



**Medical Care and Intimate Care Policy**  
**Written September 2017 – Review date October 2024**

**1.0 Introduction**

1.1 Bradford Christian School (BCS) is an inclusive community that welcomes and supports its 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 ensure that all staff understand their duty of care to our pupils in the event of an emergency.

1.3 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 being taken as directed by healthcare professionals and parents.

1.4 Staff are informed of the medical conditions that affect pupils 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. We will listen to the views of pupils and parents in relation to a child's medical care to ensure that the care we give meets their needs. We understand that all children with the same medical condition will not have the same needs.

1.5 BCS recognises that at times pupils will need medical care and attention whilst 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 that care.

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

**2.0 Medical Information**

2.1 At the start of each school year parents will be asked to complete Medical Information on the school MIS system, to provide the school with a current description of the ongoing medical needs of each pupil. **MIS will produce a master medical list of pupil's medical needs which will be placed in the quick resources area.**

2.2 Where a medical condition has been highlighted, the system will ask for further information from parents to provide details of the care required in school and when they need it. MIS will also ask for information on the impact any health condition may have on a child's learning, behaviour or classroom performance, and an explanation of what help the child needs in an emergency.

2.3 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.

2.4 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.

2.5 BCS is committed to keeping in touch with a child when they are unable to attend school because of their condition.

**3.0 Administration and Storage of Medication**

- 3.1 Staff have clear guidance for providing care and support and administering medication whilst in school, and understand the importance of medication being taken and care received as detailed in the pupil's information on MIS.
- 3.2 BCS's governing body has made sure that there is an appropriate level of insurance and liability cover in place.
- 3.3 BCS will not give medication (prescription or non-prescription) to a child under the age of 16 without a parent's consent given on MIS.
- 3.4 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 the age of 16 aspirin unless prescribed by a doctor.
- 3.5 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
- 3.6 Parents should let the school know through MIS if their child's medical needs change.
- 3.7 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. Pupils with medical conditions know where their medication is stored and have access to them immediately when required.
- 3.8 Staff understand what constitutes an emergency for an individual child by accessing their individual record on MIS and make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities. Pupils may carry their emergency medication with them if they wish/this is appropriate e.g. asthma medication.
- 3.9 Staff can administer a controlled medication to a pupil once they have had training.
- 3.10 Parents are asked to collect all medications/equipment at the end of the school year, and to provide new and in-date medication at the start of a new school year. 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.
- 3.11 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.
- 3.12 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.
- 3.13 Only reasonable quantities of medication should be supplied to the school. 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.
- 3.14 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).
- 3.15 BCS will keep records of medication administered using MIS, which will notify parents what medication has been given and when. 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.

- 3.16 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.
- 3.17 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- 3.18 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.

#### 4.0 **Maintenance of Medical Records**

- 4.1 Parents at this school are asked if their child has any medical conditions on the enrolment form.
- 4.2 BCS uses MIS to record the support an individual pupil needs around their medical condition with information supplied by the parents.
- 4.3 BCS has a centralised register of student's medical needs on MIS. School staff are made aware of and have access to a pupils medical record and the care they require via MIS.
- 4.4 BCS makes sure that the pupil's confidentiality is protected, and seeks permission from parents before sharing any medical information with any other party.
- 4.5 BCS meets with the pupil (where appropriate) and parent/carer, prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed.
- 4.6 BCS keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

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

- 5.1 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 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.
- 5.2 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.
- 5.3 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 will 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.
- 5.4 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.
- 5.5 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 who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

5.6 BCS ensures 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.

5.7 BCS reviews all medical emergencies and incidents to see how they could have been avoided, and makes changes according to these reviews.

## 6.0 **Intimate Care Needs**

6.1 Staff responsible for the intimate care of children will undertake their duties in a professional manner. We recognise the need to treat all children with respect and dignity when intimate care is given. No child will 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.

6.2 Definition of intimate care - Intimate care is any care which involves washing, touching or carrying out a 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 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.

6.3 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 child and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

6.4 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 designated safeguarding lead.

## 7.0 **Intimate Care Guidelines**

7.1 Provision of personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, will be carried out 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.
- 7.2 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.
- 7.3 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
- 7.4 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 will 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 A) should be completed to inform the care plan (Appendix B).
- 7.5 Parents will be encouraged to train their child at home as part of their daily routine, and school will reinforce these routines whilst avoiding any unnecessary physical contact.
- 7.6 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.
- 7.7 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)
- 7.8 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 ‘Care Plan’ with the parents if the child will be entering the setting wearing nappies/pull ups.
- 7.9 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.

7.10 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 **on MIS**

7.11 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.

