**

Stanburn Primary School is an inclusive school and we recognise that all pupils with medical or intimate personal care needs should have access to education and play a full and active part in school life. Some pupils with medical conditions will be considered disabled under the definition set out in the Equality Act 2010.

Where this is the case the governing body will comply with their duties under the act. Some pupils may have Special Educational Needs (SEN). For these pupils this policy will be implemented in conjunction with the SEND Code of Practice (2014). Individual Health Plans will form part of any Education and Health Care Plan.

The school recognises that it has a responsibility to meet the needs of all its pupils - including those who may be temporarily unable to attend due to sickness.

Confidentiality on medical conditions or personal care needs will be maintained at all times.

## **AIMS**

- To provide a high quality education to all pupils with medical or personal care needs
- To provide care in a manner that respects the rights and upholds the child's dignity taking into account the wishes and preferences of the child, maximising safety and comfort and protecting against intrusion or abuse but also encouraging the individual to care for themselves as much as they are able.
- To minimise the disruption to a pupil's education, to provide continuity of educational provision and to ensure that normal schooling is in place as far as the incapacity allows.
- To ensure there is effective communication and exchange of information between the school, parents, carers, legal guardians, other education providers and health care professionals involved in the pupil's education and well-being.
- To ensure that the pupil has access to a broad and balanced curriculum.
- To make reasonable adjustments to the timetable and learning environment, if required, which take account of a child's particular needs.
- To consider the views of the pupil and parents to endeavour to provide opportunities for the pupil to have contact with peers.
- To draw up effective plans with all partners including parents and health care professionals which enable the pupil to experience a successful return to school following an absence.
- To plan for and support the admission of pupils with medical needs, including intimate care needs, who are new to the school.

## **DEFINITION**

Intimate personal care is hands-on physical care in personal hygiene, and/or physical presence or observation during such activities. It includes:

- Toileting, wiping and care in the genital and anal areas.
- Continence care. Placement, removal and changing of incontinence pads.
- Menstrual hygiene.
- Dressing and undressing.

## **IMPLEMENTATION**

### **Position of Trust and Duty of Care to Safeguard the child**

- Ensure that an additional adult is present wherever a child is changed/cleaned.
- Ensure that parents are consulted before any intimate care takes place.
- Ensure that there are stocks of gloves, wipes and bags for disposal of soiled items.

Staff designated to provide intimate personal care to a pupil will be subject to enhanced DBS checks under the Safer Recruitment Policy. They will also be expected to adhere to the School's Statement of Commitment. They are placed in a position of trust and have a duty to provide care which promotes health, wellbeing and the safety of the child.

If a staff member notices any changes in an individual's appearance that may require attention e.g. rashes, blisters, sores etc these should be reported to School Welfare and any concerns regarding abuse and/or neglect should be reported to the Designated Safeguarding Lead in accordance with the Child Protection Policy.

### **Admissions and Health Care Needs**

Pupils with medical conditions will be admitted to the school unless it would be detrimental to the health of that child or others to do so. Arrangements to support new arrivals or pupils with a new diagnosis will be put in place within two weeks or as soon as possible after that.

The school will request information about the child's assessed needs to ensure appropriate arrangements are in place to provide health care including intimate personal care or clinical tasks required to manage a medical condition of pupils with long term medical needs. Appropriate individuals, including supply teachers will have access to this information, which is kept with the welfare team. If intimate care is required on a routine basis then the School will devise, in cooperation with health professionals, the child and their parents/carers, an agreed health care plan which will include:

- details of a pupil's condition
- intimate personal care requirements
- triggers, signs and symptoms
- special requirements e.g. dietary needs, pre-activity precautions
- medication and any side effects
- what to do and who to contact in an emergency

## **Medical Needs**

When a pupil has a medical condition this is recorded on a 'medical information sheet' which is kept securely in a file. This sheet also includes a photograph of the pupil/s concerned.

When a pupil is absent from school for more than five consecutive school days with a medical condition the school will notify the Inclusion Leader and examine how the pupil can best access the curriculum. Arrangements will then be made in liaison with parents to provide the pupil with learning to be done at home as soon as they become able to cope with it and/or on their return to school.

The Education Welfare Service will be informed about a pupil's absence when it is in excess of five consecutive days.

