

Medical Care and Intimate Care Policy

Written September 2017 – Review date September 2019

1.0 Introduction

1.1 Bradford Christian School (BCS) is an inclusive community that welcomes and supports pupils with a diverse range of medical conditions some of which require sensitive consideration in provision.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

1.2 We make sure all staff understand their duty of care to children and young people in the event of an emergency. We understand that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. At BCS we understand the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school that are in their care, and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

1.3 At BCS we will listen to the views of pupils and parents, and pupils and parents feel confident in the care they receive from our staff and the level of that care meets their needs. We understand that all children with the same medical condition will not have the same needs.

1.4 BCS recognises that at times pupils will need medical care and attention as part of their overall care at school. These times may be temporary and short in duration, or they may be ongoing. When pupils need medical care and attention, we will afford dignity and privacy in the administration of medical care, and also that we should follow all medical procedures or on the advice of the students GP or consultant or advice given by a dedicated nurse.

1.5 The named member of BCS staff responsible for this medical conditions and intimate care policy and its implementation is: Zeilah Chadwick

2.0 Intimate Care Needs

2.1 BCS 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

2.2 Definition of intimate care - Intimate care is any care which involves washing, touching or carrying out an procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care.

- Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment by SENCO and staff.
- It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this.
- There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account any SEND or Health Needs.

- The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage each child to do as much for him/herself as they are able.
 - Individual Health Care plans will be drawn up for children as appropriate to suit the circumstances of the child.
 - Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.
- 2.3 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal 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.
- 2.4 If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.
- 3.0 **Intimate Care Guidelines**
- 3.1 BCS is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:
- Maintain the dignity of the individual child.
 - Are sensitive to their needs and preferences.
 - Maximise safety and comfort.
 - Protect against intrusion and abuse.
 - Respect the child's right to give or withdraw their consent.
 - Encourage the child to care for themselves as much as they are able and protect the rights of everyone involved.
- 3.2 The diversity of individuals and communities is valued and respected. No child or family is discriminated against. This document should also be considered as forming the policy and associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, e.g. Early Years Foundation Stage (2017), Equality Act (2010) and statutory guidance, e.g. SEND Code of Practice (2015).
- 3.3 Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate personal care tasks can include:
- Body bathing other than to arms, face and legs below the knee.
 - Toileting, wiping and care in the genital and anal areas.
 - Dressing and undressing.
 - Application of medical treatment, other than to arms, face and legs below the knee.
- 3.4 This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage. The normal range of development for this group of children indicates that they may not be fully toilet trained. In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to:
- SEN and disability.
 - Medical needs or a temporary impairment. This could include: children and young people with limbs in plaster children and young people needing wheelchair support.
 - Children and young people with pervasive medical conditions such as Autistic Spectrum Disorder, Pervasive Developmental delay etc
- 3.5 Schools are not expected to toilet train pupils. Therefore unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before the start in EYFS. If a child is not toilet trained on their entry into EYFS, we expect that this will be a temporary situation (unless they have additional needs) and that in due course the pupil will become independent regarding their own toileting. Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the school. Senior leaders must be made aware of these at this point. Prior to any intimate care an assessment (Appendix C) should be completed to inform the care plan (Appendix B).

- 3.6 Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.
- 3.7 Children and young people beyond the EYFS but throughout the primary and secondary stages of education may also experience difficulties with independence and require support with intimate care issues.
- 3.8 These precautions will apply for nappy/pull ups/changing.
- Staff to wear fresh disposable aprons and gloves while changing a child.
 - Soiled nappies/pull ups securely wrapped and disposed of appropriately. For wet nappies should be single bagged in a nappy sack but soiled nappies require double bagging.
 - Changing area/ toilet to be left clean.
 - Hot water and soap available to wash hands as soon as changing is done.
 - Paper towels to be available to dry hands.
 - Mobile children are changed standing up if this is not possible the next best alternative is to change on a mat on a suitable surface in the medical room.
 - A supply of spare nappies and wipes (provided by the child's parent/ carer)
 - Spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)
- 3.9 BCS will work in partnership with parents when a child is coming to school in a nappy or pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs. This can be done by completing a 'Health Care Plan' with the parents if the child will be entering the setting wearing nappies/pull ups.
- 3.10 Parents/ Carers agree to:
- change the child at the latest possible time before coming to school
 - Provide spare nappies, wet wipes and a change of clothes
 - Understand and agree to the procedures to be followed during changing at school
 - Agreeing to inform school should the child have any marks/rash
 - Agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
 - Agreeing to review the arrangements, in discussion with the school, should this be necessary
 - Agreeing to encourage the child's participation in toileting procedures wherever possible.
- 3.11 BCS agree :
- To change the child should they soil themselves or become wet
 - how often the child should be routinely changed if the child is in school for the full day and who would be changing them
 - to report to the DSL (Designated safeguarding lead) or head of setting as appropriate should the child be distressed or if marks/ rashes are seen
 - to review arrangements, in discussion with parents/ carers, should this be necessary
 - to encourage the child's participation in toileting procedures wherever possible discussing and taking the appropriate action to respect the cultural practices of the family.
 - Complete the record of intimate care (Appendix D)
- 3.12 During Intimate Care the member of staff should:
- Speak to the child personally by name so that s/he is aware of being the focus of the activity.
 - Give explanations of what is happening in a straightforward and reassuring way.
 - When washing, always use disposable baby wipes and where possible encourage the child to attempt to wash private parts of the body him/herself.
 - Provide facilities which afford privacy and modesty e.g. separate toileting and changing area, changing one child at a time.
 - Respect a child's preference for a particular carer and sequence of care.
 - Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

