Barming Pre-School and Primary School
Part of the Orchard Academy Trust

Supporting Children with Medical Conditions Policy

Headteacher: Mr C Laker **Chair of Governing Body: Rev W North**	
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Signature of Chair of Governors:	Rev W North
Signature of Headteacher:	Mr C Laker
Policy Author: **Senior Leader Responsibility for/ Subject Leader Responsible for:**	Name: Mrs A Collie and Mrs K Jillians Responsible for: Inclusion/ Office Medical

Supporting Children with Medical Conditions Policy

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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 Trust/ Governors will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' conditions, 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 Collie our Inclusion Manager.

2. Legislation and statutory responsibilities

Barming Primary School

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the Trust/Governors 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 Trust/Governors

The Trust/Governors have ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust/Governors 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 ensure:

- Staff are aware of this policy and understand their role in its implementation.
- 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.
- That all staff who need to know are aware of a child's condition.
- They take overall responsibility for the development of IHPs.
- That school staff are appropriately insured and aware that they are insured to support pupils in this way.
- The School nursing service are contacted 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.
- 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, and ensure they or another nominated adult are contactable at all times.

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 Healthcare professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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.

See Appendix 1.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions, but he is supported by **Mrs Collie our Inclusion Manager.**
Plans will be reviewed at least annually or sooner at the request of parents, staff or healthcare professionals, or if the child's needs change.
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 no 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 Education, Health and Care Plan (EHCP). If a pupil has SEND but does not have an EHC plan, the SEND 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 **Headteacher and Mrs Collie**, 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.
- 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, and 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

Prescription medicines will only 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' written consent.

Pupils under 16 will not be given medicine containing aspirin unless 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 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.

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.

Controlled drugs will be kept in a secure cupboard in the school office and only named staff have access. They 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 have been prescribed asthma medication will have their medication stored in their class medical box which moves around the school building with the class and is accessible to the TA/CT at all times.

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.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if the child refuses 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 pupils 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 child, including 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/Mrs Collie.** 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 for as long as these pupils are at the school. 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.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the **Headteacher and Mrs Collie** in the first instance. If the **Headteacher and Mrs Collie** cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the Trust/Governors every 2 years.

14. Transition Arrangements

To ensure continuity of medical support:

- Medical information will be shared with receiving schools or settings, with parental consent.
- Transition meetings will be arranged for pupils with significant needs.
- IHPs will be transferred promptly and updated as needed in collaboration with the new provider.

15. Data Protection and Confidentiality

- All medical information will be processed in line with **UK GDPR** and the school's Data Protection Policy.
- Information will be shared only with staff who need to know in order to keep pupils safe.
- Records will be stored securely and disposed of in accordance with retention guidelines.

16. Links to other policies

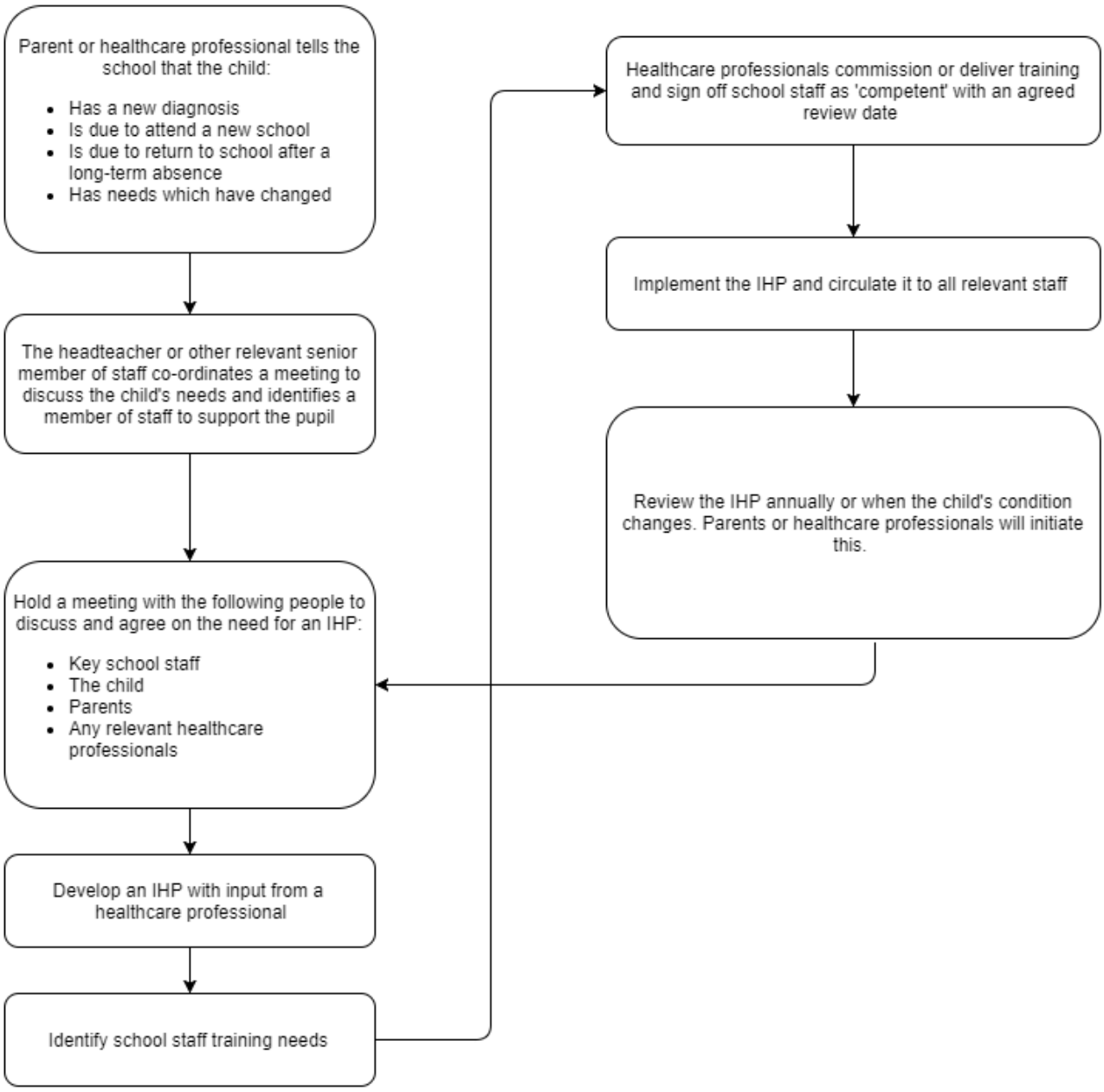
This policy links to the following policies/procedures:

- Accessibility plan
- Trust Complaints Procedure
- Equality information and objectives
- First Aid Policy
- Trust Health and Safety Policy
- Child Protection Policy
- Special Educational Needs and Disabilities Policy
- Data protection Policy

17. Appendices

- Appendix 1: Notification of Medical Conditions
- Appendix 2: Intimate Care and Toileting Information
- Appendix 3: Record of Intimate Care Intervention
- Appendix 4: Toilet Management Plan
- Appendix 5: Permission for Barming Primary School to Provide Intimate Care

Appendix 1: Being notified a child has a medical condition



Appendix 2:

Intimate Care and Toileting Information:

1. Introduction
Intimate care is defined here as any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do so due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

2. Aims and Objectives:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and wellbeing of children.
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account.

3. Toileting and the Foundation Stage Profile
Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

4. Intimate Care in Key Stage 1 and Key Stage 2
Key Stage 1 - We will inform all parents of Reception children prior to them starting Key Stage One of the current toileting policy highlighting that we will change children for odd 'accidents' **but not routinely** as part of day-to-day personal care unless there is a medical/additional need. This will be applicable for the time a child is in Key Stage 1.
Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (junior's toilets) where the child may change on their own. We will supply clean clothes (to the best of our ability out of the 'spares box') and a carrier bag. Parents will be informed of all toileting incidents and called if needed.

5. Parental responsibility
Partnership with parents 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. Prior permission must be obtained from parents before Intimate care procedures are carried out. (See appendix 3) Parents 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 Education Health and Care Plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:
- Parents/carers will endeavour to ensure that their child is continent before admission to school (unless the child has medical/ additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

6. Staff responsibilities
Anyone caring for children, including teachers and other school staff, has a duty to care and to act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by assigned member/s

of staff. Appropriate support and training should be provided when necessary. This will only take place once a meeting has been held with both parents and the school.
The following steps will be taken to ensure health and safety of both staff and children:
1. Alert another member of staff (there is no need for 2 members of staff to be present)
2. Escort the child to a changing area i.e. designated toilet
3. Collect equipment and clothes
4. Adult to wear gloves
6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
7. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
8. Children are expected to dress themselves in clean clothing, wash their hands and return to class. If the incident is so vast the child cannot possibly clean themselves, even with some assistance then the parents will be called as the child may need a bath/shower.
9. The adult should wash their hands thoroughly after the procedure.
10. Area to be cleaned and disinfected by adult before returning to class.
Intimate care incidents must be recorded (in the child's class) including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made. Parents/Carers are to be informed as soon as possible either verbally or using a Record of Intimate Care Intervention Slip.
In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. The School does not have staffing levels to accommodate support staff regularly leaving the class to attend to an individual's hygiene.

8. Special educational needs and child protection issues
The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with underdeveloped toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.
If a child's toileting needs are substantially different than those expected of a child their age, then the child's needs may be managed through an Individual Plan. A toileting program would be agreed with parents as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the Inclusion Manager, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.
Some children may have an Education Health and Care Plan before entering school. The EHCP will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

9. Child Protection
Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the toilet management plan (See Appendix 2) 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. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Child Protection procedures will be adhered to at all times.

APPENDIX 3

RECORD OF INTIMATE CARE INTERVENTION

Child's Name…….. DOB……..

Name of Support Staff Involved……

Date……

Time……..

Procedure……

Staff Signature……

APPENDIX 4

TOILET MANAGEMENT PLAN

Child's Name…….. DOB……

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……..

Inclusion Manager……

Date…….

APPENDIX 5

PERMISSION FOR BARMING PRIMARY SCHOOL TO PROVIDE INTIMATE CARE

I understand that;

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

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

Name…….

Signature……

Relationship to child…….

Date…….

Child's Surname……..

Child's Forename……

Male/Female…….

Date of birth……..

Parent/carers name…….

Address…….

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