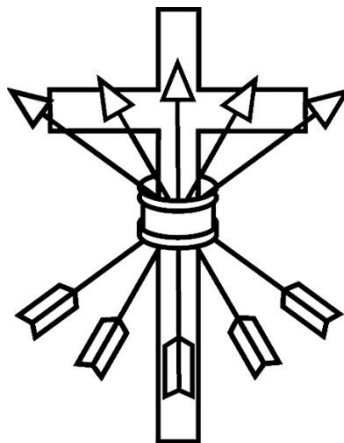


WADDESdon CHURCH OF ENGLAND SCHOOL



POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

STATUS OF POLICY:	Statutory Policy
COMMITTEE RESPONSIBLE:	CSWB
GOVERNING BODY APPROVAL:	07.06.23
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1 INTRODUCTION

The Governing Body of Waddesdon Church of England School will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life as possible. To help achieve this, the school has adopted the Department for Education guidance “Supporting Pupils at School with Medical Conditions”, which was issued under Section 100 of the Children and Families Act 2014 (April 2014).

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

This policy should be read and considered in conjunction with the Safeguarding Policy and provision for students’ wellbeing and mental health as outlined in the Relationship and Sex Education and Health Education Policy.

2 ROLES AND RESPONSIBILITIES

2.1 The **Governing Body** for Waddesdon Church of England School will ensure that:

- arrangements are in place so that children with medical conditions:
 - are properly supported;
 - can play a full and active role in school life;
 - can remain healthy and achieve their academic potential;

- staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, ensure that pupil's health is not put at unnecessary risk from, e.g. infectious diseases
- in those circumstances, they do not have to accept a pupil where it would be detrimental to the health of that child or others to do so

2.2 The **Headteacher** will ensure that:

- a person is appointed to have overall responsibility for the implementation of this policy;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical conditions receive sufficient information to provide appropriate support;
- individual healthcare plans are developed, monitored and reviewed regularly, especially if evidence is presented that the child's needs have changed.
- parents are informed of the importance of updating the school of any changes in treatments or conditions.
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept whose parents/carers have informed the school of a diagnosis of asthma;
- a number of staff are trained to recognise the symptoms of an asthma attack ;
- emergency inhalers are readily available in an emergency situation for those students whose parent/carer have given signed consent.
- staff are trained to use a defibrillator (AED) which is situated in the Medical Room. This is checked regularly to ensure it is readily available in an emergency situation;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.

2.3 **Appointed Person**

The Medical Officer has been appointed as The Appointed Person and will have overall responsibility for implementing the school's Policy for Supporting Pupils with Medical Conditions. They will ensure that children with medical conditions are appropriately supported and that individual plans are reviewed regularly so that they are up-to-date.

2.4 Transitional Arrangements

The school has made the following procedures for transitional arrangements.

- New students with significant medical conditions will be offered a meeting with the Appointed Person and parents.
- Parents will provide information for an Individual Healthcare Plan.
- Any prescribed medicine will be approved and given to the Appointed Person.

2.5 All members of **School Staff** may be asked to provide support to pupils with medical conditions, including administering medicines

- All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help
- Although administering medicine is not part of a teacher's professional duties, teachers should take into account the needs of pupils with medical conditions that they teach.
- Staff must not give prescription medication or undertake healthcare procedures without appropriate training in school
- If there is any ambiguity or confusion staff must seek clarification from the parents before taking action.

2.6 **Pupils:** Where appropriate pupils with medical conditions:

- will be consulted to provide information about how their condition affects them.
- will be fully 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.

2.7 **Parents** have the prime responsibility for their child's health. 'Parents' include any person who is not a parent of a child but has parental responsibility for or care of a child.