4.0 **Communication**

- 4.1 On an annual basis BCS will draw parent's attention to this policy available on the school web page and request parents complete the form Annex A **Medical Information form**. This form will be sent out at the start of each school year so that the school has a current description of the ongoing medical needs of each pupil. This data should be returned by parents to school and the School Business Manager will use it to update a master medical list of pupils needs.
- 4.2 On receipt of the information from parents where a clear medical condition has been highlighted, a healthcare plan will be drawn up and agreed with parents (and child as appropriate). Annex B **Healthcare plan** (IHP). The IHP will detail exactly what care a child needs in school, when they need it and who is going to give it. It will also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. The IHP will explain what help the child needs in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- 4.3 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.
- 4.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.
- 4.5 BCS works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
- 4.6 BCS is committed to keeping in touch with a child when they are unable to attend school because of their condition.
- 4.7 The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year. In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.
- 5.0 **Administration and Storage of Medication**
- 5.1 BCS has clear guidance on providing care and support and administering medication whilst at school, and understands the importance of medication being taken and care received as detailed in the pupil's IHP (Individual Healthcare Plan). For each pupil with long term or complex medication needs, the Headteacher, will ensure that an Individual Health Care Plan and Protocol is drawn up, in conjunction with the appropriate health professionals, parents etc.
- 5.2 BCS's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- 5.3 BCS will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent (Appendix E) except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- 5.4 When administering medication, for example pain relief, we will check the maximum dosage and when the previous dose was given. Parents will be informed. We will not give a pupil under 16 aspirin unless prescribed by a doctor.
- 5.5 BCS will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays e.g. administration of an epi-pen
- 5.6 Parents understand that they should let the school know immediately if their child's needs change.
- 5.7 BCS has clear guidance on the storage of medication and medical equipment at school and pupils with medical conditions know where it is at all times and have access to them immediately. We will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

- 5.8 BCS makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- 5.9 Staff can administer a controlled medication to a pupil once they have had specialist training.
- 5.10 Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. School staff will not dispose of medicines. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- 5.11 BCS disposes of needles and other sharps in line with local policies. The sharps box is held securely in the science prep room. Sharps boxes are collected and disposed of in line with local authority procedures.
- 5.12 Parents should keep their children at home if acutely unwell or infectious. Parents are responsible for providing school with comprehensive information regarding the pupil's condition and medication. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent on a school Permission to administer medication form (Appendix E). Staff will not give a nonprescribed medicine to a child unless there is specific prior written permission from the parents.
- 5.13 Only reasonable quantities of medication should be supplied to the school (a maximum of four weeks supply at any one time). Each item of medication must be delivered to the Authorised Person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:
- Pupil's Name.
 - Name of medication.
 - Dosage.
 - Frequency of administration.
 - Date of dispensing.
 - Storage requirements (if important).
 - Expiry date.
- BCS will not accept items of medication in unlabelled containers.
- 5.14 Medication will be kept in a secure place, out of the reach of pupils. **In order to allow emergency access to inhalers in primary these will be kept in the child's main class room in a cupboard or drawer, in the DSP they will be stored in the staff locked cupboard, and in secondary the students will keep them with them. All other medication will be stored** in the locked cabinet in the medical room **or EYFS cloakroom**, where keys are held in the school office **or by EYFS staff**, or in the fridge in the staff kitchen **or EYFS**(Dependant on the storage requirements of the medication).
- 5.15 BCS will keep records of medication administered using Appendix F. It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. BCS will not make changes to dosages on parental instructions.
- 5.16 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, BCS's emergency procedures will be followed.
- 5.17 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- 5.18 BCS will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- 6.0 **Maintenance of Medical Records**
- 6.1 BCS has clear guidance about record keeping. Parents at this school are asked if their child has any medical conditions on the enrolment form.