8.0 **Review**

8.1 This policy should be read in conjunction with the following policies:

- Anti-bullying policy
- Safeguarding and child protection policy
- Educational Visits Policy
- Work Experience Policy
- Staff Code of Conduct

8.2 The medical and intimate care policy is regularly reviewed, evaluated and updated by SLT. Updates are produced annually. This latest review was completed **November 2023**.

Formally agreed through SLT compliance:	<b>8<sup>th</sup> December 2023</b>
Signed Jane Prothero – Head Teacher	
Review Date:	<b>October 2024</b>

## 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"> <li>• General Fragility</li> <li>• Fragile bones</li> <li>• Head control</li> <li>• Epilepsy</li> <li>• Other</li> </ul>		
Are there any environmental risks? Heat/ Cold		

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

Date:.....

Signed:.....

Name: .....

## Personal Care Plan

Child/young person's name: .....Date of birth .....

<b>Name and role</b>	<b>Contact address, phone and email</b>	
Parent/carer		
GP		
Hospital consultant		
<b>Facilities</b> Suitable toilet identified?  Adaptations required? <ul style="list-style-type: none"> <li>• Changing mat/table (easy clean surface)</li> <li>• Grab rails</li> <li>• Step</li> <li>• Easy operate locks at suitable height</li> <li>• Accessible locker for supplies</li> <li>• Mirror at suitable height</li> <li>• Hot and cold water</li> <li>• Lever taps</li> <li>• Disposal unit</li> <li>• Moving and handling equipment</li> <li>• Bleeper/emergency help</li> </ul>	<b>Discussed</b>	<b>Action</b>



<p><b>Family provided supplies:</b></p> <ul style="list-style-type: none"> <li>• Pads</li> <li>• Catheters</li> <li>• Wipes</li> <li>• Spare clothes</li> <li>• Others (specify)</li> </ul> <p><b>School/setting provided supplies:</b></p> <ul style="list-style-type: none"> <li>• Toilet rolls</li> <li>• Urine bottles</li> <li>• Bowl/bucket</li> <li>• Antiseptic cleanser, cloths and blue roll</li> <li>• Antiseptic hand wash</li> <li>• Milton/sterilising fluid</li> <li>• Paper towels, soap</li> <li>• Disposable gloves/aprons</li> <li>• Yellow sacks/disposal bags</li> </ul>	<p><b>Discussed</b></p>	<p><b>Action</b></p>
<p><b>Staff training/communication</b></p> <ul style="list-style-type: none"> <li>• Advice sought from medical personnel? Manual handling adviser?</li> <li>• Parental/carer involvement in the management plan</li> <li>• Child/young person's involvement in the management plan</li> <li>• Any parental/child/young person's preference for gender of carer</li> <li>• Specific training for staff in personal care role</li> <li>• Awareness raising for all staff</li> <li>• PE staff</li> </ul> <p><b>Other children and pupils?</b></p> <ul style="list-style-type: none"> <li>• Consult child/young person, respect privacy</li> <li>• How does the child/young person communicate needs?</li> </ul>	<p><b>Discussed</b></p>	<p><b>Action</b></p>
<p><b>PE issues to enable access to all activities</b></p> <ul style="list-style-type: none"> <li>• Discreet clothing required?</li> <li>• Privacy for changing?</li> <li>• Specific advice required for swimming?</li> <li>• Specialist nurse?</li> <li>• Manual handling adviser?</li> </ul>	<p><b>Discussed</b></p>	<p><b>Action</b></p>

Support	Discussed	Action
Identified staff  Back up staff  Training for back up staff  Time plan for supporting personal care need		

**Intimate care and toileting**

Details of assistance required:

Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

Staffing		
Regular	Name	Time plan
Back up		
Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)		

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This current plan has been agreed by:			
Name	Role	Signature	Date:

Date for review:

**Toileting plan****Record of discussion with parents/carers**

<b>Child/young person's name:</b>	<b>Date of birth:</b>	<b>Date agreed:</b>
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	<b>Details</b>	<b>Action</b>
<b>Working towards independence:</b> Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for nappy/pad changing:</b> Such as who, where, arrangements for privacy		
<b>Level of assistance needed:</b> Such as undressing, dressing, hand washing, talking/signing to child/young person		
<b>Infection control:</b> Such as wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice		
<b>Resources needed:</b> Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		

<b>Signed:</b> Parent:  Key member of staff:	<b>Review date:</b>
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**Agreement of intimate care procedures for a child or young person with complex needs**

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer’s personnel file and one filed in the child/young person’s medical health record.

Child/young person’s name.....

Procedure.....

.....

.....

Staff carer’s name.....

Staff carer’s signature..... Date.....

**Parent/carer and/or professional**

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed..... Date.....

Designation.....

Date reviewed.....

Autumn term

Date reviewed.....

Spring term

Date reviewed.....

Summer term.