The Inclusion Leader is the named person for children with medical needs. After an absence of consecutive 15 days or more or where there is a pattern of recurring illness, the Inclusion Leader will be informed.

The pupil with medical needs should remain on the school's roll and where they are receiving education from an alternative provider, their absence will be recorded as 'approved educational activity'.

The pupil's needs will be assessed and curriculum plans and records accessible.

The Inclusion Leader will liaise with parents and other agencies which may include any of the following:-  
the class teacher, Education Welfare Officer, Educational Psychologist, Hospital Education Service, Health Service, Local Education Authority, Harrow Tuition Service, SEN Assessment and Review Service, Children's Services, personnel from other local authorities.

The Inclusion Leader and class teacher will draw up, monitor and review an Education Support Plan which sets out how the pupil's needs will be provided for, in collaboration with the relevant agencies.

The Headteacher will make sure that all parents and members of staff are aware of the school's policy and procedures for dealing with medical needs. The Headteacher will also ensure relevant members of staff are appropriately trained in sufficient numbers.

There is no legal duty which requires school staff to administer medication; this is a voluntary role. Staff who do volunteer will be given access to information and training

by the relevant health services to administer inhalers, creams, Epipens and Piriton. Parents, carers and legal guardians are key partners in ensuring their children's health needs are met. They will be involved in drafting and updating any health care plans.

Pupils will be as fully involved as possible in their medical support and in ensuring their health care plan is followed.

Prior written agreement will be required from parents, carers and legal guardians before the school will agree to administer medication and these consent forms are kept in school.

Inhalers, creams, Epipens, Piriton and only other medication that has been agreed as necessary will be administered in school provided the medication is in original packaging and is in date.

Medication, eg for pain relief, should never be administered without first checking maximum dosage and when the previous dose was taken. Parents, carers or legal guardians written agreement will be required and they will be kept informed about any medication given in school. Records of all medicines administered to children will be kept.

Medication is securely stored in the Welfare Room and pupils will have access to their medication under the supervision of welfare staff and this is recorded in the log book. Emergency medication e.g. adrenaline is available within easy reach of both the relevant class teacher and welfare staff.

Parents, carers or legal guardians will collect medicines held at school at the end of each term, or in July at the end of the academic year. Parents, carers or legal guardians are responsible for the disposal of date expired medicines. Any medicines not collected a month after the expiry date will be safely disposed of by the school.

If a child is diagnosed with diabetes, training by the relevant health services is given to enable welfare staff to monitor and record blood sugar levels. This is recorded in the log book and home link diary. An individual health care plan will be followed by trained school staff for any affected pupil.

Pupils with medical or intimate care needs will be encouraged to participate in school trips/journeys, wherever safety permits.

The school will contact the school nurse to ensure that appropriate advice and training is given when needed.

The school will consider the need for assessment under the Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs, following consultation with the relevant agencies.

The school will use all its available resources and equipment to enable the pupil to address the learning objectives in all areas of the curriculum. The school will ensure

that appropriate resources can be accessed for use in the school, home or hospital context.

I.T. should play an important part in supporting the continuity and quality of learning for pupils with medical needs. Opportunities to use technology should be included wherever possible in the pupils' learning programmes.

### **Practice Guidance – General Personal Care**

Pupils should be encouraged and supported to be as independent as possible in all their care tasks. Staff should not undertake tasks which pupils are able to perform themselves provided they have sufficient time and support.

Where both men and women are working in class, boys & girls may be cared for by women. Male staff will generally assist only boys, but if necessary at any time they may assist female staff with girls' personal needs. All staff will carry out such care professionally and sensitively, as expected in all areas of their work.

Staff must be culturally sensitive and aware of different concepts of privacy, nudity and/or inappropriate touch.

Where intimate care is required in circumstances outside a health care plan or not related to an ongoing medical condition staff will provide care in line with the expectations set out in this policy in order to promote the welfare of the child. Where intimate care is provided in an emergency, staff will notify the child's parents/carer of the care that was provided.

### **Day trips, residential visits and sporting activities**

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

## **MONITORING AND EVALUATION**

Pupils' educational performance will be monitored closely and will be reviewed on a regular basis.

There will be ongoing evaluation of the effectiveness of the educational provision for pupils with medical needs.