- 6.2 BCS uses an IHP (Individual Health Plan) to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- 6.3 BCS has a centralised register of IHPs Appendix G, and the school business manager has responsibility for this register. IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care via the intranet.
- 6.4 BCS makes sure that the pupil's confidentiality is protected, and seeks permission from parents before sharing any medical information with any other party.
- 6.5 BCS meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- 6.6 BCS keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

7.0 **PE and Out of School activities in relation to students with medical conditions**

- 7.1 BCS ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. We are also committed to an accessible physical environment for out-of-school activities. We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- 7.2 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the BCS bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 7.3 BCS understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports. All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Staff make sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- 7.4 BCS makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- 7.5 All BCS staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. We will not penalise pupils for their attendance if their absences relate to their medical condition. BCS will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/ALNCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- 7.6 BCS makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.
- 7.7 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.
- 7.8 BCS reviews all medical emergencies and incidents to see how they could have been avoided, and makes changes according to these reviews.

Bradford Christian School Medical Information Form

This information will only be shared as appropriate and on a need to know basis.

Student's Name	
Student's D.O.B	
GP's name, address and telephone number	
National Health Service Number	
Student's Address & Postcode	
Home Telephone Number	
Emergency Contact & Number	

HEALTH QUESTIONNAIRE (This must be completed and signed)

Does your child now have or has ever experienced any of the following (please tick all that apply):

- Diabetes
- Chest Pains
- Family History of Heart Disease
- Muscular/Joint problems
- Asthma or other respiratory problems
- Migraine/Dizziness
- Recent Surgeries
- Any sustained injuries/Illnesses
- Epilepsy
- Difficulty with any form of physical exercise
- Currently taking any medication
- Severe allergic reaction

Other

If you ticked any of the above, please give details of the condition below:-

Does your child require any medication during the school day? Is it **prescribed** or **'over the counter'**?

Yes / No (if yes, please give further details of the medication and the frequency. You will be required to come into school to complete a permission to administer medication form)

Does your child's condition ever require **additional** or **emergency** medical attention in school?

Yes / No (if yes, please give further details below)

Please note that any medication held by school for students must be **prescribed by a doctor**, in the **original container, clearly marked with the child's name and be in a ziplock bag or suitable container for storage**. Parents must ensure medication is in date. Parents will have to sign the medication form and also need to dispose of medication after the prescribing period is complete. **It is the responsibility of the parent/guardian to inform the school of any changes to the above information whether temporary or permanent.**

I, as the parent/guardian of the above student agree that the information given is true and correct and take full responsibility for any incident arising where information has been withheld.

Signed (Parent/Guardian) _____

Print Name _____

Relationship to Student _____

Date _____

Health Care Plan

Name of setting or school: Bradford Christian School
Child's Name:
Class: Class
Date of Birth:
Child's Address:
Medical diagnosis or condition:
Date completed:
Planned Date or Health Care Plan Review:

Family Contact Information

1st Contact:	2nd Contact:
Name:	Name:
Relationship to child:	Relationship to child:
Phone No. (work)	Phone No. (work)
Home:	Home:
Mobile:	Mobile:

G/P Hospital Contact

GP Name:	Hospital Contact:
Phone No.	Phone No.

Describe medical needs (including allergies) and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child and the action to take if this occurs

What impact may this medical condition have in class? (ie learning, behaviour, performance)

Who is responsible in an emergency (state if different for off-site activities). (E.g. Senco or class teacher)

Class Teacher

Date Health Care Plan Completed: _____

I agree the information on this health care plan is a true and accurate description of my child's needs. I agree to the contents being shared with emergency medical professionals if such an emergency occurs.

(Where appropriate relevant health care professionals have been consulted and advice/training has been undertaken by the setting). I agree and consent to the agreed actions being carried out. I understand it remains the parent's responsibility to notify the school **immediately** both verbally and in writing of any changes to your child's health needs or contact details which may impact on this plan.

Signature Parent: _____

Signature of School Business Manager: _____

Review Date: _____

Intimate Care Assessment - Bradford Christian School

Child's Name :
 Date of Assessment :

Area to be assessed	Yes	Notes
Does weight/size/shape of pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain / discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury / pregnancy)		
Are there any risks concerning individual capability (Pupil) <ul style="list-style-type: none"> • General Fragility • Fragile bones • Head control • Epilepsy • Other 		
Are there any environmental risks? Heat/ Cold		

If Yes to any of the above complete a detailed personal care plan.

Date:.....

Signed:.....

Name:

Parent/Carer agreement for school to administer medicine

Bradford Christian School will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	Bradford Christian School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Record of Medicine Administered to an Individual Child

Name of school	Bradford Christian School
Name of child	
Date medicine provided by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	//	//	//
Time given			
Dose given			
Name of member of staff			
Staff initials			