- It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.
- It is the responsibility of the parents to provide the school with sufficient and up to date information about their child's medical needs and to tell the school of any change in prescription which must be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of the Healthcare Plan for their child.
- Parents should provide medicines and equipment as required by the Healthcare Plan.
Parents should:

- bring their child's medication (ensuring that any medication is in its original container clearly labelled with the pupil's name, dose and expiry date. If there is any doubt, the staff member will seek clarification from the parent/carer.) and any equipment into school at the beginning of the school year;
- replace the medication before the expiry date;
- as good practice, take into school the new asthma reliever inhaler when prescribed;
- dispose of expired items to a pharmacy for safe disposal;
- during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
- keep their children at home when they are acutely unwell; i.e. generally an elevated temperature is above 38c, and to keep their child at home for 48 hours following last episode of diarrhoea and/or vomiting. The School will follow the guidance set out in the exclusion table indicating the time period a pupil should not attend school.
- Parents should ensure that they or another nominated adult are contactable at all times

3 STAFF TRAINING AND SUPPORT

The Appointed Person will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.

Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training will be provided by appropriate healthcare professionals so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions). The school holds a centralised training record which is reviewed regularly.

4 INDIVIDUAL HEALTHCARE PLANS

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the pupil's condition and the support required;
- written permission from parents is required for non-prescription medication to be administered by a member of staff.
- separate arrangements or procedures required for school visits 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/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 pupils may have an emergency healthcare plan prepared by their medical team that could be used to inform development of their individual healthcare plan. Healthcare Plans will be reviewed regularly but some may need to be reviewed more frequently.

5 THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Parents will be asked to sign to acknowledge that their child is mature and responsible to manage their own medication. This information will be recorded in the Healthcare Plan.

If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made.

Students are not permitted to carry any medication other than inhalers, diabetic equipment, and adrenaline auto-injectors. For Sixth Form students, please also refer to the Sixth Form Medicines Policy at 6.1.

6 MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription or non-prescription medicines after parents have completed a consent form (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality). If there is any ambiguity or confusion staff must seek clarification from the parents before taking action.

If a pupil refuses their medication, staff should not force them to take it and should inform the pupil's parents as a matter of urgency. If necessary, the emergency services should be called. Appropriate recording of the refusal should be undertaken, identifying the subsequent action taken, by whom and at what time.

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

Medicine brought into school must be given to the Appointed Person.

6.1 Sixth Form Medicines Policy

Part of the Sixth Form ethos at Waddesdon CE School is to encourage independence and a sense of responsibility, preparing our young people for adulthood. In line with this ethos, we have developed a medicines policy below specifically for Sixth Form students.

Sixth Form students are permitted to carry and self-administer medicines that they may require during the school day, prescription and non-prescription. The exception to this are medications classed under the Misuse of Drugs Act 1971 referred to as Controlled Drugs. With this comes an expectation that all students will behave in a responsible manner and ensure their health and safety, as well as that of other students in the school. **Students should only bring to school sufficient quantities of any medicines that will/may be required for that day** i.e. two paracetamol tablets, not the whole packet. This will ensure that pupils cannot accidentally take inappropriate quantities within a limited time period. **Students should keep their medication securely on their person at all times. Students must also strictly not share medicines amongst any other students.** Should parents

still prefer the school Medical Officer to store and administer medicines to their child, this can be facilitated. Also, should a member of staff have any concerns over the suitability of an individual student to safely and accurately administer their own medications, this will be raised with the student's parents and discussed. Any student who does not adhere to the policy or acts irresponsibly, will not be permitted to carry or self-administer any medications.

Parents should still keep the school informed of any medical conditions or regular medication that their child has to take. Students who are prescribed reliever inhalers for asthma or adrenaline auto-injectors for anaphylaxis, are still required to provide a spare to the school for emergency purposes. This policy also applies to any school visit which students may attend; parents are asked to fully document on the visit consent form any medical conditions and details of medication to be taken during the visit. **This information is essential to ensure the health and safety of their child in an emergency situation.**

6.2 Prescribed medication

The school will only accept prescribed medicines that are in-date, labelled with the pupil's name, 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 be available inside an insulin pen or a pump, rather than in its original container. Parents should note the expiry date so that they can provide a new prescription as and when required.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. **Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.**

The Appointed Person and First Aiders are on site during school hours.

6.2.1 Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent. **Antibiotics** prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day. It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered.

6.3 Controlled Drugs

Some medicines prescribed for pupils (e.g. methylphenidate, ~~known as Ritalin~~) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. The school will keep controlled drugs in a locked non-portable cabinet, to which only named staff have access but will ensure they are easily accessible in an emergency.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions. There are a number of Staff who have access to the Controlled Drugs cabinet and have agreed to administer medication and have received training.