### **Continuing Professional Development**

Staff who support pupils with particular medical conditions will receive appropriate training so as to ensure they are competent to meet their individual needs. The school will liaise with relevant health care professionals to ensure appropriate training can be accessed.

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

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should 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. In such cases, every effort should be made to encourage the child or young person to involve their parents carers or legal guardians while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container.

All medicines should be stored safely. Children should be made aware where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meter and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

## **Emergency procedures**

Where a child has an individual health care plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **Individual Healthcare Plans**

The healthcare professional has overall responsibility for the development of Individual Healthcare Plan. Individual Healthcare Plans will be used to support pupils with medical conditions and particularly when they are long term and complex.

Plans will be drawn up by the school, healthcare professional and parents. Pupils will also be involved when appropriate. Plans will identify:

- The triggers, signs, symptoms of the condition
- The steps needed to manage the condition and overcome any barriers to learning
- Who is responsible for implementing the plan and who will provide cover in their absence.

They will be reviewed at least annually or earlier if needs change.

In particular Individual Healthcare Plan should state:

- Individual requirements, including medications, access to food and drink and environmental factors
- Any support for pupils educational, social and emotional needs, including additional time to complete exams, use of rest periods or additional support
- The level of support needed. If a child self-medicates, this should be clearly stated. If a member of staff administers medications written permission by the parents and headteacher is required.
- The healthcare professional providing training and ongoing support.
- Who needs to be aware of the child's condition and the support required.
- Who to contact and what to do in an emergency.

## **The Governing Body**

The governing body will ensure arrangements are in place to support all pupils with medical conditions.

Arrangements will focus on the needs of each individual and ensure that staff have appropriate training to provide suitable support. All relevant staff will be made aware of the child's condition/needs.

### **Unacceptable practice**

Staff should use discretion and judge each case on its merits. It is generally considered unacceptable practice to:

- 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 the 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 school trips, eg by requiring parents to accompany the child.

## **Appendix 1**

### **Intimate Care Procedures**

Procedure for undressing and dressing pupils – after soiling/getting clothes wet/dirty:  
(Where a child is heavily soiled or in distress the parent/carer will be phoned and given the option of coming to school to change their child)

Ensure:

- You have told another member of staff that you are involved in an intimate care procedure.
- Ensure the privacy of the child is considered.
- Ensure two members of staff are present if there will be direct physical contact with the child.
- Ensure you are wearing disposable gloves.
- Encourage the child to remove clothing from lower body first and to do it independently. Provide help or assistance only when, and if needed.
- Wash/clean as required – again encourage the child to do this independently using wet wipes. Ensure lower regions are covered before removing garments from upper body (if necessary).

- Give the child the clean clothes (either provided by the parents/carers, or where these are not present lend them some clothes from the school supply)
- Encourage the child to dress themselves. Provide help and assistance as appropriate/required.
- Put the wet or soiled clothes in a plastic bag and ensure the child takes them home at the end of the day. Where appropriate we will speak to the parents as well.
- Child must then wash their hands, with soap or gel.
- Remove gloves and wash your hands. Dispose of these in the appropriate bin.
- IMPORTANT - Record the care given in medical log book. A second member of staff must also sign.

## **Appendix 2 Intimate Care Procedures - Procedure for changing nappies / pull ups:**

(Where a child is heavily soiled or in distress the parent/carer will be phoned and given the option of coming to school to change their child)

Ensure:

- You have told another member of staff that you are involved in an intimate care procedure.
- This takes place away from others, but with two members of staff present
- Ensure you are wearing disposable gloves.
- Remove clothes from the child's lower body, or provide help if they do can do it independently.
- Take off the nappy while the child is standing.
- Wipe away the mess using wipes provided. It may be possible to encourage the child to do this for themselves.
- Ensure the skin is clean and dry.
- Put on a clean nappy (using a changing mat) or pull up (whilst child is standing). Check that it fits snugly around the waist and legs.
- Dress the child or allow them to dress themselves if they are able to.
- Ask the child to wash their hands.
- Ensure that the soiled nappy is put in a nappy sack or plastic bag and dispose of the nappy using the appropriate bin.
- Dispose of gloves and apron.
- Wash your hands with soap, encourage child to wash their hands too.
- Record in log book in welfare.