An administration record will be kept in a bound Controlled Drug Book of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining. Two signatures are required when administering and recording a controlled drug.

- where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required;
- half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

6.4 Non-prescription Medication

Paracetamol is given with parental consent. Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

6.5 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets. Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to their child in the past and that they will inform the school immediately if this changes.

- The school holds a supply of paracetamol tablets which will be issued to those pupils on request, whose parents have signed a consent form
- The school will only administer paracetamol to those pupils requesting analgesics.
- If ibuprofen is the analgesic of choice, then pupils/parents will be advised that a dose

could be taken before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.

- When a pupil requests pain relief, staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12:30pm or after 1pm.
- A record will be made of all doses given.

7 RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Controlled medication will be recorded in a bound book. Any side effects of the medication to be administered at school will be noted.
- A second person will witness the administration of controlled drugs.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.

8 SAFE STORAGE OF MEDICINES

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed. Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto injectors are always readily available and not locked away.

A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Reception office refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.

Medication will never be prepared ahead of time and left ready for staff to administer.

An audit of pupil's medication will be undertaken regularly disposing of any medication that is no longer required or out of date. It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.

9 DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Sharp boxes will always be used for the disposal of needles.

MEDICATION ERROR

In the event of a medication error staff should:

- Observe the pupil
- Document the error in the Medication Book
- Report the error to a more senior/experienced staff member.
- Contact the pupil's parent/carer to inform them of the error and agree next steps.
- Arrange, if appropriate, for advice to be sought from the pupil's GP or if urgent, contact emergency services
- Write an incident report and give it to the Headteacher

10 HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

8-STEP HAND WASHING TECHNIQUES



11 DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

The school will actively support pupils with medical conditions to participate in school visits or in sporting activities. The school will make reasonable adjustments for the inclusion of pupils

in such activities. Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.

The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.

One member of staff accompanying the visit will be asked to take on the lead role for ensuring that the administering medicines or healthcare procedures are followed accordingly. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits. Medicines are administered and witnessed and recorded.

11 SPECIFIC CARE

11.1 Asthma

Asthma is a common chronic condition but can quickly lead to a life threatening condition.

- a register of children in the school is kept whose parents/carers have informed the school of a diagnosis of asthma;
- All parents/carers of children with asthma are asked to complete an Asthma UK School Asthma card and update it on a regular basis;
- An update is provided to staff to enable them to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms) and how to respond in an emergency;
- spare inhalers are readily available in an emergency situation in the School Office;
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler is not in school or whose inhaler has run out, and whose parents have signed consent for use of the school's spare emergency inhaler. A record will be made of use and parents informed.

11.2 Anaphylaxis (Severe Allergic Reaction)

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening and which always requires an emergency response.

- An Individual healthcare plan will be written which includes the arrangements the school will make to control exposure to allergens;

Regular training is provided to staff on what anaphylaxis is and the action to be taken in the event of a pupil having an anaphylactic reaction.

- The Appointed Person will inform parents that it is their responsibility to provide auto-injectors to the school. Those pupils are encouraged to securely carry one of the auto-injectors on their person at all times and the other one is to be kept in the unlocked Medication cupboard in the School's Thorp reception which is always readily accessible and staffed. The parents will be notified when the spare adrenaline auto-injector and any other prescribed medication is due to expire.
- Those pupils with allergies who have been prescribed emergency medication are highlighted on SIMS and relevant staff are made aware
- 'spare' adrenaline auto-injectors (AAI) (Human Medicines (Amendment) Regulations 2017) are kept in the Medication cupboard in the School Office. Subject to the following provisions, 'spare' AAI's can be used in an emergency where a pupil is known to be at risk of anaphylaxis, provided medical authorisation and written parental consent have been obtained as part of the pupil's Healthcare plan, or if a pupil's own prescribed AAI is not immediately available, e.g., because it is broken, out of date, has misfired or been wrongly administered. If a pupil is having anaphylaxis but does not have the required medical authorisation and parent consent for a 'spare' AAI to be used, the School should immediately call 999 to seek advice and authorisation to use the 'spare' AAI.

11.3 Epilepsy

- An Individual Healthcare Plan will be written;
- staff are regularly updated in identifying the symptoms and triggers for epilepsy and first aid care
- There will be a trained member of staff available to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- A medical room with a couch will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.
- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded on Template H or I as appropriate.

- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency;
- If appropriate, a record will be kept of the pupil's seizures, using Template N, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

11.4 Diabetes

- An Individual Healthcare Plan will be written;
- Pupils diagnosed with Type 1 diabetes and who have been prescribed insulin will be supported by staff.
- Pupils are allowed to use mobile phones or other devices to monitor their condition as required;
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Medical Room;
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or biscuits, will be given.
- Trained staff are able to administer a glucagon injection.

11.5 Head Injuries

- Any head injury will be assessed by the Appointed Person and if there are any concerns, parents will be called to seek medical advice from a medical professional.
- Any pupil who has a suspected or confirmed concussion must follow medical advice regarding period of rest and follow and recommended return to school/sport protocol. Relevant staff will be made aware.

11.6 Other Conditions

Some students may have medical conditions which require specific medication and/or care. Healthcare plans and medical reports are requested and information shared with relevant staff.

12 INTIMATE CARE

Some pupils may require assistance from members of staff for personal care, including toileting, as a result of a disability or medical need. Please refer to Appendix A (Intimate Care Policy).

13 LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk. The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

14 COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDIX A

INTIMATE CARE POLICY

1 Introduction

Waddesdon Church of England Secondary School is aware that some learners may require assistance from members of staff for personal care, including toileting, as a result of a disability or medical need. The main aim of the school is to ensure that our learners are safe, secure and protected from harm.

2 Aim

The intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners who need support with personal care, including toileting and continence management. It will also clarify for learners and their families the support they can expect from school.

3 Principles

Waddesdon Church of England Secondary School respects our learners and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care. We will ensure that our learners are:

- Treated as individuals
- That their right to safety, dignity and privacy is respected
- Involved with and consulted about their personal care as far as they are able
- Provided with consistency of care as far as possible

4 School Responsibilities

Where learners are not able to be fully continent, we will ensure that a care plan is written to ensure their needs are clarified and met. The learner will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner's needs change.

School will ensure that anyone who undertakes intimate care is an employee of the school and has had appropriate safeguarding checks. Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none of the named staff members for an individual are available, school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Any changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with the safeguarding policy.

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.

School will take into account the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

5 Governors' responsibilities

To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

6 Parent/carer responsibilities

Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents/carers should work with school to develop and agree a care plan.

Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs.

Parents/carers must ensure that school always has their emergency contact details.

7 Learner responsibilities

To be as involved as possible in their intimate care and with their care plan.

To let school staff know when they are aware that they need assistance.

To let their parent/carer or a trusted member of school staff know if they have any concerns or feel uncomfortable at any time.

8 Related documentation

When reading this policy please be aware of and refer to the following related documents:

- The safeguarding policy
- Supporting Students with Medical Conditions policy
- First aid policy
- Health and safety policy

Waddesdon Church of England Secondary School Intimate Care Plan

Student's Name	
Date of Birth	
Year Group	
Home Address	
School Address	

Date of plan:

Name and role of person completing the plan:

Family Contact Details:

Name	
Relationship to student	
Telephone number	
Email	
Address if different to the student	
Relationship to student	

Health Contacts:

Specialist nurse	
Consultant	
GP	
School Nurse	

Education Contacts:

SENCo	
LSA (keyworker for student)	
School Matron	

Description of student (give details of student's interests, behaviour and relevant conditions e.g. mobility):

Description of continence difficulty:

Goals for continence management (describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs):

Medication (details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures):

Management and description of routine (e.g. details of drinking, toileting and changing routines, aides used and any reward schemes):

Details of help required for personal care, who will provide this, where and how:

Arrangements for sporting activities, school trips/visits etc:

Details of staff training:

Use and disposal of continence products and aids (include arrangement for soiled clothes and underwear, provision or new/spare equipment e.g. catheters):

Signature of parent:

Date:

Signature of student:

Date:

Signature of school representative:

Date: